MAXIMUS®

HELPING GOVERNMENT SERVE THE PEOPLE®

Agenda
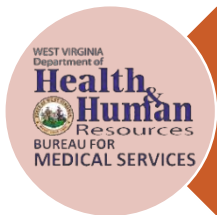
Medicaid Overview
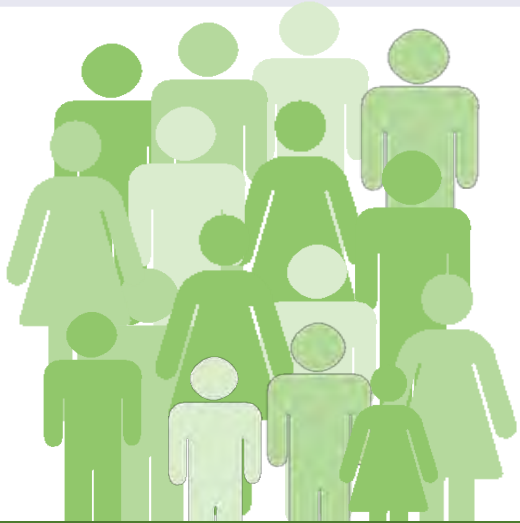
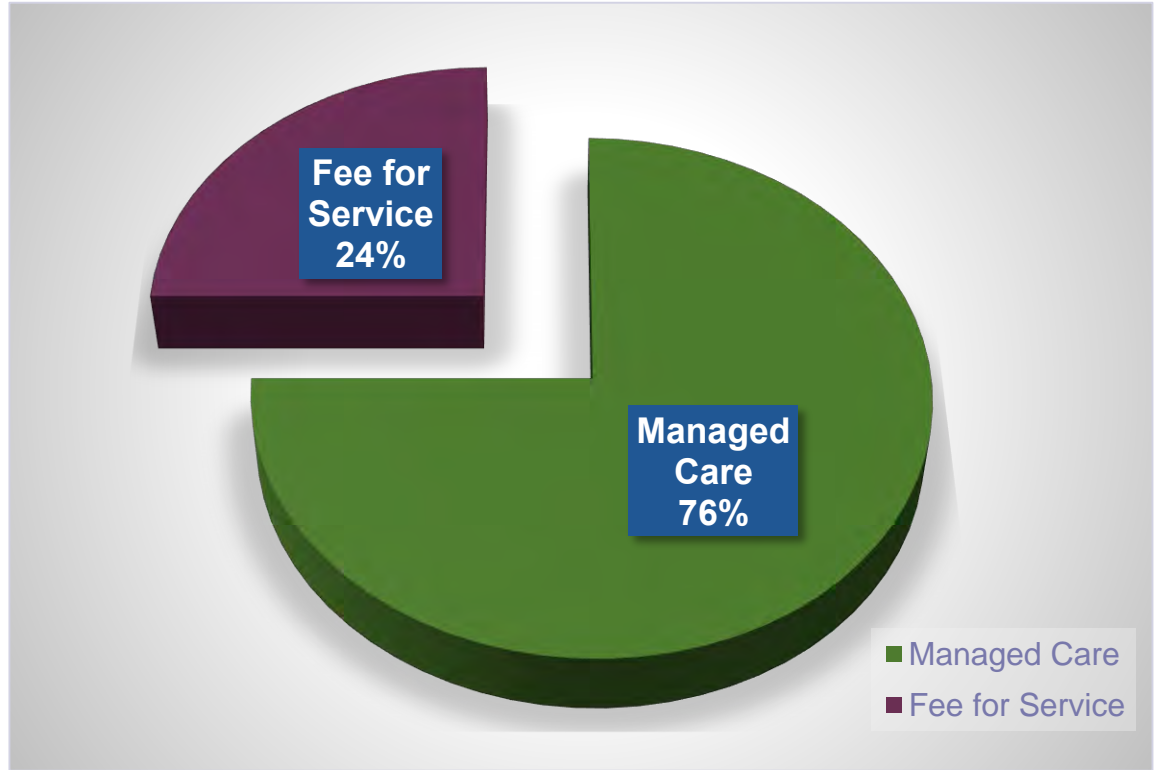Member Enrollment

What is Mountain Health Trust?

Provider File

Managed Care

Outreach and Education

Medicaid Overview

On average, there are approximately 532,573 WV residents covered by Medicaid.

