

# 2017 MEDICAID AT A GLANCE

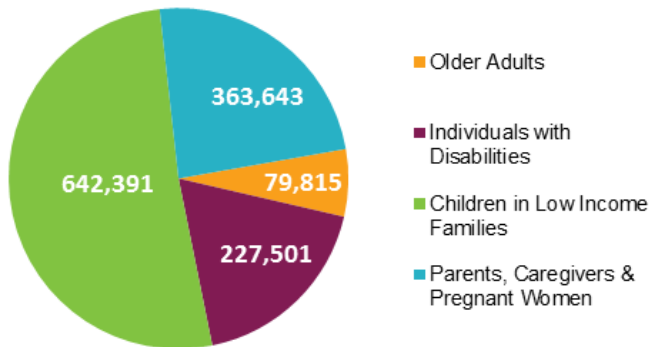
## Introduction

Medicaid plays a critical role in the lives of over a million Virginians, providing access to health care for the most vulnerable. The impact of Medicaid extends far beyond traditional health coverage to include comprehensive services such as behavioral health and long-term supports and services (LTSS). Medicaid is the largest payer of behavioral health services in the Commonwealth; providing inpatient and outpatient services that support quality of life in the community for those in need of behavioral health support. Medicaid is also the primary funder for LTSS, making it possible for thousands of Virginians to remain in their homes or to access residential care when needed.

## Who We Help

Medicaid coverage is primarily available to Virginians who meet specific income thresholds and other eligibility criteria, including: children, pregnant women, parents, older adults, and individuals with disabilities.

Coverage In Virginia for SFY 2016



## Healthy Children: Caring for Children in Low-Income Families

Medicaid covers 1 in every 3 births in Virginia and half of Virginia enrollees are growing children. Virginia Medicaid provides access to medical services, such as: outpatient care (primary or specialty care services); hospital care, nursing facility services, and behavioral health services. Medicaid covers vital health care services like preventive screening, treatment or care for acute illness, and dental services.

## Healthy Births: Keeping Pregnant Women Healthy

Medicaid focuses on giving Virginia's children a healthy start in life by keeping pregnant women healthy. Services for pregnant women include prenatal care, other comprehensive health care services and dental health.

## Quick Facts

- DMAS covers 1 in 3 births in Virginia
- 50% of Medicaid enrollees are children
- Two in three nursing facility residents are supported by Medicaid
- Medicaid's home and community-based waivers support over 46,700 Virginians in a community setting of their choosing
- Medicaid is the primary payer for behavioral health services in Virginia

## Focus on Care in the Community: Serving Older Adults and Individuals with Disabilities

Virginia Medicaid enrollees may receive coverage for their long-term care needs at a nursing facility or through a home and community-based waiver that offers services at home as an alternative to institutionalization.

More than 62% of Virginia Medicaid's LTSS services are provided to Medicaid enrollees in their community and Virginia is committed to continued expansion of community care options that support individual care needs.

Visit [www.dmas.virginia.gov](http://www.dmas.virginia.gov) for more information about the services available through Virginia's Medicaid program.

## Xavier's Story

Xavier receives flexible services through a waiver program that helped him transition to the community setting of his choice. Previously, his mother visited him in a nursing home.



Now she is able to see him in the comfort of his own home. During the day, Xavier attends a day program that supports his care needs and by afternoon, he has enough space in his room to stretch out and unwind from the day's activities. Xavier enjoys improved quality of life through more independence and choice in his routine and greater diversity of daily experiences.

