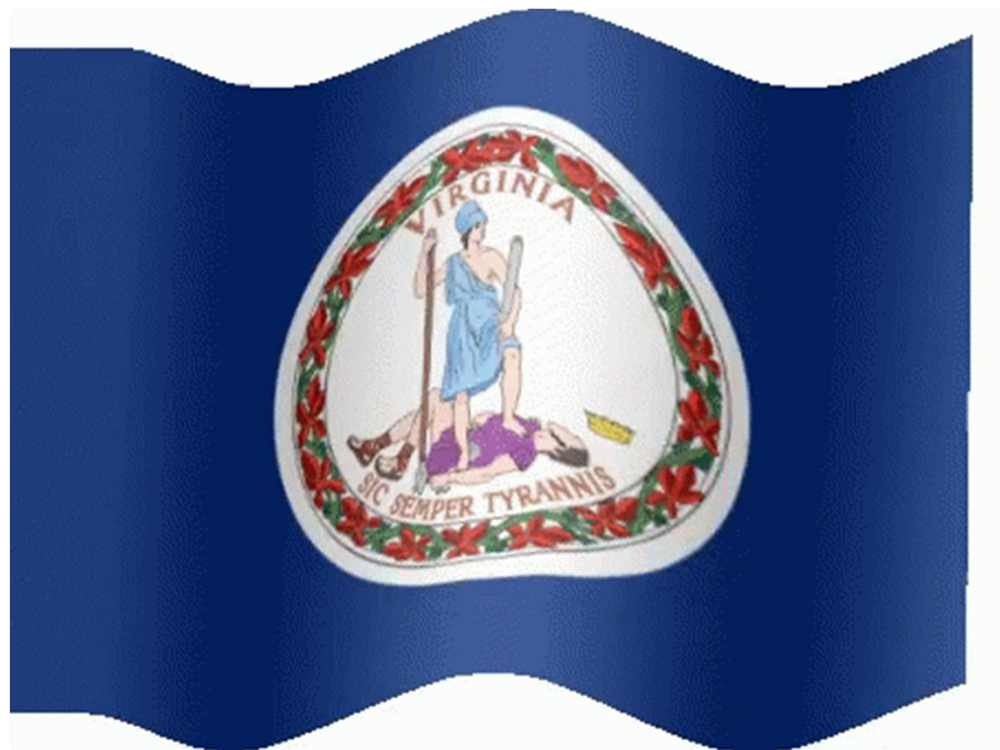


EFRC



DMAS PRIORITIES





FINANCE UPDATE

Chris Gordon, CFO
Deputy Director of Finance

Agenda

- ❑ Key takeaways
- ❑ FY23 Financial review
- ❑ Summary

FY23 Key Takeaways

- ❑ Administrative targets met
 - Prompt pay @ 97%
 - SWaM @ 77%
 - SPCC utilization @ 98%

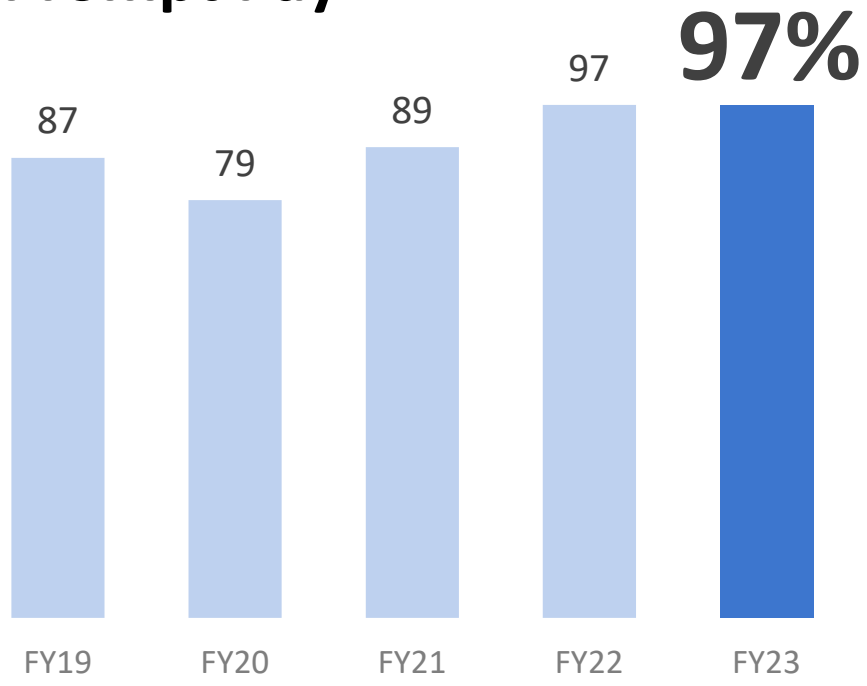
- ❑ Financial targets met
 - VHCF only \$0.62 remaining
 - FY22 MLR/UWG \$297M received, \$128M returned to VHCF

