



# Medicaid Managed Care Advisory Committee Meeting

April 30<sup>th</sup>, 2024



# Virtual Meeting 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-0430-VA4144>

# 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
James Williams	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
Mindy Carlin	Virginia Association of Community Based Providers
Nick Macrini	National Alliance on Mental Illness - VA
Kathy Miller	Virginia Department of Aging and Rehabilitative Services
Kelly Walsh-Hill	Virginia Interagency Coordinating Council
Craig Connors	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.



# Welcome

**Cheryl Roberts, Director**



# Agenda

- Welcome and Introductions
- General Assembly Updates
- Budget Update
- Unwinding Update
- Pharmacists as Providers Update
- Managed Care Programs Update
- Public Comment





# Virginia General Assembly Update

**Will Frank**  
*Senior Advisor for Legislative Affairs,  
Department of Medical Assistance Services*



# DMAS Legislative Role

1. Monitor introduced legislation
2. Review legislation and budget language for Secretary and Governor
3. Make position recommendations to Secretary and Governor
4. Communicate Governor's positions to General Assembly
5. Provide expert testimony and technical assistance to legislators on legislation

# 2024 GA Session Stats

- 2,852 bills introduced.
- DMAS was assigned 38 lead bills plus took an active role in key legislation led by other agencies
- These included bills with Amend, No Position, and Oppose positions.
- Major topics include:
  - New Medicaid benefits
  - Changes to rules for paid family caregivers (legally responsible adults)
  - Eligibility changes for waiver recipients
  - Pharmacy benefit changes

# New Benefit Proposals

**Comprehensive Children's Coverage**

**Community Health Workers**

**Violence Prevention Services**

**Remote Fetal Monitoring**

**Brain Injury Services**

**Human Donor Breast Milk**

**Adult Hearing Screenings**

**Fertility Preservation**

**PANS/PANDAS Services**

**Essential Hygiene Services**

# Legally Responsible Adults

- Legislation introduced in the House and the Senate to change specific provisions of DMAS's approved plans to continue paying Legally Responsible Individuals who provide personal care to their children
  - Allows 40 hours per member if there are two members in the household
  - LRI to provide services without proof of no other provider
  - Another parent can be employer of record
  - LRI is eligible for respite services
- HB909 and SB488, which passed the General Assembly requires DMAS to allow the above services except for respite, but study and submit a report on allowing respite.

# Pharmacy Legislation

- Legislation and Budget Amendments were introduced proposing changes to drug costs and purchasing
  - State-wide centralized pharmacy purchasing
  - Pharmacy carve-out from managed care
  - Prescription Drug Affordability Board
  - Changing payment structure for long-acting injectables (LAI)
- Of these proposals, only the Prescription Drug Affordability Board passed but was vetoed by the Governor.

# Waiver and Screening Bills

- Disregard Social Security Disability Insurance when determining financial eligibility for DD waivers
- Increase the time a DD waiver slot can be retained from 150 days to up to 365 days
- Greater flexibility for nursing facilities and PACE programs to conduct LTSS screenings in specific circumstances

# Other Legislation

- Bill to require timeliness of lien settlements when DMAS has a claim for reimbursement against the settlement of a member (when they are injured and the settlement covers their medical costs)
- Bill creating a new provider type – behavioral health technicians and behavioral health technician assistants – would enable DMAS to potentially include these provider types in redesigned behavioral health services



# Questions

---

# Thank you

Will Frank- [will.frank@dmas.virginia.gov](mailto:will.frank@dmas.virginia.gov)



# Budget Update

**Truman Horwitz, Budget Division Director**



# Overview

---

- Expenditure comparison
- Tracking to the forecast
- State budget update

# Expenditure Comparison

## In Millions

### Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
<b>Title XIX Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>
<b>Fund Type</b>							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
Coverage Assessment	169.6	280.1	307.4	430.2	528.2	98	22.8%
Rate Assessment	279.3	320.9	414.6	532.5	635.0	102	19.2%
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
<b>Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>

# Expenditure Comparison

## In Millions

### Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
<b>Title XIX Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>
<b>Fund Type</b>							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%

FY24 trends lower due to the accelerated capitation payment into FY23 (July to June) to save general funds at a favorable FMAP. **FY24 will have a total of 11 capitation payments; normal years have 12.**

# Expenditure Comparison

## In Millions

### Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	%
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
<b>Title XIX Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>
<b>Fund Type</b>							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
<b>Federal</b>	<b>6,055.5</b>	<b>7,790.5</b>	<b>9,367.7</b>	<b>11,141.6</b>	<b>10,696.5</b>	<b>(445)</b>	<b>-4.0%</b>
<b>Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>

Primarily related to Medicaid Expansion: Year-over-year population growth as well as Medicare Part D payments beginning in January 2023.