Fee for Service 24%

Managed Care 76%

- Managed Care
- Fee for Service

Medicaid Terminology

Fee For Service

Medicaid members who are *exempt* from managed care are served through a Fee-for-Service delivery system administered by Molina.

Medicaid Managed Care

Medicaid members who are *eligible* for managed care are served through the Mountain Health Trust or WV Health Bridge programs.

Enrollment Broker

MAXIMUS coordinates and enrolls all eligible Medicaid managed care members into a managed care organization (MCO)

Managed Care Organization

An MCO is often referred to as a health plan that coordinates the provision of health services through networks and case management.

What is Mountain Health Trust

Mountain Health Trust is the Medicaid managed care program for West Virginia. With Mountain Health Trust, a member may choose a:

- Managed care organization (MCO)
- Primary care provider (PCP)

In addition Mountain Health Trust is *not*:

- an MCO/Health Plan.
- able to verify Medicaid eligibility.
- able to make exemptions for members.
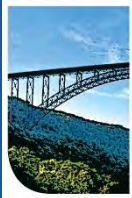- able to credential providers.

Managed Care Service & Benefits

Mountain HEALTH TRUST

The Traditional Benefit plan is specific types of basic health services a State must provide beneficiaries in order to have a valid Medicaid program.

WV HEALTH BRIDGE — MY HEALTHCARE CONNECTION

The Alternative Benefit Plan is the health services provided to Medicaid Expansion members.

Managed Care Eligibility

Most children, parents and caretakers

Medicaid expansion (Adults)

Who must Enroll

SSI recipients (Disabled)

Pregnant women
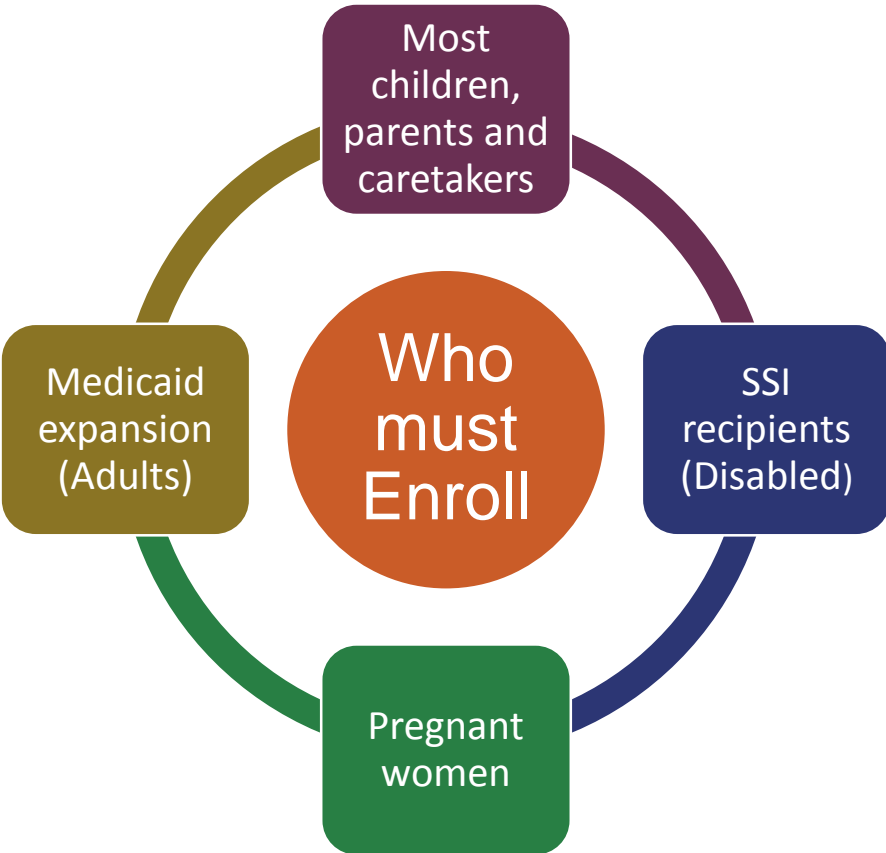
Managed Care Members should provide both their State Medicaid Card and their MCO health plan membership card when receiving healthcare services.

Providers may verify Medicaid eligibility and enrollment for Fee For Service and MCO members via the Molina Provider Portal.

