

## Agenda

December 2, 2020

Department of Medical Assistance Services (DMAS)

Virtual: <https://meet.google.com/uiq-neui-gvd?authuser=0&hs=122>

Dial-in: +1 440-462-3058 PIN: 326 295#

9:00AM – 11:00AM

- **Opening Remarks** (10 Minutes)
  - Karen Kimsey, Director
  - Chris Gordon, Deputy for Finance & Technology
  
- **Expenditure Review** (20 Minutes)
  - Tanyea Darrisaw, Director, Budget
  - Rob Chapman, Chief Economist
  
- **Bringing Expenditures in Line with Resources** (10 Minutes)
  - Tanyea Darrisaw, Director, Budget
  - Rob Chapman, Chief Economist
  
- **Changes in Managed Care Programs or Contracts with MCOs** (10 Minutes)
  - Cheryl Roberts, Deputy of Programs & Operations
  - Tammy Whitlock, Deputy of Complex Care
  
- **Utilization and Other Trends in Managed Care Programs** (20 Minutes)
  - Ellen Montz, Chief Deputy
  
- **MES Update** (20 Minutes)
  - Mike Jones, CIO
  
- **Questions & Closing Remarks** (40 Minutes)



# CARES ACT UPDATE

## EXTERNAL FINANCIAL REVIEW COUNCIL

**DECEMBER 2, 2020**

**Karen Kimsey**  
Director, Department of Medical  
Assistance Services

# CARES Act Summary

- |  |   |
|--|---|
| 1) Personal Care Attendants (PCA) Hazard Pay (\$73M) | 4) Hospital Expenses (\$60M)                        |
| 2) Personal Protective Equipment (PPE) (\$9M)        | 5) COVID-19 DDW Day Support Payment (\$25M)         |
| 3) Long-Term Care (LTC) Facilities (\$55M)           | 6) COVID-19 DDW Residential Support Payment (\$15M) |

- More than \$237M in total funding
- Less than \$3M spent to-date
- Short timelines putting funds' expenditure at risk

# CARES Act Project Summary

#	Project	Providers	Total Funding	Support
1	Personal Protective Equipment (PPE)	Personal/respice care attendants	\$9M	Masks, gloves and hand sanitizer made available to attendants and members they serve
2	Hazard Pay for Personal Care Attendants (PCA)	Personal Care Attendants	\$73M	\$1500 (pre-tax), one-time hazard pay for the PCAs who put themselves at risk to care for high-risk populations during the height of the pandemic
3	Hospitals	Hospitals	\$60M	For COVID-19 related auditable costs that have not been reimbursed through other federal relief programs available for this purpose in calendar year 2020.
4	Long-term Care Facilities	Nursing Facilities, Assisted Living Facilities	\$55M	Long-term Care Facilities support populations especially at-risk for COVID-19 exposure and have experienced increased expenses related to testing, staff overtime, PPE, etc., while also seeing enrollment and revenues decline. This program is designed to support COVID expenses not covered by other sources.
5	COVID-19 Developmental Disabilities Waiver (DDW) Day Support Payment	Group Day Support, Community Engagement, Community Coaching	\$25M	To stabilize operations for day support providers during the COVID-19 crisis by providing additional opportunities to receive revenue so that providers are able to resume full operations when it is safe to do so. Day support providers have been limited in operations due to compliance with CDC guidelines and safety concerns associated with delivering group services during the public health emergency.
6	COVID-19 DDW Residential Support Payment	Group Residential, Sponsored Residential, Supported Living Residential	\$15M	To support the increased costs of actively providing services during the COVID-19 crisis by providing additional support payments due to compliance with CDC guidelines and safety concerns associated with delivering residential services during the public health emergency.

# Personal Care Attendant (PCA) Hazard Pay

## Status:

- Receiving thousands of emails with questions
- Tracking and reviewing Agency-directed (AD) data submitted by agencies to DMAS
- Contracts returned by MCOs
- MCO and Consumer Direct Care Network data received
- Agencies' data due back December 1, 2020

### AD Agencies (as of 12/1/20)

- 644 Files received
- 449 Redcap surveys complete

## Risk:

- Number of agencies that have not responded to data request

## High Level Project Plan

<b>Operational Plan</b> Develop detailed plan to deliver payments to PCAS	✓
<b>Communication Plan</b> Outline and deliver communication methods and messages to various stakeholder groups	✓
<b>Contracting and Payment Mechanism</b> Complete implementation of contract amendments and payment methods	✓
<b>Data Gathering</b> Send and receive data requests to/from agencies, Fiscal Employment Agencies (FEAs) and MCOs	✓
<b>Data Deduplication</b> Analyze data to identify singular method of payments for each PCA	
<b>Payments by DMAS</b> Distribution of funds by DMAS to agencies, FEAs and MCOs	

## Funding:

	Total Funding	Spent (\$)	Spent (%)
Total	\$73,100,000	\$0	0%

# Personal Protective Equipment (PPE)

## Status: Program is operational

- Recent increase in distribution due to reminder email sent
- Delayed launch due to supply chain
- Sent Regulus a letter to cancel purchase order and instructed them to return prepaid funds for undelivered gloves
  - Some supplies were delivered, deduction will be made from returned funds

## Risk:

- On pace to have excess supply
- Regulus mask delivery yielded significantly large supply

