**Meeting of the Board of Medical Assistance Services**
**600 East Broad Street, Suite 1300**
**Richmond, Virginia**

**April 8, 2014**

**Draft Minutes**

**Present:**
Joseph W. Boatwright, III, M.D.
Vice Chair
Michelle Collins-Robinson
Kay C. Horney
Karen S. Rheuban, M.D.
Chair
J. Mott Robertson, Jr. M.D.
Erica L. Wynn, M.D.
Marcia Wright Yeskoo

**Absent:**
Brian Ewald
Maria Janowski
Two vacant positions

**DMAS Staff:**
Linda Nablo, Chief Deputy Director
Cheryl J. Roberts, Deputy Director for Operations
Elizabeth Guggenheim, Legal Counsel
Paula Margolis
Tammy Driscoll
Craig Markva, Manager, Office of Communications, Legislation & Administration
Nancy Malczewski, Public Information Officer, Office of Communications, Legislation & Administration
Mamie White, Public Relations Specialist, Office of Communications, Legislation & Administration

**Speakers:**
Cynthia B. Jones, Director
Scott Crawford, Deputy Director for Finance
Steven E. Ford, Deputy Director for Administration
Karen E. Kimsey, Deputy Director for Complex Care and Services
Rebecca Mendoza, Division Director for Maternal and Child Health

**Guests:**
Jennifer Lee, MD, HHR Deputy Secretary
W. Scott Johnson, First Choice Consulting
Rick Meidlidger, Johnson & Johnson
Beth Condyles, Anthem Healthkeepers
Terry Hurley, CRI
Tucker Obenshain, MWC
Don Perry, Avysion Healthcare

## Call to Order

The meeting was called to order at 10:03 a.m. by Dr. Rheuban without a quorum. Dr. Rheuban asked members to introduce themselves. Then, introductions continued around the room. She requested that members sign their Transactional Disclosure Statements and complete their travel reimbursement vouchers in their binders. She announced the change in the June meeting from

June 10 to June 17; therefore, the remaining meetings for 2014 are June 17, September 9 and December 9.

**Approval of Minutes from December 10, 2013 Meeting**

With the arrival of additional members, Dr. Rheuban announced a quorum was present and Dr. Rheuban asked that the Board review and approve the Minutes from the December 10, 2013 meeting. Dr. Robertson made a motion to accept the minutes and Dr. Boatwright seconded. The vote was unanimous. **7-yes (Boatwright, Collins-Robinson, Horney, Rheuban, and Robertson, Wynn, and Yeskoo); 0-no.**

**Election of Chairman/Vice Chairman**

Dr. Rheuban then turned the meeting over to Ms. Jones for the election process. Ms. Jones noted that the Board bylaws require the election of officers for the Board the first meeting after March 1st of each year. She opened the floor to accept nominations for Chair and stated current officers were willing to continue to serve.

Ms. Horney made a motion to nominate Dr. Rheuban as Chair and Dr. Robertson seconded. Hearing no further nominations, the nominations were closed. The vote to elect Dr. Rheuban as Chair was **7-yes (Boatwright, Collins-Robinson, Horney, Rheuban, Robertson, Wynn and Yeskoo); 0-no.**

Ms. Jones opened the floor to accept nominations for Vice Chair. Dr. Rheuban made a motion to nominate Dr. Boatwright and Ms. Yeskoo seconded. Hearing no other nomination, the nominations were closed. The vote to elect Dr. Boatwright as Vice Chairman was **7-yes (Boatwright, Collins-Robinson, Horney, Rheuban, Robertson, Wynn, and Yeskoo); 0-no.**

**Selection of Secretary**

Ms. Jones then opened the floor to accept nominations for Board Secretary. Ms. Collins-Robinson made a motion to accept Mamie White as Board Secretary and Dr. Boatwright seconded. The vote to elect Ms. White as Secretary was **7-yes (Boatwright, Collins-Robinson, Horney, Rheuban, Robertson, Wynn and Yeskoo); 0-no.**

Dr. Rheuban noted two members were up for reappointment and announced there were two vacancies (Taylor and Darden). Ms. Jones stated that while the Governor is moving toward making his gubernatorial appointments, the requirement to appoint members with audit experience has made it difficult to select appointees for the vacant positions. Once positions are filled, Dr. Rheuban advised there would be a Medicaid 101 session.

**DIRECTOR'S REPORT AND STATUS OF KEY PROJECTS**

Ms. Jones recognized Jennifer Lee who will be working with Dr. Hazel. She also introduced recently appointed DMAS Chief Deputy, Linda Nablo. Ms. Jones provided a brief update on the

current status of the three phases of the Medicaid reform goals as discussed in previous BMAS meetings. Ms. Jones provided brief comments related to closing the coverage gap in Virginia. See attached handout.

**2014 GENERAL ASSEMBLY BUDGET ACTIONS DMAS MEDICAID PROGRAM**

Mr. Scott Crawford, Deputy Director for Finance, gave an overview of the current status of the General Assembly budget actions since the last update at the December BMAS Meeting. The Virginia General Assembly adjourned sine die for the 2014 Regular Session on March 8, 2014. This is not the final action as the Governor would make his recommendations to this budget during the reconvened session on April 23, 2014. See attached handout.

**GENERAL ASSEMBLY UPDATE- REGULAR SESSION ACTIONS**

Mr. Steven Ford, Deputy Director for Administration, provided an overview of the relevant bills (see attached) being tracked during the 2014 General Assembly Session which could potentially have an impact on DMAS. See attached handout.

**COMMONWEALTH COORDINATED CARE UPDATE**

Karen Kimsey, Deputy Director for Complex Care Services, gave an update on the progress of the Commonwealth Coordinated Care (CCC) program. This program for dual eligibles allows individuals to change from one health plan to another at any time or opt-out of the program and return to traditional Medicare and Medicaid. She also provided a copy of their April update. Dr. Robertson complimented the smooth transition of this program and thanked Ms. Kimsey for her efforts.

**Regulatory Activity Summary**

The Regulatory Activity Summary is included in the Members' books to review at their convenience.

**OLD BUSINESS**

**NEWBORN ENROLLMENT**

In response to member concerns about newborn enrollment, the following information was reported by Rebecca Mendoza, Division Director of Maternal and Child Health:

As of January 1, 2014, all hospitals can report the birth of a deemed newborn to expedite the infant's enrollment in Medicaid or FAMIS through a secure on-line form and receive enrollment confirmation within two business days. Also, effective January 1, 2014, certain hospitals can enroll eligible individuals in short-term Medicaid coverage for up to two months through

Hospital Presumptive Eligibility (HPE). Dr. Boatwright thanked staff for their efforts to streamline methods to centralize the newborn enrollment process.

**New Business**

**Adjournment**

In closing, Dr. Rheuban stated she would provide the CBS "60 Minutes" link to the Health Wagon – Wise, VA report from Sunday, April 6, 2014, to be distributed to members. Dr. Rheuban thanked members who have served and now rotating off for their service to the Board. She noted the next meeting is June 17, 2014, and adjourned the meeting at 12:08 p.m.

Department of Medical Assistance Services

# Medicaid Reform and Closing the Coverage Gap

*Cindi B. Jones, Director*
*Virginia Department of Medical Assistance Services*

*April 8, 2014*

http://dmas.virginia.gov

## Medicaid Reforms Underway

Budget language passed by the 2013 General Assembly established a series of reforms to Medicaid as well as the Medicaid Innovation and Reform Commission (MIRC).

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# Virginia Medicaid Reform Goals

**Coordinated Service Delivery**

- DMAS provides a health system where services are coordinated, innovation is rewarded, costs are predictable, and provider compensation is based on the quality of the care.

**Efficient Administration**

- DMAS is efficient, streamlined, and user-friendly. Tax payer dollars are used effectively and for their intended purposes.

**Beneficiary Engagement**

- Beneficiaries take an active role in the quality of their health care and share responsibility for using Medicaid dollars wisely.

