



DMAS UPDATE

VIRGINIA ASSOCIATION OF LOCAL HUMAN SERVICES OFFICIALS

January 27, 2020

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- ❑ Medicaid Expansion Update
- ❑ Governor's 2020 Budget and DMAS Priorities
- ❑ Member Engagement Updates

Who Does Medicaid Serve?



Children

672,000



Pregnant Women and Parents

123,000



Older Adults

76,000



Individuals with Disabilities

145,000

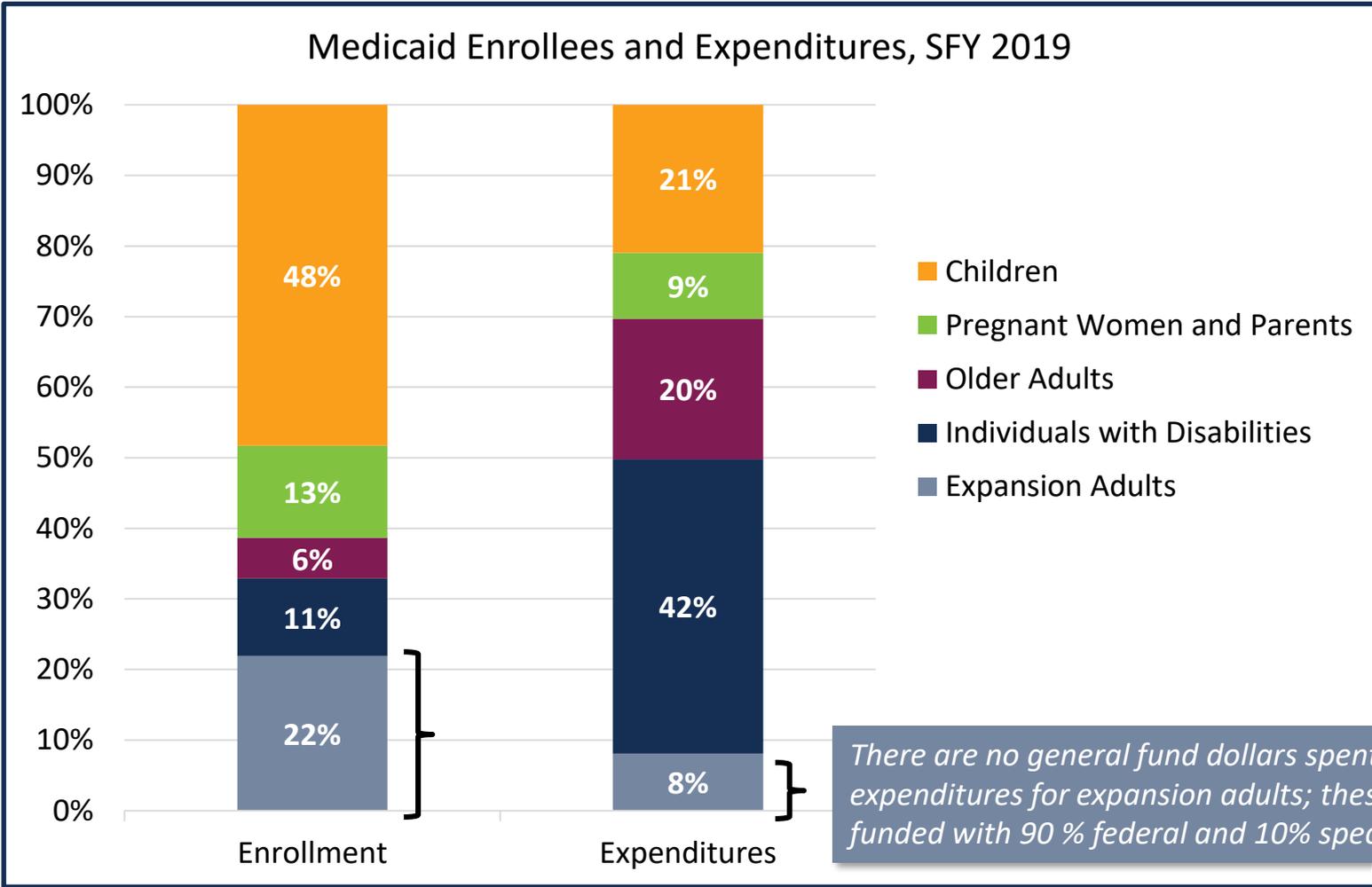


Expansion Adults

383,500

Medicaid plays a critical role in the lives of nearly 1.5 million Virginians

Medicaid Expenditures by Population, Including GF and non-GF



Managed Care Programs

96% of full-benefit Medicaid members are in managed care

Medallion 4.0 1,101,000 Members

Commonwealth Coordinated Care Plus (CCC Plus) 245,000 Members

Covered Groups



- Serving infants, children, pregnant women, caretaker adults, and newly eligible adults

- Serving older adults, disabled children, disabled adults, medically complex newly eligible adults
- Medicare and Medicaid (full-benefit duals)

