Tuesday, April 16, 2019  
10:00 a.m. – 12:00 p.m. BMAS Meeting  
Department of Medical Assistance Services  
Conference Room 7A/B  
600 East Broad St. Richmond, VA 23219  

**Agenda**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>PRESENTER</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call to Order and Introductions</td>
<td>Karen S. Rheuban, M.D., Chair</td>
<td></td>
</tr>
<tr>
<td>Approval of September 25, 2018 Minutes</td>
<td>Karen S. Rheuban, M.D., Chair</td>
<td>Vote</td>
</tr>
<tr>
<td>Election of new Board Officers</td>
<td>Jennifer S. Lee, M.D., Director</td>
<td>Vote</td>
</tr>
<tr>
<td>Director’s Report</td>
<td>Jennifer S. Lee, M.D., Director</td>
<td>Briefing</td>
</tr>
<tr>
<td>Update on Medicaid Expansion and the COMPASS (1115) Waiver</td>
<td>Karen Kimsey, Chief Deputy Director</td>
<td>Briefing</td>
</tr>
<tr>
<td>2019 General Assembly Legislative Report</td>
<td>Rachel Pryor, Deputy Director for Administration</td>
<td>Briefing</td>
</tr>
<tr>
<td>Telehealth Update</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Medicaid Member Advisory Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance Update and Progress on New Financial Reforms</td>
<td>Chris Gordon, Chief Financial Officer (CFO)</td>
<td>Briefing</td>
</tr>
<tr>
<td>Update on Medallion 4.0 and Commonwealth Coordinated Care (CCC) Plus</td>
<td>Cheryl Roberts, Deputy Director of Programs Tammy Whitlock, Deputy Director of Complex Care</td>
<td>Briefing</td>
</tr>
<tr>
<td>Updates from the Chief Health Economist and the Office of Data Analytics (ODA)</td>
<td>Ellen Montz, Ph.D., Chief Health Economist Jacob Wieties, Division Director, Office of Data Analytics</td>
<td>Briefing</td>
</tr>
<tr>
<td>Workforce Initiatives and Organizational Transformation</td>
<td>Ivory Banks, Chief of Staff Karen Kimsey, Chief Deputy Director</td>
<td>Briefing</td>
</tr>
<tr>
<td>• New Diversity Council</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Old Business/New Business</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Comments</td>
<td>Gayl Brunk – VACIL President &amp; Executive Director</td>
<td>Public Comment</td>
</tr>
<tr>
<td>Adjournment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DIRECTOR’S REPORT
BOARD OF MEDICAL ASSISTANCE SERVICES

APRIL 16, 2019

JENNIFER LEE, MD
DIRECTOR,
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
New Executive Management Team Members

✓ Chris Gordon, Chief Financial Officer
✓ Rachel Pryor, Deputy Director for Administration
✓ Dr. Chethan Bachireddy, Acting Chief Medical Officer
✓ Ivory Banks, Chief of Staff
Medicaid Expansion

✓ Virginia’s Medicaid expansion began on **January 1, 2019**

✓ Virginia expanded Medicaid coverage to adults with incomes ≤ **138% FPL**

✓ Virginia has enrolled **over 263,000** newly eligible adults as of April 15, 2019

Now Available: New Health Coverage for Adults
More adults living in Virginia now have access to quality, low- and no-cost health coverage. Applications accepted year-round.
Get more information at [coverva.org](http://coverva.org).
FOR IMMEDIATE RELEASE
Date: January 7, 2019

Department of Medical Assistance Services
Contact: Christina Nuekols
Email: Christina.nuekols@damas.virginia.gov

Virginia Medicaid Agency Announces Financial Management Reforms

– An external review will initiate a series of steps to improve transparency and strengthen managed care oversight –

RICHMOND – The Virginia Department of Medical Assistance Services (DMAS) today announced that it will seek a top-to-bottom review of the agency’s forecasting and rate-setting processes to be conducted by an independent organization with health care finance expertise. A firm will be selected in early 2019 and given 90 days to complete the review and provide recommendations.

Implementation of the recommendations will be overseen by a new internal cross-agency financial review unit, led by the agency’s Chief Financial Officer and answerable to the Director. The financial review unit will act as an internal watchdog, responsible for continuous monitoring of the agency’s forecasting and rate-setting procedures to provide real-time evaluations of each step in the decision-making process and advanced notice of necessary adjustments.

“Our agency recognizes the need for a sound financial map that provides the Commonwealth with increased certainty and steady directions to guide budgetary decisions,” said Dr. Jennifer Lee, DMAS director. “We have a strong leadership team with the vision and the commitment necessary to transform our financial management structure.”

This new framework will support the integration of leadership across program, policy and financial divisions into a multi-disciplinary unit that provides a 360-degree assessment of each component of the forecasting and rate-setting processes.
Health Care Spending Growth for Privately Insured

Figure 2: Cumulative Change in Spending per Person, Utilization, and Average Price since 2013

Note: Utilization and average prices account for changes in the type or intensity of services used, with the exception of prescription drugs. Prescription drug spending is the amount paid on the pharmacy claim, which reflects discounts from the wholesale price, but not manufacturer rebates.
National Medicaid Spending Trends

Figure 3
Medicaid enrollment growth is flat and spending growth is relatively steady in FY 2018 and FY 2019.

