12 VAC 30-120-260. Definitions.

The following words and terms, when used in this part, shall have the following ~~meaning~~ meanings unless the context clearly indicates otherwise:

"ABD" means aged, blind and disabled recipients of public assistance programs as defined by the Virginia Department of Social Services.

“Action” means a termination, suspension, or reduction of Medicaid eligibility or covered services, including the type or level of service; the reduction, suspension, or termination of a previously authorized service, or the denial, in whole or in part, of payment for a service.

"AFDC" means Aid to Families with Dependent Children~~, which is a public assistance program administered by the Department of Social Services providing financial assistance to needy citizens~~; this program was replaced by the Temporary Assistance to Needy Families (TANF) program. Medicaid utilizes AFDC rules in determining Medicaid eligibility for families and children.

"AFDC related" means those recipients eligible for assistance as an extension of the AFDC program, such as pregnant women and indigent children under specific ages. It shall not include foster care or spend-down medically needy clients.

"Ancillary services" means those services accorded to a client that are intended to support the diagnosis and treatment of that client. These services include, but are not necessarily limited to, laboratory, pharmacy, radiology, physical therapy, and occupational therapy.

“Appeal” means a request for review of an action; all enrollee appeals are subject to the regulations set forth in 12 VAC 30, Chapter 110.

"Area of residence" means the recipient's address in the Medicaid eligibility file.

"Client" or "clients," "recipient," "enrollee," or "participant" means an individual or individuals having current Medicaid eligibility who shall be authorized to participate as a member or members of MEDALLION.

"Comparison group" means the group of Medicaid recipients whose utilization and costs will be compared against similar groups of MEDALLION clients.

"Covered services" means Medicaid services as defined in the State Plan for Medical Assistance.

"Covering provider" means a provider designated by the primary care provider to render health care services in the temporary absence of the primary provider.

"DMAS" means the Department of Medical Assistance Services.

"Eligible person" means any person eligible for Virginia Medicaid in accordance with the State Plan for Medical Assistance under Title XIX of the Social Security Act.

"Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

“Emergency services” means covered inpatient and outpatient services that are (1) furnished by a provider that is qualified to furnish these services under this title, and (2) needed to evaluate or stabilize an emergency medical condition.

~~“Enrollee” is a Medicaid recipient who is currently enrolled with a PCP in a given managed care program.~~

"Enrollment broker" means an independent contractor that enrolls recipients in MEDALLION and is responsible for the operation and documentation of a toll-free recipient service helpline. The responsibilities of the enrollment broker shall include, but not be limited to, recipient education and enrollment, tracking and resolving recipient complaints, and may include recipient marketing and outreach.

"EPSDT" means the Early and Periodic Screening, Diagnosis, and Treatment program.

~~"Gatekeeper"~~ "Care Coordination" means the function performed by the MEDALLION primary care provider in controlling and managing assigned clients through appropriate levels of medical care.

"Exclusion from MEDALLION" means not permitting a Medicaid recipient to initially enroll in MEDALLION or removing an enrollee from the MEDALLION program on a temporary or permanent basis.

"External Quality Review Organization" (EQRO) is an organization that meets the competence and independence requirements set forth in 42 CFR § 438.354 and performs external quality reviews, other EQR related activities as set forth 42 CFR § 438.358, or both.

"Foster care" ~~means~~ is a program in which a child ~~who received~~ receives either foster care assistance under Title IV-E of the Social Security Act or state and local foster care assistance.

"General practitioner" means a licensed physician who provides routine medical treatment, diagnosis, and advice to maintain a client's health and welfare.

“Grievance” is an expression of dissatisfaction about any matter other than an action, as action is defined in this section. The term is also used to refer to the overall system that includes grievances and appeals and access to the state fair hearing process. Examples of subjects for grievances include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships, such as rudeness of a provider or employee, or the failure to respect the enrollee’s rights.

“Health care professional” means a provider who has appropriate clinical training in treating an enrollee’s condition or disease, and as further defined in 42 CFR § 438.2.

“Post-stabilization care services” means covered services related to an emergency medical condition that are provided after an enrollee is stabilized in order to maintain the stabilized condition or to improve or resolve the enrollee’s condition.

“Potential enrollee” means a Medicaid recipient who is subject to mandatory enrollment or may voluntarily elect to enroll in a given managed care program, but is not yet assigned to a specific primary care provider.

