

EXTERNAL FINANCIAL REVIEW COUNCIL MANAGED CARE UPDATE

Cheryl Roberts, Deputy of Programs and Operations

Tammy Whitlock, Deputy of Complex Care

Managed Care Updates

- Plans signed the December 1 mid-year contract adjustments to support BRAVO, TPL, and other minor changes
- Completed the required General Assembly workgroups and reports that affected MCO activity:
 - Community Mental Health Rehabilitation provider termination
 - Mobile vision
 - Home visiting

Some reports lead to supporting Governor's budget requests
- Submitted a number of budget requests for the governor's budget that will increase provider rates (will be part of MCO capitation)
- DMAS and the plans are preparing for the next MES module (PRSS) that will affect provider enrollment and screening for all Medicaid providers
- The plans are reviewing the model of care for the Cardinal program
- The Department continues to have weekly update meetings, including compliance, care management, program integrity, and quality meetings, as well as individual quarterlies with the plans

Other Program Updates

- **Postpartum Waiver** - DMAS was the 3rd state to receive the 12 month postpartum waiver – HHS held a Maternal Health Round Table and Press Conference in Virginia on November 18 to make the announcement – the eligibility and program divisions are working to make the necessary changes
- **Doulas** - DMAS continues to work with VDH and doulas towards the doula implementation date of Spring 2022 - the State Plan Amendment (SPA) was approved - VDH regulations were approved and are posted on Town Hall for final adoption
- **Dental** - To date, over 80,000 members have received adult dental services
- **Enrollment Broker RFP** - In progress - provides independent health plan counseling
- **COVID Vaccinations** - Continues to be a priority for DMAS and the plans

Complex Care Update

DMAS – American Rescue Plan Act funding

- DMAS is implementing a 12.5 % temporary rate increase for specific waiver services, behavioral health services, home health services, and other identified services for dates of service from July 1, 2021 - June 30, 2022. The [Medicaid Memo 10/6/21](#) includes eligible procedure and revenue codes.
- DMAS issued a Request for Proposal to administer the \$1000 payment to agency-directed and consumer-directed personal care attendants. Payments will be made in early 2022.
- DMAS is finalizing a contract with the Virginia Health Care Association to coordinate \$5 Nursing Facility per diem payments to providers.

Behavioral Health Redesign for Access, Value and Outcomes

Vision

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:



High Quality

Quality care from quality providers in community settings such as home, schools and primary care



Evidence-Based

Proven practices that are preventive and offered in the least restrictive environment



Trauma-Informed

Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals



Cost-Effective

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system

New Enhanced Services

- 3 Enhanced Services implemented **7/1/21**:

Assertive
Community
Treatment

MH Partial
Hospitalization
Program

MH Intensive
Outpatient

- 6 Enhanced Services implemented **12/1/2021**

Multisystemic
Therapy

Functional
Family
Therapy

Mobile Crisis
Teams

Community
Stabilization

23 Hour Crisis
Stabilization

Residential
Crisis
Stabilization

Cardinal Care Value

Unify the managed care programs under a single managed care contract for a more efficient and well-coordinated system of care for members and providers

Adds value for our members

- Eliminates unnecessary transitions between the two managed care programs
- Avoids confusion for members with family members in both programs
- Drives equity in a fully integrated, well-coordinated system of care
- Allows for improved continuous care management and quality oversight based on population-specific needs, including as member needs change over time

