

**MEDICAID MANAGED CARE ADVISORY COMMITTEE MEETING
AUGUST 3, 2023**

Department of Medical Assistance Services

Virtual Meeting Notice

For those attending this meeting electronically via Webex, please mute your line if you are not speaking. This meeting will be recorded for administrative purposes.

The slides will be emailed to all participants that registered for this Webex.

The link to view live captions for this event is as follows:

<https://www.streamtext.net/player?event=HamiltonRelayRCC-0803-VA3925>

Committee Members – Roll Call

Name	Agency
Nelson Smith (Commissioner)	Department of Behavioral Health & Developmental Services
Clark Barrineau	Medical Society of Virginia
Arne Owens*	Department of Health Professions
Debbie Oswalt	Virginia Healthcare Foundation
Doug Gray	Virginia Association of Health Plans
Danny Avula (Commissioner)	Department of Social Services
Gayl Brunk	VA Association of Centers for Independent Living
Merinda Ford*	Virginia PACE Alliance

*New for 2023

Committee Members – Roll Call

Name	Agency
Kathy Vesley*	Bay Aging AAA
Holly Puritz, MD	American College of Obstetricians and Gynecologists
Hunter Jamerson	Virginia Academy of Family Physicians
Jennifer Faison	Virginia Association of Community Services Boards
Steve Hammond*	Caliber
Kathy Harkey	National Alliance on Mental Illness - VA
Kathy Miller	Virginia Department of Aging and Rehabilitative Services
Kelly Walsh-Hill	Virginia Interagency Coordinating Council
Craig Conners	Virginia Hospital and Health Care Association
Vanessa Walker Harris	Virginia Department of Health
Marcia Tetterton	Virginia Association for Home Care and Hospice

*New for 2023

Committee Members – Roll Call

Name	Agency
Tim Hanold*	Board of Medicaid Assistance Services
Rufus Phillips	Association of Free Clinics
Samuel Bartle, MD	American Academy of Pediatrics
Sara Cariano	Virginia Poverty Law Center
Steve Ford	Virginia Health Care Association – Virginia Center for Assisted Living
Tracy Douglas-Wheeler	Virginia Community Healthcare Association
Teri Morgan	Virginia Board for People with Disabilities

*New for 2023

Committee Members – Questions will be answered by the presenter after each agenda item. If attending via Webex, please type your questions into the chat or use the raise hand feature. Members attending in person will just need to raise their hand with any questions.

Members of the Public – we will take questions from the public at the end of the meeting as time allows. Please hold your questions.

- Welcome
- Chief Financial Officer Update
- Deputy of Administration Update
- Managed Care Programs Update
- Public Comment

WELCOME



FINANCE UPDATE

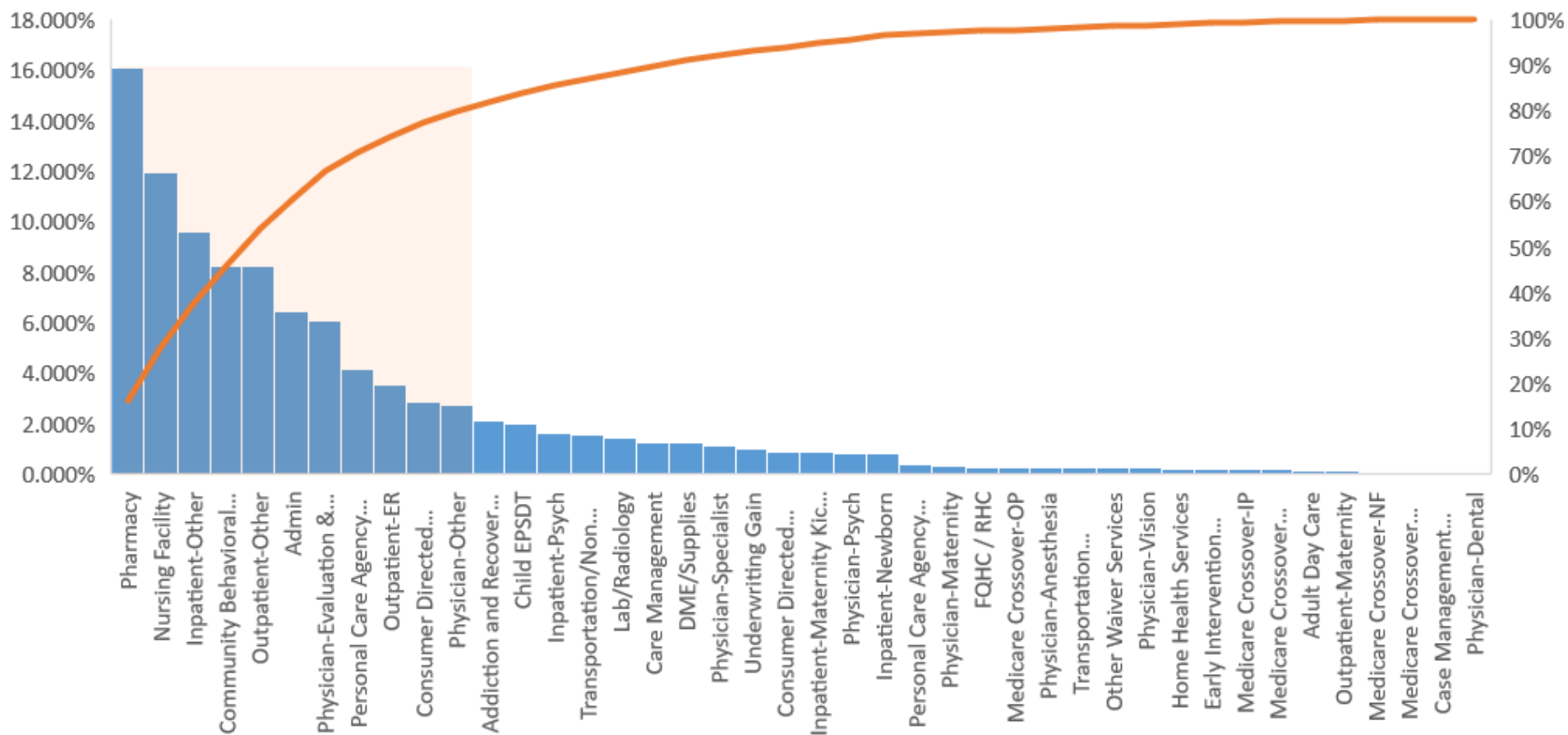
Chris Gordon, CFO
Deputy Director of Finance

