Tuesday, April 16, 2019
10:00 a.m. – 12:00 p.m. BMAS Meeting

Department of Medical Assistance Services
Conference Room 7A/B
600 East Broad St. Richmond, VA 23219

Agenda

ITEM	PRESENTER	ACTION
Call to Order and Introductions	Karen S. Rheuban, M.D., Chair	
Approval of September 25, 2018 Minutes	Karen S. Rheuban, M.D., Chair	Vote
Election of new Board Officers	Jennifer S. Lee, M.D., Director	Vote
Director's Report	Jennifer S. Lee, M.D., Director	Briefing
Update on Medicaid Expansion and the COMPASS (1115) Waiver	Karen Kimsey, Chief Deputy Director	Briefing
• 2019 General Assembly Legislative Report • Telehealth Update • New Medicaid Member Advisory Committee	Rachel Pryor, Deputy Director for Administration	Briefing
Finance Update and Progress on New Financial Reforms	Chris Gordon, Chief Financial Officer (CFO)	Briefing
Update on Medallion 4.0 and Commonwealth Coordinated Care (CCC) Plus	Cheryl Roberts, Deputy Director of Programs Tammy Whitlock, Deputy Director of Complex Care	Briefing
Updates from the Chief Health Economist and the Office of Data Analytics (ODA)	Ellen Montz, Ph.D., Chief Health Economist Jacob Wieties, Division Director, Office of Data Analytics	Briefing
Workforce Initiatives and Organizational Transformation • New Diversity Council	Ivory Banks, Chief of Staff Karen Kimsey, Chief Deputy Director	Briefing
Old Business/New Business		
Public Comments	Gayl Brunk – VACIL President & Executive Director	Public Comment
Adjournment		

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INNOVATION • QUALITY • VALUE

DIRECTOR'S REPORT BOARD OF MEDICAL ASSISTANCE SERVICES

APRIL 16, 2019

JENNIFER LEE, MD

**DIRECTOR,
DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES**

New Executive Management Team Members

- ✓ Chris Gordon, Chief Financial Officer

- ✓ Rachel Pryor, Deputy Director for Administration

- ✓ Dr. Chethan Bachireddy, Acting Chief Medical Officer

- ✓ Ivory Banks, Chief of Staff

Medicaid Expansion

- ✓ Virginia's Medicaid expansion began on **January 1, 2019**

- ✓ Virginia expanded Medicaid coverage to adults with incomes **≤ 138% FPL**

- ✓ Virginia has enrolled **over 263,000** newly eligible adults as of April 15, 2019

Now Available: New Health Coverage for Adults
More adults living in Virginia now have access to quality, low- and no-cost health coverage. Applications accepted year-round.
Get more information at **coverva.org.**

COVER VIRGINIA
Connecting Virginians to
Affordable Health Insurance

DMAS Financial Management Reforms

VIRGINIA'S MEDICAID PROGRAM

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Virginia Department of Medical Assistance Services

FOR IMMEDIATE RELEASE
Date: January 7, 2019

Department of Medical Assistance Services
Contact: Christina Nuckols
Email: Christina.nuckols@dmas.virginia.gov

Virginia Medicaid Agency Announces Financial Management Reforms

~ An external review will initiate a series of steps to improve transparency and strengthen managed care oversight ~

RICHMOND – The Virginia Department of Medical Assistance Services (DMAS) today announced that it will seek a top-to-bottom review of the agency's forecasting and rate-setting processes to be conducted by an independent organization with health care finance expertise. A firm will be selected in early 2019 and given 90 days to complete the review and provide recommendations.

Implementation of the recommendations will be overseen by a new internal cross-agency financial review unit, led by the agency's Chief Financial Officer and answerable to the Director. The financial review unit will act as an internal watchdog, responsible for continuous monitoring of the agency's forecasting and rate-setting procedures to provide real-time evaluations of each step in the decision-making process and advanced notice of necessary adjustments.

"Our agency recognizes the need for a sound financial map that provides the Commonwealth with increased certainty and steady directions to guide budgetary decisions," said Dr. Jennifer Lee, DMAS director. "We have a strong leadership team with the vision and the commitment necessary to transform our financial management structure."
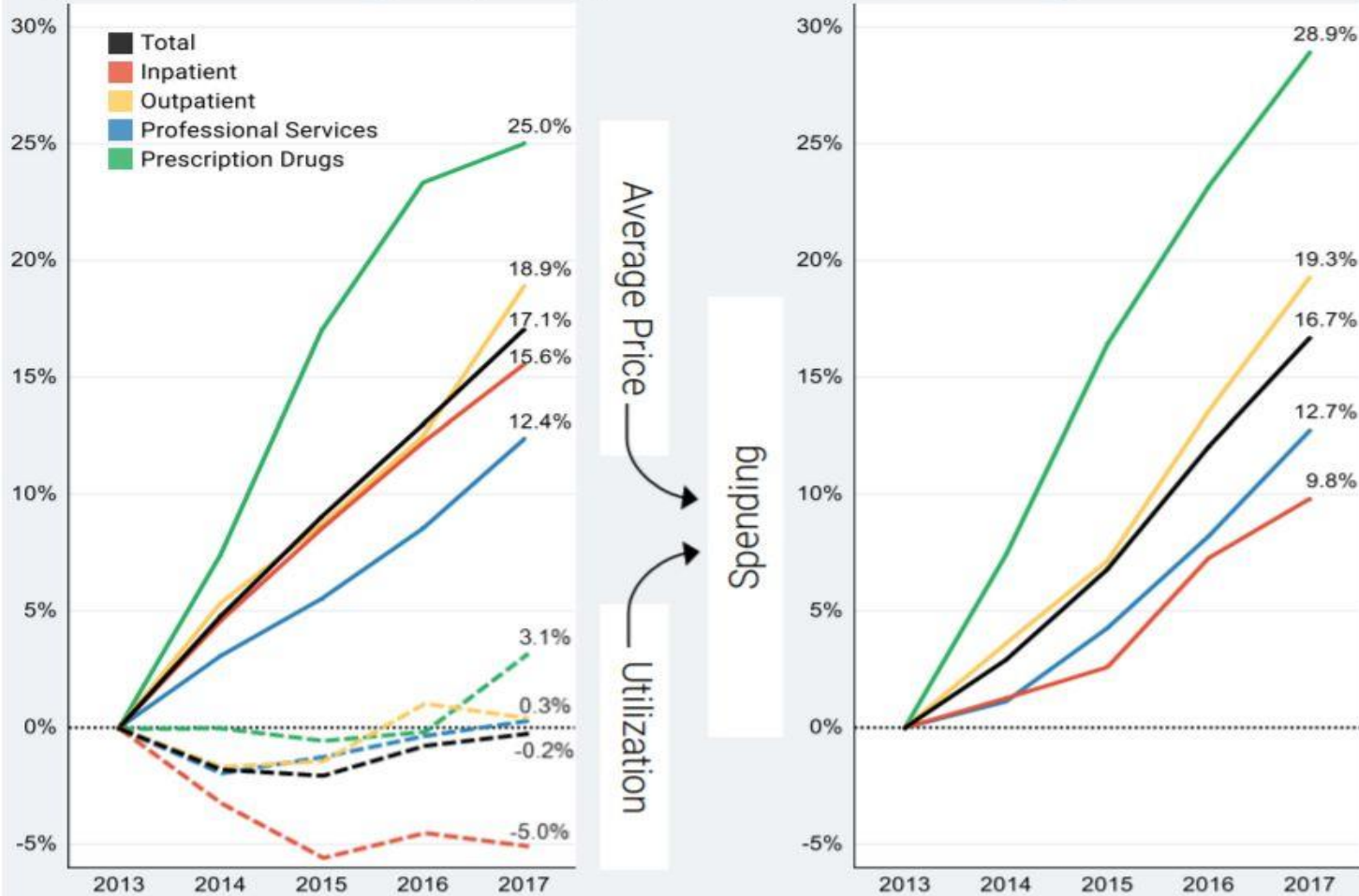
This new framework will support the integration of leadership across program, policy and financial divisions into a multi-disciplinary unit that provides a 360-degree assessment of each component of the forecasting and rate-setting processes.

Rate Setting 101

Figure 2: Cumulative Change in Spending per Person, Utilization, and Average Price since 2013

Note: Utilization and average prices account for changes in the type or intensity of services used, with the exception of prescription drugs. Prescription drug spending is the amount paid on the pharmacy claim, which reflects discounts from the wholesale price, but not manufacturer rebates.

