

VIRGINIA'S MEDICAID PROGRAM



Board of Medical
Assistance Services

2021-22

**BIENNIAL
REPORT**

Virginia Department of
Medical Assistance Services

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LETTER FROM THE BOARD CHAIR

On behalf of the members of the Virginia Board of Medical Assistance Services (BMAS), it is my privilege to submit this Biennial Report, highlighting the work of Virginia's Department of Medical Assistance Services (DMAS).

2021 continued to present significant challenges due to the COVID-19 pandemic. Fortunately, we have begun the process of bringing the pandemic under control, although this will present future challenges as the program goes through the redetermination of over two million Medicaid members once the federal Public Health Emergency ends. Despite these challenges, the program has not only avoided a diminution of benefits to our more than two million Medicaid members in Virginia as a result of the outstanding leadership of Cheryl Roberts and the extraordinary DMAS staff, but, with the legislature and Governors' offices, these benefits have expanded. During this period, the program has added a new adult dental benefit and new preventive services. Additionally, Virginia became one of the first states to take advantage of a new program to expand postpartum services to new mothers and their babies. Virginia also launched 10 new behavioral health services in 2021 designed to offer more community support for individuals in crisis – a critical need given the impact that the COVID pandemic has had on our members.

This report will go into detail to explain those services that are the result of the hard work done by DMAS staff and the countless stakeholders and advocates to bring these services to reality for many Virginians.

Finally, on a personal note, as my time on the Board comes to a close, I want to thank every member of the Board with whom I have served, our directors and DMAS staff, and the Secretary's office for the opportunity to serve. It has been one of the honors of my life to work with such a dedicated and committed group of individuals, and to serve our members who rely on the program to provide needed health care and related services.

Thank you for your support in providing the necessary resources for improving the health and well-being of our members.

Mike Cook, Chair
Board of Medical Assistance Services

LETTER FROM THE AGENCY DIRECTOR



Over the last two years, we have witnessed many changes to Virginia's Medicaid program with the addition of new services that will help Virginians to access high quality, affordable health care. I thank the Governor, Secretary of Health and Human Resources, and members of the General Assembly for their efforts and service to Virginia's two million Medicaid members.

I also thank the hard-working staff here at the Department of Medical Assistance Services (DMAS). Through their expertise and dedication, many Virginians are receiving life changing and much needed health care.

In the last two years, Medicaid has added important services to help Virginians. These included preventive services, such as wellness exams, cancer screenings and vaccines. Virginia also added a new dental benefit for adults and health coverage for mothers and babies for up to 12 months postpartum. Virginia has also begun the rollout of new behavioral health services that will help strengthen the Commonwealth's crisis system.

We as a Commonwealth and as a health care system have seen many challenges over the last two years as we faced COVID-19, which affected how we worked together, how we accessed these important health care services, and how we viewed what really affected our daily lives. As we look to the next two years, we will be faced with new challenges to our system, including the end of the federal Public Health Emergency and ensuring Virginians continue to have access to the critical health care that they need. These are challenges that I know we can overcome together.

On behalf of the entire DMAS staff, I thank the policy makers, partners, and Virginia's Medicaid members for bringing us to this moment and look forward to the next two years.

Sincerely,

Cheryl Roberts, Director
Virginia Department of Medical Assistance Services

ABOUT MEDICAID

Virginia Medicaid plays a critical role in the lives of more than 2 million Virginians, providing high-quality health care coverage for those most in need.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to more newly eligible, low-income adults.

Medicaid covers primary and specialty health services, inpatient care, behavioral health, and addiction and recovery treatment services. In addition, Medicaid long-term services and supports give thousands of Virginians the choice either to receive health care while remaining in their homes, or to access residential and nursing home care.