Annual Percentage Changes, FY 1998 – FY 2019
- Total Medicaid Spending
- Medicaid Enrollment

NOTE: Spending growth percentages refer to state fiscal year (FY).
SOURCE: FY 2018-2019 spending data and FY 2019 enrollment data are derived from the KFF survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2018; historic data from various sources including: Medicaid Enrollment June 2013 Data Snapshot, KCMU, January 2014. FY 2014-2018 are based on KFF analysis of CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports and from KFF Analysis of CMS Form 64 Data.
## Outcomes: First Fifteen Months of ARTS

More Medicaid members are receiving treatment for all Substance Use Disorders and Opioid Use Disorder

<table>
<thead>
<tr>
<th></th>
<th>Before ARTS (Jan 2016-Mar 2017)</th>
<th>After ARTS (Apr 2017-Jun 2018)</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members with SUD receiving treatment</td>
<td>13,389</td>
<td>27,319</td>
<td>↑104%</td>
</tr>
<tr>
<td>Members with OUD receiving treatment</td>
<td>9,095</td>
<td>16,383</td>
<td>↑80%</td>
</tr>
</tbody>
</table>
### Fewer Emergency Department visits related to Opioid Use Disorder

<table>
<thead>
<tr>
<th></th>
<th>Before ARTS (Apr 2016-Jan 2017)</th>
<th>After ARTS (Apr 2017-Jan 2018)</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OUD-related emergency department visits per 1,000 members with OUD</td>
<td>363</td>
<td>242</td>
<td>↓33%</td>
</tr>
</tbody>
</table>
New Medicaid Member Advisory Council
VIRGINIA MEDICAID EXPANSION AND 1115 WAIVER UPDATE

April 16, 2019

Karen Kimsey,
Chief Deputy
Overview of Medicaid Expansion Requirements

The 2018 Appropriations Act directed DMAS to implement new coverage for adults and transform coverage through an 1115 Demonstration Waiver.

State Plan Amendments, contracts, or other policy changes

Implement new coverage for adults with incomes up to 138% FPL and implement early reforms for newly eligible individuals

§ 1115 Demonstration Waiver

Implement required reforms that transform the Medicaid program for certain individuals
Medicaid Expansion: Implementation and Enrollment Update

New Health Coverage for Adults

**Overall Enrollment**
- 259,119 adults newly enrolled in Medicaid
- 92,210 newly enrolled adults are parents

**Age and Gender of Enrollees**
- 39% Male
- 61% Female

**Enrollee Family Income**
- 187,137 below 100% FPL
- 71,982 100 - 138% FPL

**Adults Enrolled in New Health Coverage by Locality**

**Enrollment by City / County**
- Central: 65,076
- Charlottesville / Western: 33,265
- Northern & Winchester: 51,153
- Roanoke / Alleghany: 27,636
- Southwest: 20,729
- Tidewater: 61,260
- Grand Total: 259,119
DMAS submitted the COMPASS 1115 Waiver Extension to the Centers for Medicare and Medicaid Services (CMS) on November 20, 2018 and is now negotiating the waiver’s Special Terms and Conditions (STCs).

- **Work and Community Engagement Requirements**
- **Premiums, Co-payments, Healthy Behavior Incentives, and Health and Wellness Accounts (HWAs)**
- **Housing and Employment Supports for High-Need Enrollees**

**Overview of 1115 COMPASS Waiver Programs**
1115 COMPASS Waiver Design Phase: Overview of Current Work

Securing Federal Authority for All Components of 1115 Waiver

- Regular touchpoints with Centers for Medicare & Medicaid Services (CMS) on COMPASS 1115 Demonstration Waiver Extension Special Terms and Conditions (STCs)
- After waiver approval secured, will complete CMS-required post-approval documents
- Develop and submit other required authorities to CMS, including State Plan Amendments

Operational Design, Planning and Readiness for Implementation

- Create new division to lead implementation of the COMPASS waiver
- Conduct landscape scan and assessment of other states’ programs and relevant implementation plans to identify best practices and lessons learned
- Assess current state of existing Virginia state agency programs, systems and resources that can be leveraged to support the COMPASS programs and identify where gaps exist
- Conduct multiple interagency planning and implementation design sessions for all three programs of the waiver
BOARD OF MEDICAL
ASSISTANCE SERVICES
2019 GENERAL
ASSEMBLY UPDATES
APRIL 16, 2019

Rachel Pryor
Deputy Director of Administration
Overview

General Assembly

Telehealth Update

New Member Engagement Initiatives
2019 General Assembly Session

Top Theme for Medicaid:
Financial Transparency
Legislative Update 2019

Additional Hot Topics for the 2019 General Assembly

Telehealth

Marketplace Plans

Balance Billing

Opioids
Federal Medicaid: Legislation to Watch

Similar themes are playing out at the federal level with new bills to watch:

Drug Pricing

Medicaid “Extender” Provisions
Telehealth Updates
Clarification of Existing Policies & Process for Change

Supporting a strong Telehealth foundation at DMAS

New standing cross-agency telehealth workgroup

Initial action to clarify present coverage and decision standards for new coverage...with more to come!
New Member Engagement Initiatives

Consumer mapping will allow DMAS to view existing policies and systems through a user focused lens, to create policies and processes geared to the member’s experience.
Medicaid Member Advisory Committee (MAC)

New Advisory Committee to the Director

To obtain the insight & recommendations of enrollees to help improve enrollment & health care delivery.