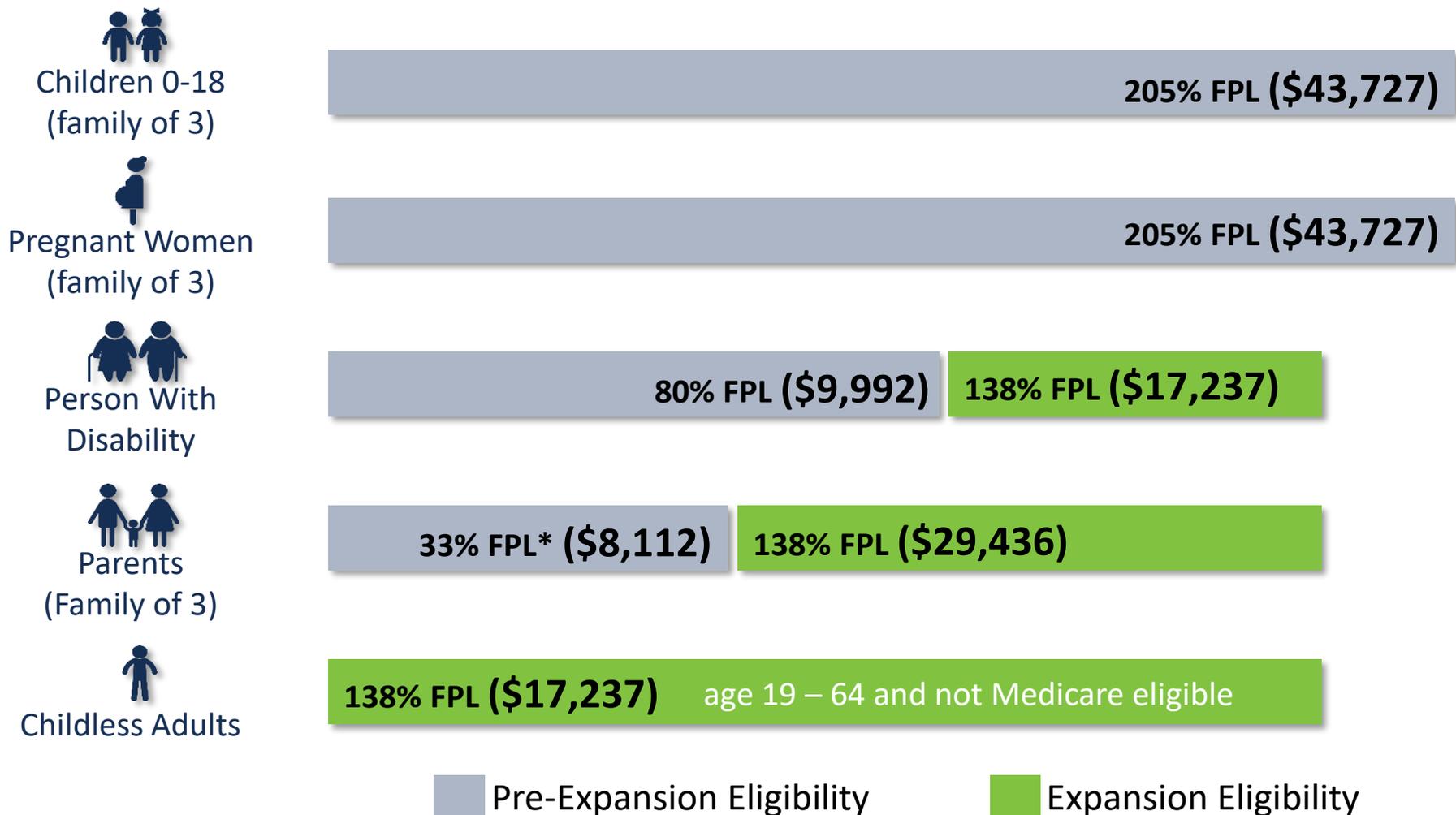
Covered Benefits



- Births, vaccinations, well child doctor visits, sick doctor visits, acute care, pharmacy, ARTS, behavioral health services, including community mental health rehabilitation services
- Excludes LTSS

- Full continuum of services (same as Medallion)
- Long-term services and supports (LTSS) in the community and in nursing facilities and hospice

Medicaid Expansion: Who Is Eligible?



Medicaid Expansion: Status Update



383,500 newly eligible adults are enrolled



329,000 Medicaid expansion members have received a Medicaid service and 254,000 have had a general office visit