## Inventory:

Data through: 11/16/20	Total Inventory	Total Orders	% Distributed
Boxes(100 per) of Gloves	17,700	2,354	13%
Boxes(50 per) of Masks	118,500	2,344	2%
Hand Sanitizer	23,796	2,347	10%
<b>Total</b>	<b>159,996</b>	<b>7,045</b>	<b>4%</b>

## Orders from:

- 2,393 Members
- 2,398 Employers

## Funding:

	Total Funding	Spent (\$)	Spent (%)
Supplies	\$6,657,785	\$2,333,198	
Admin	\$2,598,393	\$75,000	
<b>Total</b>	<b>\$9,256,178</b>	<b>\$2,408,198</b>	<b>26%</b>

# Long-Term Care Facilities (LTC)

## Status: Program is operational

- Myers & Stauffer (MSLC) is receiving and processing invoices.
- DMAS has made initial payments to 235 assisted living facilities and 2 nursing facilities (NF).
- **DMAS shared updated guidance on November 30<sup>th</sup> to encourage additional NF participation.**
- Final invoice deadline extended to December 30<sup>th</sup>.

## Risks:

- Very limited NF participation to date.
- ALF participation limited and having trouble completing documentation.
- Late change to program design could extend time to final payments.

## Invoices:

	Invoices Sent For Payment	Invoices in Supervisory Review Process	Invoice Not Deemed Complete	Total Invoice Submissions
<b>ALFs</b>				
July	148	17	25	195
August	54	28	85	173
September	27	20	99	149
October	4	7	84	99
<b>NFs</b>				
July	2	1	1	7
August	0	0	2	2
September	0	0	2	2
October	0	0	7	7

## Funding:

	Total Funding	Spent (\$)	Spent (%)
ALF	\$20,000,000	\$639,512	1.2%
NF	\$33,340,872		
Admin	\$2,300,000	\$128,571	28%
Total	\$55,640,872	\$768,083	1.4%

# Hospital Expenses

## **Status:** Program is operational

- DMAS has contracted with MSLC through a modification to our existing CARES Act contract to support this effort.
- Hospitals have submitted initial expenses for allocation.
- DMAS, MSLC, and the Virginia Hospital and Healthcare Association have finalized documentation requirements and attestation to support payment.
- Hospitals have begun enrolling as CARES Act recipients.
- Final allocation of \$60 million will be calculated and communicated this week.
- Goal to make one payment to each system before December 30, 2020.

## **Risks:**

- Very limited time to implement.
- Hospitals must submit documentation to support allocation before payments can be made.
- Single payment means one hospital with documentation issues could hold up payment.

## **Funding:**

	Total Funding	Spent (\$)	Spent (%)
Hospital Expenses	\$59,700,000	\$0	0%
Admin Support	\$300,000	\$0	0%
Total	\$60,000,000	\$0	0%



# COVID-19 DDW Day Support Payment

**Status:** Program has been approved by Governor.

- DMAS has met with SFAC and HAC staff to discuss legislative intent behind the amendment.
- DMAS will handle analysis and majority of administrative support internally.
- Initial communication sent to providers, applications are being completed by providers, and enrollment in DMAS systems in order for CARES Act payments to begin.
- Working to modify existing support contract to review and validate documentation from providers
- Applications and administrative provider identification (API) enrollment information due December 9, 2020

**Risks:**

- Very limited time to implement.
- Getting acceptable documentation of expenses from providers in a timely way.

**Funding:**

	Total Funding	Spent (\$)	Spent (%)
Total	\$25,000,000	\$0	0%

# COVID-19 DDW Residential Support Payment

**Status:** Program has been approved

- DMAS will handle analysis and majority of administrative support internally.
- Initial communication was sent to providers last week to notify them of the opportunity.
- Additional information will be sent this week (November 30th) to providers regarding application for the support payments and enrollment in DMAS systems for CARES Act payments.
- Finalizing necessary documentation and attestation requirements for providers to access funding.
- Working to modify existing support contract to review and validate documentation from providers.
- Applications and API enrollment information due December 15, 2020

**Risks:**

- Very limited time to implement
- Getting acceptable documentation of expenses from providers in a timely way.