National Medicaid Spending Trends

Figure 3

Medicaid enrollment growth is flat and spending growth is relatively steady in FY 2018 and FY 2019.
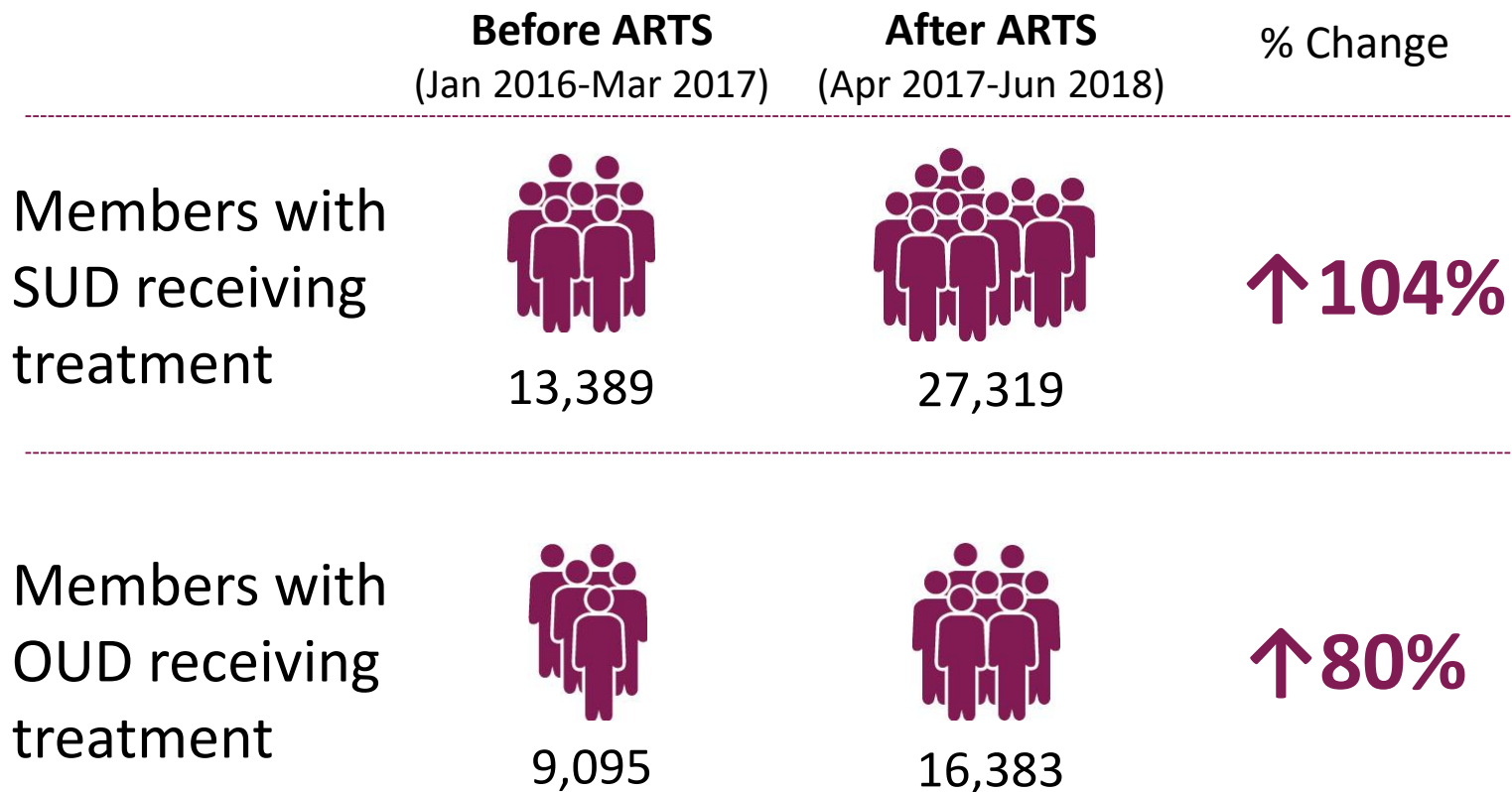
Annual Percentage Changes, FY 1998 – FY 2019
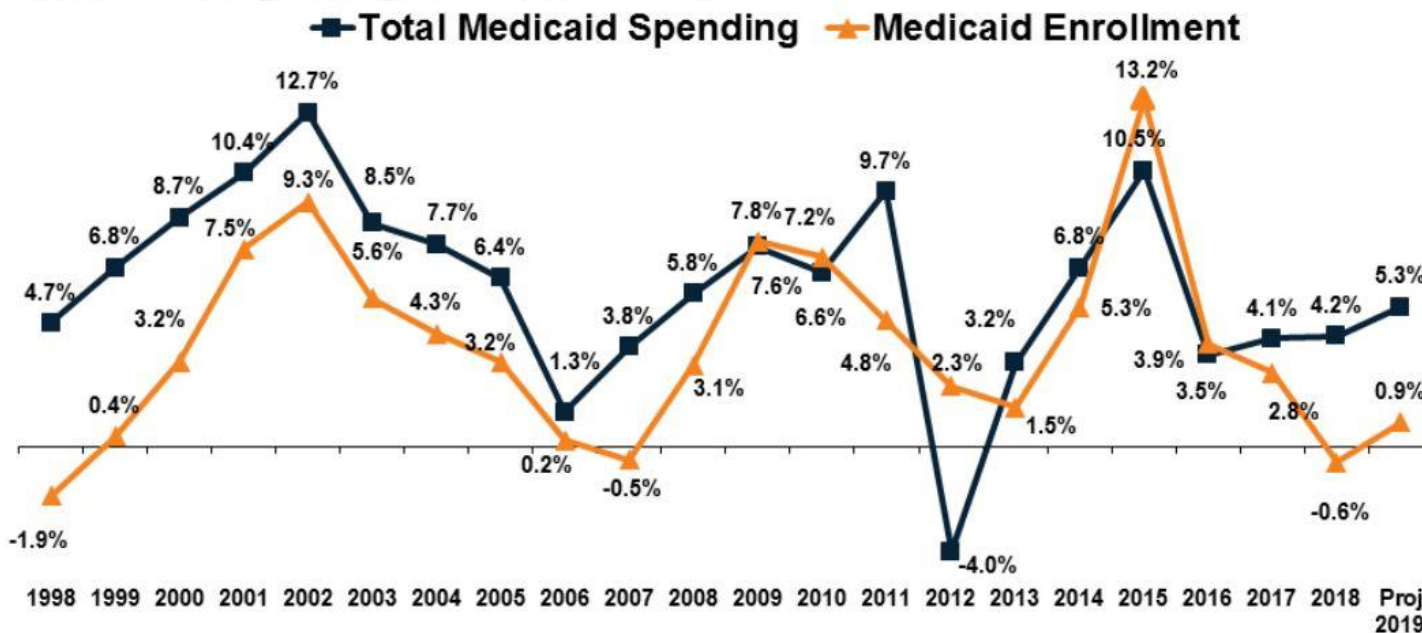
NOTE: Spending growth percentages refer to state fiscal year (FY).
SOURCE: FY 2018-2019 spending data and FY 2019 enrollment data are derived from the KFF survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2018; historic data from various sources including: Medicaid Enrollment June 2013 Data Snapshot, KCMU, January 2014. FY 2014-2018 are based on KFF analysis of CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports and from KFF Analysis of CMS Form 64 Data.

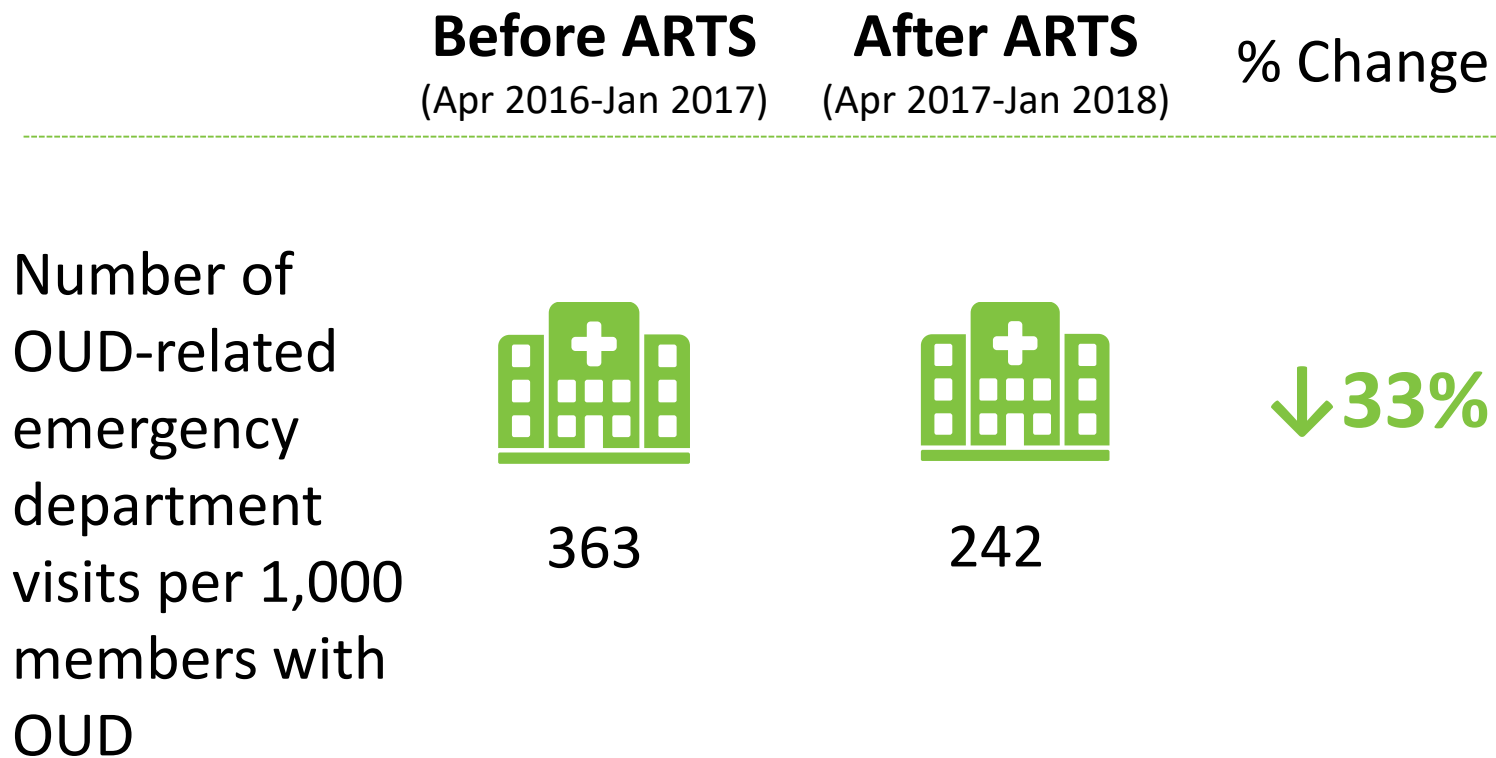# Outcomes: First Fifteen Months of ARTS

More Medicaid members are receiving treatment for all Substance Use Disorders and Opioid Use Disorder

	Before ARTS (Jan 2016-Mar 2017)	**After ARTS** (Apr 2017-Jun 2018)	% Change
Members with SUD receiving treatment	13,389	27,319	↑**104%**
Members with OUD receiving treatment	9,095	16,383	↑**80%**

Outcomes: First Fifteen Months of ARTS

Fewer Emergency Department visits related to Opioid Use Disorder

	Before ARTS (Apr 2016-Jan 2017)	After ARTS (Apr 2017-Jan 2018)	% Change
Number of OUD-related emergency department visits per 1,000 members with OUD	363	242	↓33%

New Medicaid Member Advisory Council

VIRGINIA MEDICAID EXPANISON AND 1115 WAIVER UPDATE

April 16, 2019

Karen Kimsey,
Chief Deputy

Overview of Medicaid Expansion Requirements

The 2018 Appropriations Act directed DMAS to implement new coverage for adults and transform coverage through an 1115 Demonstration Waiver.

