



BMAS ORIENTATION

***DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES***

SEPTEMBER 20, 2022

Agenda

❑ Medicaid Overview

- DMAS Mission and Values
- Organization Chart
- Medicaid and Children's Health Insurance Program (CHIP) Authority
- Waivers
- Who We Cover
- Eligibility
- How to Apply
- Enrollment SFY 21

❑ Programs and Benefits

- Medicaid Services
- Financing Care Delivery
- Transition to Managed Care
- Home and Community-Based Waivers
- Specialized Medicaid Programs

❑ Funding

- Enrollment and Expenditures
- Medicaid Budget

❑ Agency Priority Initiatives

- Partnership for Petersburg
- Maternal and Child Health
- Coverage Redetermination
- Behavioral Health
- Details on BRAVO Services

❑ Resources

- Digital Communications, Websites and Social Media
- Dashboards
- Board Materials
- Studies and Reports
- Publications

MEDICAID OVERVIEW

Our Mission & Values

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



Service



Collaboration



Trust



Adaptability



Problem Solving

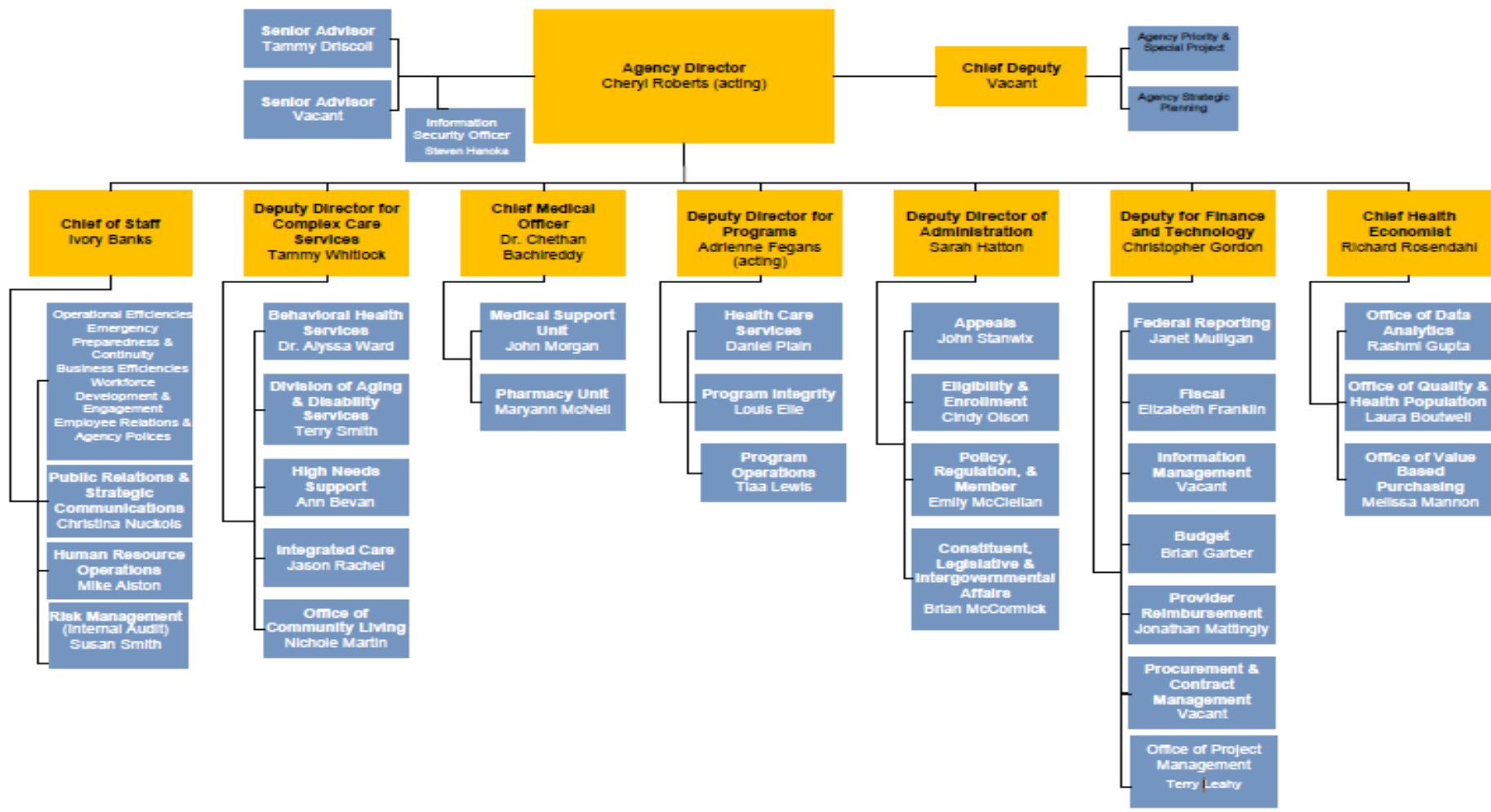
Organizational Chart



VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

EXECUTIVE TEAM

DIVISIONS



Medicaid and CHIP (FAMIS) Authority



Medicaid and CHIP (FAMIS) are joint federal and state programs authorized under Title XIX and Title XXI of the Social Security Act, respectively.



Federal oversight is provided by the Centers for Medicare and Medicaid Services (CMS).



State programs are based on a CMS-approved “State Plan” or Waivers.



DMAS is designated as the single state agency to administer the Medicaid program in Virginia.

Waivers

Waivers give the State authority to waive select federal Medicaid rules

- **Waivers require federal approval.**
 - A waiver is a state request that the U.S. Secretary of Health and Human Services (HHS) waive select provisions of the Social Security Act (SSA) to authorize Medicaid program changes that are not otherwise allowed under the federal rules.
- **Waivers allow exceptions to normal Medicaid rules.**
 - E.g., to require enrollment in managed care programs, provide services not otherwise covered to a targeted population, or to cap enrollment.
- **Waivers are time-limited.**
 - Generally approved for three to five years and can be renewed.
- **Waivers are distinct from State Plan Amendments (SPAs)**
 - SPAs are used for changes to the Medicaid State Plan that may address program administration (e.g., eligibility, benefits, services, provider payments). Proposed changes must comply with federal rules.
 - If the program change deviates from federal rules, then the State must apply for a waiver.

