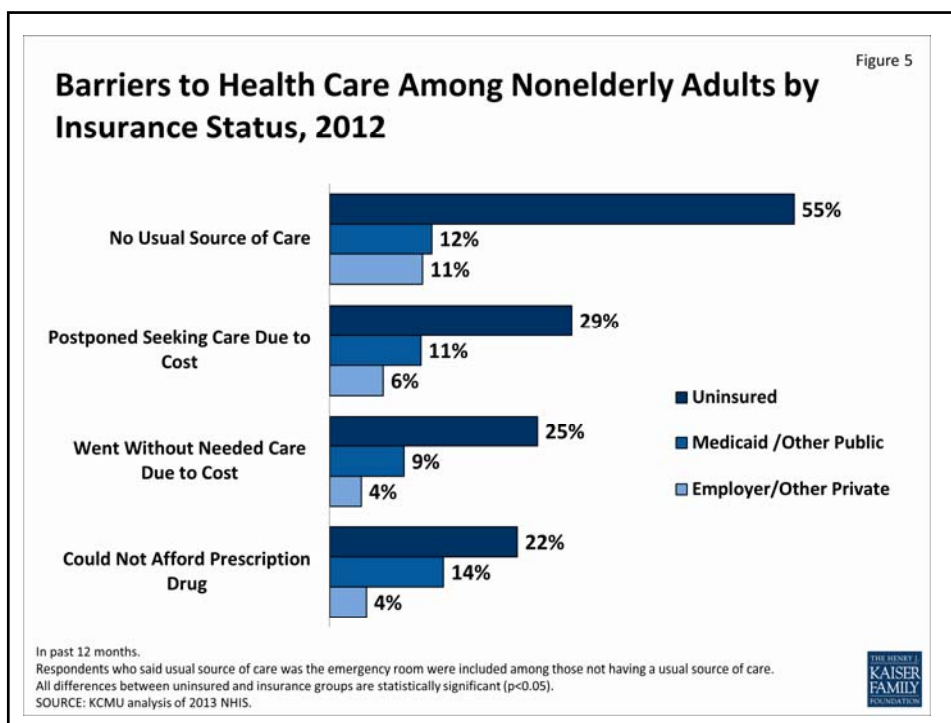


The Problem

- Over 1,000,000 uninsured Virginians
 - >70% are part of working families
 - >70% live below 200% of FPL
 - \$47,100 for a family of 4
 - \$22,980 for single adult
- Uninsured can't get the care they need and fare worse → premature death, higher costs



The Uninsured Fare Worse

Study after study shows:

- Fewer uninsured screened for cancer, heart disease, and diabetes
- More likely to be diagnosed with late stage cancer and have shorter survival
- Uninsured heart attack patients more likely to die
- Uninsured patients who enter dialysis programs are more likely to have worse kidney function

Being Uninsured Leads to Death

Annual Deaths for Adults aged 18-64 years

- Lack of health insurance – 44,800
- Suicide – 28,600
- Diabetes – 21,140
- Stroke – 21,090
- Homicide – 15,600
- HIV/AIDS – 10,770

Source: Wilper, et al. 2009. Health Insurance and Mortality in US Adults. *American Journal of Public Health*; CDC National Vital Statistics

Objective

- In the absence of Medicaid expansion, how can we alleviate the pressing need for health care for those who are uninsured?

A Healthy Virginia Plan

- Access for uninsured with a serious mental illness
- Health care for more low-income children
- Dental services to low-income pregnant women
- Partnering with the VA to enhance access to care for veterans
- Reducing deaths due to overdose of prescription painkillers and heroin
- Seeking innovative solutions by leveraging federal dollars

A Healthy Virginia Plan

- None of this is a substitute for closing the coverage gap.
- But doing something is better than doing nothing.

Step 1: Health Care for the Seriously Mentally Ill

- Serious mental illness = major depression, bipolar disorder, schizophrenia, PTSD, panic disorder
- More than 300,000 Virginians have had a serious mental illness in the past year; >50,000 with SMI are uninsured
- On average, someone with a serious mental illness dies 25 years earlier than an individual without an SMI
- BUT effective treatment is available and people do recover

Step 1: Health Care for the Seriously Mentally Ill

- We will provide access to basic medical and behavioral health services for up to 20,000 uninsured adults with serious mental illness through a demonstration program
- Will reduce frequency of ER visits and hospitalizations and reduce overall health care costs
- Who is eligible:
 - Adults 19 - 64 years at or below 100% FPL (\$11,670 for a single adult)
 - Ineligible for Medicaid, FAMIS or Medicare
 - Screened and meet criteria for SMI
 - U.S. citizens or legal immigrants

Step 1: Health Care for the Seriously Mentally Ill

- Limited benefit package; What benefits will they receive?
 - Primary care
 - Psychiatric treatment
 - Behavioral community services
 - Lab work
 - Pharmacy
 - Care coordination
- How will we implement this?
 - DMAS will administer the program using existing partnerships
 - Section 1115 waiver to draw federal match
 - 2- year demonstration from 2015-2017
 - Due to funding constraints, enrollment will be limited
 - State share estimated at \$30 to \$40 million in FY15

