



Joint Subcommittee for Health and Human Resources Oversight Medicaid Update

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Agenda

- ❖ **Medicaid Overview**
- ❖ **Unwinding Update**
- ❖ **Cardinal Care Managed Care Procurement Updates**



Medicaid Overview

DMAS Mission and Values

Our Mission & Values

To improve the health and well-being of Virginians through access to high-quality health care coverage and services



Service



Collaboration



Trust



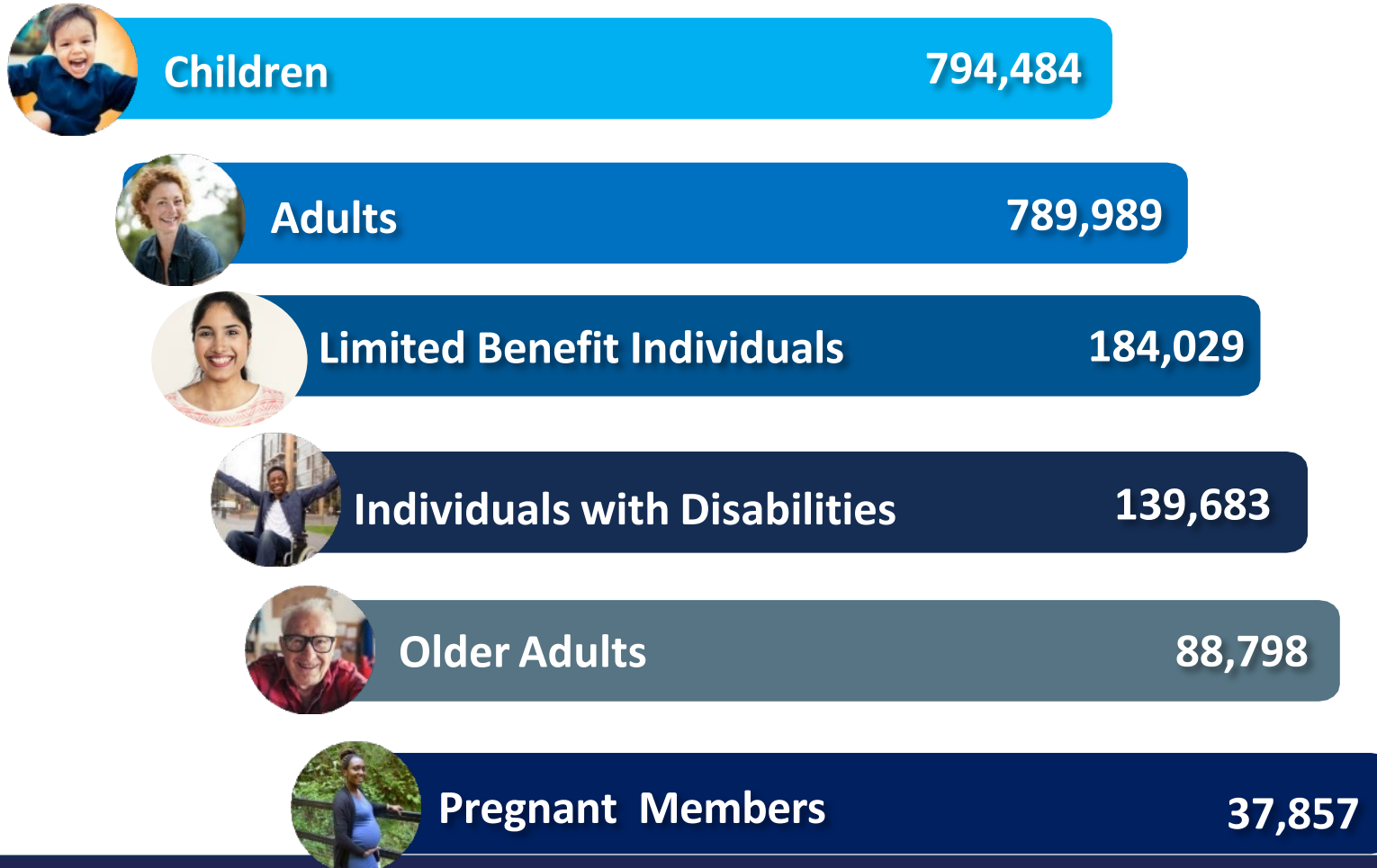
Adaptability



Problem Solving

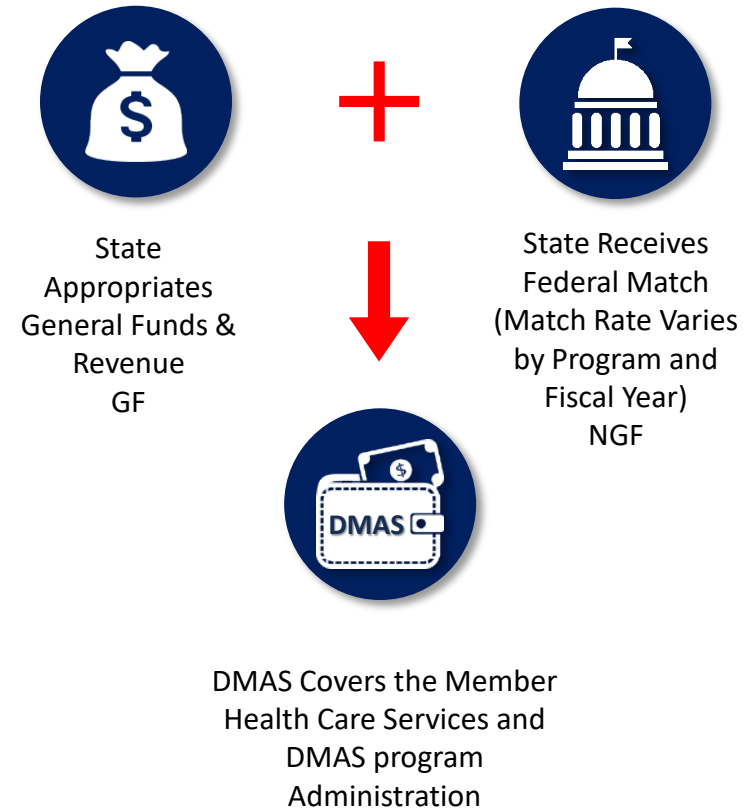
Who Do We Cover?

Medicaid is available to Virginians who meet specific income thresholds and other eligibility criteria



Medicaid and CHIP Authority and Funding

- Medicaid and CHIP (FAMIS) are joint federal and state programs authorized under Title XIX and Title XXI of the Social Security Act
- Implementation requires authorization by the Governor and General Assembly, and funding through the Appropriation Act
- Current Appropriations is \$24.7 billion





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

Medicaid Continuous Coverage Requirements: Preparation

Health Human Resources (HHR) agencies acted early in the PHE to implement flexibilities and protect needed coverage during the PHE to allow access to services. In a parallel effort, the DMAS and DSS began planning in mid-2020 for the eventual unwinding of those flexibilities. Virginia has been named a leader in the country for innovative and thorough outreach, education, and communication to all stakeholders.



Unwinding Taskforce: Convened by Secretary Littel in January 2022 to include DMAS and DSS leaders and the Office of the Attorney General. In July 2022, the taskforce was expanded to include Senate and House Finance and Department of Planning and Budget staff.



Cover Virginia: Expanded operations to include a redetermination call center and processing services through the end of unwinding. Implemented new permanent units dedicated to pregnant women and application assisters/advocates.



Outreach and Education: Launched outreach campaigns through radio, television, social media, and 3 websites. Development of 4 stakeholder toolkits, 18 outreach templates, 60 provider memos. Engagement through speaking events to include 8 public townhalls to nearly 1000 different stakeholder groups.



25 System Updates: Increased the number of successful “no touch” actions at application, change, and renewal to promote consistency, reduce local worker burden, and allow a stronger focus on high-risk populations which require manual processing.



Training and Information Sessions: eLearning and webinars held for over 3,000 local agency staff. Expanded learning opportunities through existing Virginia Health Care Foundation partnership to increase assistance resources, added trainings for aged and disabled populations.



Managed Care Organization Collaboration: Executed agreement with the six health plans to solidify plans for four round of targeted member outreach across all modalities. Implemented new data sharing processes to include addresses, closures, and closure reason.