Integral piece in providing feedback to proposed changes & input from personal experience

Members targeted outreach & enrollment difficulties & standardization across health plans

First Quarterly meeting held April 1, 2019
BOARD OF MEDICAL ASSISTANCE SERVICES
FINANCE UPDATE
April 16, 2019

Chris Gordon,
Deputy Director of Finance
CHANGE VERSUS TRANSFORMATION
• Finance Vision: to be the best Medicaid Finance agency in the nation

  • Democratize information
    • Make data, information, and knowledge accessible:
      • Financial Weekly Briefing (Feb. 15 to now)
      • Launch internal Finance Balanced Scorecard (May 1)
      • Shared governance (IFRC, EFRC)

  • Develop new capabilities
    • New Division of Federal Reporting:
      • Combine resources to communicate with a single voice to CMS
      • Execute CMS-21, -37, and -64 reports successfully

  • Clock-building vs. Time-telling
    • Develop infrastructure to support operations longitudinally
    • Invoice payment, SWaM procurement, Rate-setting, Forecasting
Forecast GF Need Since 2009

Source: DMAS Budget Division, 2019
Finance Update and Progress on New Financial Reforms
April 16, 2019

BY THE NUMBERS: “Doing the Work” (As-is vs. Vision)

Financial Reforms:

- **2019**
  - **January:**
    - Financial reforms announced in press briefing January 7:
      - Publicly available financial benchmarks,
      - Quarterly forecasting report for timely information on forecast targets, and
      - Re-tooled calendar for forecasting and rate-setting processes
    - 1st Internal Financial Review Committee January 31:
      - Membership: senior leadership (EMT), finance, program, and admin teams
      - Goal: monitor and review financial proposals
  - **February:**
    - New CFO hired February 1
    - Milliman hired February 1 to lead top-to-bottom review of forecasting and rate-setting process
    - 2nd Internal Financial Review Committee February 28:
      - Adopted charter and standards for governance
      - Reviewed Milliman work-to-date
  - **March:**
    - Rate Setting 101 on March 1: step-by-step overview of how Mercer develops rates, SFC, SHHR, GOV, GA, JLARC, and 100 staff attend
    - Milliman primary work completed March 22:
      - Interviewed: SHHR, SFC, JLARC, all six MCOs, GA staff, five states (AZ, FL, IN, OH, SC), EMT, program, forecast, and rate-setting staff
    - 3rd Internal Financial Review Committee March 25:
      - Review Medallion 4.0 draft rates
      - Rate-setting Cross-functional team met March 28
      - New Division of Federal Reporting launched March 29
  - **April:**
    - FY20 Medallion 4.0 Draft Rate meeting on April 2:
      - Aetna, Anthem, Magellan, Optima, Virginia Premier, United, and staff from GA, JLARC, and DMAS
  - **May:**
    - Internal Finance Balanced Scorecard released on May 1
    - External Financial Review Committee: inaugural meeting will be held in May/June prior to start of new fiscal year
BOARD OF MEDICAL ASSISTANCE SERVICES

MEDALLION 4.0 UPDATES
APRIL 16, 2019

Cheryl J. Roberts, J.D.
Deputy Director of Programs & Operations
MEDALLION 4.0 PROGRAM DESIGN

1. Regional implementation completed December 2018 affecting 750,000 Virginians

2. Plan changes, services added, functions and processes added

3. Focus on member-centric care for populations: pregnant women, infants, children, parents/caregivers, and expansion adults

4. Best of Medallion 3, alignment with CCC Plus, strong networks and statewide access to care

5. Platform for new initiatives and innovations
MEDALLION 4.0 AND EXPANSION MEMBERS

The first and foremost goal and expectation of Medallion 4.0 is to improve the quality of life and health outcomes for enrolled individuals.

IT’S ALL ABOUT THE MEMBER

• MEMBER CHOICE AND ACCESS
• MEMBER FOCUSED PROGRAMS
• MEMBER ENGAGEMENT AND USE OF SERVICES
<table>
<thead>
<tr>
<th>MATERNITY</th>
<th>INFANTS (0 – 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Early Prenatal Care</td>
<td>• Immunizations</td>
</tr>
<tr>
<td>• Case Management</td>
<td>• Well Visits</td>
</tr>
<tr>
<td>• Post-Partum Care</td>
<td>• Early Assessments</td>
</tr>
<tr>
<td>• Support for Full-term Deliveries</td>
<td>• Safe Sleep Education</td>
</tr>
<tr>
<td>• Breast Feeding Care</td>
<td>• Support for Neonatal Abstinence Syndrome</td>
</tr>
<tr>
<td>• Family Planning</td>
<td>• Preventing Infant Death</td>
</tr>
<tr>
<td>• Outreach and Education</td>
<td>• (Three Branch Workgroup)</td>
</tr>
<tr>
<td>• Oral Health</td>
<td>• Early Intervention</td>
</tr>
<tr>
<td></td>
<td>• Oral Health</td>
</tr>
</tbody>
</table>

