

MEDICAID MEMBER ADVISORY COMMITTEE ORIENTATION

PRESENTERS:
SARAH HATTON
DEPUTY OF ADMINISTRATION

KRISTIN DAHLSTRAND
OUTREACH COORDINATOR

**DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES**



Purpose of the Committee

The purpose of the Medicaid Member Advisory Committee is to bring together Medicaid members and their representatives to share their Medicaid experiences, observations, and recommendations with the Department. We are certain that you will provide valuable insight on how Virginia Medicaid can better serve you and others.



Purpose of the Committee

Each committee member is encouraged to participate in the discussions and work of the committee and to offer recommendations for consideration to the Department of Medicaid Assistance Service Director and the State Board to DMAS.



Purpose of the Committee

In order to contribute to the Department's goal of improving its services, a member does not need to be an expert on Medicaid. The only requirements are to have a willingness to share your Medicaid observations and to offer suggestions on how the Department can improve its work of serving its members.



The MAC Pact

MAC member expectations for interactions and strategies for accomplishing goals together

How We Interact Together	How We Get Things Done
<ul style="list-style-type: none">• We are welcoming to one another.• We prioritize time to get to know each other during meetings and promote a healing environment.• We commit to respecting one another, suspending judgment, and collaboration.• It is important to us that all MAC member voices are heard.• We share our personal experience and perspective, but we are also considering the experience of other members as well.• We approach challenges with solution-focused energy.• We want to be hard on the problem, not each other.	<ul style="list-style-type: none">• We are mindful of acronyms and commit to spelling them out in conversation and in writing.• We are mindful of time, yet flexible and intentional when the schedule may need to change.• It is important to us that only one person speaks at a time.• We enjoy collaborating with a designated facilitator to keep the meeting on course.• We will maintain a “parking lot” of items for future discussion.• We want see the action! It is important to us to have timely follow up when feedback is given.• Change it up! We prefer to vary our activities when possible.

The MAC Pact will be reviewed at each MAC meeting and is subject to edits and revisions at any time as desired by the MAC



OVERVIEW OF VIRGINIA MEDICAID

DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES

DMAS Mission Statement

To improve the health and well-being of Virginians through access to high quality health care coverage.

DMAS Values



Service

We are committed to serving all who are touched by our system with caring, integrity, and respect.



Collaboration

We value professional, respectful cooperation to achieve a common goal. We recognize diverse perspectives where everyone's input is welcome.



Trust

We are continuously building a culture that is honest, supportive, and fosters integrity.



Adaptability

We work together to anticipate and embrace change to meet Virginia's health care needs.



Problem Solving

We promote problem-solving processes and respond to challenges with a forward-thinking approach. We readily meet opportunities to improve and value processes that welcome many perspectives.