Overall Monthly Overview Status Dashboard

Eligibility Category: (All) | Report Date: 7/3/2024 | Program: (All)

Total Members during the start of Unwinding

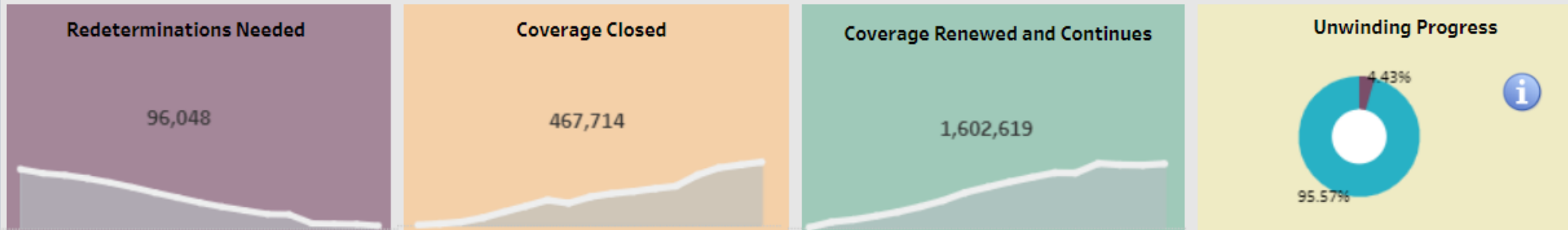
2,166,381
Members

Overall Members Overview Status

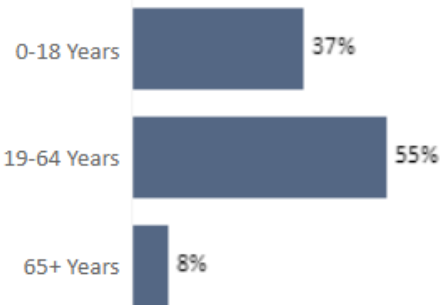


Current Month Overview Status

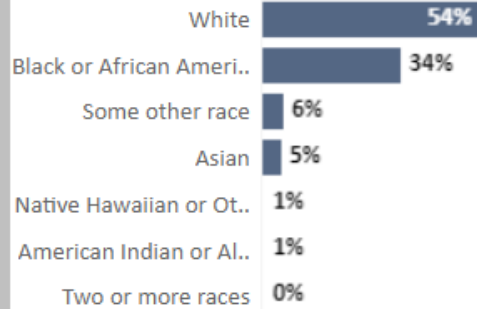
(Hover over the line to view Monthly Trend)