Step 1: Health Care for the Seriously Mentally Ill

The three key goals of this Demonstration are to:

- 1) Improve access to health care for a segment of the uninsured population in Virginia who have significant behavioral and medical needs;
- 2) Improve health and behavioral health outcomes of demonstration participants;
- 3) Serve as a bridge to closing the coverage gap for uninsured Virginians

Step 2: Insuring Our Children

- >100,000 uninsured children in Virginia
- Regular medical care helps parents and doctors identify health issues before they affect development or academic performance
- Majority of these uninsured children likely to qualify for FAMIS or Medicaid
- Goal: Sign up an additional 35,000 more children for FAMIS and Medicaid
- We will launch a media campaign that will include TV, radio, social media and outreach through community events
- Two media campaigns will be launched in 2015, one in the spring and the second in the fall cold and flu season.

Step 3: Insuring state workers' children

- Many state workers and their families face financial challenges.
- Lower income employees may not be able to afford coverage for their dependent children
- Adding dependent children to state insurance adds \$100 to \$200 per month to premiums.
- We will give eligible lower-income state employees the option to sign their children up for affordable insurance through FAMIS.
- Allowing state workers to cover dependents through FAMIS saves taxpayers money.

Step 3: Insuring state workers' children

- A parent with one child may be eligible to enroll their child if the annual income is less than \$31,460
- Up to 5,000 children and their families.
- How: Virginia is seeking approval from CMS to offer FAMIS to dependents of state workers.
- DMAS is working with the Department of Human Resource Management to provide this option to employees.

Step 3: Insuring state workers' children

- What's next:
 - New state workers who meet eligibility criteria can enroll their children in FAMIS starting in January 2015
 - Current state employees whose dependents are not covered under their insurance plan may also enroll their children in FAMIS starting in January 2014.
 - Current state employees whose dependents are already covered under their insurance plan will be able to enroll dependents starting in July 2015.

Step 4: Dental care for pregnant women

- Pregnant women with periodontal disease may be up to 8X more likely to deliver prematurely.
- 18 percent of all preterm births may be attributable to periodontal disease.
- Health care costs in the first year of life for a preterm baby are more than 10 times that of a baby born at full term.
- We will provide comprehensive dental benefits to low-income pregnant women
- Who we help: 45,000 low-income women currently enrolled in Medicaid and FAMIS MOMS.

Step 4: Dental care for Pregnant Women

- We will provide comprehensive dental benefits to low-income pregnant women
- Who we help: 45,000 low-income women currently enrolled in Medicaid and FAMIS MOMS.
- What we are doing: Governor McAuliffe has ordered the Virginia Department of Medical Assistance Services to issue emergency regulations providing the new benefit.
- What's next:
 - Comprehensive dental services will be offered starting in March 2015.

Step 5: Federal Marketplace Outreach

- Since 2002, insurance premiums for family coverage have nearly doubled from \$8,000 to \$15,700 annually, increasing demand for affordable options
- 216,000 Virginians signed up for insurance through the Federal Marketplace without active outreach from the state
- More than 300,000 more are uninsured but qualify for tax credits on the Marketplace
- We will aim to sign up more Virginians during this year's open enrollment on the Federal Marketplace

Step 5: Federal Marketplace Outreach

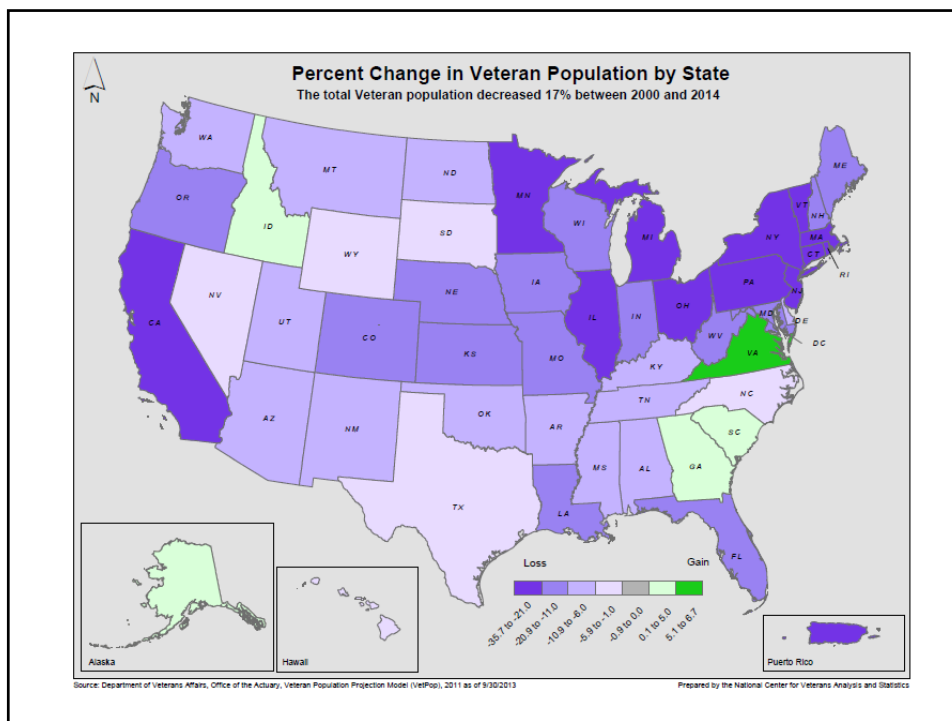
- Who we will help: Up to 160,000 Virginians with incomes between 100 and 400 % FPL
- How: An aggressive media and education campaign and a broader network of enrollment assisters.
- \$4.3 million federal grant will fund both activities.
- What we are doing:
 - Virginia is partnering with the Virginia Poverty Law Center to expand an existing network of consumer assisters for the 2014-15 Marketplace enrollment period.
- What's next:
 - The sign-up period begins Nov. 15, 2014
 - TV ads educating Virginians about the Marketplace and encouraging them to participate will launch in early January 2015.