- ❑ Federal compliance attained
 - ARPA 10% eFMAP payback for HCBS completed two years early
 - Zero deferrals and disallowances
 - Accelerated capitation payments saved \$29M GF

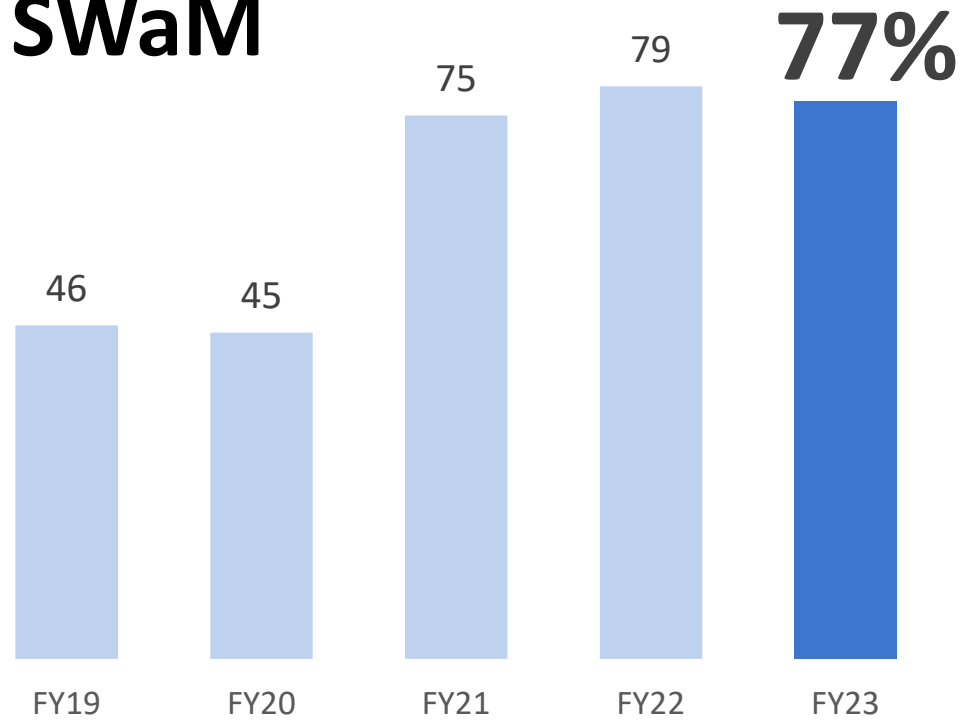
- ❑ MedEX enrollment still growing, despite redeterminations