Adds value for our providers

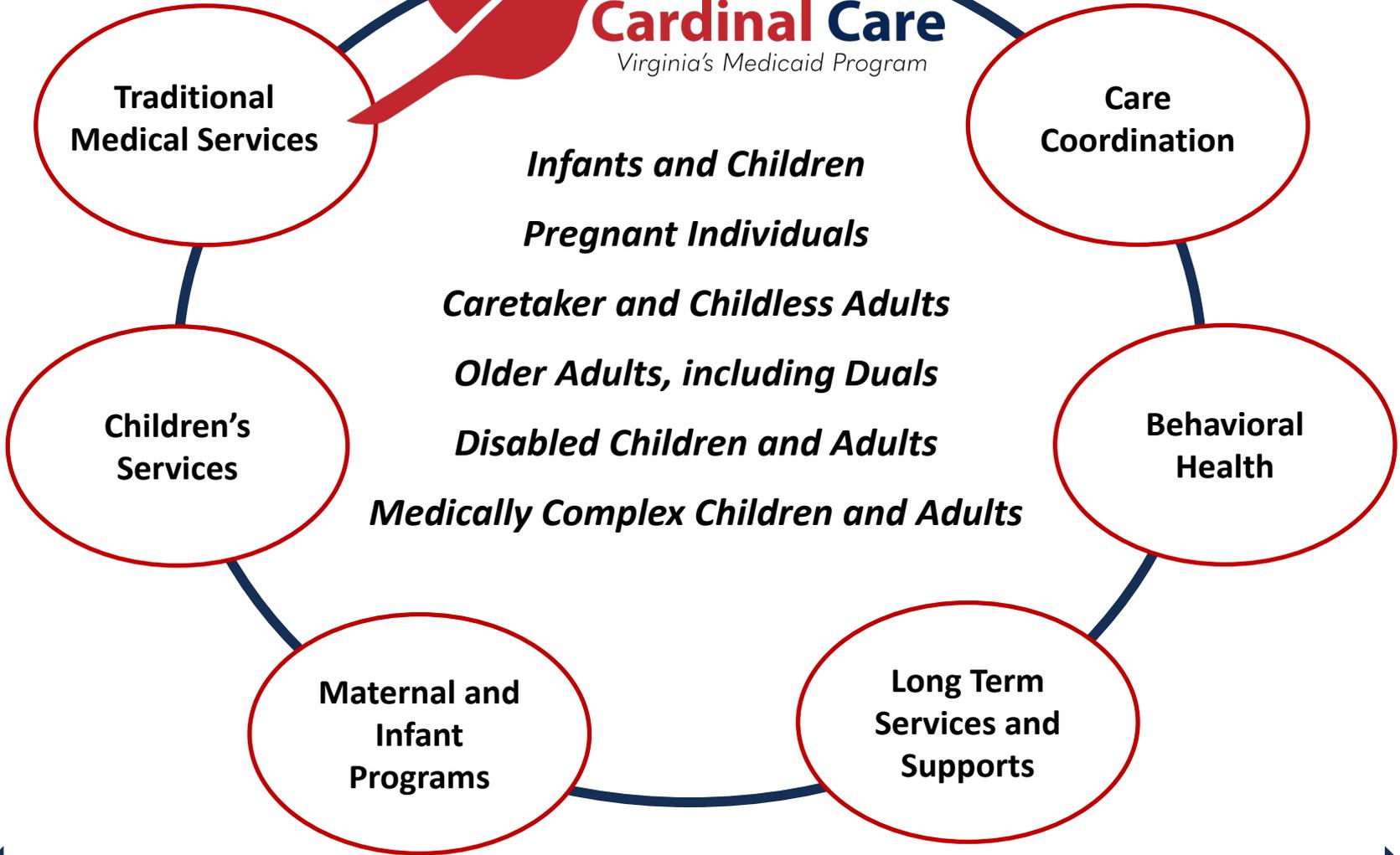
- Streamlines the contracting, credentialing and billing processes for providers

Adds value for DMAS, MCOs & the Commonwealth

- Combines the two managed care contracts and two managed care waivers, and streamlines the rate development and Centers for Medicare and Medicaid Services approval processes
- Will allow DMAS to operate with greater efficiency and effectiveness, and provides new opportunities for value-based payment activities to promote enhanced health outcomes



Cardinal Care
Virginia's Medicaid Program



Single, streamlined, delivery system serving members as their needs evolve



Cardinal Care Key Steps for July 1, 2022

Rebranding the fee-for-service & managed care programs under a single name, Cardinal Care

Shoring up the system to expedite and maintain managed care enrollment

Contract and rate consolidation, including: model of care, compliance & oversight, MLR & underwriting gain

Aligning program authorities including federal waivers and state regulations

Communications with members, providers, and other key stakeholders