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# Status of Phase 1 Reforms

| Title | Progress | Timeline/Target Date |
|---|---|---|
| **Dual Eligible (Medicare and Medicaid) Demonstration Pilot (78,000 recipients)**<br><br>**SFY14-16 Total Savings if 50% enrollment ($27,597,465); if 80% enrollment ($44,028,619)** | Integrates all medical, behavioral, and long term care services (nursing home and Elderly and Disabled Waiver services) into one of three health plans | • **July 2013:** Negotiations started with identified health plans<br>• **August 2013:** Began Readiness Reviews with plans<br>• **September 2013:** Contracting, Rates<br>• **October 2013:** Completed desk and on-site Readiness Reviews with plans<br>• **January 2014:** Three-way contract signed, Program begins<br>• **March 1, 2014:** Voluntary enrollment in the program begins in Central and Tidewater regions; more than 1,400 already enrolled.<br>• **April 1, 2014:** Services begin for Central and Tidewater |
| **Enhanced Program Integrity**<br><br>**SFY14-16 Total Additional Savings ($17,066,946)** | | •**2013 Highlights:**<br>• Eight separate contracts to monitor and audit provider payments, in addition to DMAS staff<br>• 123 referrals to MFCU at the OAG; 19 accepted<br>• Prevented over $247M in improper payments<br>• Data analytics contractor identified $44M in potential recoveries<br>• $187,723 in restitution and imprisonment in some cases for fraudulent eligibility<br>• Service authorizations avoided costs of $216 M.<br>• MCOs avoided or recovered more than $417 M |

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# Status of Phase 1 Reforms

| Title | Progress | Timeline/Target Date |
|---|---|---|
| **Foster Care Enrollment into MCOs**<br><br>**SFY14-16 Total Savings ($13,940,351)** | By June, more than 10,000 children will be in Managed Care | • **Tidewater**: September 1, 2013 (**LIVE**);<br>• **Central VA**: November 1, 2013 **(LIVE);**<br>• **NOVA**: December 1, 2013 **(LIVE);**<br>• **Charlottesville**: March 1, 2014 **(LIVE);**<br>• **Lynchburg**: April 1, 2014 **(LIVE);**<br>• **Roanoke**: May 1, 2014; and,<br>• **Far Southwest**: June 1, 2014. |
| **New Eligibility and Enrollment System**<br>**SFY14-16 Total Savings (General Funds only)**<br><br>**($22,400,000 at DSS– due to 75% FFP for eligibility functions)** | | • **October 2013** – New VaCMS eligibility system went live for new Medicaid/FAMIS applications under existing eligibility rules; Now taking Medicaid/FAMIS applications using new financial requirements MAGI; referrals to Federal Facilitated Marketplace<br><br>• **January 1, 2014** – Additional eligibility rules began (e.g., coverage up to age 26 for foster care youth); hospital presumptive eligibility began |

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# Status of Phase 1 Reforms

| Title | Progress | Timeline/Updates |
|---|---|---|
| **Access to Veterans Benefits for Medicaid Recipients**<br><br>**SFY14-16 Total Savings**<br><br>**Minimal at this time** | | • Assisting veterans to obtain benefits and avoid Medicaid expenditures when services are more appropriately funded by the Federal Government.<br>• To establish the program -DMAS, VDVS and VDSS have together developed an MOU, interagency data transfer and internal procedures to get the program up and running.<br>• Savings dependent on the outcome of work by Department of Veteran Services |
| **Behavioral Health Services**<br>**SFY14-16 Total Savings ($133,960,168)** | | • **December 2013:** Implemented strengthened regulations to improve integrity and quality.<br>• **December 2013:** Implemented new Behavioral Health Services Administrator (Magellan). Includes 24/7 call center, member outreach and education, community stakeholder involvement, care management, provider recruitment and credentialing, quality assurance, and utilization management. |

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# Status of Phase 2 Reforms

| Title | Progress | Timeline/Target Date |
|---|---|---|
| **Commercial Like Benefit Package** | | • Weekly discussions with CMS for transition to a Commercial ("alternative") benefit package in 2014<br>• **July 2014:** Managed Care Benefit Package Contract Revision to implement commercial benefit package |
| **Cost Sharing and Wellness** | | • **July 2013** Managed Care Changes<br>•Chronic Care and Assessments (2013)<br>•Maternity Program Changes (2013)<br>•Wellness Programs (2013) |
| **Limited Provider Networks and Medical Homes** | | • **July 2013** Managed Care Changes<br>• Medallion Care Partnership System (MCSP)<br>• **November 2013**: Addition of Kaiser Health Plan (limited network & medical home model)<br>• **March 2014:** Implementation of Virginia Premier Medical Home in Roanoke. |

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# Status of Phase 2 Reforms

| Title | Progress | Timeline/Target Date |
|---|---|---|
| **Quality Payment and Incentives** | | • **July 2013 (for MCOs):**Program implemented to establish the baseline target<br>• **July 2014:** Quality withholds begin |
| **Parameters to Test Innovative Pilots** | | • **Virginia Center for Health Innovation (VCHI)** strategic plan and grant opportunity for State Innovation Model.<br>• **Summer 2013:** Provided claims data to GMU to assist with VCHI pilots<br>• **September 2013:** Ongoing conversations with CMS & VCHI regarding potential pilots<br>• **Winter 2014** Part of Virginia Center for Health Innovation's Innovation Model (Grant announcement delayed at the federal level)<br>• **Commonwealth Coordinated Care**<br>• Established over 100 quality measures to evaluate innovations such as behavioral health homes and streamlined care transitions.<br>• Payment withhold based on attainment of quality indicators (1%, 2%, and 3% in years 1, 2, & 3) |

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# Status of Phase 3 Reforms

| Title | Progress | Timeline/Target Date |
|---|---|---|
| **ID/DD Waiver Redesign** | **On Track** | • **October 2013** - First Phase of DBHDs Study completed<br>• **July 2014** –ID/DD Waiver Renewal Due/ Redesign; second phase of DBHDS study to be complete<br>• **July 2015-** Additional revisions to the ID/DD Waiver systems implemented as needed |
| **All non-dual EDCD Waiver Enrollees in Managed Care for Medical Needs** | **On Track** | • **January 2014 and ongoing:** DMAS working with CMS, Health Plans and Stakeholders<br>• **October 2014:** DMAS moves non-dual EDCD waiver enrollees into one of 7 health plans for medical needs; Home and community-based waiver services remain out of managed care until 2016 and provided through fee-for-service |

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# Status of Phase 3 Reforms

| Title | Progress | Timeline/Target Date |
|---|---|---|
| **All Inclusive Coordinated Care for LTC Beneficiaries** (coordinated delivery for all LTC services) | **On Track** | **July 2016-** Complete the transition of all non-dual waiver recipients in the six home and community based care and their community long term care services into coordinated care networks. |
| **Complete Statewide Commonwealth Coordinated Care, including children** | This is the final phase of the Duals project which cannot begin until the demo is over. | **July 2018-** After the Commonwealth Coordinated Care (Duals) demonstration is completed, expand statewide with all the remaining dual populations and all their medical, behavioral, and long term care services. |

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# Phase 3 Reports

- HD6 (2014) Implementing Medicaid Reform in Virginia (this is the Phase 3 report)
- RD63 (2014) Report on the Progress of Implementing Care Coordination (status update on all DMAS care coordination activities for our vulnerable populations)
- RD60 (2014) Development of the Commonwealth Coordinated Care Program (as of November 2013)