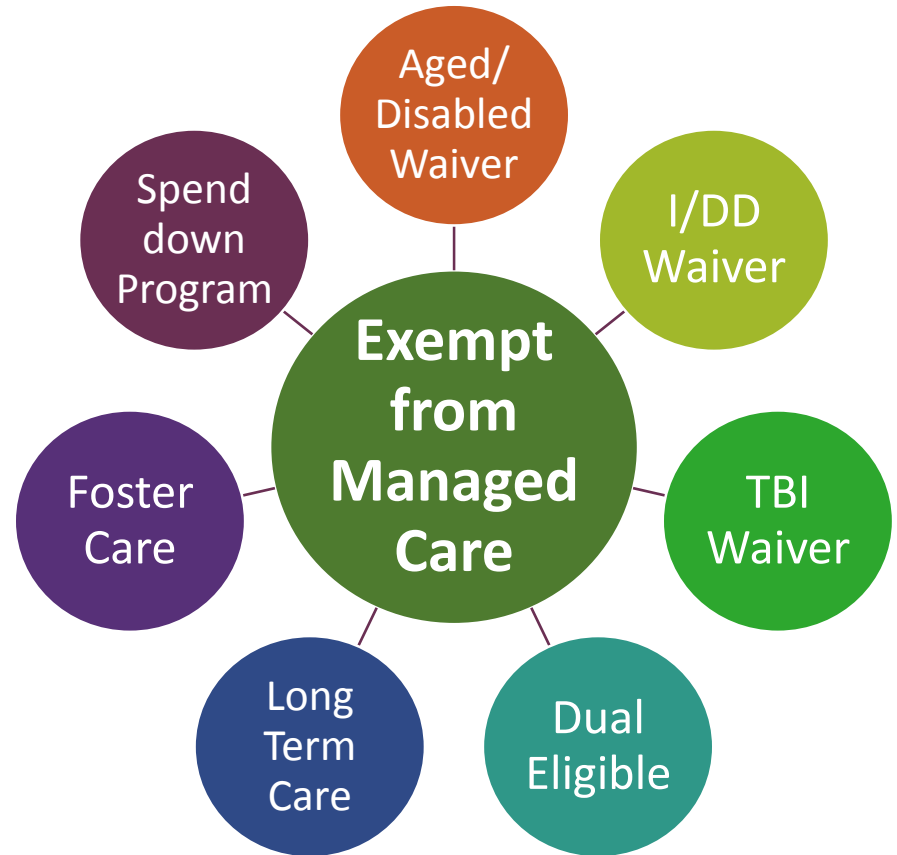# Managed Care Exemptions

Members who are exempt from managed care and are Medicaid Fee-for-Service (Traditional Medicaid) should provide their State Medicaid Card when receiving healthcare services.

Providers may verify Medicaid eligibility and enrollment for Fee For Service and MCO members via the Molina Provider Portal.
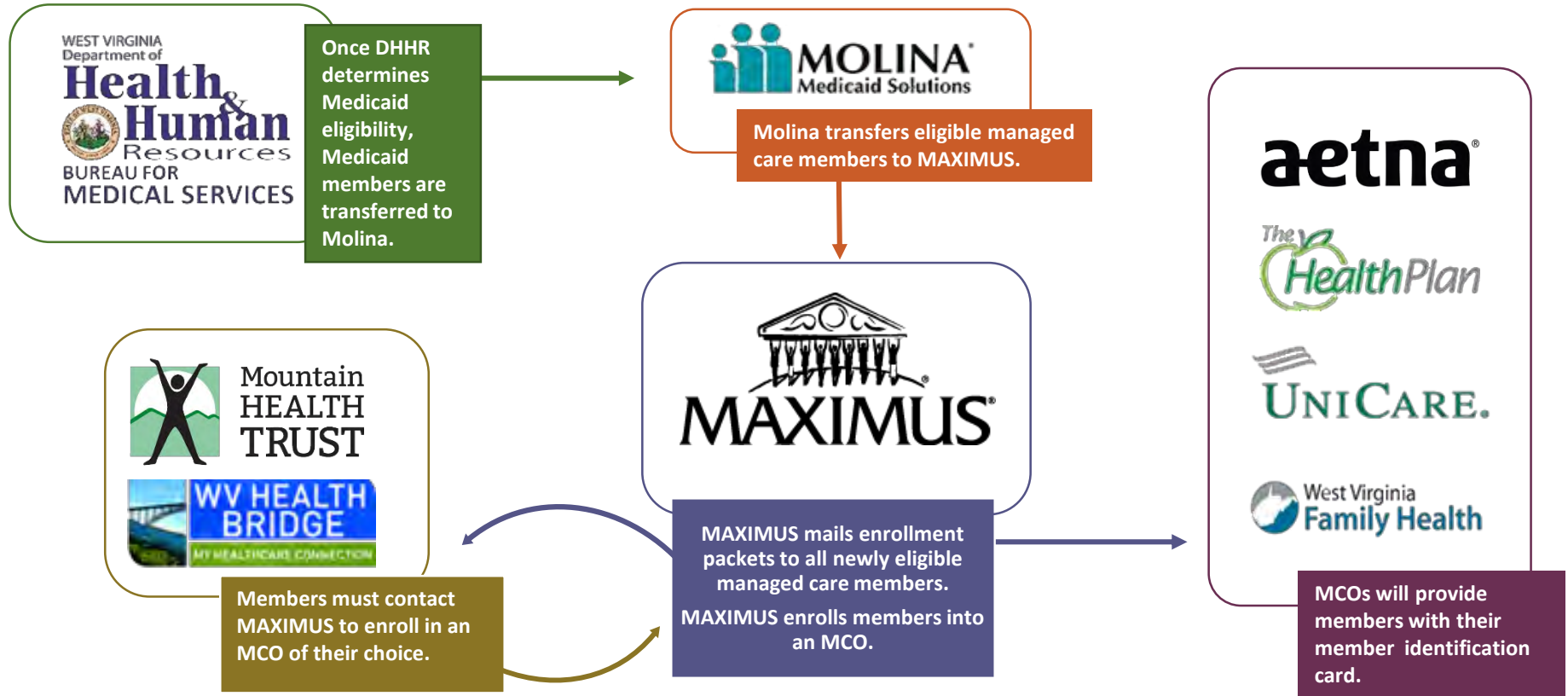

