

Agenda

Department of Medical Assistance Services (DMAS)
December 15, 2021, 11:00AM – 12:00PM

Virtual:

[https://covaconf.webex.com/covaconf/j.php?
MTID=mf983ac7f4a1bd27417790234c2761997](https://covaconf.webex.com/covaconf/j.php?MTID=mf983ac7f4a1bd27417790234c2761997)

Meeting number: 2436 987 5349 Password: eiTPt9UM9K2

Join by phone:

+1-517-466-2023 US Toll +1-866-692-4530 US Toll Free

- **Opening Remarks** (5 Minutes)
 - Karen Kimsey, Agency Director
 - Chris Gordon, Deputy for Finance & Technology

- **Expenditure Review** (10 Minutes)
 - Donita Harper, Interim Director, Budget
 - Rob Chapman, Chief Economist

- **Bringing Expenditures in Line with Resources** (10 Minutes)
 - Donita Harper, Interim Director, Budget
 - Rob Chapman, Chief Economist

- **Changes in Managed Care Programs or Contracts with MCOs** (20 Minutes)
 - Cheryl Roberts, Deputy of Programs & Operations
 - Tammy Whitlock, Deputy of Complex Care

- **Utilization and Other Trends in Managed Care Programs** (10 Minutes)
 - Rich Rosendahl, Chief Health Economist, Health Economics and Economic Policy

- **Questions & Closing Remarks** (5 Minutes)

Reasonable accommodations for this presentation will be provided upon request for persons with disabilities, and limited English proficiency. Please notify the DMAS Civil Rights Coordinator at (804) 482-7269 at least five (5) business days prior to the meeting to make arrangements.

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

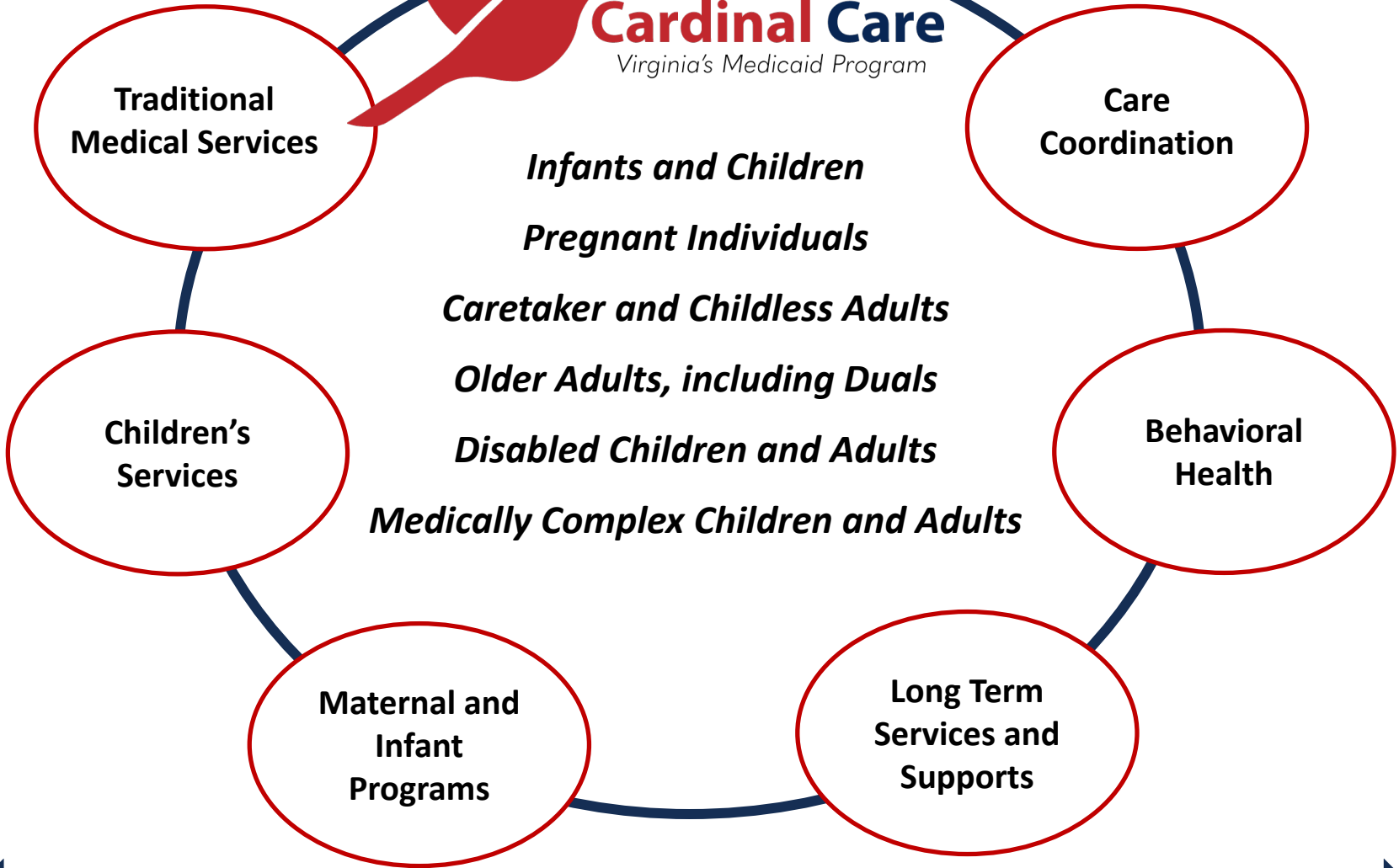
- Streamlines the contracting, credentialing and billing processes for providers

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



MEDICAID EXPENDITURES

EXTERNAL FINANCIAL REVIEW COUNCIL
DECEMBER 15, 2021

Rob Chapman, Chief Economist

1. 2022 State Fiscal Year to Date

- Comparison of Medicaid forecast vs. actual expenditures

2. Fluctuation Analysis

- +/- 10% variance and drivers

3. Forecast Highlights

- FY22-24 Forecast

DMAS Forecast vs. Actuals – State Fiscal Year 2022

TOTAL Medicaid

Total Medicaid Enrollment

millions



October 2021



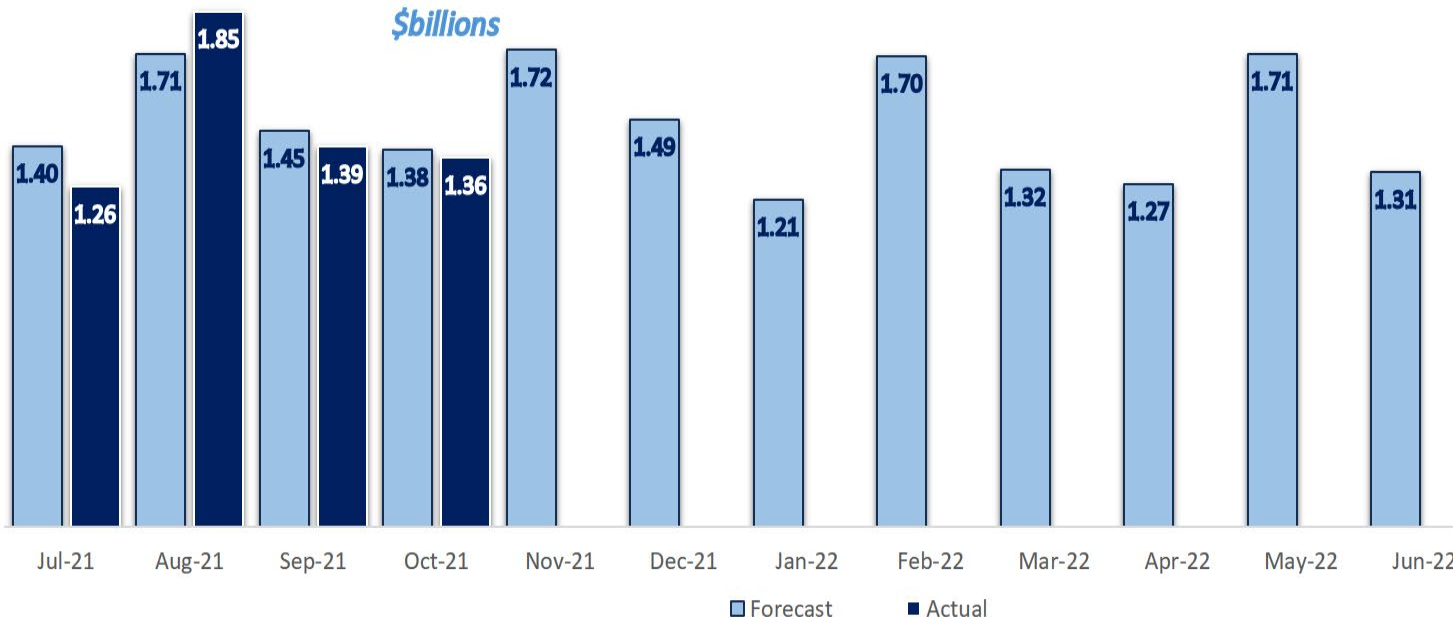
Enrollment

Forecast: 1,545,925

Actual: 1,737,760

Total Medicaid Expenditures

\$billions



Expenditure

Forecast: \$1,382,782,771

Actual: \$1,355,054,353

Based on Chapter 552

* Enrollment data is from November 1, 2020 forecast.

