MEDICAID MEMBER ADVISORY COMMITTEE

April 11,2022

AGENDA

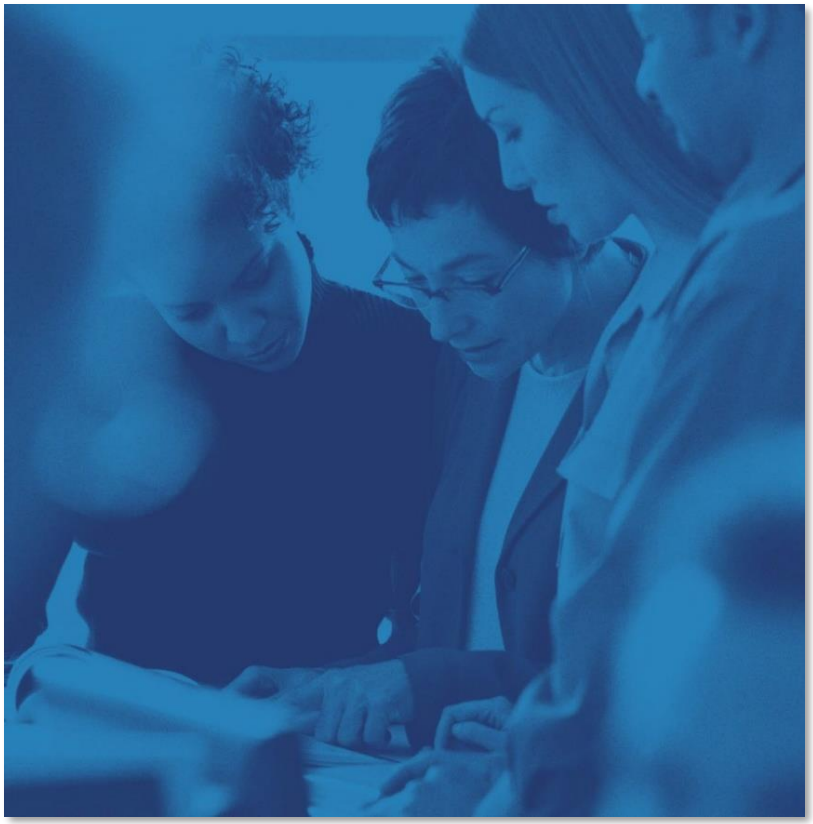
Natalie Pennywell

Agenda

1. Call to Order and Introductions
2. Minutes Approval 12.13.2021
3. The Role of Managed Care Organizations in Virginia
4. Public Health Emergency Updates
5. Understanding the Role and Process of Appeals
6. Public Comment
7. Adjournment

MINUTES APPROVAL

Natalie Pennywell



THE ROLE OF MANAGED CARE ORGANIZATIONS IN VIRGINIA

The Role of Managed Care Organizations in Virginia Medicaid

Medicaid Advisory Committee

April 11, 2022

Estelle Kendall, *Member & Provider Solutions Manager*
Bryan Talbert, *Contract Administrator*
Lynne S. Vest, *Member and Provider Relations Specialist*

Agenda

- Managed Care Overview
- Program Overview
  - Member Care and Benefits
  - Care Coordination
- Managed Care Quality Assurance
- New in Virginia Medicaid
- Questions & Feedback

What is Managed Care?

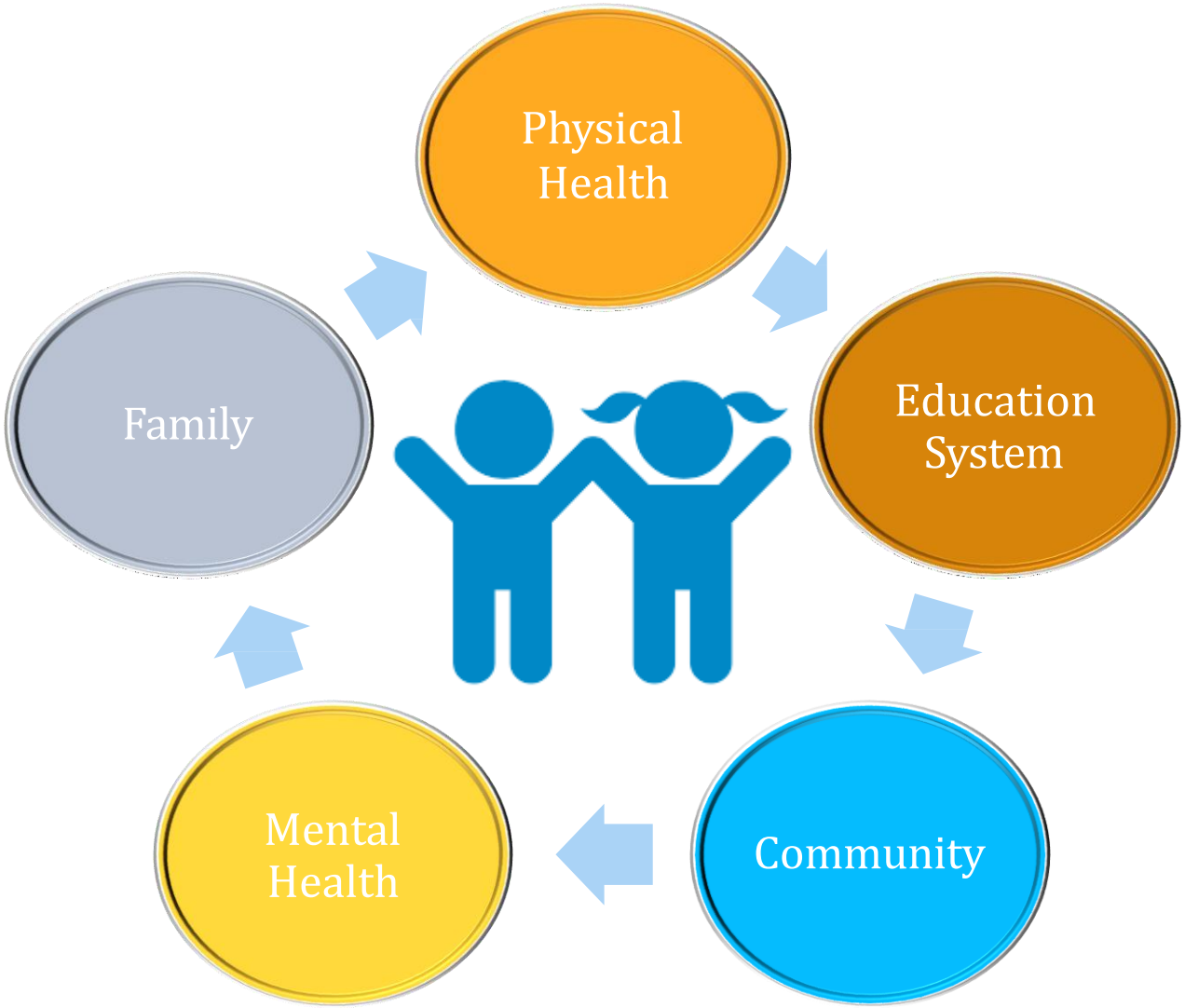
- A health care **delivery system** organized to manage cost, utilization, and quality

- Provides for the delivery of Medicaid health benefits and additional services through **contracted arrangements** between the state Medicaid agency and managed care organizations (MCOs) that accept a **per member per month rate** for these services

Managed Care Advantages

- Focuses on **quality of care** for individuals
- Offers a network of **high quality providers**
- Health plans offer **enhanced benefits**
- Health plans provide **comprehensive** health coverage and focus on **prevention**
- Assistance with food, stable housing, and other community resources

Providing Person-Centered Care



Current MCO Delivery System

Over 96% of full-benefit Medicaid & FAMIS members are served through MCOs

	Medallion 4.0 1,536,756 Members	CCC Plus 290,023 Members
Covered Groups 	▪ infants, children, pregnant members, caretaker adults and newly eligible adults	▪ older adults, disabled children, disabled adults, medically complex newly eligible adults ▪ includes individuals with Medicare and Medicaid (full-benefit duals)
Covered Benefits 	▪ Births, vaccinations, well child visits, sick visits, acute care, pharmacy, ARTS, behavioral health services, including community mental health rehabilitation services; excludes LTSS	▪ Full continuum of services (same as Medallion), but also includes long-term services and supports (LTSS) in the community and in nursing facilities and hospice
Health Plans 	**Same Six Health Plans Operate Statewide for Both Programs**	

Managed Care Health Plans

aetna®

Aetna Better Health® of Virginia

Anthem. HealthKeepers Plus
Offered by HealthKeepers, Inc.

