



Medallion 3.0 Managed Care: Why It Works



Unique to Virginia

- The Medallion 3.0 Medicaid Managed Care program is Virginia's primary Managed Care model providing Medicaid and FAMIS (CHIP) member services since 1996
- More than 3/4 of all Medicaid members are enrolled in a MCO
- Core Members:

Children up to age 21 including CSHCD	613,140
Aged, Blind, Disabled	6,387
Foster Care/Adoption Assist	10,578
Pregnant Women	515
Total (includes other members) 4/1/15	745,188



Care Delivery

- Access is strong!! MCOs provider networks are robust and highly specialized with special focus on provider enrollment based on member's needs.
- All 13 major Health Systems in Virginia participate in Medallion 3.0
- Care Coordination, member outreach and Medical Home based models of care ensure best-practices in patient-centered care
- MCOs have dedicated provider relations staff to handle provider recruitment, contracts, compliance, education, training and retention.
- MCOs are contractually required to ensure provider network accessibility standards including provider to member ratios, time and distance standards.
- MCOs require providers to be board certified and approved through NCQA accreditation standards



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Quality

- Medallion 3.0 MCOs among the top NCQA rated MCOs in the country
- Virginia's program is one of the 1st states to require NCQA accreditation
- MCOs have 15 years of data and quality achievements that reflect plan commitment to member health and program goals—and align with commercial carrier counterparts when possible
- Health Services Advisory Group is the new External Quality Review Organization contractor bringing over 30 years of quality oversight and review experience.



Value

- Provide budget certainty: Annual contract on actuarially based rate development cycle
- Plans are at full financial risk
- Vital encounter data also returns money to Virginia—MCO encounter data allow the Department to recover money and obtain RX rebates
- Medallion Provider Partnerships, Behavioral Health Home Pilots, and Quality Payment Incentive Programs link payment and reimbursement to quality and cost containment to improve member health
- Diverse payment models to providers that include value-based payments, risk-sharing, and quality incentivized pay structures.



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Special Populations

- MCOs provide increased focus on Maternity and Infant Improvement Project (MIIP) with new maternity and infant initiatives to enhance access and advance care quality
- MCOs provide care management, primary and acute care services for members currently in Elderly and disabled community-based waivers. All home and community-based care waiver services continue to be provided through the Medicaid fee-for-service program
- MCOs provide assessment and services for children with special health care needs

Medallion 3.0 and FAMIS Managed Care Organizations