Agenda

- FY23 Capitation—in review
- FY23 Financial review
- Summary

FY23 Capitation decomposition

- 80% of \$14 billion capitation represents spending in just 11 categories of service



FY23 Capitation decomposition

Category of Service	CCC Plus	Medallion and FAMIS	Total Projected FY2023 Dollars	Percent
Pharmacy	\$ 917,658,755	\$ 1,337,383,197	\$ 2,255,041,952	16.08%
Nursing Facility	\$ 1,672,234,002	\$ -	\$ 1,672,234,002	11.93%
Inpatient-Other	\$ 594,855,794	\$ 750,356,208	\$ 1,345,212,002	9.60%
Community Behavioral Health	\$ 567,797,725	\$ 590,056,968	\$ 1,157,854,693	8.26%
Outpatient-Other	\$ 400,210,242	\$ 755,754,658	\$ 1,155,964,899	8.25%
Admin	\$ 362,339,871	\$ 543,860,906	\$ 906,200,776	6.46%
Physician-Evaluation & Management	\$ 191,936,442	\$ 662,344,058	\$ 854,280,500	6.09%
Personal Care Agency-Personal Care	\$ 579,029,822	\$ -	\$ 579,029,822	4.13%
Outpatient-ER	\$ 108,480,464	\$ 390,965,038	\$ 499,445,501	3.56%
Consumer Directed-Personal Care	\$ 397,306,862	\$ -	\$ 397,306,862	2.83%
Physician-Other	\$ 133,621,903	\$ 245,754,413	\$ 379,376,316	2.71%

Pharmacy rebates: \$1.4 billion,
so actual spend = \$775 million

Budget Amendments

□ **Twins: 6**

1. Medicaid Works
2. CHKD physician supplemental payment
3. Collaborative Care Mgmt. Svcs. for SUD
4. Modify DD Waiver Svcs. Limits
5. Increase rates for Peer Mentoring Waiver Svcs.
6. Health Care Fund Adjustment

□ **Look-a-Likes: 6**

1. CD Facilitation Svcs. Rates
2. Locally-owned NF fee
3. NF VBP Program
4. eFMAP changes due to end of PHE
5. Parity of Mental Health and SUD Rates
6. Private Hospital Supplemental Payment Program

□ **Unduplicated: 35**

- ❑ FY24 rates paid August 4 reflect existing FY22-23 Appropriation Act
- ❑ Main capitation cost drivers include LTSS, inpatient hospitalization, and community behavioral health
- ❑ Pending disposition of 23GA budget amendments, upcoming 24GA looks to be extremely busy



VIRGINIA MEDICAID UNWINDING: ENDING CONTINUOUS COVERAGE REQUIREMENTS AND THE RETURN TO NORMAL ENROLLMENT

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

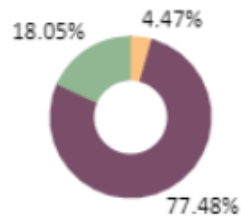


Medicaid Continuous Coverage Requirements: Background, Preparation and Partnerships