| CHILDREN & ADOLESCENTS (3 – 18)                | ADULTS                                                                          |
|------------------------------------------------|                                                                                |
| • Oral Health                                 | • Wellness                                                                     |
| • Vision                                      | • Chronic Disease Support                                                     |
| • Well Visits                                 | • Family Planning/LARC                                                        |
| • Early and Periodic Screening, Diagnosis and  | • Addiction Recovery Treatment Services                                       |
| Treatment                                      | • Behavioral Health and Community Mental Health                                |
| • Support for Special Needs                   | • Rehabilitative Services                                                     |

- Preventing Infant Death
  - (Three Branch Workgroup)
  - Early Intervention
  - Oral Health

- Wellness
- Chronic Disease Support
- Family Planning/LARC
- Addiction Recovery Treatment Services
- Behavioral Health and Community Mental Health
- Rehabilitative Services
3 WAYS TO CHOOSE A HEALTH PLAN . . .

PHONE
Medallion 4.0 Managed Care Helpline
1-800-643-2273
Monday - Friday
8:30 am - 6:00 pm

WEB
Medallion 4.0 Managed Care Website
www.virginiamanagedcare.com
INTRODUCING THE VA MEDALLION APP
Select A Plan

Find A Provider

Select a Provider - Map View

*Please note, this presentation does not include every step of the enrollment process*
# NEW AND ONGOING INITIATIVES

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Contract</td>
<td>New Rate Process</td>
</tr>
<tr>
<td>Social Determinants of Health and Supportive Services</td>
<td></td>
</tr>
<tr>
<td>Women’s Health Family Planning</td>
<td></td>
</tr>
<tr>
<td>Maternity Care Prenatal and Postpartum</td>
<td></td>
</tr>
<tr>
<td>Trauma-Informed Care ACES and Resilience</td>
<td></td>
</tr>
<tr>
<td>Transition Planning To Help Teens and Young Adults</td>
<td></td>
</tr>
<tr>
<td>Infant and Early Childhood Physical and Mental Health</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Transformation ARTS SUD</td>
<td></td>
</tr>
<tr>
<td>Value-Based Purchasing Arrangements Clinical Efficiencies</td>
<td></td>
</tr>
<tr>
<td>Quality Strategy and Office of Quality and Population Health</td>
<td></td>
</tr>
<tr>
<td>Program Integrity</td>
<td></td>
</tr>
<tr>
<td>EPS Encounters</td>
<td></td>
</tr>
<tr>
<td>System Improvements</td>
<td></td>
</tr>
<tr>
<td>Foster Care</td>
<td></td>
</tr>
<tr>
<td>6/18 CDC Project</td>
<td></td>
</tr>
<tr>
<td>Cross Agency Collaborations and Projects</td>
<td></td>
</tr>
</tbody>
</table>
## 3 POPULATION AND PROGRAM INITIATIVES

<table>
<thead>
<tr>
<th>FOSTER CARE</th>
<th>CDC 6/18</th>
<th>NASHP MCH PIP</th>
</tr>
</thead>
</table>
| - Collaboration with DSS to improve outcomes  
- Changes in communication path  
- Contract language and enforcement  
- Systems  
- Quality  
- Community supports  
| - Collaboration with VDH to increase smoking cessation  
- Supported by CDC  
- Targeting 6 common and costly health conditions with 18 proven interventions  
- MCO survey  
- QuitLine support  
| - Collaboration with VDH and DBHDS  
- TA awarded  
- One of eight states  
- 2 year Policy Academy  
- Improve access to care for Medicaid-eligible pregnant and parenting women with or at risk of SUD  |
MEDALLION 4.0 PLAN OVERSIGHT

- Validation of MCO Contract Requirements
- On-site and Internal Operational Reviews
- Financial Oversight
- Data, Reporting and Dashboards
Enhancing the seven main functions of Operations and Performance Management:

- **Contracts and Administration** ensures MCO operations are consistent with the contract requirements
- **Member and Provider Solutions** resolves service and care management concerns identified by members and providers
- **Quality Improvement** measures MCO performance against standard criteria, such as HEDIS, and facilitates focused quality projects to improve care for all members
- **Compliance** oversees, develops and monitors MCOs and can impose corrective action plans and sanctions
- **Systems and Reporting** manages data submissions from the MCOs, use of data, utilization, and financial reporting
- **Plan Relationships** provides education and training via weekly meetings and on-site visits
- **Collaboratives** held across the agency and divisions to meet Commonwealth goals
time for expansion
Coverage provided for most individuals through the Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) managed care programs

Expansion Populations

1. Caretaker Adults
2. Childless Adults
3. GAP
4. Plan First
5. SNAP
6. Marketplace
7. Pregnant Women
8. Incarcerated Adults and DOC
9. Presumptive Eligible Adults