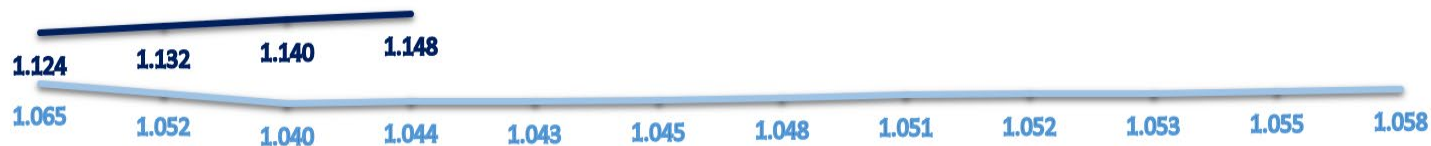
** Expenditure forecast is based on Chapter 552.

DMAS Forecast vs. Actuals – October 2021

Base Medicaid

Base Medicaid Enrollment

millions



October 2021



Enrollment

Forecast: 1,043,657

Actual: 1,147,593



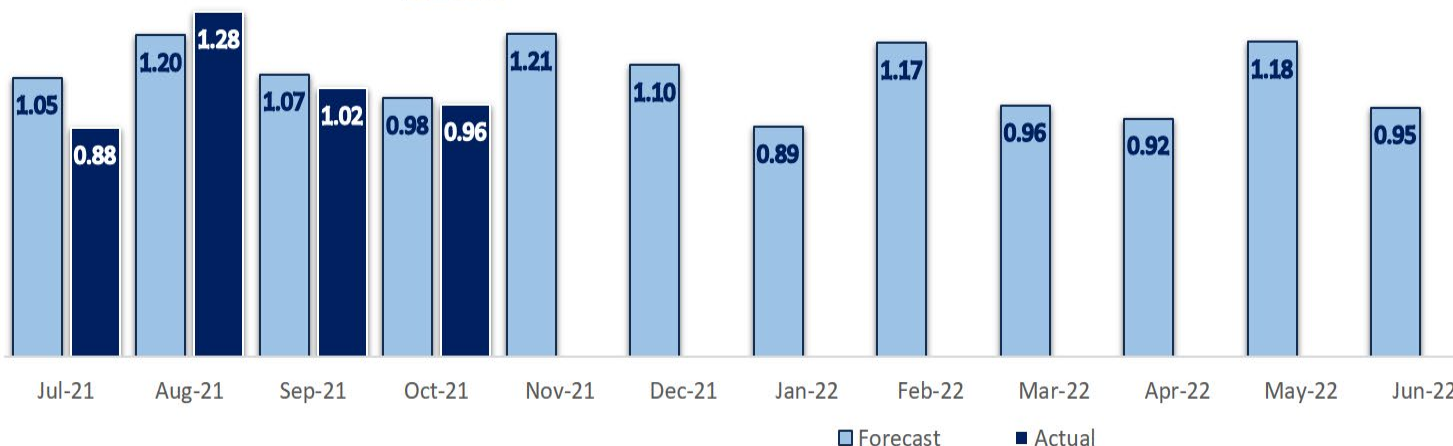
Expenditure

Forecast: \$984,885,675

Actual: \$963,197,440

Base Medicaid Expenditures

\$billions



Based on Chapter 552

* Enrollment data is from November 1, 2020 forecast.

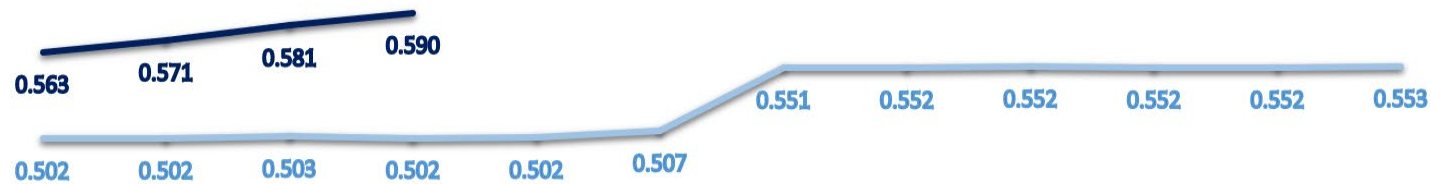
** Expenditure forecast is based on Chapter 552.

DMAS Forecast vs. Actuals – October 2021

Medicaid Expansion

Medicaid Expansion Enrollment

millions



October 2021



Enrollment

Forecast: 502,268

Actual: 590,167



Expenditure

Forecast: \$397,897,096

Actual: \$391,856,913

Medicaid Expansion Expenditures

\$billions



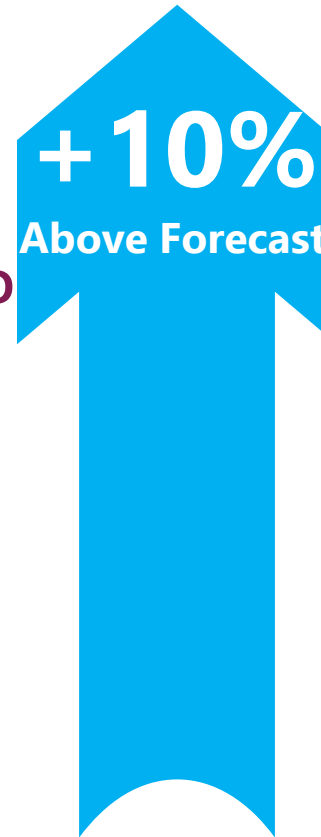
Forecast Actual

Based on Chapter 552

Medicaid Accuracy Report – October 2021

Fluctuation Analysis: Base Medicaid

- 
- Inpatient Hospital
 - Outpatient Hospital
 - All Other
 - Medicare Premiums Part D
 - Long-Term Care Services: Fee-For-Service
 - Supplemental Rate Assessment Payments



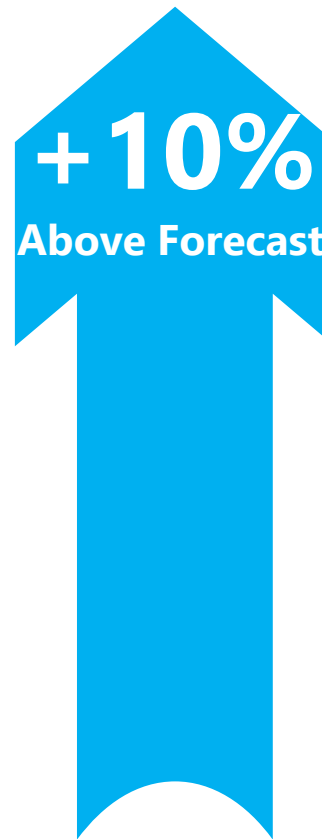
- Clinic Services
- Transportation
- Behavioral Health & Rehabilitative Services
- Hospital Payments

-10%
Below Forecast

Medicaid Accuracy Report – October 2021

Fluctuation Analysis: Medicaid Expansion

- 
- Outpatient Hospital
 - Physician/Practitioner Services
 - Clinic Services
 - Pharmacy Point of Sale Only
 - All Other
 - Hospital Payments



- Dental
- Transportation
- Behavioral Health
- Supplemental Rate Assessment Payments

-10%
Below Forecast

Forecast Highlights

□ Key Forecast Updates: FY22

- Lower MCO rates July 2021
- Continued lower FFS utilization due to COVID-19
- MOE continues through January 2022
- Ongoing efforts to work with CMS on ARPA payments (12.5% HCBS retroactive and \$1,000 PCA payments)

