

Virginia Medicaid



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Medicaid

PURPOSE

- Health care for certain groups of people who have low income

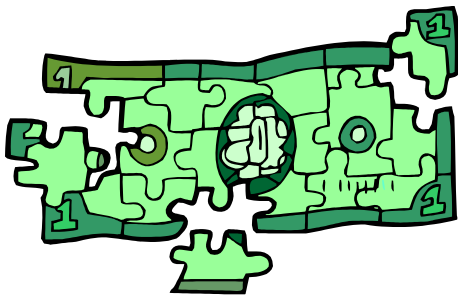
FLEXIBILITY

- States design programs within federal standards

Virginia Medicaid

- ◆ General Assembly determines State funding

\$ 11.8 Billion in Fiscal Year 2019
(includes Federal and State funding)



50% from state funds

50% from federal funds

Federal & State Roles

- ◆ Centers for Medicare & Medicaid Services
 - Federal agency
 - CMS
 - cms.hhs.gov
- ◆ Department of Medical Assistance Services
 - State agency
 - DMAS
 - www.dmas.virginia.gov

Medicaid Benefits

- Department of Social Services (DSS) or CoverVA.org or www.commonhelp.virginia.gov
- Fit into a Medicaid category to qualify
- New Health Care Coverage for Adults – January 2019
- Medicaid card(s)
- All Medicaid Waiver and State Plan (Mandatory and Optional) services
- Likely enrolled in Medicaid managed care

Commonwealth Coordinated Care Plus (CCC Plus)

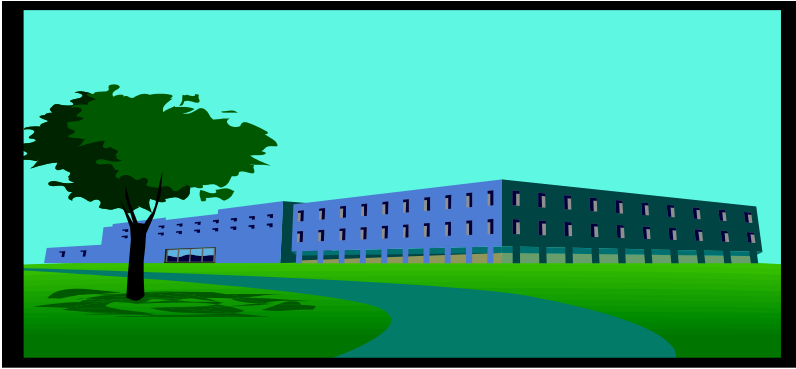
Medicaid Managed Long Term Services and Supports Program

- Medical, behavioral, substance use disorder and long term services and supports in one program
- Individuals with complex needs
- Care Coordination
- Small number of people exempt from managed care, could have Health Insurance Premium Payment (HIPP)

CCC Plus Managed Care

- *Six Medicaid managed care organizations (MCO): Aetna, Anthem HealthKeepers, Magellan, Optima, United, Virginia Premier*
- Open enrollment one time year – October 1st through December 18th
- Outside open enrollment – special circumstance with DMAS approval
- cccplus.com or (844) 374-9159

Institutional Placements



- ◆ Hospitals
- ◆ Nursing facilities

■ ICFs/IDD - Intermediate Care Facility for people with intellectual/developmental disabilities

- institutions of 4 or more beds
- active treatment and rehabilitation
- regulated by the federal and state governments

- 63 ICFs/DD in Virginia
 - 2 large Training Centers (Chesapeake and Lynchburg)
 - 61 smaller ICFs/DD, ranging from 4 to 100 beds

Medicaid Mandated Services

All States

- ◆ EPSDT
- ◆ Family Planning
- ◆ Health Clinics
- ◆ Home Health (if eligible for nursing facility)
- ◆ Hospital Services
- ◆ Lab and X-Ray Services
- ◆ Medicare Premiums
- ◆ Nurse-Midwife Services
- ◆ Nurse Practitioner
- ◆ Nursing Facilities
- ◆ Physician Services
- ◆ Transportation

Medicaid Optional Services

Selected by Virginia

- ◆ Case Management
- ◆ Home and Community Based Waivers
- ◆ Home Health (everyone)
- ◆ Hospice
- ◆ ICF-DD
- ◆ Mental Health Services
- ◆ Optometry
- ◆ PT, OT, Speech Therapy
- ◆ Podiatry
- ◆ Prescribed Drugs
- ◆ Prosthetics
- ◆ Psychology

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Medicaid benefits for children under the age of 21

- *Must be eligible for Medicaid*
- *Monitor to prevent health and disability conditions from occurring or worsening*
- *Treatment to “correct or ameliorate conditions,” including maintenance services*

Medicaid Works (Medicaid Buy-In)

- ◆ People with disabilities who work
- ◆ Must decide between a Waiver or Medicaid Works
- ◆ Personal care, if needed, available
- ◆ **Enroll before income goes above \$833**
- ◆ Complete an agreement, then work –
 - Income (gross earnings) up to \$75,000 a year
 - Resources up to \$36,548

Special Needs Trusts and ABLE

- ◆ Maintain assets for future needs
- ◆ Protects from disqualifying for public benefits
- ◆ Special Needs Trusts
 - www.commonwealthcommunitytrust.org
 - www.thearcofnovatrust.org
- ◆ ABLE Accounts
 - www.able-now.com

HIPP

- ◆ Health Insurance Premium Payment
- ◆ Health Insurance Premium Payment for Kids
- ◆ May pay a portion or total health insurance premium
- ◆ Application separate from Medicaid eligibility
- ◆ DMAS HIPP office, 800-432-5924

Accessing Providers

- ◆ List of qualified providers
- ◆ Right to choose providers
- ◆ Right to visit, interview and research providers
- ◆ You decide when, where and how you want approved services provided (with some limitations)
- ◆ Switch providers if you choose to
- ◆ Shortage of some providers
- ◆ If you have a case manager –
 - ◆ They will assist you in locating and choosing providers
 - ◆ They will contact providers to initiate services

Medicaid Appeals



- ◆ Right to challenge decisions and actions regarding Medicaid
- ◆ **First through the Medicaid MCO**
- ◆ Appeal must be requested within 30 days of the decision or action
- ◆ Decision should be issued by the Hearing Officer within 90 days

Medicaid Fraud

1-866-486-1971

recipientfraud@dmas.virginia.gov

- ◆ Billing for services not provided
- ◆ Inappropriate services rendered
- ◆ Failing to comply with DMAS documentation requirements
- ◆ Misrepresentation or withholding of information
- ◆ Inaccurate reporting of household circumstances