MOLINA® HEALTHCARE | Molina Complete Care

OptimaHealth
Family Care

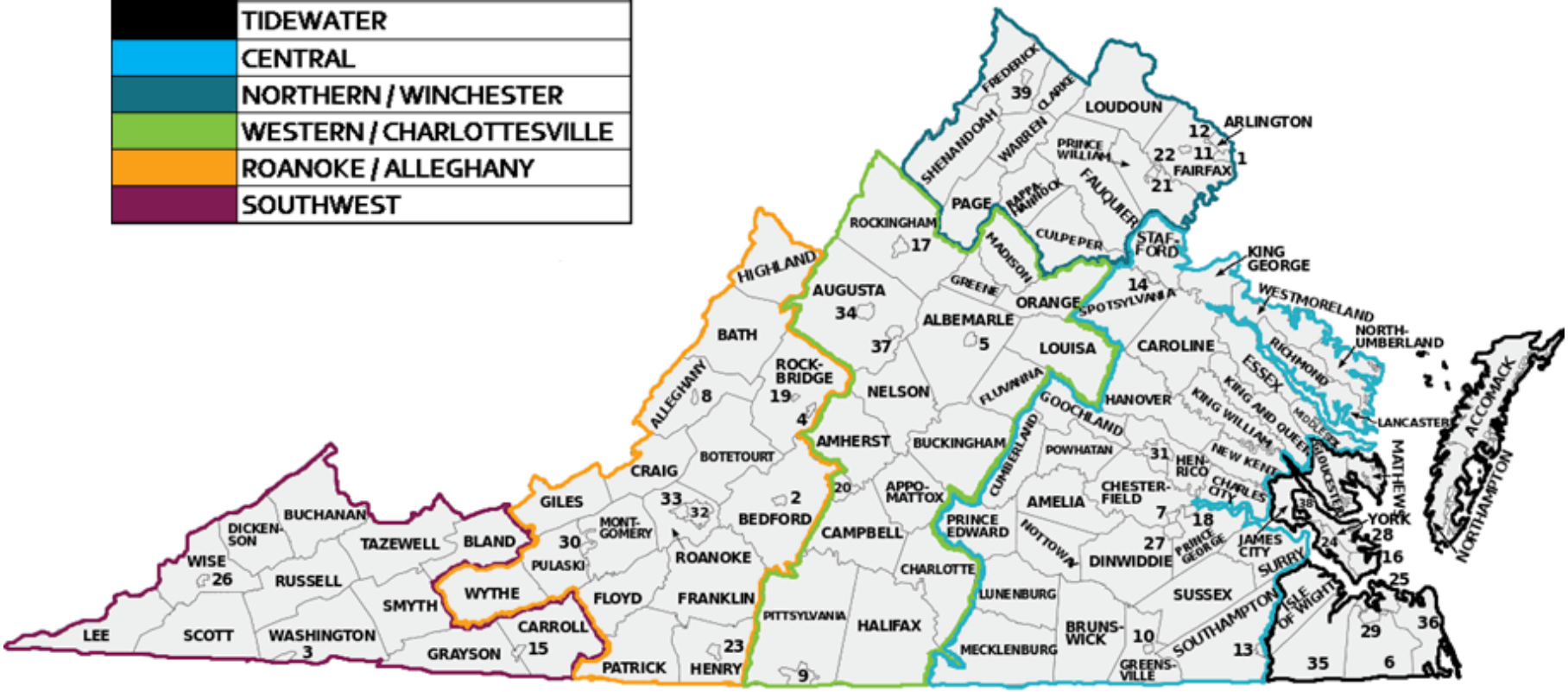
UnitedHealthcare®
Community Plan

VirginiaPremier™

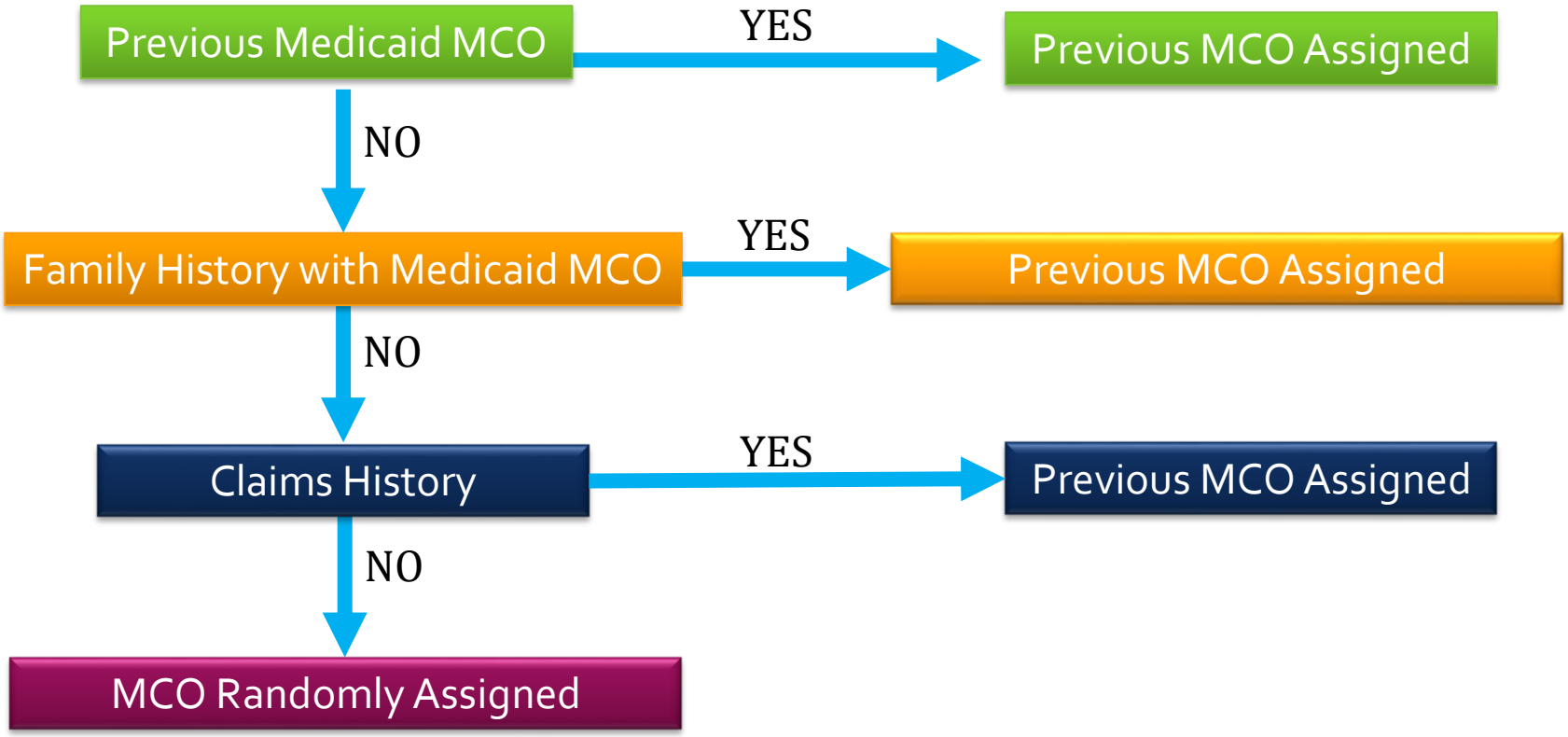
Managed Care Regions

Statewide Access

REGIONS
TIDEWATER
CENTRAL
NORTHERN / WINCHESTER
WESTERN / CHARLOTTESVILLE
ROANOKE / ALLEGHANY
SOUTHWEST



MCO Assignment Process



Managed Care Enrollment Timeline

Action	Date
DSS enters eligibility into system	April 7th
System generates nightly letter confirming eligibility and indicates potential eligibility for managed care	April 7th
Member receives letter and contacts enrollment broker before April 18th and is enrolled in managed care effective May 1st	April 11th
If no call by 18th of the month, system enrolls member in MCO effective 1st of the next month	April 18th
Letter mailed to member indicating the assigned MCO and effective date of May 1st	April 21st
Member has until last business day of month to change MCO for May 1st effective date	April 29th
Member is enrolled into MCO plan	May 1st

Choosing a Health Plan

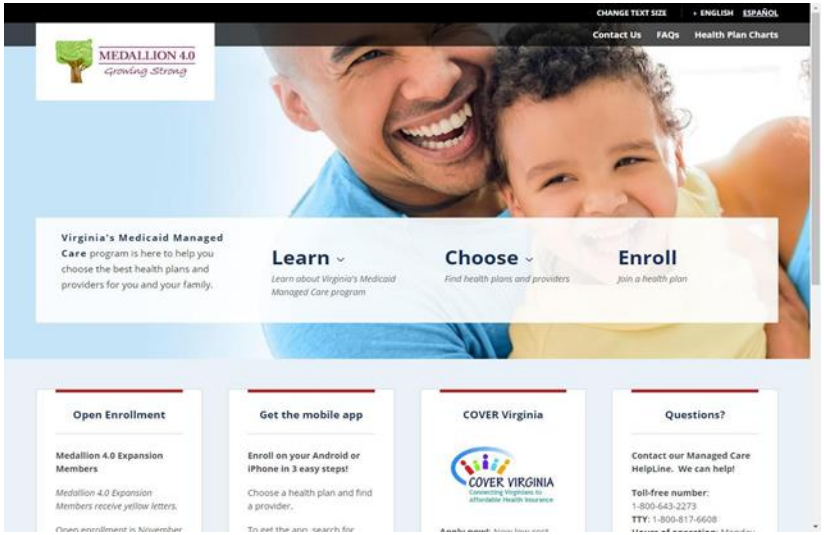
Phone

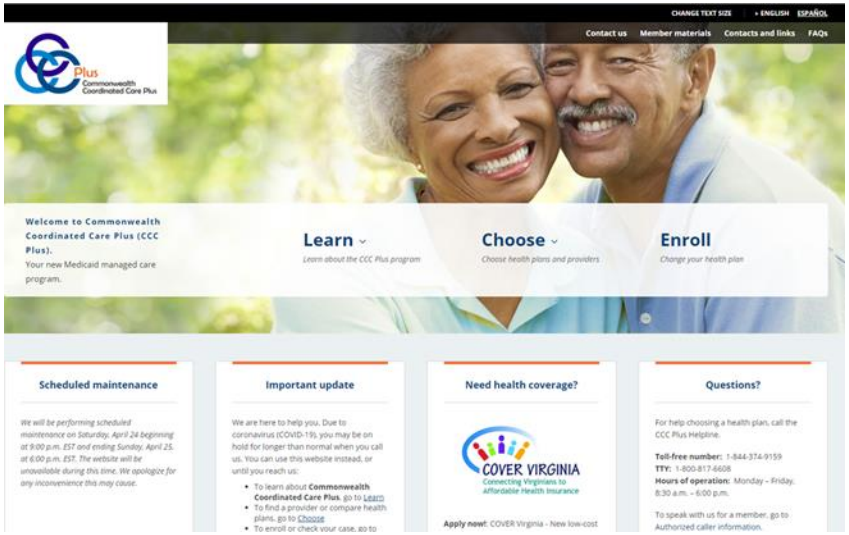
- **Enrollment Helplines**
- 1-800-643-2273 (Medallion 4.0)
- 1-844-374-9159 (CCC Plus)

Web

- **Enrollment Websites**
- virginiamanagedcare.com (Medallion 4.0)
- cccplusva.com (CCC Plus)

Managed Care Websites





Medallion 4.0 members can also choose a health plan and find a provider on their Android or iPhone using the mobile app. To download the app search **"Virginia Medallion"** on Google Play or the AppStore.

Examples of Health Plan Added Benefits

- All six (6) health plans offer enhanced benefits to members, including, but not limited to:
  - Vision for adults
  - Cell phone
  - Centering pregnancy program
  - GED for Foster Care
  - $25 gift cards for good grades
  - Sports physicals at no cost (under age 21)
  - Swimming lessons for members six (6) years and younger
  - Boys and Girls Club membership (6-18 years old)
  - Free meal delivery after inpatient hospital stays

- *Note: Not all health plans offer all of the same enhanced benefits.*

Medallion 4.0 Comparison Chart

aetna

Aetna Better Health® of Virginia

1-800-279-1878
TTY 711
AetnaBetterHealth.com/Virginia

Added benefits:

Adult vision
- Eye exam and $250 for glasses or contacts per year

Healthy moms and kids
- Maternity incentive program, 300 free diapers, virtual baby showers, and portable cribs for attendees
- Ted E. Bear, M.D.™ Club
- Free swim lessons
- Free youth sports physicals

Phone and online tools
- Free smartphone with free unlimited minutes and texts, plus 10 GB of data monthly
- 24/7 Member Services

Wellness programs
- Asthma program with 2nd inhaler or nebulizer plus bed and carpet cleaning
- Diabetes Care for Life program
- Weight management
- Wellness rewards card

Other benefits
- Free rides to grocery store, farmers market, food pantry, place of worship, DSS, DMV, WIC, certain social activities, and more (30 round trips each year)
- Home meal delivery after hospital stay (14 meals)
- GED certificate incentive

Anthem HealthKeepers Plus

Offered by HealthKeepers, Inc.