Key Takeaways



Presentation based on Nov 2020 Forecast

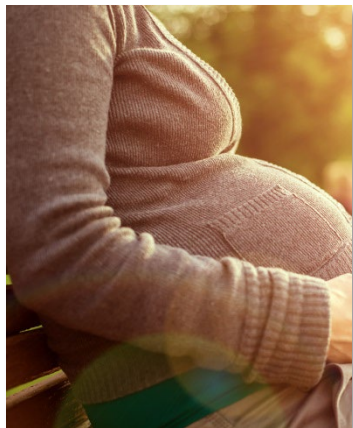


Public Health Emergency Extension

January 2022



2021 Forecast is Complete

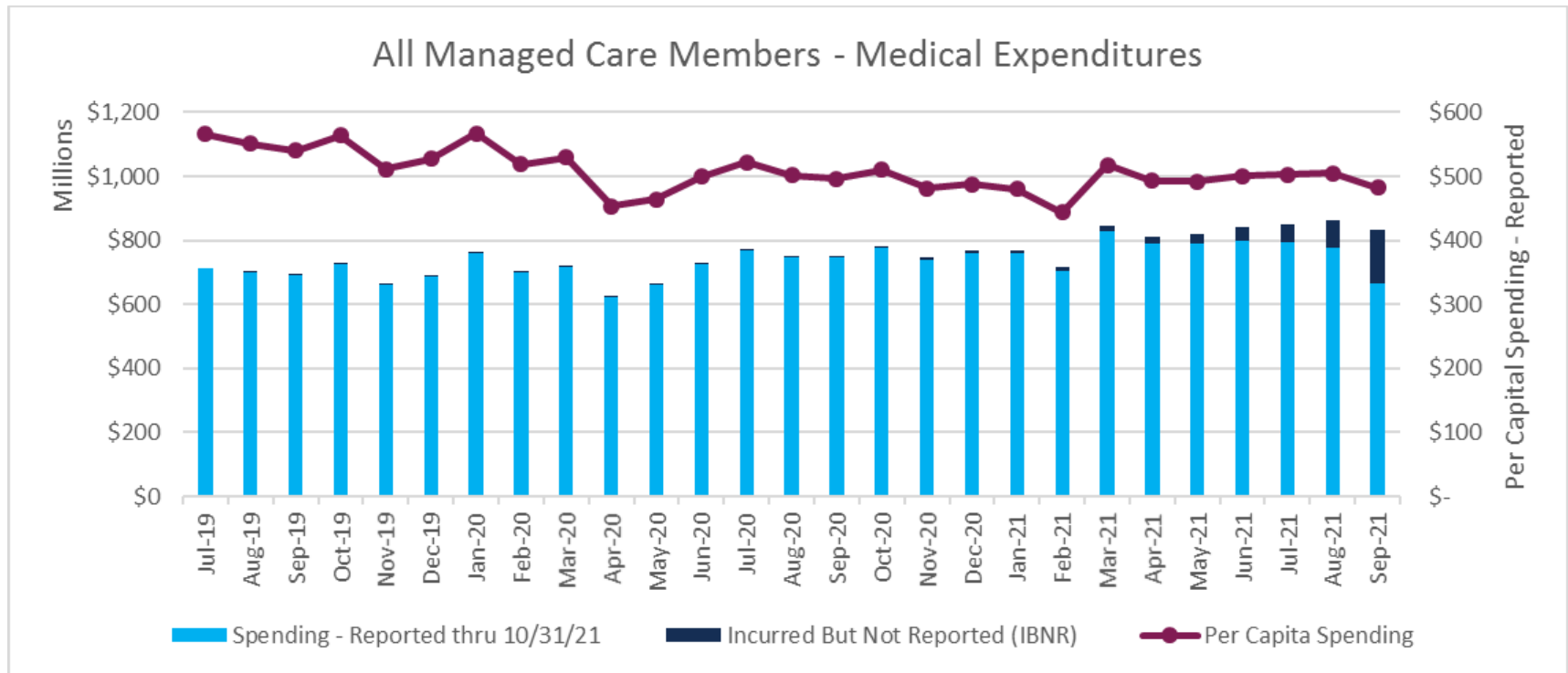


UTILIZATION TRENDS IN MANAGED CARE

December 15, 2021

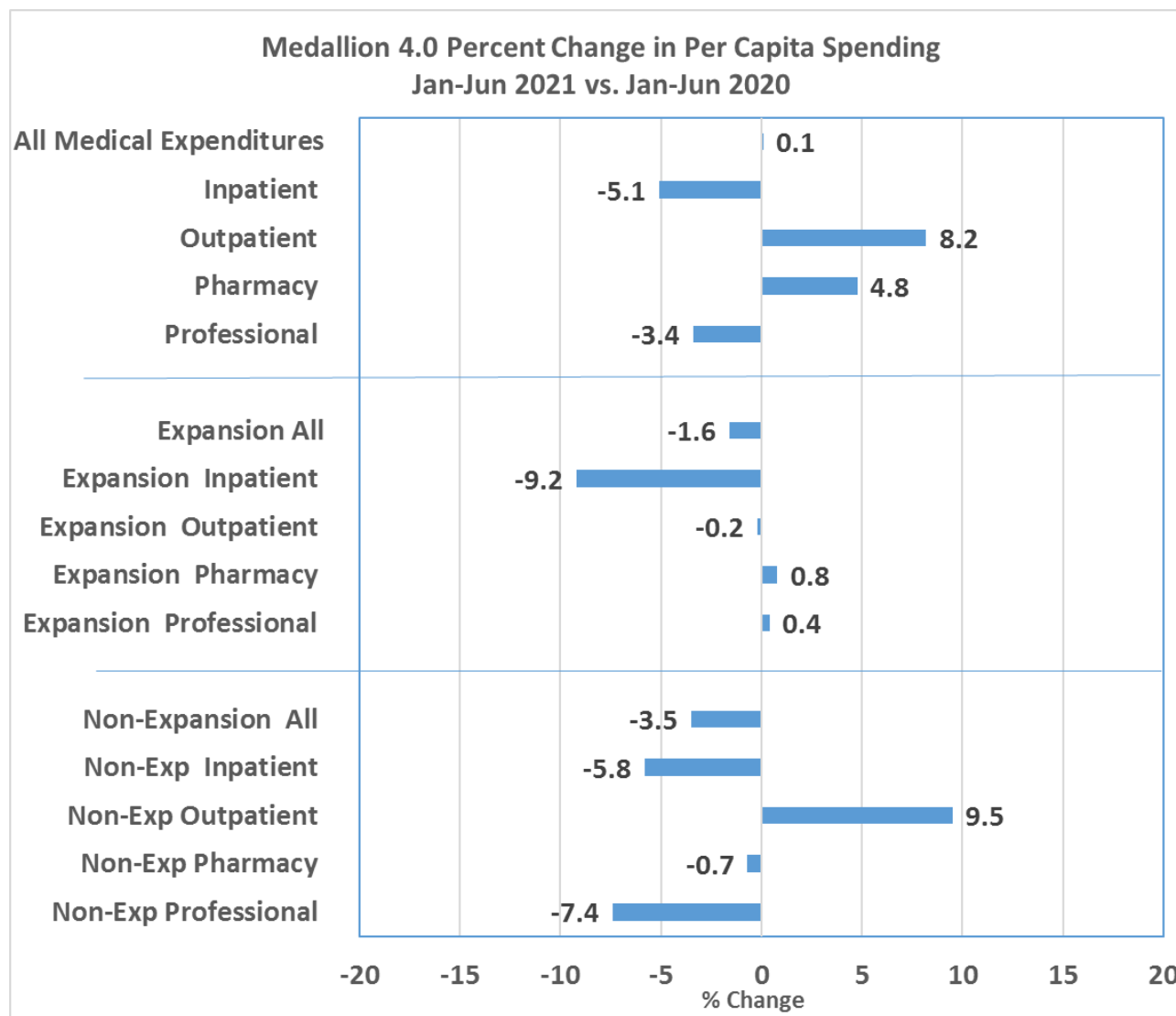
Rich Rosendahl
Chief Health Economist
Department of Medical Assistance
Services