Expansion Delivery Systems

- **Medallion 4.0** serves populations other than those who are medically complex
- **Commonwealth Coordinated Care Plus (CCC Plus)** serves populations who are medically complex
- **Fee for Service** serves populations excluded from managed care, including:
  - incarcerated adults,
  - presumptively eligible adults, and
  - newly eligible individuals until they are enrolled in a MCO
• Medallion 4.0 and CCC Plus teams
• CMS 1915b/c waivers approved and MCO contracts and rates developed and signed
• Program and systems readiness review completed
• Weekly plan meetings
• Network adequacy confirmed by HSAG and ODA
  ▪ Work with CSBs, FQHCs, and Free Clinics to increase access
  ▪ Health systems increased number of plans
• MCO Member Health Screening (MMHS)
  ▪ Medical complexity and social determinants of health
• Continued intense and focused project and health plan management
GROWING STRONGER... TOGETHER
COMMONWEALTH COORDINATED CARE PLUS
April 16, 2019

Tammy Whitlock
Deputy Director for Complex Care & Services
Approximately 236,000 individuals, including:

- Adults and children living with disabilities
- Individuals living in Nursing Facilities (NFs)
- Individuals in the CCC Plus Waiver (formerly the Technology Assisted Waiver and Elderly and Disabled with Consumer Direction Waiver)
- Individuals in the 3 waivers serving the Developmental Disabilities populations for their non-waiver services
- Medically complex individuals eligible through Medicaid Expansion
- Governor’s Access Plan members transitioned to CCC Plus on January 1, 2019
## CCC Plus Enrollment

<table>
<thead>
<tr>
<th>MCO</th>
<th>Tidewater</th>
<th>Central</th>
<th>Charlottesville</th>
<th>Roanoke Alleghany</th>
<th>Southwest</th>
<th>Northern VA/Winchester</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>6,365</td>
<td>10,058</td>
<td>4,534</td>
<td>4,368</td>
<td>4,570</td>
<td>5,379</td>
<td>35,274</td>
</tr>
<tr>
<td>Anthem</td>
<td>15,536</td>
<td>17,559</td>
<td>5,760</td>
<td>5,163</td>
<td>4,140</td>
<td>17,200</td>
<td>65,358</td>
</tr>
<tr>
<td>Magellan</td>
<td>6,360</td>
<td>5,700</td>
<td>3,262</td>
<td>2,804</td>
<td>2,588</td>
<td>3,578</td>
<td>24,292</td>
</tr>
<tr>
<td>Optima</td>
<td>12,885</td>
<td>8,299</td>
<td>7,937</td>
<td>2,941</td>
<td>2,921</td>
<td>3,205</td>
<td>38,188</td>
</tr>
<tr>
<td>United</td>
<td>4,992</td>
<td>5,584</td>
<td>2,655</td>
<td>3,633</td>
<td>2,756</td>
<td>7,322</td>
<td>26,942</td>
</tr>
<tr>
<td>VA Premier</td>
<td>6,038</td>
<td>10,361</td>
<td>8,015</td>
<td>9,798</td>
<td>7,645</td>
<td>4,336</td>
<td>46,193</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52,176</strong></td>
<td><strong>57,561</strong></td>
<td><strong>32,163</strong></td>
<td><strong>28,707</strong></td>
<td><strong>24,620</strong></td>
<td><strong>41,020</strong></td>
<td><strong>236,247</strong></td>
</tr>
</tbody>
</table>

As of 3/22/2019
## Medicaid Expansion CCC Plus Enrollment

<table>
<thead>
<tr>
<th>MCO</th>
<th>Tidewater</th>
<th>Central</th>
<th>Charlottesville</th>
<th>Roanoke Alleghany</th>
<th>Southwest</th>
<th>Northern VA/Winchester</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>978</td>
<td>1,066</td>
<td>517</td>
<td>662</td>
<td>723</td>
<td>377</td>
<td>4,323</td>
</tr>
<tr>
<td>Anthem</td>
<td>1,289</td>
<td>1,266</td>
<td>529</td>
<td>522</td>
<td>696</td>
<td>687</td>
<td>4,989</td>
</tr>
<tr>
<td>Magellan</td>
<td>766</td>
<td>768</td>
<td>404</td>
<td>514</td>
<td>477</td>
<td>302</td>
<td>3,231</td>
</tr>
<tr>
<td>Optima</td>
<td>1,199</td>
<td>867</td>
<td>591</td>
<td>441</td>
<td>504</td>
<td>268</td>
<td>3,870</td>
</tr>
<tr>
<td>United</td>
<td>702</td>
<td>694</td>
<td>351</td>
<td>493</td>
<td>465</td>
<td>351</td>
<td>3,056</td>
</tr>
<tr>
<td>VA Premier</td>
<td>818</td>
<td>956</td>
<td>686</td>
<td>880</td>
<td>943</td>
<td>341</td>
<td>4,624</td>
</tr>
<tr>
<td>Total</td>
<td>5,752</td>
<td>5,617</td>
<td>3,078</td>
<td>3,512</td>
<td>3,808</td>
<td>2,326</td>
<td>24,093</td>
</tr>
</tbody>
</table>
### CCC Plus Waiver and Nursing Facility Enrollment
**March 2019 (Medicaid Expansion)**