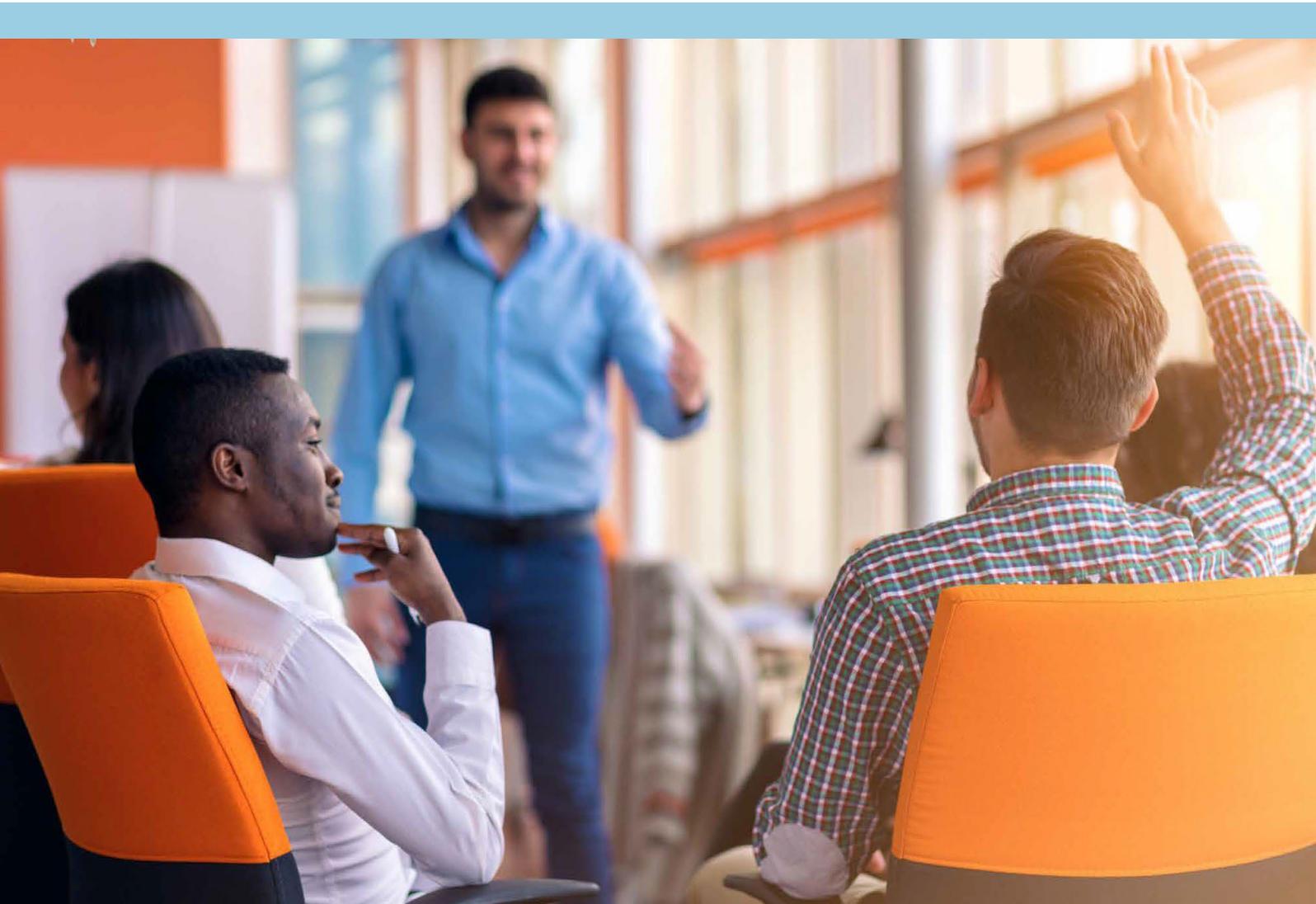
Virginia Medicaid and the Children's Health Insurance Program (CHIP) are administered by DMAS and are jointly funded by Virginia and the federal government under the Title XIX and Title XXI of the Social Security Act. Virginia generally receives \$1 of federal matching funds for every \$1 the Commonwealth spends on Medicaid. Traditional Medicaid is funded by approximately 50% state general funds and 50% federal match dollars. Coverage for individuals under Medicaid expansion is funded with 90% federal dollars and 10% from a provider assessment levied on most acute private hospitals.



WHO WE ARE-AGENCY OVERVIEW

DMAS has a dynamic workforce comprised of over 580 full-time and part-time employees. As of September 15, 2022, DMAS employed 489 full-time and 92 part-time staff. Nearly three-quarters (73%) of employees are women and the average tenure for full-time employees is 11.2 years. At present, sixty employees are retirement eligible and the agency is taking steps to cross train employees for succession planning.