Waiver Types

Medicaid Waivers

§1915(b): Provide services through contracted Managed Care Organizations (e.g., Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus))

§1915(c): Provide long-term services and supports in the community in lieu of an institution (e.g., CCC Plus Waiver, Developmental Disability Waivers)

§1115: Demonstrate and test new models of care delivery or financing (e.g., High Needs Supports and Addiction and Recovery Treatment Services)

Other Waivers

§1332 Waivers are also known as a State Innovation Waiver

Under a **§1332** waiver, states may request permission from the federal government to change elements of the Affordable Care Act that apply to private health insurance coverage

- **§1332** Waivers can be combined with an **§1115** Waiver but will be evaluated separately by the federal government
- **§1135** Waiver for the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act

Who We Cover

Medicaid coverage is primarily available to Virginians who meet specific income thresholds and other eligibility criteria, including:



Children



Pregnant Members



Aged, Blind and Disabled



Adults

Medicaid Eligibility

Medicaid eligibility is complex, but DMAS works closely with sister agencies and advocates to simplify the process

- Eligibility determinations are made based on a review of both non-financial and financial requirements.
- Non-financial requirements include things such as residency and citizenship
- Financial requirements include a review of income and resources (where applicable). A household's income is compared to the Federal Poverty Level (FPL) in order to determine eligibility for Medicaid.

**Virginia's State-Sponsored Health Insurance Programs
(Effective January 18, 2022)**

Household Size	New Health Coverage for Adults Up to 138% FPL** Gross Income		FAMIS Plus & Medicaid for Pregnant Women Up to 148% FPL** Gross Income		FAMIS, FAMIS MOMS, & Plan First Up to 205% FPL** Gross Income	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$1,563	\$18,755	\$1,677	\$20,114	\$2,322	\$27,860
2	\$2,106	\$25,269	\$2,259	\$27,100	\$3,128	\$37,536
3	\$2,649	\$31,782	\$2,841	\$34,085	\$3,935	\$47,212
4	\$3,192	\$38,296	\$3,423	\$41,071	\$4,741	\$56,888
5	\$3,735	\$44,810	\$4,005	\$48,057	\$5,547	\$66,564
6	\$4,277	\$51,323	\$4,587	\$55,042	\$6,354	\$76,240
7	\$4,820	\$57,837	\$5,169	\$62,028	\$7,160	\$85,916
8	\$5,363	\$64,360	\$5,752	\$69,013	\$7,966	\$95,592
Additional person add	\$543	\$6,514	\$583	\$6,986	\$807	\$9,676

**These income limits include a 5% FPL disregard.

Applying for Medicaid

Virginia offers many ways to apply for Medicaid:



Apply by calling Cover Virginia at 833-5CALLVA
(TDD: 1-888-221-1590)



Apply online at www.commonhelp.virginia.gov



Apply online at the Health Insurance Marketplace
www.healthcare.gov



Mail or drop off a paper application to your local
Department of Social Services

Enrollment

Medicaid plays a critical role in the lives of more than 2.1 million Virginians



Children

844,634



Pregnant Women

30,408



Older Adults

85,402



Individuals with Disabilities

153,438



Adults

828,896



Limited Benefit Individuals

134,937

Enrollment as of 9/1/22

PROGRAMS AND BENEFITS

Medicaid Services

Primary Care: Primary medical care services, including preventive care services.

Acute Care: Inpatient services in an acute care facility, such as a hospital.

Behavioral Health: Inpatient and outpatient services that provide behavioral health support.

Addiction and Recovery Treatment Services (ARTS) benefit: Comprehensive addiction and recovery treatment services based on the American Society for Addiction Medicine (ASAM) service continuum.

Long-term Services and Supports (LTSS): Long-term care services at a nursing facility, through the Program for All-Inclusive Care for the Elderly (PACE) or through a home and community-based waiver.

Pharmacy: Coverage of all drugs that are FDA-approved, medically necessary and manufactured by a pharmaceutical company participating in the Medicaid Drug Rebate Program.

Dental Care: Comprehensive dental services to children and adults
(as of July 1, 2021)

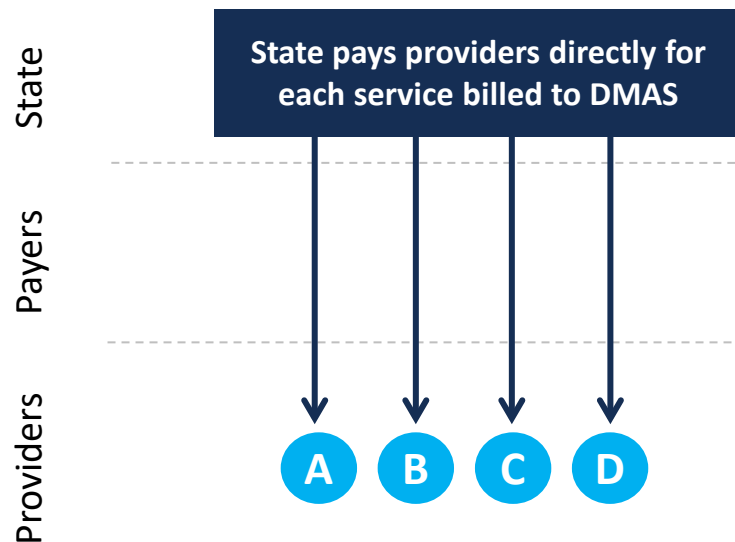


Financing Care Delivery

DMAS uses two methods to pay Medicaid providers

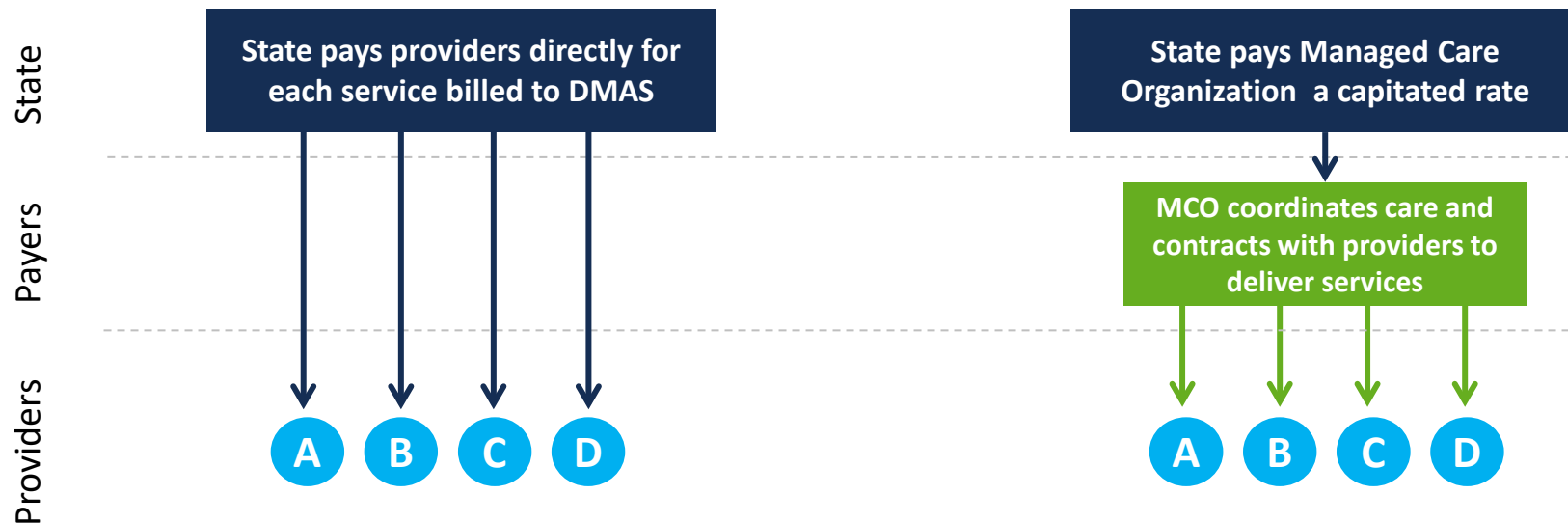
Fee-For-Service (FFS)

