


DMAS UPDATE FOR THE JOINT COMMISSION ON HEALTH CARE

AUGUST 22, 2018

JENNIFER LEE, MD


DIRECTOR,
DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES

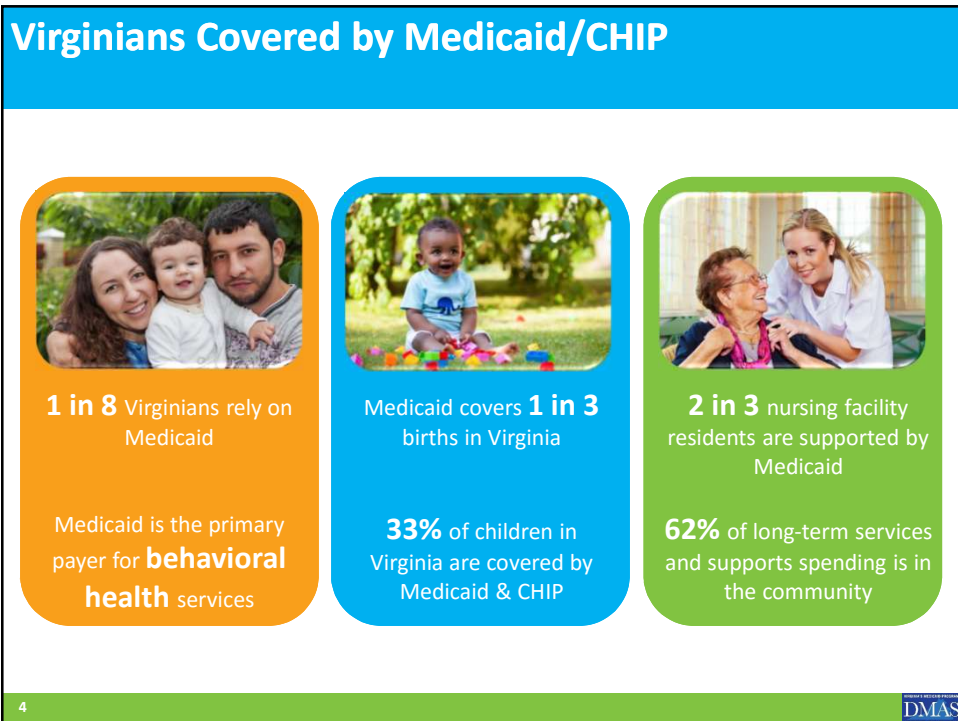
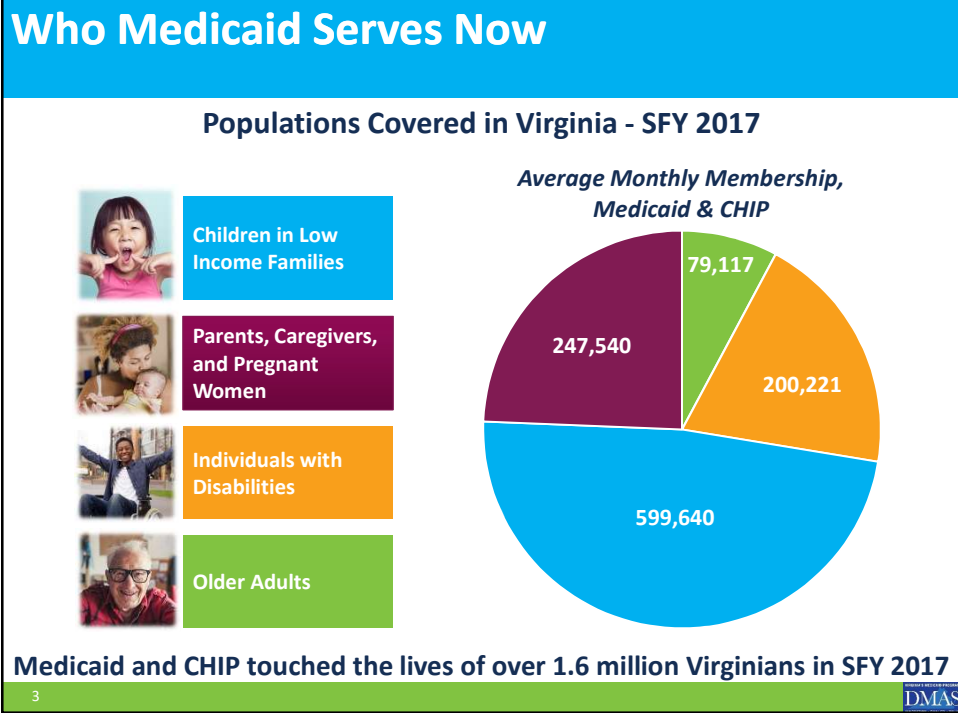


