CardinalCare
Virginia's Medicaid Program

Medicaid Managed Care Advisory Committee Meeting

November 16th, 2023

DMAS

Virtual Meting 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-1116-VA4026

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

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

Committee Members- Roll Call

Name	Agency
Vanessa Walker Harris	Virginia Department of Health
Marcia Tetterton	Virginia Association for Home Care and Hospice
Tim Hanold*	Board of Medicaid Assistance Services
Rufus Phillips	Association of Free Clinics
Samuel Bartle, MD	American Academy of Pediatrics
Emily Hardy	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

Questions

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.

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Welcome

Jeff Lunardi, Chief Deputy Director

DMAS

Agenda

- Welcome and Introductions
- Finance Update
- Unwinding Update
- Managed Care Programs Update
  - Cardinal Care
  - Right Help Right Now
  - Dental
  - Legally Responsible Individuals
- Public Comment

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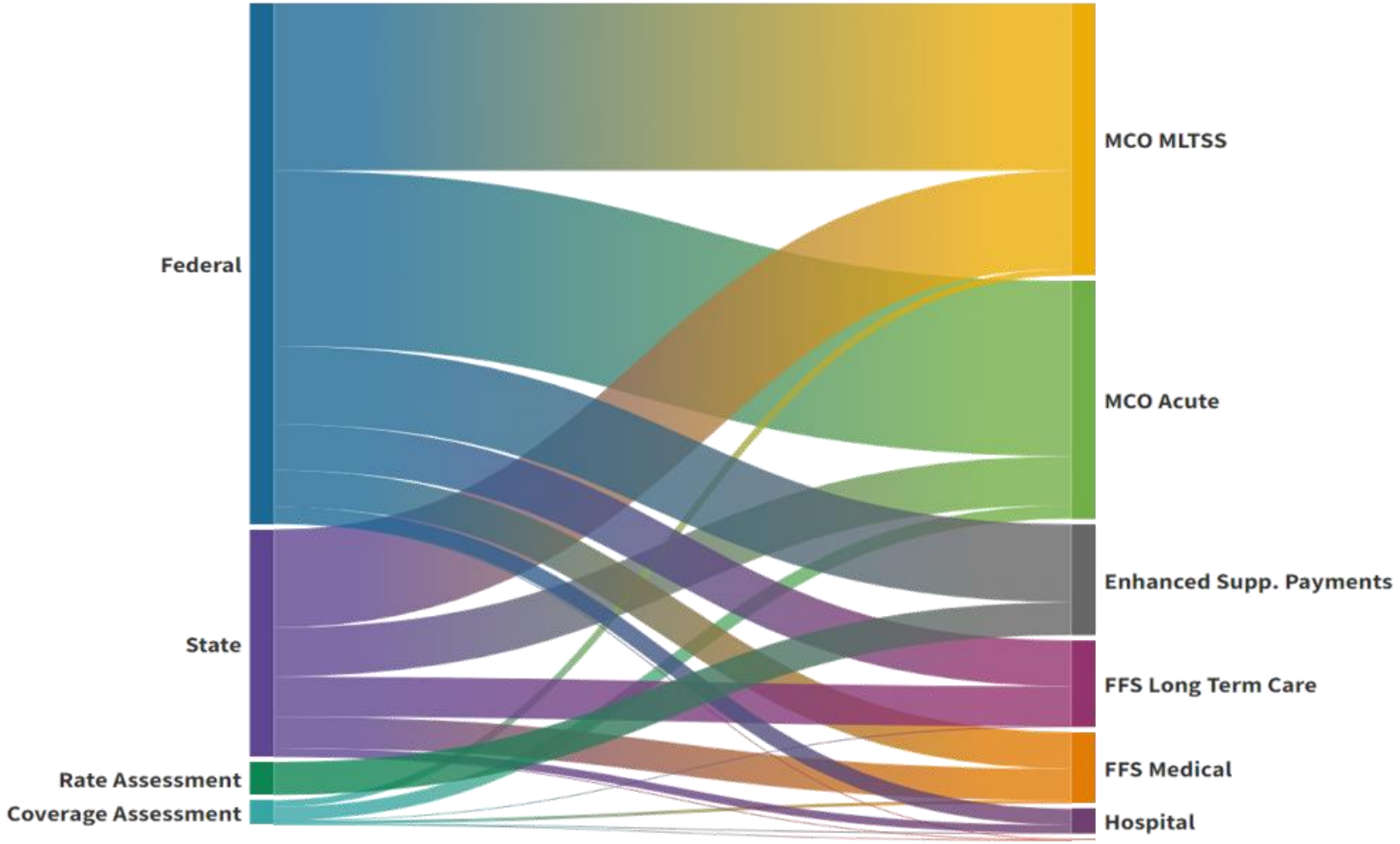
Finance Update

Chris Gordon, CFO

Deputy Director for Finance

DMAS

FY24 Medicaid Budget



Enrollment drives Medicaid

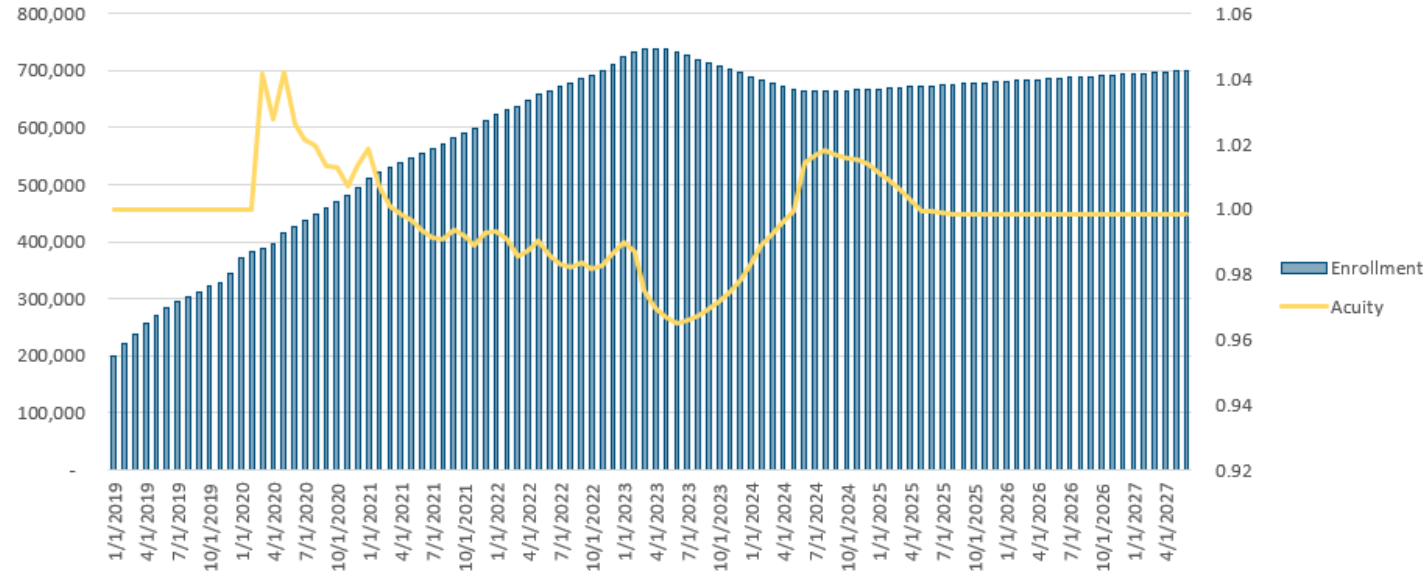
State: Virginia
Graphs: MedEX

	MonthBeg	Months
Period 1	3/1/2023	12
Period 2	7/1/2024	12
Proj. Mos.	16.0	

- VIRGINIA -

Base Inputs	
Month of First Terminations	5/1/2023
Months to Process Terminations	12
Unwinding Priority	Time-Based
Min. Mos. Enrollment to Disenroll	12
Months Lag for Churn	4
Unwinding Distribution	Renewals Report