1-800-901-0020
TTY 711
anthem.com/vamedicaid

Added benefits:

Adult vision
- Eye exam every other year and up to $100 for glasses (frames and lenses) or contacts every year

Healthy moms and kids
- Boys & Girls Club membership
- Free diapers, umbrella stroller, $35 Barnes & Noble card for books
- Free sports physical
- Up to $30 baby food Kroger vouchers for well-child visits

Phone and online tools
- Free smartphone with 350 minutes, unlimited texts, plus 4.5 GB of data monthly
- Free Chromebook for high school seniors with 3.5 GPA

Wellness programs
- $120 of Weight Watchers® vouchers
- Healthy Rewards up to $50

Other benefits
- 12 free rides to grocery store or food bank per year
- 14 meals after hospital stay
- $120 in GED testing vouchers
- $25 gift card for good grades
- Coupon book
- Up to $20 Walmart gift card for completing health screener
- Air purifier (with approval)

MOLINA HEALTHCARE

Molina Complete Care

1-800-424-4518
TTY 711
MCCofVA.com

Added benefits:

Adult vision
- 1 eye exam every other year and up to $100 for glasses (frames and lenses) or contacts every year

Healthy moms and kids
- Pregnancy supplies and mobile information tools
- Member baby showers hosted quarterly per region
- Yearly sports physicals for children
- Bicycle helmets for children

Phone and online tools
- Free smartphone with 350 minutes, unlimited texts, plus 4.5 GB of data monthly

Wellness programs
- Healthy Rewards gift card up to $50
- Yearly routine physicals for adults

Other benefits
- Fresh meals delivered to your home after hospital stay
- SaveAround retail coupon book

OptimaHealth

1-800-881-2166
TTY 711
optimahealth.com/familycare

Added benefits:

Adult vision
- 1 eye exam every other year and up to $100 for glasses (frames and lenses) or contacts every year

Healthy moms and kids
- OB care support programs, baby showers and incentives up to $75

Phone and online tools
- Free smartphone with 350 minutes, unlimited texts and free monthly calls to health plan
- Web and mobile app tools

Wellness programs
- Weight management
- Wellness rewards up to $50
- Online search tool to find food, housing, jobs, and more

Other benefits
- Up to $275 for GED prep and testing vouchers plus coaching
- Up to $75 college applications help (restrictions apply)
- Free sports physicals
- Free rides to grocery stores,community events, and more (24 round trips each year)
- 24-hour doctor access for non-life threatening health questions
- Meals delivered to your home after hospital stay, including OB, 2 meals each day for 7 days

UnitedHealthcare Community Plan

1-844-752-9434
TTY 711
uhccp.com/virginia

Added benefits:

Adult vision
- 1 eye exam each year and frames and lenses every 2 years

Healthy moms and kids
- Prenatal/maternity incentives up to $100, baby showers
- Free breast pump and hospital breast feeding consult
- Vaccine incentives up to $100 at Footlocker® for ages 5-18
- Free Boys & Girls Club membership
- Free sports physical
- Free mattress cover & pillowcase for members with asthma

Phone and online tools
- Free smartphone with 350 minutes, unlimited texts, and 3 GB data monthly
- Stress, anxiety, and depression support with Sanvello app

Wellness programs
- Free access to more than 300 fitness centers and local YMCAs
- 14,000 virtual fitness options
- 13 Weight Watchers® vouchers
- Healthy Rewards up to $25
- 6 chiropractor visits per year

Other benefits
- 12 free round-trip rides to places of worship, grocery, DMV, & library
- 14 meals after hospital stay

VirginiaPremier

1-800-727-7536 | TTY 711
Northern Virginia members* with Kaiser Permanente: **1-855-249-5025**
virginiapremier.com

Added benefits:

Adult vision
- Lenses and up to $100 for frames or contacts every 24 months for non-diabetic members and every 12 months for diabetic members

Healthy moms and kids
- Baby Showers
- Prenatal & parenting classes, free breast pump, family planning
- Healthy Heartbeats prenatal and postpartum wellness program with incentives
- Childhood wellness program

Phone and online tools
- Free smartphone with 350 minutes, unlimited texts, plus 4.5 GB of data

Wellness programs
- Nutritional education and personal fitness programs
- Registered nurse & text programs to manage chronic conditions
- Free sports physicals

Other benefits
- 3 free non-medical round trips every 3 months

*Kaiser: Arlington, Alexandria, King George, Fairfax, Fairfax County, Falls Church, Fauquier, Loudoun, Manassas Park, Prince William and Stafford.

CCC Plus Comparison Chart

aetna Aetna Better Health® of Virginia **1-855-652-8249** TTY 711 AetnaBetterHealth.com/Virginia	Anthem. HealthKeepers Plus Offered by HealthKeepers, Inc. **1-855-323-4687** TTY 711 anthem.com/vamedicaid	MOLINA HEALTHCARE Molina Complete Care **1-800-424-4524** TTY 711 MCCofVA.com	OptimaHealth **1-888-512-3171** or **1-757-552-8360** TTY 711 optimahealth.com/communitycare	UnitedHealthcare® Community Plan **1-866-622-7982** TTY 711 uhccp.com/Virginia	VirginiaPremier **1-877-719-7358** TTY 711 virginiapremier.com
Added benefits: **Adult vision** ▪ 1 eye exam and $250 for glasses or contacts per year **Adult hearing** ▪ Exam and $1,500 for hearing aids plus 60 batteries per year **Phone services** ▪ Free smartphone with unlimited minutes, data, and texts monthly **Wellness programs** ▪ Wellness rewards card ▪ Virtual wellness center ▪ Personalized weight management with registered dietitian **Other benefits** ▪ Free rides to grocery store, farmers market, food pantry, place of worship, DSS, DMV, WIC, Social Security Office and more (30 round trips each year) ▪ Meals delivered to your home after discharge, 2 meals each day for 7 days ▪ Memory alarms and devices ▪ Community health worker ▪ Diabetic shoes or inserts	**Added benefits:** **Adult vision** ▪ 1 eye exam and $100 for lenses and frames per year **Adult hearing** ▪ 1 exam, $1,000 for hearing aids and 60 batteries per year **Phone services** ▪ Free smartphone with 350 minutes, 4.5 GB of data and unlimited texts monthly **Wellness programs** ▪ Online search tool to find food, jobs and more ▪ Healthy Rewards gift card (up to $50 per goal) ▪ Personalized / interactive app **Other benefits** ▪ Up to 12 rides a year to community events, grocery stores and more ▪ Meal delivery after hospital or nursing facility discharge ▪ Coupons with over $1,000 in savings to local stores ▪ $100 for assistive devices and wheelchair accessories ▪ Air purifier (with approval)	**Added benefits:** **Adult vision** ▪ 1 eye exam every other year and up to $100 for glasses (frames and lenses) or contacts every year **Phone services** ▪ Free smartphone with 350 minutes, 4.5 GB of data and unlimited texts monthly **Wellness programs** ▪ Healthy Rewards gift cards (up to $50 each year) ▪ Annual physicals for all adults **Other benefits** ▪ Fresh meals delivered to your home after discharge ▪ Environmental, home and vehicle modifications for all members when needed ▪ Additional personal care attendant support ▪ Online directory of community services and organizations ▪ Bicycle helmets for children ▪ SaveAround retail coupon book	**Added benefits:** **Adult vision** ▪ 1 eye exam and $100 for frames per year **Phone services** ▪ Free smartphone with 350 minutes, 1 GB of data and unlimited texts monthly **Wellness programs** ▪ Weight management ▪ Online tool to find food, housing, jobs and more **Other benefits** ▪ Free rides to grocery stores, community events and more (24 round trips each year) ▪ Meals delivered to your home after hospital stay, including OB, 2 meals each day for 7 days ▪ Memory alarms and devices ▪ 24-hour doctor access for non-life threatening health questions ▪ Up to $275 for GED prep & testing vouchers plus prep coaching ▪ Up to $75 college applications help (restrictions apply)	**Added benefits:** **Adult vision** ▪ 1 eye exam per year, lenses and frames every 2 years **Phone services** ▪ Free smartphone with 350 minutes, 3 GB of data and unlimited texts monthly **Wellness programs** ▪ Vaccine incentives up to $100 at Footlocker® for ages 5-18 ▪ 13 Weight Watchers vouchers per year ▪ Wellness rewards for healthy behavior, up to $25 per goal **Other benefits** ▪ 12 free round trip rides to places of worship, grocery, DMV, health fairs, & library ▪ 14 meals delivered to home after discharge ▪ Stress, anxiety, and depression support by Sanvello app ▪ Environmental and home modifications for all members when needed ▪ Prenatal and postpartum incentives	**Added benefits:** **Adult vision** ▪ 1 eye exam, up to $100 for frames or contacts every 24 months **Adult hearing** ▪ 1 hearing aid, exam, fitting (up to $1,250 every 36 months) **Phone services** ▪ Free smartphone with 350 minutes, 4.5 GB of data, unlimited texts monthly **Wellness programs** ▪ Healthy Heartbeats prenatal, postpartum wellness program with incentives ▪ Nutritional education and personal fitness program ▪ Wellness reward gift cards ▪ Registered nurse and text-based programs to help manage chronic conditions ▪ Free sports physicals **Other benefits** ▪ 3 free non-medical round trips every 3 months ▪ Up to 14 days meal delivery after hospital or nursing facility discharge ▪ Online access to health plan services and resources

Consumer Decision Support Tool

VIRGINIA MEDICAID MANAGED CARE QUALITY

MEDALLION 4.0 CONSUMER DECISION SUPPORT TOOL 2021–2022

Comparing Virginia Medicaid Managed Care Organizations

Choosing a managed care organization (Medallion 4.0 MCO) that works best for you and your family is important. This tool is designed to help eligible members choose a Medicaid Medallion 4.0 MCO. This tool shows how well the different Medallion 4.0 MCOs provide care and services in various performance areas. The ratings for each area summarize how the Medallion 4.0 MCO performs on a number of related standards.

Key
- Highest Performance ★★★★★
- High Performance ★★★★
- Average Performance ★★★
- Low Performance ★★
- Lowest Performance ★

Medallion 4.0 MCO	Accreditation Level	Overall Rating*	Doctors' Communication	Getting Care	Keeping Kids Healthy	Living With Illness	Taking Care of Women
Aetna	Accredited	★★★	★★★	★★★	★★★★★	★★★★★	★
HealthKeepers	Accredited	★★★★★	★★★	★★★	★★★★★	★★★	★★★★★
Molina**	Accredited	★	★★	★★★	★	★	★
Optima	Accredited	★★★★	★★★★	★★★	★★★★	★	★★★★★
United	Accredited	★★	★★	★★	★★★★★	★★★★★	★
VA Premier	Accredited	★★★★★	★★★	★★★	★★★★	★★★★	★★★★

*This rating includes all categories, as well as how the member feels about their MCO and the healthcare they received.
**Formerly Magellan.

VIRGINIA MEDICAID MANAGED CARE QUALITY

CCC PLUS CONSUMER DECISION SUPPORT TOOL 2021–2022

Comparing Virginia Medicaid Managed Care Organizations

Choosing a managed care organization (CCC Plus MCO) that works best for you and your family is important. This tool is designed to help eligible members choose a Medicaid CCC Plus MCO. This tool shows how well the different CCC Plus MCOs provide care and services in various performance areas. The ratings for each area summarize how the CCC Plus MCO performs on a number of related standards.