**Funding:**

	Total Funding	Spent (\$)	Spent (%)
Total	\$15,000,000	\$0	0%



# **MEDICAID EXPENDITURE UPDATE**

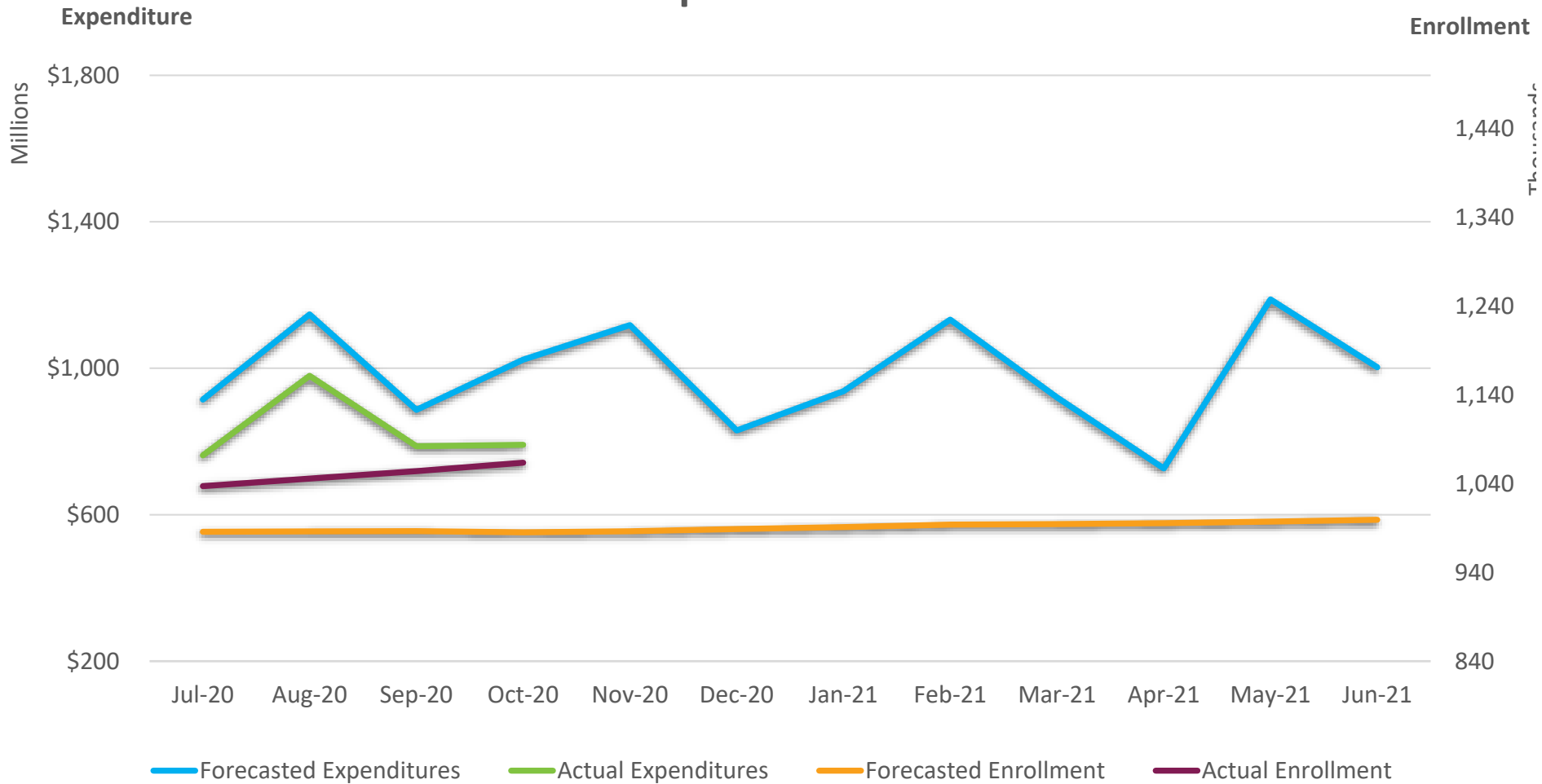
## **EXTERNAL FINANCIAL REVIEW COUNCIL**

**DECEMBER 2, 2020**

Tanyea Darrisaw,  
Director, Budget Division  
Rob Chapman, Chief Economist

# DMAS Forecast vs. Actuals – State Fiscal Year 2021

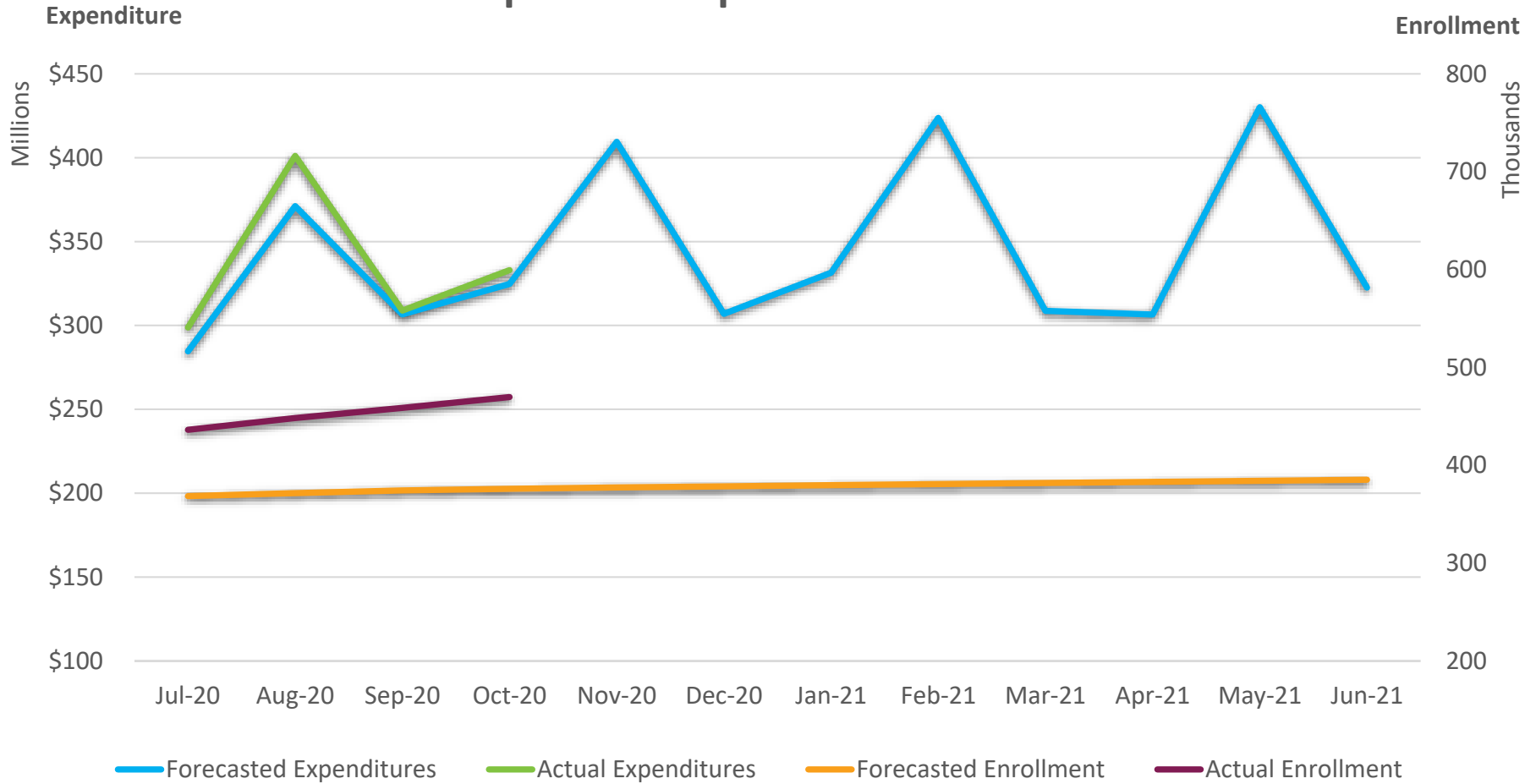
## Base Medicaid Expenditures and Enrollment



