WV Medicaid Managed Care

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Agenda

| **Medicaid Overview** |
| Member Enrollment |
| Services & Benefits |
| Medicaid Verification |
| Collaboration |

Medicaid Overview

- On average there is approximately 580,000 of West Virginia's population covered by Medicaid.
  - Medicaid Managed Care (70%)
  - Medicaid Fee-for-Service (30%)

Medicaid Overview: Managed Care

- Mountain Health Trust (MHT) – The name of the WV Medicaid Managed Care Program.
- Enrollment Broker – MAXIMUS – BMS contracts with an enrollment broker to coordinate member enrollment into managed care organizations.
- Managed Care Organizations (MCO) –Often referred to as a health plan. BMS contracts with the MCOs to coordinate the provision, quality, and cost of care for its enrolled members.

Medicaid Overview: Fee-for-Service

- Fee-for-Service (FFS) – Often referred to as "traditional," "straight," or "non-MCO" Medicaid.
- All Medicaid members exempt from managed care are served through a Fee-for-Service delivery system where health care providers are paid for each service (like an office visit, test, or procedure).
- BMS contracts with Molina Medicaid Solutions to administer all Fee-for-Service.

Member Enrollment: Updates

- As of March 1, 2016 all 4 MCOs are available in all WV counties.
- As of July 1, 2016, the Physician Assured Access System (PAAS) will come to an end. Current members who utilize the PAAS program are transitioning to the MCO of there choice.
- Average auto assignment rate: 25%
- MCO change rate: less than 1%

Member Enrollment: Who Must Enroll & Who is Exempt

Who must enroll?

- Medicaid expansion (Adults)
- Children
- Most parents
- Most caretakers

Who is exempt?

- Aged/Disabled Waiver
- I/DD Waiver
- SSI
- TBI Waiver
- Medicare
- Live in a long term care facility
- Foster care
- "Spend down" program

Service & Benefits: Managed Care

Alternative Benefit Plan

- Adult Group
- (Exception- if client is *medically frail, they will receive the Traditional Benefit Plan)

Traditional Benefit Plan

- All Other Medicaid categories

Services & Benefits: Managed Care

- Alternative Benefit Plan (ABP) – In accordance with the Affordable Care Act (ACA), Medicaid members in the Medicaid Expansion population receive services under the Alternative Benefit Plan (ABP).

- The ABP offers benefits very similar to, but not exactly the same, as traditional benefits offered to other Medicaid members. BMS named the Alternative Benefit Plan – "WV Health Bridge."

Services & Benefits: Managed Care

- Traditional Benefit Plan – Specific types of basic health services a State must provide beneficiaries in order to have a valid Medicaid program.
- Some of the basic services are:
  - Physician services
  - Nursing facility services for individuals aged 21 years or older
  - Home health care
  - Family planning services and supplies
  - Laboratory and X-ray services
  - Pediatric and family nurse practitioner services

Service & Benefits: Managed Care

- Medically Frail- Medicaid recipients who have a physical, mental or emotional health condition, or a chronic substance abuse, physical behavioral, intellectual or developmental condition in which assistance is needed are eligible to receive the Traditional Benefit Plan.

- The definition of medically frail is broad and a client may self-attest to being medically frail.

- Medicaid recipients in the Expansion group who attest to being medically frail receive the Traditional Benefit Plan.

Medicaid Verification: Managed Care & Fee-for-Service

Medicaid Managed Care

- MCO members will utilize their health plan benefits when receiving healthcare services.

- MCO members should have their annual Medicaid medical card and their MCO membership ID card.

- Providers will bill the members MCO health plan for services provided and bill Fee-for-Service (Molina) for "carved-out" services like personal care.

Medicaid Fee-for-Service

- Individuals who are exempt from an MCO will utilize the Fee-for-Service benefit when receiving healthcare services.

- Medicaid Fee-for-Service members should have their annual Medicaid medical card.

- Providers will bill Fee-for-Service (Molina) for services provided.

Medicaid Verification

Molina Portal for Members

- Print temporary proof of coverage
- View your Medicaid programs and benefits
- Search the provider directory

Website: www.wvmmis.com
Member Services: 888-483-0797

Molina Portal for Providers

- Verify member eligibility
- Submit and adjust claims
- Verify claim status
- View authorizations
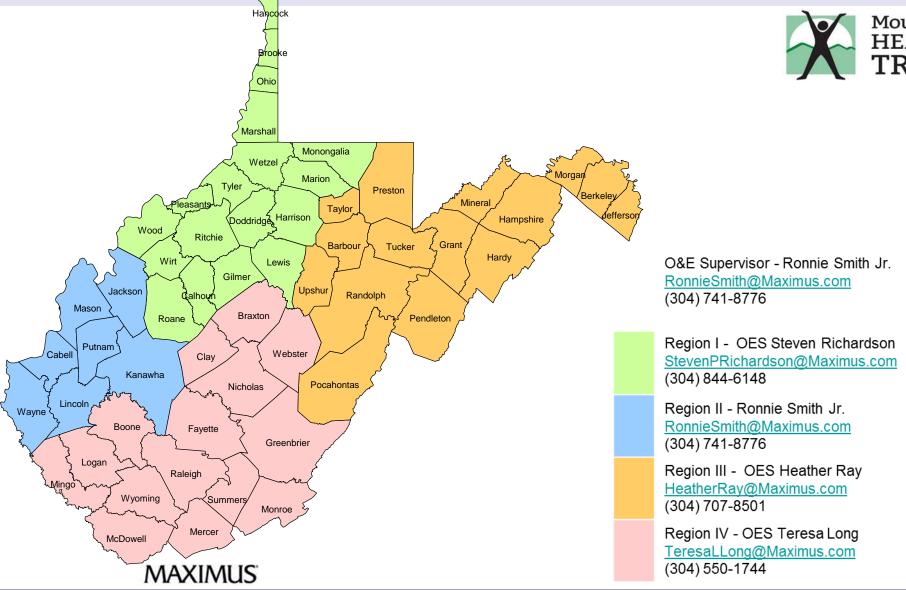- Check Provider Enrollment
- Application Status

Website: www.wvmmis.com
Provider Services: 888-483-0793

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