FY23 Admin Targets

Prompt Pay



SWaM



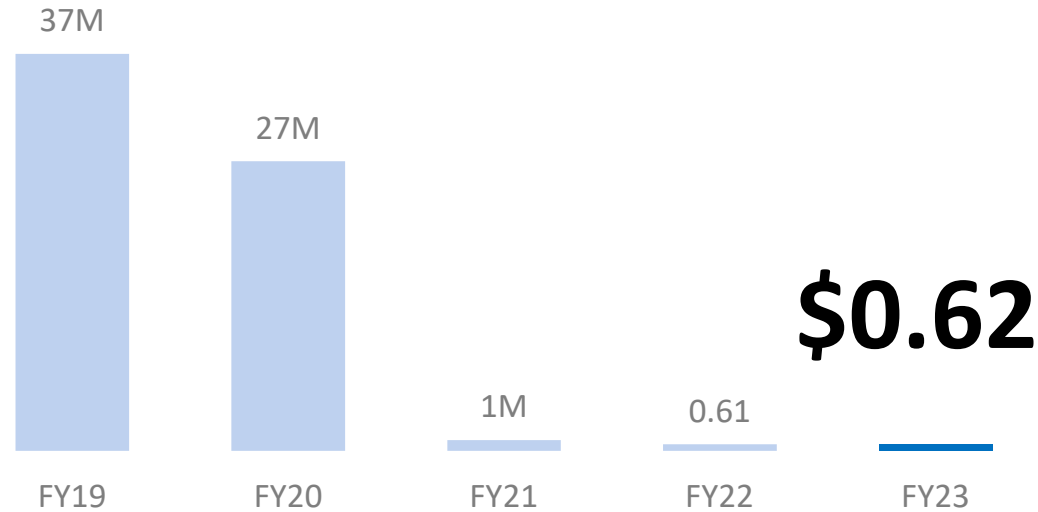
Major Contracts

Type	Count	Amount
Modification	45	82,054,734
Renewals	15	35,046,678
Extensions	5	13,386,074
Total	65	\$130,487,486