"Primary care case management" or "PCCM" means a system under which a primary care case manager contracts with the Commonwealth to furnish case management services (which include the location, coordination, and monitoring of primary health care services) to those Medicaid recipients assigned to him.

"Primary care provider" or "PCP" means that MEDALLION provider responsible for the coordination of all medical care provided to a MEDALLION client and shall be recognized by DMAS as a Medicaid provider.

“School health services" means those physical therapy, occupational therapy and speech therapy services, nursing, school health assistant, psychiatric and psychological services

rendered to children who qualify for these services under the federal Individuals with Disabilities Education Act (20 USC §1471 et seq.) by (i) employees of the school divisions or (ii) providers that subcontract with school divisions, as described in 12 VAC 30-50-229.1.

"Site" means, for purposes of this part, the geographical areas that best represent the health care delivery systems in the Commonwealth. In certain areas (sites), there may be two or more identifiable health care delivery systems.

"Specialty" or "specialist services" means those services, treatments, or diagnostic tests intended to provide the patient with a higher level of medical care or a more definitive level of diagnosis than that routinely provided by the primary care provider.

"Spend-down" means the process of reducing countable income by deducting incurred medical expenses for medically needy individuals, as determined in the State Plan for Medical Assistance.

"State" means the Commonwealth of Virginia.

“TANF” means Temporary Assistance to Needy Families and is a public assistance program administered by the Department of Social Services providing financial assistance to needy citizens.

CERTIFIED:

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Date Patrick W. Finnerty, Director

Dept. of Medical Assistance Services

12VAC30-120-280. MEDALLION clients.

A. DMAS shall determine enrollment in MEDALLION. Enrollment in MEDALLION is not a guarantee of continuing eligibility for services and benefits under the Virginia Medical Assistance Services Program. Clients of MEDALLION shall be individuals receiving Medicaid as ABD, AFDC or AFDC-related categorically needy and medically needy (except those becoming eligible through spend-down) and except for foster care children, whether or not receiving cash assistance grants.

B. Exclusions.

1. The following individuals shall be excluded from ~~participating~~ participation in MEDALLION, or excluded from continued enrollment if any of the following apply:

a. Individuals who are inpatients in state mental hospitals and skilled nursing facilities, or reside in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) or a long-stay hospital;

b. Individuals who are ~~receiving personal care services~~ enrolled in 1915c home and community-based waivers, individuals enrolled in the Family Planning waiver, or who are enrolled in the Family Access to Medical Insurance Security Plan (FAMIS);

c. Individuals who are participating in foster care or subsidized adoption programs, who are members of spend-down cases, or who are refugees or who receive Client Medical

Management services;

d. Individuals receiving Medicare.

e. Individuals who are enrolled in DMAS authorized residential treatment or treatment foster care programs;

f. Individuals whose coverage is retroactive only.

2. A client may be excluded from participating in MEDALLION if any of the following apply:

a. Client is not accepted to the caseload of any participating PCP.

b. Client whose enrollment in the caseload of assigned PCP has been terminated and other PCPs have declined to enroll the client.

c. Individuals who receive hospice services in accordance with DMAS criteria;

C. Client enrollment process.

1. All ABD, AFDC or AFDC-related recipients excepting those meeting one of the exclusions of subsection B of this section shall be enrolled in MEDALLION.

2. Newly eligible individuals shall not participate in MEDALLION until completion of the Medicaid enrollment process. This shall include initial enrollment in the Medicaid program at the time of eligibility determination by Department of Social Services staff, or any subsequent reenrollment in the Medicaid program that may occur.

3. ~~Clients shall receive an interim Medicaid card from DMAS, and shall be provided authorized medical care in accordance with current procedures, after eligibility requirements are met~~. During the preassignment period and registration as MEDALLION clients, recipients

shall be provided Medicaid covered services via the fee-for-service delivery mechanism administered by DMAS.

4. Once clients are fully registered as MEDALLION clients, they will receive MEDALLION identification material in addition to the Medicaid card.

D. PCP selection. Clients shall be given the opportunity to select the PCP of their choice.

1. Clients shall notify DMAS of their PCP selection within 30-45 days of receiving their MEDALLION enrollment notification letter. If notification is not received by DMAS within that timeframe, DMAS shall select a PCP for the client.

2. The ~~Selected~~ selected PCP shall be a MEDALLION enrolled provider.

3. The PCP will provide 24-hour, seven day/week access, which shall include as a minimum a 24-hour, seven day/week telephone number to be ~~placed on~~ provided to each ~~client's~~ MEDALLION ~~identifier~~ client.