- States were required to maintain enrollment of Medicaid members (enrolled as of March 18, 2020) to receive the additional 6.2 % increase until the end of the month in which the federal Public Health Emergency (PHE) ends.
- Since March of 2020, DMAS and DSS have closely collaborated to implement flexibilities and protect needed coverage during the PHE to allow access to services. In a parallel effort, the DMAS and DSS began planning in mid-2020 for the eventual unwinding. This close partnership has continued throughout the PHE to ensure all efforts were made to utilize available resources throughout the return to normal transition
- Unwinding Taskforce: Secretary Littel convened a monthly unwinding taskforce beginning in January 2022 to include DMAS and DSS leaders and the Office of the Attorney General.
 - In July 2022, the taskforce was expanded to include Senate and House finance staff and the Department of Planning and Budget per a General Assembly mandate.
- In December 2022, the Consolidated Appropriations Act (CAA) was signed into effect decoupling the PHE from the continuous coverage requirement effective March 31, 2023:
 - Stepped down the enhanced FMAP beginning April 1, phasing out the enhanced match December 31, 2023.
 - CMS requires that states have an approved mitigation plan – or approval not to submit a mitigation plan by March 31, 2023. States that did not receive this approval face the loss of enhanced FMAP, restrictions on taking actions to close enrollments, and delayed redetermination timelines.
 - Virginia was one of 44 states required to submit a mitigation plan. DMAS received CMS approval on March 29, 2023.