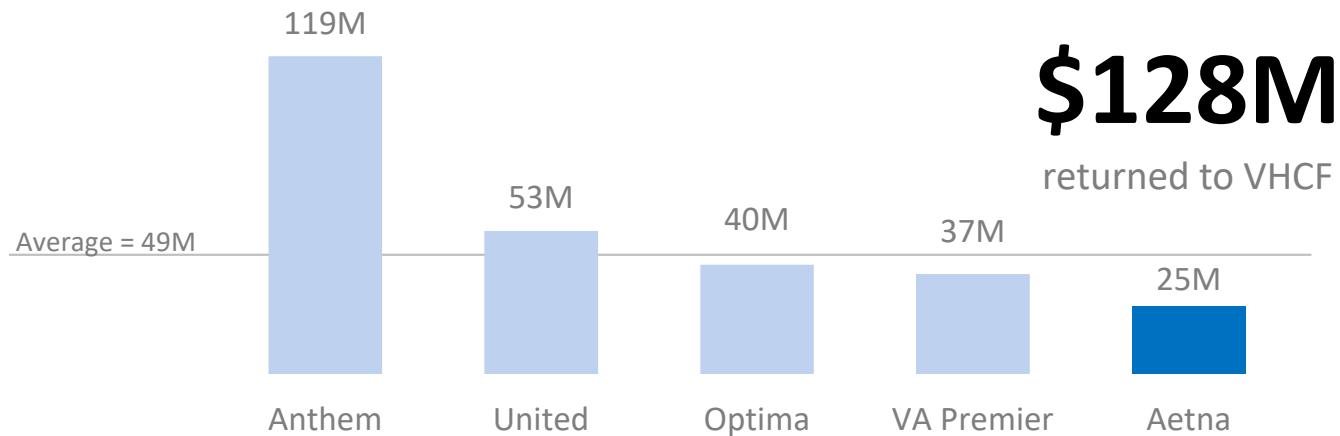
Inter-agency Agreements

Type	Count	Amount
Modification	21	\$4,696,245

Virginia Health Care Fund



MLR/UWG Rebates



Comparing: FY20-23

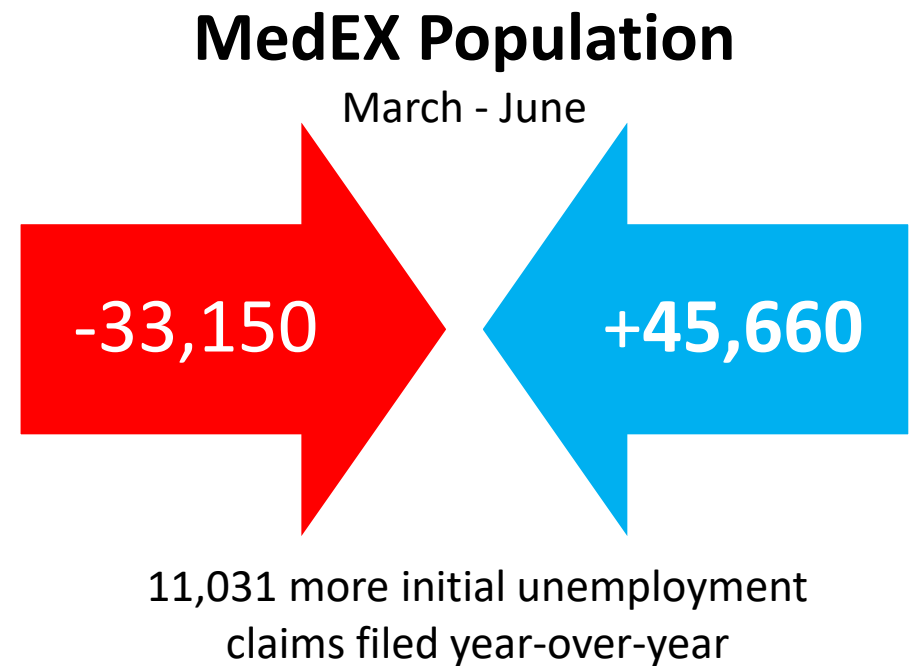
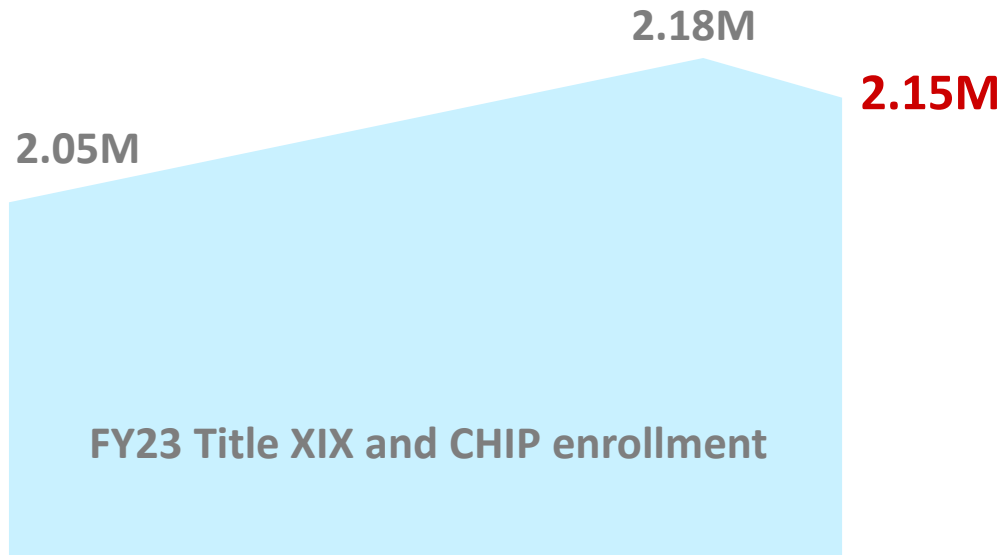
In Millions

Expenditures	Actuals Q1-Q4				FY22 v. FY23	
	2020	2021	2022	2023	Change	% Change
Managed Care: Medallion 4	4,281.4	5,340.2	6,186.4	7,263.2	1,076.8	17.4%
Managed Care: CCC+	5,308.2	6,141.9	6,887.0	8,139.1	1,252.1	18.2%
Fee-For-Service: General Medical Care	1,517.6	1,497.1	1,589.2	1,806.6	217.4	13.7%
Fee-For-Service: BH & Rehabilitative Svcs	52.1	48.3	39.6	38.2	(1.4)	-3.5%
Fee-For-Service: Long-Term Care Services	1,478.1	1,450.4	1,675.8	2,220.8	545.0	32.5%
Hospital Supplemental (DSH, IME/GME, Dx)	532.9	530.3	770.6	747.9	(22.7)	-2.9%
Hospital Rate Assessment Payments	1,035.4	1,539.1	2,095.6	2,824.0	728.4	34.8%
Total Title XIX	\$14,205.7	\$16,547.3	\$19,244.2	\$23,039.8	\$ 3,795.6	19.7%
Total GF Expenditures (Title XIX)	\$ 3,606.0	\$ 4,263.3	\$ 4,322.7	\$ 5,577.5	\$ 1,254.8	29.0%

FY23 Observed vs. Expected

Category	What we expected	What happened
MCO LIFC	6.8 billion	7.2 billion
MCO LTSS	7.6 billion	8.1 billion
Coverage Assessment	619 million	565 million
VA Health Care Fund	626 million	856 million
Pharmacy Rebates		
Base-current year	427 million	388 million
MedEX-current year	385 million	430 million
Base-prior year	273 million	319 million
MedEX-prior year	230 million	300 million