Agenda

- DMAS Initiatives**
- Medicaid Expansion Overview
- Next Steps



2





Managed Care Programs

96% of Medicaid members now in managed care

	Commonwealth Coordinated Care Plus (CCC Plus)	Medallion 4.0
Covered Groups 	<ul style="list-style-type: none"> Serving older adults and disabled Medicaid-Medicare eligible 	<ul style="list-style-type: none"> Serving infants, children, pregnant women, parents
Covered Benefits 	<ul style="list-style-type: none"> Long-term services and supports in the community and facility-based, acute care, pharmacy Incorporating community mental health 	<ul style="list-style-type: none"> Births, vaccinations, well visits, sick visits, acute care, pharmacy Incorporating community mental health

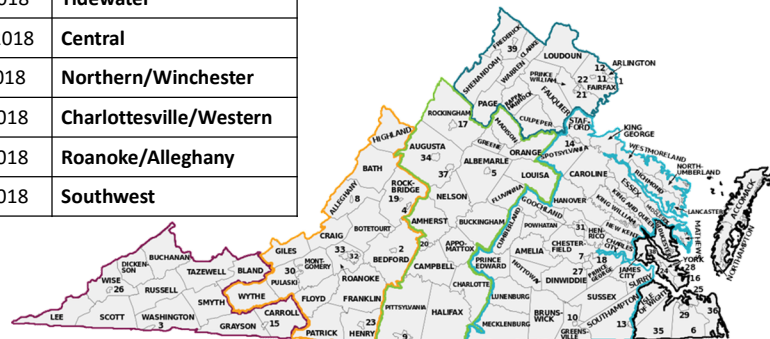
5



Medallion 4.0: Implementation by Region

The Medallion 4.0 program began implementation by region on August 1, 2018

Anticipated Launch Date	Region of Virginia
Aug. 1, 2018	Tidewater
Sept. 1, 2018	Central
Oct. 1, 2018	Northern/Winchester
Nov. 1, 2018	Charlottesville/Western
Dec. 1, 2018	Roanoke/Alleghany
Dec. 1, 2018	Southwest



Medallion 4.0 will be fully implemented by the Medicaid expansion go-live date of January 1st, meaning new managed care enrollees will be served by the same six health plans, regardless of delivery system (CCC Plus or Medallion 4.0)

6



First Ever DMAS Performance Scorecard




The Performance Scorecard is a key tool for monitoring DMAS performance and promoting operational efficiency

DMAS		Weekly Management Team Round Robin Report			Reporting Period: June 18 th – 22 nd
Current Agency Reporting Metrics, Successes, and Red Flags					
Division	Division Metric:	Division Metric:	Division Metric:	"Red Flags" (Escalated Items)	
Program Operations	1.) Proper Payments and Training:	2.) Quality of NEMT Transportation Services:	3.) Temporary Detention Order:		
Appeals	1.) Compliance	2.) Quality	3.) Pinks		


New DMAS Website

Member Advisory Committee

Meaningful insight into the Medicaid member experience is a key input to member-focused decision making and care delivery


Member Insight	General Feedback	Testing Ideas
		
Giving a voice to the member experience that may not otherwise have been heard	Seeking opportunities to explore member feedback on policies and programs	Forum for testing new ideas or materials to determine if we hit the mark