	Period 1: Mar 23 to Feb 24		Period 2: Jul 24 to Jun 25		Low Enrollment Scenario		Mid Enrollment Scenario		High Enrollment Scen.	
Population	Avg. Enrollmen	Acuity	Avg. Enrollment	Acuity	Enrollment	Acuity	Enrollment	Acuity	Enrollment	Acuity
MedEX	715,264	0.97	667,731	1.01	-9.8%	3.8%	-6.6%	3.8%	-3.9%	0.5%

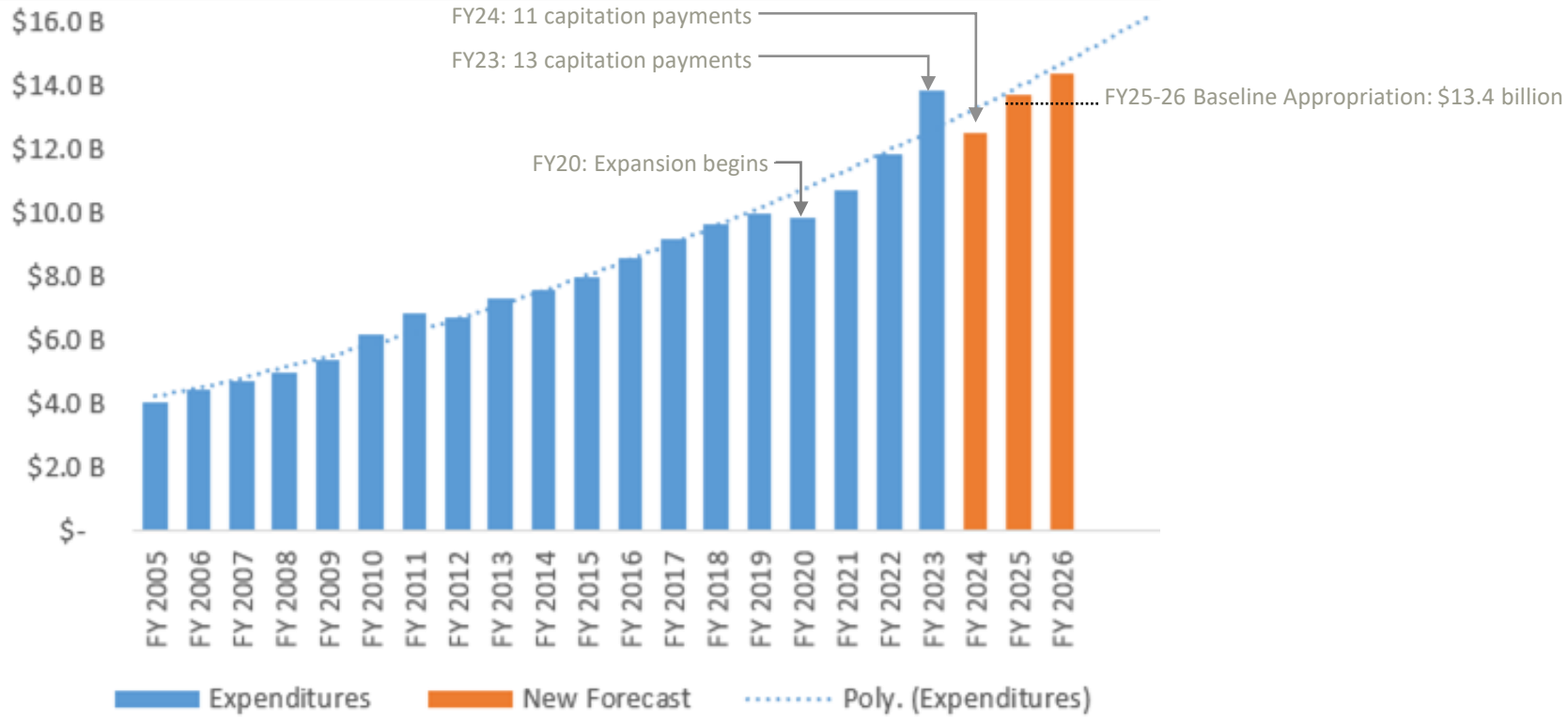


What does the Forecast look like?

Cost Drivers	FY24	FY25	FY26
Enrollment	• Unwinding • Case mix	• Normal population growth • Case mix	• Normal population growth • Case mix
Rates	• 11 Base capitation payments • Increase in MCO Rates • Inflation adjustments • Enhanced FMAP Ending	• 12 Base capitation payments • Increase in MCO rates • Inflation adjustments • Lower FMAP (3 quarters)	• 12 Base capitation payments • Increase in MCO rates • Inflation adjustments • Lower FMAP (4 quarters)
Services	• Utilization increasing	• Utilization increasing	• Utilization increasing
Net GF Need (Surplus)	**($126 million)**	**$175 million**	**$539 million**

Source: DMAS

19 Years of Base Medicaid Total Expenditures



Key takeaway: Medicaid is returning to normal growth

Summary

- **Three levers drive Virginia Medicaid:**
  - **Enrollment**
  - **Benefits**
  - **Rates**

- **Unwinding intersects two levers:**
  - **Drives up acuity for "stayers" (rates),**
  - **Blunt impact of "leavers" (enrollment), and**
  - **215K net population decrease**

Source: DMAS

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Virginia Medicaid Unwinding:
Ending Continuous Coverage Requirements and the Return to Normal Enrollment