DMAS pays providers directly for every Medicaid eligible service rendered to Medicaid members



Managed Care

DMAS pays MCOs a set payment for each enrolled member every month. The MCO is responsible for delivering health benefits to their enrolled Medicaid members



Currently, over **97%** of full-benefit Medicaid coverage is paid through Medicaid Managed Care

Transition to Managed Care

Two managed care programs focused on the diverse needs of the populations serving over 97% of full-benefit populations through six statewide managed care plans*

Medallion 4.0 1,591,206

- Serving infants, children, pregnant women, adults, including most Medicaid expansion
- Acute, chronic, primary care, and pharmacy services, for adults and children, and also includes substance use disorder, and behavioral health services, excludes LTSS
- Implemented statewide August 2018

Commonwealth Coordinated Care Plus 297,423

- Serving older adults and disabled individuals Includes Medicaid-Medicare eligible
- Full continuum of services (same as Medallion), but also includes long-term services and supports (LTSS) in the community and in nursing facilities and hospice
- Implemented statewide January 2018

DMAS is currently working to consolidate the two programs under a single MCO contract for improved continuity of care and to provide an optimal platform for future innovations

Source: Aug 15, 2022 DMAS Enrollment Dashboard - <https://www.dmas.virginia.gov/data/medicaid-famis-enrollment/>

Home and Community-Based Services Waivers

The Medicaid home and community-based waivers (§1915(c)) 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

Waiver	Features
Community Living Waiver	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.
Family and Individual Supports Waiver	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.
Building Independence Waiver	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.
Commonwealth Coordinated Care Plus Waiver	Provides supports for elderly and disabled individuals, including adult day health care; medication monitoring; personal care services; respite care; and personal emergency response systems. Also provides supports for children and adults who are chronically ill or severely impaired and require both a medical device and substantial and ongoing skilled nursing care to avert further disability or to sustain their lives

Specialized Medicaid Programs

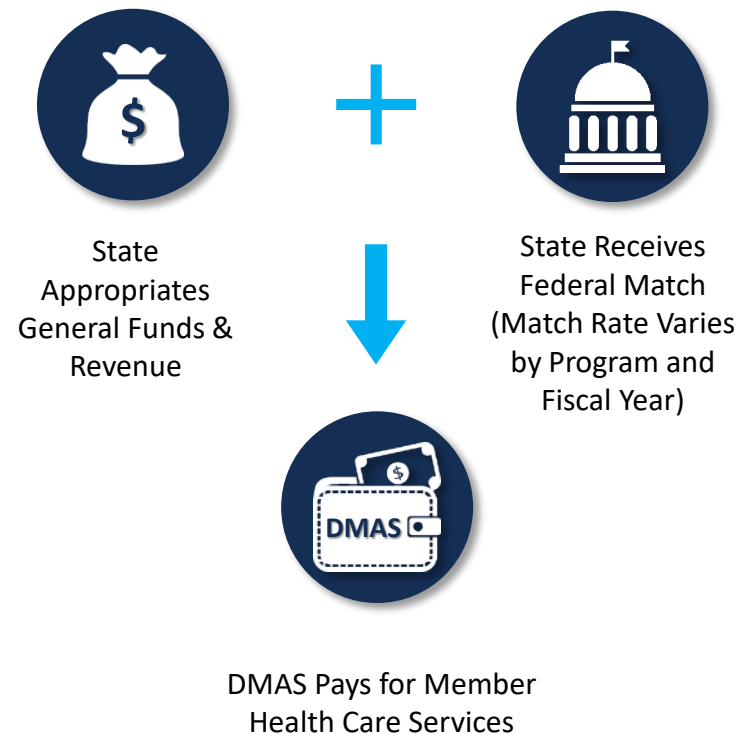
The following specialized Medicaid benefits and programs target certain services and interventions to designated populations

Program	Features
Program of All-Inclusive Care for the Elderly (PACE)	The Program of All-Inclusive Care for the Elderly (PACE) is a community-based program that serves individuals receiving Medicare and Medicaid who are age 55 or older and qualify for nursing facility level of care. Through an interdisciplinary care model, the PACE program offers a community alternative to nursing facility care and provides the full continuum of medical and social supports for older adults.
Addiction and Recovery Treatment Services (ARTS)	In response to the statewide opioid epidemic, DMAS launched the Addiction and Recovery Treatment Services (ARTS) benefit April 1, 2017. The ARTS benefit provides the full continuum of evidence-based addiction treatment to any of the 2.1 million Medicaid and FAMIS members.
Early Intervention Services	Early Intervention Services (EIS) are defined as services provided through Part C of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1431 et seq.), designed to meet the developmental needs of each child and the needs of the family, to enhance the child's development. Early Intervention Services must be provided in natural environments for the child, such as the home and community settings. Services consist of speech, physical and occupational therapies, along with individualized developmental programming and coordination.