<table>
<thead>
<tr>
<th>MCO</th>
<th>Non-LTSS</th>
<th>CCC Plus Waiver w/o PDN</th>
<th>DD Waiver</th>
<th>Nursing Facility</th>
<th>CCC Plus Waiver with PDN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>AETNA</td>
<td>6,617</td>
<td>4,277 (26)</td>
<td>1,943 (2)</td>
<td>2,799 (12)</td>
<td>19 (0)</td>
<td>35,655</td>
</tr>
<tr>
<td>ANTHEM</td>
<td>45,226</td>
<td>12,549 (56)</td>
<td>4,226 (11)</td>
<td>3,759 (8)</td>
<td>126 (1)</td>
<td>65,886</td>
</tr>
<tr>
<td>MAGELLAN</td>
<td>18,952</td>
<td>2,454 (9)</td>
<td>1,120 (3)</td>
<td>2,417 (22)</td>
<td>28 (0)</td>
<td>24,971</td>
</tr>
<tr>
<td>OPTIMA</td>
<td>28,683</td>
<td>5,357 (19)</td>
<td>2,147 (3)</td>
<td>2,283 (14)</td>
<td>40 (0)</td>
<td>38,510</td>
</tr>
<tr>
<td>UNITED</td>
<td>20,675</td>
<td>3,324 (9)</td>
<td>1,188 (1)</td>
<td>2,351 (13)</td>
<td>6 (0)</td>
<td>27,544</td>
</tr>
<tr>
<td>VA Premier</td>
<td>35,382</td>
<td>6,084 (22)</td>
<td>2,151 (2)</td>
<td>3,015 (18)</td>
<td>18 (0)</td>
<td>46,650</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>175,535</td>
<td>34,045 (141)</td>
<td>12,775 (22)</td>
<td>16,624 (87)</td>
<td>237 (1)</td>
<td>239,216</td>
</tr>
</tbody>
</table>
### Monthly CCC Plus and DSNP Alignment (as of February 2019)

<table>
<thead>
<tr>
<th>MCO</th>
<th>Aligned</th>
<th>Unaligned</th>
<th>Percent Aligned</th>
<th>Total DSNP Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>1,539</td>
<td>169</td>
<td>90%</td>
<td>1,708</td>
</tr>
<tr>
<td>Anthem</td>
<td>4,225</td>
<td>774</td>
<td>85%</td>
<td>4,999</td>
</tr>
<tr>
<td>Optima</td>
<td>68</td>
<td>10</td>
<td>87%</td>
<td>78</td>
</tr>
<tr>
<td>United</td>
<td>4,265</td>
<td>7,151</td>
<td>37%</td>
<td>11,416</td>
</tr>
<tr>
<td>VA Premier</td>
<td>3,183</td>
<td>178</td>
<td>95%</td>
<td>3,361</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13,280</td>
<td>8,282</td>
<td>62%</td>
<td>21,562</td>
</tr>
</tbody>
</table>
EPSDT/Waiver Personal Care
(Early and Periodic Screening, Diagnosis & Treatment)

September 2018

- DMAS implemented CMS guidelines that any waiver service that is also an EPSDT Service must be authorized under EPSDT

3 services affected

- Personal Care
- Private Duty Nursing
- Assistive Technology
EPSDT/Waiver Personal Care

Results of Implementation of CMS Guidance

- 11.7% of cases resulted in a decrease
- 4.6% of cases resulted in an increase
- Many complaints from families to the legislature
- Close to 100 appeals
After several discussions with CMS, agreement was made to provide flexibility in the guidance.

DMAS revised the manual and the CCC Plus Waiver Waiver Amendment will be submitted April 18, 2019.

Webinars scheduled for MCOs and Providers Communication will be sent to families.

Change is effective May 1, 2019.
Office of Data Analytics

Moving toward Analytic Maturity

Data Management – Reports and Dashboards – Advanced Analytical Projects
Enterprise Data Warehouse (EDWS)

MMIS
- Member eligibility
- Provider
- CD services
- Medical claims
- Pharmacy claims
- Other claims

Magellan
- Behavioral health claims
- Service authorizations
- Screenings

Dept of Social Services
- Household income
- Family size
- Application processing time

ED Care Coordination
(to be collected)
- Admissions
- Discharges
- Transfers

Provider Data Solutions
- Licensing
- Credentialing
- Sanctions
- Demographics
- Medicare enrollment
Future State Overview

- Analytics and reporting for program, policy, and financial analysis, operations, and management

- Implementation of **40+ dashboards** providing analytics into clinical, quality and utilization trends (self service)

- ODA will continue to develop **additional dashboards** designed to meet division requirements

- Ability to develop **public-facing** dashboards
OTAAS Dashboard Example:
Emergency Department Utilization Report