## Focus on Stewardship

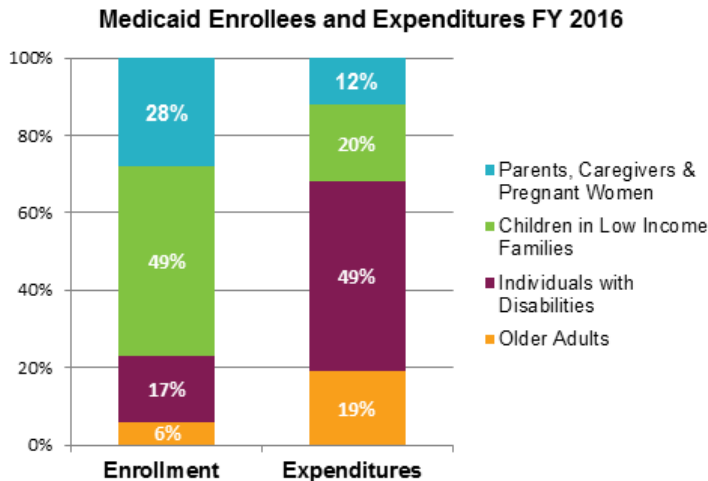
All states must follow core federal Medicaid guidelines regarding who is covered, but states set their own income and asset eligibility criteria. Virginia's eligibility criteria are among the strictest in the nation. As a result, Virginia is 47th in the nation on per capita Medicaid spending, which means there are only 3 states that spend less per capita than Virginia Medicaid.

Virginia per enrollee Medicaid spending has grown slower than the national average. The national average annual growth in per-enrollee Medicaid spending was 3.1% for 2007-2013, while Virginia's growth averaged just 2%.

DMAS prioritizes spending on services that directly support members and focuses on efficiency. Only 2.4% of total SFY 2016 expenses were used for administrative functions. The remaining expenditures provided direct services to Virginians.

## Medicaid Expenditures

Similar to other states, Virginia Medicaid spending is heavily weighted towards older adults and individuals with disabilities. These individuals have complex needs and use more costly acute and LTSS services.



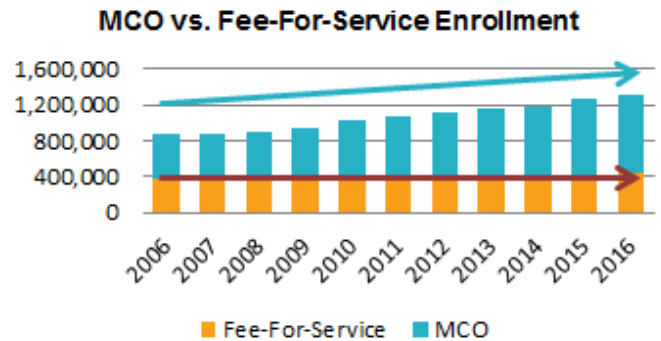
Enrollment growth is the primary driver of Medicaid spending increases in Virginia. Other factors also affect Medicaid expenditures, such as: economic changes like inflation of health care costs, advances in health care technology, and program changes directed by federal and state law.

## Quick Facts

- Virginia's eligibility criteria are among the strictest in the nation.
- Virginia is 47th in the nation on per capita Medicaid spending.
- National average annual growth in per-enrollee Medicaid spending was 3.1% for 2007-2013, while Virginia's growth averaged just 2%.
- Only 2.4 % of total SFY 2016 DMAS expenditures were allocated toward administrative expenses.

## Transforming Virginia Medicaid

Medicaid is delivered to individuals through two models. As of November 2016, 75% of Medicaid enrollees received their benefits through a commercial Managed Care Organization (MCO) and 25% of enrollees participated in Medicaid through Fee for Service (FFS). Virginia has been increasing its use of the MCO program because of the value it provides enrollees and the Commonwealth.



In 2017, Virginia will implement the new Commonwealth Coordinated Care Plus program which will move 213,000 enrollees from FFS to Managed Care through private insurers.

DMAS is committed to continuous improvement of Medicaid in Virginia through a number of other initiatives also focused on improving care delivery and efficiency.

Also in 2017, DMAS will procure new Medallion 4.0 Health Plans in an effort to streamline program requirements, and ensure high quality health care that is member-focused. DMAS is planning and implementing new ways to pay for Medicaid services where provider financial success is linked with enrollee receipt of high-quality, efficient care.