22,000 have received care through the Addiction and Recovery Treatment Services (ARTS) program



Treatment for other chronic and life-threatening conditions include:
Cancer (5,800); Diabetes (26,000); Hypertension (46,000)

**Source: DMAS Enrollment and Claims Data as of 1/1/20. Due to natural claims lag, we expect these numbers to continue to rise as claims continue to be submitted.*

Expansion Enrollment Dashboard

New Health Coverage for Adults

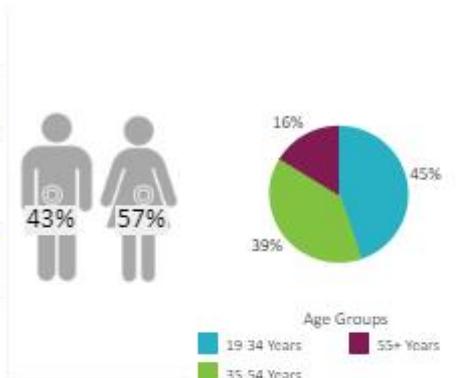
Enrollment as of 1/15/2020

Overall Enrollment

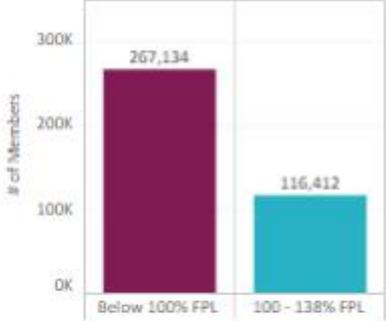
383,546 adults newly enrolled in Medicaid

