



Welcome to Virginia Medicaid Managed Care

Far Southwest Virginia
Expansion
July 1, 2012



MCO Program

- An *MCO* is a managed care organization. It is a managed care health plan in which a group of doctors and other health care providers work together to provide health care services
- Each person in an MCO has a primary care provider (PCP) that you select from their network
- The PCP is a doctor or other health provider who will manage your or your child's health care and refer (send) you to other providers when necessary
- All family members do not need to be enrolled in the same MCO or PCP. For example, multiple family members have different doctors, and those doctors do not participate in the same MCO.



Comparison of Member Services

Medicaid Fee-For-Service (FFS)

- Medicaid ID Card
- Recipient helpline (not toll-free)

Managed Care Organization (MCO)

- MCO member ID card, handbook, and provider directory
- Toll-free member help lines
- Access to free translation services/language telephone line
- 24-hour nurse advice line
- Access to assistance with medical issues (case management and disease management)
- Member outreach and health education materials
- Access to credentialed providers
- No co-payments for Medicaid. Co-payments may apply for FAMIS and will be listed on FAMIS ID Card



Eligibility

- Mandatory enrollment of Medicaid and FAMIS clients into a MCO
- The majority of Medicaid clients are eligible for MCO enrollment
- Medicaid clients who are excluded from MCO enrollment receive services through fee-for-service (regular) Medicaid. Those excluded from MCO enrollment include:
 - Other Primary Insurance, including Medicare
 - Foster care/subsidized adoptions (subject to change)
 - Hospitalized at the time of enrollment
 - Individuals in nursing facilities
 - Individuals participating in the Technology Assisted Waiver

Individuals who are enrolled in one of the home and community based care waiver services prior to Managed Care enrollment (for example – those in a HCBW on or before 6/30). Individuals who are enrolled with an MCO, and then start waiver services will retain their MCO enrollment.
- Individuals institutionalized in a state facility



Enrollment Timeline

- 5/18/2012 – MCO Preassignment Occurs
 - Randomly pre-assigned to an MCO
- 5/20-30 – Pre-assignment letters mailed
- 5/31-6/18 – Call MC Helpline to make choice. If you do not call by 6/18 to make your choice, you are automatically enrolled in the MCO listed in your letter
- 6/18 – MCO Assignment Processing Occurs
- 6/20-6/30 – MCOs mail ID card, handbook and provider directory
- 7/1/2012 – MCO enrollment begins – must go to doctor that is part of MCO network.



Changing MCOs

- 90-days after effective date to change for any reason
- After 90-days, change allowed for good cause when approved by DMAS
- Annual Open Enrollment – notified by letter.
- Contact Managed Care Helpline at 1-800-643-2273 to change
- Effective date of change, if requested:
 - Requested before 18th of month, effective 1st of following month (if 18th is weekend/holiday, call last business day prior)
example – call June 18th, change effective July 1st
 - Requested after 18th of month, enrollment delayed another month
example – call June 20th, change effective August 1st



60-day Re-enrollment

- Member loses Medicaid eligibility -- MCO enrollment ends
- Re-gains Medicaid eligibility within 60 days
- Automatically re-enrolled in previous MCO
MCO enrollment is not retroactive even if Medicaid eligibility is approved by your eligibility worker for retroactive dates. Retroactive dates of service will be provided through the fee-for-service program



Newborn Enrollment

- Babies born to MCO-enrolled mothers (Medallion II, FAMIS MOMS and FAMIS) are automatically covered by mother's MCO for birth month plus 2 additional months
- Must report birth to DSS to obtain Medicaid or FAMIS ID# for baby. No ID# at end of 3rd month = loss of MCO enrollment, even if your eligibility worker enters Medicaid/FAMIS coverage retroactively; retro dates of service are covered through the fee-for-service program
- Mother may change newborn MCO enrollment at any time during the first 3 months if baby has been issued a Medicaid ID#



ID Cards

- You will receive two ID Cards
 - Medicaid plastic ID card (issued by DSS)
 - MCO ID card (mailed by your MCO)