Medicaid is health insurance for low-income individuals



Children



Pregnant Women



Older Adults



Individuals with Disabilities

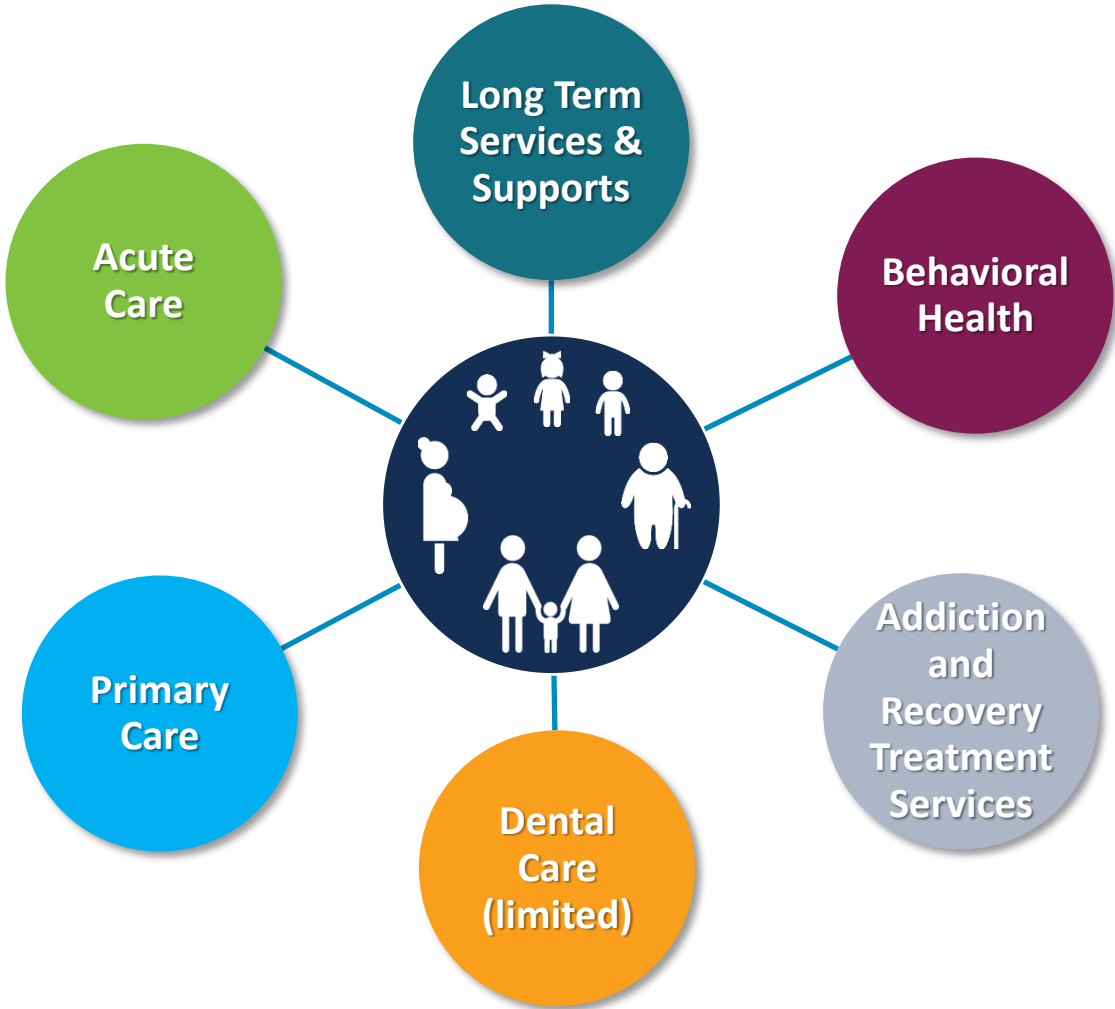


Income Eligible Adults

Medicaid plays a critical role in the lives of over 1.8 million Virginians

Benefits: Covered Services

Medicaid covers a wide variety of services, which may include:



Benefits: Adults eligible for full-coverage Medicaid

Newly eligible adult 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
- Managed Care Organization case management/care coordination services
- Transportation to Medicaid-covered services when no alternatives are available
- And more!

Authority Governing Medicaid Program

Medicaid is governed by both federal and state authorities

- **Federal Authority:**

- ✓ United States Code (law passed by U.S. Congress)
- ✓ Code of Federal Regulations (regulatory actions initiated by federal agencies)

- **State Authority:**

- ✓ Virginia Code (law passed by Virginia General Assembly)
- ✓ Virginia Administrative Code (regulatory actions initiated by DMAS or other state agencies)
- ✓ Guidance Documents (Manuals and Medicaid Memos)

Medicaid vs. Medicare

While Medicaid and Medicare both provide health care, they are different programs.