Step 6: A better “Cover Virginia” website

- A user-friendly website will help people sign up for the right insurance and avoid delays in coverage.
- It’s crucial that information be made available online about new options, such as services for individuals with SMI
- We will upgrade the current Coverva.org website to educate Virginians about their health care options and help them sign up for insurance
- How: Expanded resources and easy-to-find links to healthcare.gov, Veterans Affairs, and the Virginia Chamber of Commerce’s Virginia Benefits Market.
- The new website will launch in time for the start of the Federal Marketplace open enrollment on Nov. 15.

Step 7: Better Access to Care for Veterans

- One in 10 Virginians is a veteran. Virginia has experienced the largest increase in its veterans population of any state since 2000.
- That growth is putting a strain on VA facilities.
- A recent report showed that Virginia is last in the nation in the ratio of VA health facilities to veterans, at just 0.3 facilities per 10,000 veterans.
- Some veterans are waiting more than 60 days to get a primary care appointment at the VA.
- We will work with federal and health care partners to accelerate access to quality care for veterans in Virginia.



Step 7: Better Access to Care for Veterans

- Congress has approved \$16.4 billion in new funding for the VA system
 - \$10 billion of which is to be spent over the next 3 years for private providers to see veterans who live more than 40 miles from a VA clinic/hospital or is experiencing long wait times
- Virginia will bring together leaders from the VA and private health systems and help facilitate partnerships that will create additional access points for veterans
- How: We will begin by convening a leadership summit and seek commitments by key decision makers to move forward. This will be followed by regional meetings across Virginia to develop and implement effective solutions.

Step 8: Reduce deaths from drug overdose

- In 2013, more than 900 Virginians died from an overdose.
- More people died from an overdose than were killed in car accidents last year.
- The number of deaths from prescription drug overdose has doubled over the past decade, while deaths from heroin have doubled in just two years.
- The rates of ER visits and treatment admissions related to prescription drugs have risen dramatically, pushing up health care costs for everyone.
- We aim to reduce the number of deaths from abuse and misuse of prescription drugs and heroin

Step 8: Reduce deaths from drug overdose

- How: Last month, the Governor signed Executive Order 29, creating the Task Force on Prescription Drug and Heroin Abuse
- This Task Force will coordinate statewide efforts to combat prescription drug and heroin abuse and addiction
 - Enhanced education
 - Addiction treatment
 - Drug storage and disposal
 - Data and monitoring
 - Enforcement
- What's next:
 - Members of the task force will be announced next month
 - The Task Force will establish a timeline with milestones and targets for preventing prescription drug and heroin-related deaths.

Step 9: Innovative approaches to improving care

- Half of all intensive users of the health care system have a behavioral health diagnosis.
- Medicaid costs for individuals with a chronic physical condition and mental health diagnosis are 75% higher than for those without a mental health diagnosis.
- DMAS will improve the coordination of care for individuals with SMI already enrolled in Medicaid saving costs
- Who we help: Up to 13,000 adults and children currently receiving Medicaid services
- How: Establish health homes providing team-based primary, behavioral, substance abuse and long-term services.
- 90 percent federal funding match over 24 months available

Step 10: Health care Innovation and Transformation

- We should seek to transform the health care delivery system to provide better care at lower costs
- Align incentives to promote quality and strengthen public-private collaborations
- The Affordable Care Act has created new opportunities for states to obtain federal dollars for development of new health care models.
- Since 2010, the federal government has awarded more than \$575 million to 25 states.
- Virginia has not applied for or been awarded any of this funding

Step 10: Health care Innovation and Transformation

- What we're doing: This past summer, Virginia applied for \$2.6 million through the CMS Innovation Model grant program.
- Grant awards to as many as 15 states will be announced at the end of October 2014.
 - If Virginia is selected for a grant, funding would become available in January 2015.
 - Funding would be used to develop a statewide health care transformation plan
 - convene stakeholders, enhance regional coordination, set population health goals, and apply tools and models that have been shown to work