Critical Business Functions Served:
✓ Identification of avoidable ED visits (e.g. visits better handled in office setting)
✓ Capability to drill down for high level aggregation to individual members
✓ Ability to hone in on super-utilizers and persistent super-utilizers
Symmetry Suite with 700+ health care quality measures
Over 40 reports (dashboards) that answer Medicaid and health care questions

<table>
<thead>
<tr>
<th>Agency Need(s)</th>
<th>Other Dashboards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth outcomes</td>
<td>Infant-focused dashboard (ability to filter based on low birth weight, pre-maturity, high risk pregnancy and more) Maternal-focused dashboard (ability to filter based on high risk pregnancies, county, age groups, race, eligibility group, etc.)</td>
</tr>
<tr>
<td>Cost drivers and financial details</td>
<td>Multiple dashboards studying cost drivers, utilization by category of service, and forecasting future costs</td>
</tr>
<tr>
<td>ED utilization &amp; acute care utilization</td>
<td>ED costs, identification of potentially preventable ED use, and analysis of acute care utilization and condition-based, cost drivers</td>
</tr>
<tr>
<td>Fraud detection</td>
<td>Provider profiling offers additional method for identifying leads</td>
</tr>
<tr>
<td>Provider analyses</td>
<td>Provider comparative analysis Provider profiles (ability to compare to peer group)</td>
</tr>
<tr>
<td>Provider network adequacy</td>
<td>Maintain evaluation of provider network adequacy plus the ability to compare network to actual utilization patterns</td>
</tr>
</tbody>
</table>
FOR IMMEDIATE RELEASE  
Date: January XX, 2019  

Department of Medical Assistance Services  
Contact: Christina Nuckols  
Email: Christina.nuckols@dmas.virginia.gov  

Virginia Medicaid Agency Launches Expansion Dashboard  
~ The dashboard includes up-to-date enrollment information statewide and by locality ~  

RICHMOND – The Virginia Department of Medical Assistance Services (DMAS) this week launched a publicly accessible online dashboard providing up-to-date data on the number of Virginians who have enrolled in new health coverage under Medicaid expansion.

“The agency plans to launch a new data warehouse later this year that will lead to the creation of new dashboards providing data on health outcomes, quality metrics and financial benchmarks designed to increase public understanding of DMAS’ role in the Commonwealth’s health care system.”
Public-Facing Medicaid Expansion

New Health Coverage for Adults

Overall Enrollment

- 200,100 adults newly enrolled in Medicaid
- 75,336 newly enrolled adults are parents

Age and Gender of Enrollees

- 37% 19 - 34 Years
- 63% 35 - 54 Years
- 14% 55+ Years

Enrollee Family Income

- 142,154 Below 100% FPL
- 57,946 100 - 138% FPL

The federal poverty level is $12,140 annually for a single person or $20,780 annually for a family of 3.

Adults Enrolled in New Health Coverage by Locality

Enrollment by Region

- Central: 49,494
- Charlottesville Western: 25,363
- Northern and Winchester: 40,877
- Roanoke and Allegheny: 21,161
- Southwest: 15,728
- Tidewater: 47,477
- Grand Total: 200,100

© OpenStreetMap contributors
VALUE BASED PURCHASING
VBP in a Managed Care Context

DMAS will promote quality and efficiency improvement under an MCO framework

- DMAS contracts with MCOs set expectations and incentives for quality, outcomes, & payment models
- MCO arrangements w/ providers reflect DMAS expectations & priorities
- DMAS will use both monetary and non-monetary incentives to drive performance among MCOs and providers

>90% of Virginia Medicaid members are in managed care
## Current Efforts Through MCO Contracts

### Program

**Clinical Efficiencies**
- Evaluate levels of preventable utilization (i.e. ED visits, hospital admissions, hospital readmissions)
- Develop performance measures to track MCO- & hospital-specific performance

**Performance Withholds**
- Performance targets for key process and outcome metrics
- Focus on behavioral health, chronic conditions, maternity care, and prevention

**CCC+ Discrete Incentives**
- Support successful, sustained transitions of complex nursing facility residents into the community

### Accountability

- Evaluate levels of preventable utilization (i.e. ED visits, hospital admissions, hospital readmissions)
- Develop performance measures to track MCO- & hospital-specific performance

### Incentive

#### 2020 → Adjust capitation rates
- CCC+ → 1% capitation withhold beginning in 2019
- Medallion 4.0 → Contract currently under development

#### 2021 and Beyond → MCOs have two-sided risk based on measure performance
- MCO’s can earn one-time bonus for each successful transition

### Outcome

As a whole, these policies align to provide material, financial incentives for MCOs to improve quality and efficiency in a key program areas.
Areas of Future VBP Focus for DMAS

VBP efforts need to effectively leverage limited resources to improve care outcomes

DMAS will focus on VBP initiatives and accountability structures that emphasize behavioral health, chronic conditions, maternity care, and prevention.
Collaboration with Academic Partners

- Medicaid Expansion
  - Evaluate utilization patterns and financial stability of likely newly insured, newly eligible members
  - Measure provider capacity, intentions and perceived barriers
  - Identify spillover effects of expansion on previously eligible members
  - Monitor hospital uncompensated care expenses and other financial indicators