Managed Care Medical Expenditures

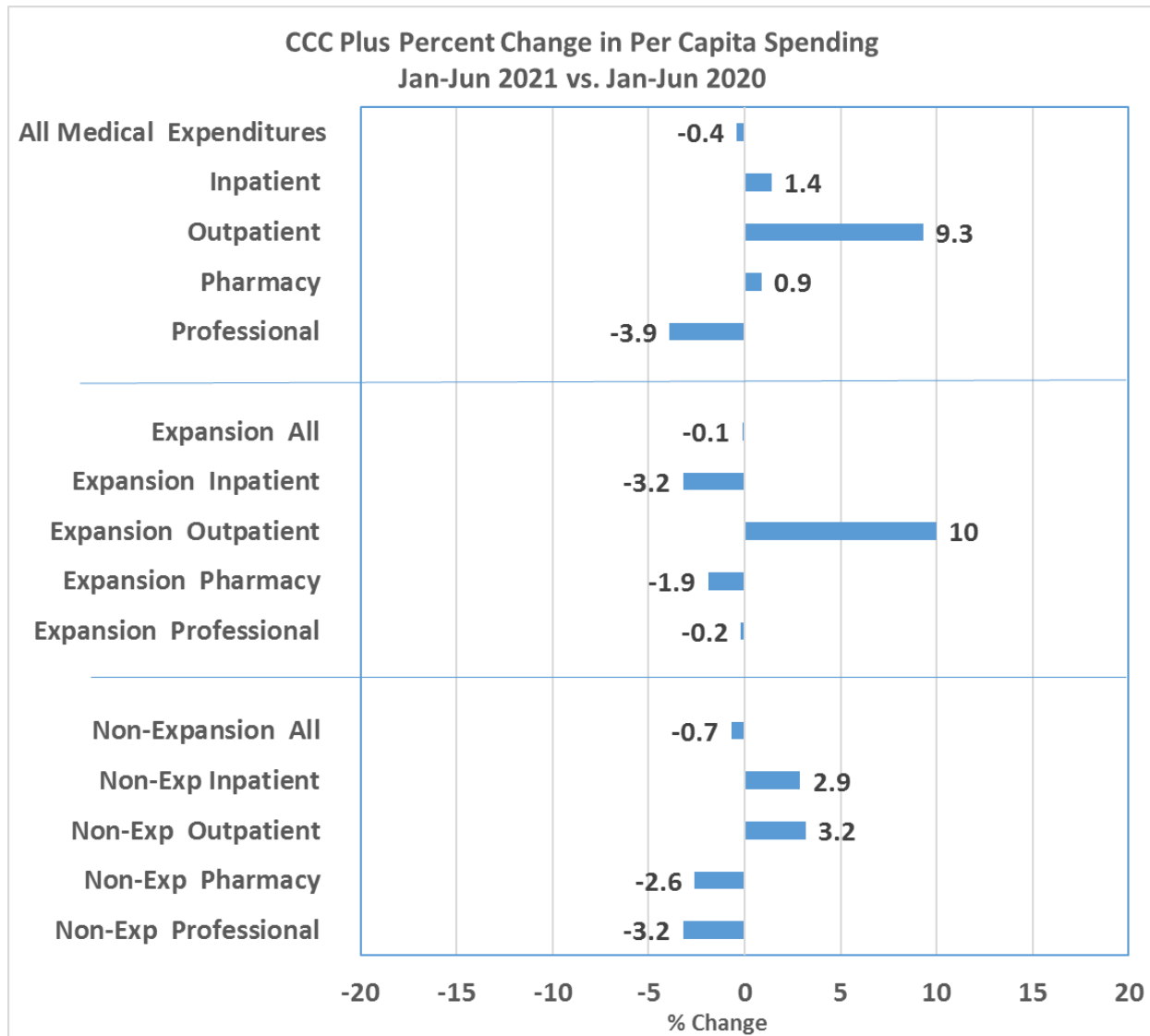


Note: INBR refers to estimated “incurred but not reported” expenditures as of October 2021

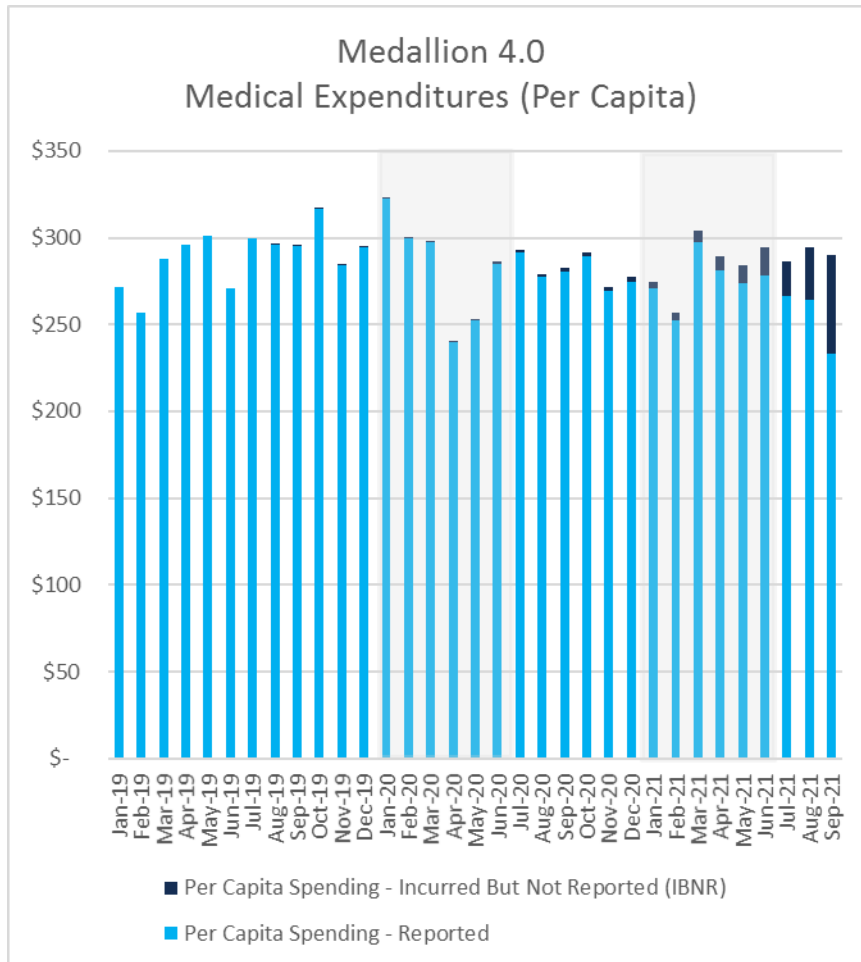
Medallion 4.0 – Jan-Jun 2021 vs. Jan-Jun 2020



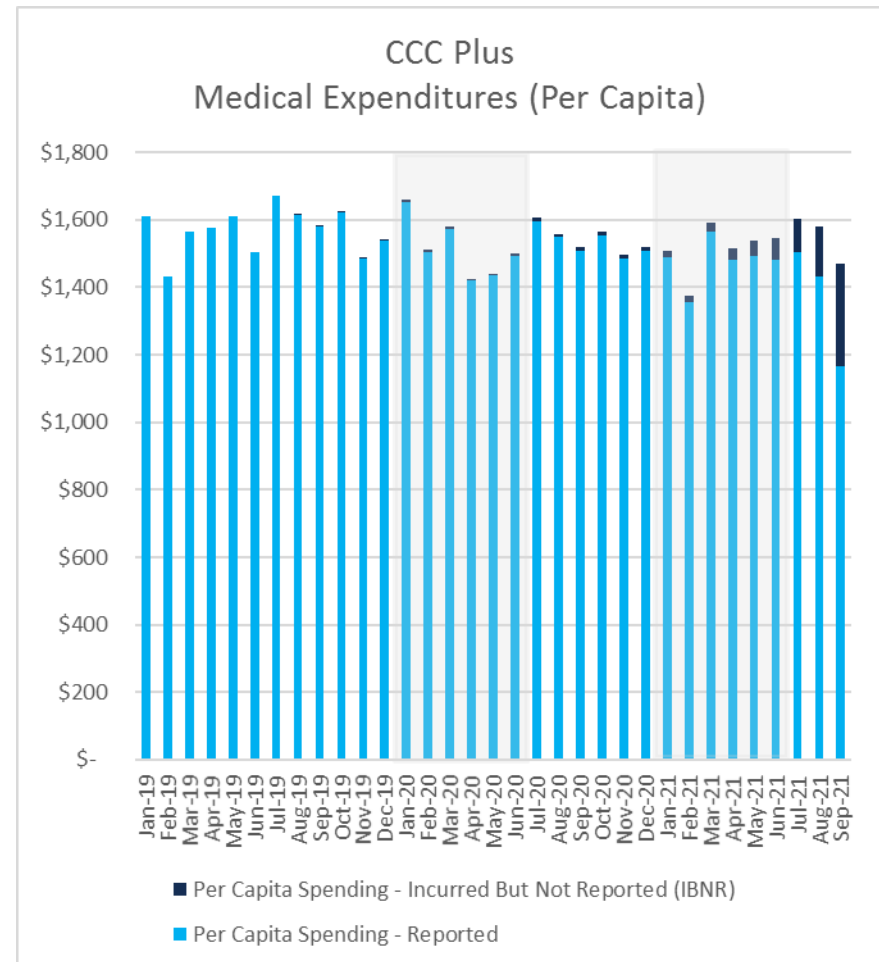
CCC Plus – Jan-Jun 2021 vs. Jan-Jun 2020