117,923 newly enrolled adults are parents

Age and Gender

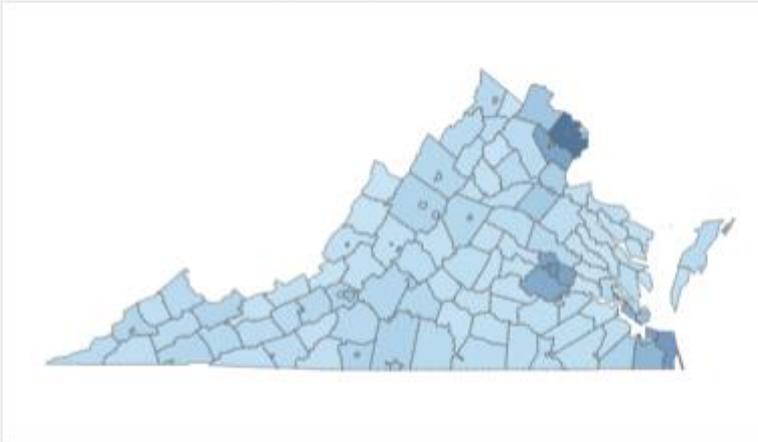


Family Income



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

City/County of Residence



Number of New Adults Enrolled in Medicaid: 16 to 26,518

Medicaid Region

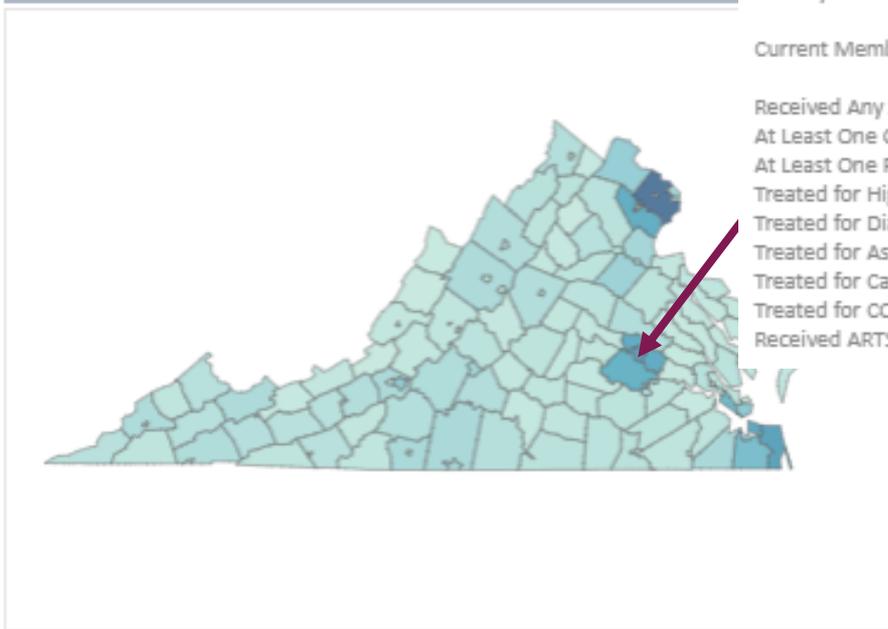
Central	101,180
Charlottesville / Western	48,874
Northern & Winchester	75,465
Roanoke / Alleghany	39,695
Southwest	29,939
Tidewater	88,393
Grand Total	383,546

Expansion Access and Utilization Dashboard

Medicaid Expansion Access and Health Services

Current Member Enrollment	383,544
Any Service Received	329,869
At Least One Office Visit	254,383
At Least One Prescription	259,539
Treated for High Blood Pressure	46,720
Treated for Diabetes	26,216
Treated for Asthma	10,244
Treated for Cancer	5,844

Access and Health Services by Locality



Medicaid Region: **Central**
 Locality: **Richmond City**

Current Member Enrollment: **18,451**

Received Any Service:	15,305
At Least One Office Visit:	10,595
At Least One Prescription:	11,485
Treated for High Blood Pressure:	2,441
Treated for Diabetes:	1,108
Treated for Asthma:	631
Treated for Cancer:	308
Treated for COPD:	338
Received ARTS:	1,791

Treated for Chronic Obstructive Pulmonary Disease (COPD)	7,607
Received Addiction and Recovery Treatment Services (ARTS)	22,554

Governor's Introduced Budget, DMAS Priorities

Maternal and Other Population Health Initiatives



Extend FAMIS MOMS eligibility from 60 days to 12 months postpartum

- Currently women between 138% and 205% of FPL **lose their Medicaid coverage at the end of 60 days.**
- During the first year after giving birth, women are at **increased risk of death and adverse health outcomes.**

Home Visits: Implement a home visiting benefit for pregnant women at risk and postpartum women at risk of poor health outcomes

- Home visiting provides social, health and educational services to parents and young children that can help **support healthy child development, prevent health and social problems, and identify opportunities to intervene** early in a child's life.

Governor's Introduced Budget, DMAS Priorities

Maternal and Other Population Health Initiatives



Eliminate 40 Quarter Work Requirement for Legal Permanent Residents

- **Federal law requires 5 years of residence** in the United States before a Lawful Permanent Resident can qualify for Medicaid.
- Virginia is one of only a handful of states that require **40 quarters or 10 years of work history** to qualify for Medicaid coverage.

