

# Introductory Guide: ACME Managed Care

## Introduction:

ACME Managed Care (AMC) is one of <COMPANY> newest client partners. This document expands on the information provided in the “Intro to AMC” PowerPoint presentation.

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## Who is AMC?

Founded in 19XX and headquartered in Lipsium Heights, Maryland, ACME Managed Care (AMC) was started by a group of Catholic hospitals looking to create a local health plan that could be competitive with national health plans in the marketplace. It was to the hospitals' benefit to create an alternative to the national plans as it is extremely expensive to deal with large payors and the relationship creates many administrative challenges.

AMC is now one of nine Managed Care Organizations (MCOs) serving the state of Maryland's Medicaid population. It is the X-largest MCO in Maryland and is owned by ABC Health, Western State Health, and XYZ Health. AMC administers high-quality health care services to over 123,456 Marylanders enrolled in Maryland's HealthChoice program—roughly XX percent of the Maryland Medicaid market share.

As a local plan, AMC is incredibly member-centric and committed to providing quality care as illustrated by the comprehensive network of hospitals, doctors, clinics, and pharmacies they have partnered with who share their commitment to transforming the health of Maryland residents.

## Mission & Vision Statements

### Mission

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Nunc viverra imperdiet enim. Fusce est. Vivamus a tellus.

### Vision

Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Proin pharetra nonummy pede. Mauris et orci. Aenean nec lorem. In porttitor. Donec laoreet nonummy augue.

## Line of Business: Medicaid

### What is Medicaid?

Medicaid, also called Medical Assistance, is a health insurance (coverage of expenses incurred from health services) program that is administered by each state along with the federal government. It was signed into law by President Lyndon B. Johnson in 1965 and provides coverage to 65 million Americans.

Each state uses financial eligibility guidelines to determine whether a person is eligible for Medicaid coverage. Generally, a person's income and assets must be below a certain amount to qualify, but this amount varies from state to state and from program to program.

Medicaid provides coverage for:

- Low income families
- Low income pregnant women
- Low income children - Higher income families may have to pay a premium (monthly fee)
- Low income adults
- Low income individuals with disabilities

### Who oversees Maryland Medicaid?

The Maryland Medicaid program is administered by the Health Care Financing Division within the Maryland Department of Health. The Division has been led by Deputy Secretary for Health Care Financing and Chief Operating Officer, Dennis Schrader since January 9, 2018.

## Business Type: MCO

### **What is a Managed Care Organization?**

A Managed Care Organization (MCO) is a health care provider, group, or organization of medical service providers who offer managed care health plans. MCOs contract with insurers or self-insured employers to finance and deliver health care using a specific provider network and specific services and products.

MCOs provide a wide variety of quality and managed health care services to enrolled workers keeping medical costs down through preventative medicine, patient education, and other ways. MCOs contract with a group of licensed/certified health care professionals (providers) to provide covered services to their enrollees, called a network.

Maryland MCOs are responsible to provide or arrange for the full range of health care services covered by the Maryland HealthChoice program.

### **What is the name of the Maryland Medicaid program?**

Maryland's Medicaid Managed Care program is called HealthChoice.

## Maryland Medicaid Basics

### **What are the main Medicaid eligibility groups in Maryland?**

People who meet specific eligibility criteria receive benefits according to Medicaid coverage groups. Many different groups are eligible for coverage in Maryland. As part of health care reform, Maryland expanded Medicaid coverage to almost all adults under the age of 65 with incomes at or below 138 percent of the Federal Poverty Level or about \$1,436 per month for a single person household in 2019.

### **Groups eligible for Medicaid in Maryland are:**

- Adults under age 65 who do not have dependent children
- Children
- Former foster care youth under age 26 if they were receiving foster care services and Medicaid in Maryland on their 18th birthday
- Parents and caretaker relatives, including those over age 65, of a child under the age of 21
- People with disabilities
- Pregnant women
- Seniors age 65 or older

### **What services does Maryland Medicaid cover?**

#### **HealthChoice covers the following basic services:**

- Visits to the doctor, including regular check-ups
- Healthy Kids check-ups including immunizations
- Prescription drugs (No pharmacy copays for children under 21 & pregnant women)
- X-ray and lab services
- Urgent care center services
- Emergency services (also covered out of state)
- Hospital services
- Well women care
- Prenatal and postpartum care
- Family planning and birth control (No pharmacy copays)
- Home health services
- Vision exam & glasses for children under 21
- Hearing Aids
- Dental care for children under 21 and pregnant women

#### **HealthChoice MCOs provide additional health services such as:**

- Outreach and home visits for certain special needs and hard-to-reach populations

- Case management for special populations
- Disease Management for chronic conditions
- Assistance with coordinating transportation through the local health departments and
- limited transportation assistance to medical appointments
- Health care providers are required to provide language interpretation
- Most MCOs offer limited adult dental services.
- Most MCOs offer limited over the counter drugs

### **Service Delivery Area**

HealthChoice is only accepted in Maryland and by providers in nearby states when they are part of the MCO's network or care has been arranged by the MCO.