FY23 Enrollment: MedEX *still* increasing



- ❑ DMAS met financial and administrative targets for FY23
- ❑ FY23 financial variances continue to be explained by legacy of continuous enrollment due to Covid19 public health emergency
- ❑ DMAS will continue monitoring net impact of enrollment and disenrollment in FY24
- ❑ Medicaid and CHIP populations and ensuing financials will not begin to stabilize until FY25

- ❑ Plan merger
- ❑ Petersburg maternal and child health efforts
- ❑ New service authorization contract
- ❑ New dental contract
- ❑ Doula benefit

COMPLEX CARE SERVICES UPDATES

Tammy Whitlock, MHSA
Deputy Director
Complex Care and Services

Training Update

- **Upcoming:** *August and September dates being planned*
 - MCO 101 “Doing Business with the MCO’s”
 - Clinical Management and Care Coordination
 - Accessing Medicaid Services
 - Official Case Management Program Training
- **Completed:**
 - Provider Enrollment Process Overview 5/31/2023
 - Mayo Portland Adaptability Inventory (MPAI-4) Clinical Assessment Process Training 6/20-6/27/2023
 - Brain Injury “101” Training 7/18/2023

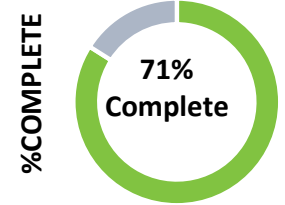
PRSS Enrollment

- Bulletin Posted
- Brain Injury Services Case Management Enrollment begins 8/1/2023



Targeted Case Management (TCM) Implementation

MCO’s and DMAS are developing operational and clinical management processes and provider resources. Go Live scheduled 10/1/2023



Rate Development: Neurobehavioral + Waiver Development

On 7/11/2023 Draft rates were presented to the Brain Injury Services Workgroup members 7/11/2023



Rate Development Contractor Deliverables

All contract deliverables were completed by June 30, 2023



Legally Responsible Relatives Status

As directed by the General Assembly, DMAS is working to implement a permanent allowance for legally responsible relatives to be paid as caregivers.

- Public Comment period ends July 27, 2023.
- CMS Application submitted no earlier than July 31, 2023, based on CMS notification requirements.
- CMS has 90 days to review and approve applications
- DMAS will host sessions with stakeholders including families after CMS approval.

MCO CLAIMS EXPENSE AND UTILIZATION REVIEW


July 2023

Summary – All Programs

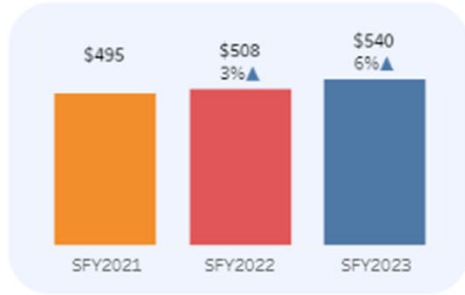
Virginia Medicaid
Department of Medical Assistance Services

Virginia Medicaid Utilization and Expenses

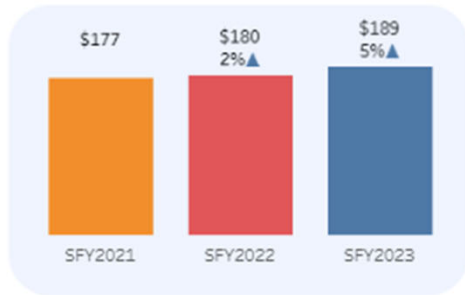
- Per Member Per Month Cost
- Cost Per Claim
- Claims Per 1000 Members

SFY 2023 

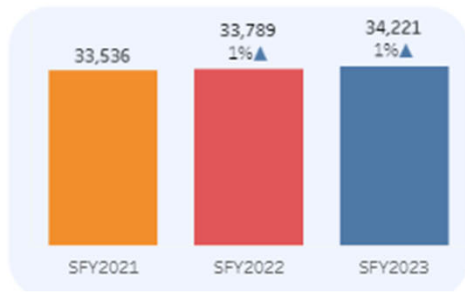
\$540
6% YOY▲



\$189
5% YOY▲



34,221
1% YOY▲



Medallion 4 Overview (Managed Care)