4. DMAS shall review client requests in choosing a specific PCP for appropriateness and to ensure client accessibility to all required medical services.

5. Individuals who lose then regain eligibility for MEDALLION within 60 days will be reassigned to their previous PCP without going through the preassignment and selection process.

E. Mandatory assignment of PCP. ~~Assignments shall be made for those clients not selecting a PCP as described in subsection D of this section. The selection process shall be as follows:~~

~~1. Clients shall be assigned to MEDALLION providers on a random basis. The age, gender, and any special medical needs shall be considered in assigning a provider with an appropriate specialty. Any prior patient-provider relationships shall be maintained if appropriate. Families will be grouped and assigned to the same provider when possible.~~ The MEDALLION program enrolls clients with a Primary Care Provider (PCP) who acts as a health care manager, provides primary and preventive care, and authorizes most specialty services. The client is required to select a PCP from a list of available PCPs in his service area. If the client does not select a PCP, the client defaults to the Department's pre-assignment option. Clients can access any program provider for specialty services if they obtain the necessary authorization from their PCP.

2. Each site having two or more separately identifiable provider groups shall be divided into separate regions for client assignment. Clients shall initially be assigned to a PCP according to the region in which they reside. Should insufficient PCPs exist within the client's specific region, clients shall be assigned a PCP in an adjacent region.

3. Each PCP shall be assigned a client, or family group if appropriate, until the maximum number of clients the PCP has elected to serve or the PCP/client limit has been reached~~,~~ or until there are no more clients suitable for assignment to that PCP, or all clients have been assigned.

F. Changing PCPs. MEDALLION clients will have the initial 90 calendar days following the effective date of enrollment with a MEDALLION PCP to change PCPs without cause. After the initial 90-day assignment period, the recipient will remain with the PCP for at least 12 months unless cause to change PCPs is shown pursuant to sections (F)(1) or (F)(2) below. After 12 months the recipient will have the option to select another PCP. Recipients will be given at least 60 days notice prior to the end of this enrollment period (and all future

enrollment periods) during which time recipients can select another PCP. Open enrollment periods will occur annually.

1. Requests for change of PCP "for cause" are not subject to the ~~six~~ 12-month limitation, but shall be reviewed and approved by DMAS staff on an individual basis. Examples of changing providers "for cause" may include but shall not be necessarily limited to:

a. Client has a special medical need which cannot be met in his service area or by his PCP.

b. Client has a pre-existing relationship with a Medicaid provider rendering care for a special medical need.

c. Mutual decision by both client and provider to sever the relationship.

d. Provider or client moves to a new residence, causing transportation difficulties for the client.

e. Provider cannot establish a rapport with the client.

f. Performance or nonperformance of service to the recipient by a provider that is deemed by the department's external quality review organizations to be below the generally accepted community practice of health care. This may include poor quality care.

g. Other reasons as determined by DMAS through written policy directives.

2. The existing PCP shall continue to retain the client in the caseload, and provide services to the client until a new PCP is assigned or selected.

3. PCPs may elect to release MEDALLION clients from their caseloads for cause with review and approval by DMAS on a case-by-case basis. In such circumstances, subdivision F 2 of this section shall apply.

~~G. MEDALLION identification material. Each client enrolled shall receive a MEDALLION identifier, which shall be distinct from the Medicaid card in appearance or shall contain~~

~~information in magnetic or other form which allows identification of the client as a member of the MEDALLION program.~~

~~1. The front of the identifier shall include the client's name, Medicaid case identification number, birthdate, sex, PCP's name, address, 24-hour access telephone number, and the effective time period covered by the identifier.~~

~~2. The MEDALLION Hot Line 800 number will be listed on the identifier.~~

~~H.~~ G. Prior authorization.

1. Clients shall contact their assigned PCP or designated covering provider to obtain authorization prior to seeking nonemergency care.

2. Emergency services and family planning services shall be provided without delay or prior authorization. However, the emergency nature of the treatment shall be documented by the provider providing treatment and should be reported to the PCP after treatment is provided. Clients should inform the PCP of any emergency treatment received.

~~I.~~ H. Enrollee Rights.

1. Each primary care provider must comply with any and all applicable Federal and State laws and regulations regarding enrollee rights, including, but not limited to, the applicable sections of 42 CFR § 438.100, *et. seq*., Title VI of the Civil Rights Act of 1964, and other applicable laws regarding privacy and confidentiality, and ensure that their staff and affiliated providers take those rights into account when furnishing services to enrollees.