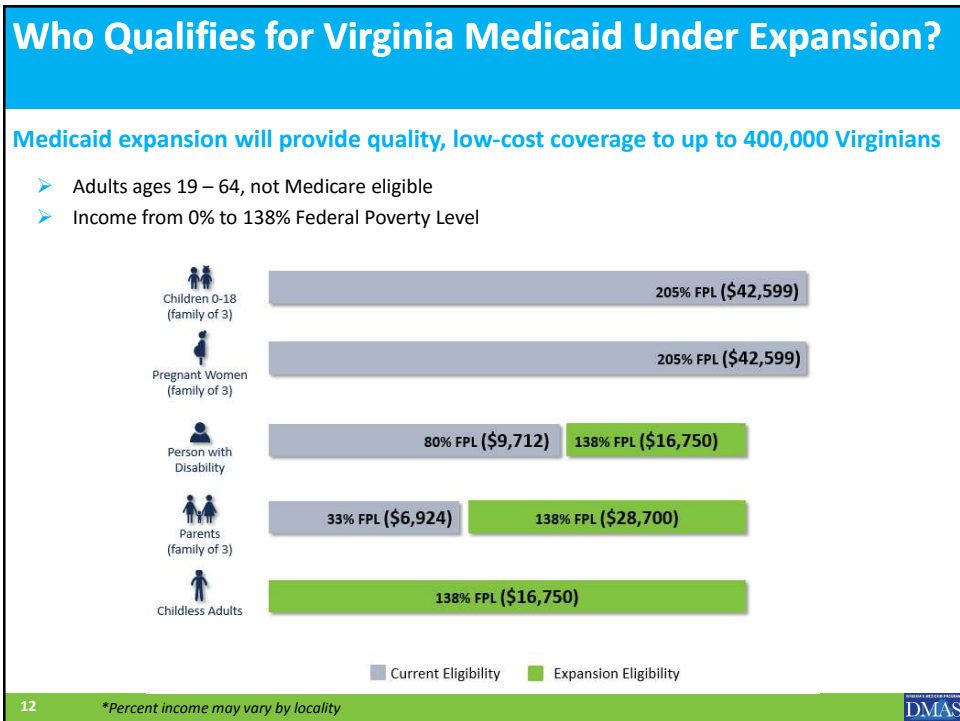
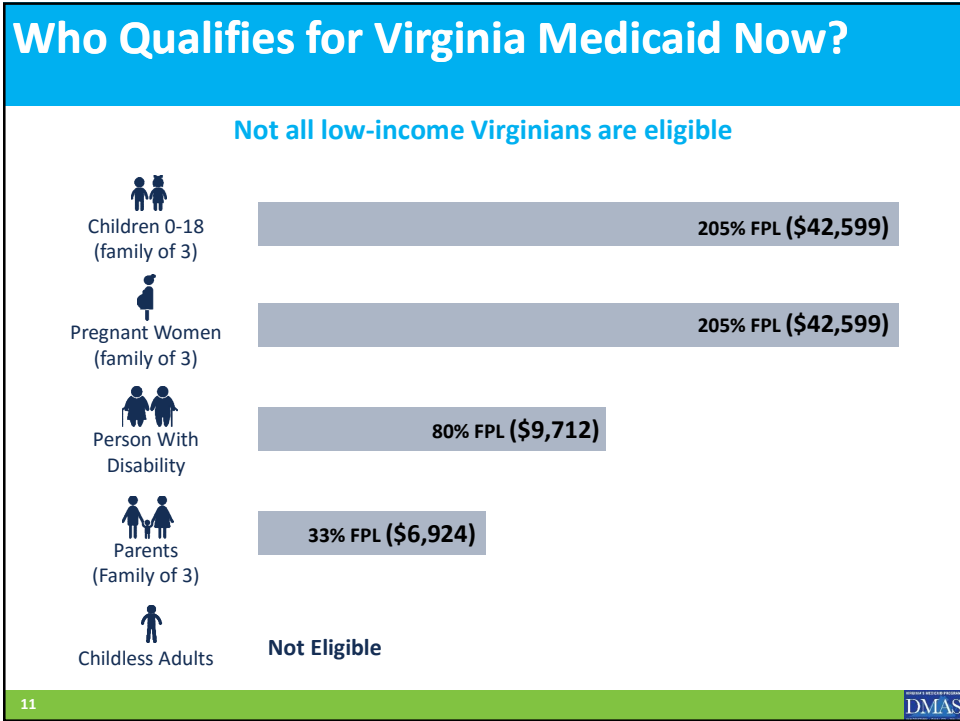
Our knowledge is incomplete without the expertise of our consumers

9 

Agenda (Continued)

- ✓ DMAS Initiatives
- Medicaid Expansion Overview
- Next Steps

10 



Overview of New Health Coverage for Adults

- Beginning January 1, 2019
- Up to 400,000 more Virginia adults will enroll in quality, low-cost health coverage
- People working in retail, construction, childcare, landscaping, food service or other jobs that do not offer health insurance may be eligible

13

DMAS

Who Are Virginia's Uninsured?