# Expenditure Comparison

## In Millions

### Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
<b>Title XIX Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>
<b>Fund Type</b>							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
<div style="border: 2px solid red; padding: 5px; margin: 5px 0;">Lingering CSA reporting issue (mentioned last EFRC)</div>							
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
<b>Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>

# Expenditure Comparison

## In Millions

### Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	%
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
<b>Title XIX Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>
<b>Fund Type</b>							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
<div style="border: 2px solid red; padding: 5px; margin: 10px 0;">                     Primarily driven by DD Waiver slots added in FY24.                 </div>							
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
<b>Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>



# Expenditure Comparison

## In Millions

### Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	%
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
<b>Title XIX Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>
<b>Fund Type</b>							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
<div style="border: 2px solid red; padding: 5px; margin: 5px 0;">                     Timing and unexpected cost settlement with UVA/VCU (mentioned last EFRC).                 </div>							
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
<b>Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>

# Expenditure Comparison

## In Millions

### Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	%
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
<b>Title XIX Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>
<b>Fund Type</b>							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
<div style="border: 2px solid red; padding: 5px; margin: 10px 0;"> <p>Increased Upper Payment Limit and Medicaid Expansion population over FY23.</p> </div>							
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
<b>Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>

# Expenditure Comparison

## In Millions

### Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change
Cardinal Acute	3,141.4	3,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%
Cardinal LTSS	3,948.4	4,576.8	5,148.5	6,148.5	5,557.0	(592)	-9.6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,603.1	223	16.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
<b>Title XIX Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>

#### Fund Type

General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
---------	---------	---------	---------	---------	---------	------	-------

**Pharmacy Rebates** have been trending lower, but some timing issues are at play as well (only three months of current year rebates are reflected).

Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
<b>Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>

# Expenditure Comparison

## In Millions

### Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24	
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change
CardinalCare							0.4%
CardinalCare							0.6%
Fee-For-Service							0.1%
Fee-For-service: BH & Rehabilitative	46.9	46.8	52.2	55.4	45.6	10	30.3%
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%
<b>Title XIX Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>
<b>Fund Type</b>							
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%
Coverage Assessment	169.6	280.1	307.4	430.2	528.2	98	22.8%
Rate Assessment	279.3	320.9	414.6	532.5	635.0	102	19.2%
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%
<b>Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>

Follows the trend of capitation; since payments were accelerated into FY23, these trend lower than FY23.

# Expenditure Comparison

## In Millions

### Five Year Look-back (Through March)

Expenditures	Actuals through March					FY23 vs. FY24		
	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	Change	% Change	
Cardinal Acute	2,141.4	2,949.4	4,592.2	5,451.8	5,047.9	(404)	-7.4%	
Cardinal	Increased Medicaid Expansion Enrollment in short term and Increased UPL.							6%
Fee-For-service: General Medicaid	1,204.0	1,124.7	1,226.0	1,380.5	1,605.1	225	16.1%	
Fee-For-service: BH & Rehabilitative	46.9	46.8	32.2	33.4	43.6	10	30.3%	
Fee-For-service: Long-Term Care Services	1,126.2	1,096.9	1,281.4	1,670.0	1,824.2	154	9.2%	
Hospital Supplemental (DSH, IME/GME, Dx)	401.6	392.6	550.2	529.1	584.7	56	10.5%	
Hospital Rate Assessment Payments	786.0	1,167.7	1,553.2	1,966.3	2,109.9	144	7.3%	
Pharmacy Rebates	(313.2)	(339.3)	(108.8)	(346.8)	(280.8)	66	-19.0%	
<b>Title XIX Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>	
<b>Fund Type</b>								
General	3,606.0	3,226.9	3,770.0	4,318.8	4,224.3	(95)	-2.2%	
Coverage Assessment	169.6	280.1	307.4	430.2	528.2	98	22.8%	
Rate Assessment	279.3	320.9	414.6	532.5	635.0	102	19.2%	
VA Health Care Fund	231.0	397.0	415.2	409.8	405.6	(4)	-1.0%	
Federal	6,055.5	7,790.5	9,367.7	11,141.6	10,696.5	(445)	-4.0%	
<b>Total</b>	<b>10,341.4</b>	<b>12,015.4</b>	<b>14,274.9</b>	<b>16,832.9</b>	<b>16,489.7</b>	<b>(343)</b>	<b>-2.0%</b>	

# Expenditure Comparison – Another way to Look at the Data

## *In Millions*

### FY 2024 Compared Against the Forecast

<u>Expenditures</u>	<u>YTD FY 2024</u>	<u>YTD Mar Forecast</u>	<u>Variance</u>	<u>Comments</u>
Cardinal Acute	5,047.9	4,952.3	1.9%	Slower unwinding than forecasted.
Cardinal LTSS	5,557.0	5,474.5	1.5%	Slower unwinding than forecasted.
Fee-For-service: General Medicaid	1,603.1	1,485.5	7.9%	Slower unwinding than forecasted.
Fee-For-service: BH & Rehabilitative	43.6	32.4	34.5%	Slower unwinding than forecasted.
Fee-For-service: Long-Term Care Services	1,824.2	1,804.9	1.1%	Slower unwinding than forecasted.
Hospital Supplemental (DSH, IME/GME, Dx)	584.7	518.9	12.7%	Timing and Cost Settlement
Hospital Rate Assessment Payments	2,109.9	2,249.3	-6.2%	
Pharmacy Rebates	(280.8)	(351.2)	-20.0%	Lower Pharmacy Rebates
<b>Title XIX Total</b>	<b>16,489.7</b>	<b>16,166.6</b>	<b>2.0%</b>	
<b>Fund Type</b>				
General	4,224.3	4,049.9	4.3%	
Coverage Assessment	528.2	489.2	8.0%	
Rate Assessment	635.0	660.9	-3.9%	
VA Health Care Fund	405.6	405.6	0.0%	
Federal	10,696.5	10,561.0	1.3%	
<b>Total</b>	<b>16,489.7</b>	<b>16,166.6</b>	<b>2.0%</b>	

# State Budget Update

- GA is reconvening on May 13.
- We will inform everyone as we know more.