2. Each enrollee shall be free to exercise his rights, and the exercise of those rights shall not adversely affect the way the primary care provider or DMAS treats the enrollee.

CERTIFIED:

_____ _____

Date Patrick W. Finnerty, Director

Dept. of Medical Assistance Services

12VAC30-120-290. Providers of services.

Providers who may enroll to provide MEDALLION services include, but are not limited to, physicians of the following primary care specialties: general practice, family practice, internal medicine, and pediatrics. Federally Qualified Health Centers, Rural Health Clinics, and certain Local Health Departments may also serve as primary care providers. Exceptions may be as follows:

1. Providers specializing in obstetric/gynecologic care may enroll as MEDALLION providers if selected by clients as PCPs but only if the providers agree to provide or refer clients for primary care.

2. Physicians with subspecialties may enroll as MEDALLION providers if selected by clients as PCPs but only if the providers agree to provide or refer clients for primary care.

3. Other specialty physicians may enroll as PCPs under extraordinary, client-specific circumstances when DMAS determines with the provider's and recipient's concurrence that the assignment would be in the client's best interests. Such circumstances may include, but are not limited to, the usual-and-customary practice of general medicine by a board-certified specialist, maintenance of a pre-existing patient-physician relationship, or support of the special medical needs of the client.

4. DMAS shall review applications from physicians and other health care professionals to determine appropriateness of their participating as a MEDALLION PCP.

5. The PCP must have admitting privileges at a local hospital or must make arrangements acceptable to DMAS for admissions by a physician who does have admitting privileges.

CERTIFIED:

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Date Patrick W. Finnerty, Director

Dept. of Medical Assistance Services

12VAC30-120-310. Services exempted from MEDALLION referral requirements.

A. The following services shall be exempt from the ~~supervision and~~ referral requirements of MEDALLION:

1. Obstetrical and gynecological services (pregnancy and pregnancy related);

2. Psychiatric and psychological services, to include but not be limited to mental health, mental retardation services;

3. Family planning services;

4. Routine newborn services when billed under the mother's Medicaid number;

5. Annual or routine vision examinations (under age 21);

6. Dental services (under age 21);

7. Emergency services;

8. EPSDT well-child exams (health departments only and under age 21); and

9. Immunizations (health departments only). ;

9. All school health services provided pursuant to Individuals with Disabilities Education Act (IDEA);

10. Services for the treatment of sexually transmitted diseases;

11. Targeted case management services;

12. Transportation services;

13. Pharmacy services;

14. Substance abuse treatment for pregnant women; and

15. MH/MR community rehabilitation services.

B. While reimbursement for these services does not require the referral from or authorization by the PCP, the PCP must continue to track and document them to ensure continuity of care.

CERTIFIED:

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Date Patrick W. Finnerty, Director

Dept. of Medical Assistance Services

12VAC30-120-320. PCP payments.

A. DMAS shall pay for services rendered to MEDALLION clients through the existing fee-for-service methodology and a case management fee.

B. MEDALLION providers shall receive a monthly case management fee of $3.00 per client.

C. Individual PCPs may serve a maximum of ~~2,000~~ 1,500 MEDALLION clients. ~~Groups or clinics may serve a maximum of 2,000 MEDALLION clients per authorized PCP in the group or clinic.~~

D. Clinics enrolled as Medicaid providers are limited to no more than 10,000 enrolled recipients per clinic. Exceptions to this will be considered on a case-by-case basis predicated upon client needs.

CERTIFIED:

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Date Patrick W. Finnerty, Director

Dept. of Medical Assistance Services

12VAC30-120-350. ~~PCP remedies for violation, breach, or nonperformance of provider agreement terms and addendum~~ Sanctions.

A. The sanctions, as described in Section 1932(e)(1) of the Social Security Act (the Act) and listed in Section B below, may be imposed by DMAS if the PCP:

1. Fails substantially to provide medically necessary services that the PCP is required to provide, under law or under its contract with DMAS, to an enrollee covered under the contract.

2. Imposes on enrollees premiums or charges that are in excess of the premiums or charges permitted under the Medicaid program.

3. Acts to discriminate among enrollees on the basis of their health status or need for health care services.

4. Misrepresents or falsifies information furnished to the Commonwealth.

5. Misrepresents or falsifies information furnished to an enrollee, potential enrollee, or health care provider.

6. Has distributed directly or indirectly, through any agent or independent contractor, marketing materials that have not been approved by DMAS or that contain false or materially misleading information.