Recent focus groups with uninsured adults in Virginia who have incomes below 138% FPL offered key findings:

- Cost has been the main barrier to coverage as well as working in jobs or for employers that do not offer coverage
- Most have been putting off getting health care services, paying out of pocket at a clinic when sick, or going to ERs when they become seriously ill
- The new adult population has a strong interest in enrolling in Medicaid and many say they will apply
- Most are unaware that Virginia will expand Medicaid
- Many fear "rejection" if they apply, as they have been unsuccessful in the past

14

DMAS

Medicaid Expansion Implementation Plan

- Policy and Authorities
- Section 1115 Waiver
- Delivery System
- Provider Assessments
- Systems Changes
- Outreach and Communications
- Reporting and Evaluation

15



Overview of Medicaid Expansion Requirements

The 2018 Appropriations Act directs Virginia Medicaid to implement new coverage for adults and transform coverage

Implement Medicaid Expansion and Other Policy Initiatives
(State Plan Amendments, Contracts, and Other Policy Changes)

Beginning January 1, 2019 –

- ✓ New coverage for adults with incomes up to 138% FPL

Key initiatives include:

- ✓ Health and Wellness Incentives
- ✓ Referrals to Workforce Resources
- ✓ Appropriate Utilization of ER Services
- ✓ Enhanced Fraud Prevention Efforts

Future Initiatives in Development:
(Requires federal approval of a § 1115 Demonstration Waiver)

Future initiatives in development for certain individuals:

- Cost-sharing (premiums and copayments)
- Training, Enrollment, Education, Employment and Opportunity Program (TEEOP)
- Supportive Employment and Housing Benefit

DMAS is working in parallel to begin the process of applying for a § 1115 waiver while submitting the State Plan Amendments to CMS

16



Delivery System Will Use Current Managed Care Plans

Medicaid Delivery Systems

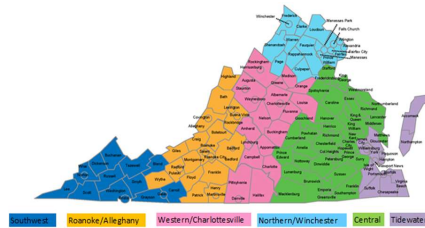
Commonwealth Coordinated Care Plus (CCC Plus) will serve populations who are *medically complex* (individuals with a complex behavioral or medical condition and functional impairment)

Medallion 4.0 will serve populations other than those who are medically complex

Fee for Service will serve populations until they are enrolled in an MCO and the populations and services that are excluded from managed care

6 Health Plans Contracted Statewide

1. Aetna Better Health of Virginia
2. Anthem HealthKeepers Plus
3. Magellan Complete Care of Virginia
4. Optima Health
5. United Healthcare
6. Virginia Premier Health Plan



17



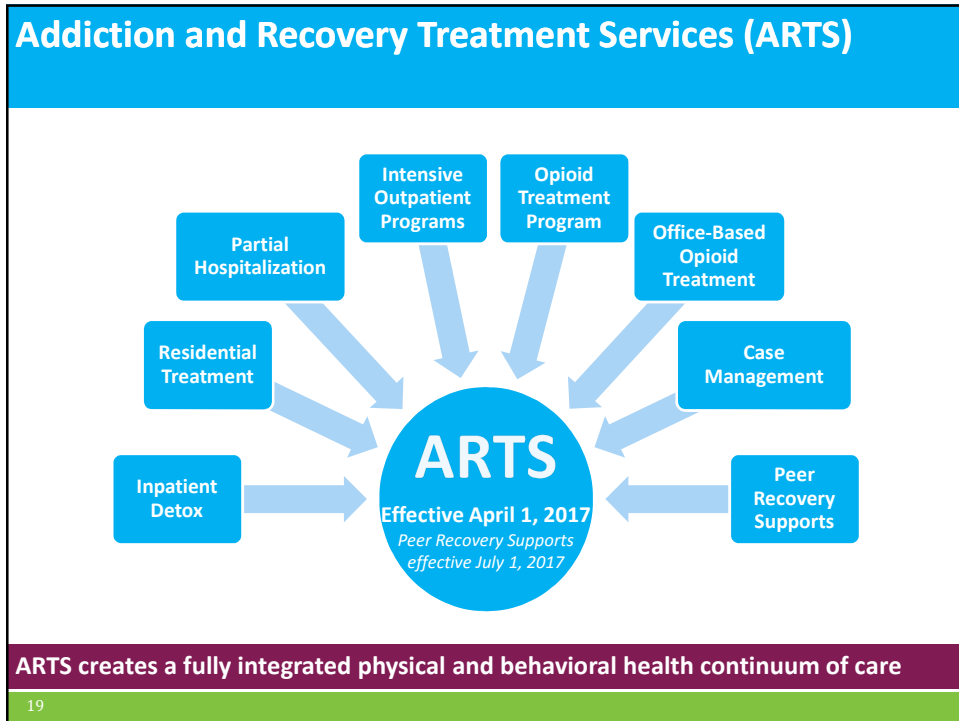
What Services are Covered?