# Summary

- Financial data shows a variance from forecast due to slower unwinding.
- Lessons from FY24 will be incorporated into FY25/26 forecast





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

**Janice Holmes,  
Assistant Division Director, Eligibility  
and Enrollment**



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES



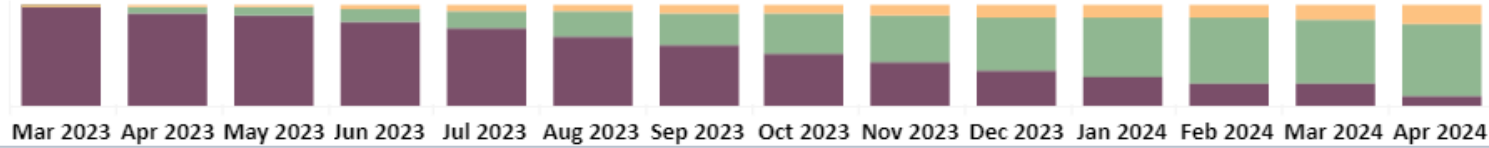
# Overall Monthly Overview Status Dashboard

Eligibility Category: (All) | Report Date: 4/24/2024 | Program: (All)

Total Members during the start of Unwinding

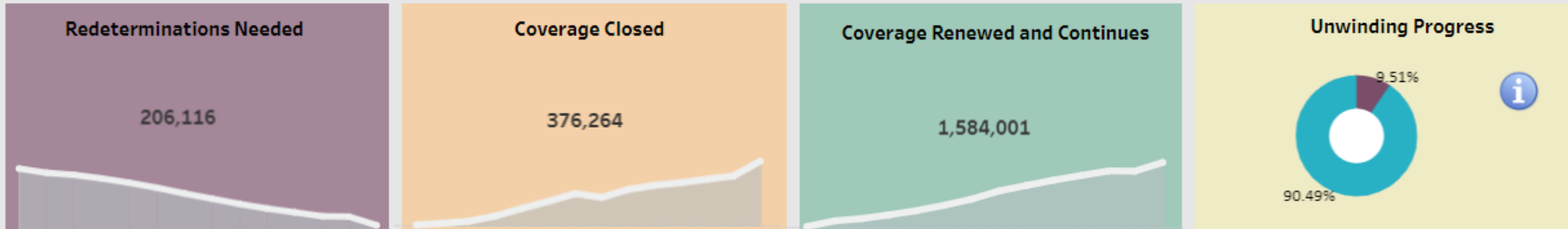
2,166,381  
Members

## Overall Members Overview Status

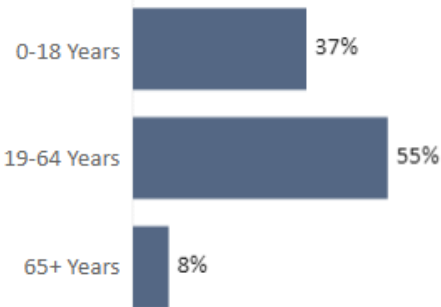


## Current Month Overview Status

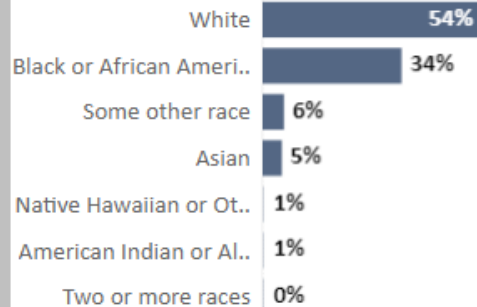
(Hover over the line to view Monthly Trend)