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**Savings Estimates for Medicaid Reform for Virginia: Phase 1**

| | SFY 14 – SFY 16 **Total Funds/GF** | SFY 2014 **Total Funds/GF** | SFY 2015 **Total Funds/GF** | SFY 2016 **Total Funds/GF** |
|---|---|---|---|---|
| | | | | |
| **•Dual Eligible Demonstration Pilot** | (44,028,619)/ (22,014,310) | (1,412,218)/ (706,109) | (28,186,175)/ 14,093,088) | (14,430,226)/ (7,215,113) |
| **•Enhanced Program Integrity** | (17,066,946)/ (8,533,473) | (5,688,982)/ (2,844,491) | (5,688,982)/ (2,844,491) | (5,688,982)/ (2,844,491) |
| **•Foster Care to Managed Care** | (13,940,351)/ (6,970,176) | (2,440,351)/ (1,220,176) | (5,750,000)/ (2,875,000) | (5,750,000)/ (2,875,000) |
| **•Ehhr –** 75% enhanced FFP for eligibility and enrollment functions (GF savings) | (22,400,000)/ (22,400,000) | (6,000,000)/ (6,000,000) | (8,200,000)/ (8,200,000) | (8,200,000)/ (8,200,000) |
| **•Behavioral Health Regulations Changes** | (133,960,168)/ (66,967,577) | (20,737,969)/ (10,367,532) | (54,615,905)/ (27,304,419) | (58,606,294)/ (29,295,626) |
| **Totals for Phase 1** | | | | |
| | (231,396,084)/ (126,885,536) | (36,279,520)/ (21,138,308) | (102,441,062)/ (55,316,998) | (92,675,502)/ (50,430,230) |

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## Economics of Coverage

How will the ACA be funded?

How will that funding affect Virginia?

What does that mean for covering the uninsured?

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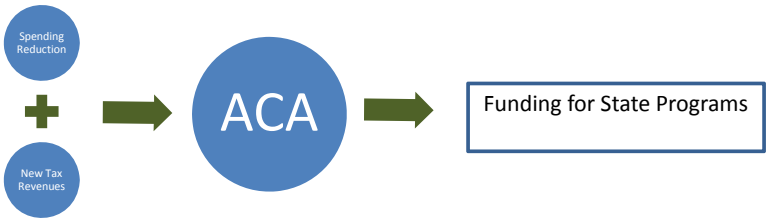
## The ACA Funds Itself

- The non-partisan Congressional Budget Office recently confirmed yet again that federal healthcare reform on balance funds itself.
- Funding sources:
  - Spending reductions on public health programs
  - Tax revenues

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## Reductions to Medicare Payments

The largest spending reduction is in payments to hospitals by Medicare, $196B from 2010-2019.

**What does this mean for Virginia?**

- Financial hit to our hospitals: *loss of over $1.5 Billion from 2014-2018*
- Job loss for our citizens: *Nearly 1,000 jobs have already been lost or affected in Virginia.*

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## Increase in Federal Taxes

The largest revenue source for the ACA is $200 Billion that comes from unavoidable tax increases.

- Federal payroll tax increase of 0.9% for high-income individuals and families
- Investment income tax increase of 3.8% f0r high-income individuals and families ($200,000 & $250,000, respectively)

**What does this mean for Virginia?**

*Each year, regardless of whether or not we cover the uninsured, Virginians will pay out $2 Billion in taxes and fees to support the ACA.*

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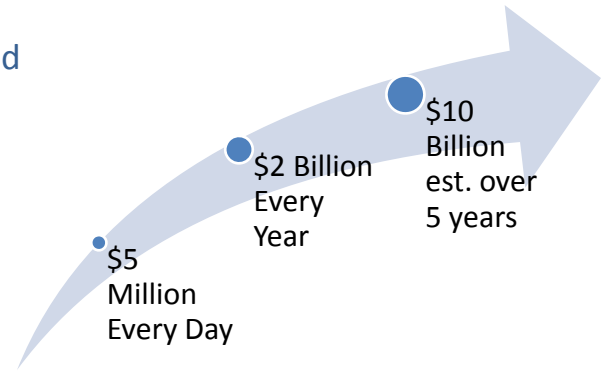
# Outflow of Virginia Dollars

This money could be used right here in Virginia to cover our uninsured.




NOTE: The tax analysis is based on data from the July 24, 2012 CBO letter report to Speaker of the House John Boehner.

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# Consequences of Refusing Federal Dollars

***Choosing to reject participation does not exempt Virginia from these reductions and taxes.***

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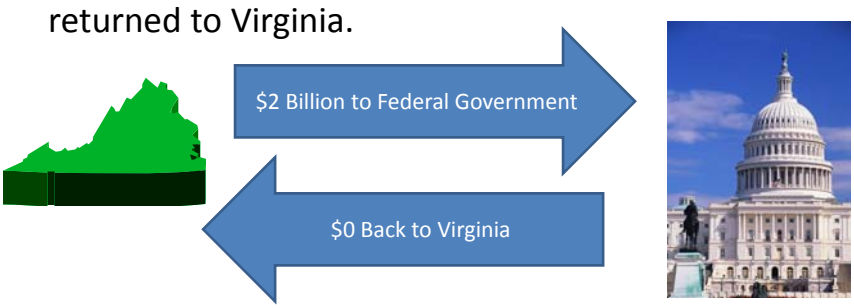
# Failing to Close the Coverage Gap

If we do not close the coverage gap, effectively *reinvesting* this money back in Virginia, our families and businesses will send hard earned tax dollars to Washington without the benefits, jobs, or revenue returned to Virginia.

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# Closing the Coverage Gap in Virginia

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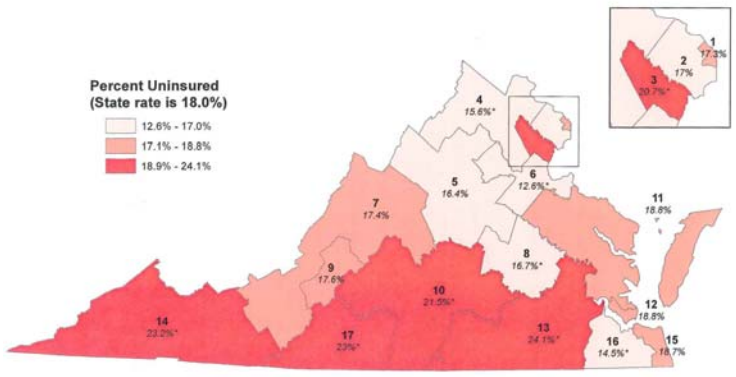
# Closing the Coverage Gap

| Insurance Status in Virginia | Closing the Coverage Gap |
|---|---|
| Insured: | |
| Medicare, 65 and over (13%) | 1,073,853 |
| Current Medicaid Enrollment (FY 2014) | 1,147,800 |
| All other insured | 5,008,752 |
| Uninsured 64 and under | 1,030,000 |
| **TOTAL Population** | **8,260,405** |
| Uninsured Breakdown: | |
| Uninsured (above) | 1,030,000 |
| Likely eligible for private exchange | 470,700 |
| **Eligible for Coverage Gap (estimated)** | **400,000** |
| (Remaining uninsured individuals may not be eligible for coverage due to a number of reasons such as immigration status) | |

# Where are Virginia's Uninsured?

Uninsured Rate Among Adults (19-64) in Virginia by Area[1], 2010




Source: Urban Institute, February 2012. Based on the 2010 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS) of the Minnesota Population Center.
[1] Shaded areas represent regions of Virginia which are defined in terms of counties or a combination of counties (see Table 13).
Note: Estimates reflect additional Urban Institute adjustments for the underreporting of Medicaid/CHIP and the overreporting of private nongroup coverage (See Lynch et al, 2011). Coverage estimates were developed under a grant from the Robert Wood Johnson Foundation.
* indicates that the region percentage is statistically different from the percentage for the areas in the rest of state at the .05 level.

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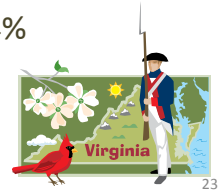
# Who are Virginia's Uninsured?