Unwinding Data

Current Month Overview Status



Closed Members

96,804

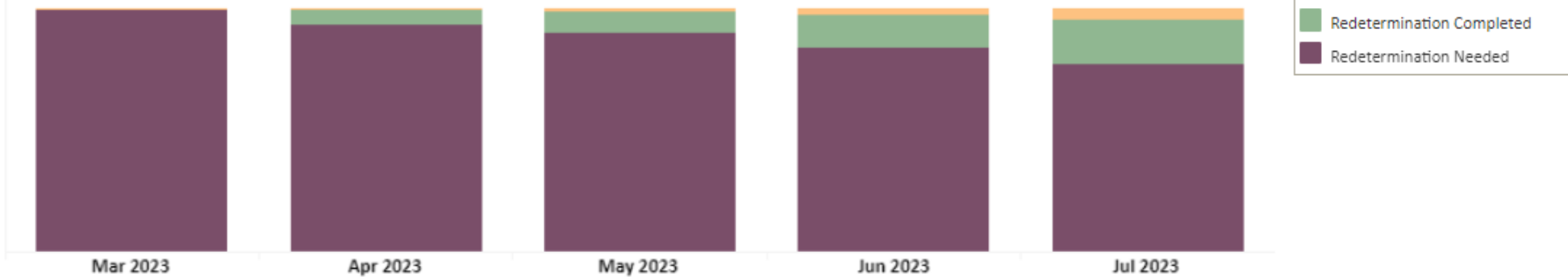
Redetermination Completed

391,025

Redetermination Needed

1,678,552

Overall Members Overview Status



Completed by Member

2,166,831

2,000,000

1,900,000

1,800,000

1,700,000

1,600,000

1,500,000

1,400,000

1,300,000

1,200,000

1,000,000

900,000

800,000

700,000

600,000

500,000

400,000

300,000

200,000

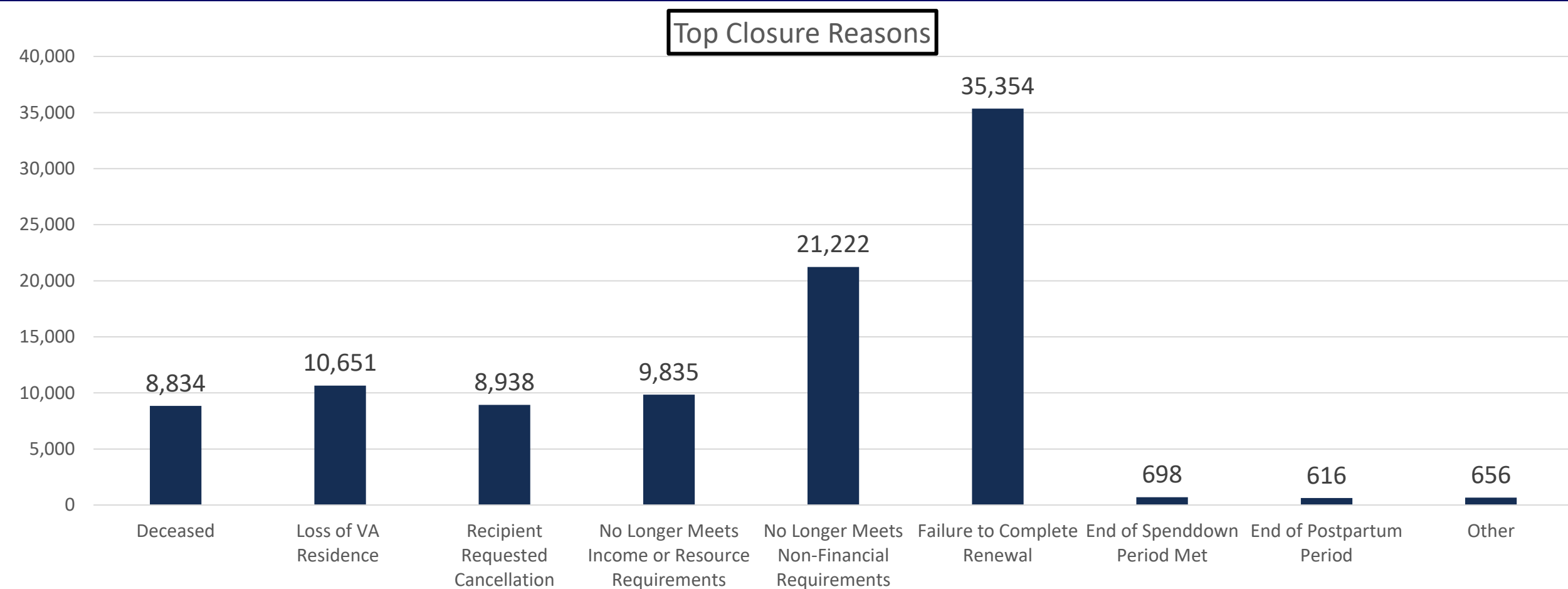
100,000

566,615 Members Redetermined as of 07/24/2023*

* A total of 487,829 members were redetermined by 06/30/2023. 469,811 members were renewed with ongoing coverage (78,786 with July's automated ex parte batch that ran on 07/22/2023) and 96,804 individuals had coverage closed through June 30th. The public facing dashboard will be updated to reflect total renewals completed and closures occurring through July 31st on August 8, 2023.

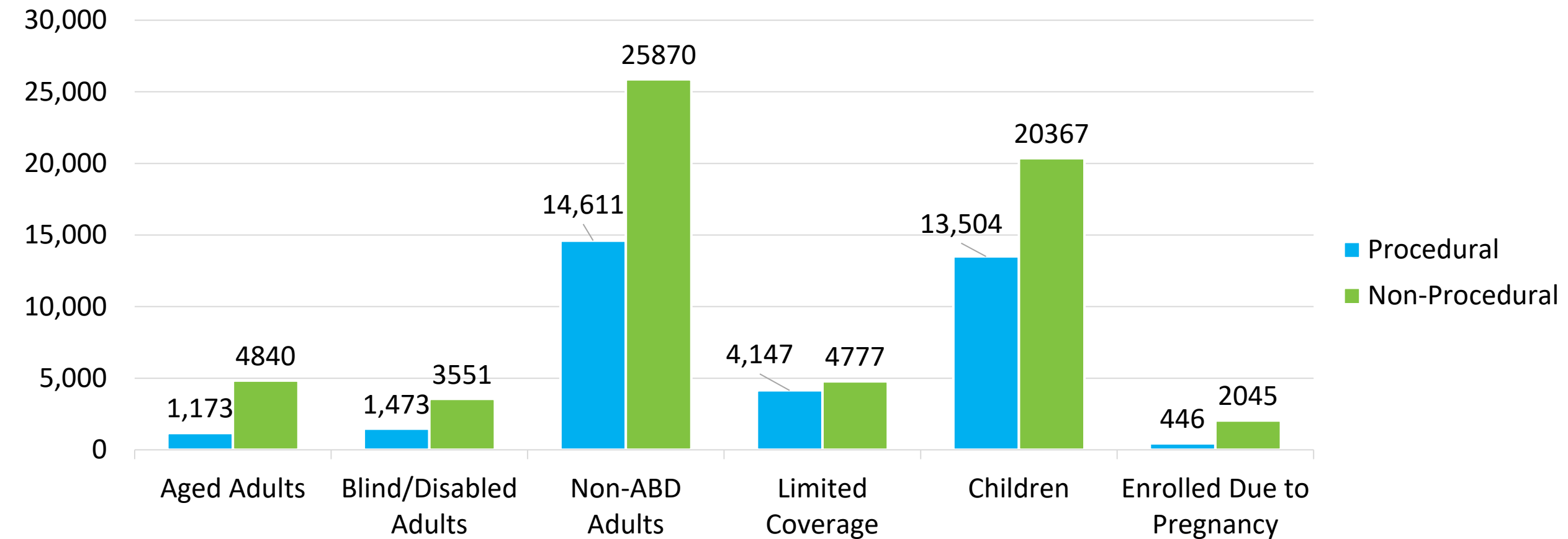
Top Closure Reasons – Closures through June 30, 2023