7. Has violated any of the other applicable requirements of sections 1932 or 1905(t)(3) of the Act and any implementing regulations.

B. Section 1932(e)(2) of the Act provides for the Commonwealth to impose the following civil money penalties and other sanctions:

1. A maximum of $25,000 for each determination of failure to provide services, misrepresentations or false statements to enrollees, potential enrollees, or health care providers, or marketing violations.

2. A maximum of $100,000 for each determination of discrimination or misrepresentation or false statements to the Commonwealth.

3. A maximum of $15,000 for each recipient the Commonwealth determines was not enrolled because of a discriminatory practice (subject to a $100,000 overall limit).

4. A maximum of $25,000 or double the amount of the excess charges (whichever is greater) for charging premiums or charges in excess of the amounts permitted under the Medicaid program. DMAS shall deduct the excess amount charged from the penalty and return it to the affected enrollees.

~~A.~~ 5. Termination. Either the PCP or DMAS may terminate the PCP's enrollment in the MEDALLION program at any time if either party determines that the other party has failed to perform any of its functions or duties under the addendum to the provider agreement (hereafter referred to as the addendum) between ~~the Department~~ DMAS and the PCP. In such event, the party exercising this option shall notify the other party in writing of the intent to terminate the addendum and shall give the other party 30 days to correct the identified violation, breach or nonperformance of the addendum. If such violation, breach or nonperformance of the addendum is not satisfactorily addressed within this time period, the exercising party must notify the other party in writing of its intent to terminate the addendum at least 60 days prior to the proposed termination date. The termination date shall always be

the last day of the month in which the 60th day falls. The addendum may be terminated by DMAS sooner than the time periods for notice specified in this subsection if DMAS determines that a recipient's health or welfare is jeopardized by continued enrollment under the care of the PCP. After DMAS notifies a PCP that it intends to terminate the contract, DMAS will give the entity's enrollees written notice of the State's intent to terminate the contract and will allow enrollees to disenroll immediately without cause.

~~B.~~ 6. Suspension of new enrollment, including default enrollment.

~~1.~~ a. Whenever DMAS determines that the PCP is out of compliance with the addendum, it may suspend the PCP's right to enroll new recipients. DMAS, when exercising this option, shall notify the PCP in writing of its intent to suspend new enrollment at least 30 days prior to the beginning of the suspension period. The suspension period may be for any length of time specified by DMAS, or may be indefinite. The suspension period may extend up to any expiration date of the addendum.

~~2.~~ b. DMAS may also suspend new enrollment or disenroll recipients in anticipation of the PCP not being able to comply with federal or state laws at its current enrollment level. Such suspension shall not be subject to the 30-day notification requirement. DMAS may notify recipients of their PCP's noncompliance and provide an opportunity to enroll with another PCP.

~~C.~~ 7. Withholding of management or other payments and recovery of damage costs. DMAS may withhold portions of management or other fees or otherwise recover damages from the PCP as follows:

~~1.~~ a. Whenever DMAS determines that the PCP has failed to perform an administrative function required under this contract, ~~the department~~ DMAS may withhold a portion of management or other fees to compensate for the damages which this failure has entailed. For the purposes of this section, "administrative function" is defined as any contract obligation other than the actual provision of contract services.

~~2.~~ b. In any case under this contract where DMAS has the authority to withhold management or other fees, DMAS also shall have the authority to use all other legal processes for the recovery of damages.

~~D.~~ 8. Department-initiated disenrollment. DMAS may reduce the maximum enrollment level or number of current enrollees whenever it determines that the PCP has:

a. ~~failed~~ Failed to provide or arrange for the provision of one or more of the services required under the addendum to the provider agreement, or ~~that the PCP has~~

b. ~~failed~~ Failed to maintain or make available any records or reports required under the addendum which DMAS requires to determine whether the PCP is providing services as required.

The PCP shall be given at least 30 days notice prior to DMAS taking any action set forth in this subsection.

~~E.~~ 9. Inappropriate service delivery. PCPs demonstrating a pattern of inappropriate provision of services may be subject to suspension of new enrollments, withholding, in full or in part, of management fees, addendum termination, or refusal to be offered the opportunity to participate as a PCP in a future time period.

CERTIFIED:

_____ _____

Date

Patrick W. Finnerty, Director

Dept. of Medical Assistance Services