Sarah Hatton

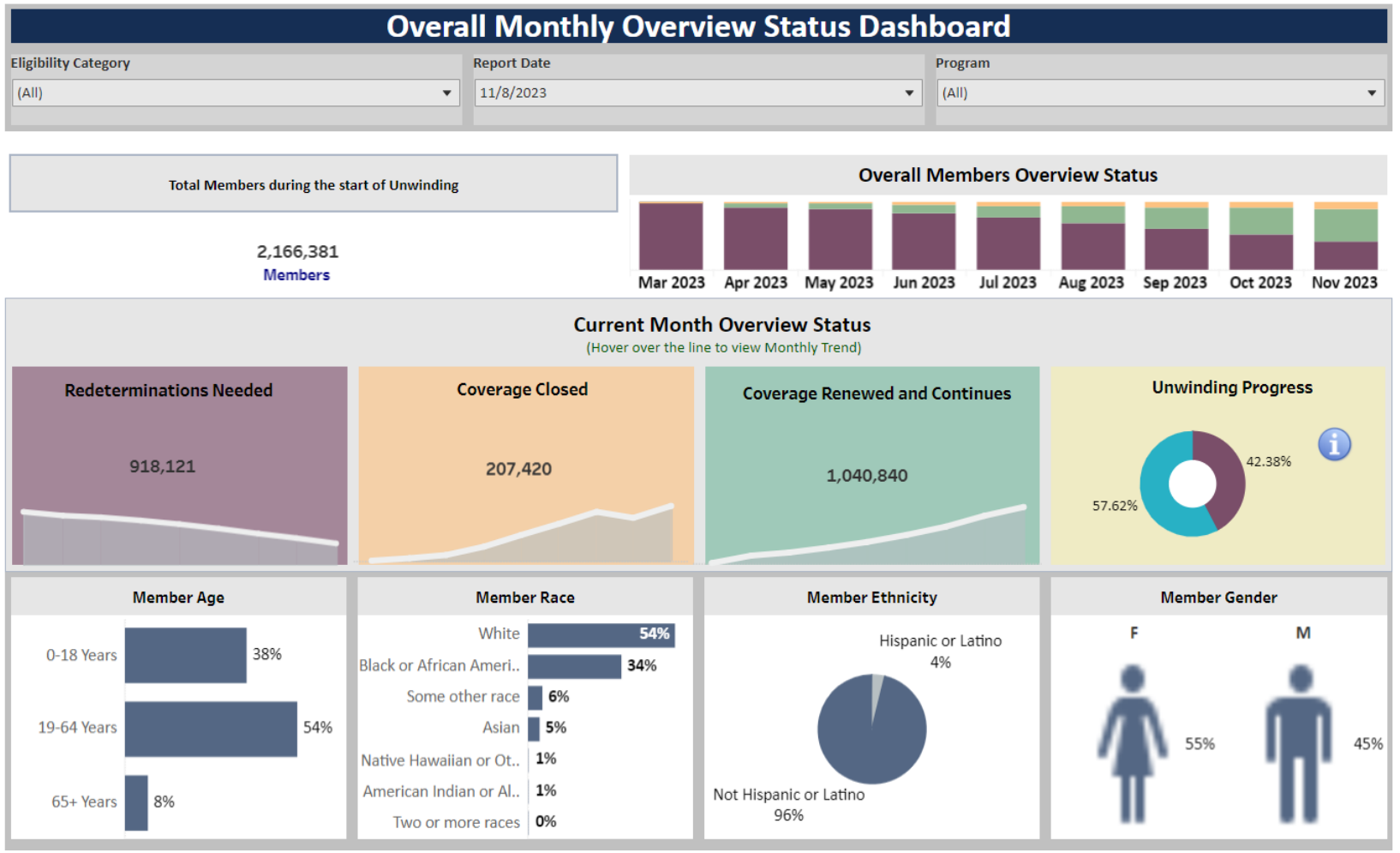
Deputy Director for Administration

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

COVER VIRGINIA

DMAS

Unwinding Dashboard



*** The dashboard was refreshed on 11/08/2023 – 207,420 members were closed, and 1,040,840 members were renewed with ongoing coverage.**

Members Determined as of 11/08/2023*

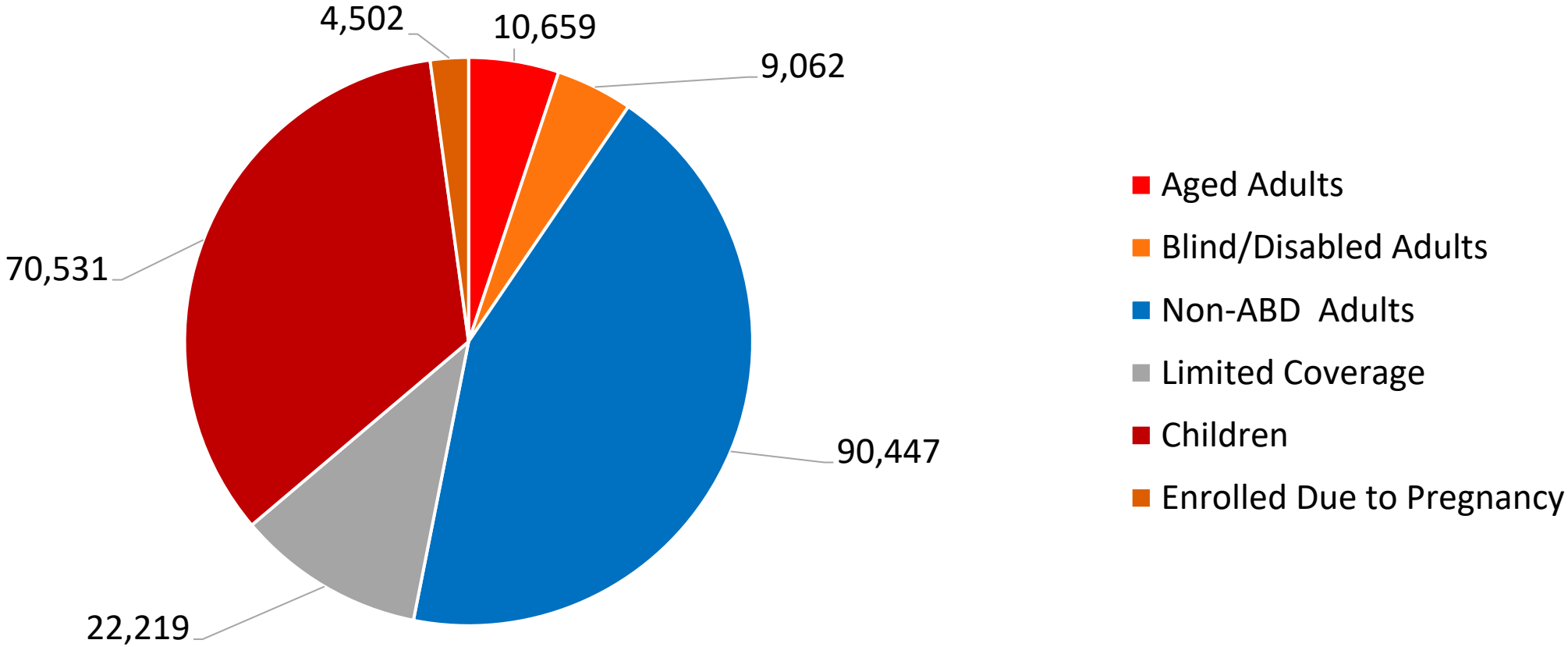
Completed by Member
2,166,831
2,000,000
1,900,000
1,800,000
1,700,000
1,600,000
1,500,000
1,400,000
1,300,000
1,248,260
1,100,000
1,000,000
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000

More than 57% of members have been determined, with 48% of members remaining enrolled.