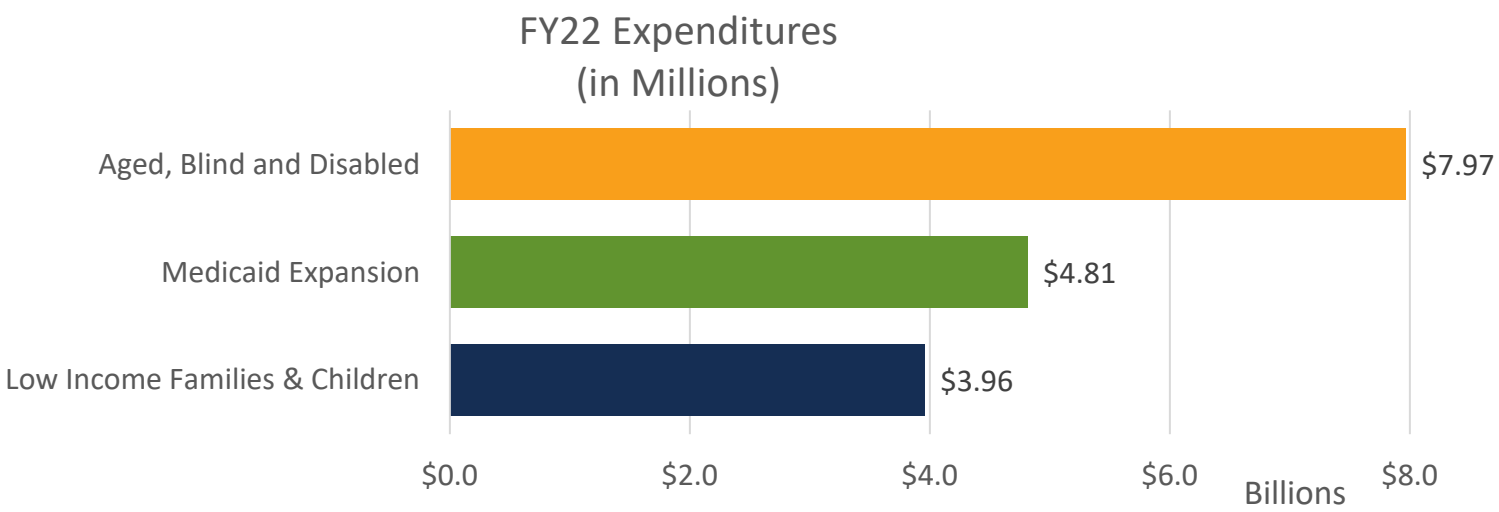
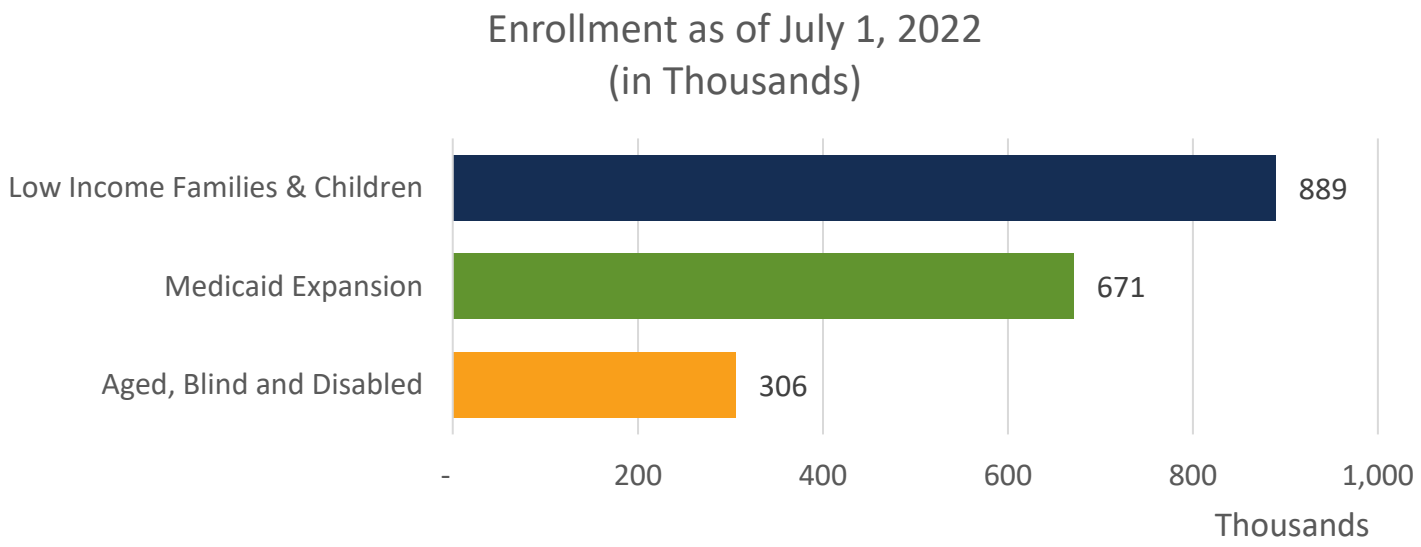
MEDICAID FUNDING

Medicaid Funding

- Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act.



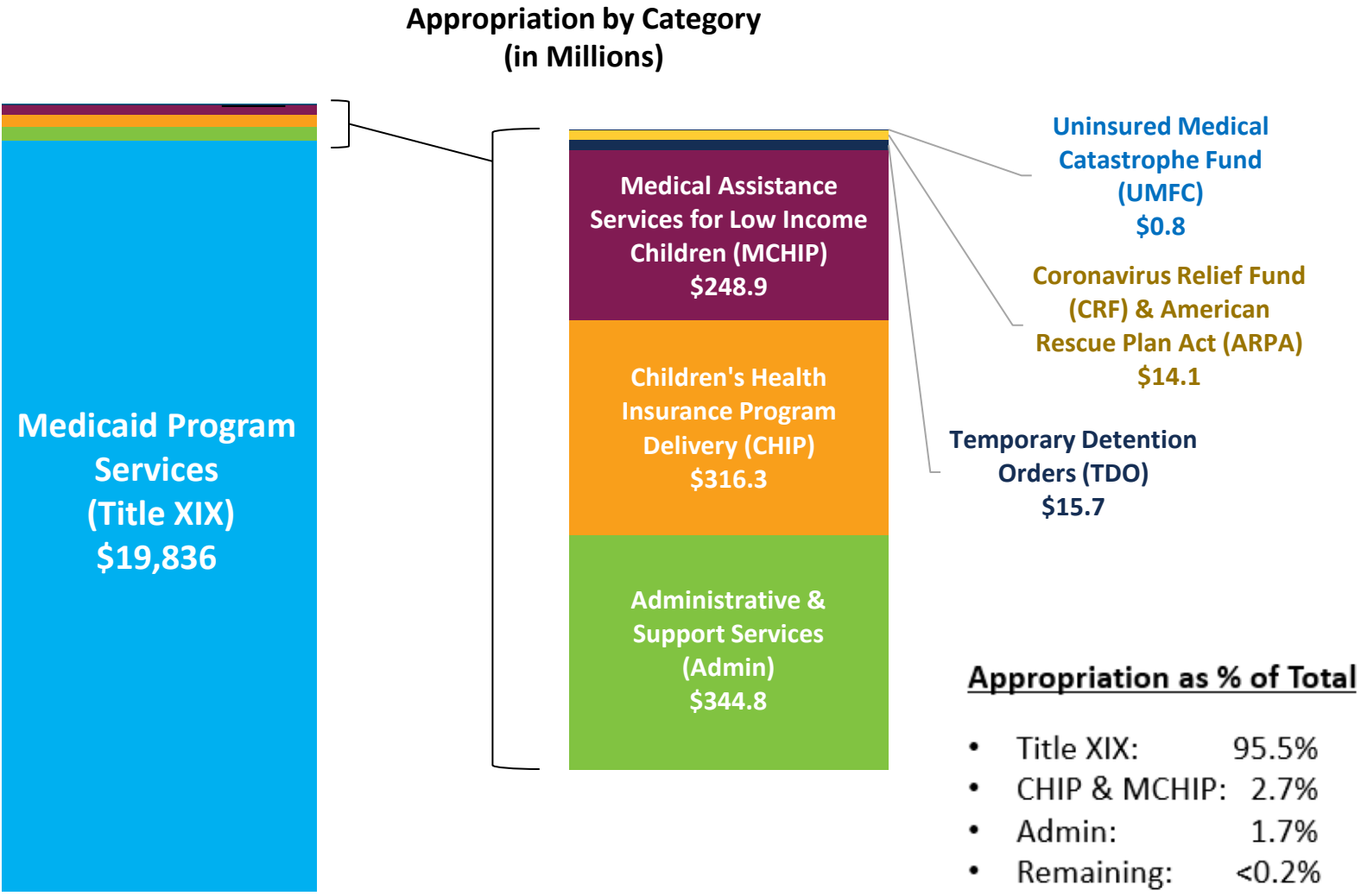
Medicaid Title XIX Enrollment vs. Expenditures SFY22