- The vast majority (71.3%) are part of working families
- The majority (80%) are US citizens
- Most of the uninsured (46%) are White, non-Hispanic
  - Black/ African American make up 24% and Hispanic 20% of uninsured

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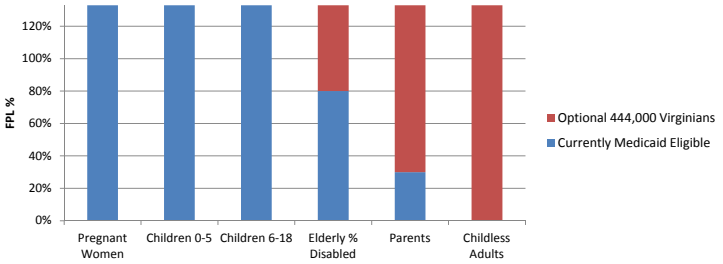
# Changes to Eligibility




The ACA gives Virginia the option to receive federal funding to cover over 400,000 eligible individuals with incomes under 133% FPL.

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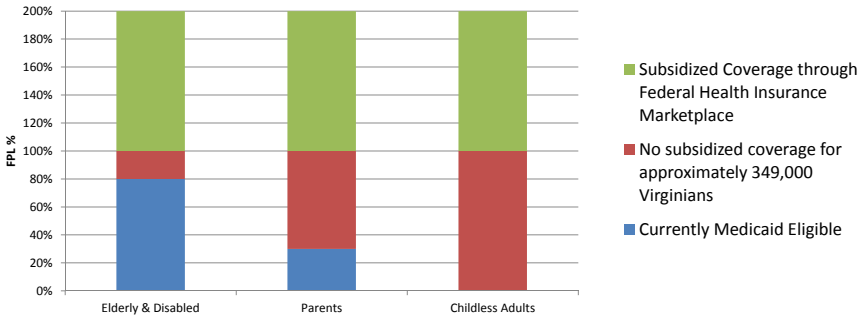
# Gap of Subsidized Coverage




While Virginians with incomes from 100% to 400% FPL will have access to federal subsidies to offset the cost of health insurance purchased through the Federal Marketplace, approximately 349,000 Virginians do not fit current Medicaid eligibility criteria and have incomes too low to qualify for federal subsidies.

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# Funding Coverage

**Cost Burden**

| Year | Virginia | Federal |
|---|---|---|
| **2014 - 2016** | 0% | 100% |
| **2017** | 5% | 95% |
| **2018** | 6% | 94% |
| **2019** | 7% | 93% |
| **2020 - Future** | Up to 10% | At least 90% |

To cover the uninsured in Virginia, the federal government would pay 100% of the cost for the newly eligible Medicaid enrollees until January 2017, when Virginia would begin assuming a portion of the costs. By using federal dollars in place of current state and local expenditures, Virginia would save an estimated $1.3 billion based on projected 2014-2022 spending of $1.6 billion. As a result, from 2014 to 2022 Virginia would spend approximately $280 million to cover the newly eligible individuals.

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# Virginia Senate Proposal

"Marketplace Virginia" proposes a private coverage program for Virginians who are currently ineligible for both Medicaid and subsidies in the Federal Marketplace.

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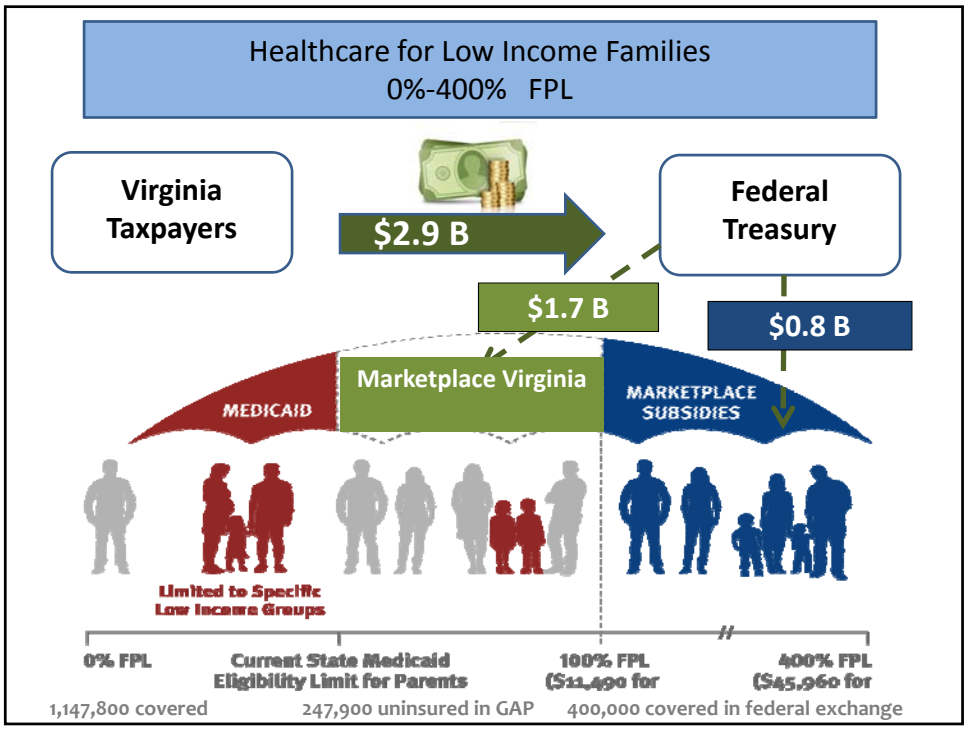

## An Alternative for Virginia

| | |
|---|---|
| **Marketplace** | State-Federal Partnership (BOI does plan management) |
| **Trust Fund** | A Virginia Taxpayer Recovery Fund will be created to receive and expend state general and federal funds to cover the costs of services for closing the coverage gap for adults. |
| **Overview** | Initial plan can be implemented with a 1915b waiver for managed care. Will include a commercial like benefit plan (like KeyCare 30), co-pays, wellness incentives, value based initiatives. Will include wraparound services, such as community mental health. Additional requirements (Phase 2) could be added 6-12 months later through an 1115 waiver. |
| **Private Health Plans** | Utilize 7 existing private health plans/MCOs |
| **Premiums** | None initially, could be added in Phase 2 |
| **Cost-sharing** | Allowable limits for <100% FPL; required for 100-138% FPL; limited to 5% of income annually. Could add additional in Phase 2. |
| **Enrollment Process** | Eligibility assessed at Federal Facilitated Market Place and transferred to Virginia **OR** by the new Virginia eligibility process electronically, via phone, by mail/fax, or in person. Plan choice and enrollment in health plan through private enrollment broker. |
| **Insurance Plan Payment** | Virginia will pay capitated payment (i.e. 100% premium) on behalf of members to the health plans. Health plans at full risk. |

## Governor McAuliffe Proposal

"a two-year pilot program to close the health care coverage gap so that we can provide coverage now, and reevaluate at the end of those two years. This proposal gives Virginia the flexibility to ensure that the program works for our citizens and our budget before moving forward."

**Closing the Healthcare Coverage Gap:**

- 2-Year Pilot, with federal approval to withdraw if necessary
- Up to 400,000 Virginians Covered
- $225 Million in Net Savings
- Bring Our Taxpayer Dollars Back to Virginia
- No Permanent Obligation

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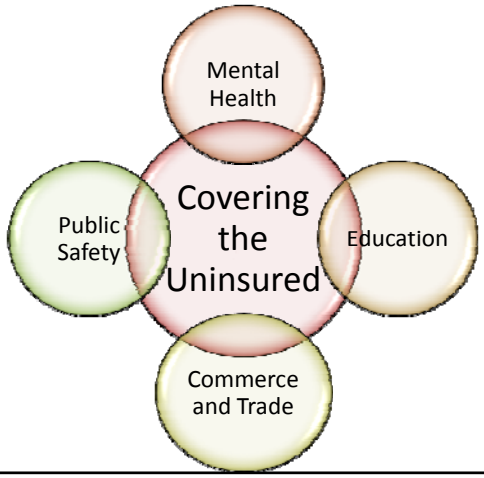
# Systemic Effects of Coverage

The effects of covering the uninsured can be felt beyond individual and public health.