Top Closures by Eligibility Grouping:

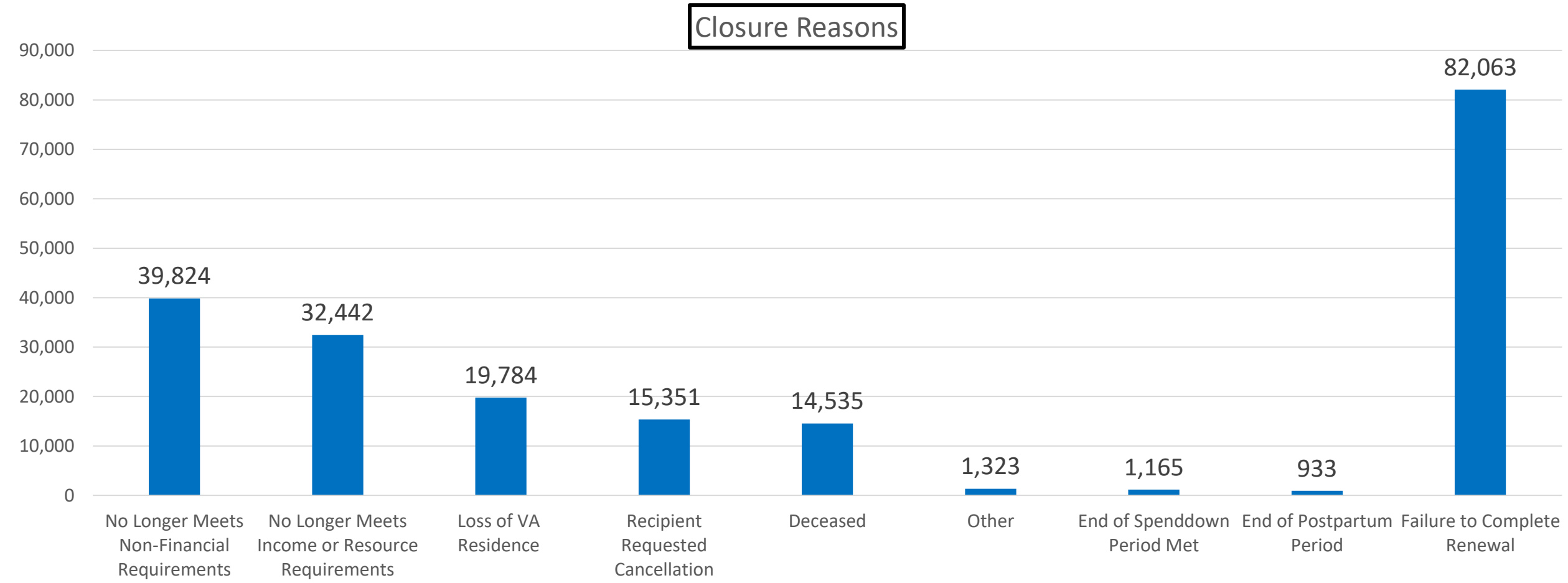
Closures through 11/08/2023

The highest closures have occurred among non-disabled adults between the ages of 19-64, followed by children, and then those enrolled in limited coverage such as Medicare Savings Plans, Plan First (family planning coverage), Incarcerated Coverage, and Emergency Medicaid.



Top Closure Reasons – Closures through 11/08/2023

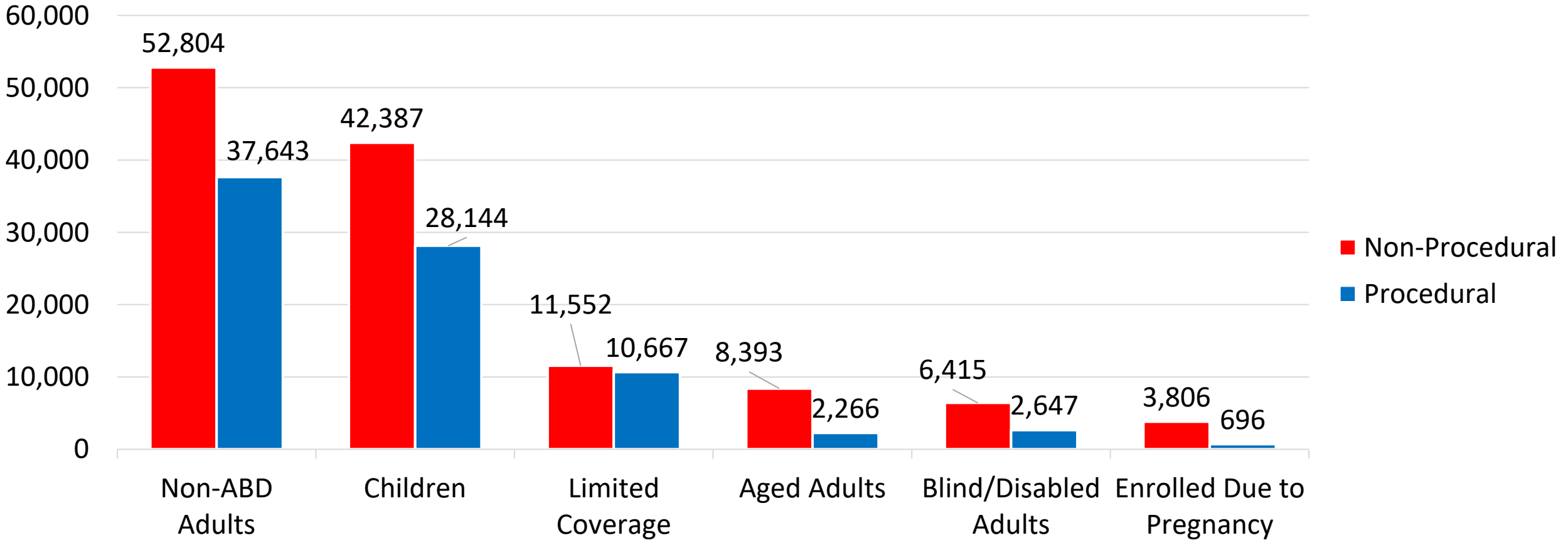
While November marks the ninth month of unwinding, the first month renewals were due in Virginia was May 2023. Redeterminations that were received in April were processed, however, April did not include closures for failure to return Medicaid renewal packets. As of 11/08/2023, 125,357 members were closed for non-procedural reasons (ineligible) and 82,063 members were closed for procedural reasons (did not return a renewal form or verifications needed to determine eligibility). This total is through unwinding out of the 2,166,381 members identified in the unwinding cohort.



Procedural vs. Non-Procedural Closures by Eligibility Grouping:

Closures through 11/08/2023

The highest closures have occurred among non-disabled adults between the ages of 19-64, followed by children, and then those enrolled in limited coverage such as Medicare Savings Plans, Plan First (family planning coverage), Incarcerated Coverage, and Emergency Medicaid.



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

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Managed Care Programs Update

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Virginia Medicaid has Transitioned to Cardinal Care

An Overview for Providers and Stakeholders

October 2023

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Cardinal Care: Virginia's Medicaid Program

- Cardinal Care will provide high quality care to more than 2 million Virginians through managed care and fee-for-service.