New enrollees will receive coverage for all Medicaid covered services including evidence-based, preventive services

- Doctor, hospital and emergency services, including primary and specialty care
- Prescription drugs
- Laboratory and X-ray services
- Maternity and newborn care
- Home health services
- Behavioral health services, including addiction & recovery treatment services (ARTS)
- Rehabilitative services, including physical, occupational and speech therapies
- Family planning services
- Medical equipment and supplies
- Preventive and wellness services, including annual wellness exams, immunizations, smoking cessation and nutritional counseling
- And more

18





Funding Medicaid Coverage Under Expansion

FEDERAL MATCH RATE	STATE COSTS	FEDERAL COSTS
<p>Traditional Groups</p> <p style="text-align: center; font-size: 24pt; font-weight: bold;">50%</p> <p style="text-align: center; font-size: small;">FEDERAL MATCH RATE</p>		
<p>New Adult Group</p> <p style="text-align: center; font-size: 24pt; font-weight: bold;">90%</p> <p style="text-align: center; font-size: small;">FEDERAL MATCH RATE (2020 and beyond)</p>		

20 DMAS

Medicaid Expansion Savings

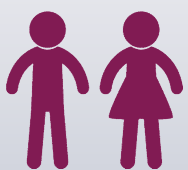
FY19-FY20 total GF savings estimated at \$355.0M

	FY 2019 GF Costs/(Savings)	FY 2020 GF Costs/(Savings)
DMAS Savings (including indigent care, GAP, TDOs, etc...) Newly covered populations receive an enhanced federal matching rate	(\$72.1M)	(\$214.6M)
Corrections Savings Federal reimbursement available for inpatient hospital services delivered to incarcerated individuals	(\$10.8M)	(\$26.9M)
CSBs Savings Federal reimbursement available for substance abuse and mental health services	(\$10.4M)	(\$25.0M)
Total GF Savings	*(91.9M)	*(263.1M)
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Total GF Savings FY19 –FY20 (\$355.0M) </div>		

* Note: DSS costs were subtracted from FY19 and FY20 savings to determine total GF Savings for FY19 and FY20

Provider Assessments: Overview

Coverage Assessment



- Same as included in Governor’s Introduced Budget
- Covers the full cost of expansion
- Expected to be approximately 0.5% in FY19 and 1.4% in FY20

Payment Rate Assessment



- New assessment in Adopted Budget
- Covers the state cost of increasing hospital reimbursement rates to approximately average cost

Key Systems Changes for Medicaid Expansion

Significant systems changes are required for the VAMMIS (Medicaid system) and VaCMS (eligibility system)

June	July	Aug	Sept	Oct	Nov	Dec
	Design					
	Dev Phase 1					
	Dev Phase 2					
	Test Phase 1					
	Design					
	Dev					
		Test				
			Validation in Staging			

VAMMIS:
Medicaid System

VACMS:
Eligibility System

DMAS and VDSS are working collaboratively to ensure systems readiness for the Jan. 1, 2019 go-live date

23

Outreach and Communications

New Cover Virginia Expansion Webpage

COVER VIRGINIA
Empowering Virginians for Affordable Health Insurance 1-855-242-8282

Virginia's New Health Coverage for Adults

Beginning January 1, 2019, more adults in Virginia will have access to quality, low-cost health insurance. Thousands of Virginians aged 19-64 will soon be able to get the health care they need so they don't have to worry about getting sick or having an accident.

Who Qualifies for Virginia Medicaid?