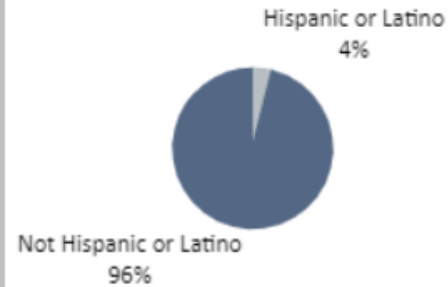
Member Age



Member Race



Member Ethnicity



Member Gender



Completed by Member

2,166,831

2,070,333*

1,900,000

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

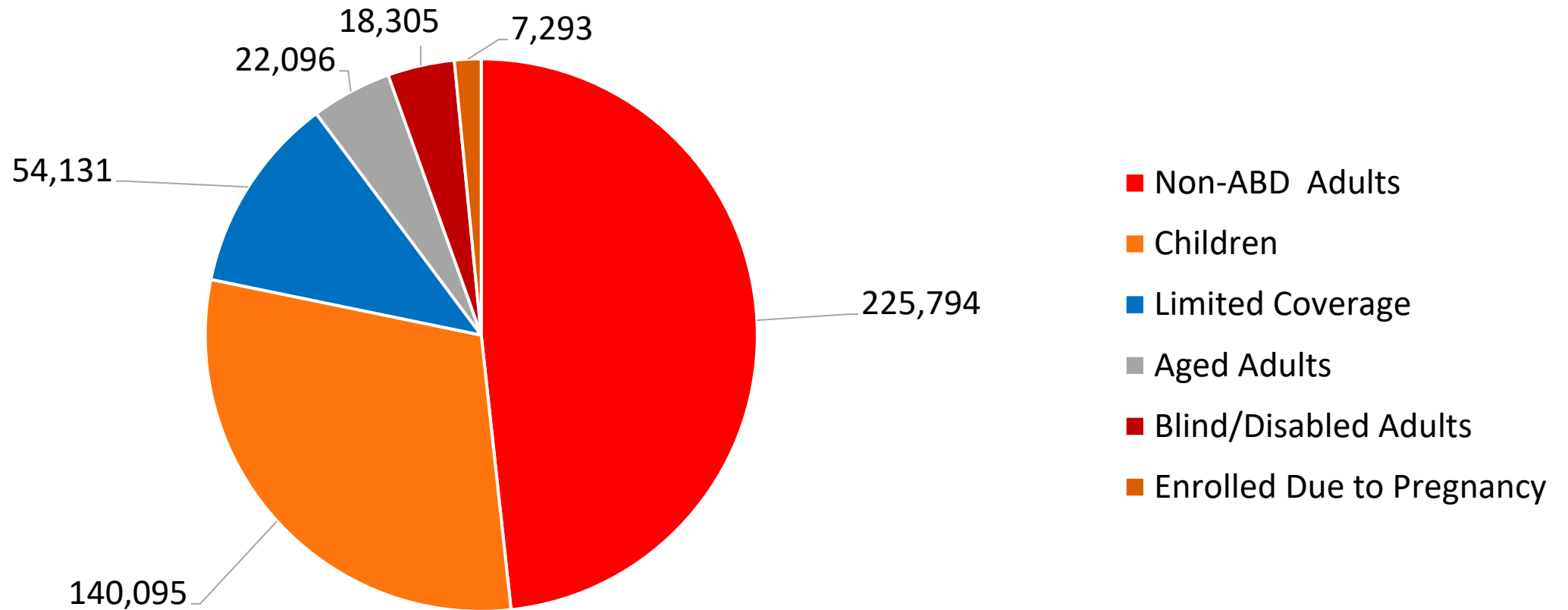
100,000

*Data as of 07/03/2024

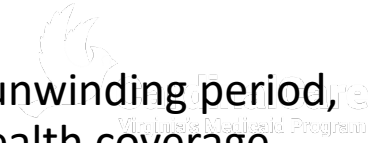
Top Closures by Eligibility Grouping:

Closures through 07/03/2024

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.



Transitions to Other Health Coverage



At the start of unwinding, 2,166,381 individuals were enrolled in Virginia's Medicaid program. During the unwinding period, 21.6% of the cohort, or 467,414 enrollments were closed. Currently, 2,022,527 are enrolled in Medicaid health coverage.

- 93,482, of all closures occurred for reasons unrelated to unwinding to include, a permanent move from the state, a deceased status, or the individual requesting their coverage be closed.
- 74,135, of all closures were for individuals whose income or resources exceeded the limits for the Medicaid program.
- 54,131, of all closures occurred for individuals enrolled in limited Medicaid coverage. This coverage type includes family planning coverage and those enrolled in Medicare as the primary insurer with Medicaid paying only the Medicare premium.
- 56,089, of all closures were for individuals who are enrolled in Medicare, meaning primary health coverage is received through that program.
- 11,686, individuals were found eligible by the Virginia Insurance Marketplace eligible for a plan, and of those 8,560 were eligible for a plan and financial assistance.
 - 50%, or 5,868, individuals who were found eligible chose a plan, and of those, 5,410 individuals chose a plan and financial assistance.

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





Cardinal Care Managed Care Procurement Updates

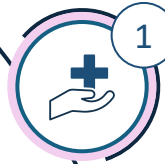
Cardinal Care Managed Care Background

- The Cardinal Care Managed Care 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 Cardinal Care Managed Care program with three steps:
 - Defined the transformation goals for the program.
 - Created Cardinal Care Managed Care – A consolidation of the two programs formerly known as Commonwealth Coordinated Care Plus and Medallion 4.0.
 - Reprourement and implementation of the enhanced Cardinal Care Managed Care delivery system.