State Plan Amendments, contracts, or other policy changes

Implement new coverage for adults with incomes up to 138% FPL and implement early reforms for newly eligible individuals

§ 1115 Demonstration Waiver

Implement required reforms that transform the Medicaid program for certain individuals

Medicaid Expansion: Implementation and Enrollment Update

New Health Coverage for Adults

Enrollment Week
4/5/2019 ▼

Overall Enrollment

259,119 adults newly enrolled in Medicaid

92,210 newly enrolled adults are parents

Age and Gender of Enrollees

39%   61%

15%
45%
39%

Age Group
■ 19 - 34 Years
■ 35 - 54 Years
■ 55+ Years

Enrollee Family Income

187,137 — Below 100% FPL

71,982 — 100 - 138% FPL

# of Members: 200K, 100K, 0K

The federal poverty level is $12,140 annually for a single person or $20,780 annually for a family of 3.

Adults Enrolled in New Health Coverage by Locality

of new adults enrolled in Medicaid
34 — 18,220
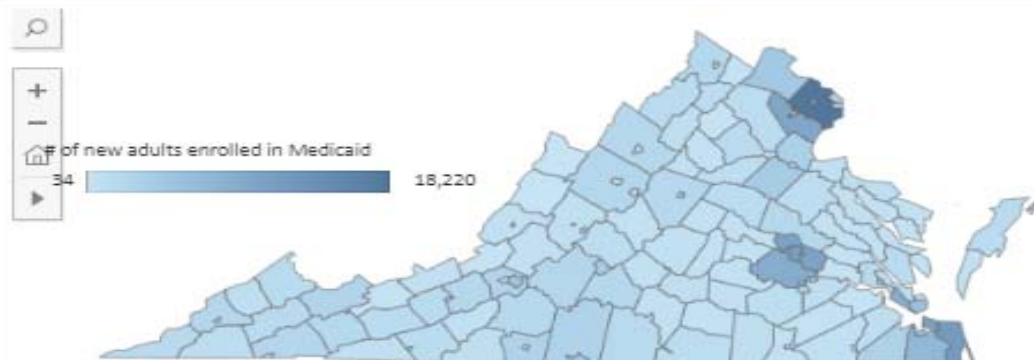
Enrollment by City / County

Central	65,076
Charlottesville / Western	33,265
Northern & Winchester	51,153
Roanoke / Alleghany	27,636
Southwest	20,729
Tidewater	61,260
Grand Total	259,119

Overview of 1115 COMPASS Waiver Programs

DMAS submitted the COMPASS 1115 Waiver Extension to the Centers for Medicare and Medicaid Services (CMS) on November 20, 2018 and is now negotiating the waiver's Special Terms and Conditions (STCs).

Work and Community Engagement Requirements

Premiums, Co-payments, Healthy Behavior Incentives, and Health and Wellness Accounts (HWAs)

Housing and Employment Supports for High-Need Enrollees

1115 COMPASS Waiver Design Phase: Overview of Current Work

Securing Federal Authority for All Components of 1115 Waiver

- Regular touchpoints with Centers for Medicare & Medicaid Services (CMS) on COMPASS 1115 Demonstration Waiver Extension Special Terms and Conditions (STCs)
- After waiver approval secured, will complete CMS-required post-approval documents
- Develop and submit other required authorities to CMS, including State Plan Amendments

Operational Design, Planning and Readiness for Implementation

- Create new division to lead implementation of the COMPASS waiver
- Conduct landscape scan and assessment of other states' programs and relevant implementation plans to identify best practices and lessons learned
- Assess current state of existing Virginia state agency programs, systems and resources that can be leveraged to support the COMPASS programs and identify where gaps exist
- Conduct multiple interagency planning and implementation design sessions for all three programs of the waiver

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Overview

General Assembly

Telehealth Update

New Member Engagement Initiatives

DMAS

2019 General Assembly Session

Top Theme for Medicaid:

⬇

Financial Transparency

Legislative Update 2019

Telehealth

Marketplace Plans

Additional Hot Topics for the 2019 General Assembly

Opioids

Balance Billing

Federal Medicaid: Legislation to Watch

Similar themes are playing out at the federal level with new bills to watch:

Drug Pricing

Medicaid "Extender" Provisions

DMAS

Telehealth Updates
Clarification of Existing Policies & Process for **Change**

Supporting a strong Telehealth foundation at DMAS

New standing cross-agency telehealth workgroup

Initial action to clarify present coverage and decision standards for new coverage...with more to come!

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New Member Engagement Initiatives

Consumer mapping will allow DMAS to view existing policies and systems through a user focused lens, to create policies and processes geared to the member's experience.

Outreach & Enrollment

Target Mapping

Member Appeals

Applications & Correspondence

Access to & Receipt of Services

Eligibility Process & Procedures

Medicaid Member Advisory Committee (MAC)

New Advisory Committee to the Director

To obtain the insight & recommendations of enrollees to help improve enrollment & health care delivery.

Integral piece in providing feedback to proposed changes & input from personal experience

First Quarterly meeting held April 1, 2019

Members targeted outreach & enrollment difficulties & standardization across health plans
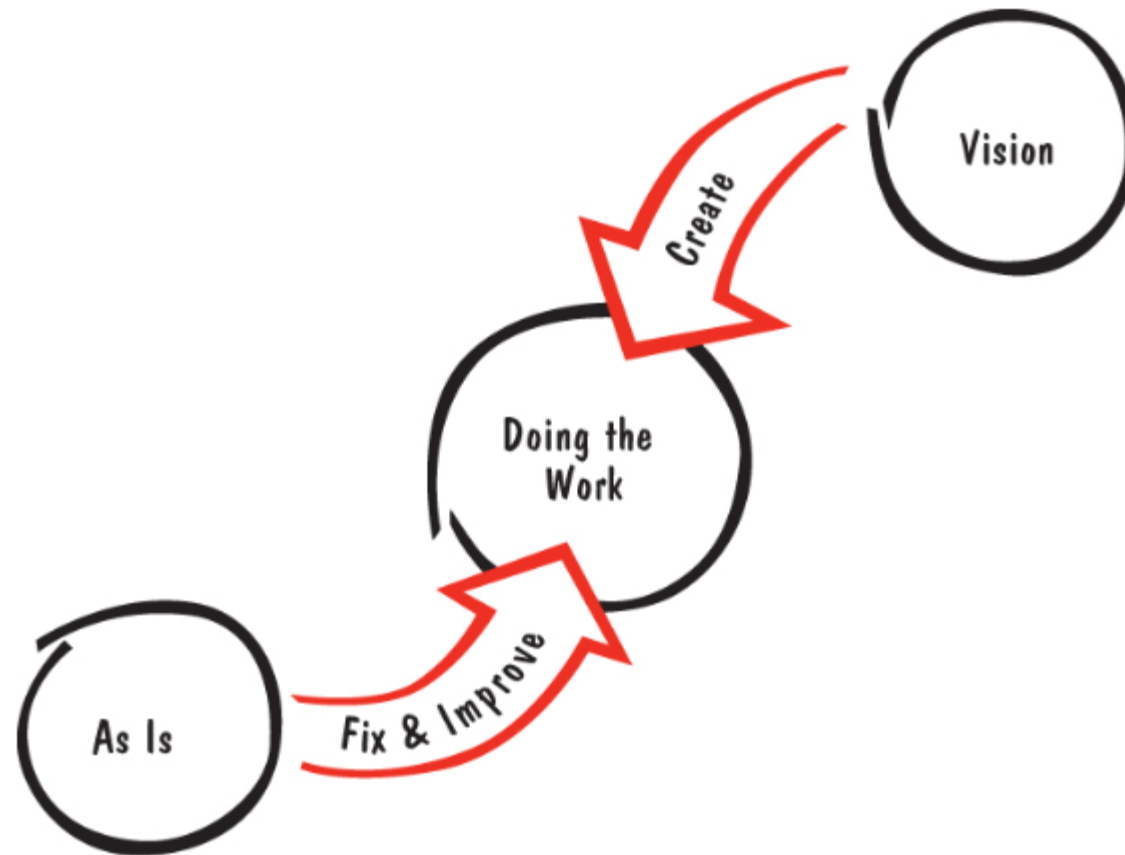
BOARD OF MEDICAL ASSISTANCE SERVICES FINANCE UPDATE

April 16, 2019

Chris Gordon, Deputy Director of Finance

CHANGE VERSUS TRANSFORMATION

- **Finance Vision: to be the best Medicaid Finance agency in the nation**

    - **Democratize information**
        - Make data, information, and knowledge accessible:
            - Financial Weekly Briefing (Feb. 15 to now)
            - Launch internal Finance Balanced Scorecard (May 1)
            - Shared governance (IFRC, EFRC)

    - **Develop new capabilities**
        - New Division of Federal Reporting:
            - Combine resources to communicate with a single voice to CMS
            - Execute CMS-21, -37, and -64 reports successfully

    - **Clock-building vs. Time-telling**
        - Develop infrastructure to support operations longitudinally
        - Invoice payment, SWaM procurement, Rate-setting, Forecasting