While June marks the fourth month of unwinding, the first month renewals were due in Virginia was May 2023. Redeterminations that were received in April were processed, however, closures for failure to return Medicaid renewal packets did not occur until May 2023. As of June 30th, 61,450 members were closed for non-procedural reasons (ineligible) and 35,354 members were closed for procedural reasons (did not return a renewal form or verifications needed to determine eligibility).



Procedural vs. Non-Procedural Closures by Eligibility Grouping: Closures through 06/30/2023

The highest closures occurred among non-aged, blind, or disabled adults (19-64 year old adults), followed by children, and then those in limited coverage (Medicare Savings Plans/Plan First/Incarcerated Coverage/Emergency Medicaid). Non-procedural closures outweighed procedural closures in every category.



Additional Unwinding Data – Automated Ex Parte Rates

Baseline numbers are pre-March 2020.

	Baseline		March 2023		April 2023		May 2023		June 2023	
	Cases	Members	Cases	Members	Cases	Members	Cases	Members	Cases	Members
Number Picked Up	64,000	80,000	121,604	210,145	96,521	168,173	115,260	200,604	119,444	218,310
Number Successful	32,000	40,000	83,776	135,402	25,541	44,931	29,493	52,438	32,549	57,641
Percent Successful	50%	50%	68.9%	64.4%	26.5%	26.7%	25.6%	26.1%	27.3%	26.4%
Packets Sent*	32,000		36,488		68,377		82,872		83,669	
	July 2023		August 2023		September 2023		October 2023		November 2023	
	Cases	Members	Cases	Members	Cases	Members	Cases	Members	Cases	Members
Number Picked Up	113,542	205,374								
Number Successful	47,747	78,786								
Percent Successful	42%	37.8%								
Packets Sent*	63,802									

Information and Resources

- **Member and Stakeholder Resources and Material** can be found on the Cover Virginia, Cubre Virginia, and DMAS websites. The Return to Normal Enrollment page on each site contains toolkits, information, and resources for members, providers, and other stakeholders. to learn more about Virginia's preparation and important updates.
 - DMAS Website: <https://www.dmas.virginia.gov/covid-19-response/>
 - Cover Virginia Website: <https://coverva.dmas.virginia.gov/return-to-normal-enrollment/>
 - Cubre Virginia Website: <https://cubrevirginia.dmas.virginia.gov/return-to-normal-enrollment/>
- **Virginia's Unwinding Plan** can be found on the DMAS site on the COVID-19 page, describing the collaboration with internal and external stakeholders to cover all areas in preparation to return to normal enrollment.
 - The plan can be found at: <https://www.dmas.virginia.gov/media/5948/dmas-unwinding-operational-plan.pdf>
- **The Renewal Status Dashboard** can be found on the DMAS site under the Data tab that tracks the progress toward redetermining Virginia's Medicaid population on a monthly basis.
 - The dashboard can be found at <https://www.dmas.virginia.gov/data/return-to-normal-enrollment/eligibility-redetermination-tracker/>
- **Legislator Resources and Information** can be found on the DMAS website at: <https://www.dmas.virginia.gov/about-us/legislative-office-resources/>
 - New dashboards are available which provide enrollment data by Virginia State House and Senate districts as well as Congressional districts.

Thank you to all partners across the Commonwealth who are working to support the efforts to ensure a smooth transition back to normal processing.





MEDICAID MANAGED CARE PROGRAMS UPDATE

TAMMY WHITLOCK,
DEPUTY OF COMPLEX CARE SERVICES

ADRIENNE FEGANS,
DEPUTY OF PROGRAMS AND OPERATIONS



- ❑ CCC Plus Waiver Redeterminations
- ❑ Right Help Right Now
- ❑ Legally Responsible Individuals
- ❑ Brain Injury Services
- ❑ Petersburg Initiatives
- ❑ PRSS

CCC PLUS WAIVER REDETERMINATIONS

Jason Rachel

Director, Integrated Care

CCC Plus Waiver Eligibility Review Process

CCC+ Waivers Approximate Total Enrollment FFS/MCO: 44,543

- MCOs continued to perform level-of-care reviews during the Public Health Emergency.
- About 95 individuals are living in an excluded setting.
- A level of care assessment (LOC) is required to be completed with all CCC+ Waiver enrollees at least every 365 days. MCOs will be directed to conduct a new LOC.
 - On average, ~20 members/week do not meet criteria after second-level review to continue enrollment in the CCC+ Waiver.
- As of the last data run, 2,674 waiver members who have not had services for greater than 6 months (total 4,618 members have not had a waiver service in more than 2 months). This is based on encounter data, and may not be an accurate reflection due to the ability for providers to bill up to a year after the date of service, MCO delays/issues with claims processing, MCO delays in encounter submission, etc.