Based on November 2019 Consensus Forecast

# DMAS Forecast vs. Actuals – State Fiscal Year 2021

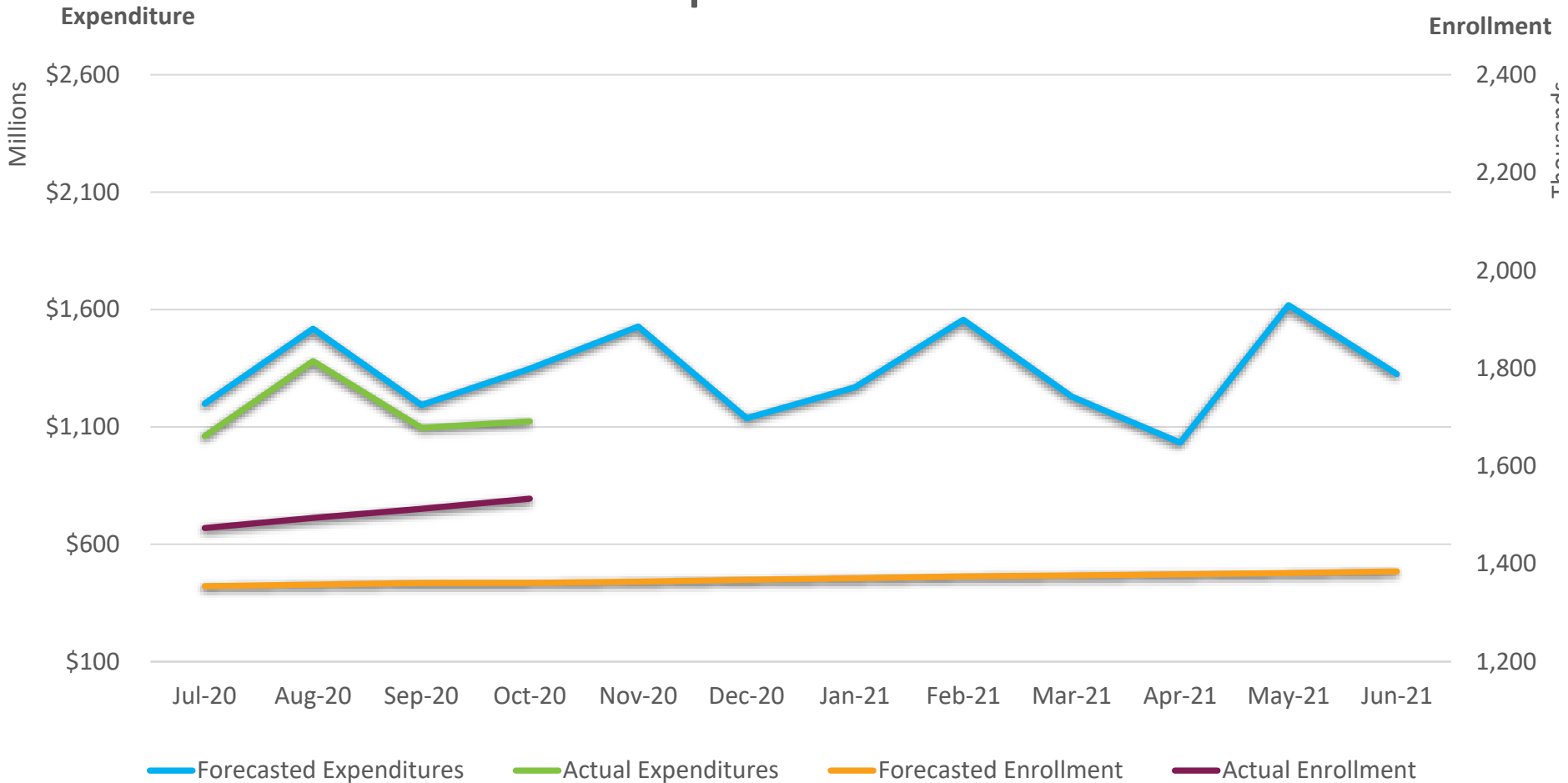
## Medicaid Expansion Expenditures and Enrollment