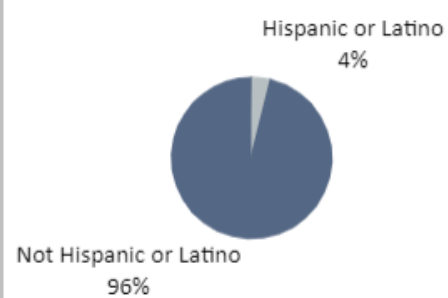
### Member Age



### Member Race



### Member Ethnicity



### Member Gender



## # Completed by Member

2,166,831

2,000,000

1,960,265\*

1,800,000

1,700,000

1,600,000

1,500,000

1,400,000

1,300,000

1,200,000

1,100,000

1,000,000

900,000

800,000

700,000

600,000

500,000

400,000

300,000

200,000

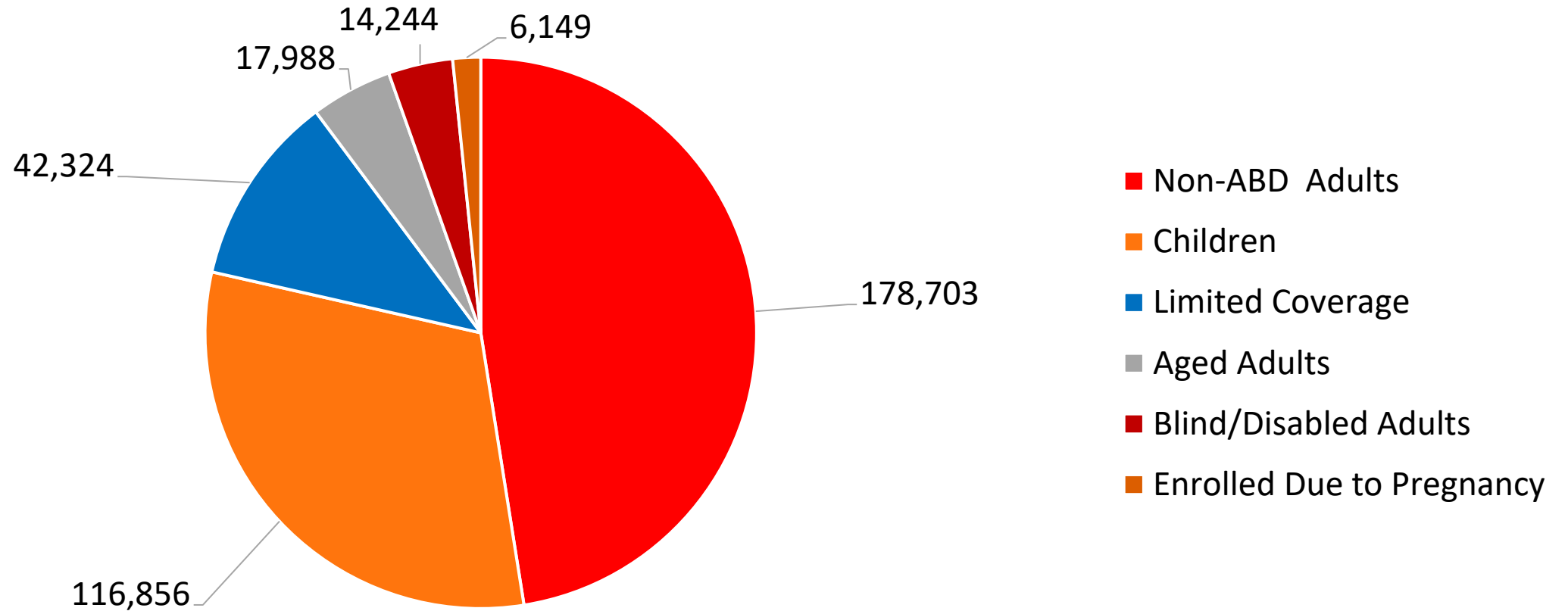
100,000

\*Data as of 04/24/2024

# Top Closures by Eligibility Grouping:

Closures through 04/24/2024

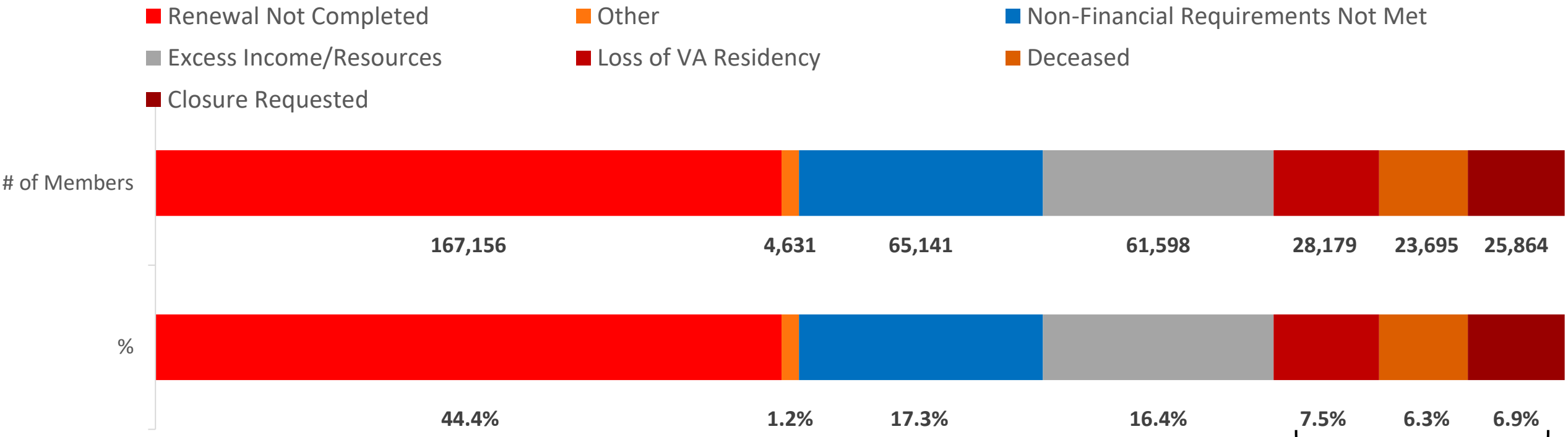
The highest closures have occurred among non-disabled adults between the ages of 19-64, followed by children, and then those enrolled in limited coverage such as Medicare Savings Plans, Plan First (family planning coverage), Incarcerated Coverage, and Emergency Medicaid.



# Top Closure Reasons



DMAS has closely monitored closures for all members to include those that occur when the renewal process is not completed. DMAS implemented a new data exchange and process to perform continued outreach to all individuals who do not complete their renewal for the first 90-days after coverage loss to offer additional assistance and resources – those found eligible have coverage restored back to the date of closure.