DMAS FY23 Current Appropriation

\$20.776 billion

Only 1.7% of the total DMAS budget is for administrative expenses



AGENCY PRIORITY INITIATIVES

Agency Priorities



**Partnership
for Petersburg**



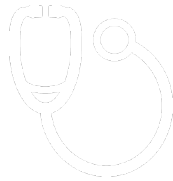
**Maternal &
Child Health**



**Coverage and
Redetermination**



**Behavioral
Health**



Value of Medicaid



DMAS covers 19,000 Petersburg residents through 6 health plans

- Working with Managed Care Organizations (MCOs) and providers on community outreach, access and utilization of services:
 - Launched MCO community events, mobile clinics and health screenings
 - Began community and member education
 - Initiated maternity/infant care initiatives for pre- and postpartum care
- Working with providers to increase primary care services and access
 - Leveraging July 1 preventive care coverage and primary care provider rate increase
 - Discussing additional clinics with hospital association
- MCOs investing in the community, including work toward Social Determinants of Health and community hubs
- DMAS is increasing scrutiny and accountability of health plans to ensure outcomes

Maternal and Child Health Initiatives



- Baby Steps VA
 - Doula services for pregnant members (4th in the nation)
 - One of eight states selected to join the National Academy for State Health Policy (NASHP's) Maternal and Child Health Policy Innovation Program Policy Academy to Address Maternal Mortality
-
- Extending coverage for one year post partum
 - Systems improvements for newborn enrollment
 - Participation in 3 affinity groups: Foster Care, Infant Well-Child, and Low Risk C-Section Deliveries
 - Safe and Sound Taskforce
 - Maternal Health Data and Quality Measure – Analysis and Task Force
 - DMAS & MCO collaborative focused on maternal and child health initiatives

Medicaid Continuous Coverage Requirements Under the Families First Coronavirus Response Act (FFCRA)

To support states and promote stability of coverage during the COVID-19 pandemic, FFCRA provided a 6.2 percentage point increase in the regular Medicaid matching rate, tied to certain conditions that states must meet in order to access the enhanced funding.

- As one of several conditions of receiving the temporary Federal Medical Assistance Percentage (FMAP) increase under FFCRA, **states are required to maintain enrollment of individuals in Medicaid** until the end of the month in which the public health emergency (PHE) ends (**the “continuous coverage” requirement**).
- The continuous coverage requirement **applies to individuals enrolled in Medicaid as of March 18, 2020, or who were determined eligible on or after that date**, and has allowed people to retain Medicaid coverage and get needed care during the pandemic.
- When continuous coverage is eventually discontinued, **states will be required to redetermine eligibility for nearly all Medicaid enrollees.**

★ *There is no current end date for the federal PHE.*

Source: [FFCRA §6008\(b\)\(3\)](#); SHVS, [Federal Declarations and Flexibilities Supporting Medicaid and CHIP COVID-19 Response Efforts Effective and End Dates](#).

Behavioral Health Overview

Behavioral Health Enhancement



Mission:

Project **BRAVO** (Behavioral Health Redesign for **A**ccess, **V**alue, and **O**utcomes) is an interagency strategic initiative that seeks to enhance the existing Medicaid behavioral health services and develop a robust continuum of care that is evidence-based, trauma-informed, person-centered, and cost-efficient. Project BRAVO involves engaging stakeholders in defining innovative services, setting fair rates that are commensurate with the current costs of delivery, and working with locality-based public-private coalitions to bring our behavioral health system into the 21st century and address the ongoing mental health and opioid crises.

- Project BRAVO is critical because Medicaid is the largest payer of behavioral health services in Virginia, and roughly a third of all members have a need for this care.
- Project BRAVO works to enhance existing strengths in our systems and build sustainability for services currently only paid using general fund dollars
- For the last two years, the focus has been on implementation of services that data strongly predict will reduce the burden on emergency departments, law enforcement, and state psychiatric hospitals by providing comprehensive crisis services and services designed to provide discharge and diversion options
- The more recent work with the Safe & Sound Taskforce has demonstrated the relevance of these enhanced BRAVO services and the need to fill service gaps for youth in foster care

Details on BRAVO Services

7/1/2021

- Assertive community treatment
- Intensive outpatient
- Partial hospitalization

12/1/2021

- Comprehensive crisis services
- Multisystemic therapy
- Functional family therapy