Based on November 2019 Consensus Forecast

# DMAS Forecast vs. Actuals – State Fiscal Year 2021

## Total Medicaid Expenditures and Enrollment



Based on November 2019 Consensus Forecast

# Medicaid Accuracy Report – October 2020

## Base Medicaid

### Less than budget (-)

- **Inpatient Hospital, Outpatient Hospital, Physician/Practitioner Services, Dental and All Other**
  - Reduced spending as a result of low utilization due to COVID
- **Pharmacy**
  - Allowed 90-day prescriptions at the end of last state fiscal year
  - Decreased utilization due to COVID-19
- **Medicare Premiums Part D**
  - Reduced expenditures offset by the one-time EFMAP credit of \$16 million for payments made January-June 2020
- **Hospital Payments**
  - Payment timing

### Greater than budget (+)

- **MCO Rx Rebates**
  - Overstated due to a pending allocation to Base FFS, Medicaid Expansion FFS & MCO
- **Transportation**
  - Increased spending due to a \$20.6 million NEMT risk corridor payment made in October

### Additional Note

- **Supplemental Rate Assessment Payments**
  - Total Supplemental Payments (Base + Expansion) is at 85% of Budget

Category	Base Medicaid					
	FY 2021 Official Forecast	Funding Adjustments	FY 2021 Adjusted Budget	Adjusted Budget Through October	Expenditures through October FY 2021	\$ Variance (over) / under Budget
<b>General Medical Care: MCOs</b>	<b>7,394,801,595</b>	<b>69,258,168</b>	<b>7,464,059,763</b>	<b>2,488,782,755</b>	<b>2,106,075,076</b>	<b>382,707,678</b>
Capitation Payments: Low-Income Adults & Children	2,542,289,501	(39,273,931)	2,503,015,570	822,140,855	832,655,240	(10,514,385)
Capitation Payments: Aged, Blind & Disabled	103,859,035	-	103,859,035	34,062,181	33,348,385	713,796
Capitation Payments: Duals/CCC Program	-	-	-	-	-	-
Capitation Payments: CCC+ Program	5,053,763,217	108,532,099	5,162,295,316	1,700,136,223	1,684,977,686	15,158,537
MCO Pharmacy Rebates	(305,110,158)	-	(305,110,158)	(67,556,504)	(444,906,234)	377,349,730
<b>General Medical Care: Fee-For-Service</b>	<b>1,311,336,736</b>	<b>12,438,300</b>	<b>1,323,775,036</b>	<b>452,538,968</b>	<b>396,447,085</b>	<b>56,091,882</b>
Inpatient Hospital	234,333,013	-	234,333,013	84,655,463	57,252,531	27,402,932
Outpatient Hospital	41,388,253	-	41,388,253	15,007,394	10,117,309	4,890,084
Physician/Practitioner Services	53,855,543	3,694,880	57,550,423	20,280,526	14,202,888	6,077,638
Clinic Services	85,655,762	-	85,655,762	26,270,639	27,020,797	(750,157)
Pharmacy	11,821,647	-	11,821,647	4,340,003	3,558,839	781,164
FFS Pharmacy Rebates	(6,685,552)	-	(6,685,552)	-	-	-
Medicare Premiums Part A & B	366,081,490	-	366,081,490	119,296,274	125,322,094	(6,025,819)
Medicare Premiums Part D	285,838,600	-	285,838,600	93,212,794	69,752,557	23,460,237
Dental	151,501,623	8,743,420	160,245,043	59,654,951	48,316,805	11,338,147
Transportation	49,836,119	-	49,836,119	16,663,605	29,417,966	(12,754,362)
All Other	37,710,238	-	37,710,238	13,157,318	11,485,300	1,672,018
<b>Behavioral Health &amp; Rehabilitative Services</b>	<b>46,614,585</b>	<b>8,086,647</b>	<b>54,701,232</b>	<b>19,685,560</b>	<b>19,113,818</b>	<b>571,742</b>
MH Case Management	1,753,862	-	1,753,862	629,608	520,536	109,072
MH Residential Services	18,250,553	8,086,647	26,337,200	9,382,173	10,351,866	(969,693)
MH Rehabilitative Services	8,799,588	-	8,799,588	3,303,327	2,430,706	872,622
Early Intervention & EPSDT-Authorized Services	17,810,582	-	17,810,582	6,370,452	5,810,710	559,742
<b>Long-Term Care Services</b>	<b>1,478,757,007</b>	<b>59,802,159</b>	<b>1,538,559,166</b>	<b>536,119,177</b>	<b>506,890,539</b>	<b>29,228,638</b>
Nursing Facility	128,572,097	-	128,572,097	45,598,067	40,621,601	4,976,466
Private ICF/MRs	124,044,353	-	124,044,353	43,093,835	43,128,059	(34,225)
PACE	71,500,688	-	71,500,688	23,833,563	26,306,519	(2,472,956)
HCBC Waivers: Personal Support	179,658,440	-	179,658,440	62,454,838	69,633,756	(7,178,919)
HCBC Waivers: Habilitation	869,498,603	59,005,404	928,504,007	323,938,180	291,751,967	32,186,213
HCBC Waivers: Nursing, EM/AT, Adult Day Care, A	39,239,632	796,755	40,036,387	13,952,942	13,453,384	499,558
HCBC Waivers: Case Management & Support	66,243,194	-	66,243,194	23,247,753	21,995,252	1,252,501
<b>Hospital Payments</b>	<b>479,042,481</b>	<b>13,704,766</b>	<b>492,747,247</b>	<b>175,533,180</b>	<b>132,259,580</b>	<b>43,273,600</b>
<b>Supplemental Rate Assessment Payments</b>	<b>877,003,536</b>	<b>-</b>	<b>877,003,536</b>	<b>273,354,159</b>	<b>158,705,233</b>	<b>114,648,926</b>
<b>Total Forecasted Medicaid Expenditures</b>	<b>11,587,555,940</b>	<b>163,290,040</b>	<b>11,750,845,980</b>	<b>3,946,013,798</b>	<b>3,319,491,332</b>	<b>626,522,467</b>
Federal Funds	5,687,400,667	127,403,738	5,814,804,405		1,849,216,414	
Rate Assessment	438,501,768	-	438,501,768		68,763,110	
Coverage Assessment	-	-	-		-	
Virginia Health Care Fund	472,802,840	-	472,802,840		100,000,000	
State Funds	4,988,850,665	35,886,302	5,024,736,967		1,301,511,808	