Justice Involved: Provide services for individuals who are Medicaid eligible and have pending release from incarceration within 30 days

- During the first 2 weeks after release, the **risk of death among former inmates was 12.7x higher** than among non-incarcerated.
- The risk of death from drug overdose was 129x higher compared to those non-incarcerated.
- DMAS currently estimates that **30,000 or more incarcerated individuals** could be eligible for Medicaid under Virginia's expansion if released.

Governor's Introduced Budget, DMAS Priorities

Proposals to Improve Behavioral Health and Substance Use Disorder Services



Funding for the Enhancement of Behavioral Health Services

- **Implementation January 2021:** Multi-Systemic Therapy, Functional Family Therapy, Assertive Community Treatment
- **Implementation July 2021:** Comprehensive Crisis Services, Partial Hospitalization, Intensive Outpatient

Expand the Preferred Office-Based Opioid Treatment (OBOT) model to allow for all Substance Use Disorders

- Preferred OBOT is a **community-based, high-touch, evidence-based model** of care for individuals with addiction.
- DMAS currently limits service reimbursement in the Preferred OBOT to individuals with primary Opioid Use Disorder (OUD).

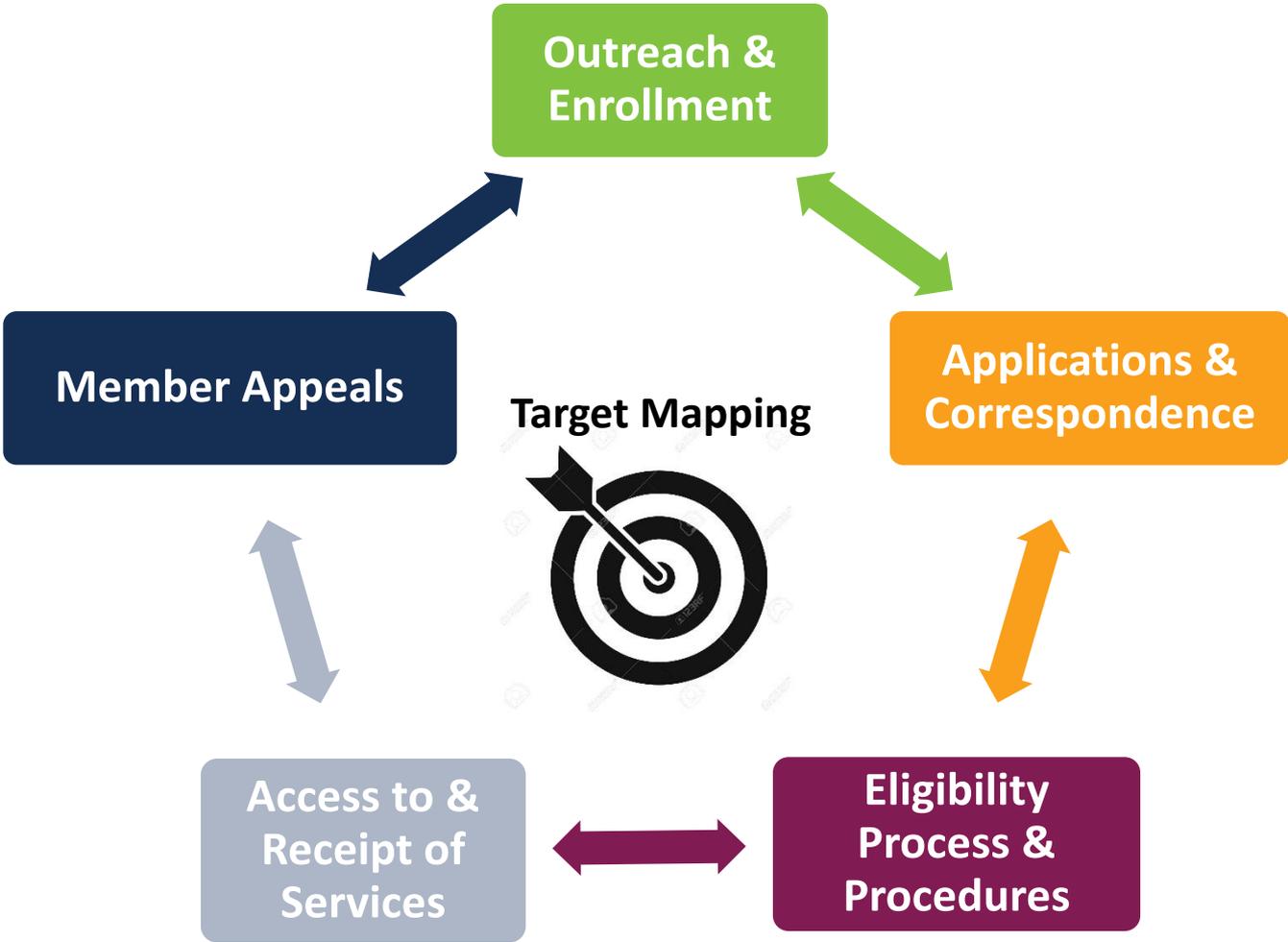
Medicaid Behavioral Health in 2020



Opportunities for Enhancement and Alignment across Initiatives

- **Behavioral Health Enhancement**
 - Interagency effort to bring high quality, evidence-based, trauma-informed and cost-effective enhancements to our current Medicaid service array including Comprehensive Crisis Services aligned with STEP-VA, Program of Assertive Community Treatment, Multi-Systemic Therapy and Functional Family Therapy, and Partial Hospitalization and Intensive Outpatient Services.
- **FREE Regional EBP Learning Collaborative Meetings : APRIL 2020**
 - Exciting, regional opportunities through coordinated effort from CSA and all other child-serving agencies to be facilitated by the National Implementation Research Network to support local teams in preparing for EBP implementation across funding sources. Applications due 2/7/2020. Questions to ebp.training@csa.Virginia.gov
- **Family First Prevention Services Act**
 - Aligned with BH Enhancement, FFPSA prevention services must all be trauma-informed and evidence-based so that we are providing the highest quality services that meet the social-emotional needs of our most vulnerable citizens in Virginia. Bottom line: Medicaid will pay FIRST for our members if they are eligible for Family First services.