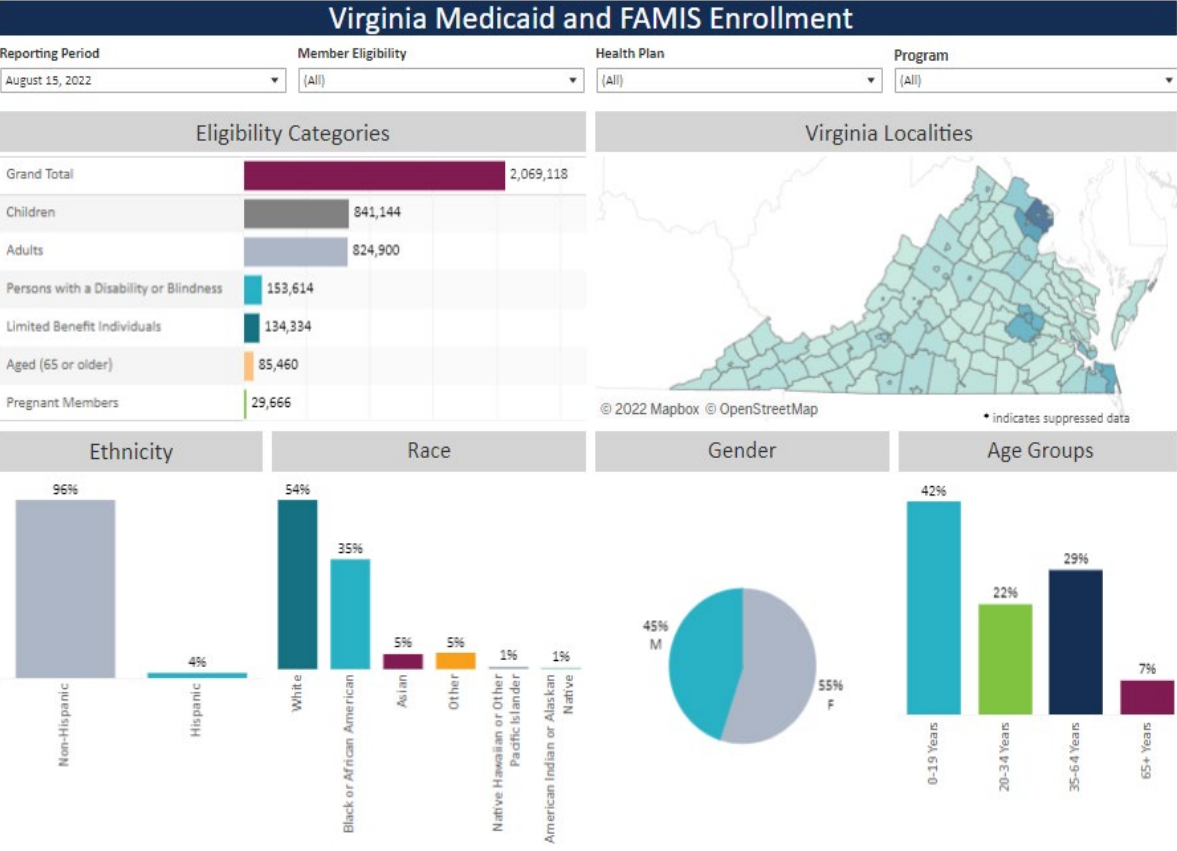


year 1 accomplishments

- Met implementation deadlines with MCO partners even though timeline shortened to half by pandemic delays in funding
- Maintained close partnerships with BH associations and providers through MCO Resolutions Panel to identify authorization and claims issues and work on solutions
- Development of the Center for Evidence Based Partnerships with Virginia Commonwealth University

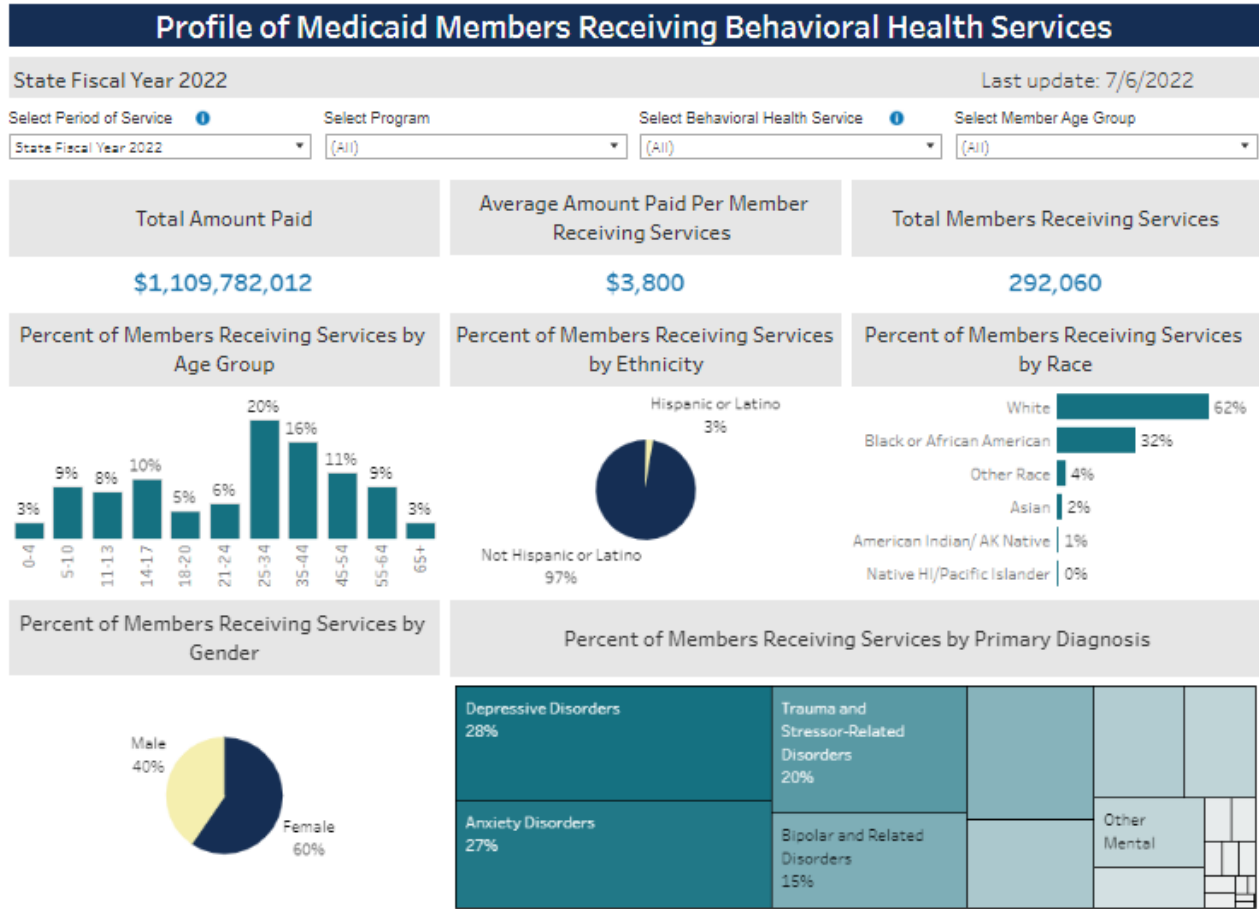
RESOURCES

Resources: Medicaid/FAMIS Enrollment Dashboard



- Updated twice/month
- Historical enrollment totals are shown for each month
- Part of DMAS’s efforts to provide transparency in our data for stakeholder engagement
- Storyboard #1 provides an overview of enrollment and demographic data
- Additional storyboards display monthly enrolment data by Eligibility Category, Health Plan and Region
- [Medicaid/FAMIS Enrollment Dashboard](#)