	Childless Adult	Parent (family of 3)	Person with Disability
Currently:	Not Eligible	Eligible with annual income at or below \$8,900	Eligible with annual income at or below \$9,700
Beginning 2019:	Eligible with annual income at or below \$16,754	Eligible with annual income at or below \$28,677	Eligible with annual income at or below \$16,754

You may be eligible if you make less than:

Family Size	Yearly*	Monthly*
1	\$16,754	\$1,397
2	\$22,715	\$1,894
3	\$28,677	\$2,391
4	\$34,638	\$2,887
5	\$40,600	\$3,384
6	\$46,562	\$3,881
7	\$52,523	\$4,378
8	\$58,485	\$4,875

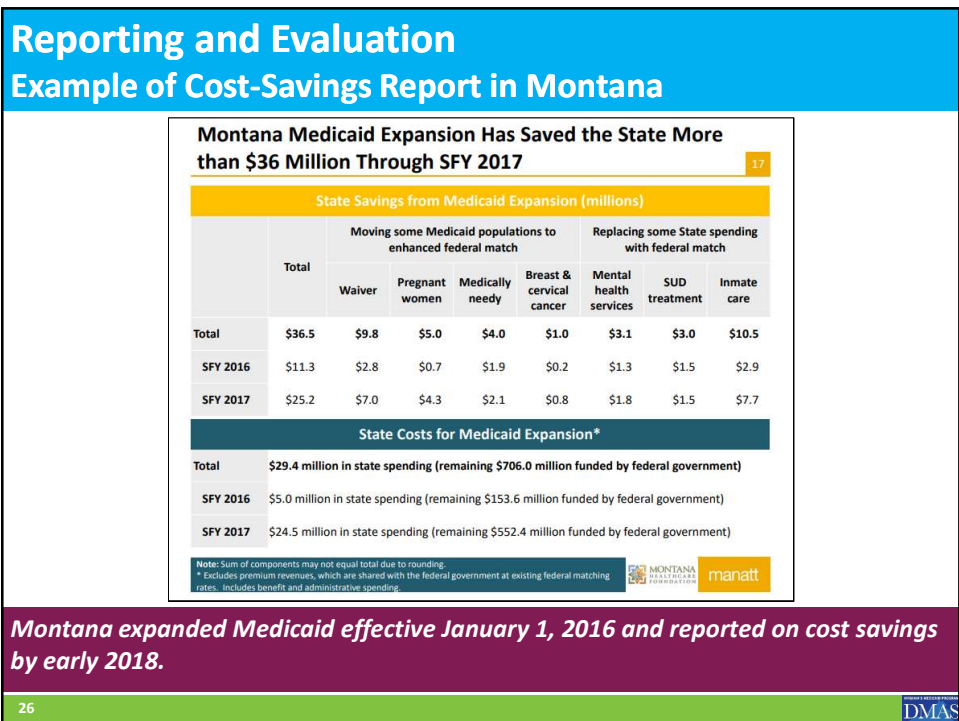
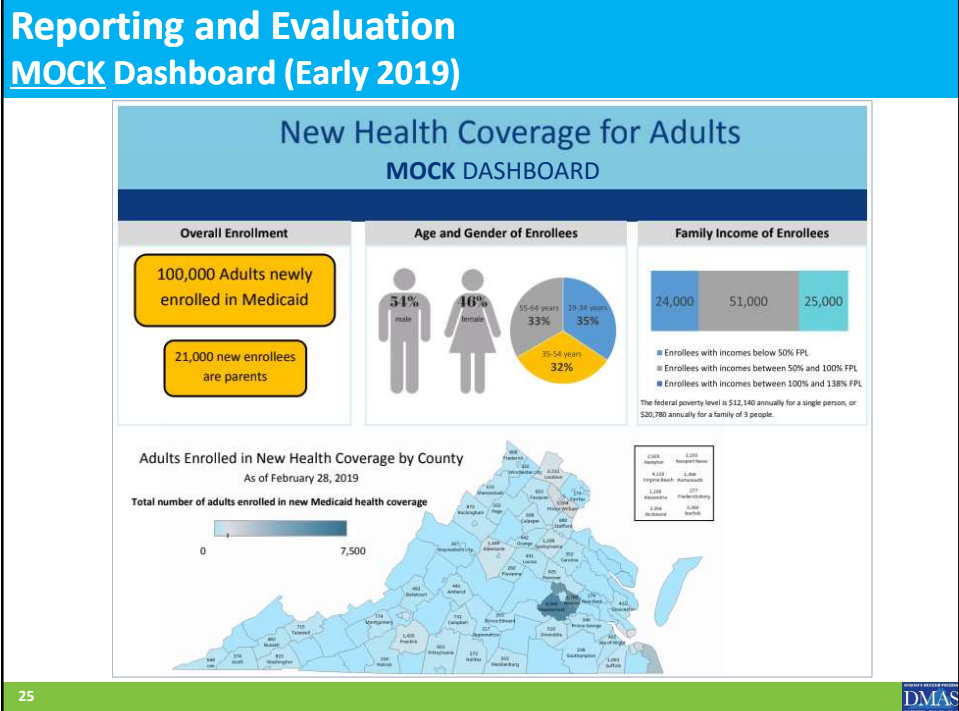
Do you qualify for health benefits? Check out the **Eligibility Screening Tool** to see if you may be eligible.*