- Cardinal Care is the Department's brand that encompasses all DMAS health coverage programs, including Medicaid, Family Access to Medical Insurance Security (FAMIS), managed care and fee-for-service programs, effective January 1, 2023.

- Cardinal Care Managed Care consolidates Virginia Medicaid's two managed care programs – Medallion 4 and CCC Plus, effective October 1, 2023.

Background

- As part of the 2021 Appropriations Act, DMAS was directed to merge our two managed care programs, Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus), in a manner that links seamlessly with the fee-for-service program.
- DMAS's strategy to achieve these legislative directives was implemented in phases, including the initial phase to rebrand as Cardinal Care in January 2023, while working closely with the Center for Medicare and Medicaid Services (CMS) to receive federal approval to consolidate the two managed care waivers and contracts.
- Cardinal Care is DMAS's program name that includes all Medicaid, FAMIS, and Plan First members, and includes members served through managed care and fee-for-service delivery systems.
- DMAS received approval from CMS to consolidate the Medallion 4.0 and CCC Plus programs under Cardinal Care Managed Care – effective October 1, 2023.
- Cardinal Care Managed Care provides a strong foundation for the Governor's priority initiatives, including *Right Help Right Now* and the managed care procurement.

Consolidates Managed Care Contract and Waivers

- Cardinal Care Managed Care Contract between DMAS and the same MCOs.
- Cardinal Care 1915 (b) Managed Care Waiver
- The CCC Plus 1915 (c) Home and Community-Based Services (HCBS) Waiver remains unchanged and will continue to be referred to as the CCC Plus HCBS Waiver.

Cardinal Care Managed Care Improvements

Single MCO Contract and Single CMS 1915 (b) Managed Care Waiver

Preserves Continuity of Managed Care Enrollment

Responsive Model of Care

Aligned Regional Open Enrollment Effective January 1, 2023

Enhanced Accountability & Oversight

Cardinal Care Branding, Communications, and Consolidated Enrollment Broker Website (Jan 2023)

Cardinal Care Managed Care Populations

Includes the same populations participating in the CCC Plus and Medallion 4.0 Programs and does not add new populations to managed care

Nearly 2 million managed care members

- Newborns
- Infants
- Children
- Pregnant women
- Caretaker adults
- Older adults

- Disabled children
- Disabled adults
- Medicaid expansion adults
- Individuals with Medicare and Medicaid (full-benefit duals)

- Individuals receiving nursing facility or community-based long-term services and supports (LTSS), including hospice services.

Excludes the same populations who have been historically excluded from managed care participation

Cardinal Care Managed Care Services

Includes the same services provided in the CCC Plus and Medallion 4.0 Programs

Medical, preventive and behavioral health services; addiction and recovery treatment services (ARTS); maternal, newborn, and infant services; transportation; hospice; and long-term services and supports (LTSS) in community and nursing facilities.

Participants in the Developmental Disability (DD) Waivers are included; however, DD Waiver services are carved-out and paid through the DMAS fee-for-service program

CCMC continues to carve out dental services, school health services and LTSS screenings.

Excludes psychiatric residential treatment services

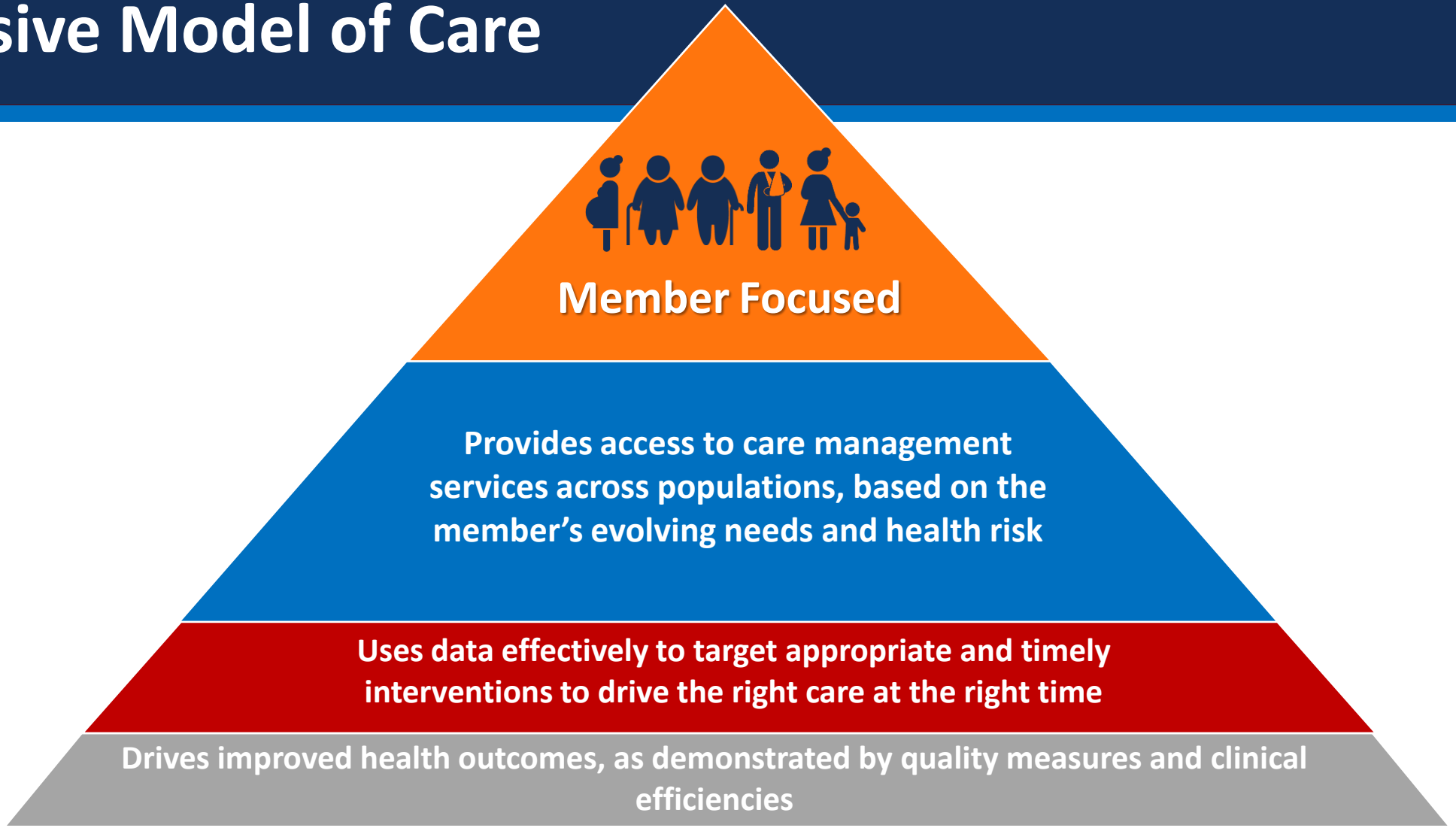
CCMC aligns benefits for managed care members

Cardinal Care Managed Care Benefit Alignment

Coverage under Medallion 4 and CCC Plus varied slightly for the services listed below. CCMC will align coverage for these services effective November 1, 2023. Providers should follow the existing process for the following services, until November 1, 2023.