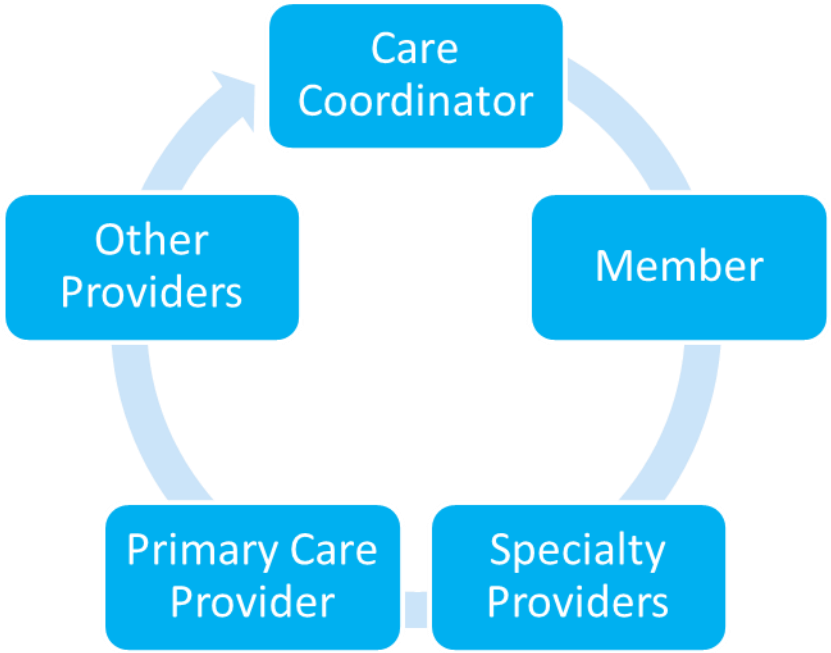
Key
- Highest Performance ★★★★★
- High Performance ★★★★
- Average Performance ★★★
- Low Performance ★★
- Lowest Performance ★

CCC Plus MCO	Accreditation Level	Overall Rating*	Doctors' Communication	Access and Preventive Care	Behavioral Health	Taking Care of Children	Living With Illness
Aetna	Accredited	★★★	★	★★★	★★★	★★★★	★★★★★
HealthKeepers	Accredited	★★★	★★★	★★★	★★★★	★★★★★	★★★★★
Molina**	Accredited	★	★★★	★★	★	★★	★
Optima	Accredited	★★★★	★★★★★	★★★	★★	★★★	★
United	Accredited	★★★	★★	★★★	★★★	★★	★★★★★
VA Premier	Accredited	★★★★★	★★★★	★★★★★	★★★★★	★★★	★

*This rating includes all categories, as well as how the member feels about their MCO, their MCO's customer service, and the healthcare they received.
**Formerly Magellan.

Care Coordination

Establishes and Helps to Maintain Pathways for Communication & Collaboration



Care Coordinators Can Help

- Serve as point of contact to ensure members get services and care they need
- Answer questions about programs for enhanced care planning options and risk management
- Resolve barriers to care such as possible network and transportation issues
- Ensure appropriate authorizations are in place and that changes occur promptly
- Lead the Interdisciplinary Care Team for individualized care planning and transition of care needs
- Advocate for members and providers helping members

Quality Assurance & Compliance

MCOs are responsible for robust and transparent reporting on critical elements. MCOs submit deliverables as specified in the contract and in the current Managed Care Technical Manual.

DMAS collects, reviews and validates contract deliverables based on Technical Manual specifications. Generation of monthly metrics to review MCO performance in several areas.

DMAS implemented encounter process system (EPS), which is used for reporting, analysis and rate setting.

Agency analyzes encounter data to determine timeliness, completeness, accuracy and reasonableness. Provide technical assistance to health plans on identified problem areas.

DMAS monitors critical incidents, appeals and grievances and responds to concerns from members, advocates and providers

DMAS takes compliance action, such as issuing Corrective Action Plans and financial penalties, when needed if a health plan is not conforming to one or more contract requirements.

New Dental Benefits- As of 7/1/2021

Adults with full Medicaid benefits

- X-rays and examinations
- Cleanings
- Fillings
- Root canals
- Gum related treatment
- Dentures
- Tooth extractions and other oral surgeries
- Other appropriate general services such as anesthesia

Smiles For Children℠

Improving Dental Care for Children and Adults

For individuals with ***Smiles for Children***
www.dentaquest.com
Call 1-888-912-3456

DentaQuest®

Questions & Feedback

Medallion 4.0

- What populations are excluded from Medallion 4.0?

CCC Plus

- **All CCC Plus members are assigned a Care Coordinator**
- **For those of you who are interested in working with your Care Coordinator:**
  - Have you received outreach from your care coordinator?
  - If you reached out to your Care Coodinator, di you have a positive experience, and/or get the assistance you needed?

Important Contact Information

Medallion 4.0

managedcarehelp@dmas.virginia.gov

CCC Plus

cccplus@dmas.virginia.gov

PUBLIC HEALTH EMERGENCY UPDATES

MEDICAID CONTINUOUS COVERAGE REQUIREMENTS

SARAH HATTON, MHSA
DEPUTY OF ADMINISTRATION

NATALIE PENNYWELL, MPH, CHES
OUTREACH AND COMMUNITY ENGAGEMENT MANAGER

APRIL 11, 2022

VIRGINIA'S MEDICAID PROGRAM DMAS

COVER VIRGINIA

Background on Continuous Coverage

Medicaid Continuous Coverage Requirements Under the Families First Coronavirus Response Act (FFCRA)

To support states and promote stability of coverage during the COVID-19 pandemic, FFCRA provided a 6.2 percentage point increase in the regular Medicaid matching rate, tied to certain conditions that states must meet in order to access the enhanced funding.

- As one of several conditions of receiving the temporary Federal Medical Assistance Percentage (FMAP) increase under FFCRA, **states are required to maintain enrollment of individuals in Medicaid** until the end of the month in which the public health emergency (PHE) ends **(the "continuous coverage" requirement)**.

- The continuous coverage requirement **applies to individuals enrolled in Medicaid as of March 18, 2020 or who were determined eligible on or after that date**, and has allowed people to retain Medicaid coverage and get needed care during the pandemic.

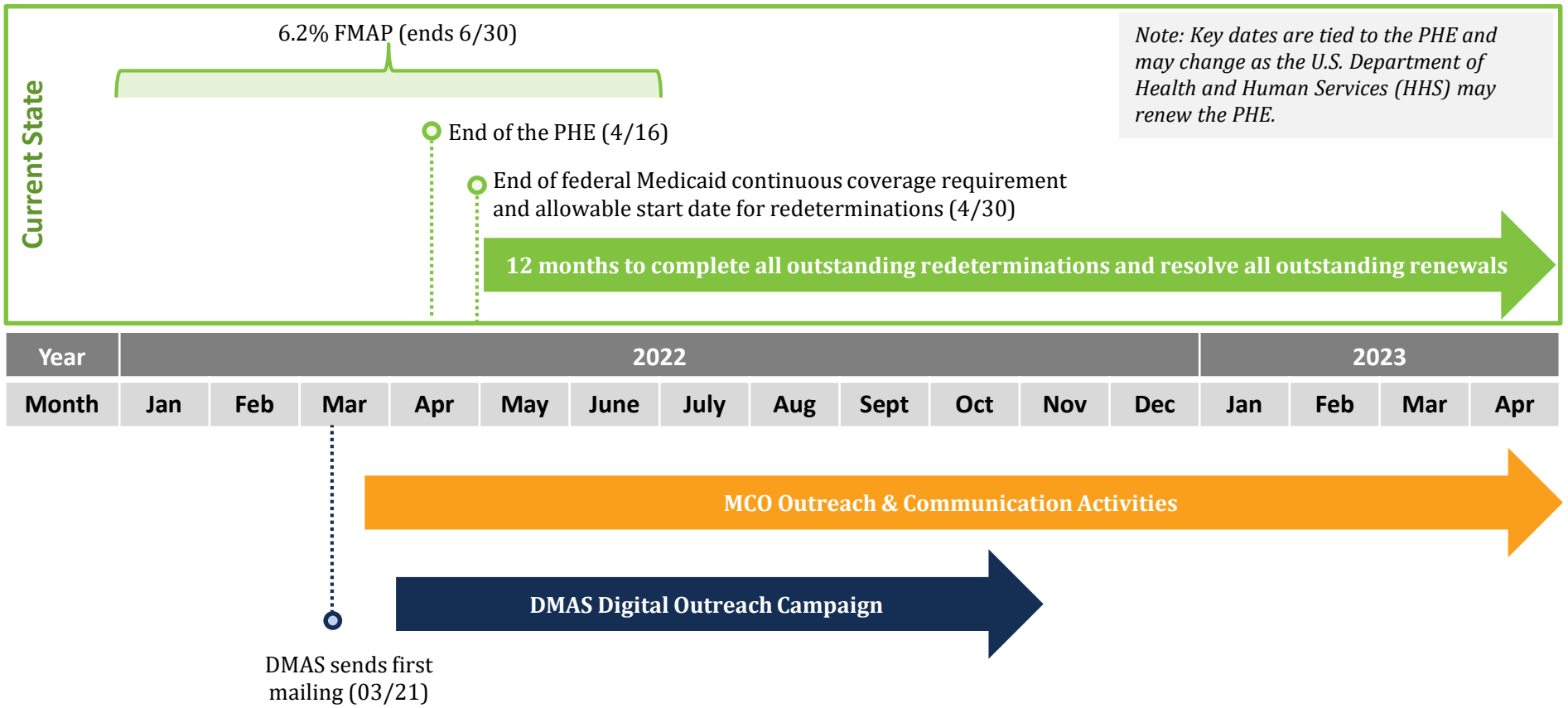
- When continuous coverage is eventually discontinued **state will be required to redetermine eligibility for nearly all Medicaid enrollees**.

★ *The current federal Medicaid continuous coverage requirement ends on April 30, 2022.*

Source: FFCRA §6008(b)(3); SHVS, Federal Declarations and Flexibilities Supporting Medicaid and CHIP COVID-19 Response Efforts Effective and End Dates.

Current Timeline – Redeterminations & Communications

The March 2022 guidance lays out a timeline of up to 12 months for states to initiate redeterminations. New federal guidance allows for an additional two months to allow time for processing and addressing any backlogs.

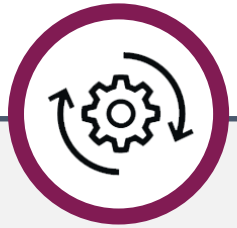


Source: Senate Health, Education, Labor, and Pension Committee (HELP) Committee, Title XII.

Continuous Coverage in the Commonwealth

Medicaid Enrollment in the Commonwealth During the PHE

The end of the continuous coverage requirement in the Commonwealth will present the single largest health coverage event since the first open enrollment of the Affordable Care Act (ACA).



Historically, the Commonwealth has experienced **churn, which is enrollees who reapply and re-gain coverage shortly after being terminated**.

From March 2020 through February 2022, the Commonwealth experienced an **increase of nearly 456,206 enrollees (a 30% increase in enrollment growth).**

Enrollment growth has been the **fastest among non-elderly, non-disabled adults**, and slower among children and aged, blind, and disabled (ABD) eligibility groups.