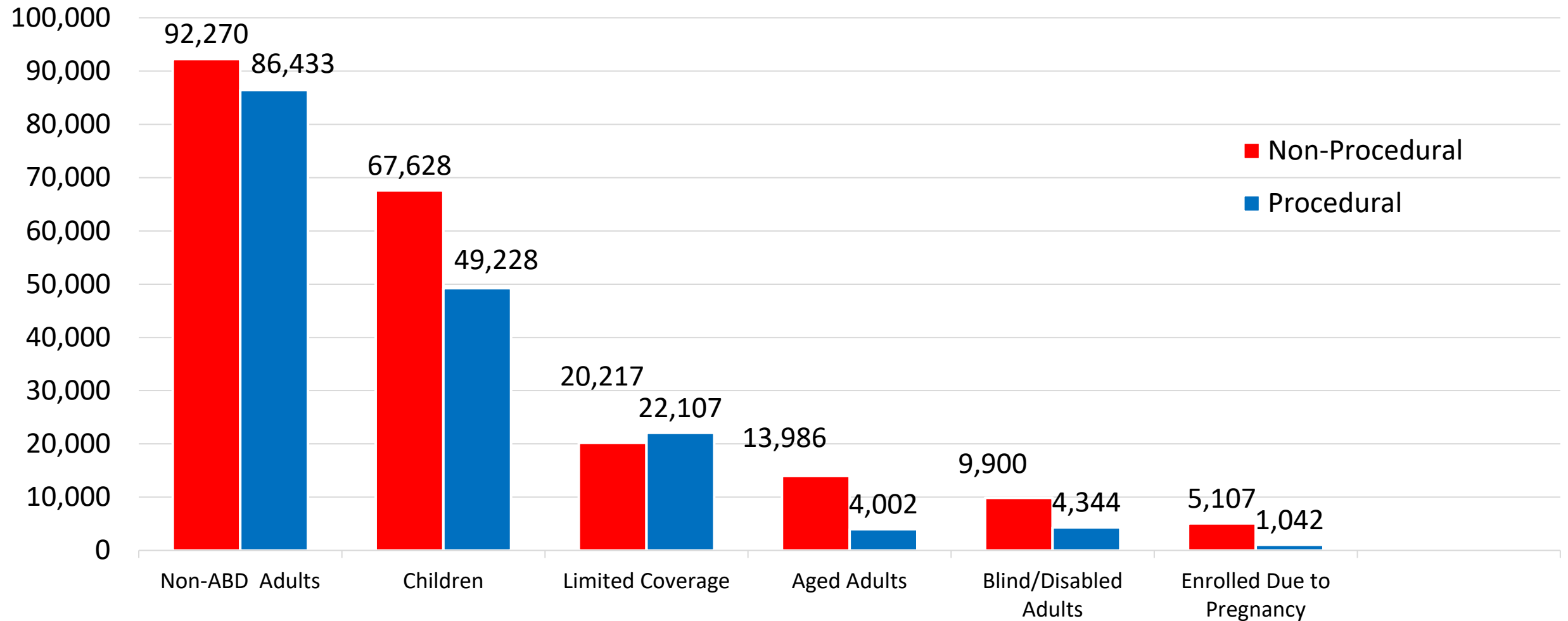
**Total Closures as of 04/24/2024: 376,264 members**  
**Procedural closures: 167,156 members or 44.4%**  
**Non-Procedural Closures: 209,108 members or 55.6%**

77,738 or 20.7% of closures have occurred for reasons not related to unwinding.

# Procedural vs. Non-Procedural Closures by Eligibility Grouping:

Closures through 04/24/2024

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.





# Pharmacists Enrolling as Providers

**JoeMichael T. Fusco, PharmD**  
MCO Pharmacy Compliance Manager  
Office of the Chief Medical Officer

[JoeMichael.Fusco@dmas.virginia.gov](mailto:JoeMichael.Fusco@dmas.virginia.gov)

# Overview

- As of today, more than 27 states have signed into law payment for pharmacist-provided patient care services and/or the designation of pharmacists as providers
- Act to amend and reenact § 32.1-325 via SB 1538 during 2023 General Assembly

*K. When the services provided for by such plan are services by a pharmacist, pharmacy technician, or pharmacy intern (i) performed under the terms of a collaborative agreement as defined in § 54.1-3300 and consistent with the terms of a managed care contractor provider contract or the state plan or (ii) related to initiation of services and treatment with or dispensing or administration of a vaccination by a pharmacist, pharmacy technician, or pharmacy intern in accordance with § 54.1-3303.1, the Department shall provide reimbursement for such service.*

- Enrolling pharmacists as providers will create a pathway for payment for services provided or supervised by a pharmacist