Employee retention and engagement plays a major role in the continuity of agency operations. The agency has been proactive in advancing initiatives for the DMAS workforce. Automating the talent acquisition process, revamping the employee recognition program and enhancing the performance management process are but a few of the recent enhancements. The agency is placing more emphasis on developing staff, using metrics to define agency goals and standardizing processes for consistency and effectiveness. Efforts are underway to improve the employee experience, including new opportunities for employee recognition and professional development. These initiatives will continue improving employee retention.





MEMBER STORY

James has two important motivations for joining the Medicaid Member Advisory Committee; he states, "I am a parent of a son with special needs and the son-in-law of a person with physical disabilities." James's son was diagnosed with autism at age 2 and with schizoaffective disorder at age 13. Both his son and mother-in-law receive Medicaid waiver services. James learned to navigate Medicaid through his experiences with the program in both Maryland and now Virginia, which have different processes and procedures. James was one of the original members of the advisory group that recommends improvements to the Medicaid program from the members' perspective. Says James,

“ I got tired of being on the sidelines. I want to be part of the solution, to be a voice for those who don't have one. This is a work in progress. We are ordinary people who are working to make Medicaid better and clearer. People should have more access to health care and easier access to information. We find simple, better ways to assist others and make the process easier. I feel what we're doing is making an impact. ”

NEW PROGRAMS & INITIATIVES

Over the last two years, Virginia's Medicaid program saw an addition of new services that increase access to high quality, affordable health care.

Behavioral Health Services

Starting in December 2021, Virginia Medicaid members have access to six new behavioral health services that strengthen crisis response and address a national emergency in children's mental health care.

The new services include two in-home therapy options for children in crisis or returning home from a higher level of care. The services represent key steps in Virginia's response to a national call to action following rising rates of mental health concerns and suicide among young people. DMAS and the Department of Behavioral Health and Developmental Services (DBHDS) collaborated on a continuum of behavioral health enhancements through a multi-phase initiative known as Project BRAVO (Behavioral Health Redesign for Access, Value and Outcomes). The initiative included support from hundreds of providers, advocates, and other stakeholders. Medicaid began covering an initial set of three new services for its members in July 2021. The six additional services qualify for Medicaid funding effective December 2021.

The new services covered by Medicaid are:

- **Multisystemic Therapy:** Intensive family and community-based treatment for youth ages 11-18 with significant disruptive behaviors and substance use disorders.
- **Functional Family Therapy:** Short-term treatment for youth ages 11-18 with significant disruptive behaviors who have received referrals from juvenile justice, behavioral health, school, or child welfare systems.
- **Mobile Crisis Response:** 24/7 rapid response services including assessment and early intervention, deployed in real time to the location of individuals experiencing a behavioral health crisis.
- **Community Stabilization:** Short-term support for individuals who recently required crisis services as they transition between certain levels of care when there is a gap in availability of services.

- **23-Hour Crisis Stabilization:** Up to 23 hours of crisis stabilization services in a community-based setting for individuals experiencing an acute behavioral health emergency.
- **Residential Crisis Stabilization Unit:** Short-term, 24/7 residential evaluation and intervention for psychiatric and substance use crises. This new service enables some individuals to avoid inpatient admission and offers stepdown support for others who require hospitalization.

12 Month Post-Partum

In 2019, the Virginia Maternal Mortality Review Team found that nearly 70% of all women experiencing a pregnancy-associated death had at least one chronic condition. The extension of comprehensive postpartum coverage includes regular check-ups, behavioral health visits, and specialty care, allowing individuals to receive treatment for chronic conditions and avoid preventable complications or deaths.

DMAS received state authority and federal approval to guarantee that Medicaid and CHIP members can maintain their health coverage for 12 months following pregnancy implementing in July of 2022. This addresses the issue with some Medicaid members losing access to care 60 days after the end of a pregnancy. The expanded coverage enables new parents to receive critical postpartum care, an important step in improving health outcomes for both parents and babies.