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Forecast GF Need Since 2009
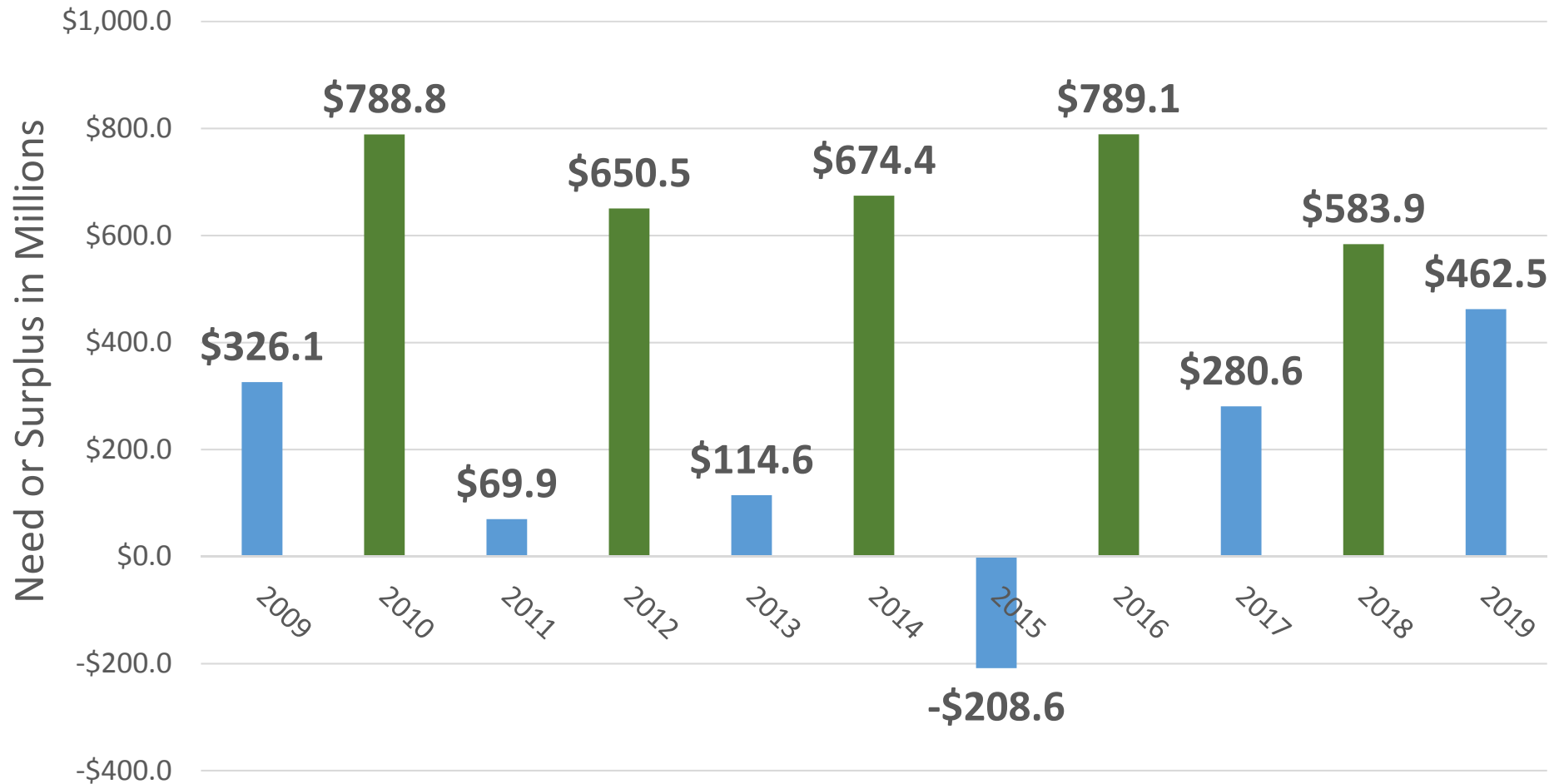
Source: DMAS Budget Division, 2019

Finance Update and Progress on New Financial Reforms
April 16, 2019

Financial Reforms:

- **2019**
  - **January**:
    - Financial reforms announced in press briefing January 7:
      - Publicly available financial benchmarks,
      - Quarterly forecasting report for timely information on forecast targets, and
      - Re-tooled calendar for forecasting and rate-setting processes
    - 1st Internal Financial Review Committee January 31:
      - Membership: senior leadership (EMT), finance, program, and admin teams
        - Goal: monitor and review financial proposals

  - **February**:
    - New CFO hired February 1
    - Milliman hired February 1 to lead top-to-bottom review of forecasting and rate-setting process
    - 2nd Internal Financial Review Committee February 28:
      - Adopted charter and standards for governance
      - Reviewed Milliman work-to-date

  - **March**:
    - Rate Setting 101 on March 1: step-by-step overview of how Mercer develops rates, SFC, SHHR, GOV, GA, JLARC, and 100 staff attend
    - Milliman primary work completed March 22:
      - Interviewed: SHHR, SFC, JLARC, all six MCOs, GA staff, five states (AZ, FL, IN, OH, SC), EMT, program, forecast, and rate-setting staff
    - 3rd Internal Financial Review Committee March 25:
      - Review Medallion 4.0 draft rates
    - Rate-setting Cross-functional team met March 28
    - New Division of Federal Reporting launched March 29

  - **April**:
    - FY20 Medallion 4.0 Draft Rate meeting on April 2:
      - Aetna, Anthem, Magellan, Optima, Virginia Premier, United, and staff from GA, JLARC, and DMAS
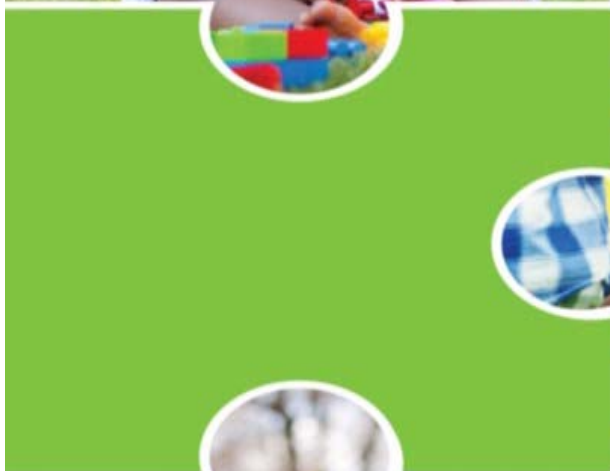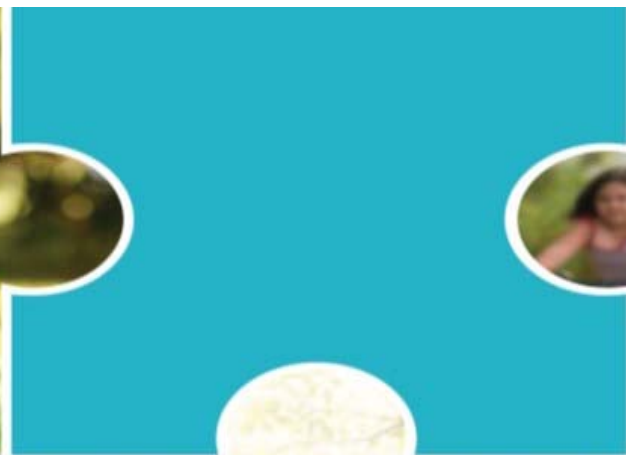
  - **May**:
    - Internal Finance Balanced Scorecard released on May 1
    - External Financial Review Committee: inaugural meeting will be held in May/June prior to start of new fiscal year

BOARD OF MEDICAL ASSISTANCE SERVICES

MEDALLION 4.0 UPDATES
APRIL 16, 2019

Cheryl J. Roberts, J.D.
Deputy Director of
Programs & Operations

MEDALLION 4.0 PROGRAM DESIGN

1 Regional implementation completed December 2018 affecting 750,000 Virginians

2 Plan changes, services added, functions and processes added

3 Focus on member-centric care for populations: pregnant women, infants, children, parents/caregivers, and expansion adults

4 Best of Medallion 3, alignment with CCC Plus, strong networks and statewide access to care

5 Platform for new initiatives and innovations

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MEDALLION 4.0 AND EXPANSION MEMBERS

The first and foremost goal and expectation of Medallion 4.0 is to improve the quality of life and health outcomes for enrolled individuals

IT'S ALL ABOUT THE MEMBER

- *MEMBER CHOICE AND ACCESS*
- *MEMBER FOCUSED PROGRAMS*
- *MEMBER ENGAGEMENT AND USE OF SERVICES*

MATERNITY

- Early Prenatal Care
- Case Management
- Post-Partum Care
- Support for Full-term Deliveries
- Breast Feeding Care
- Family Planning
- Outreach and Education
- Oral Health

INFANTS (0 − 3)

- Immunizations
- Well Visits
- Early Assessments
- Safe Sleep Education
- Support for Neonatal Abstinence Syndrome
- Preventing Infant Death (Three Branch Workgroup)
- Early Intervention
- Oral Health

CHILDREN & ADOLESCENTS (3 − 18)

- Oral Health
- Vision
- Well Visits
- Early and Periodic Screening, Diagnosis and Treatment
- Support for Special Needs
- Foster Care Services
- Focus on Trauma Informed Care
- Community Mental Health Services
- Adolescent Focused Care

ADULTS

- Wellness
- Chronic Disease Support
- Family Planning/LARC
- Addiction Recovery Treatment Services
- Behavioral Health and Community Mental Health Rehabilitative Services

3 WAYS TO CHOOSE A HEALTH PLAN . . .

PHONE

Medallion 4.0 Managed Care Helpline

1-800-643-2273

Monday - Friday

8:30 am - 6:00 pm

WEB

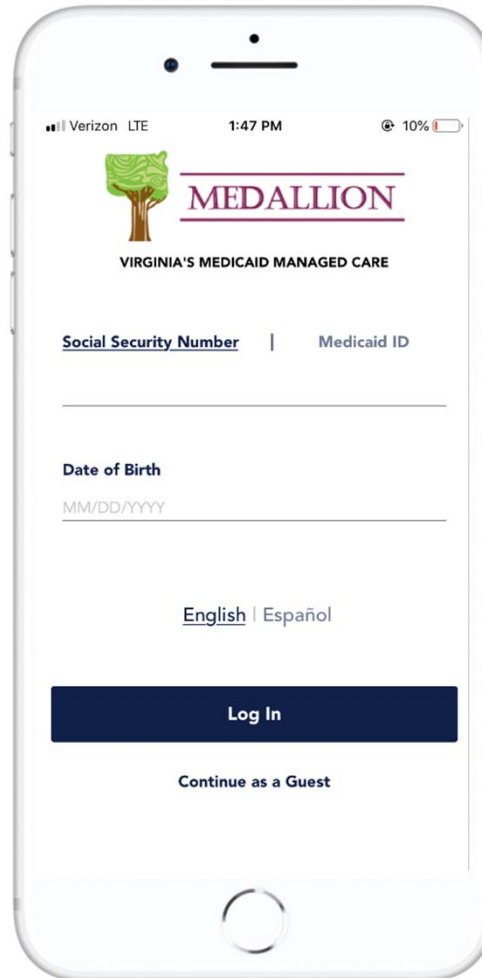Medallion 4.0 Managed Care Website

www.virginiamanagedcare.com

INTRODUCING THE VA MEDALLION APP
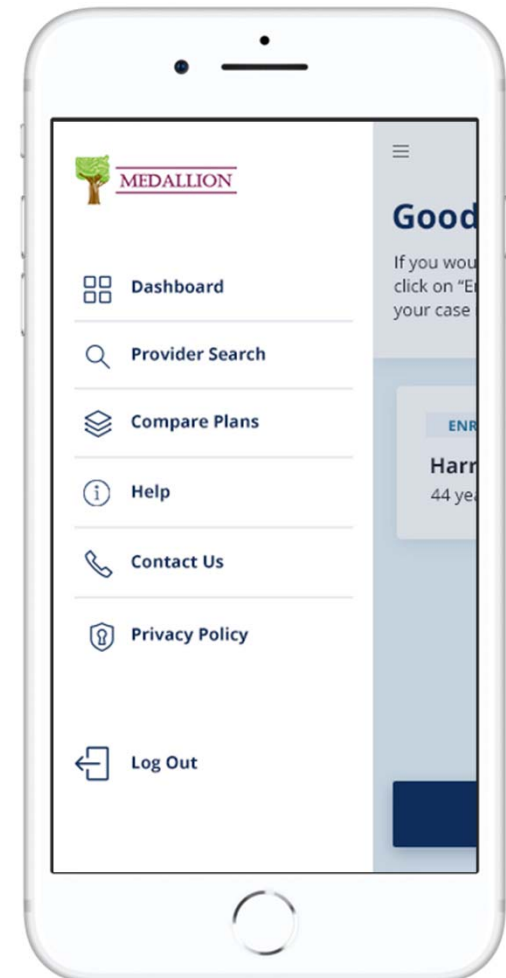
Splash Screen