Medical Expenditures by Program

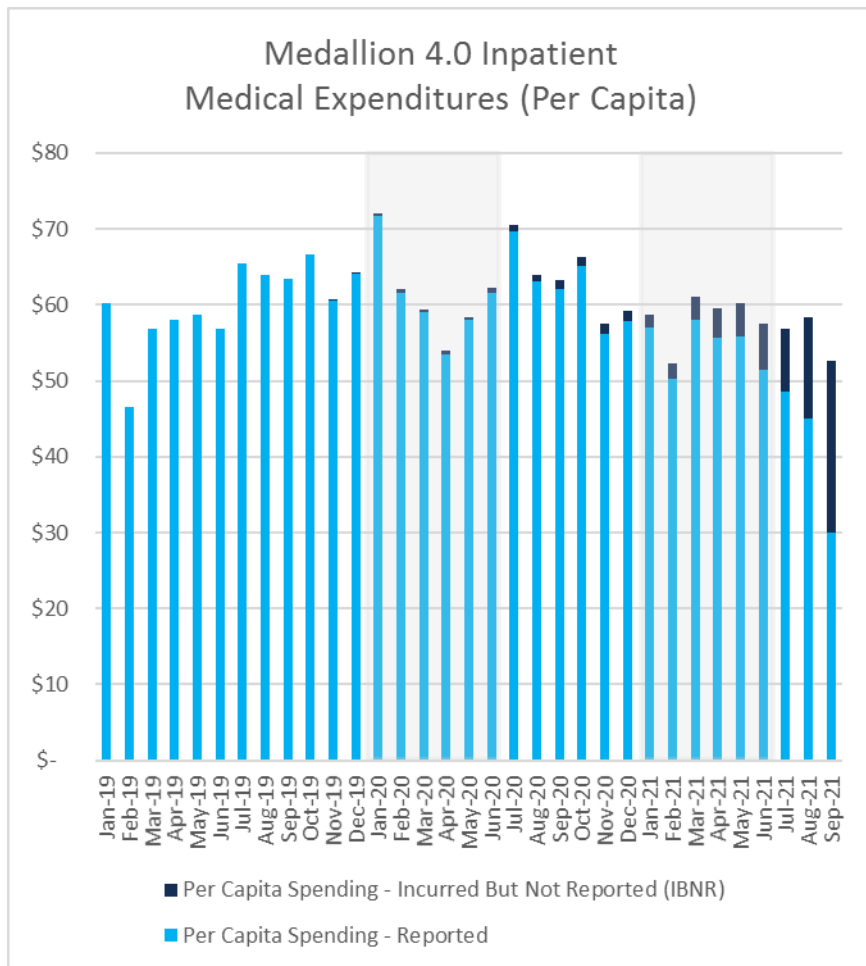


Medallion 4.0: Jan-Jun 2021 0.1% Higher than Jan-Jun 2020

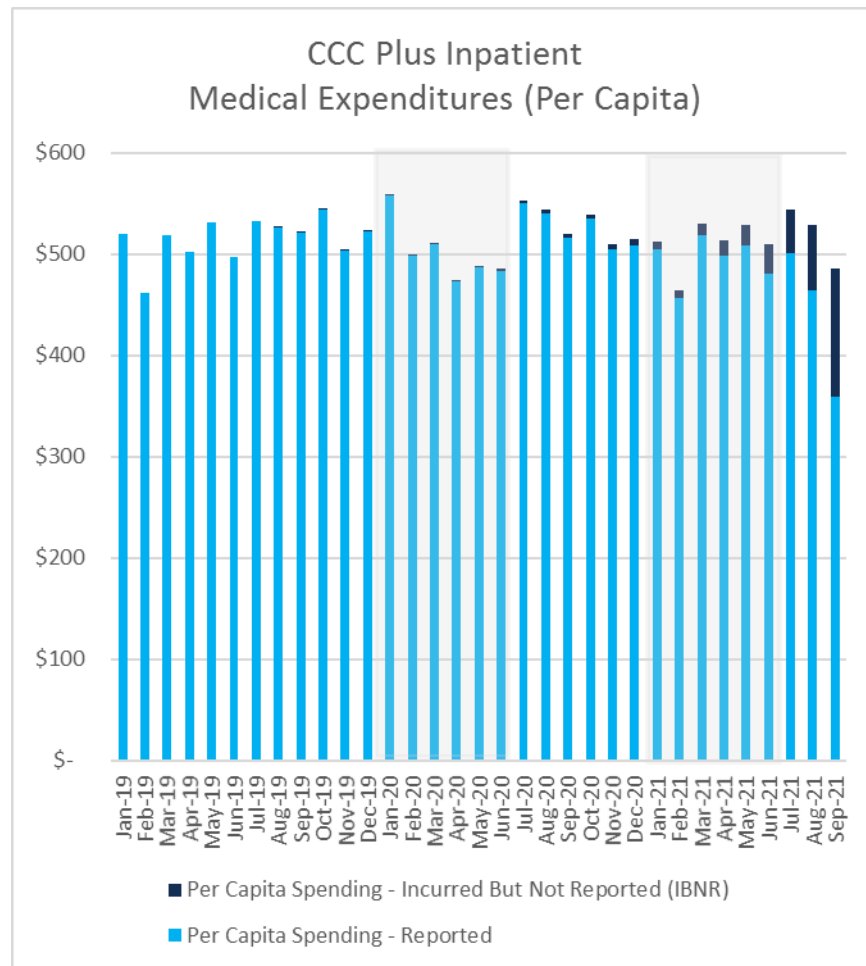


CCC Plus: Jan-Jun 2021 0.4% Lower than Jan-Jun 2020

Note: INBR refers to estimated “incurred but not reported” expenditures as October 2021



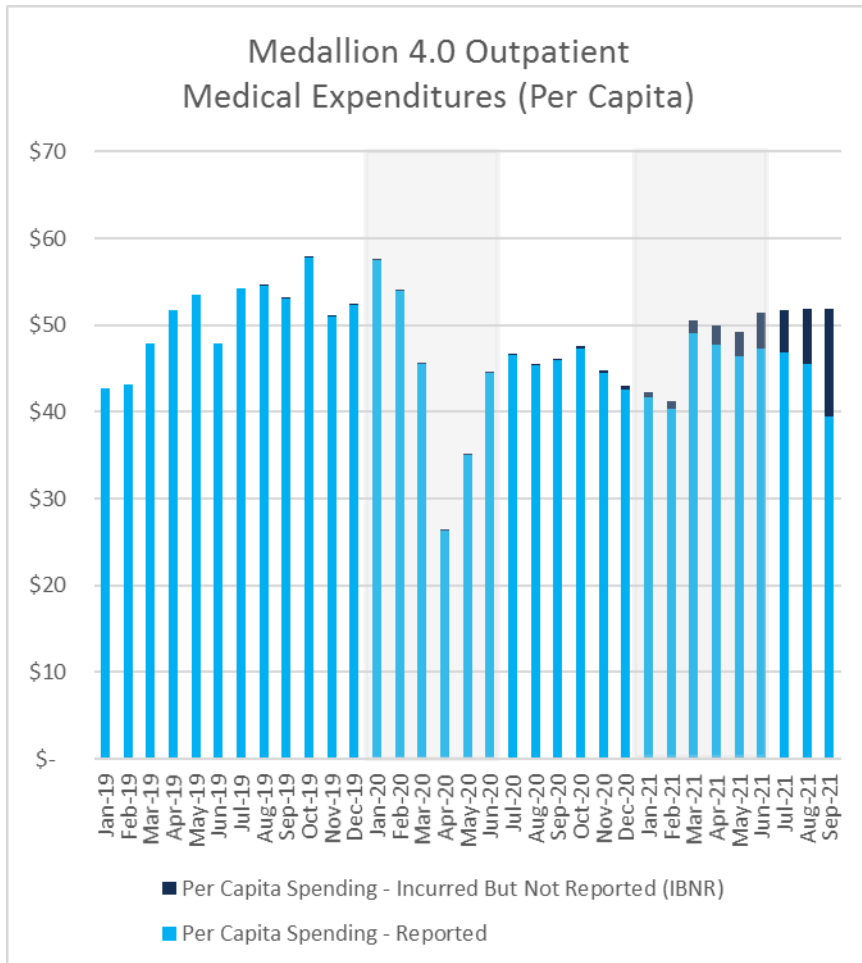
Medallion 4.0: Jan-Jun 2021 5.1% Lower than Jan-Jun 2020