Preventive Care

Virginia adult Medicaid members will have access to preventive services, including screenings, check-ups and counseling to support positive health outcomes under a policy that took effect September 2022. Similar to commercial insurance policies, preventive services are available to Medicaid members at no cost. Preventive services also are available to members without a prior authorization from their doctor. The Virginia Medicaid agency designed the preventive services benefits package to align with recommendations from the U.S. Preventive Services Task Force, an independent, volunteer panel of experts in primary care and prevention who evaluate the effectiveness of services and advise on evidence-based practices for disease prevention. Preventive services covered by Medicaid include, among others, the following:

- Adult wellness exams
- Individual and group smoking cessation and alcohol counseling
- Vaccines, including tetanus and diphtheria, shingles, hepatitis A and B, influenza, and human papillomavirus

- Mammography, prostate and other cancer screenings
- Sexually transmitted disease screenings
- Depression screenings
- Type 2 diabetes screenings
- Blood pressure and cholesterol screenings

Medicaid Enterprise System (MES)

The Medicaid Enterprise System (MES) is Virginia's modular integrated Medicaid Management System which was successfully launched on April 4, 2022. The MES ecosystem encompasses member, provider, reference, claims, financials, federal reporting, care management, security and network infrastructure functions. The functions are serviced by distinct modules seamlessly connected by using integration services in a 'hub and spoke' model. MES improves the Commonwealth's development agility while meeting the rising demand for new services and increased access for its citizens.

Key initiatives around MES in the near future include obtaining certification of all modules and sub-systems from the Centers for Medicare and Medicaid Services (CMS); contract renewals and strategic sourcing opportunities; and modular system upgrades.

Adult Dental

Starting July 1, 2021, Virginia began offering a comprehensive dental benefit for adults. Previously, the Commonwealth's "Smiles for Children" program covered only children, teenagers, and pregnant women. Now, adults receiving full Medicaid benefits are eligible for dental care, giving them access to more services and provider choices through DentaQuest. These services include cleanings and preventive care, x-rays and exams, fillings, dentures, root canals, gum-related treatment, oral surgeries, and more.

Doula Benefit

Virginia now has a Medicaid Doula benefit that will provide access to community-based doulas. These are trained, non-medical professionals who offer a broad set of non-clinical, continuous support services to pregnant women throughout pregnancy, at labor and delivery, and during the postpartum period. Community doulas provide support to pregnant and postpartum women through their grounding within the community, language support, and understanding of the populations they serve.

Virginia is the 4th state in the U.S. to offer this service to Medicaid members. DMAS and partner community organizations have been working to encourage existing doulas to enroll as providers. This program is in response to data that show high maternal mortality in Virginia, especially among non-Hispanic black women. DMAS hopes to have 100 registered doulas by the end of 2022 and 1,000 by the end of 2023

End of Public Health Emergency Continuous Coverage Requirement

In accordance with Section 6008 of the Families First Coronavirus Response Act (FFCRA), states received enhanced federal funding, a 6.2% increase to the federal medical assistance percentage (FMAP), in exchange for meeting certain conditions including the continuous coverage of all Medicaid members in the program as of or after March 18, 2020. As a result of the state meeting this condition, Virginia has received more than \$2 billion in additional federal funds over the course of the COVID-19 Public Health Emergency (PHE). Since the beginning of the PHE, DMAS has been preparing for the eventual return to regular enrollment operations, primarily addressing pending and overdue eligibility and enrollment actions that developed during the emergency. We have worked in a coordinated effort with other state and local social services agencies, health care advocates, community groups, providers, and other partners to ensure an orderly process after the end of the continuous coverage requirement.

On December 23rd, 2022, President Biden signed the 2023 Consolidation Act, which is an omnibus spending bill containing legislation that decouples the continuous coverage requirement from the PHE. Medicaid agencies will be tasked with reevaluating the coverage for their entire membership starting April 1st, 2023, which is being compared to the largest health care event since the passing of the Affordable Care Act. While some members are expected to transition out of the Medicaid program, Virginians who are determined to no longer be will receive information on alternate health insurance options through referrals to the Federal Marketplace and beginning in the last quarter of 2023, the newly implemented Virginia State Based Marketplace.