Big 3 By Cost Category

Program: MEDALLION4 | Healthplan: (All) | Eligibility Category: (All)

		SFY2021	SFY2022	SFY2023	% Difference
Grand Total	PMPM	\$283	\$290	\$307	6.0%▲
	Cost Per Claim	\$168	\$165	\$171	3.4%▲
	Claims Per 12K Members	20,241	21,065	21,605	2.6%▲
ER	PMPM	\$14	\$16	\$20	30.0%▲
	Cost Per Claim	\$124	\$123	\$155	25.9%▲
	Claims Per 12K Members	1,321	1,515	1,565	3.3%▲
In-Patient	PMPM	\$58	\$58	\$52	-9.0%▼
	Cost Per Claim	\$8,914	\$8,693	\$7,797	-10.3%▼
	Claims Per 12K Members	78	79	81	1.4%▲
Nursing Facility	PMPM	\$0	\$0	\$0	64.8%▲
	Cost Per Claim	\$2,879	\$2,492	\$3,494	40.2%▲
	Claims Per 12K Members	0	0	0	17.5%▲
Other Facility	PMPM	\$5	\$4	\$5	22.4%▲
	Cost Per Claim	\$1,146	\$1,069	\$1,244	16.3%▲
	Claims Per 12K Members	49	48	51	5.2%▲
Out-Patient	PMPM	\$34	\$33	\$43	29.6%▲
	Cost Per Claim	\$408	\$390	\$550	40.9%▲
	Claims Per 12K Members	996	1,014	933	-8.0%▼
Pharmacy	PMPM	\$72	\$73	\$79	7.4%▲
	Cost Per Claim	\$109	\$107	\$109	1.8%▲
	Claims Per 12K Members	7,964	8,235	8,689	5.5%▲
Physician Services	PMPM	\$100	\$106	\$108	1.6%▲
	Cost Per Claim	\$122	\$125	\$126	0.5%▲
	Claims Per 12K Members	9,832	10,173	10,287	1.1%▲

**FYI: \$296
 total
 PMPM
 SFY2020
 (SFY2023
 +3.7%)**

CCC Plus Overview (Managed Care)

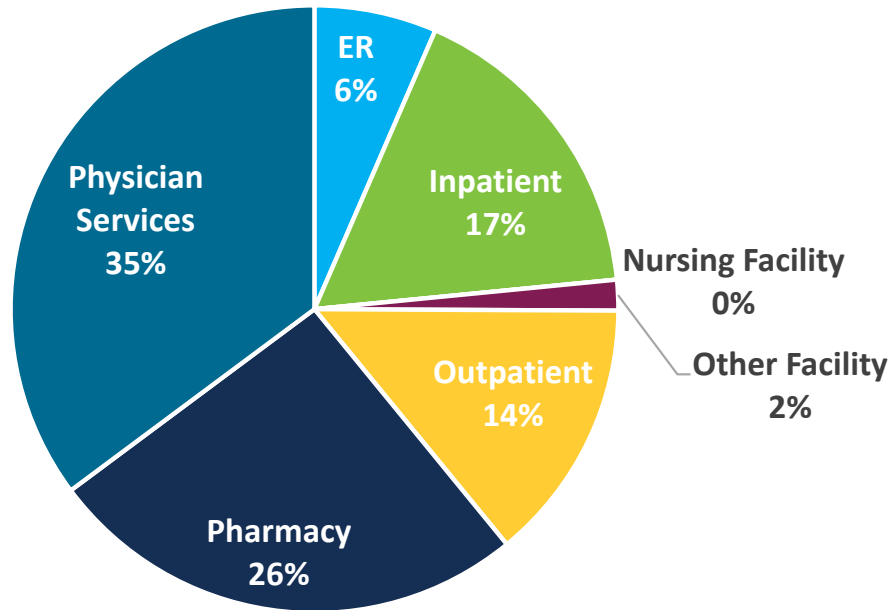
Big 3 By Cost Category					
Program		Healthplan	Eligibility Category		
CCCPLUS		(All)	(All)		
		SFY2021	SFY2022	SFY2023	% Difference
Grand Total	PMPM	\$1,542	\$1,649	\$1,792	8.7%▲
	Cost Per Claim	\$187	\$197	\$210	6.7%▲
	Claims Per 12K Members	98,998	100,426	102,261	1.8%▲
ER	PMPM	\$20	\$22	\$28	27.6%▲
	Cost Per Claim	\$82	\$85	\$107	25.5%▲
	Claims Per 12K Members	2,954	3,037	3,088	1.7%▲
In-Patient	PMPM	\$179	\$184	\$174	-5.5%▼
	Cost Per Claim	\$7,370	\$7,424	\$6,839	-7.9%▼
	Claims Per 12K Members	292	298	305	2.6%▲
Nursing Facility	PMPM	\$338	\$344	\$392	14.1%▲
	Cost Per Claim	\$4,108	\$4,566	\$5,389	18.0%▲
	Claims Per 12K Members	988	904	874	-3.3%▼
Other Facility	PMPM	\$27	\$28	\$31	10.5%▲
	Cost Per Claim	\$533	\$545	\$594	9.1%▲
	Claims Per 12K Members	615	628	636	1.3%▲
Out-Patient	PMPM	\$82	\$82	\$114	38.6%▲
	Cost Per Claim	\$358	\$362	\$509	40.5%▲
	Claims Per 12K Members	2,762	2,723	2,687	-1.3%▼
Pharmacy	PMPM	\$245	\$250	\$269	7.6%▲
	Cost Per Claim	\$120	\$125	\$128	2.5%▲
	Claims Per 12K Members	24,508	24,099	25,307	5.0%▲
Physician Services	PMPM	\$650	\$739	\$783	6.1%▲
	Cost Per Claim	\$117	\$129	\$136	5.1%▲
	Claims Per 12K Members	66,880	68,737	69,364	0.9%▲