Medicaid	Medicare
Operated by the state government with funding and approval through the federal government	Operated by the federal government
Mostly income based	Mostly aged based
Covers long-term nursing facility care	Typically does not cover long-term nursing facility care

An individual can qualify for both Medicaid and Medicare:

- If eligible, the Medicaid program may pay for the individual's Medicare premiums, deductibles, and copayments.
- Medicaid is always the “payer of last resort” – meaning that if a service is covered under both Medicare and Medicaid, the payment will be made by Medicare.

Coordination by Agencies

Multiple State and federal agencies play a role in Medicaid

Agency	Role
CMS	“Centers for Medicare and Medicaid Services” The unit of the Federal Department of Health and Human Services that administers the Medicare and Medicaid programs. Reviews Virginia’s State Plan for Medical Assistance and any Waiver applications.
DMAS	“Department of Medical Assistance Services” State Agency responsible for the administration of Virginia’s Medicaid and Children’s Health Insurance programs.
DSS	“Department of Social Services” Performs eligibility determinations for Medicaid and other programs.
DBHDS	“Department of Behavioral Health and Developmental Services” The state agency that conducts many of the day-to-day functions of Developmental Disability Waiver operations and oversight.
VDH	“Virginia Department of Health” Performs long-term care pre-admission screenings.

Funding Medicaid Coverage



State Appropriates General Funds



State Receives Federal Match Funds
(50% Match Rate – Traditional Groups)
(90% Match – New Adult Group)



DMAS Pays for Member Health Care Services

9% of Medicaid Members



Fee-For-Service (FFS):
providers paid directly

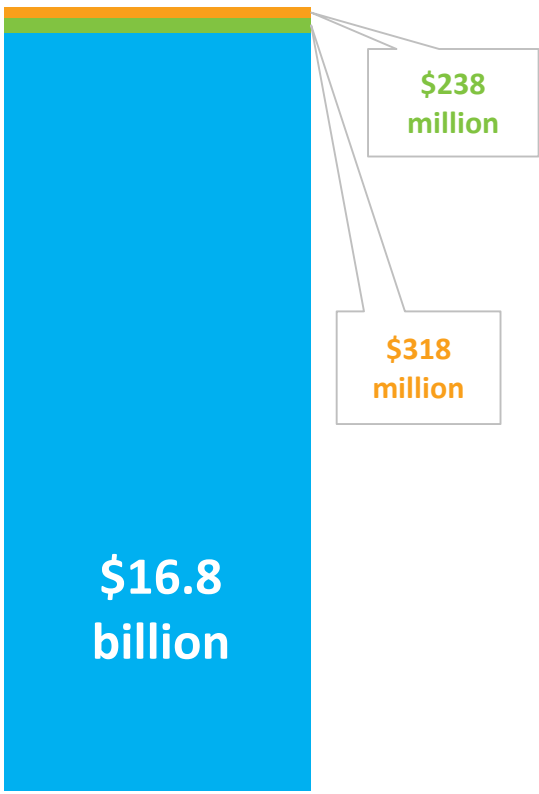
91% of Medicaid Members



Managed Care:
Health plan coordinates care and contracts with providers to deliver services