Post continuous coverage, **roughly 20% of the state's total Medicaid enrollees may lose coverage, which is in line with national averages.**

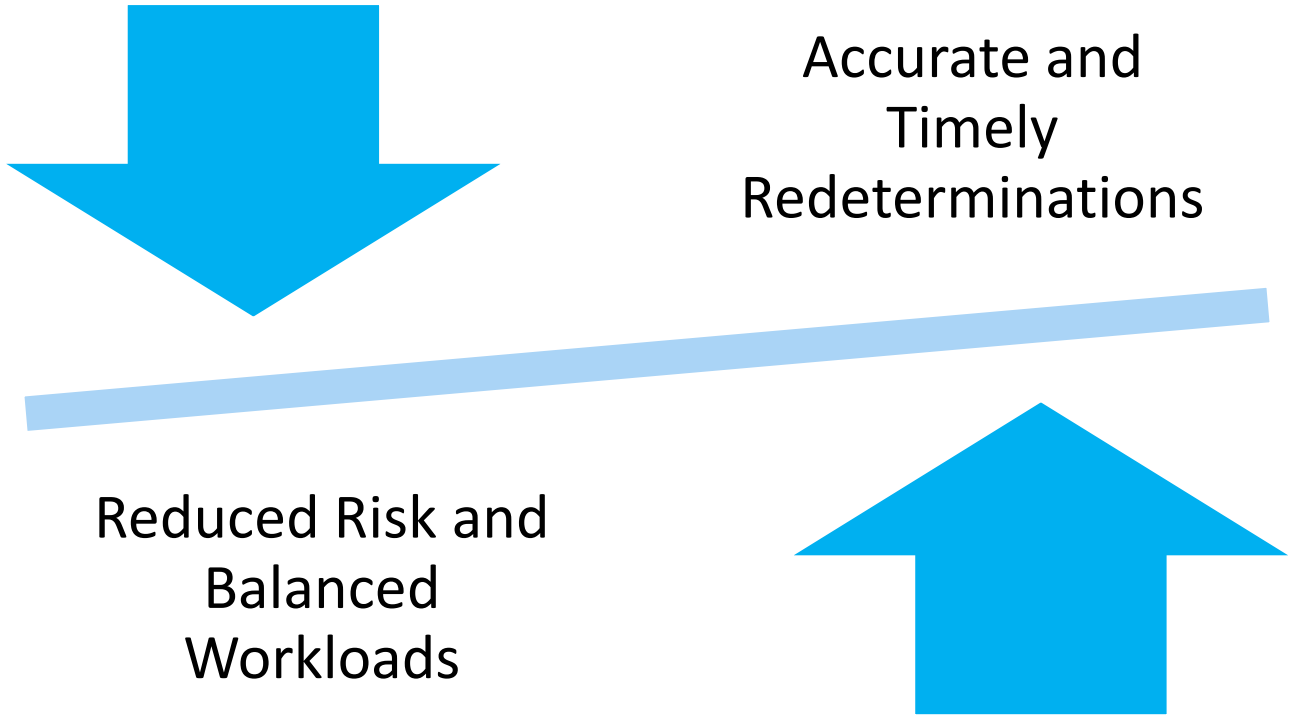
Unwinding/Renewal by Month

Current PHE Redetermination Schedule				
Automated Renewal Month	Current Due Renewals	Current Renewal Counts by Members	Overdue Renewal Month(s)	Overdue Renewal Counts by Members
1: July 2022	Sep-22	114,444	Mar-Sept 20	70,165
2: August 2022	Oct-22	160,813	Oct-20	45,989
3: September 2022	Nov-22	169,321	-	0
4: October 2022	Dec-22	99,732	Nov 20-Jan 21	100,756
5: November 2022	Jan-23	61,952	Feb-June 21	132,271
6: December 2022	Feb-23	58,134	July-Sept 21	93,125
7: January 2023	Mar-23	Not available	Oct-21	95,712
8: February 2023	Apr-23	Not available	Nov-Dec 21	146,740
9: March 2023	May-23	Not available	Jan-Feb 22	159,571
10: April 2023	Jun-23	Not available	Mar-Apr 22	132,588
11: May 2023	Jul-23	Not available	May-June 22	121,422
12: June 2023	Aug-23	Not available	July-Aug 22	100,378
Total		664,396		1,198,717

Note: All dates are subject to change, contingent on reviewing data monthly, and system limitations. MMIS data as of 02/24/2022. Yellow shaded boxes are for months without full data.

Goal: Ensure all redeterminations are performed **accurately** the first time to **reduce risk** and balance future workloads.

Since August 2021, DMAS has utilized American Rescue Plan Act (ARPA) funding to take immediate action in preparation for the end of the continuous coverage requirements. The agency's priority is to ensure efficient and accurate redeterminations to ensure individuals who are eligible for services remain enrolled and to make appropriate referrals to the Federal Marketplace for those who are no longer eligible.



The Commonwealth's Unwinding Planning Efforts

The Commonwealth's Unwinding Planning Efforts

DMAS and DSS will be faced with a significant backlog of cases that await redeterminations at the end of the continuous coverage requirement. To date, the Department has made great strides in preparing for the end of the federal continuous coverage requirement by:

- **Making systems updates** (e.g., new VaCMS automation) to improve the efficiency of the renewal/redetermination process. This is expected to reduce the number of individuals that are inappropriately terminated following the PHE.
- **Developing a detailed plan to stage redeterminations**, including spacing redeterminations to allow timely and expeditious evaluations and by identifying actions that will be required for each coverage group.
- **Collaborating with managed care organizations (MCOs)** to provide information/education to members post-PHE; ensure up-to-date contact information (e.g., addresses, phone numbers); and remind members to complete their renewal.
- **Addressing returned mail** by engaging with a dedicated team within the Central Eligibility Unit. When the Commonwealth receives returned mail after sending initial notices, the state will have better insight into which enrollees have outdated mailing addresses and can target additional outreach to those enrollees through alternate modes of communication.
- **Communications plan** (e.g., direct member mailing, digital outreach, updates to the Cover Virginia website, eligibility worker reinforcement, application assistance) to ensure members understand the steps they need to take, when to act, and what to do to maintain coverage.
- **Coordinating language approval and scheduled delivery of mailings/digital/telephonic outreach** in order to ensure consistent messaging to members and coordinate timing of any outreach.
- **Identifying which federal flexibilities the Commonwealth will maintain** and new strategies that the Department may want to leverage in order to help with the unwinding process.

Unwinding: Three Prong Approach

Funding has been allocated to DMAS to address the Medicaid application backlogs and unwinding efforts resulting from the pandemic. In partnership with the Department of Social Services (DSS), DMAS has planned a three pronged approach to address these efforts.

Systems: Increased Automation

Staff Augmentation

Outreach & Stakeholder Engagement

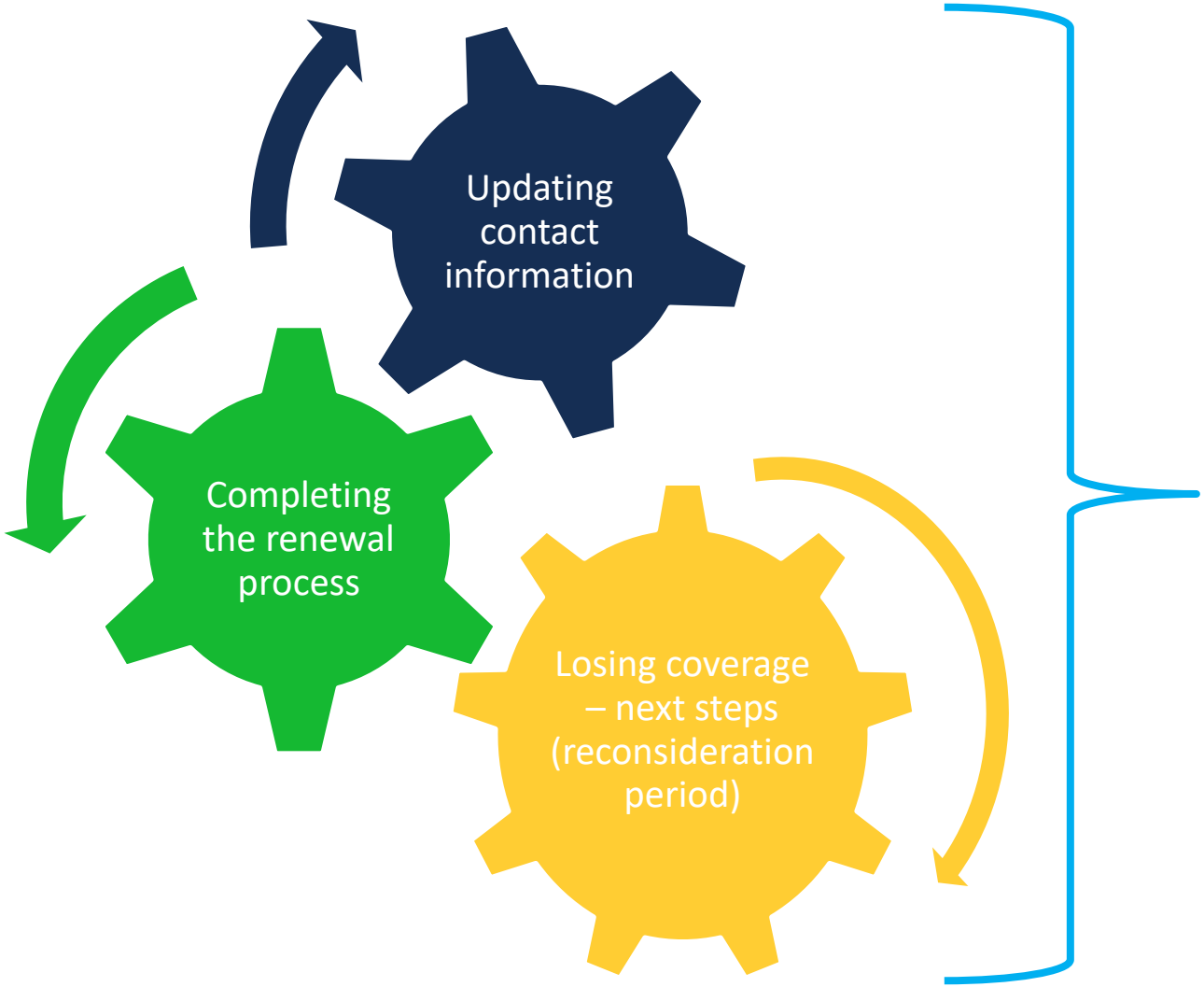
Open Discussion

The Department of Medical Assistance Services (DMAS) will update this resource and add materials as new federal guidance and additional insights are available. Information about the federal public health emergency can be found on the Cover Virginia website. Reach out to us at covervirginia@dmas.virginia.gov if you have any questions.

Appendix A

Outreach, Engagement and Communications

Outreach, Engagement and Communications Plan



- Outreach will be conducted:
  - Digitally (radio, social media, websites, videos)
  - Mail (member letters)
  - Paper (Toolkit materials)
  - Language is provided to ensure messaging is consistent
- Toolkits
- Stakeholder Meetings and Presentations

Member Letter

COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Dear Medicaid/FAMIS Household,

During the COVID-19 emergency, we protected members' health care coverage to make sure they had access to care. We want to make sure you stay covered if you are still eligible for Medicaid/FAMIS!