# Medicaid Accuracy Report – October 2020

## Medicaid Expansion

### Less than budget (-)

- **Inpatient Hospital, Outpatient Hospital, Physician/Practitioner Services, Dental and All Other**
  - Reduced spending as a result of low utilization due to COVID
- **Nursing Facility**
  - Due to slower growth in FFS as members moved in managed care

### Greater than budget (+)

- **Transportation**
  - Increased spending due to a NEMT risk corridor payment made in October
- **Hospital Payments**
  - Payment timing
- **Home & Community Based Services**
  - Increased utilization

### Additional Note

- **MCO and FFS Pharmacy Rebates**
  - Allocation from Base MCO Pharmacy Rebates will be visible in next month's accuracy report

## Medicaid Expansion

### Category

FY 2021 Official Forecast	Funding Adjustments	FY 2021 Adjusted Budget	Adjusted Budget Through October	Expenditures through October FY2021	\$ Variance (over) / under Budget
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<b>General Medical Care: MCOs</b>	<b>3,149,157,321</b>	<b>(3,574,330)</b>	<b>3,145,582,991</b>	<b>1,029,795,758</b>	<b>1,068,216,643</b>	<b>(38,420,885)</b>
Capitation Payments: Low-Income Adults & Children	2,343,718,442	(2,036,243)	2,341,682,199	765,770,302	798,931,935	(33,161,633)
Capitation Payments: Aged, Blind & Disabled	-	-	-	-	-	-
Capitation Payments: Duals/CCC Program	-	-	-	-	-	-
Capitation Payments: CCC+ Program	805,438,879	(1,538,087)	803,900,792	264,025,456	269,284,708	(5,259,252)
MCO Pharmacy Rebates	-	-	-	-	-	-
<b>General Medical Care: Fee-For-Service</b>	<b>494,497,870</b>	<b>14,658,086</b>	<b>509,155,956</b>	<b>166,740,353</b>	<b>115,691,076</b>	<b>51,049,277</b>
Inpatient Hospital	317,299,943	-	317,299,943	104,061,244	76,596,358	27,464,886
Outpatient Hospital	74,778,356	-	74,778,356	24,461,242	13,163,039	11,298,203
Physician/Practitioner Services	48,399,033	-	48,399,033	15,914,575	10,967,888	4,946,687
Clinic Services	11,192,789	-	11,192,789	3,625,645	2,724,774	900,871
Pharmacy	11,105,463	-	11,105,463	3,701,821	2,426,455	1,275,366
FFS Pharmacy Rebates	-	-	-	-	-	-
Dental	20,775,062	14,658,086	35,433,148	11,469,843	5,932,886	5,536,957
Transportation	4,159,544	-	4,159,544	1,386,515	2,400,053	(1,013,538)
All Other	6,787,680	-	6,787,680	2,119,469	1,479,624	639,845
<b>Behavioral Health &amp; Rehabilitative Services</b>	<b>6,857,534</b>	<b>-</b>	<b>6,857,534</b>	<b>2,285,845</b>	<b>2,860,311</b>	<b>(574,466)</b>
MH Case Management	-	-	-	-	239,978	(239,978)
MH Residential Services	-	-	-	-	12,199	(12,199)
MH Rehabilitative Services	-	-	-	-	2,494,609	(2,494,609)
<b>Long-Term Care Services</b>	<b>34,802,923</b>	<b>560,963</b>	<b>35,363,886</b>	<b>10,971,154</b>	<b>9,253,265</b>	<b>1,717,889</b>
Nursing Facility	20,882,272	-	20,882,272	6,464,934	1,999,542	4,465,392
Private ICF/MRs	-	-	-	-	688,661	(688,661)
PACE	-	-	-	-	371,168	(371,168)
HCBC Waivers: Personal Support	-	-	-	-	1,523,420	(1,523,420)
HCBC Waivers: Habilitation	13,920,651	-	13,920,651	4,319,232	4,056,754	262,478
HCBC Waivers: Nursing, EM/AT, Adult Day Care, etc.	-	560,963	560,963	186,988	230,118	(43,131)
HCBC Waivers: Case Management & Support	-	-	-	-	383,601	(383,601)
<b>Hospital Payments</b>	<b>43,479,652</b>	<b>-</b>	<b>43,479,652</b>	<b>6,357,053</b>	<b>12,969,392</b>	<b>(6,612,339)</b>
<b>Supplemental Rate Assessment Payments</b>	<b>386,432,899</b>	<b>-</b>	<b>386,432,899</b>	<b>71,112,515</b>	<b>132,721,032</b>	<b>(61,608,517)</b>
<b>Total Forecasted Medicaid Expenditures</b>	<b>4,115,228,199</b>	<b>11,644,719</b>	<b>4,126,872,918</b>	<b>1,287,262,677</b>	<b>1,341,711,719</b>	<b>(54,449,042)</b>
Federal Funds	3,704,183,750	10,491,508	3,714,675,258		1,207,673,745	(1,207,673,745)
Rate Assessment	38,643,290	-	38,643,290		13,097,769	(13,097,769)
Coverage Assessment	372,401,159	1,153,211	373,554,370		120,940,203	(120,940,203)