- **Residential Treatment Transition to MCOs**
 - DMAS anticipates that Residential Treatment services will transition from management through the Magellan BSA to Managed Care through a carve in, though the earliest this would occur would be July 2021.

Member Engagement Initiatives



Notices and Member Communications

All eligibility notices and letters have been reviewed and updated to improve member communication and readability to provide clear information regarding eligibility and covered services to consumers, facilitating timely access to needed care.

Phase I: VaCMS Eligibility Notices- February 2020

- Notice of Action
- Temporary Notice of Proposed Action (New)
- Verification Checklist
- Language Taglines- Supplement (New)
- Marketplace Referral
- Spenddown Fact Sheet- Supplement (New)

Phase II: VaCMS Eligibility Notices- May 2020

- Renewal
- Manual Verification Checklist
- Advanced Health Care Directive
- Notice of Patient Pay Responsibility

Other member communications:

- 25 DMAS generated letters – rewritten for consistency, **appeals and non-discrimination language added**, language taglines added

Translation Services:

- Effective February 2020 Cover VA will **provide written translation services of all vital eligibility documents** in addition to the verbal translation services currently provided.
- Fall 2020 – systems updates to translate all member communications into the 17 most spoken languages in Virginia.

Self-Direct

- In January 2019, prior to system improvements to VaCMS, our self-direct success rate was only 4%.
- Since the implementation of system improvements in October **our self-direct numbers have risen to 26%**.

Application Backlog

- 2019 was the first year ever, even prior to Medicaid Expansion, that **there was not a backlog of applications** at Cover Virginia.
- This was a result of improvements in VaCMS and additional staffing at Cover VA.

Medicaid Member Advisory Committee

- Advisory committee to DMAS Director
- Formal method for **members' voices to be included in the DMAS decision-making process** and inform DMAS change management processes
- Committee is made up entirely of **Medicaid-enrolled individuals or an authorized representative of an enrollee**
- Committee members targeted outreach and enrollment difficulties, including renewal notice and website improvement recommendations



THANK YOU!