Resources: Behavioral Health Service Utilization and Expenditures Dashboard



- Published June 2022
- Part of DMAS' efforts to provide transparency in our data for stakeholder engagement
- This dashboard allows for high-level examination and asking deeper questions about access to care and our behavioral health system
- Storyboard #1 gives an overview of BH services received, member demographics and costs.
- [Behavioral Health Service Utilization and Expenditures](#)

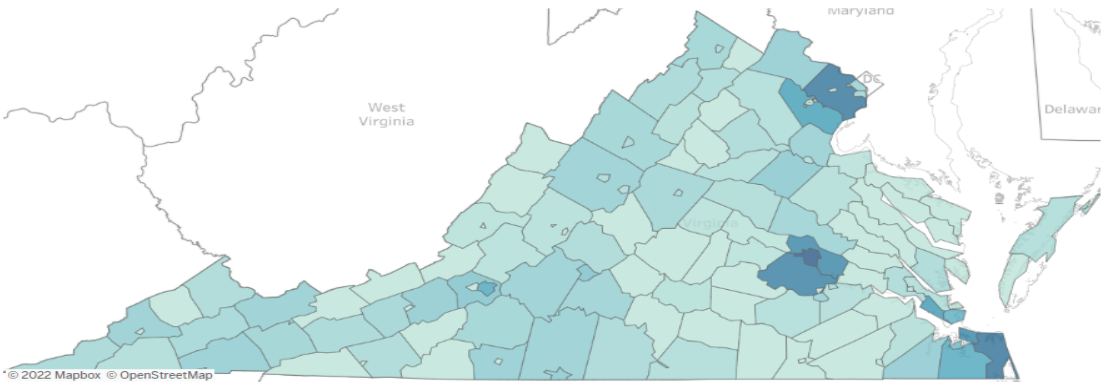
Note: Data is suppressed for values where member count is less than 10. Suppressed data will appear as 'Null', or blank, in this visualization. Data is suppressed to protect Member confidentiality and privacy.

Resources: Behavioral Health Service Utilization and Expenditures Dashboard

Members Receiving Behavioral Health Services and Total Amount Paid by County

Note: Data is suppressed for Virginia localities with 2020 population less than 20,000. Suppressed data will appear as 'Null', or blank, in the map. Data is suppressed to protect member confidentiality and privacy.

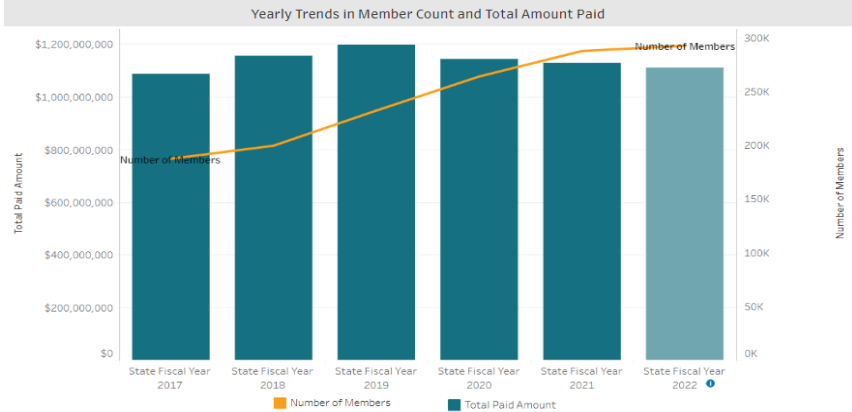
Select Period of Service Select Behavioral Health Service



Behavioral Health Expenditures

Note: Data is suppressed for values where member count is less than 10. Suppressed data will appear as 'Null', or blank, in this visualization. Data is suppressed to protect Member confidentiality and privacy.

Select Program Select Behavioral Health Service Select Diagnosis Select Member Age Group



- Storyboard #2 shows the number of members using BH services and the total cost of BH claims in each county. The map can be filtered by State Fiscal Year and BH service.

- Storyboard #3 shows the annual cost of BH claims by State Fiscal Year and a count of unique members using BH services. The bar chart can be filtered by Program, BH Service, Diagnosis, and Age Group

Resources: MCO Service Authorization Performance Dashboard

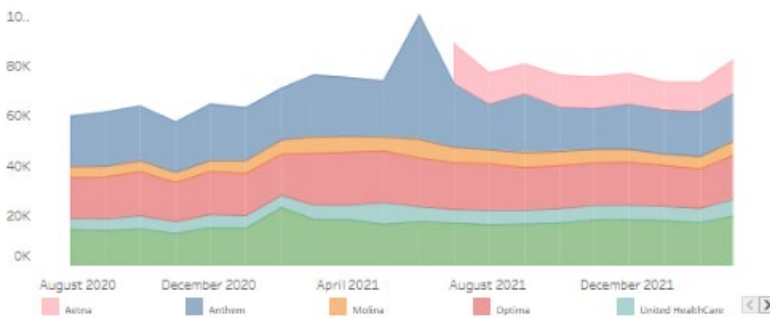
MCO Service Authorization Performance Dashboard

Program: [All] | Member Eligibility: [All] | Category: [All] | SA Status: [All] | Health Plan: [All]

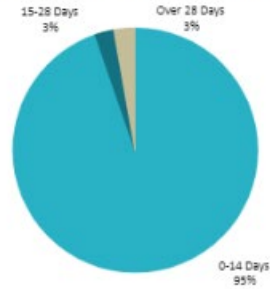
Overall Service Authorizations

REQUESTED SERVICE AUTHORIZATIONS	APPROVED	PARTIALLY APPROVED	DENIED	CANCELLED / REJECTED
2,276,890 100%	2,019,960 89%	46,411 2%	149,772 7%	60,747 3%

Service Authorizations by Health Plan



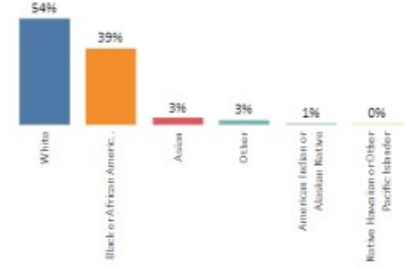
Timeliness of Service Authorization Decision