DMAS Total Budget Mix - \$17.4 Billion

State Fiscal Year 2021



Administrative Services – 1.8%

\$238 Million

Coronavirus Relief Fund – 1.4%

\$318 Million

Medical Services – 96.8%

\$16.8 Billion






- Coronavirus Relief Fund
- Administrative Service

Medicaid Eligibility

Medicaid Expansion

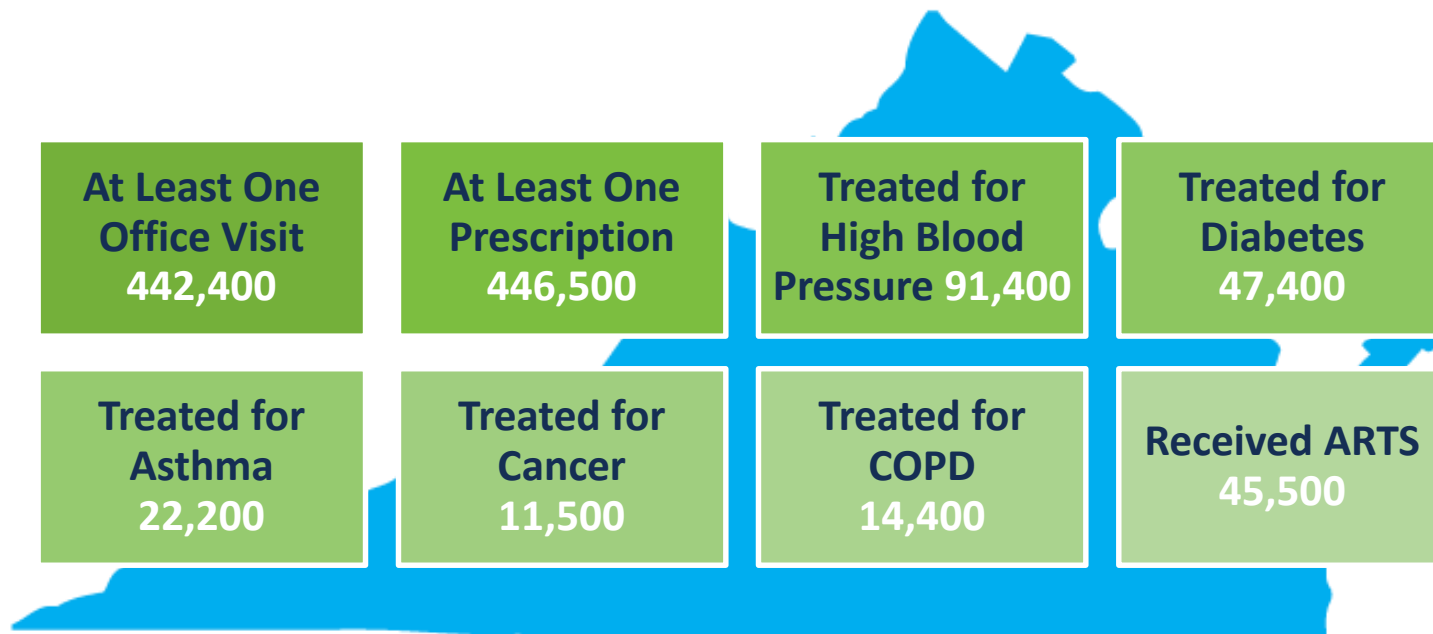
Virginia's Medicaid eligibility rules changed on January 1, 2019. The new rules provide quality, low- and no-cost health care coverage to close to more than 540,000 low-income adults who meet financial and nonfinancial requirements for eligibility.

General Income Guidelines

 Children 0-18 (family of 3)	200% FPL (\$43,920)
 Pregnant Woman (family of 3)	200% FPL (\$43,920)
 Person With Disability	135% FPL (\$17,388)
 Parents (Family of 3)	135% FPL (\$17,388)
 Childless Adult	135% FPL (\$17,388)

Medicaid Expansion Update

- During the COVID-19 public health emergency, DMAS has implemented a number of policy and procedural changes to **improve coverage**, enable **new flexibilities to expedite enrollment**, ensure members **maintain health care coverage**, and to provide an even greater level of support.
- Medicaid expansion is providing health and economic security to **nearly 540,000 Virginians**.



DMAS Agency Priorities

! COVID-19 !