1. Hospitalized At Enrollment – Under Medallion 4 rules, managed care enrollment was delayed until the member was discharged from the hospital. CCMC aligns with CCC Plus rules, and CCMC eligible members who are in the hospital at the time of initial MCO enrollment will enroll in CCMC managed care. Hospitals continue to bill inpatient DRG admissions as they do today, i.e., claims should be submitted to the entity (FFS or MCO) with whom the member is enrolled at admission; the entity at admission is responsible for hospital DRG from admission to discharge.
2. Newborn Enrollment – Under CCC Plus, newborns of CCC Plus mothers were first enrolled in fee-for-service prior to enrolling in managed care. CCMC aligns with Medallion 4.0, so that newborns of CCMC mothers will have coverage through the birth mother's MCO for at least the birth month plus two-additional months timeframe, which has been in place under Medallion 4.0 for many years.
3. LTSS and Hospice Services – Under Medallion, members who needed LTSS or hospice were disenrolled from the MCO to fee-for-service before re-enrolling in managed care. CCMC aligns with CCC Plus so that managed care populations who elect hospice benefits or enroll in long-term care programs will not be disenrolled as they were in Medallion 4.0.

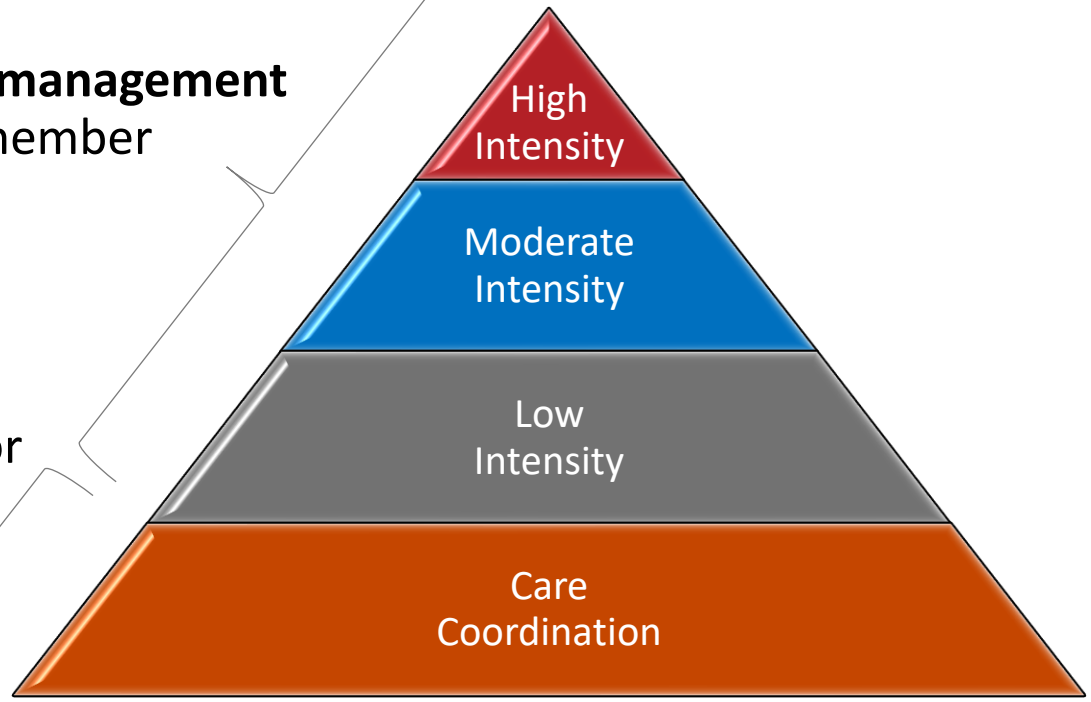
Responsive Model of Care



Care Management Intensity

Three levels of care management intensity based on member needs/risks

Care coordination for members with minimal needs



Care Management Components

MCO care managers partner with providers on behalf of members with significant health needs to:

- Support the member's choice to reside in the least restrictive environment
- Facilitate successful transitions between levels of care and settings
- Provide comprehensive health risk assessments
- Develop comprehensive member-centered care plans
- Foster interdisciplinary care team collaboration, participation and communication
- Engage the provider's expertise/ability to promote quality, etc.
- Collaborate with involved parties to ensure the member's health, safety and welfare
- Establish wrap-around community support services, addressing social determinants of health

Cardinal Care ID Cards

- Fee-for-service members can continue to use their current blue-and-white cards. Members receive a new Virginia Medicaid Cardinal Care fee-for-service card if they are newly eligible on/after January 1, 2023, or if their current card is lost or damaged. *Samples of the ID cards are provided in the appendix.*
- Members in managed care received new health plan ID cards with the new Cardinal Care logo, beginning in 2023.
- All managed care members use the same **VirginiaManagedCare.com** enrollment website and managed care helpline at **1-800-643-2273** (TTY: 1-800-817-6608) to choose a health plan.

Provider Contracting and Billing

- Providers will continue to contract with same MCOs.
- Continue to use the same service authorization and billing processes for fee-for-service and MCOs, unless notified of a specific change.
- Continue to check Medicaid eligibility. During our transition to Cardinal Care, the program names of CCC Plus and Medallion 4.0 will be phased out. DMAS eligibility verification systems (ARS and Medicall) will reflect managed care enrollment as “MCO.” The member’s MCO information on ARS will not change. *See before/after examples in the Appendix.*

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Right Help Right Now Update

Lisa Jobe-Shields, Behavioral Health Director

DMAS

Right Help. Right Now.