AMC's network covers all Maryland counties. When members travel out of the State of Maryland the MCO is only required to cover emergency services and post-stabilization services.

## Programs

### **What is the HealthChoice program?**

HealthChoice—Maryland’s statewide mandatory Medicaid Managed Care program—began in 1997 under the authority of Section 1115 of the Social Security Act. HealthChoice is designed to manage costs, enhance service utilization, and increase healthcare quality for Medicaid participants. It promotes patient-focused, prevention-oriented, comprehensive, coordinated, accessible, and cost-effective health care.

The HealthChoice program provides health care to most Maryland Medicaid participants and those that qualify for HealthChoice must enroll in an MCO. Members get to choose their MCO (also referred to as a plan) as well as a primary care provider (PCP). The HealthChoice MCOs are responsible for ensuring that each participant has access to all services included in the HealthChoice benefit package. Participants have the option to change their MCO annually.

Some Medicaid recipients are not eligible for HealthChoice. They will receive their health care benefits through the Medicaid fee-for-service system.

### **What is the Maryland Children’s Health Program (MCHP)?**

The Maryland Children’s Health Program (MCHP) and MCHP Premium give full health benefits for children up until they turn 19. MCHP enrollees obtain care from a variety of MCOs through the Maryland HealthChoice program.

Eligible enrollees for MCHP are uninsured children under age 19, whose household modified adjusted gross income (MAGI) is at or below 211% of the federal poverty level (FPL) for their family size, or 322% for MCHP Premium. MCHP Premium charges a small monthly premium per family.

## What is the Rare and Expensive Case Management (REM) program?

The Rare and Expensive Case Management (REM) program is a case managed fee-for-service alternative to HealthChoice MCO participation limited to individuals with a qualifying diagnosis that is rare and expensive to treat. The program offers Medicaid benefits plus other specialty services needed for these rare medical problems.

AMC does not administer the REM program but may refer potential REM candidates to the Maryland Department of Health for eligibility determination. Those admitted to the REM program will be disenrolled from their MCO.

## Our Partnership with the Client

### Why is AMC a good partner for <COMPANY>?

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Fusce est. Vivamus a tellus. Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Proin pharetra nonummy pede. Mauris et orci. Aenean nec lorem. In porttitor. Donec laoreet nonummy augue.

The type of partner AMC is, coupled with the type of product they deliver, should lead to fewer issues during implementation—a win for everyone.



## Contact Info

<b>ACME Managed Care</b>	
<b>AMC Office Hours</b>	Monday – Friday, 8 a.m. to 5 p.m. (ET)
<b>Member Services</b>	1-800- XXX-XXXX
	TTY: 1-800- XXX-XXXX
<b>24/7 Nurse Advice Line</b>	1-800- XXX-XXXX
	TTY: 1-800- XXX-XXXX
<b>Website</b>	<a href="http://www.AcmeManagedCare.com">www.AcmeManagedCare.com</a>
<b>Online Member Portal</b>	<a href="https://amcportal.xxxx.care">https://amcportal.xxxx.care</a>
<b>Nondiscrimination Coordinator</b>	Attn: Civil Rights Coordinator 1234 Winterson Road, 4th Floor Lipsum, MD 21090 1-800- XXX-XXXX, TTY 1-800- XXX-XXXX XXXXXX@marylandphysicianscare.com
<b>Complaints, Grievance, Appeals Address</b>	ACME Managed Care Attn: Appeals Unit 1234 Winterson Road, 4th Floor Lipsum, MD 21090 1-800- XXX-XXXX
<b>Reporting Fraud and Abuse Address</b>	ACME Managed Care 1234 Winterson Road, 4th Floor Lipsum, MD 21090 1-800- XXX-XXXX
<b>Adult Dental Services</b>	DentaQuest: 1-800-XXX-XXXX
<b>Vision Services</b>	Superior Vision: 1-800-XXX-XXXX