Behavioral Health



Maternal & Child Health



Health Equity



Adult Dental



Access to Care



Virginia Medicaid's Response to COVID-19

New Initiatives for Members and Providers

For Our Members:

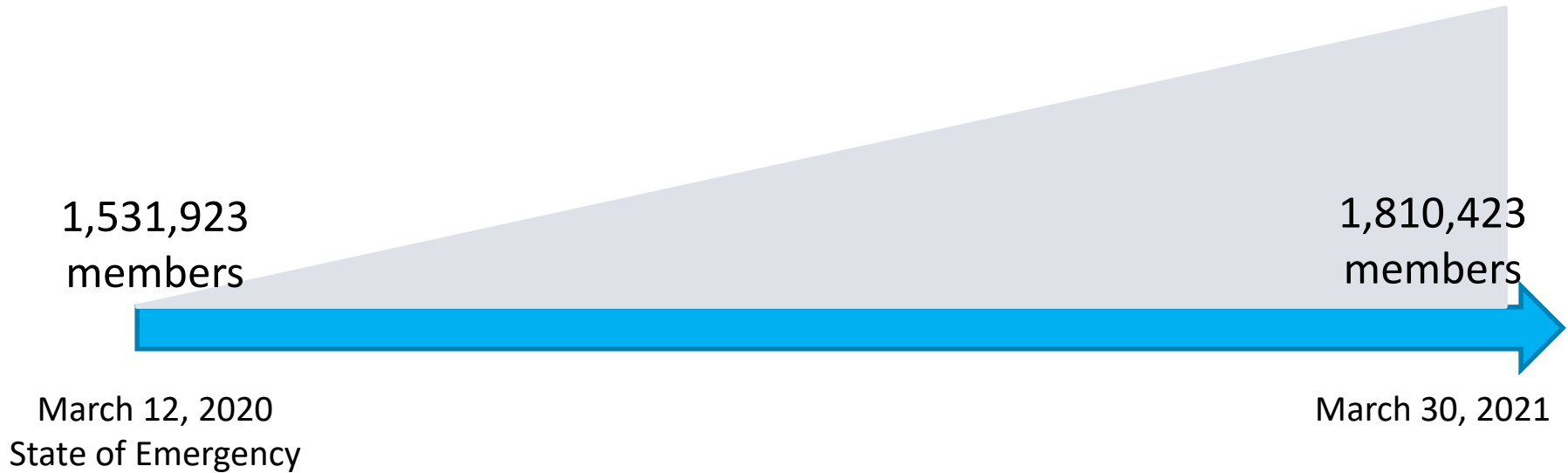
- Implemented measures to maintain coverage for our members throughout the public health emergency
- Leveraged and improved telehealth- maintaining access to critical services, such as behavioral health
- Provided 90-day prescriptions
- Removed co-pays to ensure members accessed critical services such as COVID-19 tests

For Our Providers:

- Provided a 29% rate increase through directed payments to primary care providers
- Provided increased resources to nursing facilities to support COVID-19 response
- CARES Act funds used to stabilize at-risk providers, including hospitals, LTC providers, residential providers and DD waiver providers
- Opened reimbursement for new COVID-19 tests, treatment, and vaccinations

Nearly all policy modifications have been completed without any additional state funds

Medicaid Enrollment



- Since the State of Emergency was declared, Medicaid has gained **276,689 new members**
 - 144,570 are in Medicaid Expansion
 - 86,296 are children
- On average, Medicaid gains **over 4,000 new members each week**

Managed Care Programs

91% of Medicaid members are in managed care

Commonwealth Coordinated Care Plus (CCC Plus)

Medallion 4.0

Covered Groups



- Serving older adults, disabled children, and disabled adults
- Medicaid-Medicare eligible (dual eligible)

- Serving infants, children, pregnant women, and caretaker adults

Covered Benefits

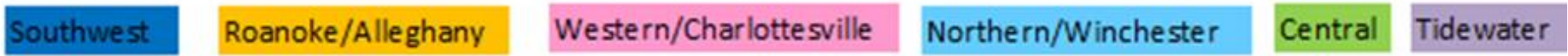


- Long-term services and supports in the community and facility-based, acute care, pharmacy
- Includes addiction and recovery treatment and community mental health

- Births, vaccinations, well visits, sick visits, acute care, pharmacy
- Includes addiction and recovery treatment and community mental health