- Take both cards with you every time you go to an appointment



Transportation

- MCOs provide pre-approved transportation if you need to take your child to a physician or a health care facility and you do not have any other means of transportation
- Call your MCO at least 5 business days before the scheduled medical appointment to arrange for transportation
- Trips must be for a Medicaid covered service and must be medically necessary
 - Examples: doctor appointments, counseling, dialysis, dental appointments, etc.
- MCO transportation cannot make stops for shopping except if you need to go to a pharmacy to pick up a prescription that is being filled

*FAMIS individuals are not eligible for routine transportation services



MCO Carved Out Services

- Carved-out services are services not covered by the MCO but paid for through the Medicaid Fee-For-Service Program
- The MCO provides transportation to these services (except for FAMIS)
- Authorization for carved-out services is done by the Medicaid agency or its contractor



MCO Carved Out Services

- Community Mental Health Rehabilitative Services:
 - Intensive In-Home Services for Children and Adolescents
 - Therapeutic Day Treatment for Children and Adolescents
 - Day Treatment/Partial Hospitalization
 - Psychosocial Rehabilitation
 - Crisis Intervention
 - Intensive Community Treatment
 - Crisis Stabilization Services
 - Mental Health Support Services
 - Case Management
- Mental Retardation Community Services:
 - Case Management Services
- Private Duty Nursing for HCBS waiver enrollees
- Substance Abuse Treatment Services:
 - Substance Abuse Crisis Intervention
 - Substance Abuse Intensive Outpatient
 - Substance Abuse Day Treatment
 - Opioid Treatment
 - Substance Abuse Case Management
- Dental (*Smiles For Children*)
- Special education services included in the child's Individualized Education Plan (IEP)
- Specialized Infant Formula for Children Under Age 21
- Health Department Lead Investigations
- Early Intervention Services
- Personal Care services
- Treatment Foster Care Case Management
- Home and community based care services for MCO enrolled individuals who are also enrolled in one of the waivers



Dental *(Smiles For Children)*

- Dental services are provided through the *Smiles For Children* program for members under age 21
- If you need help finding a dentist or making a dental appointment, call 1-888-912-3456 to speak with a *Smiles For Children* representative
- There are no costs for dental care services in the *Smiles for Children* program
- There is no special *Smiles For Children* dental card. You may use either your child's Commonwealth of Virginia plastic ID card or MCO member ID card

More information available at
http://dmasva.dmas.virginia.gov/Content_pgs/dnt-enrollees.aspx



What If . . .

- ? **I have an emergency** ✓ **Call your PCP if you have time, or Call 911, or go to the nearest hospital emergency room**
- ? **I need to change the doctor on the card** ✓ **Call MCO member services number on the back of the card**
- ? **My doctor is not in the MCO network** ✓ **Call MCO member services to select an in-network provider. If you are in your 90 day trial period, you can consider changing to an MCO with whom your doctor participates. Call the Managed Care Helpline for assistance**
- ? **I need transportation to an appointment** ✓ **Call MCO Transportation services in advance to schedule**
- ? **I want to know if a service is covered** ✓ **Call MCO member services number on the back of the card**
- ? **I need a referral to another doctor** ✓ **Contact your PCP to obtain referrals**



What If . . .

- ? **I need to change MCOs**
 - ✓ **Call the Managed Care HelpLine
1-800-643-2273**

- ? **I have more than one family member and they are in different MCOs**
 - ✓ **Call the Managed Care HelpLine and ask if they can be enrolled with the same MCO. Your doctors will need to be in the MCO's network**

- ? **I have a baby, move, get married or have other changes**
 - ✓ **Call your Social Worker at your local DSS**

- ? **I lose the Medicaid Card**
 - ✓ **Call your Social Worker at your local DSS**

- ? **I lose the MCO card**
 - ✓ **Call the MCO member services number in your member handbook. Also MCO contact numbers are available on the managed care helpline website at <http://www.virginiamanagedcare.com/>**



MCO Member Services

Amerigroup	1-800-600-4441
Anthem HealthKeepers Plus	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 Health Plan	1-800-727-7536



Managed Care HelpLine

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 - 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 FAMIS) for a MCO change prior to their renewal date
- No open enrollment. Annual renewal by program anniversary date



FAMIS CPU

Central Processing Unit

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



Visit Us On The Web

www.virginiamanagedcare.com

www.famis.org

www.dmas.virginia.gov