# Virginia Board of Pharmacy (BOP) Protocols

Service	Applicable BOP Protocols	Additional Training Required
Tobacco Cessation	<a href="#">Tobacco Cessation Protocol</a>	X
Vaccines	<a href="#">Vaccine protocol for 18+</a> <a href="#">Vaccine Protocol for Ages 3-17</a>	X
HIV Related	<a href="#">HIV Post-Exposure Prophylaxis (PEP) Protocol</a> <a href="#">HIV Pre-Exposure Prophylaxis (PrEP) Protocol</a>	X
Birth Control	<a href="#">Virginia Routine Contraceptive Protocol</a>	X
Rx Prenatal Vitamins	<a href="#">Virginia Prenatal Vitamin Protocol</a>	
Naloxone	<a href="#">Virginia Naloxone Protocol for Pharmacists</a>	
Epinephrine	<a href="#">Virginia Epinephrine Statewide Protocol</a>	
OTCs	<a href="#">Virginia Statewide Protocol to Lower Out-of-Pocket Expense</a>	
Testing	<a href="#">Coronavirus Testing of Adults</a> <a href="#">Tuberculin Skin Testing One-Step Protocol</a> <a href="#">Tuberculin Skin Testing Two-Step Protocol</a>	X
Test to Treat	<a href="#">COVID-19 Virus Infection</a> <a href="#">Acute Uncomplicated Lower Urinary Tract Infection in Women</a> <a href="#">Influenza</a> <a href="#">Acute Group A Streptococcus Bacteria Infection</a>	X

# Implementation Timeline

## January 1, 2024

- Naloxone
- Epinephrine
- Tobacco Cessation
- Vaccine Admin
- Rx Prenatal Vitamins

## May 1, 2024

- TB Tests
- PrEP and PEP
- Test and Treat
- COVID 19 Testing
- Lowering out of pocket expenses
- Injectable or self admin birth control

# Enrollment Options

## Collaborative Practice Agreements

- Enrollment in Provider Type 268 not needed

## Individual Enrollment

- Provider Type 268 active in PRSS
- Rendering Provider- Pharmacist's NPI
- Payment- Pharmacist's NPI

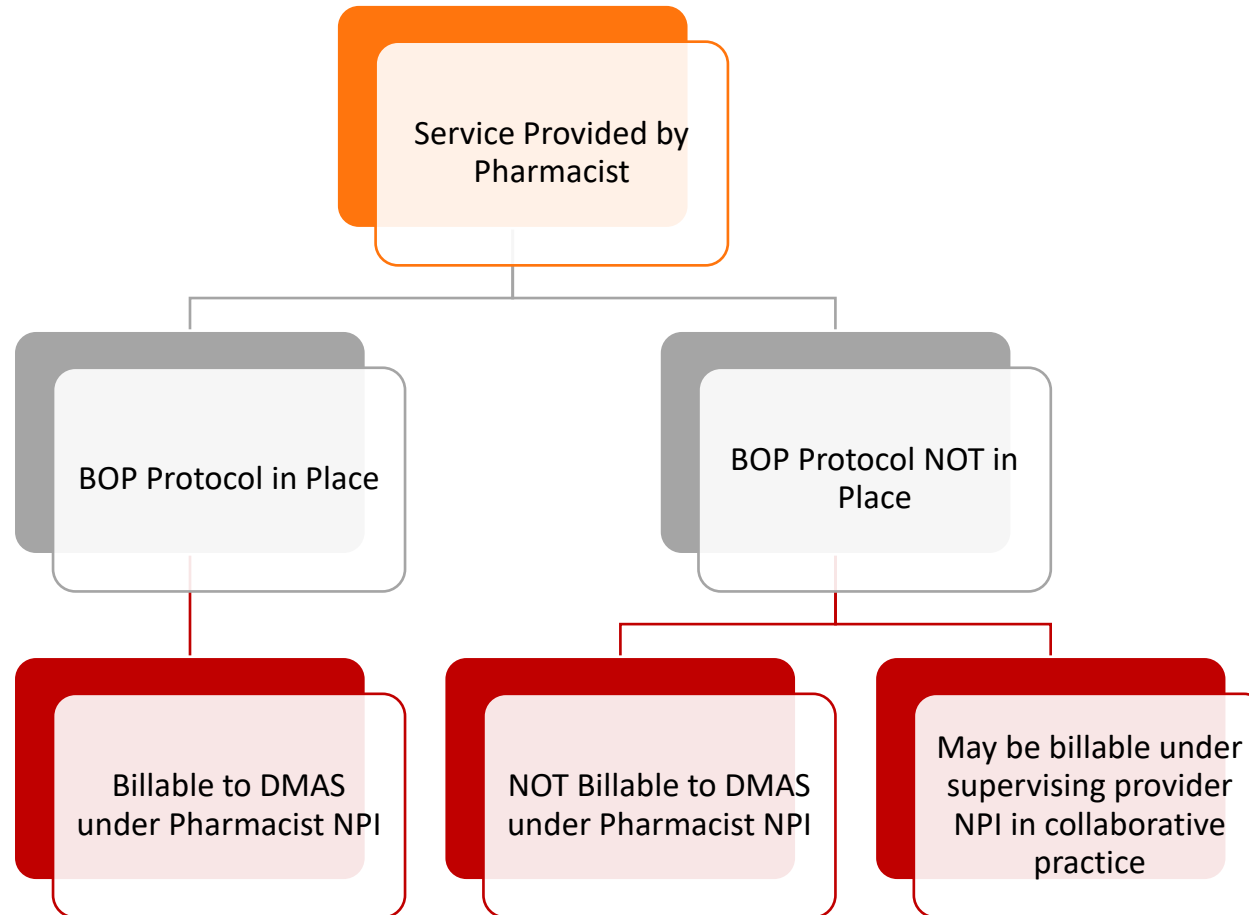
## Individual Within a Group Enrollment

- Will require 268 individual enrollment for each pharmacist

## Group Enrollment

- Provider Type 990 active in PRSS
- Rendering Provider- Pharmacist's NPI
- Payment- Facility NPI