6 Health Plans Contracted Statewide

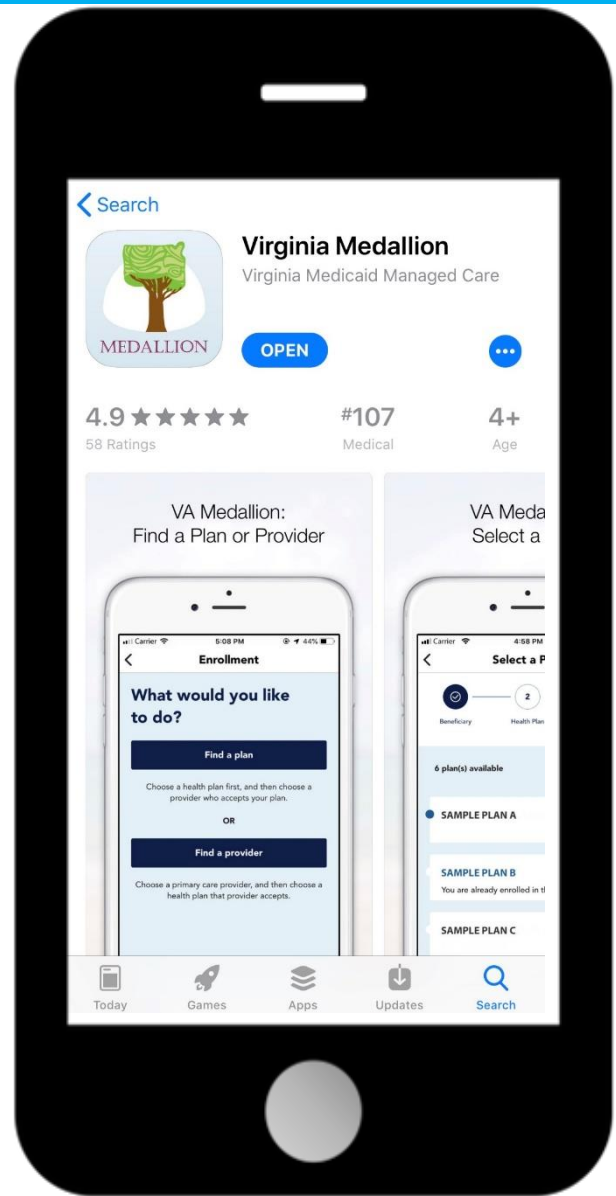
1. **Aetna Better Health of Virginia**
2. **Anthem HealthKeepers Plus**
3. **Magellan Complete Care of Virginia**
4. **Optima Health**
5. **United Healthcare**
6. **Virginia Premier Health Plan**