Log In

Drawer Menu

VA MEDALLION MOBILE SCREENS

*Please note, this presentation does not include every step of the enrollment process

Select A Plan
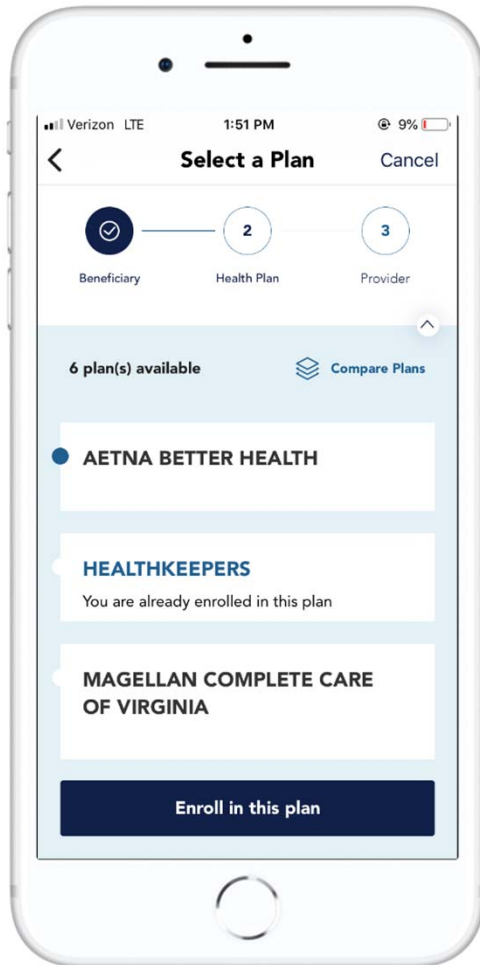
Find A Provider
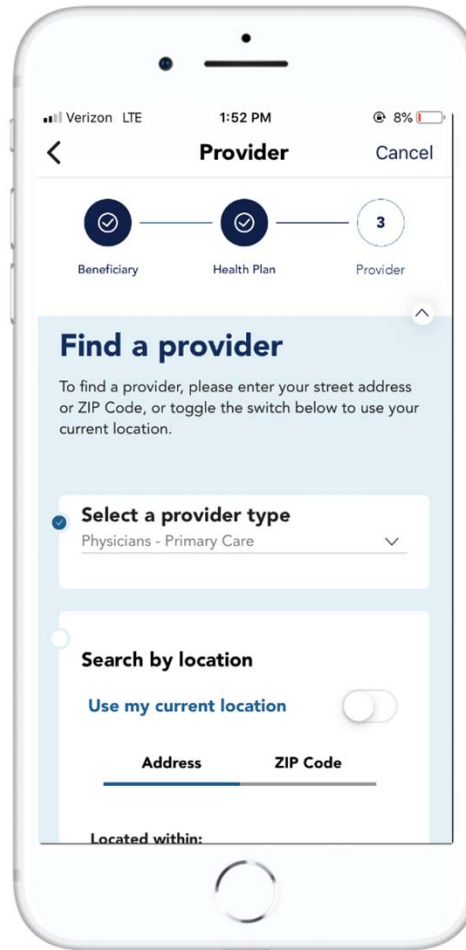
Select a Provider -
Map View
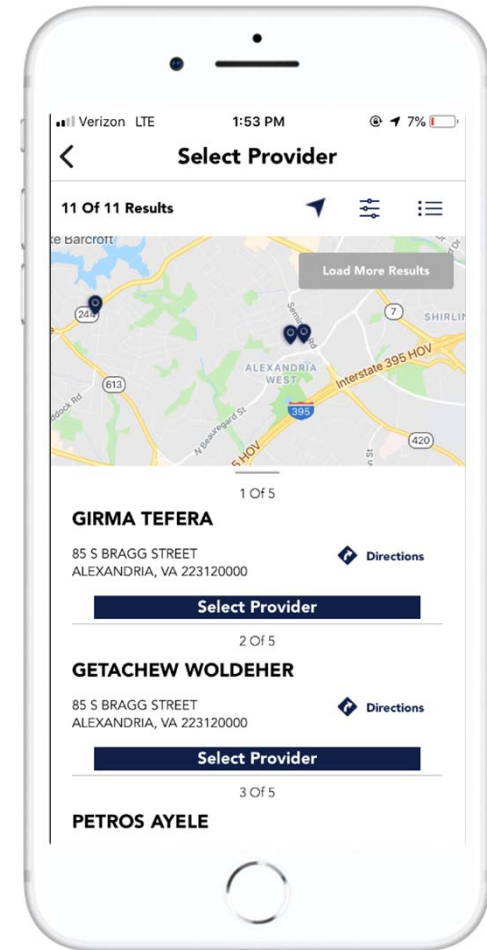
NEW AND ONGOING INITIATIVES

New Contract New Rate Process	Social Determinants Of Health and Supportive Services	Women's Health Family Planning	Maternity Care Prenatal and Postpartum
Trauma-Informed Care ACES and Resilience	Transition Planning To Help Teens and Young Adults	Infant and Early Childhood Physical and Mental Health	Behavioral Health Transformation ARTS SUD
Value-Based Purchasing Arrangements Clinical Efficiencies	Quality Strategy and Office of Quality and Population Health	Program Integrity	EPS Encounters
System Improvements	Foster Care	6/18 CDC Project	Cross Agency Collaborations and Projects

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3 POPULATION AND PROGRAM INITIATIVES

FOSTER CARE

- Collaboration with DSS to improve outcomes
- Changes in communication path
- Contract language and enforcement
- Systems
- Quality
- Community supports

CDC 6/18

- Collaboration with VDH to increase smoking cessation
- Supported by CDC
- Targeting 6 common and costly health conditions with 18 proven interventions
- MCO survey
- QuitLine support

NASHP MCH PIP

- Collaboration with VDH and DBHDS
- TA awarded
- One of eight states
- 2 year Policy Academy
- Improve access to care for Medicaid-eligible pregnant and parenting women with or at risk of SUD

MEDALLION 4.0 PLAN OVERSIGHT

Validation of MCO Contract Requirements

On-site and Internal Operational Reviews

Financial Oversight

Data, Reporting and Dashboards
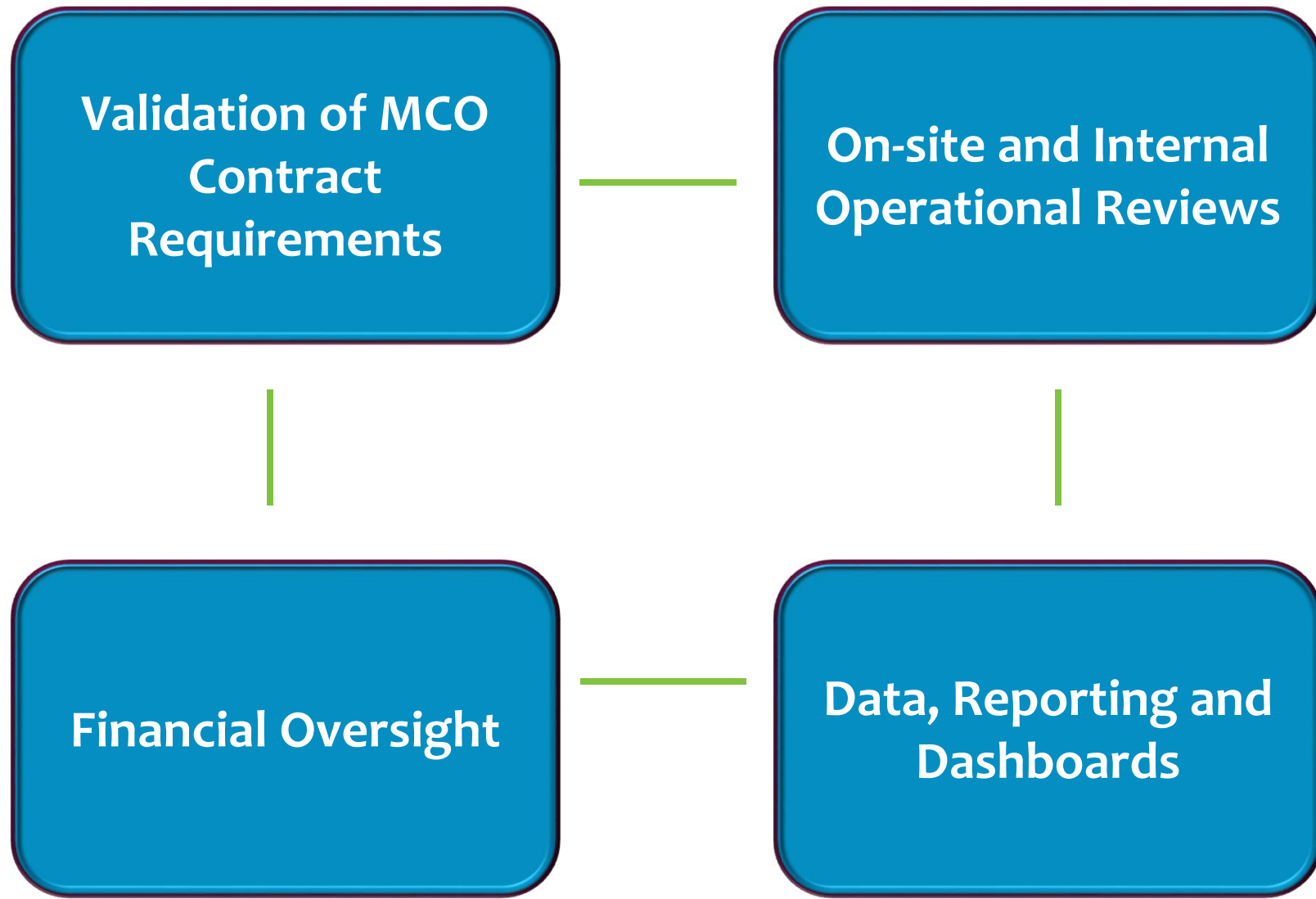
OPERATIONS AND PERFORMANCE MANAGEMENT