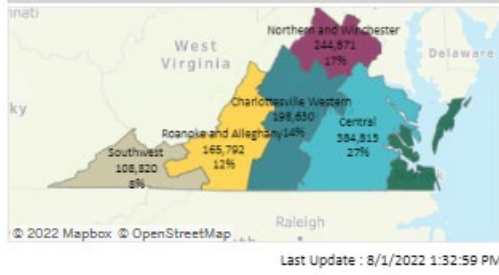
Member Ethnicity



Member Race



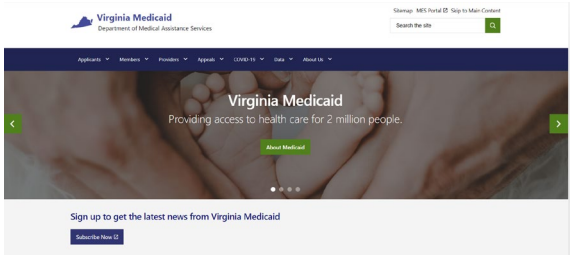
Service Authorization by Region



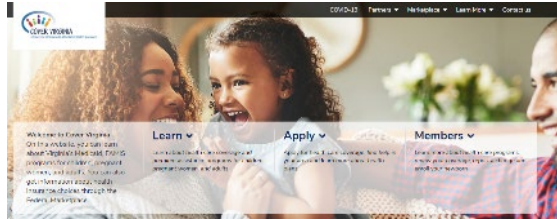
- Updated quarterly
- Displays medical service authorizations submitted by MCOs
- Created as a result of Legal Aid Justice Center agreement for more transparent data collection practices around service authorization data from MCOs
- Aetna data is only available from July 2021 and forward
- [MCO Service Authorization Performance Dashboard](#)

Footnotes:
 1. Service authorization (SA) is the approval necessary for specific medical services for a Virginia Medicaid member by a DMAS approved provider before the requested services may be performed and payment made.
 2. This dashboard includes all Medical service authorizations requested between 08/01/2020 - 03/31/2022. It does not include Pharmacy authorizations.
 3. AETNA data is only available from July 2021 onwards.
 4. This dashboard does not include service authorizations with 'Pending' and 'Received' statuses.
 5. This dashboard is updated quarterly.

Resources: Digital Communications



DMAS website
www.dmas.virginia.gov



CoverVA website
www.coverva.org



CubreVirginia website
www.cubrevirginia.org



Email

dmas.info@dmas.virginia.gov



CoverVA Facebook

<https://www.facebook.com/coverva/>



YouTube

https://www.youtube.com/channel/UCbE_bPvIPQJTfCS2MfCmVHA



Twitter

<https://twitter.com/VaMedicaidDir>



Instagram

https://www.instagram.com/cover_va/



Email/text campaigns

Sign up at www.coverva.org

Resources: Publications

MEDICAID AT A GLANCE 2022

VIRGINIA MEDICAID OVERVIEW

The Virginia Department of Medical Assistance Services (DMAS) plays an essential role in the Commonwealth's health care system by offering lifesaving coverage to one in five Virginians. Children are the largest eligibility group served by Virginia Medicaid, with more than 800,000 members. Other eligible populations include people with disabilities, older and low-income adults, and pregnant individuals.

For more than two decades, the Virginia Medicaid agency has provided health coverage through a successful managed care model that now serves more than 96% of full-benefit Medicaid members, who can choose from six managed care health plans available statewide.

NEW BEHAVIORAL HEALTH SERVICES

Virginia Medicaid members have access to nine new behavioral health services launched in 2021 that strengthen crisis response and address a national emergency in mental health care for youth. These new services help members avoid hospital stays through access to preventive, community-based options. The services are part of a collaboration with the Virginia Department of Behavioral Health and Developmental Services through a multi-phase initiative known as Project BRAVO (Behavioral Health Redesign for Access, Value and Outcomes).

The new behavioral health services include:

- Mobile crisis response teams
- Short-term crisis supports
- 23 hours of observation
- Short-term intervention services
- Partial hospitalization during daytime hours
- Intense outpatient therapy and counseling a few times a week
- Community-based team supports for adults experiencing serious mental illness

Check out our new Behavioral Health Service Utilization and Expenditures dashboard on the Virginia Medicaid agency website at www.dmas.virginia.gov

Medicaid Enrollees and Expenditures SFY 2021* (Including GI and non-GI)

Category	Enrollment (84% of Medicaid population)	Expenditures (89% of total expenditures)
Children	43%	17%
Pregnant Individuals and Parents	27%	14%
Older Adults	15%	33%
Individuals with Disabilities	20%	26%
Expansion Adults	-	-

*Numbers may not total 100% due to rounding

We've Got You Covered

DMAS

BOARD OF MEDICAL ASSISTANCE SERVICES FY19-20 BIENNIAL REPORT

Faces of Virginia Medicaid

DMAS

2022 Medicaid At A Glance

[Medicaid at a Glance | DMAS - Department of Medical Assistance Services \(virginia.gov\)](https://www.dmas.virginia.gov/medicaid-at-a-glance)

FY 19-20 Biennial Report

[Board of Medical Assistance Services FY19/20 Biennial Report \(virginia.gov\)](https://www.dmas.virginia.gov/biennial-report)

Faces of Virginia Medicaid

[faces-of-medicaid-e-version-final-1.pdf \(virginia.gov\)](https://www.dmas.virginia.gov/faces-of-medicaid-e-version-final-1.pdf)

Resources

The screenshot shows the Virginia Medicaid website's 'Board of Medical Assistance Services' page. The header includes the Virginia Medicaid logo and navigation menus for 'Applicants', 'Members', 'Providers', 'Appeals', 'COVID-19', 'Data', and 'About Us'. The main content area features a 'Board of Medical Assistance Services' section with a descriptive paragraph, a photo of Michael H. Cook Esq. (Chair), and two sub-sections: 'Biennial Report' with a list of PDF reports (2020, 2018, 2016, 2014) and 'Board Members' with a link to learn more.

Board Meeting Materials

[Board of Medical Assistance Services \(BMAS\)
\(virginia.gov\)](https://www.virginia.gov/boards/medical-assistance-services)

The screenshot shows the Virginia Medicaid website's 'General Assembly Reports' page. The header is similar to the previous page. The main content area features a 'General Assembly Reports' section with a sub-section for 'General Assembly Reports from the Division of Legislative Automated Services'. Below this is an 'Overview' section with a paragraph of text and a search bar. At the bottom, there is a table listing reports.

Number	Year	Name
HD14	2021	Report on the Emergency Department Care Coordination (EDCC) Workgroup (2021 Appropriation Act, Item 317.KK)

Studies and Reports

[General Assembly Reports \(virginia.gov\)](https://www.virginia.gov/legislative-automated-services)