CCC+ Waiver Redetermination Plan:

- Estimated numbers are based on current information and may vary. The initial focus is on members who reside in excluded settings (EF), those that do not meet criteria (DNM), those unable to contact (UTC) and those without waiver services. This order of groupings will help manage the volume/cadence of appeals. Appeals are very resource heavy and will impact the number of terminations letters that can be processed each week. Preparation work will be done to confirm with MCOs of CCC+ waiver members in excluded facilities.

CCC Plus Waiver Redeterminations

TOTAL CCC PLUS WAIVER ENROLLMENT	44,543	
	6/14 - 7/2/23	7/3-7/30/23
Excluded Setting	43	0
DNM	37	80
UTC	0	16
Refusal	0	0
No Services	0	893
Total Terminations	80	989
Appeals Received	0	17

Excluded Setting includes Assisted Living Facility, Group Home, State Facilities

DNM is those who do not meet functional or medical criteria for waiver enrollment

UTC is those that are unable to be contacted to complete the required annual Level of Care Review

Refusal is those who refuse to complete the annual face-to-face level of care review required by CMS

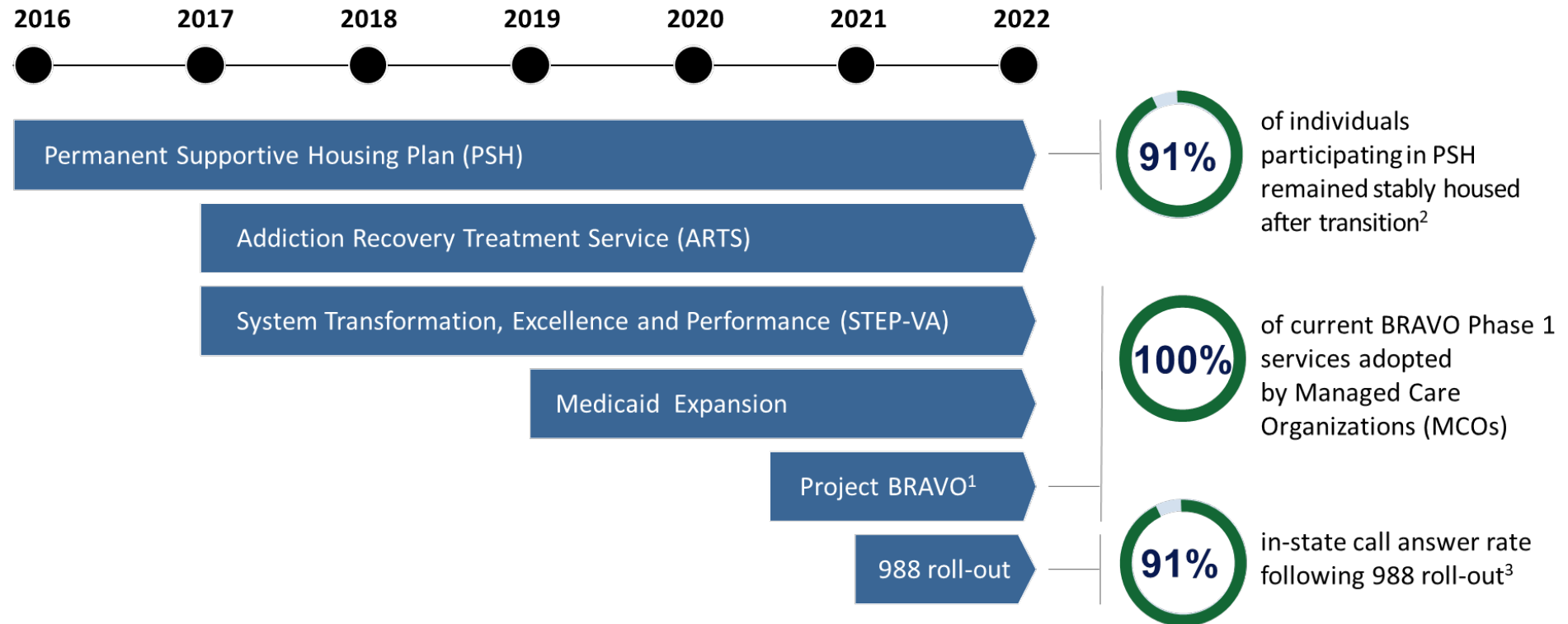
No Services is those members who have not received CCC Plus Waiver services for an extended period of time

Vision for the Commonwealth

All Virginians will...