Make sure we have your most current contact information for your household, such as:

- ✓ **Mailing Address**
- ✓ **Phone Number(s)**
- ✓ **Physical Address**
- ✓ **Email Address**

Your current contact information is important so your coverage can continue when we review your case. You can make updates to your contact information in the following ways:

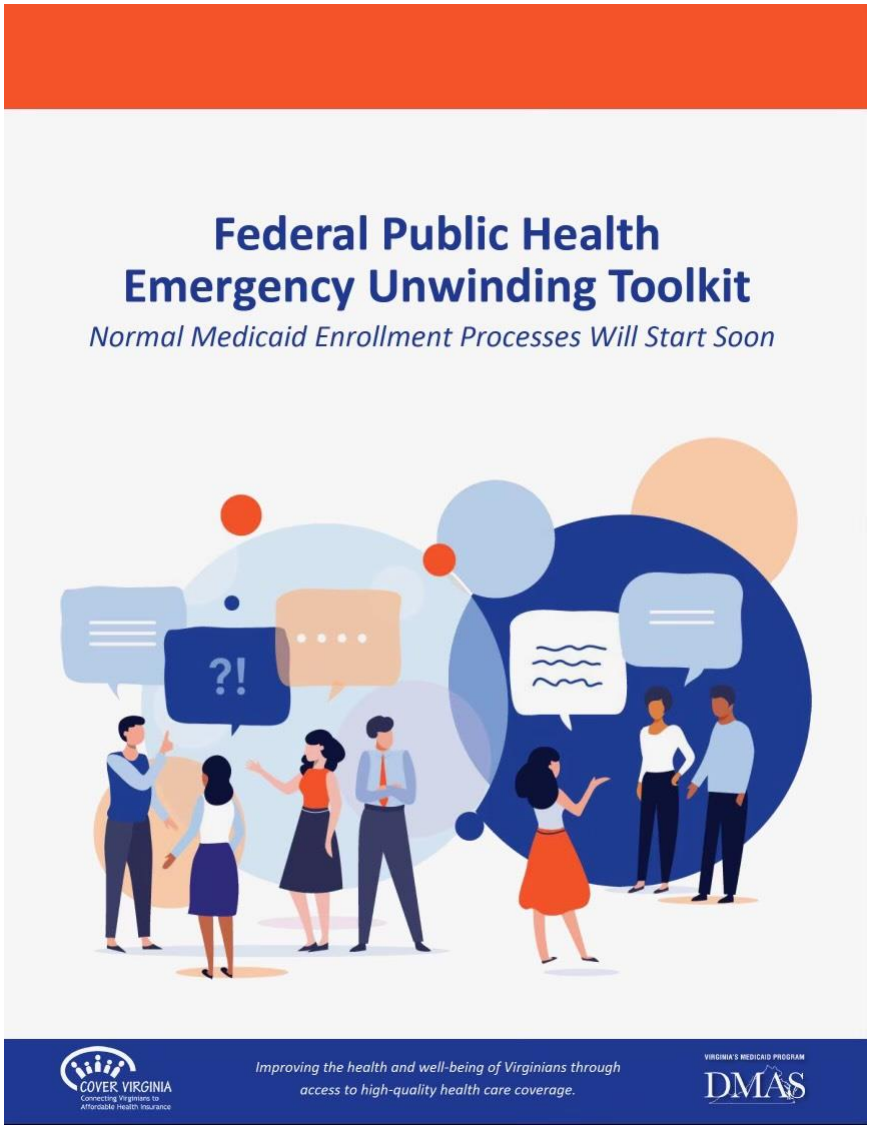
- **Calling Cover Virginia at 1-855-242-8282 (TDD- 1-888-221-1590)**
- **Online at www.commonhelp.virginia.gov.** You will need to make an account and then link your account to your case ("Associate My Case"), using your case number and client ID (found on any Notice of Eligibility).
- **Calling your local Department of Social Services.** If you do not know your local office, you can visit **www.commonhelp.virginia.gov** and click on Find Local Office to enter your address, or you can go to **https://www.dss.virginia.gov/localagency/index.cgi** for a list of all local offices.

Visit **https://coverva.org/en/phe-planning** for important information about your health care coverage now and in the future. Please spread the word to anyone you know who might be enrolled in Medicaid/FAMIS health care coverage to update their contact information, too!

Sincerely,
The Department of Medical Assistance Services

For Amharic, Arabic, Vietnamese, and Urdu translations of this letter, go to **https://coverva.org/en/phe-planning**.

Stakeholder Toolkits



The toolkit and other subsequent documents can be found on the Cover Virginia website on the **COVID-19: Return to Normal Enrollment** webpage under the **Toolkits & Materials** section.

Community Outreach and Engagement Toolkit Materials

- Toolkits Materials:
  - Stakeholder Documents
    - Information sheet, FAQs, Flier, and Poster
  - Member Documents
    - Information sheet, FAQs, and Flier
  - Messaging Templates
    - ENewsletter Blurb, ENewsletter Text, Text Messages, Email Text, and Website Text
  - Customizable Outreach templates
    - Rack card, Door hanger, Table Tent, A - Frame Sign, Event Poster, Window Cling, Fridge magnet, Tri-fold brochures, Bi-fold brochures, and Post Card

Community Partner/Stakeholder Outreach Materials

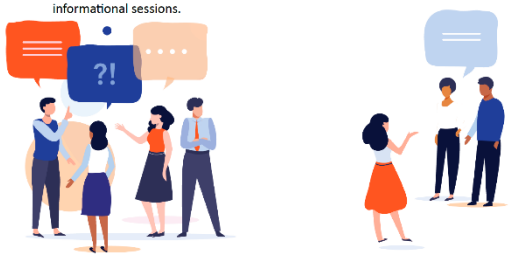
Help Us Return to Normal Medicaid Enrollment Processes

Since the start of the COVID-19 pandemic, Medicaid members have been able to keep their health coverage even if their eligibility status changed. Soon Virginia and all other states will begin re-evaluating eligibility for Medicaid members. This process will be a heavy lift, and the Virginia Medicaid agency is committed to working in partnership with community partners to ensure our members have the information they need to complete their renewal documents. We need to prepare now!

Federal officials plan to give states 12 months to review Medicaid coverage for all members, but they have not yet announced the start date for this process. We want all eligible Virginians to keep their health coverage. We will need the support of our health care advocates and stakeholders to achieve this goal.

What Stakeholders/Advocates/Partners Can Do:

- Get as much information as possible on Virginia's plan for re-evaluating and renewing coverage.
- https://coverva.org/en/phe-planningEngage in Virginia's planning process
  - Sign up to receive current information on Virginia's planning process via the Medicaid Outreach team's Bi-Monthly Stakeholder Meeting and our Partner Points newsletter.
  - Identify Medicaid members and partners in your existing system, coalitions or networks, encourage them to access our resources, and invite them to join informational sessions.



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VIRGINIA'S MEDICAID PROGRAM DMAS

Frequently Asked Questions for Stakeholders and Advocates

What is the federal public health emergency and how does it affect members?

The federal government declared a public health emergency when the COVID-19 pandemic began in March 2020. Since then, state Medicaid agencies have continued health care coverage for all medical assistance programs, even if an individual's eligibility changed.

When will normal Medicaid enrollment requirements resume?

We do not know exactly when federal officials will instruct states to return to normal enrollment practices, but we need to prepare now. Here is what we know now:

- States must re-determine coverage for all Medicaid members over a 12-month period, although we do not yet have a start date for this process.
- Virginia will not take any negative action to cancel or reduce coverage for our members without completing a full redetermination of benefits.

What if members lose their coverage?

We want all eligible Virginians to get and stay covered. If a member no longer qualifies for health coverage from Virginia Medicaid, they will get:

- Notice of when their Medicaid coverage will end,
- Information on how to file an appeal if the member thinks the cancellation decision was incorrect,
- A referral to the Federal Marketplace and information about buying other health care coverage.

What can members do now?

Members can:

- Update their contact information by calling Cover Virginia at 1 -855-242-8282 or online at commonhelp.virginia.gov. We must have current contact information on file, such as a mailing address and phone number(s), so members receive important notices and so we can reach out if we need more information.
- Sign up for our electronic newsletter and follow us on social media to get updates.
- **Watch for and respond quickly to notices about their coverage.**

We will post information, resources and tools online:

- For members, partners, and stakeholders at coverva.org and facebook.com/coverva/
- For providers at dmas.virginia.gov/covid-19-response/

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DMAS

Normal Medicaid enrollment processes will return soon, and we want all eligible Virginians to keep their health coverage.

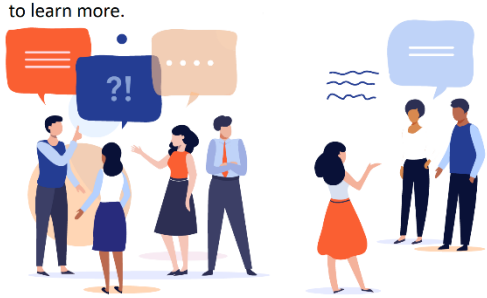
We need the most up-to-date mailing address and phone number to make sure members receive important paperwork.

Members can make updates:

- Online at commonhelp.virginia.gov
- By calling their local Department of Social Services, or
- By calling Cover Virginia at 1-855-242-8282

Spread the word to community members, patients, family, friends, neighbors and anyone else who might be enrolled in Medicaid to keep our communities covered!

Visit the Cover Virginia and DMAS COVID-19 Response websites to learn more.



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VIRGINIA'S MEDICAID PROGRAM DMAS

Member Outreach Materials

Normal Medicaid Enrollment Processes Will Start Soon

Virginia and other states will soon start to review Medicaid members' health coverage. We will not cancel or reduce coverage for our members without asking for updated information, but we need your help to make this a smooth process. **You can take steps now to make sure you receive information you will need to renew your coverage.**

What Medicaid Members Can Do:

- Update your contact information. You can make updates:
  - Online at commonhelp.virginia.gov
  - By calling your local Department of Social Services, **or**
  - By calling Cover Virginia at 1-855-242-8282
- Take action when you get official notices from Virginia Medicaid, other state agencies, community groups, and health care providers asking you to:
  - Update contact information (mailing addresses and phone numbers)
  - Respond to notices/renewals to confirm that you are eligible
  - Use your coverage to catch up on preventive or delayed care
- Learn more about Virginia's plans
  - Visit the Cover Virginia website for updates
- Read the Medicaid Members Frequently Asked Questions and updated COVID-19 Medicaid Information Eligibility, Enrollment, and Appeals fact sheets.
  - Sign up for email and text updates, and follow us on social media.

Visit the Cover Virginia website for more information

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VIRGINIA'S MEDICAID PROGRAM DMAS

Frequently Asked Questions for Medicaid Members

What is the federal public health emergency and how does it affect Medicaid members?

The federal government declared a public health emergency when the COVID-19 pandemic began. Since then, state agencies have continued health care coverage for all medical assistance programs, even for people who are no longer eligible.

When will normal Medicaid processes begin again?

- States will have 12 months to make sure Medicaid members are still eligible for coverage. We do not yet know when this process will start. We will not cancel or reduce coverage for our members without asking them for updated information.

What if members lose their coverage?

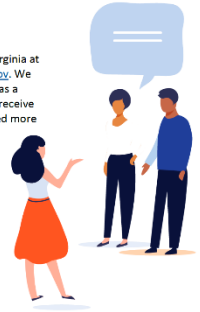
We want all eligible Virginians to get and stay covered. If a member no longer qualifies for health coverage from Virginia Medicaid, they will get:

- Notice of when their Medicaid coverage will end,
- Information on how to file an appeal if the member thinks the cancellation decision was incorrect, **and**
- A referral to the Federal Marketplace and information about buying other health care coverage.

What can members do now?

Members can:

- Update their contact information by calling Cover Virginia at 1-855-242-8282 or online at commonhelp.virginia.gov. We must have current contact information on file, such as a mailing address and phone number(s), so members receive important notices and so we can reach out if we need more information.
- Watch for and respond quickly to notices about their coverage.
- Sign up for email and text updates, follow us on social media and visit us at coverva.org and facebook.com/coverva/



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Normal processes for enrolling in Medicaid will start soon, and we want all eligible Virginians to stay covered.