Enhancing the seven main functions of Operations and Performance Management:

- **Contracts and Administration** ensures MCO operations are consistent with the contract requirements

- **Member and Provider Solutions** resolves service and care management concerns identified by members and providers

- **Quality Improvement** measures MCO performance against standard criteria, such as HEDIS, and facilitates focused quality projects to improve care for all members

- **Compliance** oversees, develops and monitors MCOs and can impose corrective action plans and sanctions

- **Systems and Reporting** manages data submissions from the MCOs, use of data, utilization, and financial reporting

- **Plan Relationships** provides education and training via weekly meetings and on-site visits

- **Collaboratives** held across the agency and divisions to meet Commonwealth goals

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MEDICAID EXPANSION - LIVE JANUARY 1, 2019

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

Expansion Populations

1. Caretaker Adults
2. Childless Adults
3. GAP
4. Plan First
5. SNAP
6. Marketplace
7. Pregnant Women
8. Incarcerated Adults and DOC
9. Presumptive Eligible Adults

Expansion Delivery Systems

Medallion 4.0 serves populations other than those who are medically complex

Commonwealth Coordinated Care Plus (CCC Plus) serves populations who are medically complex

Fee for Service serves populations excluded from managed care, including:
- incarcerated adults,
- presumptively eligible adults, and
- newly eligible individuals until they are enrolled in a MCO

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EXPANSION DELIVERY SYSTEM

- Medallion 4.0 and CCC Plus teams

- CMS 1915b/c waivers approved and MCO contracts and rates developed and signed

- Program and systems readiness review completed

- Weekly plan meetings

- Network adequacy confirmed by HSAG and ODA

  - Work with CSBs, FQHCs, and Free Clinics to increase access

  - Health systems increased number of plans

- MCO Member Health Screening (MMHS)

  - Medical complexity and social determinants of health

- Continued intense and focused project and health plan management

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GROWING STRONGER...
TOGETHER

COMMONWEALTH COORDINATED CARE PLUS

April 16, 2019

Tammy Whitlock

Deputy Director for Complex Care & Services

CCC Plus Populations

Approximately 236,000 individuals, including:

- Adults and children living with disabilities

- Individuals living in Nursing Facilities (NFs)

- Individuals in the CCC Plus Waiver (formerly the Technology Assisted Waiver and Elderly and Disabled with Consumer Direction Waiver)

- Individuals in the 3 waivers serving the Developmental Disabilities populations for their non-waiver services

- Medically complex individuals eligible through Medicaid Expansion

- Governor's Access Plan members transitioned to CCC Plus on January 1, 2019

CCC Plus Enrollment

As of 3/22/2019							
MCO	Tidewater	Central	Charlottes-ville	Roanoke Alleghany	Southwest	Northern VA/ Winchester	Total
Aetna	6,365	10,058	4,534	4,368	4,570	5,379	35,274
Anthem	15,536	17,559	5,760	5,163	4,140	17,200	65,358
Magellan	6,360	5,700	3,262	2,804	2,588	3,578	24,292
Optima	12,885	8,299	7,937	2,941	2,921	3,205	38,188
United	4,992	5,584	2,655	3,633	2,756	7,322	26,942
VA Premier	6,038	10,361	8,015	9,798	7,645	4,336	46,193
Total	52,176	57,561	32,163	28,707	24,620	41,020	236,247

Medicaid Expansion CCC Plus Enrollment

As of 3/22/2019							
MCO	Tidewater	Central	Charlottes-ville	Roanoke Alleghany	Southwest	Northern VA/ Winchester	Total
Aetna	978	1,066	517	662	723	377	4,323
Anthem	1,289	1,266	529	522	696	687	4,989
Magellan	766	768	404	514	477	302	3,231
Optima	1,199	867	591	441	504	268	3,870
United	702	694	351	493	465	351	3,056
VA Premier	818	956	686	880	943	341	4,624
Total	5,752	5,617	3,078	3,512	3,808	2,326	24,093

CCC Plus Waiver and Nursing Facility Enrollment March 2019 (Medicaid Expansion)

MCO	Non-LTSS	CCC Plus Waiver w/o PDN	DD Waiver	Nursing Facility	CCC Plus Waiver with PDN	Total
AETNA	6,617	4,277 (26)	1,943 (2)	2,799 (12)	19 (0)	35,655
ANTHEM	45,226	12,549 (56)	4,226 (11)	3,759 (8)	126 (1)	65,886
MAGELLAN	18,952	2,454 (9)	1,120 (3)	2,417 (22)	28 (0)	24,971
OPTIMA	28,683	5,357 (19)	2,147 (3)	2,283 (14)	40 (0)	38,510
UNITED	20,675	3,324 (9)	1,188 (1)	2,351 (13)	6 (0)	27,544
VA Premier	35,382	6,084 (22)	2,151 (2)	3,015 (18)	18 (0)	46,650
Total	175,535	34,045 (141)	12,775 (22)	16,624 (87)	237 (1)	239,216

Dual-Eligible Special Needs Plan Enrollment

Monthly CCC Plus and DSNP Alignment (as of February 2019)				
MCO	**Aligned**	**Unaligned**	**Percent Aligned**	**Total DSNP Enrollment**
Aetna	1,539	169	90%	1,708
Anthem	4,225	774	85%	4,999
Optima	68	10	87%	78
United	4,265	7,151	37%	11,416
VA Premier	3,183	178	95%	3,361
Total	**13,280**	**8,282**	**62%**	**21,562**

EPSDT/Waiver Personal Care
(Early and Periodic Screening, Diagnosis & Treatment)

September 2018

- DMAS implemented CMS guidelines that any waiver service that is also an EPSDT Service must be authorized under EPSDT

3 services affected

- Personal Care
- Private Duty Nursing
- Assistive Technology

EPSDT/Waiver Personal Care

Results of Implementation of CMS Guidance

- 11.7% of cases resulted in a decrease
- 4.6% of cases resulted in an increase
- Many complaints from families to the legislature
- Close to 100 appeals

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EPSDT/Waiver Personal Care

After several discussions with CMS, agreement was made to provide flexibility in the guidance

DMAS revised the manual and the CCC Plus Waiver

Waiver Amendment will be submitted April 18, 2019

Webinars scheduled for MCOs and Providers

Communication will be sent to families

Change is effective May 1, 2019

VIRGINIA MEDICAID HEALTH ECONOMICS AND ECONOMICS POLICY

April 16, 2019

Ellen Montz, Ph.D.
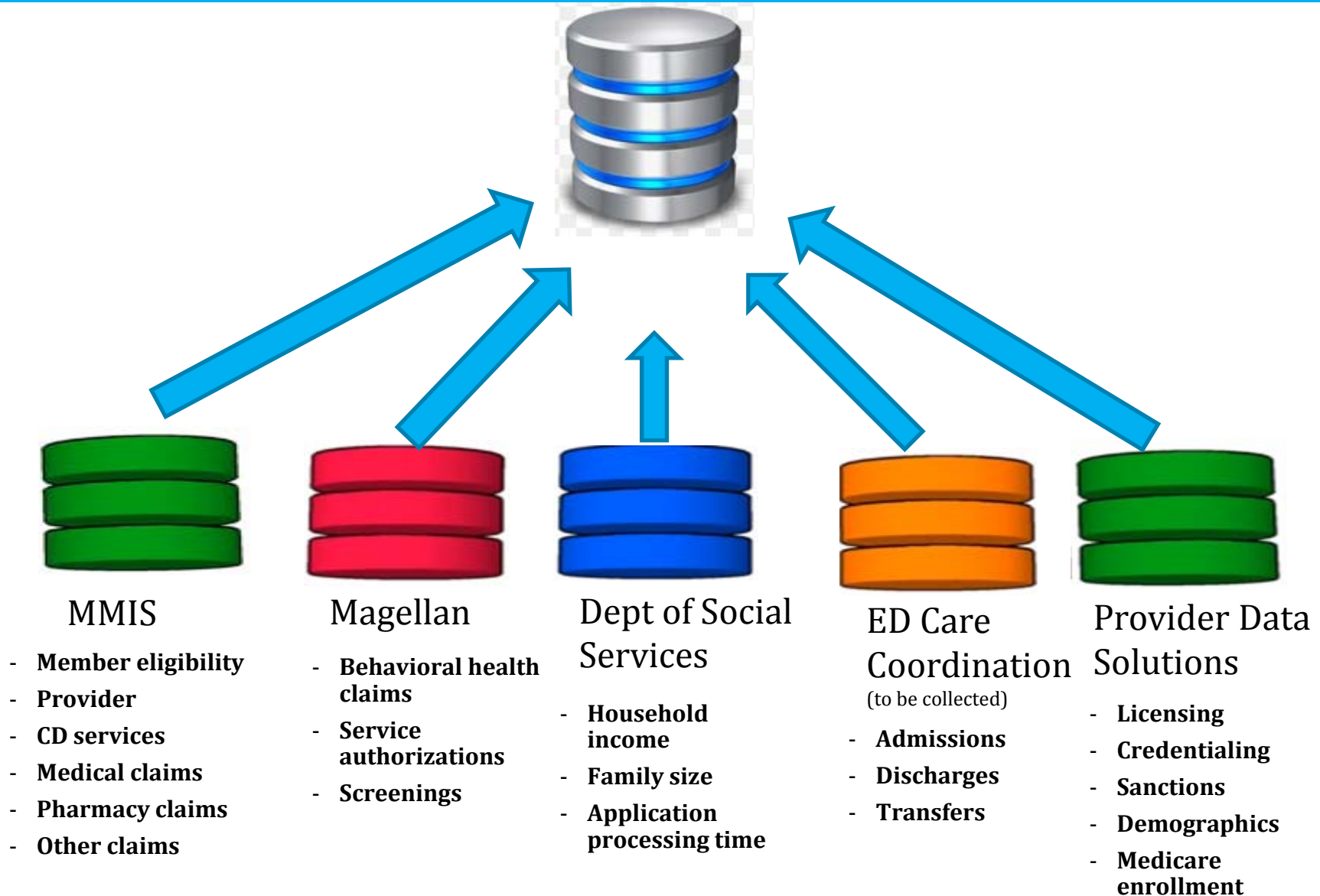
Chief Health Economist