FYI:
\$1,577
total
PMPM
SFY2020
(SFY2023
+13.6%)

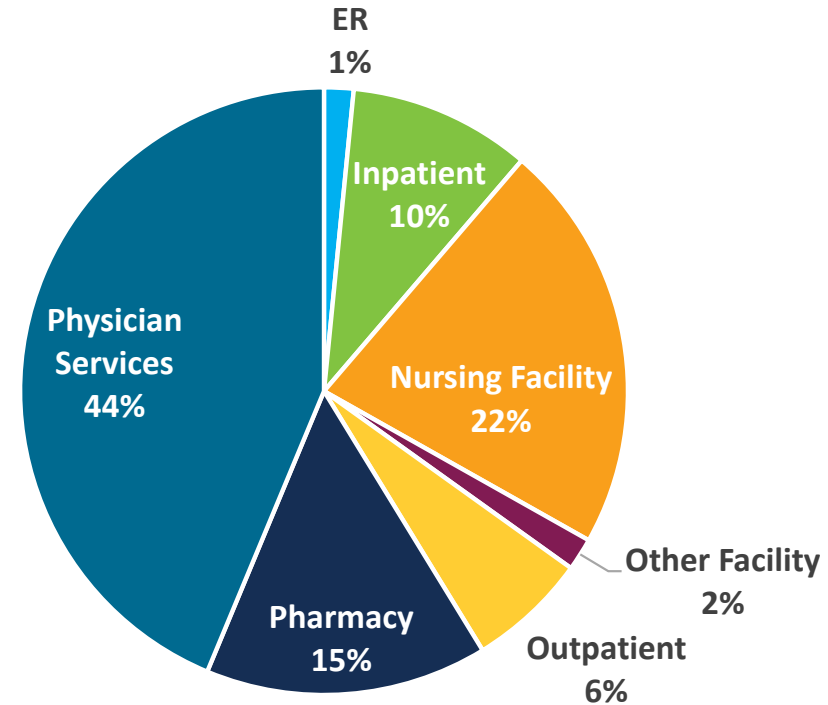
Biggest
changes
in OTPT
(39%)
and Rx
(12%)

Cost Category Comparison by Program

Medallion 4 Managed Care Expenses by Category SFY2023



CCC Plus Managed Care Expenses by Category SFY2023



- Physician Services, Pharmacy and Inpatient make up **78%** of Medallion 4
- Physician Services, Nursing Facility and Pharmacy make up **81%** of CCC Plus
 - Predictably the largest difference in percent of spend is Nursing Facility
 - Medallion 4 with 11 percentage points higher Pharmacy
 - CCC Plus Physician Services 9 percentage points more than Medallion 4