# Services Provided Pathway



# Next Steps

- Enrollment Focus
- MCO Partnerships
- Community Outreach
- Protocol Monitoring

# Questions





# Managed Care Programs Update





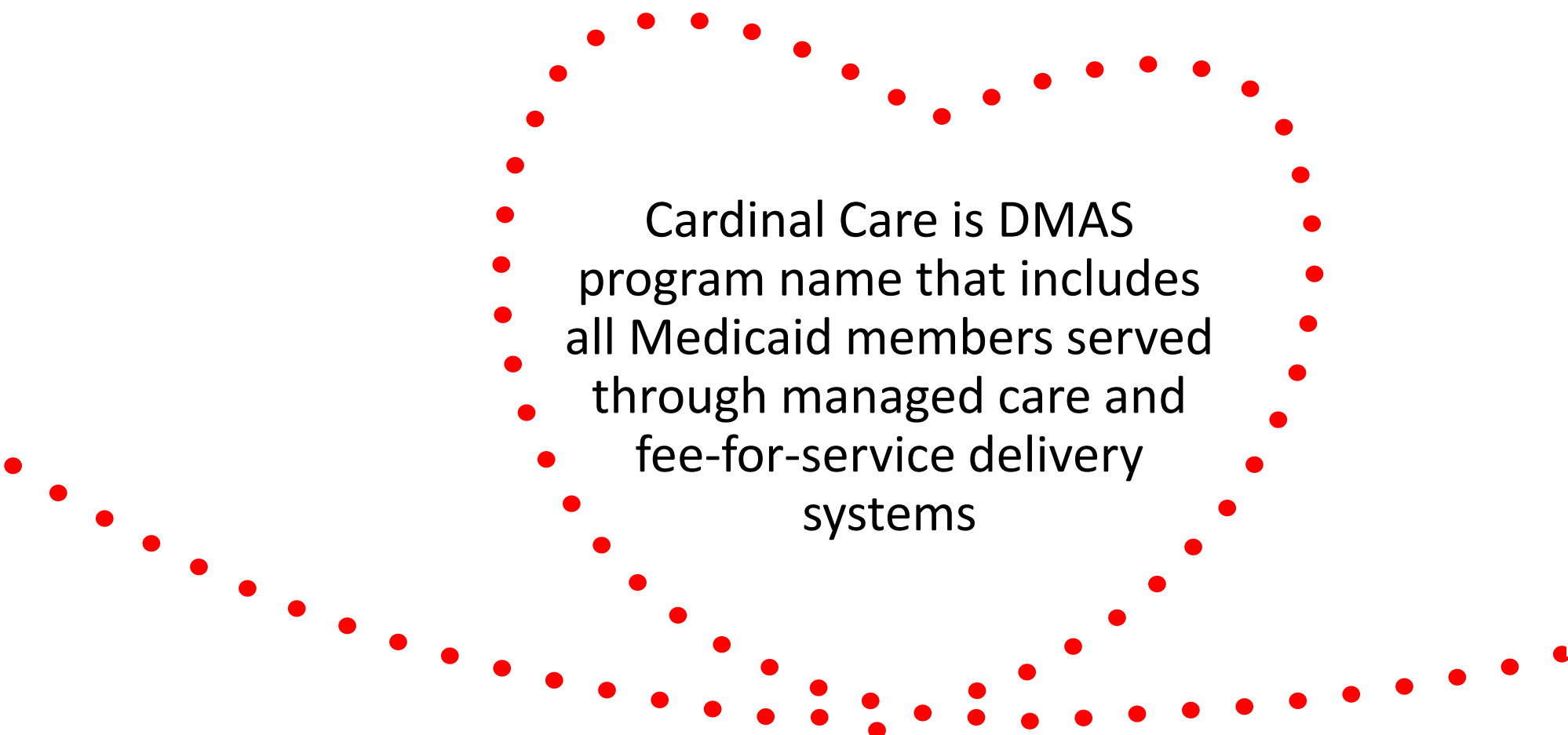
Complex Care Services





# Complex Care Services – 2024 General Assembly Impacts

- Programs and Services impacted by 2024 Legislation include Long Term Services and Supports (LTSS) Screenings, Home and Community Based Services, Behavioral Health and ARTS Services.
- Impacts from the pending budget span across programs including:
  - RHRN Initiatives;
  - Behavioral Health Services;
  - Developmental Disability Services;
  - Personal Care Services; and
  - Durable Medical Equipment



Cardinal Care is DMAS  
program name that includes  
all Medicaid members served  
through managed care and  
fee-for-service delivery  
systems

