



# Virginia's Medicaid/FAMIS Managed Care Program

**Far Southwest Virginia  
Expansion  
Effective July 1, 2012**

---

**Presented to VA Department of  
Social Services  
May 16-17, 2012**



# Virginia's MCO Program

- Virginia's Mandatory Managed Care Enrollment Program, called Medallion II. Medicaid and FAMIS clients are enrolled in contracted Managed Care Organizations (MCOs).



# Managed Care

DMAS' mandatory managed care program with contracted Managed Care Organizations (MCOs)

Currently operating in 119\* localities  
Statewide Medicaid/FAMIS Enrollment as of  
April 1, 2012:

Fee-for-Service	293,325
MEDALLION	43,743
Medallion II	569,301
FAMIS FFS	7,553
FAMIS MCO	57,315

\*Statewide (134 localities) as of 7/1/12



# Affected Localities

Medicaid and FAMIS managed care eligibles residing in the following localities will be affected by this expansion:

The counties of:

Bland  
Buchanan  
Carroll  
Dickenson  
Grayson  
Lee  
Russell  
Scott  
Smyth  
Tazewell  
Washington  
Wise

The cities of:

Bristol  
Galax  
Norton



## Our Managed Care Partners

- Eligibles will have a choice among
  - Amerigroup
  - Anthem HealthKeepers
  - CareNet/Southern Health
  - MajestaCare
  - Optima Family Care
  - Virginia Premier

This will provide for patient choice, improved health outcomes, as well as program stability



## MCO Provider Numbers

➤ Amerigroup	1790768380
➤ Anthem HealthKeepers	0047003253
➤ CareNet-Southern Health	0047003170
➤ MajestaCare	1578841060
➤ Optima Family Care	0047000820
➤ Virginia Premier	0047001042



# MCO Customer Service

Amerigroup	1-800-600-4441
Anthem HealthKeepers	1-800-901-0020
CareNet-Southern Health	1-800-279-1878
MajestaCare	1-866-996-9140
Optima Family Care	1-800-881-2166
Virginia Premier	1-888-338-4579



# Eligibility and Enrollment

- Mandatory enrollment of Medicaid and FAMIS clients into a MCO.
- The majority of Medicaid clients are eligible for MCO enrollment, however, some are not.



## Newborn Enrollment

- Babies born to MCO-enrolled mothers (Medallion II and FAMIS) are automatically covered by mother's MCO for birth month plus 2 additional months (controlled by VAMMIS infant/mother ID)
- Mother may change newborn MCO enrollment at any time during the first 3 months
- No ID# at end of 3<sup>rd</sup> month = loss of coverage



## Exclusions

- Medicaid Clients who are excluded from MCO enrollment will receive services through fee-for-service (regular) Medicaid.
  - Medicare
  - Other Primary Insurance
  - Long-term Care/nursing home
  - Foster care/subsidized adoptions
  - Hospitalized at the time of enrollment
  - Technology Assisted waiver participants

Refer to 12 VAC 30-120-370 B (attached) for the complete list.

Exclusions do not apply to FAMIS individuals.



# Process to End MCO Enrollment

- MCO enrollment will end 1 day prior to admission to NH, TFC, RTC, etc.
- Providers follow normal process for authorization (KePRO for TFC and RTC; and PIRS submission for NH)
- VAMMIS auto-ends MCO enrollment based upon PA or LOC information
- Questions – see appropriate DMAS provider manual



## MEDALLION Ends

- As a result of the expansion, effective April 30, 2012, all MEDALLION clients in the expansion area returned to fee-for-service Medicaid until July 1, 2012 (if still eligible for Medicaid)



## Recipient Choice

- New Medicaid eligibles and former MEDALLION enrollees will be provided information advising them of their MCO choices and notified by mail late May
- Clients must call the Managed Care Helpline by June 18 to make choice or be automatically enrolled into an MCO effective July 1, 2012



# Pre-assignment

- Notified by letter (see attachment)
- All clients are pre-assigned to a MCO
- Must call to make selection by 6/18/12
- No call = enrollment into pre-assigned MCO
- Obtain services through fee-for-service (regular Medicaid) until MCO is effective 7/1/12



## Enrollment cut-off date

- Clients must call by 18<sup>th</sup> of the month (or last business day before if 18<sup>th</sup> is on a weekend/holiday)
- Changes will be effective 1<sup>st</sup> of following month
- Clients call after 18<sup>th</sup>, change is delayed another month
- Example: call by June 18, change effective July 1. Call after June 18 and before July 18, change effective August 1.



## Medicaid - Changing MCOs

- 90 days after effective date to change MCOs for any reason
- After 90 days change allowed with approval from DMAS for good cause
- Annual Open Enrollment (May and June). Changes effective July 1



## 60-day Re-enrollment

- Member loses Medicaid eligibility -- MCO enrollment ends
- Re-gains Medicaid eligibility within 60 days
- Automatically re-enrolled in previous MCO



## Managed Care HelpLine

Medicaid Clients can receive assistance  
by calling the  
Managed Care HelpLine at  
1-800-643-2273  
TDD: 1-800-817-6608  
8:30 am – 6:00 pm  
Monday through Friday



# FAMIS MCO Enrollment

- Current FAMIS FFS enrollees have been notified of the need to select an MCO
- If no MCO selected prior to June 18, they will be randomly assigned to one of the six participating MCOs



# FAMIS MCO Enrollment

- All FAMIS clients are required to enroll in an MCO
- Manual assignment process (no pre-assignment) by CPU monthly



## FAMIS - Changing MCOs

- 90 days after effective date to request a MCO change
- After this 90 day period, they must have a good cause reason (approved by DMAS) for a MCO change prior to their renewal date
- No open enrollment. Annual renewal by program anniversary date



## FAMIS CPU

FAMIS Clients can receive assistance by  
calling the

Central Processing Unit at

1-866-87FAMIS  
(1-866-873-2647)

TDD: 1-888-221-1590

8 a.m. to 7 p.m. Monday - Friday

9 a.m. to 12 noon Saturday



QUESTIONS????