Healthcare Benefits

Enrollment Form

To speed the enrollment process, please complete all sections

To Be Completed by Employee Requested Effective Date of Coverage

Group Name

Date of Hire / / Reason for Application

Position/Title New Group Plan

Hours Worked per week Life Event/Date

Salary \$ Status Change

Required only if Life, STD, or LTD Independent Add/Delete

Waiver of Coverage Other

Health Insurance Marketplace
Application for Health Insurance

Apply

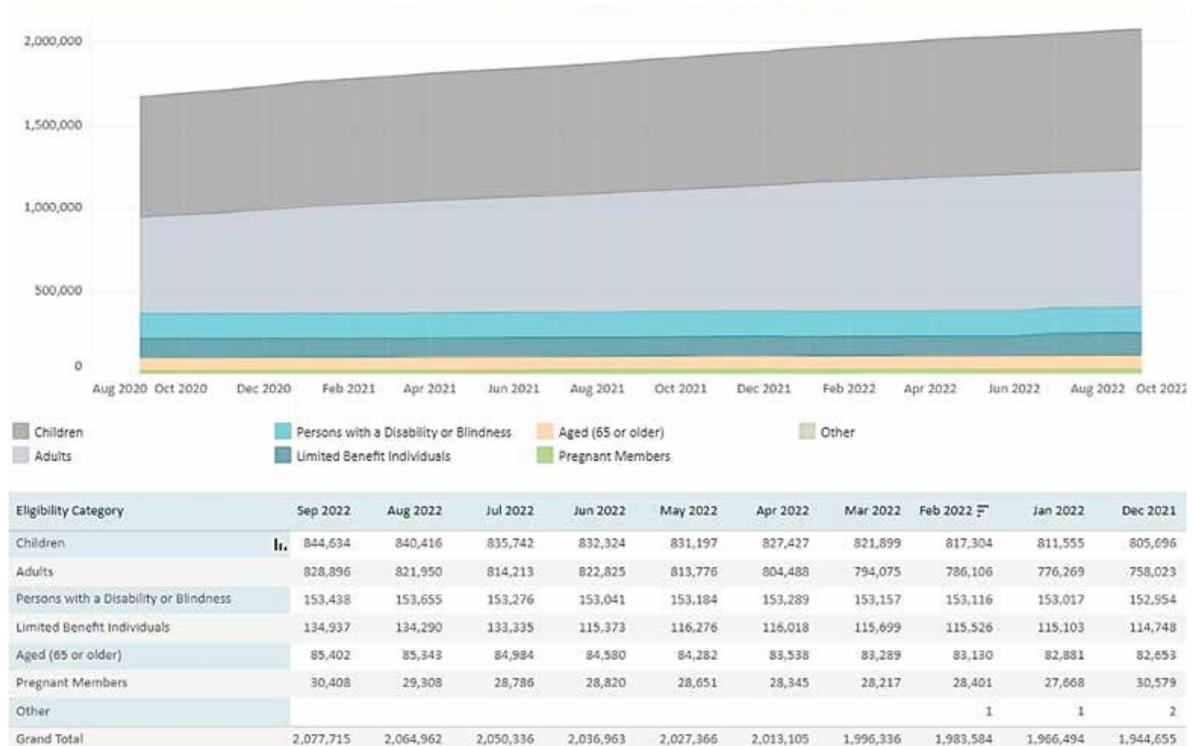


COVID RESPONSE & RETURN TO DMAS OFFICE

The DMAS workforce demonstrated flexibility and dedication throughout the public health emergency when Commonwealth agencies successfully managed unprecedented levels of remote work. In preparation for the return of DMAS staff to the office in 2022, the Agency worked throughout the previous years to ensure the safest possible environment and most efficient conditions for hybrid work. DMAS leadership provided guidance and transparency throughout the frequently changing COVID situation and supported the return to DMAS headquarters in July 2022. In addition to guidelines and return to work protocols, DMAS completed building preparation, including significant construction projects that relocated the Agency reception area, public conference rooms, and visitor access management to the main lobby of the building. The project enhanced the overall security for our employees while also significantly upgrading audio-visual technology and increasing virtual and teleworking capabilities.