We need to prepare now!

We need the most up-to-date *mailing address and phone number* to make sure Medicaid members get important paperwork. Members can make updates:

- Online at commonhelp.virginia.gov
- By calling their local Department of Social Services,
- By calling Cover Virginia at 1-855-242-8282

Take action quickly when you get a notice from the Virginia Department of Medical Assistance Services (Medicaid), other state agencies, community groups, and health care providers to:

- Update contact information
- Respond to renewals and send information to confirm you are eligible
- Use your coverage to catch up on preventive or delayed care

Help us spread the word to family, friends, neighbors and anyone else who might be enrolled in Medicaid to keep everyone covered!

Visit the Cover Virginia website for more information.

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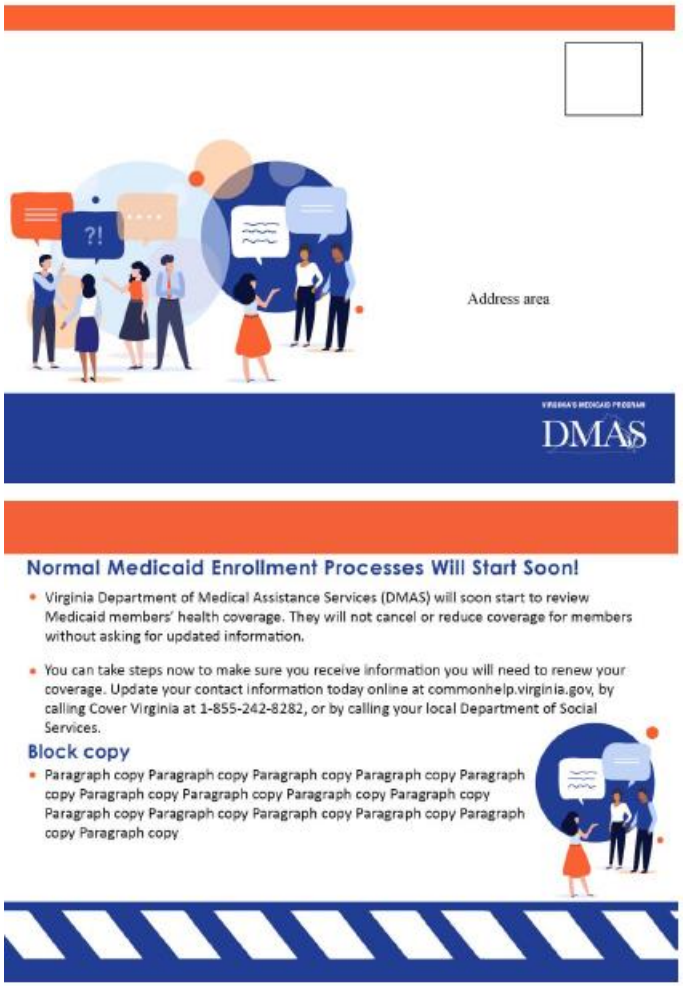
VIRGINIA'S MEDICAID PROGRAM DMAS

Outreach Templates

PHE 5x7 Post Card

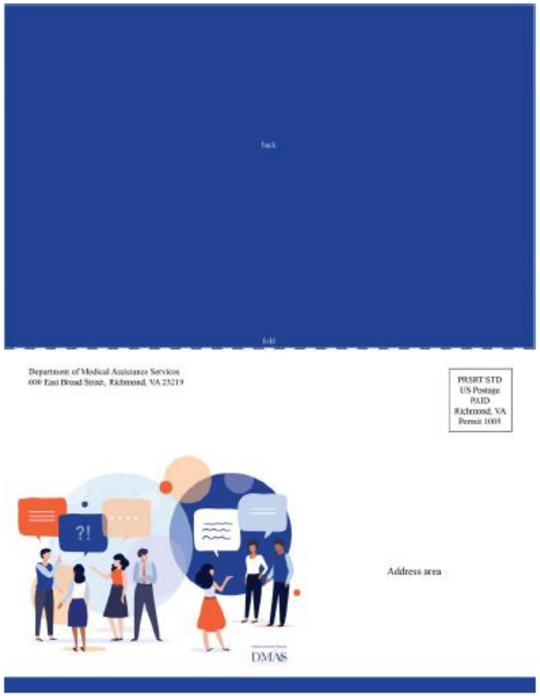


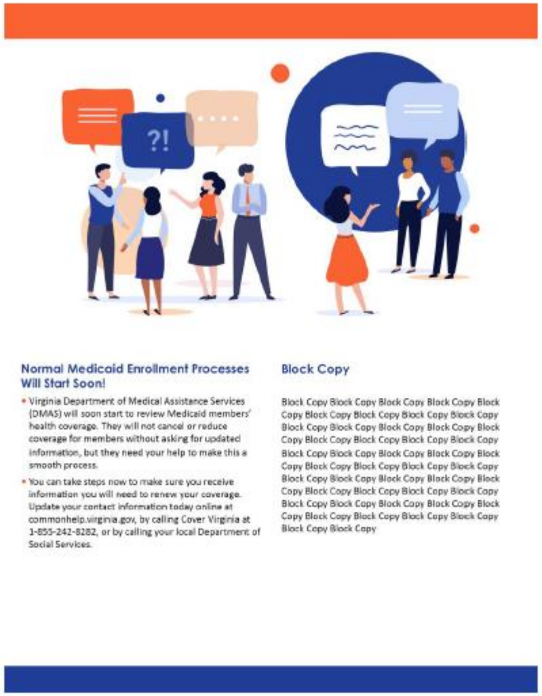
PHE Window Cling 5 x 7

PHE Rack Card

Outreach Templates

PHE Folded Mailer





PHE A-Frame

Resuming Normal Operations, AKA "Unwinding" Policies

- HHS Secretary Becerra has the authority to extend the federal Public Health Emergency (PHE).
- The current federal PHE expires **04/16/2022.**
- If unwinding is based around the PHE expiration, normal operations can resume in the month in which the PHE ends.
- The enhanced FMAP would end in the quarter in which the PHE ends.
- States have 12 months to initiate all redeterminations and an additional two months to complete all unwinding work and come into compliance with all timeliness standards, however no member can be terminated without a full re-determination.

UNDERSTANDING THE ROLE AND PROCESS OF APPEALS

APPEALS DIVISION OVERVIEW

Medicaid Member Advisory Committee Meeting

April 11, 2022

Agenda

- Client Appeals Overview
- Appeals Resources
- Feedback Request
- Questions

The Purpose of Appeals

- Provide due process to applicants, members, and providers
- Afford an opportunity to be heard
- Guarantee a neutral review of agency action
- Render a decision in accordance with law

CLIENT APPEALS OVERVIEW

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Client Population and Appealable Issues

- There are over 2 million Medicaid and FAMIS clients in Virginia
- Client appeals involve eligibility for Medicaid or FAMIS benefits and medical necessity for every service / equipment that Medicaid covers

Eligibility Issues

- Agency Failure to Take App
- Asset Transfers
- Citizenship/Alien Status
- Excess Income
- Excess Resources
- FAMIS Eligibility Issues
- Health Insurance Premium Payment
- Patient Pay
- RAU Recovery
- Spousal Impoverishment
- Timely Processing
- Undue Hardship
- Verifications

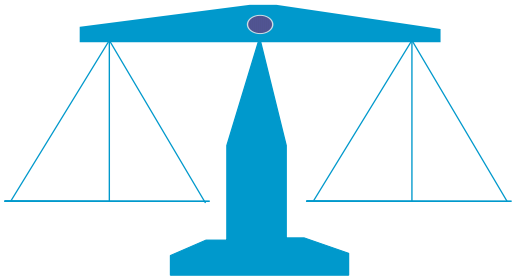
Medical Issues

- Adult Dental
- Assistive Technology
- Behavioral Health
- Disability (Full & Limited)
- Durable Medical Equipment
- Drug Denials
- Environmental Modifications
- Mental Health Services
- Nursing Facility Discharge
- Personal Care Hours
- PET /CAT/MRI Scans
- Preadmission screenings
- Private Duty Nursing
- Surgical procedures
- Orthodontics

Essential Elements of Due Process

Goldberg v. Kelly, 397 U.S. 254 (1970)

- Right to receive adequate and timely written notice
- Right to present testimony and evidence to an impartial decision-maker
- Right to evaluate all documents relied upon by agency and to contest the agency's action
- Right to retain attorney or other representative
- Right to a decision solely on the legal rules and evidence adduced at hearing



De Novo State Fair Hearing

- DMAS conducts its State Fair Hearings as *de novo* proceedings
- In a *de novo* proceeding, all information submitted during the initial review **and** during the DMAS appeal process will be considered to determine if the individual meets the criteria for approval of the requested eligibility / service(s)
- If documentation from the appellant does not meet the requirement for approval, then the agency / contractor must explain why the appellant remains ineligible for approval during the appeal hearing
- Upon conclusion of the *de novo* proceeding, the hearing officer must make a new determination of eligibility or approval for services

Client Appeal Request Timeframes

- Appeals must be filed within 30 days of receipt of notification of an adverse action (12VAC30-110-160)
  - Exception → Good Cause (12VAC30-110-170)
    - Appellant was seriously ill and was prevented from contacting the division
    - Appellant did not receive notice of the agency's decision
    - Appellant sent the Request for Appeal to another government agency in good faith within the time limit
    - Unusual or unavoidable circumstances prevented a timely filing
- Timeliness is based on postmark date, if mailed, or receipt date if delivered other than by mail
- MCO appeals have different timelines

Managed Care Organization (MCO) Client Appeals

- Medicaid has agreements with health plans to deliver and manage Medicaid coverage for our members
- These plans are called Managed Care Organizations, or MCOs
- Most Medicaid members will be enrolled in an MCO
- The MCOs in Virginia are:
  - Aetna Better Health of Virginia
  - Anthem HealthKeepers Plus
  - Molina Complete Care
  - Optima Health Community Care
  - UnitedHealthcare Community Plan
  - Virginia Premier

Client Appeal Processing Timeframes

- Standard Appeals:
  - The Appeals Division has 90 days to render a decision once a client appeal request is received (exception for appellant delay)
- MCO Appeals:
  - The Appeals Division has 90 days minus the time MCO took to decide the internal appeal (exception for appellant delay)
- Expedited Appeals:
  - When a doctor certifies that operating under the standard time frame (90 days) could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function
    - 7 days for eligibility related matters
    - 3 days for benefit or services related matters

Hearing Officer Responsibilities

- Conduct a fair and impartial hearing
- Maintain order
- Allow each side to present facts
- Keep the focus on the issue
- Gather evidence
- Research and analyze cases
- Issue written decision

Client Appeal Fair Hearing Proceedings

- Introduction of participants
- Explanation of process
- Agency testimony about the action taken, the reason, and authority
- Agency testimony on how new documentation affects decision (*de novo* process)
- Appellant testimony, presentation of evidence
- Hearing officer questions
- Agency response
- Closing remarks by hearing officer

Client Appeal Decisions

- Based on relevant facts, evidence, and testimony
  - Sustain
  - Reverse
  - Remand
- Must be rendered within the deadline as outlined earlier
- The client appeal decision is the final DMAS action
  - If the client disagrees, they may appeal to circuit court

APPEALS RESOURCES

Appeals Information Management System (AIMS)

The DMAS Appeals Division has a system that simplifies the appeal process.