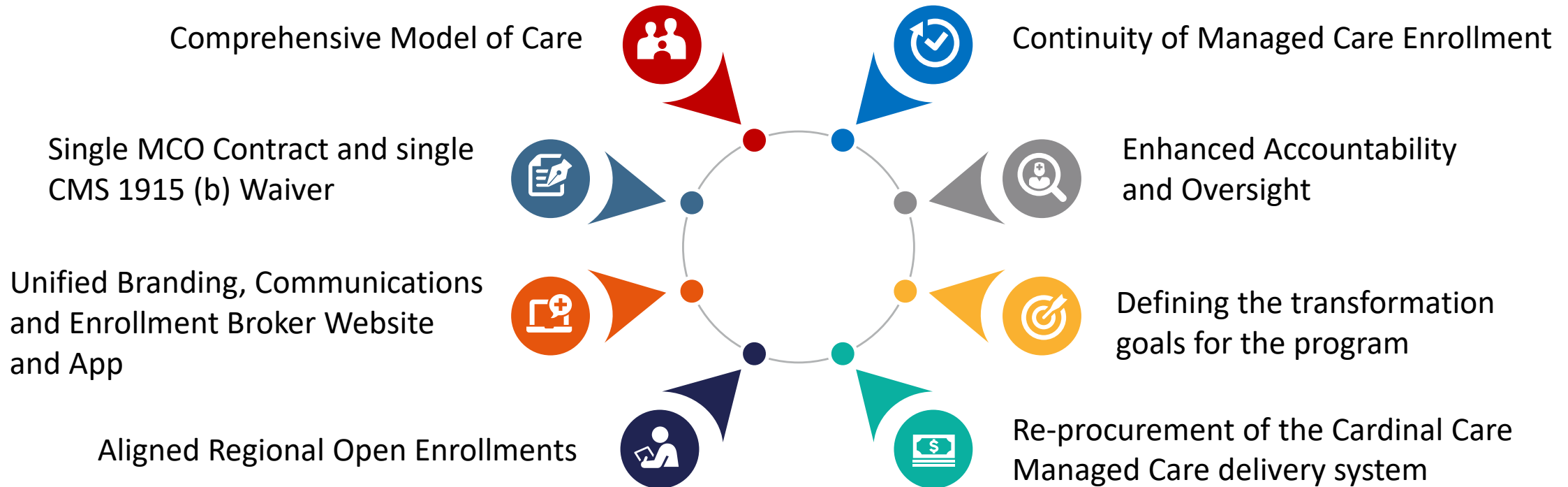


# Cardinal Care Managed Care Background

- The Cardinal Care Managed Care (CCMC) program provides comprehensive health care services for 1.8 million Virginians receiving Medicaid and CHIP through five contracted health plans.
- DMAS is taking a bold approach to improve the program with three steps:
  - Creation of Cardinal Care Managed Care – A consolidation of the two programs formerly known as Commonwealth Coordinated Care Plus and Medallion 4.0
  - Defining the transformation goals for the program
  - Reprourement of the Cardinal Care Managed Care delivery system

# Cardinal Care Managed Care

*DMAS is improving the Cardinal Care Managed Care (CCMC) program with these steps:*



# Key Messaging: What Stays the Same

- Benefits and Services (no reductions or changes)

- Services included in Managed Care (Services carved-out of managed care are not changing)



- Populations eligible for managed care (excluded populations are not changing)

- Members have choice of health plans and providers

# Key Messaging: What Will Be Updated

- Communications with members

- Cardinal Care Managed Care App

- FAMIS members enrollment process

- General Assembly actions and Governor's Budget items





# ARTS and Former Foster Care Youth Update

# Virginia's 1115 demonstration for ARTS, FFCY

An 1115 demonstration waiver allows DMAS to waive some provisions of Medicaid law to test or demonstrate new benefits, services.

- 2015- CMS approves DMAS' 1115 waiver request to create the Governor's Access Program (GAP) for individuals with serious mental illness.
- 2016 - CMS approves and amendment for the GAP waiver to add the ARTS - Addiction and Recovery Treatment Services – benefit.
- 2017 - CMS approves another amendment expanding benefits for the GAP population and ***allowing DMAS to cover former foster care youth (FFCY) who received foster care in a different state.***



# Virginia's 1115 demonstration for ARTS, FFCY

- Prior to 2018 states were not allowed to cover former foster care youth that had been in foster care *in another state* through our state plan (out-of-state foster care youth).
- However, in 2018, the SUPPORT Act mandated that CMS allow states to cover this population through the state plan beginning January 1, 2023.
- Youth receiving foster care services in another state that turned 18 prior to January 2023 continue to receive benefits via the 1115 demonstration.
- Youth receiving foster care services in another state that turn 18 on or after January 1, 2023 are covered under the state plan.

# Virginia's 1115 demonstration for ARTS, FFCY



- FFCY covered through the 1115 demonstration will decline steadily each year moving forward.
- 2019 CMS approves a 5-year extension of the demonstration for the ARTS and FFCY benefits (through December 2024).
- March 2023 DMAS submitted a **DRAFT** of its renewal application to continue ARTS and benefits for out-of-state FFCY that turned 18 prior to January 1, 2023.

# Next steps

- The actual renewal application is due to CMS in June.
- Staff is drafting public notices and there will be opportunities to weigh in at public hearings posted on town hall.
- Budget has provided estimates for expenditures
- DMAS meeting with VCU on May 1<sup>st</sup> to review incorporation of the data into the application, as well as to ensure a process going forward to ensure that needed data on FFCY is reported timely.

---

# Questions from committee members?

---

# Public Comment