



EXPEDITED ENROLLMENT FACT SHEET

Department of Medical Assistance Services
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Purpose	Beginning August 1, 2014, the Department will shorten the period of time between Medicaid eligibility and enrollment into a health plan, and allow enrollees to return to plans quickly after an enrollment file change while allowing adequate time for plan selection.
Authority	The 2012 Appropriations Act provided the authority for the Department to seek federal approval through amendments to appropriate waivers and to develop and implement programmatic and system changes that allow expedited enrollment of Medicaid eligible recipients into Medicaid managed care.
Background	<p>The current MCO preassignment process requires individuals to receive coverage for approximately 30-60 days through the DMAS fee-for-service program before enrolling with one of the MCOs. The process is being revised to be consistent with the need to streamline the program enrollment. The new process allows enrollees time to select a plan, while reducing program churn, disruptions of care and enrollee confusion.</p> <p>Shortening the preassignment period expedites access to care coordination and disease management services, 24 hour nurse advice lines, and access to specialty care. This is especially important for chronic care populations, pregnant women, and foster care children.</p>
Who is Eligible?	<p>This change will affect Virginia Medicaid individuals who are eligible to be enrolled in the managed care delivery system (Medallion 3.0)</p> <p>This change will not affect the enrollment process for individuals eligible for FAMIS or for the Commonwealth Coordinated Care (dual eligible) program.</p>

<p>Enrollment Process</p>	<p style="text-align: center;"><u>Current</u></p> <ul style="list-style-type: none"> ➤ 07/07: Individual determined to be Medicaid eligible ➤ 07/07: DSS enters eligibility information into system ➤ 07/18: 15-45 days after eligibility entered into system pre-assignment takes place ➤ 07/18: All individuals are pre-assigned to a MCO ➤ 07/28: Individuals notified by letter with pre-assigned MCO ➤ 08/16: Individual must call to make selection by deadline - No call = Enrollment into pre-assigned MCO ➤ 09/01: Effective date of MCO enrollment 	<p style="text-align: center;"><u>Expedited</u></p> <ul style="list-style-type: none"> ➤ 08/07: Individual determined to be Medicaid eligible ➤ 08/07: Letter sent to individual with MCO enrollment date, if eligible ➤ 08/11: Individual contacts Enrollment Broker with selection – effective 09/01 ➤ 08/18: Managed care eligibility confirmed and individual assigned to MCO, if one not previously selected ➤ 08/21: Assignment letter mailed with MCO effective date of 09/01 ➤ 08/31: Newly enrolled individual has until last day of month to change MCOs effective for 09/01 ➤ 09/01: Effective date of MCO enrollment
<p>Other Considerations</p>	<ul style="list-style-type: none"> ➤ Maximus, the contracted Enrollment Broker, will continue to handle enrollment broker services, including enrollment into health plans, inquiries about the plans or doctors who participate. ➤ Individuals who move to a different region will no longer be disenrolled from their health plan if their current MCO participates in the new region. The member will receive a letter indicating they have a choice of plans in their area. ➤ Individuals who lose Medicaid eligibility will be re-enrolled back in the same MCO if eligibility is re-instated between 19th and end of month. ➤ Newly enrolled individuals will have until the last business day of the month to change MCOs, effective the first day of the next month. ➤ End of month enrollment data submission (834) will include individuals that were not on the mid-month 834 ➤ MCO must compare end of month 834 with prior month's enrollment for all adds/drops/changes to ensure correct enrollment 	