

New Health Coverage for Virginia Adults



Agenda

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New Health Coverage for Adults: Vision and Goals

To implement a comprehensive system of care that empowers individuals to improve their health and well being, ensures access to high quality treatment and services, fosters personal responsibility, and maximizes the use of Federal and State dollars

- 1.** Provides individuals with access to high-quality, low-cost health care
- 2.** Provides access to services that keep people healthy so they can engage in their communities (i.e., by attending school and work) and enhances opportunities to improve their lives
- 3.** Provides care coordination and a focus on the social determinants of health to improve outcomes for individuals with complex health conditions
- 4.** Encourages healthy behavior and use of preventive services and promotes personal responsibility and accountability for appropriate use of health services
- 5.** Effectively manages expenditures, encourages use of appropriate care settings such as primary care, and deters use of avoidable services

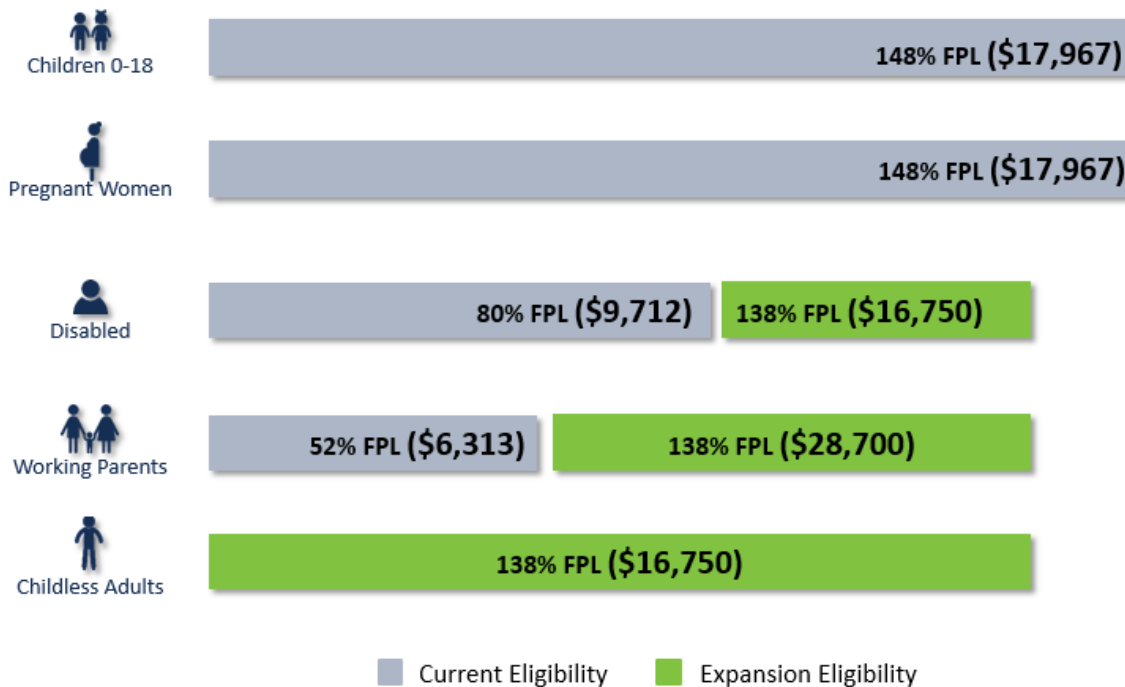
Overview of Adult Coverage

- Beginning January 1, 2019
- Up to 400,000 more adults living in Virginia will have access to quality, low-cost health coverage
- People working in retail, construction, childcare, landscaping, food service or other jobs that do not offer health insurance may be eligible for this low-cost health insurance in Virginia.
- The rules have changed. Virginians who may have applied for Medicaid in the past and been denied may be eligible now.

Who is Eligible?

New eligibility rules will provide quality, low-cost health care coverage to up to 400,000 men and women


















- Adults ages 19 – 64, not Medicare eligible
- Income from 0% to 138% Federal Poverty Level
- Not already eligible for a mandatory coverage group



Who is Eligible?

Income Eligibility Guidelines

Adults may be eligible if they make less than:

FAMILY SIZE	MONTHLY	YEARLY
 	\$1,397	\$16,754
 	\$1,894	\$22,715
 	\$2,391	\$28,677
 	\$2,887	\$34,638
 	\$3,384	\$40,600
 	\$3,881	\$46,562
 	\$4,378	\$52,523
 	\$4,875	\$58,485
Each additional person add 	\$497	\$5,962

What Services are Covered?

New enrollees will receive all State Plan services and additional federally required preventive services

- Doctor, hospital and emergency services, including primary and specialty care
- Prescription drugs
- Laboratory and X-ray services
- Maternity and newborn care
- Home health services
- Behavioral health services, including addiction & recovery treatment services
- Rehabilitative services, including physical, occupational and speech therapies
- Family planning services
- Medical equipment and supplies
- Preventive and wellness services, including annual wellness exams, immunizations, smoking cessation and nutritional counseling
- And more

New Adult Coverage Uses Current Delivery Models

Coverage will be provided for most individuals through the Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) managed care programs

Expansion Delivery Systems

Commonwealth Coordinated Care Plus (CCC Plus) will serve populations who are *medically complex* (individuals with a disabling behavioral or medical condition)

Medallion 4.0 will serve populations other than those who are medically complex

Fee for Service will serve populations excluded from managed care, including:

- incarcerated adults,
- adults identified as presumptively eligible, and
- newly eligible individuals until they are enrolled in an MCO

Medically Complex Enrollees

The medically complex population includes individuals with:

- Disabling mental disorders (including children with serious emotional disturbances and adults with serious mental illness)
- Chronic substance use disorder
- Serious and complex medical conditions that impact daily living
- Physical, intellectual or developmental disability that significantly impairs ability to perform 1 or more activities of daily living
- Disability determination based on Social Security criteria
- Other categories of individuals as defined by the state

Medically Complex Benefit

How is a person deemed Medically Complex?

1. **Member Attestation** - Members attest by responding to a “yes/no” question at time of the initial Medicaid application
2. **Medically Complex Screening** – To be completed by MCOs
3. **Deemed Medically Complex** based upon other authorized eligibility or enrollment (e.g., GAP, LTSS) – No screening required

Regular Updates About Adult Coverage

Please visit www.coverva.org regularly for updates. More information will be coming soon on the timing and process for enrollment. Outreach materials will be posted on the website so that our partners can share them in their communities.



Partner With Us

You can help spread the word about new health choices

- Visit www.coverva.org for information and updates
 - Share the Cover Virginia widgets and link to www.coverva.org on your website and social media pages
- Assist with intensive marketing and outreach to educate and inform newly eligible individuals, providers, and stakeholder groups
- Support enrollment efforts and access to services



Questions?