Office of Data Analytics

Moving toward Analytic Maturity

Data Management – Reports and Dashboards – Advanced Analytical Projects

Enterprise Data Warehouse (EDWS)

MMIS
- **Member eligibility**
- **Provider**
- **CD services**
- **Medical claims**
- **Pharmacy claims**
- **Other claims**

Magellan
- **Behavioral health claims**
- **Service authorizations**
- **Screenings**

Dept of Social Services
- **Household income**
- **Family size**
- **Application processing time**

ED Care Coordination
(to be collected)
- **Admissions**
- **Discharges**
- **Transfers**

Provider Data Solutions
- **Licensing**
- **Credentialing**
- **Sanctions**
- **Demographics**
- **Medicare enrollment**

Future State Overview

- Analytics and reporting for program, policy, and financial analysis, operations, and management

- Implementation of **40+ dashboards** providing analytics into clinical, quality and utilization trends (self service)

- ODA will continue to develop **additional dashboards** designed to **meet division requirements**

- Ability to develop **public-facing** dashboards

OTAAS Dashboard Example:
Emergency Department Utilization Report

Critical Business Functions Served:
- ✓ Identification of avoidable ED visits (e.g. visits better handled in office setting)
- ✓ Capability to drill down for high level aggregation to individual members
- ✓ Ability to hone in on super-utilizers and persistent super-utilizers

And Much, Much More...

Symmetry Suite with **700+** health care quality measures
Over **40 reports** (dashboards) that answer Medicaid and health care questions

Agency Need(s)	Other Dashboards
Birth outcomes	Infant-focused dashboard (ability to filter based on low birth weight, pre-maturity, high risk pregnancy and more) Maternal-focused dashboard (ability to filter based on high risk pregnancies, county, age groups, race, eligibility group, etc.)
Cost drivers and financial details	Multiple dashboards studying cost drivers, utilization by category of service, and forecasting future costs
ED utilization & acute care utilization	ED costs, identification of potentially preventable ED use, and analysis of acute care utilization and condition-based, cost drivers
Fraud detection	Provider profiling offers additional method for identifying leads
Provider analyses	Provider comparative analysis Provider profiles (ability to compare to peer group)
Provider network adequacy	Maintain evaluation of provider network adequacy plus the ability to compare network to actual utilization patterns

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Virginia Department of Medical Assistance Services

FOR IMMEDIATE RELEASE
Date: January XX, 2019

Department of Medical Assistance Services
Contact: Christina Nuckols
Email: Christina.nuckols@dmas.virginia.gov

Virginia Medicaid Agency Launches Expansion Dashboard

~ The dashboard includes up-to-date enrollment information statewide and by locality ~

RICHMOND – The Virginia Department of Medical Assistance Services (DMAS) this week launched a publicly accessible online dashboard providing up-to-date data on the number of Virginians who have enrolled in new health coverage under Medicaid expansion.

"The agency plans to launch a new data warehouse later this year that will lead to the creation of new dashboards providing data on health outcomes, quality metrics and financial benchmarks designed to increase public understanding of DMAS' role in the Commonwealth's health care system."

Public-Facing Medicaid Expansion
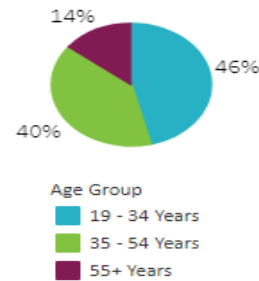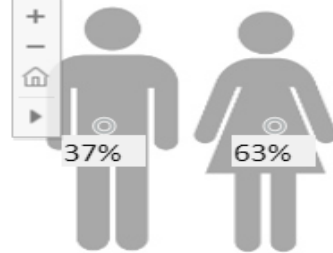
New Health Coverage for Adults

Overall Enrollment

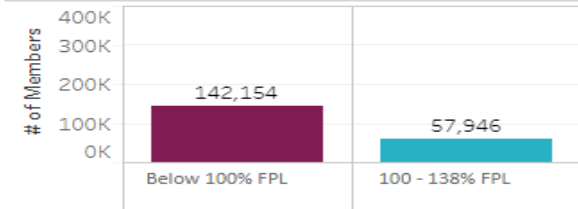200,100 adults newly enrolled in Medicaid

75,336 newly enrolled adults are parents

Age and Gender of Enrollees

37%   63%

14%
46%
40%

Age Group
- 19 - 34 Years
- 35 - 54 Years
- 55+ Years

Enrollee Family Income

of Members

400K
300K
200K
100K
0K

142,154 — Below 100% FPL
57,946 — 100 - 138% FPL

The federal poverty level is $12,140 annually for a single person or $20,780 annually for a family of 3.

Adults Enrolled in New Health Coverage by Locality

of new adults enrolled in Medicaid

1 ————— 14,851
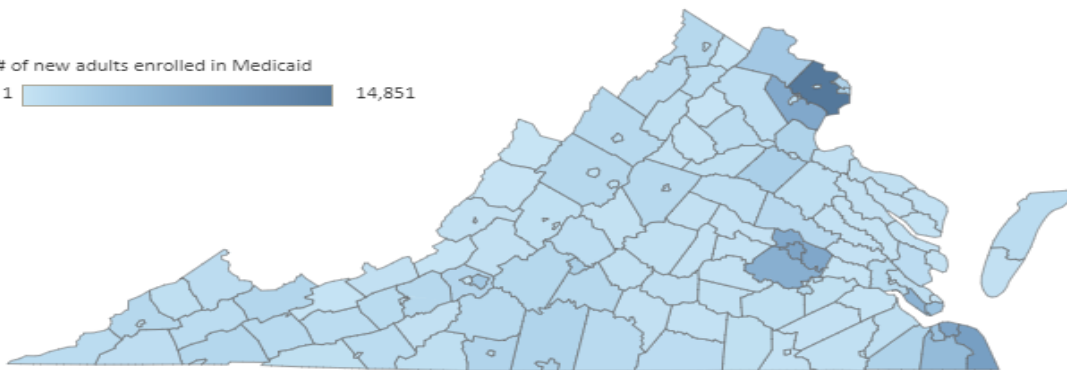
© OpenStreetMap contributors

Enrollment by Region

Central	49,494
Charlottesville Western	25,363
Northern and Winchester	40,877
Roanoke and Alleghany	21,161
Southwest	15,728
Tidewater	47,477
Grand Total	200,100

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VALUE BASED PURCHASING

VBP in a Managed Care Context

Managed Care

State pays Managed Care Organization a capitated rate

MCO pays providers for services

A B C D

State

Payers

Providers

>90% of Virginia Medicaid members are in managed care
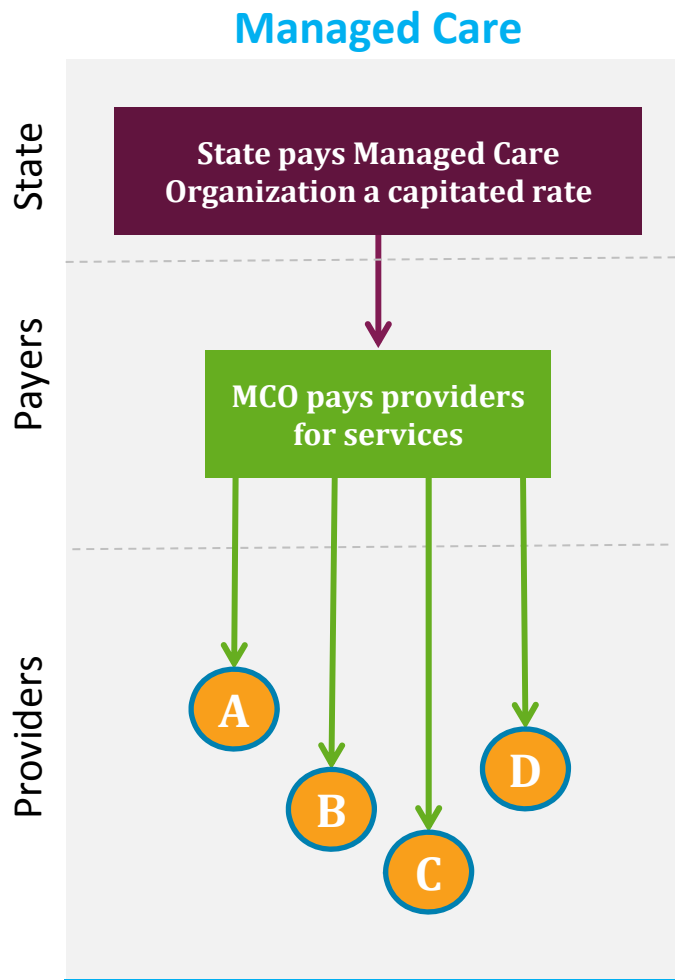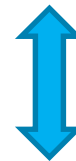
DMAS will promote quality and efficiency improvement under an MCO framework