- ... be able to access behavioral health care when they need it,**
- ... have prevention and management services personalized to their needs, particularly for children and youth,**
- ... know who to call, who will help, and where to go when in crisis, and**
- ... have paths to reentry and stabilization when transitioning from crisis**

The Plan builds on the Commonwealth's progress across several initiatives



1. Consists of the implementation of fully integrated behavioral health services that provide a full continuum of care to Medicaid members; DMAS Virginia.gov
2. Referring to the population served by PSH: Permanent Supportive Housing: Outcomes and Impact – November 2022 (virginia.gov)
3. DBHDS data, received November 28, 2022

Governor's Plan to Transform Behavioral Health

An aligned approach to BH that provides access to **timely, effective, and community-based care** to reduce the burden of mental health needs, developmental disabilities, and substance use disorders on Virginians and their families

1: We must strive to ensure same-day care for individuals experiencing behavioral health crises

2: We must relieve the law enforcement communities' burden while providing care and reduce the criminalization of behavioral health

3: We must develop more capacity throughout the system, going beyond hospitals, especially to enhance community-based services

4: We must provide targeted support for substance use disorder (SUD) and efforts to prevent overdose

5: We must make the behavioral health workforce a priority, particularly in underserved communities

6: We must identify service innovations and best practices in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps



DMAS Role in Right Help. Right Now. Planning

- DMAS is on the Steering Committee and Co-Leads the workstream on Service Innovations
- As the largest payer of behavioral health services in the Commonwealth, DMAS is working with agencies across the Administration on all six areas of the plan
- We are conducting research and planning to develop initiatives in the areas of:
 - Children's behavioral health services, including school based services
 - Quality outcome measurement and administrative burden
 - Initiatives to improve coordination and access to services for Virginians with substance use disorders (SUD)



LEGALLY RESPONSIBLE INDIVIDUALS AND PERSONAL CARE SERVICES

Nichole Martin

Director, Office of Community Living

Reimbursing Legally Responsible Individuals (LRI)

The Department of Medical Assistance Services (DMAS) shall allow legally responsible individuals (parents of children under age 18 and spouses) to provide personal care/personal assistance services and be paid for those services when circumstances prevent an individual from being cared for by a non-parent caregiver. Any legally responsible individual who is a paid aide or attendant for personal care/personal assistance services shall meet all the same requirements as other aides or attendants.

- Virginia's Appendix K remains active until November 11, 2023, six months after the end of the Federal PHE. The legally responsible individuals currently being reimbursed for personal care services will be authorized to do so until the end date of Appendix K.
- Appendix K did not require states to respond to permanent CMS standards for approval to reimburse legally responsible individuals.

CMS Requirements for Reimbursing LRIs

- Define the circumstances when payment may be authorized for extraordinary care by an LRI.
- Safeguards to define limitations on the amount of services that can be reimbursed.
- How care by the LRI is in the best interest of the member.
- Controls to ensure that payments are made only for services rendered.
- How the state will monitor the services.

CMS APPROVED GUIDELINES

Approved June 12, 2023 in the Family and Individual Supports Waiver

- Demonstrate there is no one else to provide the extraordinary care needed
- Reimburse for up to 40 hours a week
- Hired by a personal care agency that will conduct quarterly in-person visits
- State will conduct quality reviews

Legally responsible individuals reimbursed through Consumer Direction

Public Comment period: June 27 – July 27, 2023

Employer of Record (EOR) Requirements

- Must not be another LRI or stepparent.
- Must reside in the family's local community within a 50-mile radius. This ensures that the EOR will be able to manage the services adequately.
- Services Facilitation services cannot be waived.
- The Services Facilitator will complete and assess a 'Questionnaire to Assess an Applicant's Ability to Independently Manage Consumer-Directed Services' form (DMAS 95 Addendum).

Legally responsible individuals reimbursed through Consumer Direction

Personal Care Attendant Requirements

- Electronic Visit Verification (EVV) will be required.
- Daily tasks must be documented on a form developed by DMAS.
- Reimbursed services must be within the scope of the personal care service – assistance with ADLs. All skilled tasks performed by LRIs during reimbursed times must be delegated by a Registered Nurse. This is a current requirement.

Timeline

- Public Comment period ended July 27, 2023.
- CMS Application submitted no earlier than July 31, 2023, based on CMS notification requirements.
- CMS reviews and approves applications in 90 days
- DMAS will host sessions with stakeholders including families after CMS approval.