CCC Plus and Medallion 4.0 members are served by the same six health plans

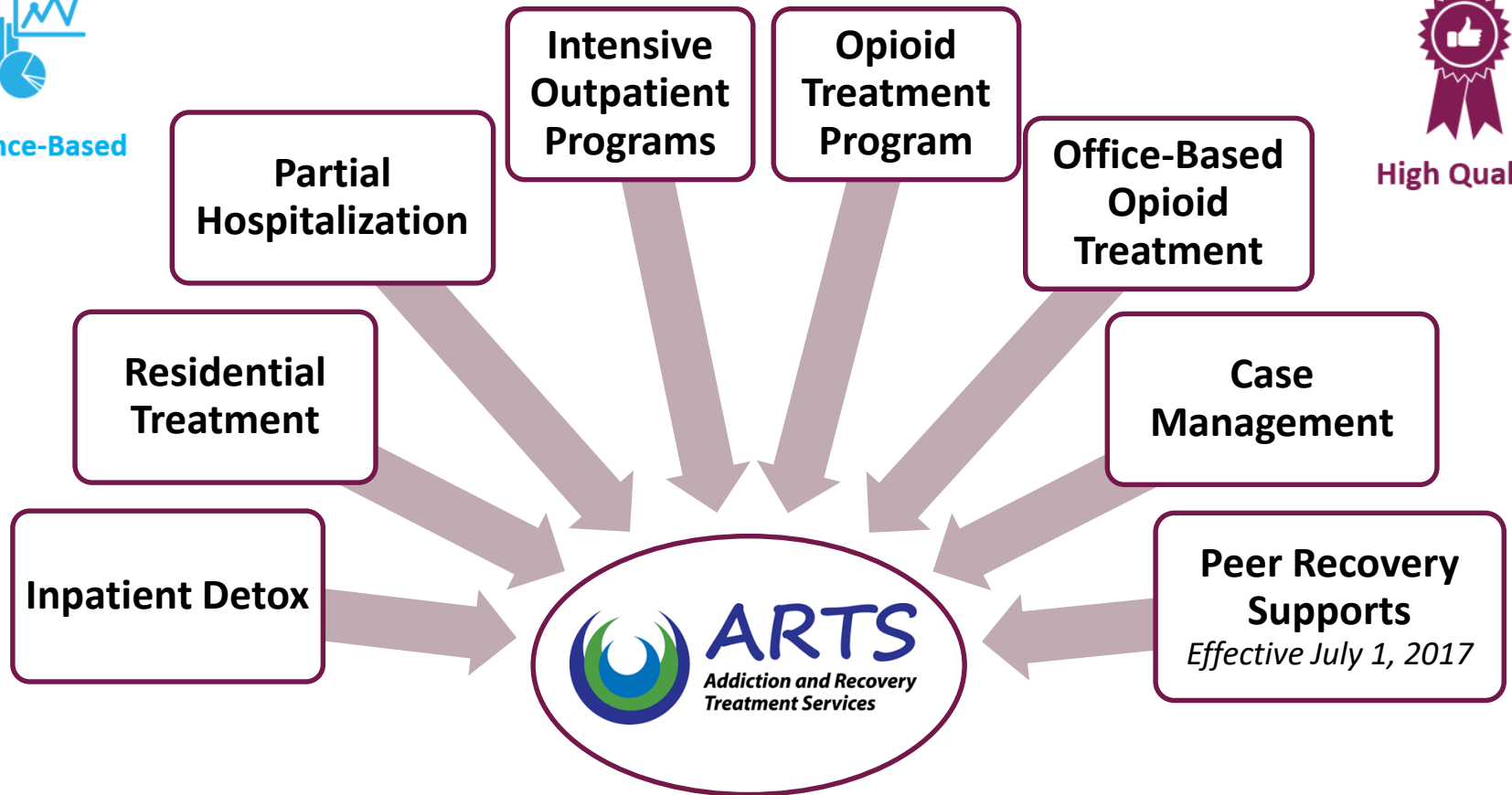
Medallion 4.0 Mobile Application

Available on Apple and Android Devices



DMAS ARTS (Addiction and Recovery Treatment Services) Program

Effective April 1, 2017 - All ARTS services are covered by Medicaid managed care plans



ARTS offers a fully integrated physical and behavioral health continuum of care.

Common Medicaid Waiver Types

Federal authority for Medicaid is established under Title XIX of the Social Security Act