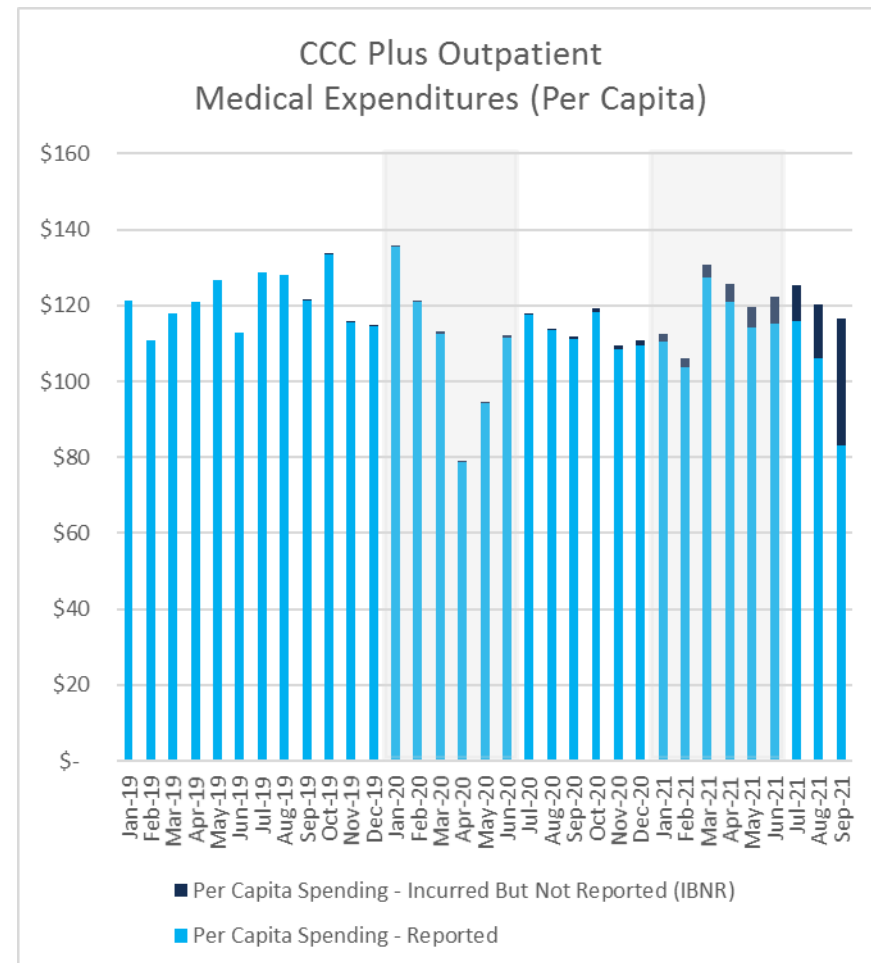
CCC Plus: Jan-Jun 2021 1.4% Higher than Jan-Jun 2020

Note: INBR refers to estimated “incurred but not reported” expenditures as of October 2021

Outpatient



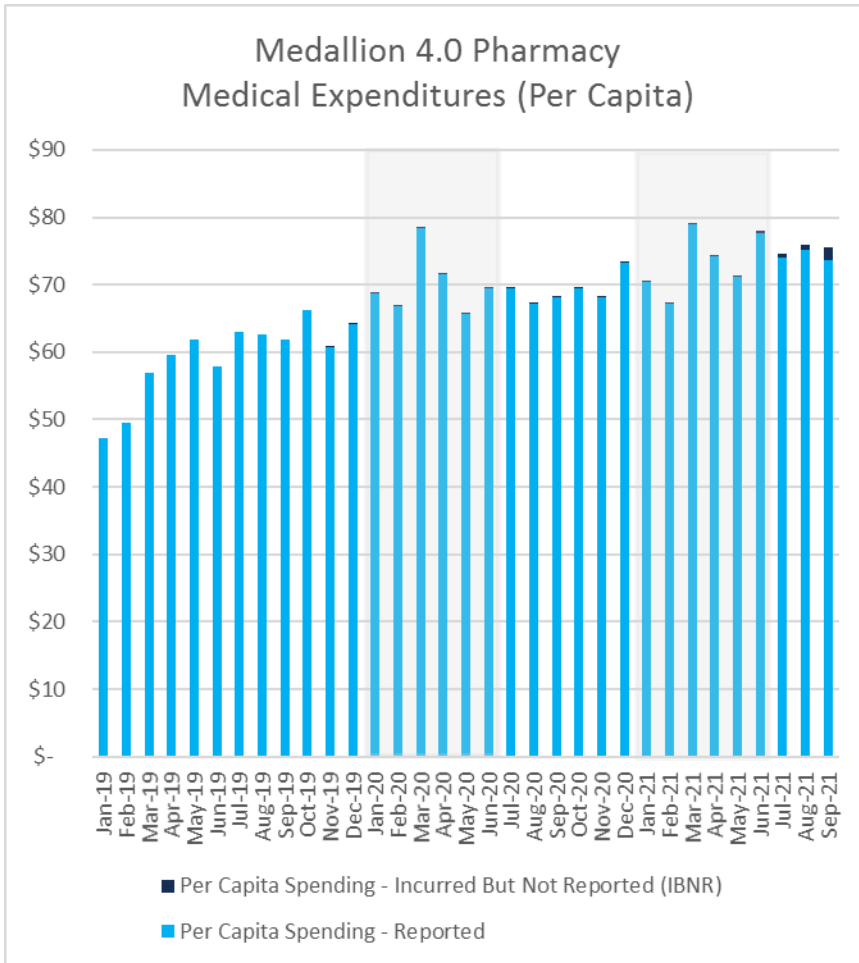
Medallion 4.0: Jan-Jun 2021 8.2% Higher than Jan-Jun 2020



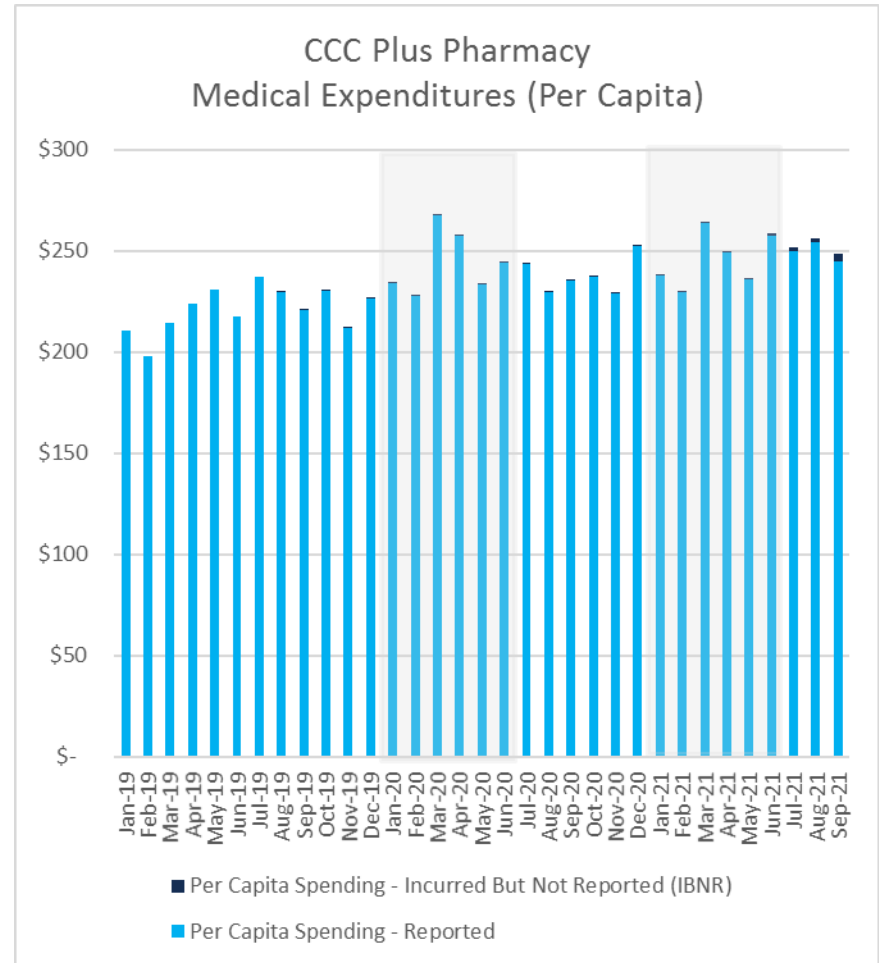
CCC Plus: Jan-Jun 2021 9.3% Higher than Jan-Jun 2020

Note: INBR refers to estimated "incurred but not reported" expenditures as of October 2021