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# Public Safety

**Covering the uninsured in Virginia would benefit children and families by decreasing their interactions with law enforcement.**

A 2009 study cited in the recent *Fight Crime: Invest in Kids* report showed that "a baby who grows up to become a troubled youth, drop out of school, use drugs, and become a career criminal produces an average cost to society of $2.5 million per person."

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# Public Safety

| | | |
|---|---|---|
| **Virginia's children will face less risk of abuse and neglect.** | *Abuse increases likelihood of criminal justice system involvement* | *Experiencing abuse or neglect almost doubles the odds that a child will commit a crime by age 19* |
| **Virginia's children will face less risk of Fetal Alcohol Syndrome (FAS) when mothers are given access to screening, counseling, and treatment.** | *FAS also increases criminal justice system involvement* | *Up to 60% of people born with FAS had trouble with the law, and 35% had been incarcerated* |
| **Children will gain access to early screening, diagnosis, and treatment of potentially devastating behavioral health issues.** | *Certain interventions decrease criminal justice system involvement* | *Intervention can cut future arrests by 50% & save $25,000 to more than $30,000 per child served* |

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# Commerce and Trade

| | |
|---|---|
| The ACA's taxes, fees, and penalties means that businesses are paying more to cover the uninsured. | • These mandatory payments mean an additional **$768** annually to Washington for each person covered by private health insurance. |
| Businesses are already paying for the uninsured in Virginia to receive care. | • Insurance companies offset costs of covering the uninsured through higher premiums, deductibles, and co-pays.<br>• Virginia businesses already over $1 Billion annually to pay for the uninsured, (**$240** more per individual on company health insurance)<br>• Insurance premiums have risen 31.5% faster than inflation. |
| Businesses are essentially double-taxed. | • Between taxes and cost-shifting, businesses are taxed twice at **$1,000** annually for each person covered by private health insurance.<br>• Of that, **$768** is wasted, as it goes to other states if Virginia does not cover our uninsured. |

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# Education

Healthy parents = Healthy students

- When parents are covered, they are more likely to seek coverage for their children
- Up t0 98,000 Virginia parents would become eligible
- An estimated 25% of those parents have children who are already eligible but are currently not covered, meaning that 25,000 Virginia students could be covered.

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# Mental Health

*Current reforms to mental health in Virginia are addressing imperative needs for the Commonwealth, however…*

An estimated 77,000 uninsured adults in Virginia have a mental illness. About 40,000 of them have a serious mental illness such as schizophrenia or bipolar disorder.

Marketplace Virginia would infuse $1.2 billion into Virginia's community mental health services between FY15 and FY22.

Marketplace Virginia would also provide $426 million between FY15 and FY22 for traditional psychiatric services.

This plan would also provide $203 million annually in Medicaid funding for behavioral health services.

Source: *Mental Health Reform: The Missing Link is Health Insurance Coverage*, National Alliance on Metal Illness-Virginia

# Highlights

✓Virginia's Medicaid eligibility is currently very strictly limited by category and income.
✓Medicaid is undergoing a series of reforms designed to control costs and streamline care.
✓While a new program to cover the uninsured is optional, the new taxes to cover the costs of funding the ACA are not.
✓Virginia will lose $2 Billion annually without creating a new program.
✓"Marketplace Virginia" proposes a program in which private plans can be purchased from insurance companies in order to close the gap.
✓Covering the uninsured in Virginia will not only provide health coverage to individuals in the gap, it will have positive impacts in public safety, commerce, education, and mental health.

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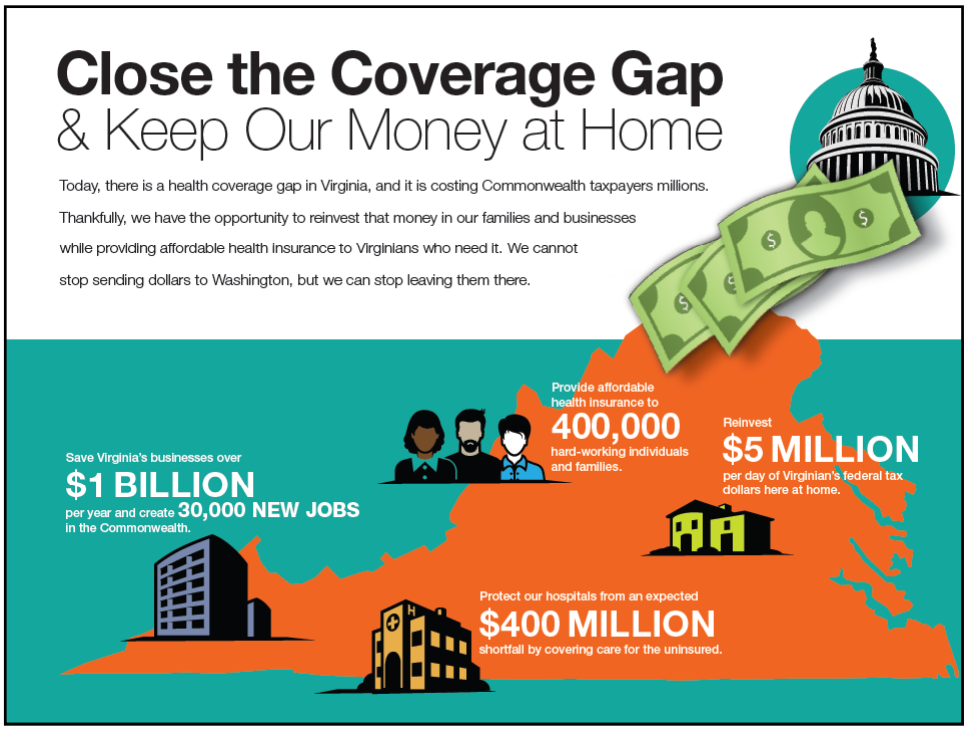

# Questions

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Department of Medical Assistance Services

# 2014 General Assembly Budget Actions DMAS Medicaid Program

Presentation to the
Board of Medical Assistance Services

April 8, 2014

http://dmas.virginia.gov

## McDonnell Introduced Budget

| | FY2015 | | | FY2016 | |
|---|---|---|---|---|---|
| | General Funds | Total Funds | | General Funds | Total Funds |
| **Base Appropriation*** | **$3,691** | **$8,062** | | **$3,691** | **$8,062** |
| U&I Forecasts | $255.2 | $450.3 | | $419.2 | $716.2 |
| Spending Initiatives | $55.6 | $112.2 | | $83.2 | $143.3 |
| Reductions/Savings | ($76.8) | ($128.4) | | ($80.4) | ($159.9) |
| **McDonnell Introduced Budget** | **$3,925** | **$8,496** | | **$4,113** | **$8,761** |
| Net Change | $234.0 | $434.1 | | $422.0 | $699.6 |

*Appropriation and amendments reflect the DMAS Medicaid budget program (45600), in millions

http://dmas.virginia.gov 2

# McDonnell Introduced Budget

- Funding Increases
  - Base funding for previously authorized DOJ waiver slots
  - Funding for New ID and DD Waiver Slots Required by DOJ
  - Eliminate ER Pend Process for FFS Physicians
  - Increase supplemental payments limit for CHKD
- Reductions/Savings
  - Account for Facility Closure Costs and Associated Savings Related to DOJ Settlement Agreement
  - Reflect fewer geriatric patients at Hancock
  - Withhold hospital inflation in 2015
  - Continue indigent care and prior year inflation reductions for teaching hospitals
  - Match Medicare Competitive Bid DME Rates
  - Reduce clinical laboratory fees to match managed care rates



# House Budget - Adjournment

| | FY2015 | | | FY2016 | |
|---|---|---|---|---|---|
| | General Funds | Total Funds | | General Funds | Total Funds |
| **McDonnell Introduced Budget** | **$3,925** | **$8,496** | | **$4,113** | **$8,761** |
| | | | | | |
| Spending Initiatives | $28.2 | $48.0 | | $20.4 | $40.7 |
| Reductions/Savings | ($5.8) | ($6.5) | | ($13.0) | ($10.8) |
| **House Budget** | **$4,347** | **$8,538** | | **$4,120** | **$8,791** |
| Net Change | $22.4 | $41.5 | | $7.4 | $29.9 |