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

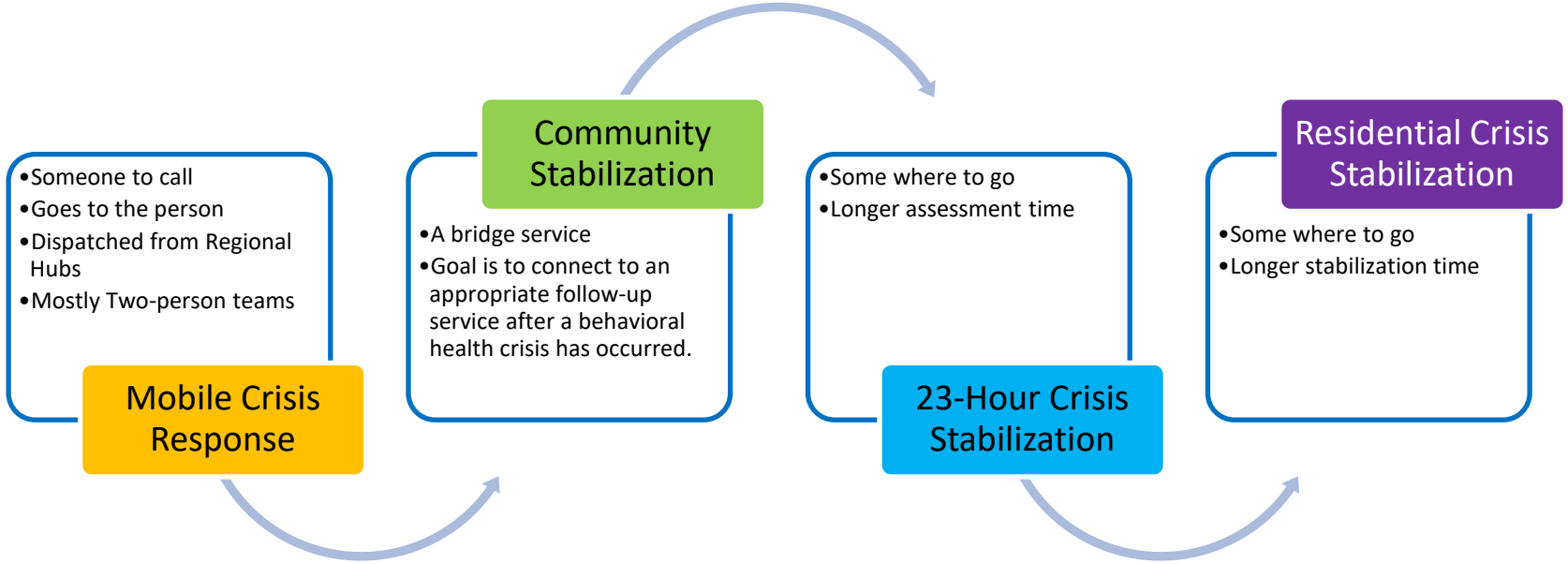
6: We must **identify service innovations and best practices** in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps

RIGHT HELP. RIGHT NOW.
Transforming Behavioral Health Care for Virginians

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION - QUALITY - VALUE

Crisis Continuum of Care in Medicaid

PROJECT BRAVO
BEHAVIORAL HEALTH REDESIGN FOR ACCESS, VALUE & OUTCOMES



RIGHT HELP. RIGHT NOW.
Transforming Behavioral Health Care for Virginians

988 SUICIDE & CRISIS LIFELINE

RHRN will integrate the four Medicaid BRAVO Crisis Services into a statewide system of crisis care based on the Crisis Now model and 9-8-8

VIRGINIA'S MEDICAID PROGRAM DMAS INNOVATION • QUALITY • VALUE

A system designed for youth: Supporting youth where they Live, Learn, and Play

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Virginia's Medicaid Program

Dental Program Update

Justin Gist, Dental Program Manager

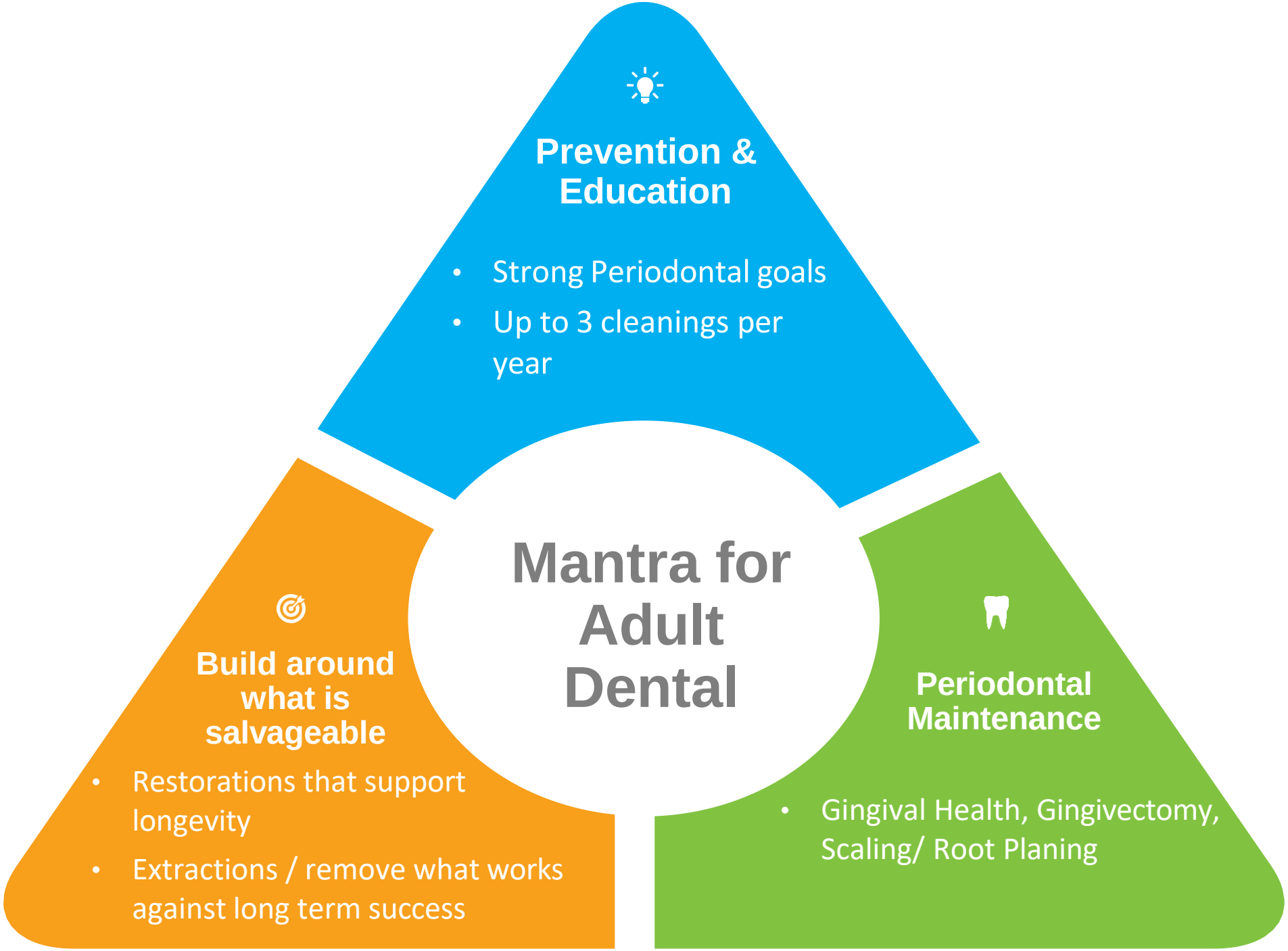
Zachary Hairston, DDS, Dental Consultant

DMAS

HISTORY OF THE SMILES FOR CHILDREN PROGRAM

- A New Day in Dental-Patrick Finnerty
- In 2005, Virginia's ***Smiles For Children*** program was established to improve access to high quality dental services for children enrolled in Medicaid.
- In 2015, Virginia's ***Smiles For Children*** program expanded coverage for pregnant members enrolled in Medicaid.
- In 2021, Virginia's ***Smiles For Children*** program expanded coverage for adult members enrolled in Medicaid.