DMAS contracts with MCOs set expectations and incentives for quality, outcomes, & payment models
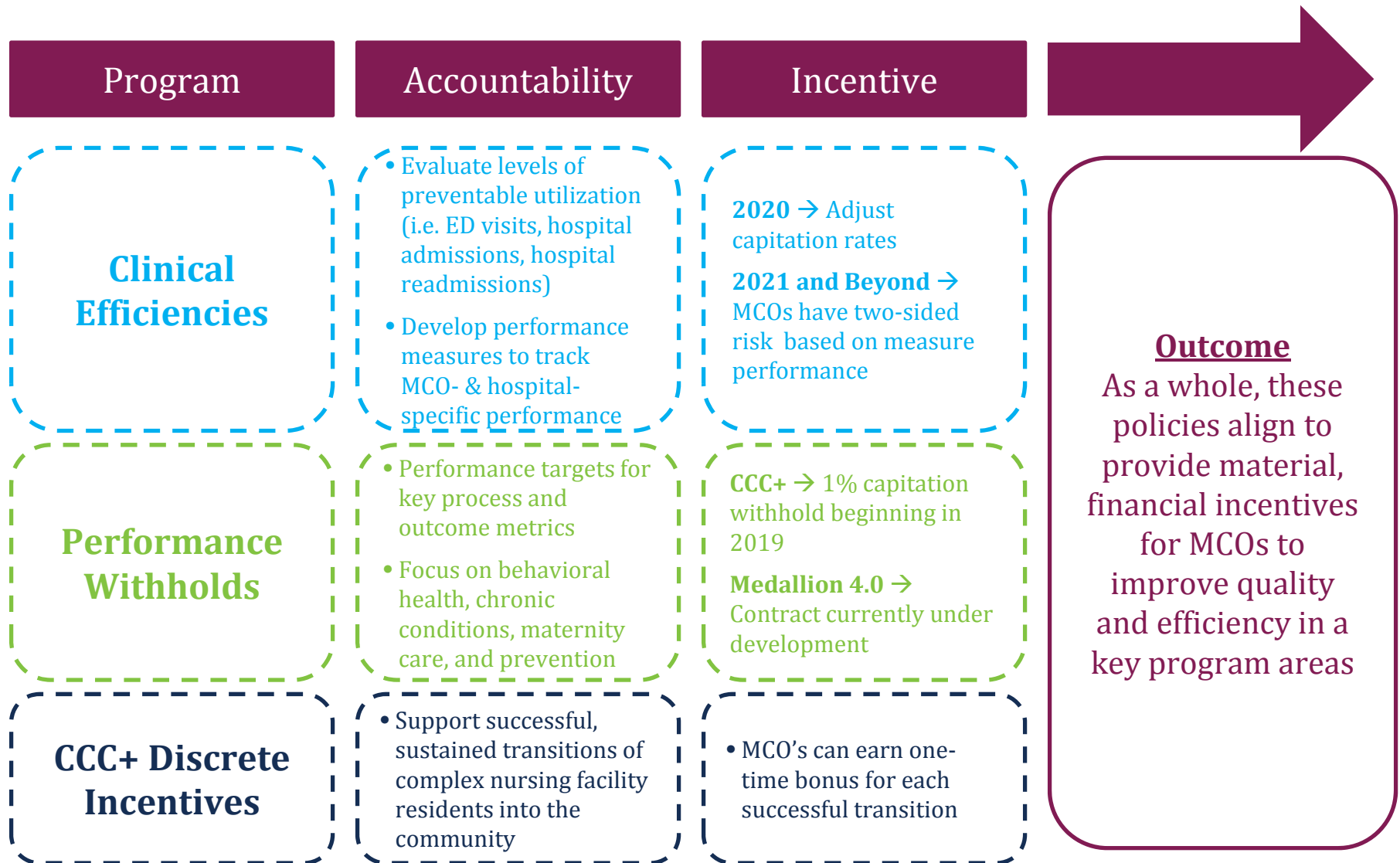
Alignment

MCO arrangements w/ providers reflect DMAS expectations & priorities

**DMAS will use both monetary and non-monetary incentives to drive performance among MCOs and providers**

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Current Efforts Through MCO Contracts

Program	Accountability	Incentive	
Clinical Efficiencies	• Evaluate levels of preventable utilization (i.e. ED visits, hospital admissions, hospital readmissions) • Develop performance measures to track MCO- & hospital-specific performance	**2020 →** Adjust capitation rates **2021 and Beyond →** MCOs have two-sided risk based on measure performance	
Performance Withholds	• Performance targets for key process and outcome metrics • Focus on behavioral health, chronic conditions, maternity care, and prevention	**CCC+ →** 1% capitation withhold beginning in 2019 **Medallion 4.0 →** Contract currently under development	**Outcome** As a whole, these policies align to provide material, financial incentives for MCOs to improve quality and efficiency in a key program areas
CCC+ Discrete Incentives	• Support successful, sustained transitions of complex nursing facility residents into the community	• MCO's can earn one-time bonus for each successful transition	

Areas of Future VBP Focus for DMAS

VBP efforts need to effectively leverage limited resources to improve care outcomes
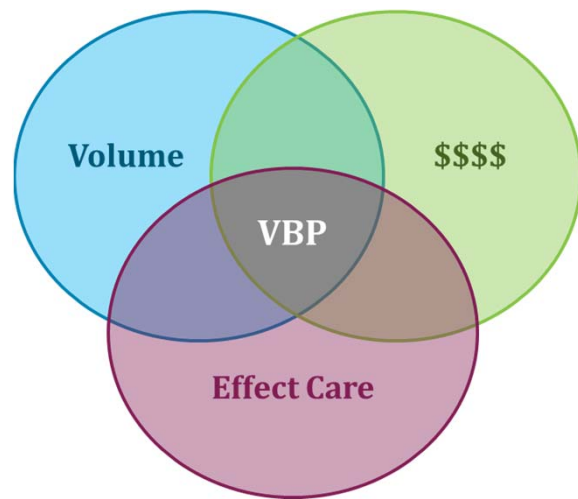
DMAS will focus on VBP initiatives and accountability structures that emphasize behavioral health, chronic conditions, maternity care, and prevention.

Collaboration with Academic Partners

- Medicaid Expansion
  - Evaluate utilization patterns and financial stability of likely newly insured, newly eligible members
  - Measure provider capacity, intentions and perceived barriers
  - Identify spillover effects of expansion on previously eligible members
  - Monitor hospital uncompensated care expenses and other financial indicators

- ARTS
  - Develop predictive model for identifying factors contributing to overdoses
  - Measure regional variation in accessibility and capacity of buprenorphine-waivered practitioners and identify high-risk areas
  - Focus on treatment rate and quality of care for vulnerable populations, such as pregnant women
  - Collaborate with multi-state partners to develop prevalence and quality metrics for substance and opioid use disorder

- CCC+
  - Measure member experience with the transition to managed care and health plan care coordinators
  - Identify social and medical needs of CCC+ members
  - Conduct interviews with care coordinators to identify specific activities, processes, and potential areas for improvement

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Organizational Transformation Overview

The complexity of administration of the Commonwealth's Medicaid program continues to grow…innovation is key to DMAS's continued ability to meet our mission to *improve the health and well-being of Virginians through access to high quality health care coverage*.

DMAS is currently engaging in an organizational review process to ensure we are properly aligned in meeting our agency's mission and goals. This includes:

1. A transparent process with clear goals and decision making pathways. The organizational changes could take two or more years to complete.

2. The creation of a blueprint for change to ensure the organizational transformation achieves lasting impact, and is accepted throughout all areas in DMAS.

3. The inclusion of the entire DMAS team in this process as its success is dependent on their active involvement and support.

Getting Started: Organizational Change RFP Timeline

Request for Proposals Posted: 2/25 → Notice of Intent to Award Posted: 3/22 *(Without protest)* → Contract with CHCS Executed: 4/5 → **Executive "kick off" Occurred: 4/8**

CHCS Center for Health Care Strategies, Inc.

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. CHCS achieves its mission by partnering with state and federal agencies, health plans, providers, and community-based organizations to advance innovative and cost-effective models for organizing, financing, and delivering health care services. Its work focuses on:

(1) advancing delivery system and payment reform;

(2) integrating services for people with complex needs; and

(3) building Medicaid and cross-sector leadership capacity to support high-quality, cost-effective care.

Meet the CHCS Consulting Team

Center for Health Care Strategies

Mark Larson, *CHCS Project Executive*
As a form*er* Vermont Medicaid Director, and Delegate, Mark guides CHCS' leadership and capacity-building programs aimed at ensuring state leaders have the skills, expertise, and tools necessary to achieve Medicaid's potential.

Lauren Moran, *CHCS Project Manager,* Lauren has a Master's in Public Policy and has provided technical and project management support in research, state government and consulting capacities.

Ed O'Neil, *O'Neil and Associates*
For more than a decade, Ed has worked with state Medicaid programs in support of their efforts to build leadership capacity, strengthen executive teams, and facilitate organizational transformation.

Lori Peterson, *Collaborative Consulting*
Adept at organizational assessment and change management, Lori will assist with development of recommendations for organizational re-design and executive team functioning.

Tom Betlach, *former Arizona Medicaid Director*
With 27 years of experience, Tom will serve as a subject matter expert on effective organizational structures and internal processes for Medicaid programs.

Organizational Transformation Work/Deliverables

CHCS Will Work with DMAS to perform the following:

1. Conduct a comprehensive review of the DMAS organizational structure and functions and aid the department in the consolidation of managed care programs (April – May 2019)

2. Provide a blueprint to the Department for change to ensure the organizational transformation achieves lasting impact, and is accepted throughout all areas in DMAS (Due June 2019)

3. Provide tools and support for leadership to instill the Mission and Values of DMAS throughout the Department (May-June 2019)

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PROFESSIONAL DEVELOPMENT, RETENTION AND HIRING INCENTIVES FOR ALL STAFF & DIVERSITY COUNCIL

April 16, 2019

Ivory Banks, Chief of Staff

Professional Development, Retention and Hiring Incentives for All Staff.

DMAS is competing for talent in a strong job market and continues to face challenges in recruiting and retaining highly skilled talent in critical jobs. The agency is responding with the following strategies:

- Expanded hiring and retention criteria will give DMAS a competitive edge in the hiring and recruitment of new employees.
  - Competitive salaries
  - Increased use of retention incentives.
- Teleworking will allow the agency to recruit the best people, no matter where they happen to live, and to retain those remote staff after they are hired.
  - Maximizes flexible work arrangements.

- Increased Professional Development Opportunities will strengthen employee engagement and professional growth, and boost innovation.
  - Performance Management
  - Conflict Management
  - Meeting Management
  - Presentation Skills
  - Calendar Management
  - Project Management
  - Public Speaking
  - Conferences/Seminar Participation

DMAS Diversity Council

"In a time where our society and culture can seem so divided, I'm hopeful to have an opportunity where I can make a difference using my talents and gifts." -- Council Member

- The goal of the Diversity Council is to make DMAS a more welcoming workplace where everyone can learn from each other and ensure that each person feels valued and respected. Specifically:
  - Encourage and support agency initiatives that maximize workplace diversity.
  - Initiate projects that increase the visibility of DMAS' diverse workforce.
  - Organize and engage staff in events that celebrate and educate about all cultures represented within the agency.
  - Foster meaningful discussions through speakers and other collaborations that promote an inclusive workplace and a greater understanding and respect for different lived experiences and all dimensions of diversity.
- More than 30 staff members volunteered and will meet monthly as a group.
- The Council Charter, Executive Board Inductions, and events are currently in planning.

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