- Highlights
  - Capture Savings from Pre-paid Funeral Plans
  - Restore Hospital 2.5% Inflation Adjustment in FY15
  - Restore Teaching Hospital Prior Year Inflation
  - Add 50 Additional ID Waiver Slots, 15 DD Waiver Slots

*Appropriation and amendments reflect the DMAS Medicaid budget program (45600), in millions

# Senate Budget - Adjournment

| | FY2015 | | | FY2016 | |
|---|---|---|---|---|---|
| | General Funds | Total Funds | | General Funds | Total Funds |
| **McDonnell Introduced Budget** | **$3,925** | **$8,496** | | **$4,113** | **$8,761** |
| | | | | | |
| Spending Initiatives | $13.3 | $29.4 | | $20.2 | $48.0 |
| Reductions/Savings | ($18.5) | ($27.5) | | ($13.3) | ($12.4) |
| **Senate Budget** | **$3,920** | **$8,498** | | **$4,120** | **$8,797** |
| Net Change | ($5.2) | $1.9 | | $6.9 | $35.6 |

- Highlights
  - Restore 50% of Inflationary Adjustment for Inpatient Hospital Services
  - Supplemental Payments to Hospitals & NFs (Contingent)
  - Expand Access to Dental Care for Pregnant Women
  - Restore Funding for FAMIS MOMS and Plan First Programs
  - Provides Authority for Coverage of Uninsured but no Funding Amendments

*Appropriation and amendments reflect the DMAS Medicaid budget program (45600), in millions



# McAuliffe Introduced Budget

| | FY2015 | | | FY2016 | |
|---|---|---|---|---|---|
| | General Funds | Total Funds | | General Funds | Total Funds |
| **McDonnell Introduced Budget** | **$3,925** | **$8,496** | | **$4,113** | **$8,761** |
| | | | | | |
| Spending Initiatives | $0 | $523.0 | | $0 | $1,694.4 |
| Reductions/Savings | ($82.4) | ($140.5) | | ($131.6) | ($257.9) |
| **McAuliffe Introduced Budget** | **$3,843** | **$8,879** | | **$3,981** | **$10,198** |
| Net Change | ($82.4) | $382.5 | | ($131.6) | $1,436.5 |

- Highlights
  - Eliminates Funding for a Federal Disallowance Payment that has been Resolved
  - Provides Authority for Coverage of Uninsured and includes Funding Amendments

*Appropriation and amendments reflect the DMAS Medicaid budget program (45600), in millions

# McAuliffe Introduced Budget

**PPACA Uninsured Coverage Funding Detail**

**1/1/2015 Implementation**

| | SFY 2015 | | | SFY 2016 | | | AMDMT |
|---|---|---|---|---|---|---|---|
| | GF | NGF | TOTAL FUNDS | GF | NGF | TOTAL FUNDS | |
| DMAS: Coverage of the Uninsured | 0 | 522,980,610 | 522,980,610 | 0 | 1,694,413,873 | 1,694,413,873 | #42 |
| DMAS: Involuntary Mental Commitments | (526,112) | 0 | (526,112) | (1,302,286) | 0 | (1,302,286) | #37 |
| DMAS: FAMIS | 483,307 | 897,570 | 1,380,876 | 776,121 | 3,596,393 | 4,372,515 | #38 |
| DMAS: Medicaid | (53,125,686) | (53,963,059) | (107,088,745) | (121,618,603) | (126,631,930) | (248,250,534) | #41 |
| DMAS: MCHIP | 135,019 | 250,750 | 385,769 | 216,337 | 1,002,464 | 1,218,802 | #45 |
| DMAS:Administration | 15,539,457 | 32,036,226 | 47,575,683 | 13,163,607 | 27,831,842 | 40,995,449 | #46 |
| DSS: Administration | 2,934,706 | 10,188,569 | 13,123,275 | 708,125 | 1,313,275 | 2,021,400 | #60 |
| DBHDS: CSBs | (8,500,410) | 0 | (8,500,410) | (29,144,262) | 0 | (29,144,262) | #51 |
| Dept of Corrections | (14,576,472) | 0 | (14,576,472) | (30,435,674) | 0 | (30,435,674) | #64 |
| | (57,636,191) | 512,390,666 | 454,754,474 | (167,636,635) | 1,601,525,918 | 1,433,889,283 | |

(225,272,826)

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Department of Medical Assistance Services

# General Assembly Update – Regular Session Actions

Board of Medical Assistance Services

April 8, 2014



Department of Medical Assistance Services

## Relevant Bills

- **HB 586 (O'Bannon) / SB 416 (Hanger): Elimination of the FAMIS waiting period**
  - **Requirement: Remove the four (4) month requirement for uninsurance for eligibility under FAMIS**
  - **Fiscal Impact: No budget amendment necessary (inconsequential fiscal impact)**
  - **Status: PASSED & SIGNED**

## Relevant Bills (continued)

- **HB 765 (Ware) / SB 360 (McWaters): Correction of Federal program references**
  - Requirement: Correct erroneous references for Medicaid and FAMIS in the *Code of Virginia* (Clean-up bill)
  - Fiscal Impact: no fiscal impact
  - Status: PASSED & SIGNED



Department of Medical Assistance Services

## Relevant Bills (continued)

- **HB 147 (O'Bannon) / SB 412 (Hanger): Deferred compensation for Medicaid dental providers**
  - Requirement: Allow participation of dental providers in a deferred compensation plan transferring Medicaid payments to such a plan effective 1/1/15
  - Fiscal Impact: No budget amendment necessary (Agency to absorb the costs of implementation / dental providers to pay fees)
  - Status: PASSED / HB 147 SIGNED / SB 412 PENDING (as of 4/2)

## Relevant Bills (continued)

- **HB 702 (Head): Contracting for pre-admission screening**
  - Requirement: Allow the Department to contract with other public or private entities to conduct required community-based and institutional screenings in jurisdictions in which the screening team has been unable to complete screenings of individuals within 30 days of such individuals' application
  - Fiscal Impact: No budget amendment necessary (impact indeterminate)
  - Status: PASSED & SIGNED



Department of Medical Assistance Services

## Relevant Bills (continued)

- **HB 454 (Head): PACE Expansion**
  - Requirement: Require the Department to issue Requests for Applications for new PACE service areas within 30 days of receiving a written request from any organization to establish or expand a PACE program
  - Fiscal Impact: no fiscal impact
  - Status: STRICKEN FROM THE DOCKET (FAILED)

## Relevant Bills (continued)

- **HJ 40 (Albo): State OIG Study of Medicaid Transportation**
  - Requirement: Request the Office of the State Investigator General to study Medicaid-funded nonemergency transportation services in the Commonwealth.
  - Fiscal Impact: no fiscal impact
  - Status: FAILED TO PASS IN THE HOUSE





## Relevant Bills (continued)

- **SB 297 (Watkins): Medicaid Work Search Requirement for Expansion Population**
  - Requirement: Require the Department to prepare, submit, and seek approval of a waiver to establish work search requirements for all working-age unemployed enrollees in an expansion under the PPACA
  - Fiscal Impact: substantial
  - Status: TABLED IN HOUSE HEALTH, WELFARE AND INSTITUTIONS (FAILED)

# Relevant Bills (continued)

- **SB 647 (Black): Teledentistry**
  - **Requirement: Require the Department to establish a three year pilot program providing dental services to eligible school-age children through supervision of licensed dental hygienists remotely through teledentistry**
  - **Fiscal Impact: $800,000 (2015); $635,740 (2016 & 2017, each)**
  - **Status: CONTINUED IN HOUSE APPROPRIATIONS (ACTIVE)**

*Department of Medical Assistance Services*

# Commonwealth Coordinated Care

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Karen Kimsey
Virginia Department of Medical Assistance Services