Medallion 4 PMPM YTD vs Prior YTD

PMPM Comparison				
	Where we ended up	Where we were this time last year	Where we are now	
Program	EOY 2022	YTD 2022	YTD 2023	% Difference YTD 2022 vs YTD 2023
Medallion 4	\$290	\$290	\$307▲	6%▲
ER	\$16	\$16	\$20▲	30%▲
In-Patient	\$58	\$59	\$52▼	-11%▼
Nursing Facility	\$0	\$0	\$0▲	68%▲
Other Facility	\$4	\$4	\$5▲	21%▲
Out-Patient	\$33	\$33	\$43▲	29%▲
Pharmacy	\$73	\$72	\$79▲	9%▲
Physician Services	\$106	\$106	\$108▲	2%▲

Medallion 4 Utilization YTD vs Prior YTD

Claims per 1000 Members Comparison				
PMPM	Cost Per Claim	Claims Per 1000 Members	<< Back	
Program	Healthplan	Eligibility Category		
MEDALLION4	(All)	(All)		
	EOY 2022	YTD 2022	YTD 2023	% Difference YTD 2022 vs YTD 2023
Grand Total	21,065	20,913	21,605▲	3%▲
ER	1,515	1,515	1,565▲	3%▲
In-Patient	79	80	81▲	0%▲
Nursing Facility	0	0	0▲	24%▲
Other Facility	48	48	51▲	6%▲
Out-Patient	1,014	1,034	933▼	-10%▼
Pharmacy	8,235	8,079	8,689▲	8%▲
Physician Services	10,173	10,158	10,287▲	1%▲

CCC Plus PMPM YTD vs Prior YTD

PMPM Comparison				
PMPM	Cost Per Claim		Claims per 1000 Members	<< Back
Program	Healthplan		Eligibility Category	
CCCPLUS	(All)		(All)	
	EOY 2022	YTD 2022	YTD 2023	% Difference YTD 2022 vs YTD 2023
Grand Total	\$1,649	\$1,644	\$1,792▲	9%▲
ER	\$22	\$21	\$28▲	29%▲
In-Patient	\$184	\$184	\$174▼	-5%▼
Nursing Facility	\$344	\$344	\$392▲	14%▲
Other Facility	\$28	\$28	\$31▲	12%▲
Out-Patient	\$82	\$81	\$114▲	40%▲
Pharmacy	\$250	\$246	\$269▲	9%▲
Physician Services	\$739	\$739	\$783▲	6%▲

CCC Plus Utilization YTD vs Prior YTD

Claims per 1000 Members Comparison				
PMPM	Cost Per Claim	Claims Per 1000 Members	<< Back	
Program	Healthplan	Eligibility Category		
CCCPLUS	(All)	(All)		
	EOY 2022	YTD 2022	YTD 2023	% Difference YTD 2022 vs YTD 2023
Grand Total	100,426	100,148	102,261▲	2%▲
ER	3,037	3,018	3,088▲	2%▲
In-Patient	298	299	305▲	2%▲
Nursing Facility	904	909	874▼	-4%▼
Other Facility	628	608	636▲	5%▲
Out-Patient	2,723	2,717	2,687▼	-1%▼
Pharmacy	24,099	23,666	25,307▲	7%▲
Physician Services	68,737	68,932	69,364▲	1%▲

Key Metric Definitions

- Three ingredients give you all three standardized key Metrics
 - Enrollment – Count of members enrolled each month
 - Cost – MCO expenditures on medical and pharmacy claims
 - Claim count – Count of MCO medical and pharmacy claims
- PMPM
 - “Per member per month”
 - Standardized way of looking at cost based on enrollment trends
 - Critical as we have large fluctuations in membership
 - Total Cost divided by Enrollment
- Utilization
 - Annualized metric for assessing volume of claims and services received by membership
 - Total Count of Claims divided by Enrollment (which is divided by 1,000)
- Cost per Claim
 - Average cost of a paid claim
 - Total Cost divided by Total Count of Claims

The following slides contain dashboards where:

- SFY23 reflects dates of service July 1, 2022, through March 31, 2023, and paid through July 7, 2022
- Completion factors are not included & MCO claims data is via DMAS’ EDWS