Exempt from Managed Care

- Aged/Disabled Waiver
- I/DD Waiver
- TBI Waiver
- Dual Eligible
- Long Term Care
- Foster Care
- Spend down Program

Member Enrollment – Process

Once DHHR determines Medicaid eligibility, Medicaid members are transferred to Molina.

Molina transfers eligible managed care members to MAXIMUS.

Members must contact MAXIMUS to enroll in an MCO of their choice.

MAXIMUS mails enrollment packets to all newly eligible managed care members.

MAXIMUS enrolls members into an MCO.

MCOs will provide members with their member identification card.

Member Enrollment – 2018 Cutoff Dates

Members must enroll prior to the cutoff date in order to have an effective enrollment date on the 1st day of the next month. Also, when a member enrolls into an MCO, they will need to choose a Primary Care Provider. If the individual does not select a PCP, the MCO will assign them one.

January	February	March	April	May	June
19	15	20	18	18	18

July	August	September	October	November	December
19	21	18	19	15	18

Enrollment Prior to Cut-off Date

Eligible members have 30 days to enroll into an MCO of their choice or they will be Auto-assigned to an MCO.

Member MCO Choice

Cut-off Date for the Month

Effective Coverage Date

30 Days to make a Choice

A member enrolls into an MCO of their choice *before* cutoff date.

Cut-off Date

Member's effective coverage date will be the 1st day of the next month.

Enrollment After Cut-off Date

Eligible members have 30 days to enroll into an MCO of their choice or they will be Auto-assigned to an MCO.

Cut-off Date

A member enrolls into an MCO of their choice *after* cutoff date.

Effective Coverage Date

Cut-off Date for the Month

Member's effective coverage date will be the 1st day of the month after next.

30 Days to make a Choice

Member MCO Choice

Managed Care Enrollment Options

Call us at 1-800-449-8466. We are here Monday through Friday from 8:00 a.m. - 6:00 p.m. For hearing impaired (TTY), please call 1-304-344-0015.

Visit our website to find answers to your questions, compare health plan options, search for providers, or enroll in a health plan at mountainhealthtrust.com

You can mail your completed enrollment form to us at: West Virginia Mountain Health Trust, 231 Capitol Street, Suite 310, Charleston, WV 25301.

Provider File

MAXIMUS receives a weekly provider file from each MCO that contains all providers currently in their health plan network. The provider file contains provider name, address, phone number, group or clinic name, PCP indicator, provider type, and specialty. The provider file received from each MCO is compiled into a master file that is used on the mountainhealthtrust.com website and by our call center agents to validate provider information. If there is an error in your provider information, you may contact our call center at 1-800-449-8466 and we will forward the correction to the appropriate MCO.

Outreach and Education

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