Board of Medical Assistance Services
April 8, 2014

http://dmasva.dmas.virginia.gov

1

# Reminder . . .

**Five Enrollment Regions**

1. Central VA/Richmond
2. Tidewater
3. Northern Virginia
4. Roanoke area
5. Western/ Charlottesville area

*CCC individuals have choice! Individuals can change from one health plan to another at any time or opt-out of the program and return to traditional Medicare and Medicaid*

**Two Phases of Enrollment**

- Voluntary Phase
  - Eligible individuals elect to proactively enroll in the program
- Passive (Automatic) Phase
  - Eligible individuals are automatically enrolled into the CCC program through an intelligent assignment algorithm based upon previous health plan enrollment, health plan network that includes the current adult day health provider or nursing facility (if applicable)

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# Implementation Phases

- **Tidewater Area (Phase I)**
  - March 2014: Voluntary enrollment
  - April 1, 2014: Coverage begins
  - May 2014: Automatic enrollment begins
  - July 1, 2014: Automatic enrollment coverage begins
- **Central Virginia/Richmond Area (Phase I)**
  - March 2014: Voluntary enrollment
  - April 1, 2014: Coverage begins
  - June 2014: Automatic enrollment begins
  - August 1, 2014: Automatic enrollment coverage begins
- **Northern VA, Roanoke, Charlottesville Areas (Phase II)**
  - May 2014: Voluntary enrollment
  - June 1, 2014: Coverage begins
  - August 2014: Automatic enrollment begins
  - October 1, 2014: Automatic enrollment coverage begins

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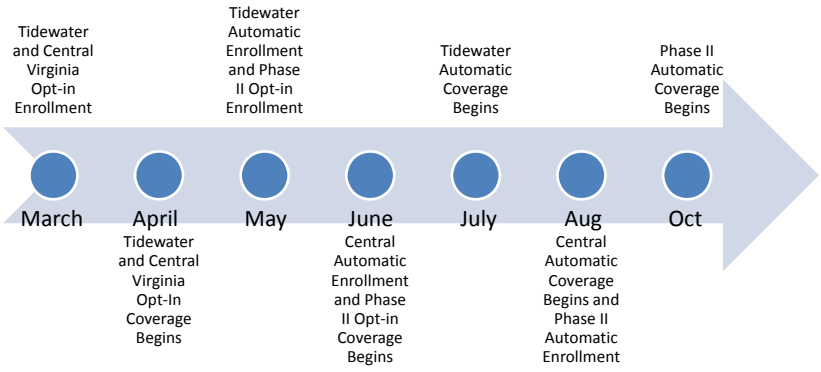
# 2014 Implementation Timeline

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# CCC Phase I - Live March 1st

| MAXIMUS report | |
|---|---|
| Calls Received | 2274 |
| Calls Answered | 2165 |
| Abandon Rate | 4.71% |
| Average Wait Time | 32 seconds |
| Average Call Time | 7 minutes |
| Opt-In Requests | 1417 |
| Opt-Out Requests | 1329 |

Data for opt-ins/outs reflects end of month information

## It's Happening!

- Letters are being read
- Handwritten Applications
- Great Call Volumes!
- The Personal CCC experience

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# CCC Program Enrollment Data As of March 29, 2014

| MMP NAME | Opt-in Counts Week end 3/29/14 | Opt-out Counts 3/29/14 |
|---|---|---|
| HealthKeepers | 674 | |
| Humana | 549 | |
| VaPremier | 194 | |
| **Total Count** | **1417** | **1329** |

**CCC Opt-Ins By Age - March 29,2014**

| AGE CAT | COUNT OF MEMBERS |
|---|---|
| 021-029 | 93 |
| 030-039 | 148 |
| 040-049 | 180 |
| 050-059 | 290 |
| 060-069 | 346 |
| 070-079 | 215 |
| 080-089 | 106 |
| >90 | 39 |
| **Total Opt-Ins By Age** | **1417** |

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# Enrollee Outreach

- Townhall Meetings
  - 2 in each region
  - **March:** Virginia Beach & Fredericksburg
  - **April:** Richmond
  - **May:** 15th Northern Virginia, 20th Roanoke, & TBD Charlottesville
- Twice weekly beneficiary calls (Tuesdays and Fridays)
- Presentations by request

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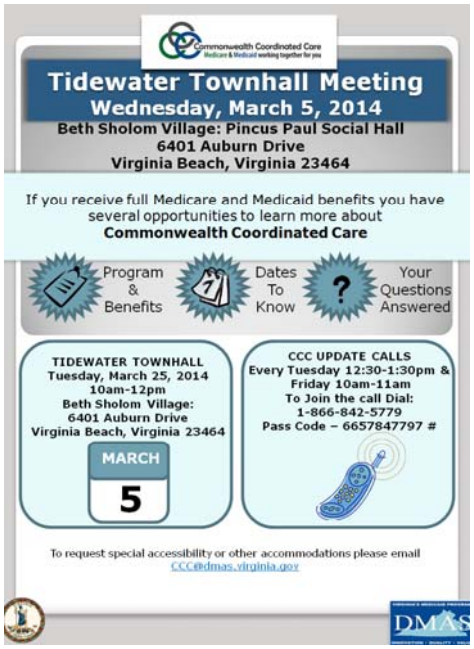


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# Stakeholder Involvement

- Separate Townhall Sessions
- Weekly provider calls-
  - soon to be daily by provider group
- Provider Workgroups with NFs, CSBs, ADHCs, Personal Care, Service Facilitators
- CCC Advisory Committee Meeting - March 19, 2014

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# Outreach Accomplishments

- Outreach:
  - Through face to face presentations, the CCC Team at DMAS has directly **educated 652 individuals** this quarter (beneficiaries, advocates, and providers). MMPs have educated an **additional 453** individuals through community presentations this quarter.

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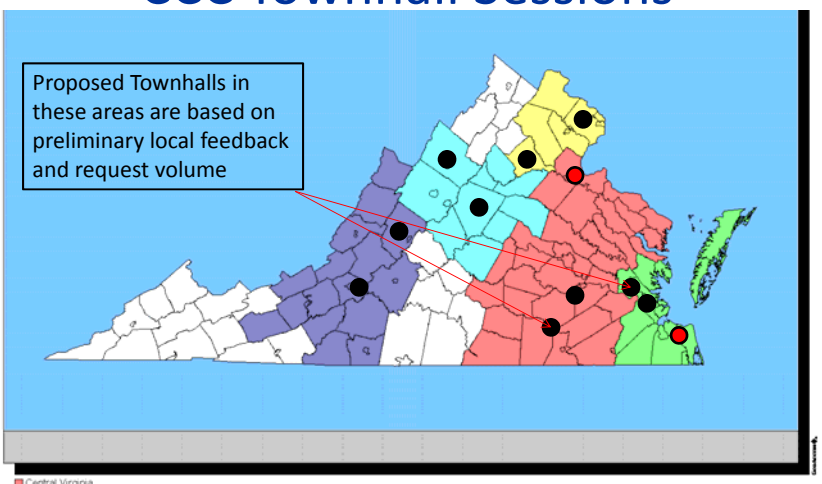
# CCC Townhall Sessions




Completed Townhall Sessions
Proposed Townhall Locations

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# Progress on Evaluating Quality

- CCC has established internal quality infrastructure:
  - draft CY2014 Quality Management Plan
  - Internal Quality Committee
- CCC has been working with CMS on finalizing the VA Specific Reporting Requirements
- Enrollee Survey under development
- Field interviews with Provider Groups and MMPs
- Planned enrollee and other "customer" focus groups to learn more about the CCC experience
- CCC Call Center calls are recorded providing the ability to monitor for continuous quality improvement

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# Monitoring Health Plan Readiness

- Weekly Contract Monitoring Team (CMT) Meetings with each health plan to review:
  - Staffing
  - Customer service lines
  - Claims
  - Complaints
  - Dashboard (status)
  - Telehealth
  - Provider Training
  - Networks
    - Phase I
    - Phase II

Counties where only one plan participates
Tidewater: James City
Central VA: Mecklenburg, Prince Edward, and Westmoreland

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# Strong DARS Partnerships

VICAP CCC Educator will work collaboratively with DMAS to:

1. Act as a liaison between VICAP and DMAS
2. Provide CCC educational opportunities in the community
3. Support VICAP options counseling with CCC enrollees

General Assembly expanded role of Ombudsman to include authority to investigate concerns with care or services under CCC, such as: community LTSS (ADCs, Home Health, and others)

CCC Advocates Manager will oversee CCC ombudsman support and assemble local component of direct assistance to enrollees who encounter problems with care/services

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# Commonwealth Coordinated Care Update – April 2014

March 1st brought CCC launch for voluntary enrollment in the Tidewater and Central Virginia Regions. April 1st begins CCC coverage for approximately 1400 individuals who voluntarily enrolled in CCC! The following are summaries of CCC progress in March 2014.