Pharmacy



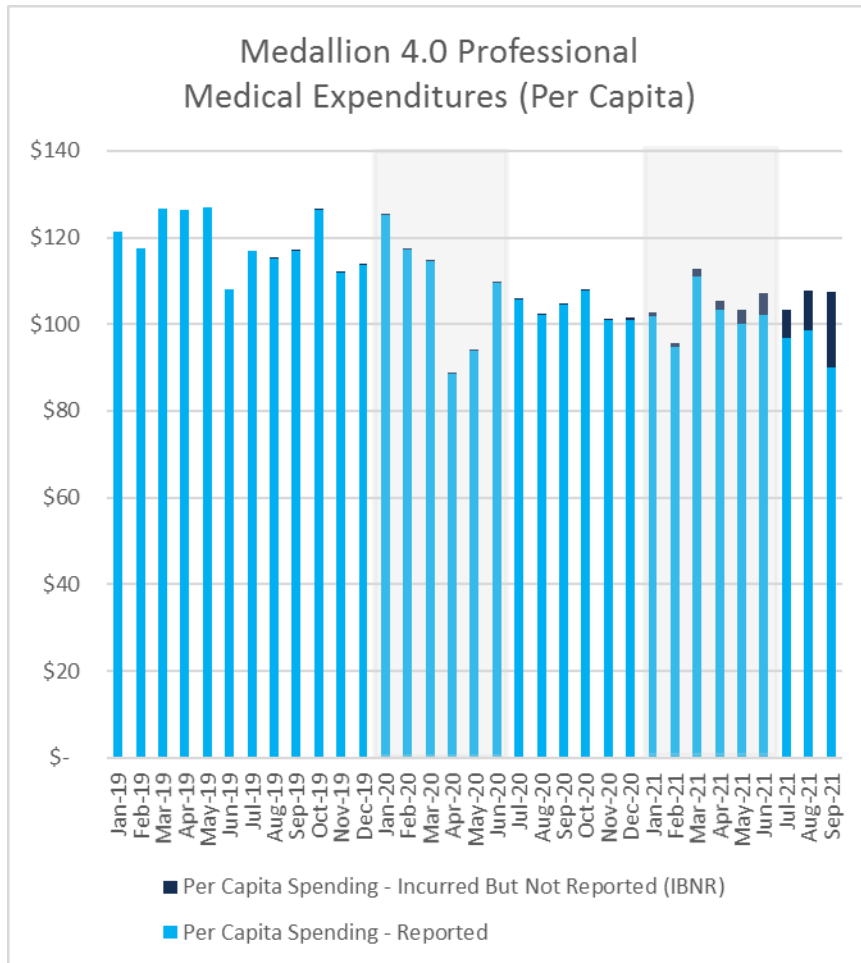
Medallion 4.0: Jan-Jun 2021 4.8% Higher than Jan-Jun 2020



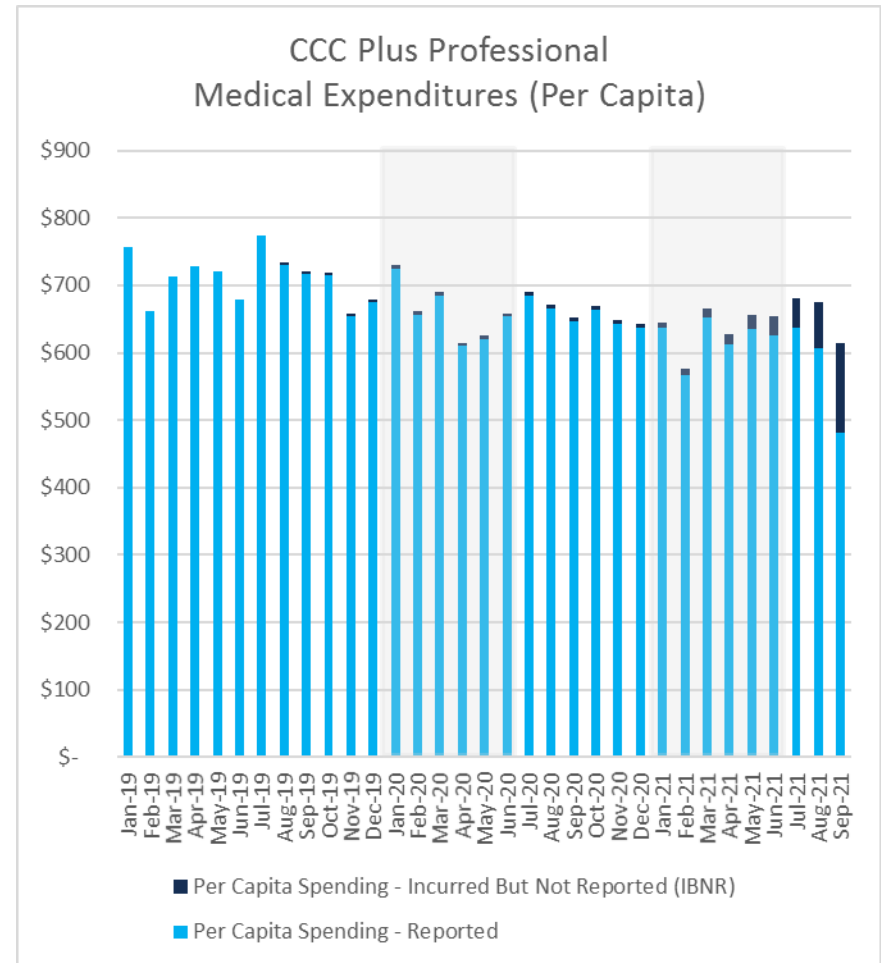
CCC Plus: Jan-Jun 2021 0.9% Higher than Jan-Jun 2020

Note: INBR refers to estimated “incurred but not reported” expenditures as of October 2021

Professional Services



Medallion 4.0: Jan-Jun 2021 3.4% Lower than Jan-Jun 2020



CCC Plus: Jan-Jun 2021 3.9% Lower than Jan-Jun 2020

Note: INBR refers to estimated "incurred but not reported" expenditures as of October 2021

Overview

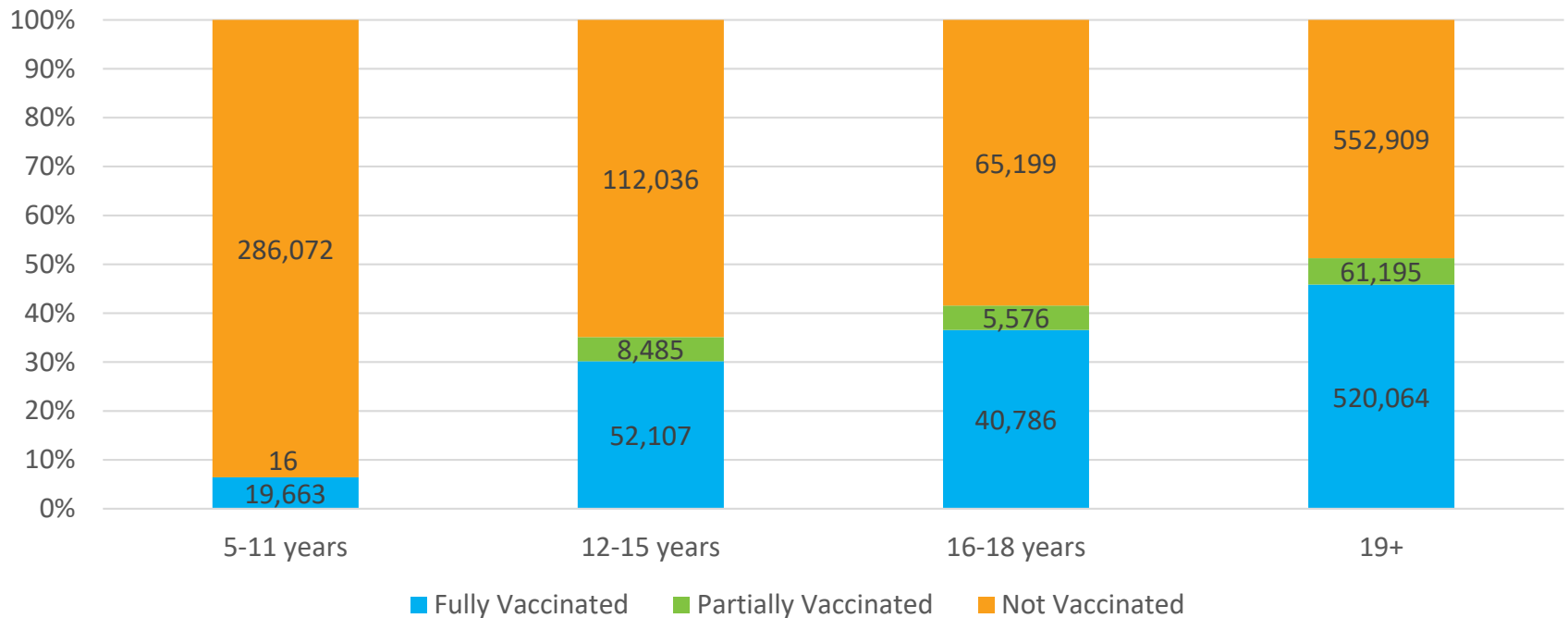
- COVID-19 Vaccination Updates
- Behavioral Health Data Updates
- Enrollment and Expenditures Dashboards

COVID-19 Vaccinations

17% of eligible children under 16 have received at least one dose of a vaccine

COVID-19 Vaccination Status

As of November 29, 2021



COVID-19 vaccinations were authorized in Virginia on the following dates:

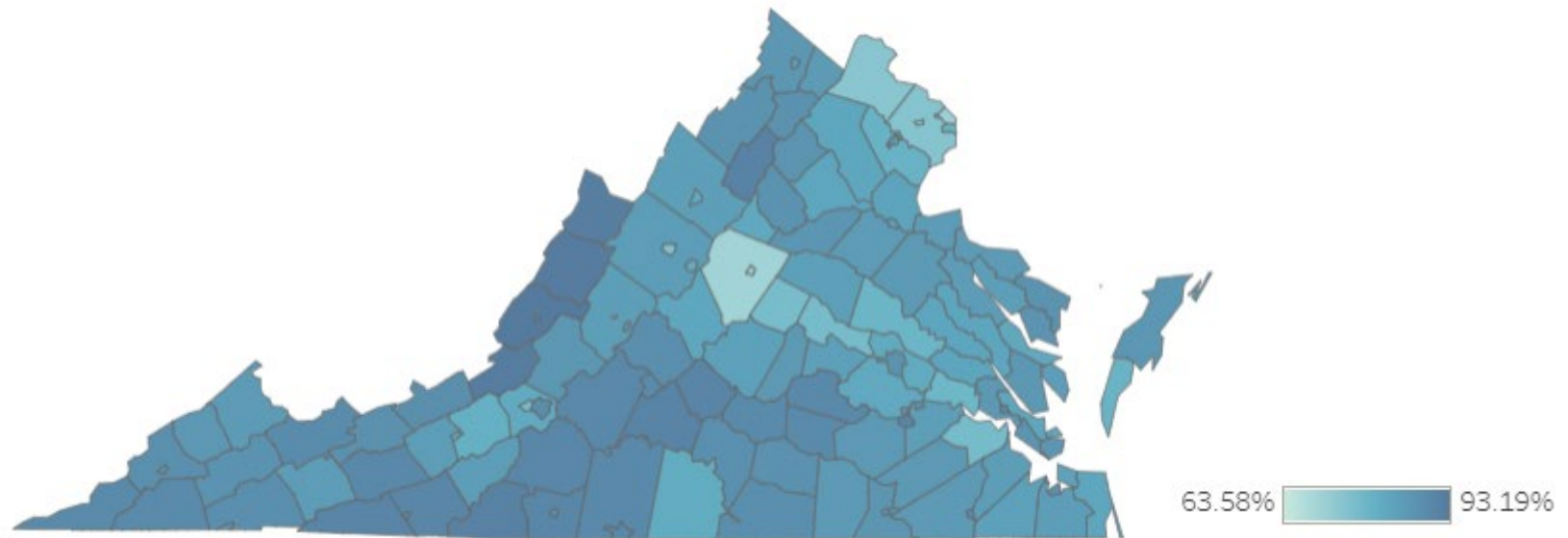
18+ years: December 10, 2020 (Pfizer & Moderna vaccines, Johnson & Johnson added as of February 26, 2021)

12-17 years: May 10, 2021 (Pfizer vaccine)

5-11 years: October 20, 2021 (Pfizer vaccine)

Who is left to vaccinate?

Unvaccinated 5 -15 Year Olds



- The Northern/Winchester region has the highest vaccination rate (21%)
- The Southwest region has the lowest vaccination rate (11%)

Updated as of November 29, 2021

NEW WEBPAGE ON BEHAVIORAL HEALTH!



Virginia Medicaid

Department of Medical Assistance Services

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Behavioral Health

Overview

Virginia Medicaid provides an array of behavioral health and addiction and recovery treatment services through Managed Care Organizations (MCOs) (through CCC Plus and Medallion 4.0), and through the Behavioral Health Services Administrator, which are contracted by DMAS. Virginia Medicaid's mission is to improve the health and well-being of Virginians through access to quality health care coverage. The Commonwealth dedicates significant resources to achieving that mission, and this webpage is a part of our effort to be good stewards of those resources and transparent about how we use them. The Mental Health Services Dashboard (coming soon!) is designed to provide helpful information on service utilization and high-level demographic information about individuals that participate in behavioral health services.

Thank you for taking a moment to browse our site. If you have any questions or need more information, don't hesitate to reach out to enhancedbh@dmas.virginia.gov.

NAVIGATE

[Behavioral Health](#)

[Mental Health Services Dashboard](#)

[HEDIS Measures](#)

[Foster Care Reports](#)

[Performance Withhold Program](#)

[Network Adequacy Report](#)

<https://www.dmas.virginia.gov/data/behavioral-health/>

Behavioral Health Provider Dashboard

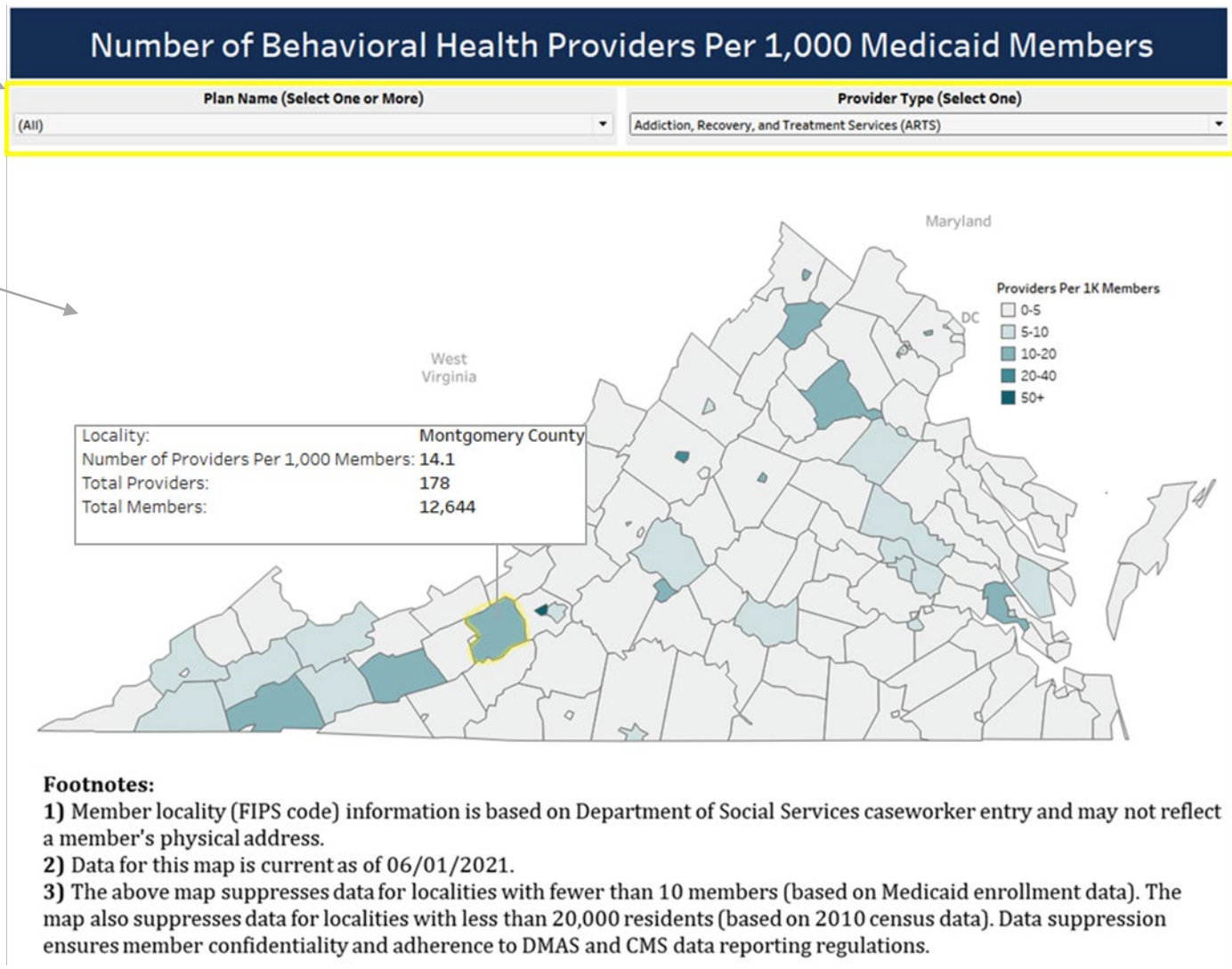
Filters for **Plan Name** and **Provider Type**

Hovering over a locality displays additional details: **Provider Rate**, **Total Providers**, and **Total Members**

The lighter colors indicate lower provider rates, and the darker color indicate cities and counties with higher number of providers per 1,000 members.

DMAS.virginia.gov
→ Data → Behavioral Health → **Network Adequacy Report**

<https://dmas.virginia.gov/data/behavioral-health/network-adequacy-report/>



Enrollment and Expenditures

Additional resources on enrollment and expenditures

- Trends in enrollment by eligibility group
- Enrollment and trends by health plan
- Enrollment by race/ethnicity
- Managed care expenditures by health services area