BY THE NUMBERS

Enrollment Trend by Eligibility Category



Monthly Enrollment Trend by Region





PMPM by Expense Category

| | SFY20 | SFY21 | SFY22 | SFY20 vs. SFY21 | SFY21 vs. SFY22 |
|--------------------|----------------|----------------|----------------|-----------------|-----------------|
| MEDALLION4 | \$296 | \$283 | \$283 | -4.51% | 0.19% |
| In-Patient | \$61 | \$58 | \$54 | -4.69% | -6.44% |
| Out-Patient | \$35 | \$34 | \$33 | -2.31% | -3.64% |
| ER | \$18 | \$14 | \$15 | -25.07% | 13.70% |
| Nursing Facility | \$5 | \$5 | \$4 | 1.59% | -8.06% |
| Physician Services | \$109 | \$100 | \$104 | -7.80% | 4.06% |
| Pharmacy | \$69 | \$72 | \$72 | 4.75% | 0.52% |
| Others | \$0 | \$0 | \$0 | -6.14% | -100.00% |
| CCCPLUS | \$1,577 | \$1,542 | \$1,610 | -2.18% | 4.38% |
| In-Patient | \$178 | \$178 | \$173 | -0.31% | -2.29% |
| Out-Patient | \$82 | \$83 | \$80 | 0.67% | -3.06% |
| ER | \$24 | \$20 | \$21 | -15.10% | 4.69% |
| Nursing Facility | \$366 | \$366 | \$374 | -0.09% | 2.12% |
| Physician Services | \$686 | \$650 | \$715 | -5.14% | 9.88% |
| Pharmacy | \$240 | \$245 | \$246 | 2.02% | 0.76% |
| Others | \$1 | \$1 | \$0 | -7.27% | -100.00% |

Cost Per Claim by Service Category

| | SFY20 | SFY21 | SFY22 | SFY20 vs. SFY21 | SFY21 vs. SFY22 |
|--------------------|--------------|--------------|--------------|-----------------|-----------------|
| MEDALLION4 | \$151 | \$167 | \$164 | 10.60% | -1.66% |
| In-Patient | \$7,720 | \$8,870 | \$8,334 | 14.91% | -6.05% |
| Out-Patient | \$365 | \$406 | \$381 | 11.45% | -6.33% |
| ER | \$129 | \$123 | \$124 | -4.09% | 0.29% |
| Nursing Facility | \$1,002 | \$1,119 | \$1,072 | 11.67% | -4.17% |
| Physician Services | \$121 | \$122 | \$125 | 0.55% | 2.76% |
| Pharmacy | \$85 | \$109 | \$108 | 28.41% | -0.89% |
| Others | \$102 | \$91 | \$0 | -10.09% | -100.00% |
| CCCPLUS | \$179 | \$186 | \$195 | 3.92% | 4.86% |
| In-Patient | \$6,446 | \$7,281 | \$7,142 | 12.95% | -1.91% |
| Out-Patient | \$331 | \$357 | \$358 | 7.89% | 0.19% |
| ER | \$86 | \$83 | \$86 | -4.46% | 3.88% |
| Nursing Facility | \$2,302 | \$2,711 | \$2,975 | 17.75% | 9.76% |
| Physician Services | \$120 | \$116 | \$126 | -3.51% | 8.79% |
| Pharmacy | \$100 | \$120 | \$125 | 19.34% | 4.38% |

BMAS MEMBERS

Raziuddin Ali, MD**
Michael E. Cook, Esq. (Chair)*
Patricia T. Cook, MD*
Elizabeth Coulter**
Alexis Y. Edwards**
Ashely Gray*
Tim Hanold*
Paul Hogan*
Maureen S. Hollowell*
Ashish Kachru*
Basim Khan*
Peter R. Kongstvedt, MD,
FACP**
Elizabeth Noriega*
Ira G. Peters*
Vilma Seymour**
Kannan Srinivasan*
B. Cameron Webb, MD, JD.**

* Current Member

** Term ended (active during
FY21/22 reporting period)

FY21/22 MEETING DATES

June 10, 2020
September 9, 2020
December 9, 2020
March 10, 2021
April 28, 2021
June 9, 2021
June 23, 2021
November 30, 2021
March 8, 2022
June 14, 2022