Smiles For Children
Improving Dental Care for Children and Adults


Prevention & Education
Strong Periodontal goals
Up to 3 cleanings per year
Mantra for Adult Dental
Build around what is salvageable
Restorations that support longevity
Extractions / remove what works against long term success
Periodontal Maintenance
Gingival Health, Gingivectomy, Scaling/ Root Planing

HYGIENE-THE GATEWAY OF OUR ADULT DENTAL BENEFIT

- Our Virginia program is a leader on a National level with this one measure.
- Important to reacquaint members to proper healthcare
- Refocus/recognize the very important role of Dental Hygienists
- Well spent money for exam / cleaning / so much discovery occurs
- As patients become more senior, Basic and simple is requested more
- Regular cleanings can be Interceptive for bigger problems
- 3 times is member friendly for hypersensitive gingival tissue
- Frequency allows for increased OHI, education, monitoring and guidance
- The foundation of everything else dentists do rest, dent, part will have greater function and outcome

ADULT DENTAL HIGHLIGHTS

Comprehensive benefits began on July 1, 2021

There is no annual maximum dollar amount per member
*Dentist speaking chairside

There is no copayment or deductible
*When the member approaches the front office staff

Dental treatment started while covered under the SFC or Pregnant Members (PGM) program will transition to Adult Medicaid and offer seamless completion of services if Adult Medicaid eligibility is met.

All specialty procedures are represented except Orthodontic
*Hygiene, fillings, crowns, gum procedures, extractions

What's New?

- New Member Welcome Program
- Case Management and Care Coordination Program
- Broken Appointment Program – It's back!
- Emergency Dental Redirect Program
- Smiling Stork Program
- Dental Home with member assignment

Smiles For Children
Improving Dental Care for Children and Adults

New Member Welcome Program

- New members will receive a welcome call within 30 days of enrollment to:
  - Provide education on the importance of preventive oral health care and information about their dental benefits
  - Conduct an initial screening to identify special health care needs or unique circumstances that could impact the member's oral health
  - Referral to Case Management and Care Coordination for members with barriers to accessing care
- New members will receive a welcome letter within 30 days of enrollment including:
  - Contact information for DentaQuest
  - Information on how to access the member handbook
  - Dental Home details
  - Steps to locate a provider

Smiles For Children
Improving Dental Care for Children and Adults

Case Management and Care Coordination

- DentaQuest's Case Management and Care Coordination Program focuses on early identification of members that may need help accessing services, overcoming barriers to care, and those who have complex dental or special health care needs.

- Assistance may include locating dental providers, making appointments, addressing transportation needs, improving oral health literacy, and promotion of self- management.

- To identify the best course of case management and care coordination, DentaQuest will conduct risk stratification of members referred to the program. Members will be stratified as low, moderate, or high-risk. We use these risk levels to prioritize interventions and outreach.

- For members identified as high risk, a combination of clinical and non-clinical staff trained in techniques such as motivational interviewing engage recipients to develop a plan of care designed to improve access, self-management, and oral health outcomes.

Smiles For Children
Improving Dental Care for Children and Adults

Case Management and Care Coordination

- A person-centered Plan of Care is developed by the Case Manager in collaboration with the member and the member's family, which establishes specific and measurable care goals, as well as tools, solutions, education, and support aimed at promoting self-management and improving overall health.

- The Case Manager makes frequent contact with the member and/or their caregivers to address all needs and barriers to care. The member's Plan of Care is reviewed and updated at least once every six months.

- Members in the Case Management and Care Coordination program will be reassessed each year to track progress toward goals and potential for self-management. Members and caregivers who demonstrate they can successfully manage their own care will graduate from the program and be re-stratified at lower level of risk.

Smiles For Children
Improving Dental Care for Children and Adults

Broken Appointment Program

- In the event a member misses or breaks/cancels an appointment, providers can submit a claim using CDT codes D9986 and D9987 to notify us of the missed appointment. All providers will be encouraged to participate in this program.
- These codes are not reimbursable.
- DentaQuest will generate a weekly report identifying all instances of broken appointments.
- Outreach is conducted to members reiterating the importance of keeping their appointments or calling to cancel at least 24 hours ahead of time.
- In instances where a member misses two or more appointments in 6 months, DentaQuest will conduct additional calls to identify barriers to care and provide education and assist with rescheduling appointments.

Smiles For Children
Improving Dental Care for Children and Adults

Emergency Dental Redirect Program

- We designed the Emergency Dental Redirect program to effectively connect members to a dental home, break down barriers to care, and improve utilization patterns.
- The program is another avenue for “capturing” members that may not be engaged with a primary care dentist and have been using the emergency department for dental services.
- DMAS will identify members utilizing the Emergency Department for non-traumatic dental issues.
- DentaQuest will outreach to members via live calls and postcards to those identified using the ED to educate members about what to do in a dental emergency.
- Connecting members to a dental office, will move members from reactive dental care to preventive dental care

Smiles For Children
Improving Dental Care for Children and Adults

Smiling Stork

- This program provides education and information to not just pregnant members, but also dental providers on the potential link between low-birth-weight deliveries and oral health disease.

- Members who are pregnant will receive:
  - Information on the importance of oral health care during pregnancy.
  - Two brochures; one about caring for the pregnant member's mouth during pregnancy and encouraging them to see their dentist, and one that provides education on caring for their young child's mouth and teeth.

- Providers will receive information describing program objectives and how they can collaborate with us to build trusting relationships with members who are pregnant.

Smiles For Children
Improving Dental Care for Children and Adults

Dental Home

- To promote access to care, DentaQuest has introduced a dental home program that honors the AAPD's definition of a dental home of "the ongoing relationship between the dentist and the patient and is inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way, while also honoring member choice."

- Members who do not have treatment history with an SFC provider or for those that do not select a provider, our auto-assignment process can assign members to providers.

- Member assignment can be changed at any time by contacting DentaQuest or by utilizing the myDentaQuest App

- Pregnant members and members under 21 have been assigned to a Dental Home.

Smiles For Children
Improving Dental Care for Children and Adults

CardinalCare
Virginia's Medicaid Program

Consumer-Directed Services Legally Responsible Individual Update

Nichole Martin, Director Office of Community Living

DMAS

Reimbursing Legally Responsible Individuals (LRIs)

- DMAS received federal approval to permanently allow legally responsible individuals (parents of minors and spouses) to be paid to provide personal care services when circumstances prevent an individual from being cared for by non-LRIs.
- The original pandemic-related flexibility to allow payment to LRIs was set to expire on November 10, 2023.
- Safeguards were developed to meet Federal and State requirements while considering the needs of the Medicaid members and the integrity of the program. The safeguards were developed in concert with stakeholders, advocates, and feedback received from public comment.
- Governor Youngkin directed DMAS to seek approval from CMS to delay the implementation of the new requirements until March 1, 2024, to allow families to learn more and adjust to this change.

Reimbursing LRIs

- DMAS will continue to provide information to members, providers, and families about changes occurring on March 1, 2024

- More information can be found on the DMAS website at: https://dmas.virginia.gov/for-providers/long-term-care/waivers/legally-responsible-individuals/

- Questions can be sent to CDLRI@dmas.virginia.gov

Questions from committee members?

Public Comment