Traumatic Brain Injury (TBI) Project Update

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

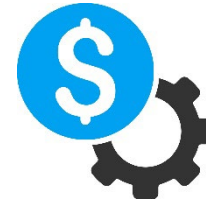
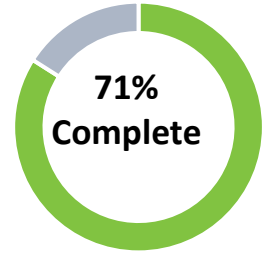
- Bulletin Posted
- Brain Injury Services Case Management Enrollment begins 8/1/2023



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

%COMPLETE



Rate Development: Neurobehavioral + Waiver Development

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

%COMPLETE



Rate Development Contractor Deliverables

All contract deliverables were completed by June 30, 2023

%COMPLETE



Partnership for Petersburg

August 2023 Update



DMAS HIGHLIGHTS

DMAS, MCOs, DentaQuest, and Conexus participated in **over 100 community events and mobile clinics!**

Goal is to demonstrate the value of Medicaid managed care through monthly community outreach, ongoing provider support, targeted enhanced benefits, contributions such as food delivery, toothbrushes, cribettes, and books, and meaningful charitable contributions that will **benefit members and the City of Petersburg at large.**

BLOOD PRESSURE EDUCATION | SCREENINGS



Locations & Dates

- Pin Oaks Estates**
37 Slagle Avenue, Petersburg, VA
May 4, 2023 | 1 PM - 3 PM
- Cavalier Senior Apartments**
50 Cavalier Drive, Petersburg, VA
May 9, 2023 | 11:30 AM - 1 PM
- Pecan Acres**
205 Juniper Road, Petersburg, VA
May 11, 2023 | 1 PM - 3 PM
- Sycamore Towers**
128 S Sycamore Street, Petersburg, VA
May 18, 2023 | 1 PM - 3 PM

CVHS | PETERSBURG REDEVELOPMENT AND HOUSING AUTHORITY | United Healthcare



Removing Social & Self Stigma on Mental Health For Our Youth



PETERSBURG PUBLIC LIBRARY
201 WEST WASHINGTON ST., PETERSBURG VA

OCTOBER 27
6:00 PM - 7:30 PM

SCAN TO REGISTER

SPEAKER ASHLEY WADDELL, LCSW
DINNER PROVIDED

SPONSORS



COMMUNITY COLLABORATION

DMAS, MCOs, DentaQuest, and our partners are having ongoing conversations with a variety of Petersburg-area healthcare providers and associations.

The goal of these discussions is to develop and deploy strategies to **increase member access to care** and **identify needed support**.

Examples: Urban Baby Beginning's maternity hub, Conexus eyeglasses, food bank and delivery support, maternity provider engagement, and many more!



COMMUNITY EVENTS

Petersburg City Public Schools

BACK TO SCHOOL KICKOFF

JOIN US AND WELCOME OUR STUDENTS BACK TO SCHOOL

19 August 2023

Set up at 8 AM
Doors Open to the public at 10 AM

REGISTER TODAY!

Petersburg Sports Complex
100 Ballpark Rd,
Petersburg, VA 23803

Rain date of August 26th

[Click Here to Register!](#)



Medicaid Managed Care Updates - PRSS

Projections for Existing MCO Provider Enrollments and Terminations for the 27,751 MCO Providers Identified as Needing to Enroll in PRSS in December 2022

27,751 Existing MCO Network Providers:

Projected Enrollments - Goal: 5,210

Projected Terminations - Anticipated: 22,541

Actual Enrollments		Actual Terminations	
Week of	Unique NPIs	Week of	Unique NPIs
Beginning 5/10	2,929	Beginning 4/30	10,298
5/17	164	5/10	244
5/24	118	5/17	20
5/31	129	5/24	4
6/7	137	5/31	2
6/14	158	6/7	13
6/21	84	6/14	8
6/28	84	6/21	129
7/5	87	6/28	6
7/12	186	7/5	4,003
7/19	91	7/12	3,326
7/26	110	7/19	1,269
		7/26	5
Total Enrolled (82%)	4,277	*Total Terminated (86%)	19,327

*Terminations may fluctuate as providers submit applications in response to MCO termination notices. Providers with pending applications are not terminated at this time. A provider is not shown as fully terminated until terminated across all MCOs with whom the provider contracts. A higher number of providers have been terminated at the individual health plan level than shown in the table above.

Update as of July 26, 2023

Questions from committee members?

DMAS did not receive public comment in writing in advance of the meeting.

Questions from the public or committee members



Thank you for your participation!