- ARTS
  - Develop predictive model for identifying factors contributing to overdoses
  - Measure regional variation in accessibility and capacity of buprenorphine-waivered practitioners and identify high-risk areas
  - Focus on treatment rate and quality of care for vulnerable populations, such as pregnant women
  - Collaborate with multi-state partners to develop prevalence and quality metrics for substance and opioid use disorder

- CCC+
  - Measure member experience with the transition to managed care and health plan care coordinators
  - Identify social and medical needs of CCC+ members
  - Conduct interviews with care coordinators to identify specific activities, processes, and potential areas for improvement
Organizational Transformation Overview

The complexity of administration of the Commonwealth’s Medicaid program continues to grow...innovation is key to DMAS’s continued ability to meet our mission to *improve the health and well-being of Virginians through access to high quality health care coverage*.

DMAS is currently engaging in an organizational review process to ensure we are properly aligned in meeting our agency’s mission and goals. This includes:

1. A transparent process with clear goals and decision making pathways. The organizational changes could take two or more years to complete.

2. The creation of a blueprint for change to ensure the organizational transformation achieves lasting impact, and is accepted throughout all areas in DMAS.

3. The inclusion of the entire DMAS team in this process as its success is dependent on their active involvement and support.
CHCS Center for Health Care Strategies, Inc.

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. CHCS achieves its mission by partnering with state and federal agencies, health plans, providers, and community-based organizations to advance innovative and cost-effective models for organizing, financing, and delivering health care services. Its work focuses on:

1. advancing delivery system and payment reform;
2. integrating services for people with complex needs; and
3. building Medicaid and cross-sector leadership capacity to support high-quality, cost-effective care.

Request for Proposals Posted: 2/25
Notice of Intent to Award Posted: 3/22 (Without protest)
Contract with CHCS Executed: 4/5
Executive “kick off” Occurred: 4/8

Getting Started: Organizational Change RFP Timeline
Meet the CHCS Consulting Team

Center for Health Care Strategies

Mark Larson, CHCS Project Executive
As a former Vermont Medicaid Director, and Delegate, Mark guides CHCS’ leadership and capacity-building programs aimed at ensuring state leaders have the skills, expertise, and tools necessary to achieve Medicaid’s potential.

Lauren Moran, CHCS Project Manager,
Lauren has a Master’s in Public Policy and has provided technical and project management support in research, state government and consulting capacities.

Ed O’Neil, O’Neil and Associates
For more than a decade, Ed has worked with state Medicaid programs in support of their efforts to build leadership capacity, strengthen executive teams, and facilitate organizational transformation.

Lori Peterson, Collaborative Consulting
Adept at organizational assessment and change management, Lori will assist with development of recommendations for organizational re-design and executive team functioning.

Tom Betlach, former Arizona Medicaid Director
With 27 years of experience, Tom will serve as a subject matter expert on effective organizational structures and internal processes for Medicaid programs.
Organizational Transformation Work/Deliverables

CHCS Will Work with DMAS to perform the following:

1. Conduct a comprehensive review of the DMAS organizational structure and functions and aid the department in the consolidation of managed care programs (April – May 2019)

2. Provide a blueprint to the Department for change to ensure the organizational transformation achieves lasting impact, and is accepted throughout all areas in DMAS (Due June 2019)

3. Provide tools and support for leadership to instill the Mission and Values of DMAS throughout the Department (May-June 2019)
PROFESSIONAL DEVELOPMENT, RETENTION AND HIRING INCENTIVES FOR ALL STAFF & DIVERSITY COUNCIL
April 16, 2019

Ivory Banks, Chief of Staff
DMAS is competing for talent in a strong job market and continues to face challenges in recruiting and retaining highly skilled talent in critical jobs. The agency is responding with the following strategies:

- **Expanded hiring and retention criteria** will give DMAS a competitive edge in the hiring and recruitment of new employees.
  - Competitive salaries
  - Increased use of retention incentives.

- **Teleworking** will allow the agency to recruit the best people, no matter where they happen to live, and to retain those remote staff after they are hired.
  - Maximizes flexible work arrangements.

- **Increased Professional Development Opportunities** will strengthen employee engagement and professional growth, and boost innovation.
  - Performance Management
  - Conflict Management
  - Meeting Management
  - Presentation Skills
  - Calendar Management
  - Project Management
  - Public Speaking
  - Conferences/Seminar Participation
“In a time where our society and culture can seem so divided, I'm hopeful to have an opportunity where I can make a difference using my talents and gifts.” -- Council Member

• The goal of the Diversity Council is to make DMAS a more welcoming workplace where everyone can learn from each other and ensure that each person feels valued and respected. Specifically:
  • Encourage and support agency initiatives that maximize workplace diversity.
  • Initiate projects that increase the visibility of DMAS' diverse workforce.
  • Organize and engage staff in events that celebrate and educate about all cultures represented within the agency.
  • Foster meaningful discussions through speakers and other collaborations that promote an inclusive workplace and a greater understanding and respect for different lived experiences and all dimensions of diversity.
• More than 30 staff members volunteered and will meet monthly as a group.
• The Council Charter, Executive Board Inductions, and events are currently in planning.