The Goals of Cardinal Care Managed Care are focused to drive member-centric transformation in Virginia's Medicaid system

10 Top Goals of Cardinal Care Managed Care Program



1 Ensure Medicaid members have appropriate access to quality health care through the contracted managed care plans.



2 Focus on expanding behavioral health services and improving access as part of the *Right Help, Right Now* initiative.



3 Improve maternal and child health outcomes through targeted initiatives across geographic and ethnic populations.



4 Strengthen provider access and availability.



5 Support members with high risk factors through model of care and health-related social needs resources.



10 Top Goals of Cardinal Care Managed Care Program

The Goals of Cardinal Care Managed Care are focused to drive member-centric transformation in Virginia's Medicaid system



Provide children and youth in foster care with a dedicated health plan.



Enhance access to appropriate services, supports and settings for members receiving LTSS.



Drive innovation and operational excellence with a focus on data analytics.

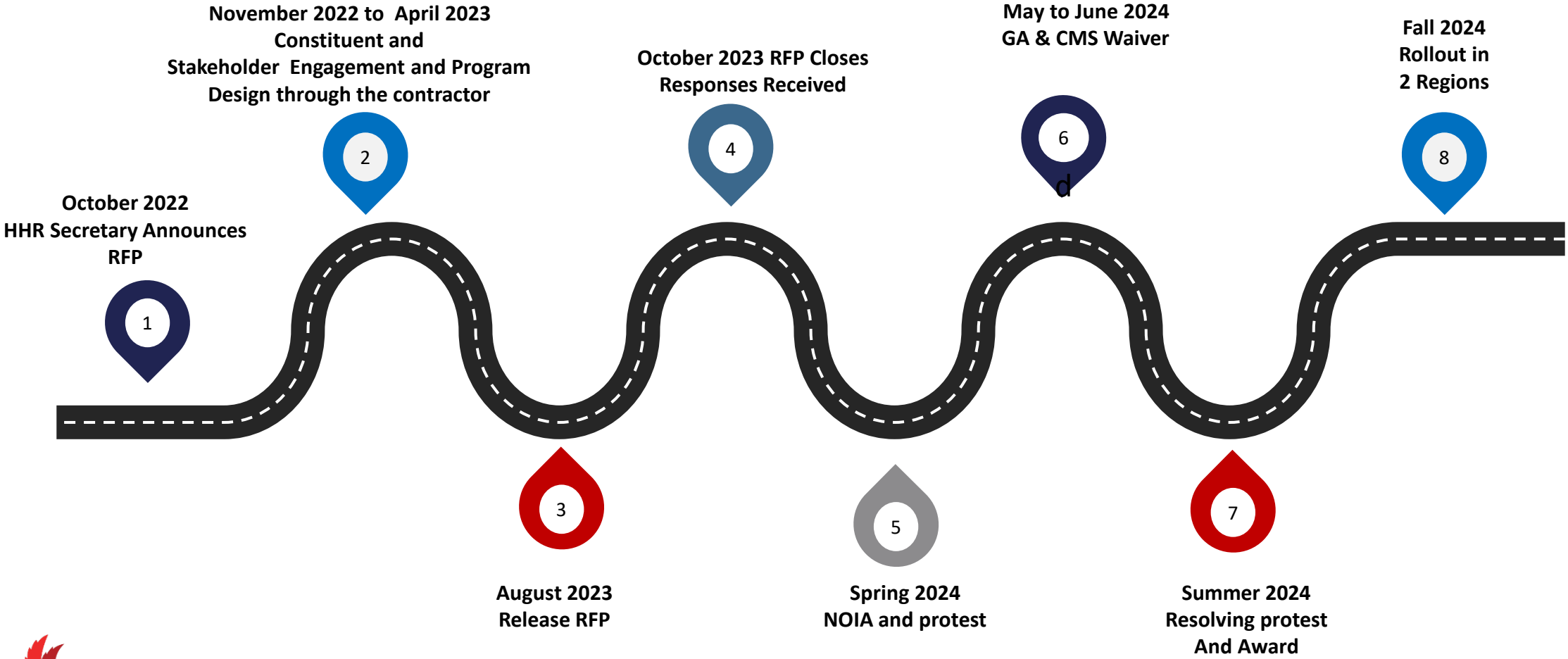


Expand Virginia's MCO fiscal oversight, including MCO profit tiering.



Increase MCO reporting, compliance monitoring, and oversight.

Cardinal Care Managed Care Procurement Milestones



Cardinal Care Managed Care Preparation for Implementation Activities



**Questions and
Thank You!**