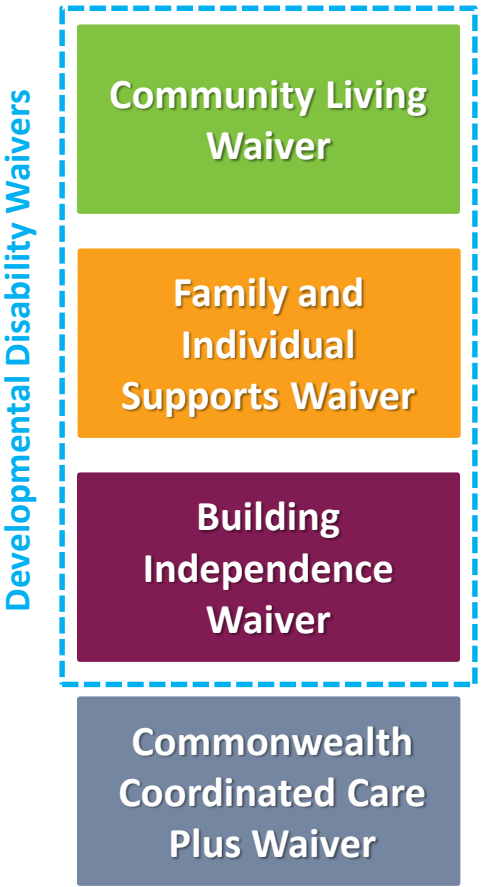
The most common waiver types include:

- ✓ ***1915(b) Managed Care Waivers:***
 - To implement mandatory managed care programs.
- ✓ ***1915(c) Home and Community-Based Care Waivers:***
 - To provide additional services that are not typically covered by Medicaid if those services will help an individual remain in the community rather than be placed in an institution, such as a nursing home.
- ✓ ***Combined 1915(b) and (c) Waivers:***
 - To provide long-term services in a managed care setting or through a limited pool of service providers.
- ✓ ***1115 Demonstration Waivers:***
 - To try new health care delivery approaches or payment methods or to otherwise improve patient care in a cost-effective way.

Waivers give States flexibility to implement new programs and provide additional services that may not normally be available under the traditional Medicaid program

Home and Community-Based Services Waivers

Medicaid Home and Community-Based Services Waivers (HCBS) are §1915(c) Waivers that offer individuals who require assistance with activities of daily living and/or supportive services the opportunity to receive care in the community rather than in a facility setting



Provides 24/7 services and supports for adults and some children with exceptional medical and/or behavioral support needs. This includes residential supports and a full array of medical, behavioral, and non-medical supports.

Provides supports for children and adults living with their families, friends, or in their own homes, including supports for those with some medical or behavioral needs.

Provides supports for adults able to live independently in the community with housing subsidies and/or other types of support. The supports available in this waiver will be periodic or provided on a regular basis as needed.

Provides care in the community rather than in a nursing facility (NF) or other specialized care medical facility. This Waiver combines the formerly known waivers titled: the Elderly or Disabled with Consumer Direction (EDCD) Waiver and the Technology Assisted (TECH) Waiver.

Applying for Medicaid

A person applying for Medicaid may apply:

- Online at commonhelp.virginia.gov
- Mail or drop off a paper application to your local Department of Social Services
- Call the Cover Virginia Call Center Monday through Friday, 8 a.m. to 7 p.m. and Saturday 9 a.m. to 12 p.m. at **1-855-242-8282** (TDD: 1-888-221-1590)

To find your local DSS, go to dss.virginia.gov/localagency

If you need help with your application, you can reach out to an application assistor here:

<https://coverva.org/en/find-help-in-your-area>



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Appeals of Medicaid Actions

DMAS regulations allow for appeals by both clients and providers.

Client appeals:

- **Appeals of:**
 - **Denials of eligibility**
 - **Denials of medical services**
 - **Financial recovery actions (fraud or receipt of services when not eligible under policy rules)**
- **One level of appeal with DMAS**

Provider appeals

- **Appeals of:**
 - **Denials of service authorization**
 - **Denials of payment**
 - **Denials or termination of enrollment as a Medicaid provider**
 - **Audit actions**
- **Two levels of appeal with DMAS**

After exhausting DMAS appeal process, both providers and clients can appeal to court

DMAS Website and Social Media

The DMAS website is a helpful resource to get information about our Agency
www.dmas.virginia.gov



You can also follow us on the following social media platforms for news and updates!



Cover Virginia
FAMIS



@CoverVA
@VaMedicaidDir



@cover_va

Questions?