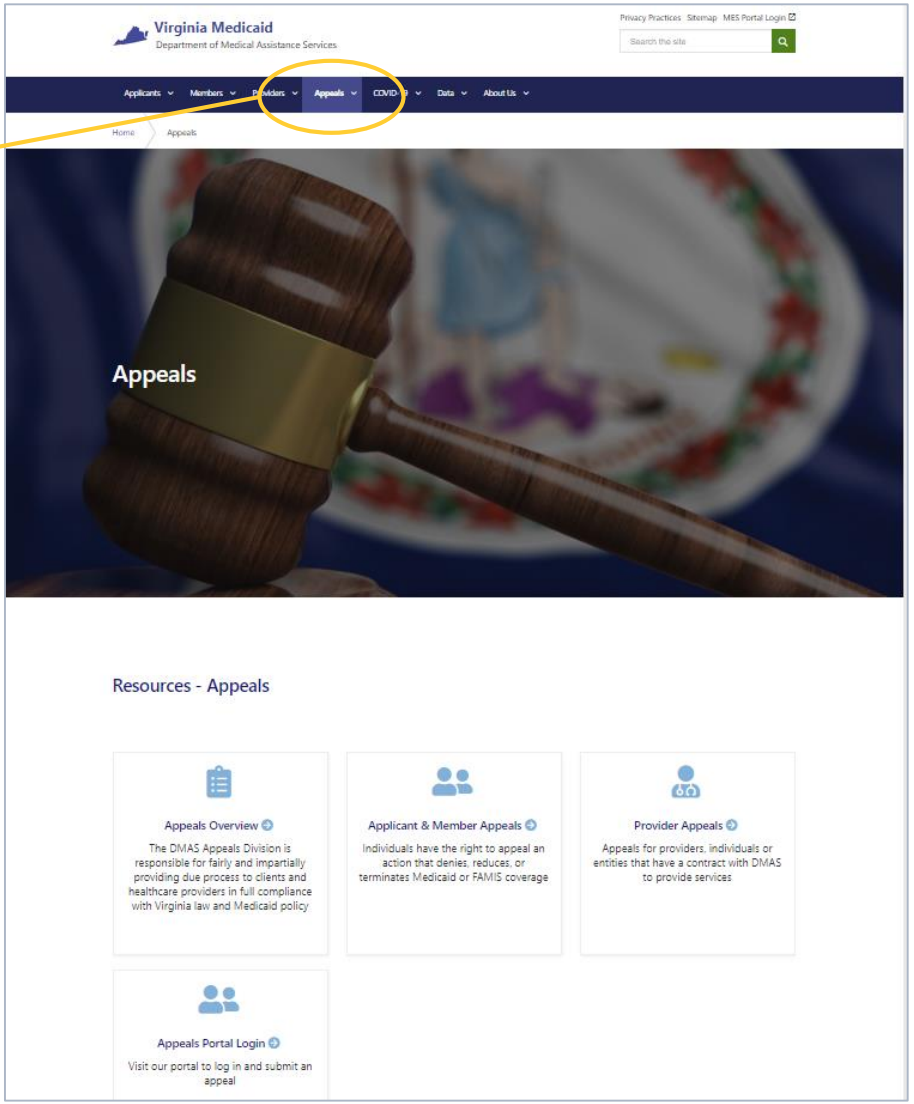
- AIMS has been designed to help us better manage and respond to appeals, allowing us to provide better customer service to you
- AIMS is a part of a greater Medicaid effort to modernize and make more information accessible for our members and providers
- AIMS enables applicants, members, and providers to file appeals, submit documents, and monitor the status of their appeal online throughout the process

AIMS Portal Training Website

https://vamedicaid.dmas.virginia.gov/training/appeals

DMAS Appeals Webpage

- www.dmas.virginia.gov/appeals/
- Provides an overview of client and provider Medicaid appeals
- Includes links for Applicants and Members to Client Appeal Frequently Asked Questions, a Client Appeal Overview, and forms in English and Spanish
- Contains a link to the Appeals Information Management System (AIMS) portal



Appeals Division Contact Information

Appeals Division Phone: (804) 371-8488
Appeals Division Email: appeals@dmas.virginia.gov
Appeals Division Fax: (804) 452-5454

AIMS Help Phone: (804) 486-2865
AIMS Help Email: AIMSHelp@dmas.virginia.gov

Role	Name	Phone	Email
Division Director	John Stanwix	(804) 786-1505	John.Stanwix@dmas.virginia.gov
General Operations Manager	Jessie Bell	(804) 625-3684	Jessie.Bell@dmas.virginia.gov
Customer Service and Intake Manager	Ann-Marie Brigil	(804) 225-4273	Ann-Marie.Brigil@dmas.virginia.gov
Eligibility Cases Manager	Michael Puglisi	(804) 774-2447	Michael.Puglisi@dmas.virginia.gov
Provider and Medical Cases Manager	Mavora Donoghue	(804) 774-2445	Mavora.Donoghue@dmas.virginia.gov
Quality Assurance Manager	Aneida Winston	(804) 225-3819	Aneida.Winston@dmas.virginia.gov
Appeals IT Manager	Mari Mackey	(804) 482-7263	Mari.Mackey@dmas.virginia.gov

DMAS' Business Hours are 8:00am – 5:00pm, Monday – Friday

Commonly Used Acronyms

- **ABD** – Aged, Blind, and Disabled
- **ADMIN** – Administrative Cases
- **AHK+ -** Anthem Healthkeepers Plus
- **AIMS** – Appeals Information Management System
- **APP** – Appeal
- **AR** – Authorized Representative
- **CC** – Continued Coverage
- **CCC+** – Virginia Commonwealth Coordinated Care Plus
- **CoVA/COVA** – Cover Virginia
- **CSB** – Community Services Board
- **CSI** – Customer Service & Intake Team
- **DBHDS** – Department of Behavioral Health Developmental Services
- **DDS** – Disability Determination Services
- **Denta** - DentaQuest
- **DOS** – Dates of Service
- **DUP** – Duplicate
- **E&E** – Eligibility and Enrollment
- **ECM** – Electronic Content Management
- **EDWS** – Enterprise Data Warehouse Solution
- **EOE** – Executor of the Estate
- **F&C** – Families and Children
- **FA** – Formal Appeal
- **FAMIS** – Family Access to Medical Insurance Services
- **FFM** – Federally Facilitated Marketplace
- **GC** – Good Cause
- **H.O.** – Hearing Officer
- **HD** – Health Department
- **HIM** – Health Insurance Marketplace
- **HIPP** – Health Insurance Premium Payment
- **IAA** – Informal Appeals Agent
- **IFFC** – Informal Fact-Finding Conference
- **LDSS** – Local Department of Social Services
- **LH** – Litigation Hold
- **MA** - Medicaid
- **MABH** – Magellan Behavioral Health

Commonly Used Acronyms (Continued)

- **MCC**- Molina Complete Care
- **MAX** – Maximus (new CoVA contractor)
- **MCO** – Managed Care Organization
- **MED** – Medallion
- **MED4** – Medallion 4
- **MMIS** – Virginia Medicaid Management Information System
- **MSLC** – Myers Stauffer
- **NH/NF** – Nursing Home/Nursing Facility
- **NOA** – Notice of Action
- **NOTA** – Notification of the Appeal
- **NPI** – National Provider Identifier
- **OPTM** – Optima
- **PO** – Program Operations
- **QA** – Quality Assurance
- **RAU** – Recipient Audit Unit
- **SSA** – Social Security Administration
- **SSN** – Social Security Number
- **UHC** – United Healthcare
- **VaCMS** – Virginia Case Management System
- **VaPRM** – Virginia Premier
- **VDH –** Virginia Department of Health
- **VDSS** – Virginia Department of Social Services
- **WAYA** – What Are You Appealing

FEEDBACK REQUEST

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We Would Like Your Feedback

1. What is the mode of communication that works best for you?
   - Visual: Pictures, Videos, Infographics
   - Audio: Recording
   - Written
2. If you needed to file an appeal, what resources would you use to learn more about the appeals process?
   - DMAS Website
   - Search Engine
   - Letter received from the Agency
   - Your Medicaid card
   - Call the DMAS Appeals Division
3. How user-friendly are our online resources?

QUESTIONS?


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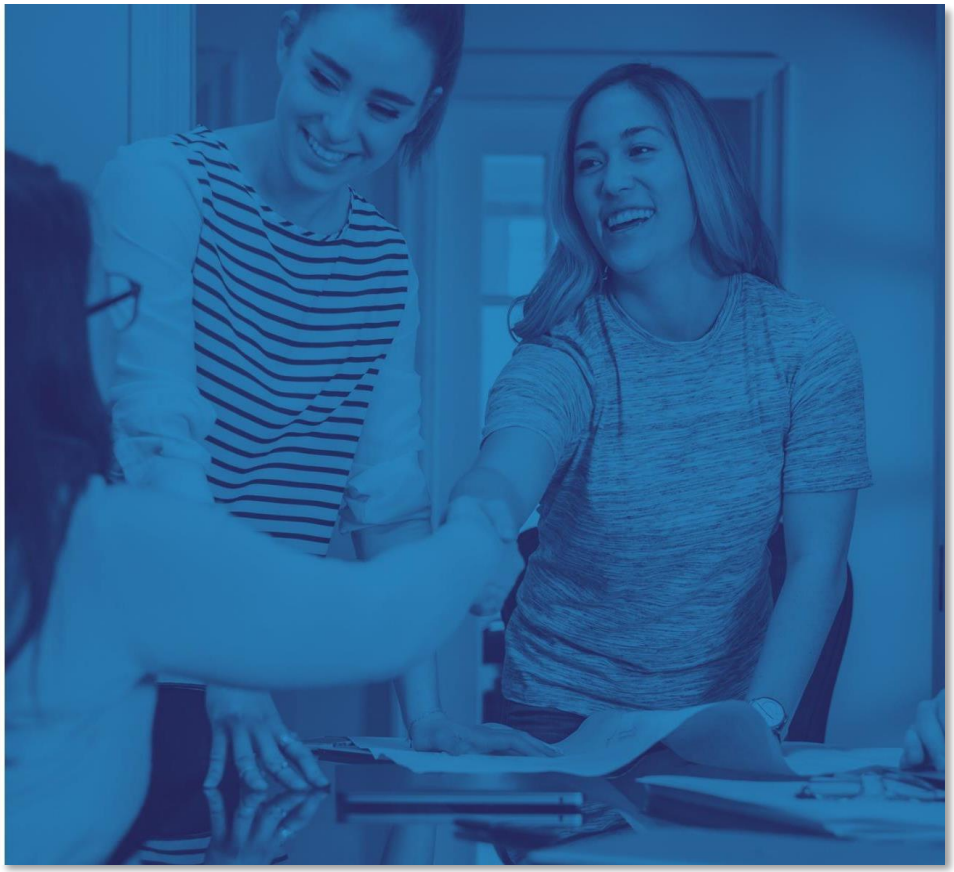
PUBLIC COMMENT

Medicaid Members and Public



ADJOURNMENT

Medicaid Members and Public

THANK YOU