# Medicaid Accuracy Report – October 2020

## Total

Unforecasted Medicaid Expenditures							
	FY 2021 Official Forecast	Funding Adjustments	FY 2021 Adjusted Budget	Adjusted Budget Through October	Expenditures through October FY 2021	\$ Variance (over) / under Budget	% Variance
Mental Health Services CSA	-	71,713,945	71,713,945	23,904,648	23,219,503	685,145	-3%
Federal Funds	-	43,187,748	43,187,748	14,395,916	13,049,361	1,346,555	
State Funds	-	28,526,197	28,526,197	9,508,732	10,170,142	(661,410)	
MHMR Facility Reimbursements (45607)	-	75,685,714	75,685,714	25,228,571	14,345,724	10,882,847	-43%
Federal Funds	-	37,842,857	37,842,857	12,614,286	8,068,986	4,545,300	
State Funds	-	37,842,857	37,842,857	12,614,286	6,276,738	6,337,548	

TOTAL MEDICAID							
	FY 2021 Official Forecast	Funding Adjustments	FY 2021 Adjusted Budget	Adjusted Budget Through October	Expenditures through October FY 2021	\$ Variance (over) / under Budget	% Variance
<b>Total Medicaid Expenditures</b>	<b>15,702,784,139</b>	<b>322,334,418</b>	<b>16,025,118,557</b>	<b>5,282,409,695</b>	<b>4,698,768,278</b>	<b>583,641,418</b>	<b>-11.0%</b>
Federal Funds	9,391,584,417	218,925,851	9,610,510,268				
Rate Assessment	477,145,058	-	477,145,058				
Coverage Assessment	372,401,159	1,153,211	373,554,370				
Virginia Health Care Fund	472,802,840	-	472,802,840				
State Funds <sup>2</sup>	4,988,850,665	102,255,356	5,091,106,021				

<sup>2</sup> Adjustment correcting \$154,663 from coverage assessment to general funds.

# CHIP Accuracy Report – October 2020

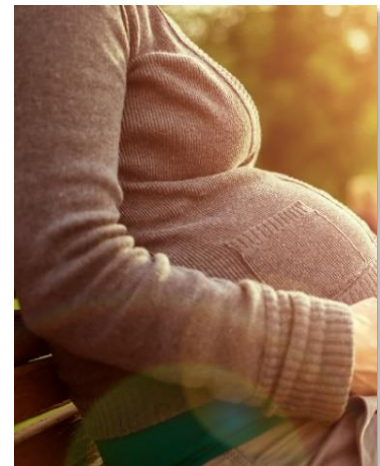
## CHIP

	FY 2021 Official Forecast	Funding Adjustments	FY 2021 Adjusted Budget	Adjusted Budget Through October	Expenditures through October FY 2021	\$ Variance (over) / under Budget	% Variance
<b>FAMIS Expenditures (446)</b>	<b>246,412,245</b>	<b>1,695,307</b>	<b>248,107,552</b>	<b>82,702,517</b>	<b>73,207,352</b>	<b>9,495,165</b>	<b>-11%</b>
Federal Funds	167,178,499	2,091,766	169,270,265	56,423,422	57,000,803	(577,381)	
Special Funds	14,065,627	-	14,065,627	4,688,542	3,516,407	1,172,135	
State Funds	65,168,119	(396,459)	64,771,660	21,590,553	12,690,142	8,900,411	
<b>M-CHIP Expenditures (466)</b>	<b>218,973,821</b>	<b>(1,050,358)</b>	<b>217,923,463</b>	<b>72,641,154</b>	<b>74,938,403</b>	<b>(2,297,249)</b>	<b>3%</b>
Federal Funds	150,546,067	(653,899)	149,892,168	49,964,056	58,292,382	(8,328,326)	
State Funds	68,427,754	(396,459)	68,031,295	22,677,098	16,646,021	6,031,077	

***MANAGED CARE  
CONTRACT UPDATES  
EXTERNAL FINANCIAL  
REVIEW COUNCIL  
DECEMBER 2, 2020***

***CHERYL J. ROBERTS  
DEPUTY OF PROGRAMS AND  
OPERATIONS***

***TAMMY J. WHITLOCK  
DEPUTY OF COMPLEX CARE***



# MCO UPDATES – FALL 2020

- Open Enrollment: Period began in November which affects: Exchange and Medicare members, plan choice for CCC Plus and Expansion members, and new enhanced benefits
- Submitted MCO budget requests:
  - Enrollment broker – choice counseling - RFP will be released 1st quarter
  - Cures Act support – managed regulation re: compliance
- Merger Updates: Molina/Magellan
- Adult Dental: New services July 2021 - affects enhanced services and transition
- Appeals Process: DeNovo change began October 15, 2020
- Studies completed:
  - High Dollar Drugs
  - Employment Assistance
  - Doulas