*This tool is only for the purpose of estimating eligibility. Actual eligibility cannot be determined until the time when you apply.

Some adults may already be eligible for other Medicaid programs that offer limited benefits. Visit the [Eligibility](#) page to see if you qualify. If you do qualify for a limited benefit program now, you may still be eligible for the new Medicaid coverage with full benefits that begins on January 1, 2019.

HELPFUL INFORMATION

24



Outreach and Communications Strategic Communications Plan

A comprehensive strategic communications plan drives stakeholder engagement


KEY STAKEHOLDER ENGAGEMENT ACTIVITIES

Speakers Bureau  Live Webinar - August 8	Provider Outreach Workshop  August 13	Advocacy Summit  September 21
--	---	---

27 

Agenda (Continued)

- ✓ DMAS Initiatives
- ✓ Medicaid Expansion Overview
- Next Steps**

28 

Next Steps

Major Milestones:

- Coverage Assessment Begins Fall 2018
- Section 1115 Waiver Submission to CMS in Early November 2018
- Enrollment Begins Fall 2018
- Medallion 4.0 Implemented Statewide by December 1, 2018
- Coverage Begins January 1, 2019

29

DMAS

Regular Updates

Visit the Cover VA Website at www.coverva.org
or call 1-855-242-8282
for information and regular updates



Coming Soon: New Health Coverage for Adults
Beginning January 1, 2019, more adults living in Virginia will have access to quality, low-cost health coverage.
Get more information at coverva.org



30

DMAS

Appendix

31



Policy and Authorities

DMAS is working to ensure all State Plan Amendments and waivers are submitted to CMS in a timely fashion to seek proper authority for the Medicaid expansion

State Plan Amendments (SPAs) Submitted to CMS

- ✓ Adult Expansion Eligibility SPA
- ✓ Federal Medical Assistance Percentage (FMAP) SPA
- ✓ Health Insurance Premium Payment (HIPP) SPA
- ✓ Alternative Benefit Plan (ABP) SPA
- ✓ Hospital Presumptive Eligibility SPA
- ✓ SNAP SPA and 1902(e)(14) letter
- ✓ Determination SPA

32



Policy and Authorities

DMAS is working to ensure all State Plan Amendments and waivers are submitted to CMS in a timely fashion to seek proper authority for the Medicaid expansion

SPAs to Be Submitted to CMS

- Changes to Medicaid Application SPA
- Health Insurance Premium Payment (HIPP) Phase 2 SPA
- FFS Supplemental Payment SPA
- Cost Sharing SPA

Waivers to Be Submitted to CMS

- 1915(b) and 1915(c) waiver amendments
- 1115 waiver amendment (GAP)
- 1115 waiver (TEEOP and other reforms)

33



Section 1115 Waiver

DMAS has begun work on the Section 1115 Demonstration Waiver to seek authority from CMS for the TEEOP program and other reforms, as outlined in the 2018 Appropriations Act.

- DMAS moving forward with timeline as outlined in Appropriations Act
- Submitted concept paper to CMS
- Utilizing contractor support to design and write the 1115 waiver to meet the 150-day deadline for waiver submission
- Regular calls scheduled with CMS
- Will be seeking contractor support for implementation of the TEEOP program and other reforms via a Request for Proposal (RFP) process

34