## Program Implementation

The CCC Program began accepting voluntary opt-in enrollments from individuals living in the Central Virginia and Tidewater Virginia regions. We are excited to announce **1417 individuals voluntarily enrolled** in CCC in these two regions during the month of March! Coverage for those who enrolled prior to March 26th began April 1, 2014.

Enrollee medical history information was shared with each of the Medicare-Medicaid Plans (MMPs) and MMPs began reaching out to enrollees to set up the initial Health Risk Assessments. The MMPs have trained care coordination staff on board and were ready to begin care by April 1.

Also in March, DMAS and CMS began weekly Contract Monitoring Team (CMT) calls with the MMPs to continue close monitoring and adherence to the three way contract. These calls include review of enrollment, customer support calls, network updates, appeals and grievances and a review of claims processing. Weekly CMT marketing calls are also ongoing between CMS and DMAS to continue the review all marketing and outreach materials from the MMPs that are received by beneficiaries.

## Enrollment Facilitator

The CCC enrollment broker, MAXIMUS, began taking opt-in and opt-out requests by phone Monday, March 3. MAXIMUS is also processing written enrollment applications and sends the appropriate CMS-approved letters to beneficiaries. Calls to MAXIMUS are reviewed by the DMAS enrollment broker Contract Monitor to ensure excellent customer service and provide ongoing CCC education as needed. The following information is tracked by MAXIMUS and reflects cumulative data available through the week ending March 29th.

| Maximus Reporting Data* | |
|---|---|
| Address Changes Requested | 51 |
| Calls Received | 3831 |
| Calls Answered | 3685 |
| Abandon Rate | 3.86% |
| Average Wait Time | 36 seconds |
| Average Call Time | 7 minutes 4 seconds |
| Opt-In Requests | 1417 |
| Opt-Out Requests | 1329 |

*Data accurate through March 29, 2014.

The MAXIMUS customer service call center is available 8:30am to 6:00pm Monday through Friday. The MAXIMUS CCC customer service center number is **(855) 889-5243**(TTY number for the hearing impaired is (800)-817-6608). Finalized MMP comparison charts are available on the MAXIMUS website at www.virginiaccc.com.

Ensuring Beneficiary Choice

Following this first month of voluntary CCC enrollment, DMAS has identified a need to highlight the significance of protecting beneficiary choice and protected health information (PHI). The decision to opt-in or opt-out of the CCC Program is solely that of the beneficiary and their authorized designee. CCC eligible individuals have the right to receive complete information on the CCC Program in a manner that is understandable to them. This will enable them to make an informed decision about what is best for them when it comes to their health care. Decisions to opt-in or opt-out of the CCC Program are only accepted from the CCC individual or their authorized designee. Opt-out decisions are only accepted by telephone

through the enrollment broker, MAXIMUS. Written opt-outs are not accepted to ensure the CCC eligible individual has received adequate information about the CCC Program and is experiencing no undue influence while making their choice. Providers who encourage their care recipients to opt-out of the CCC program because they have decided not to contract with the CCC MMPs are violating beneficiary choice and Federal Code 42 CFR 483.10(a) Exercise of Rights and 42 CFR 483.10(d) Free Choice. Providers and community advocates must continue to honor beneficiary right to privacy by considering necessity and risk before sharing PHI.

Beneficiary choice is a hallmark of CCC and woven into the core of the program structure. DMAS is working with the State Office of the Long Term Care Ombudsman to monitor and ensure beneficiary information and choice are protected and honored.

Evaluation

The DMAS/GMU evaluation team recently met with staff from CMS, RTI, and the Urban Institute to discuss the state-level evaluation of the CCC Program. The team is meeting with representatives of various stakeholder groups and providers as well as with care management staff at the health plans to collect data for the evaluation of the CCC Program. The team is also developing an enrollee survey questionnaire and is in the initial stages of planning to observe the health plans' care management training activities and to conduct enrollee focus groups.

Service Regions

A significant component of evaluation and monitoring during the development and implementation of CCC is evaluating MMP network adequacy with regard to provider access, time, and distance standards for both Medicare and Medicaid providers. DMAS and CMS receive regular updates on network adequacy for CCC service regions and network development is an ongoing process during CCC implementation. Initial evaluations identified Humana met network standards in the Mecklenburg area; therefore, initial letters were mailed to CCC eligible individuals in Mecklenburg offering opportunity to opt-in to CCC. Subsequent evaluations found the network was not as robust as originally identified and did not meet Medicare standards. As a result, implementation in the Mecklenburg region is delayed.

DMAS indentified the individuals in the Mecklenburg area who had already contacted the enrollment broker and opted into the program. These individuals have been personally contacted and a letter was also sent explaining the delay for the CCC program in this area. The MMPs are continuing their network development in the Mecklenburg area and DMAS is hopeful CCC will be implemented in the Mecklenburg region in the near future.

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Outreach and Education

Outreach efforts continue with ongoing presentations to stakeholder groups and regular conference calls for Enrollee/Advocate groups and Provider groups. Provider groups and enrollees/enrollee advocates have used the conference calls to discuss questions and concerns and share individual experiences related to CCC. The MMPs are also represented on these calls to respond to questions and concerns as they arise. Participation on both calls has been increasing weekly as April 1 approached. Calls for CCC Enrollees and their Advocates occur every Tuesday 12:30pm and Friday 10:00am. Calls for Healthcare Providers are held every Friday 11:00am. For more information or to participate in one of the calls, please email us at CCC@dmas.virginia.gov.

DMAS, the three MMPs and our VICAP Partner conducted two Townhall meetings in the Phase I regions of Virginia Beach on March 5th and Fredericksburg on March 25th. Future Townhalls are scheduled as follows:

- Richmond Area Townhall: Wednesday, April 30, 2014
  10am-12pm Enrollee/Advocate Session
  12pm-2pm Provider Session
  Comfort Inn Conference Center
  3200 West Broad Street
  Richmond, VA 23230

- Northern VA Townhall: Thursday, May 15, 2014
  10am-12pm Provider Session
  1pm-3pm Enrollee/Advocate Session
  Fairfax Government Center
  12011 Government Center Pkwy
  Fairfax, VA 22035

- Roanoke Region Townhall: Tuesday, May 20, 2014
  11:30am-1pm Provider Session
  1:30-3:30pm- Enrollee/Advocate Session
  Carilion Stonewall Jackson Hospital
  1 Health Circle

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Lexington, VA 24450

Each of the Medicare-Medicaid Plans is posting their provider education opportunities on their websites:

Healthkeepers: https://mediproviders.anthem.com/va/pages/providereducation.aspx

Humana: https://www.humana.com/provider/support/clinical/medicaid-materials/virginia

Virginia Premier: https://www.vapremier.com/providers/provider-resources/

If your organization would like to collaborate with the CCC partnering organizations to offer a Town Hall meeting in your area, please contact us at CCC@dmas.virginia.gov.

If you are interested in inviting the CCC Outreach Team to speak to your group, please let us know by contacting us at CCC@dmas.virginia.gov.

**NEXT ADVISORY COMMITTEE MEETING- June 2014**