# COMPLEX CARE

- EVV stats
  - Number of compliant EVV claims received since September 1, 2020 = 90,957
  - Percentage of compliant claims 96.8%

January 1, 2021

- Overtime payments to consumer directed attendants
  - Attendants will be permitted to receive up to 8 hours of overtime pay
  - Overtime will not apply to live-in caregivers
  - Fiscal employer agents must make system changes to pay overtime
- Exempt live-in caregivers from EVV
  - All new attendants will be required to provide address verification (Gov't issued ID, utility bill, etc.)
  - Existing (self-identified) live-in attendants will have six months to provide verification



# EXTERNAL FINANCIAL REVIEW BOARD

December 2, 2020

Ellen Montz, PhD  
Chief Deputy and Chief Health  
Economist  
Department of Medical Assistance  
Services





# Updates to MCO Expenditure Dashboard

## MCO Expenditures Dashboard

- Expenditures by Program
- Expenditures by Service Category
- Per Member Per Month**
- Detailed Data
- Footnotes and Definitions

### Medicaid and FAMIS Managed Care Healthcare Expenditures Per Member Per Month (PMPM)

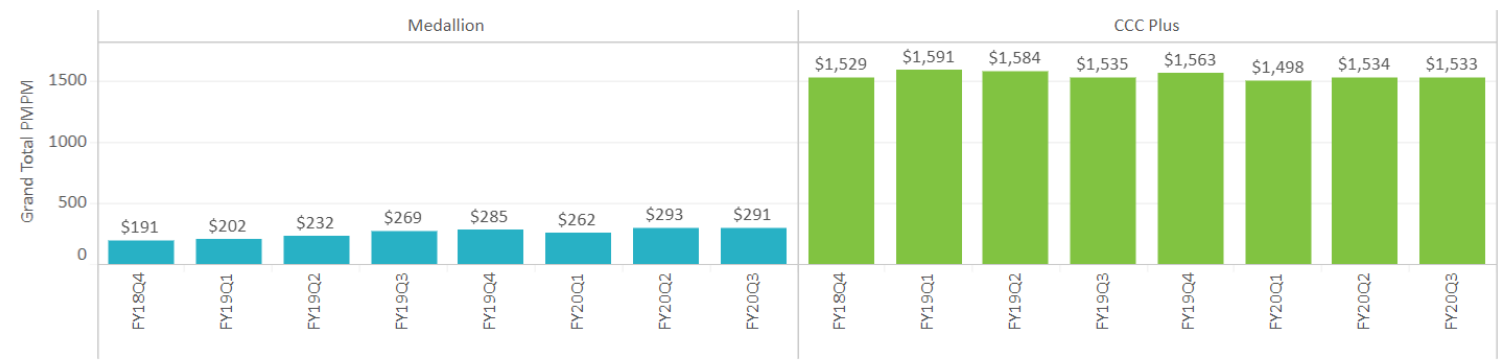
Select a Program or Member Eligibility Category filter to see details for the selected group:

Program: (All) Member Eligibility Category: (All)

#### Managed Care Program PMPM

Click on a Program in the chart below to display Service Category PMPM for that selection:

- Medallion
- CCC Plus



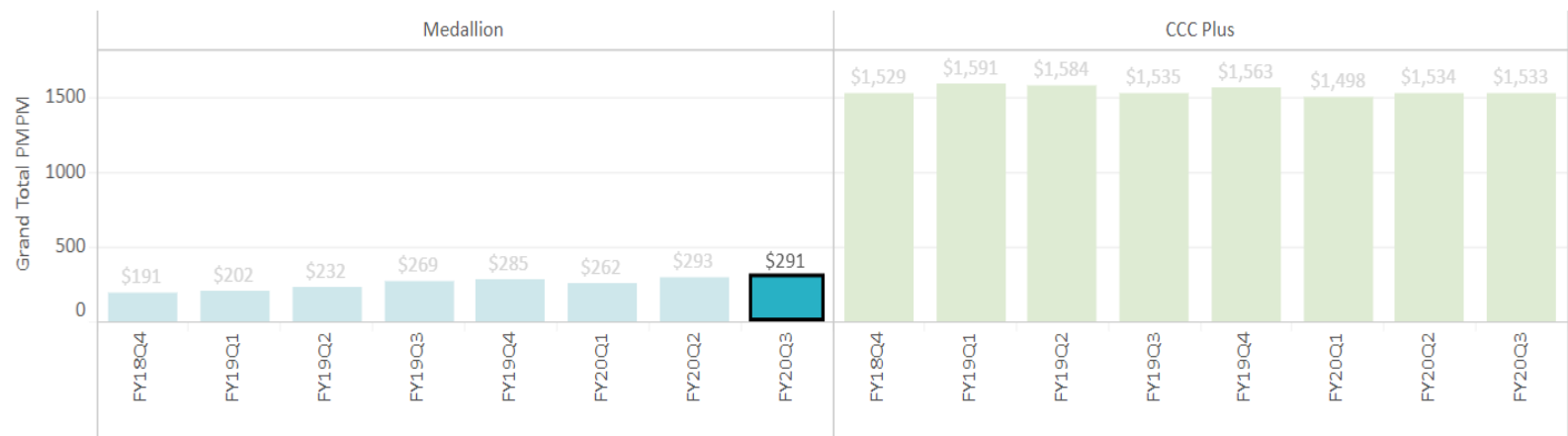
#### Service Category PMPM

# Updates to MCO Expenditure Dashboard

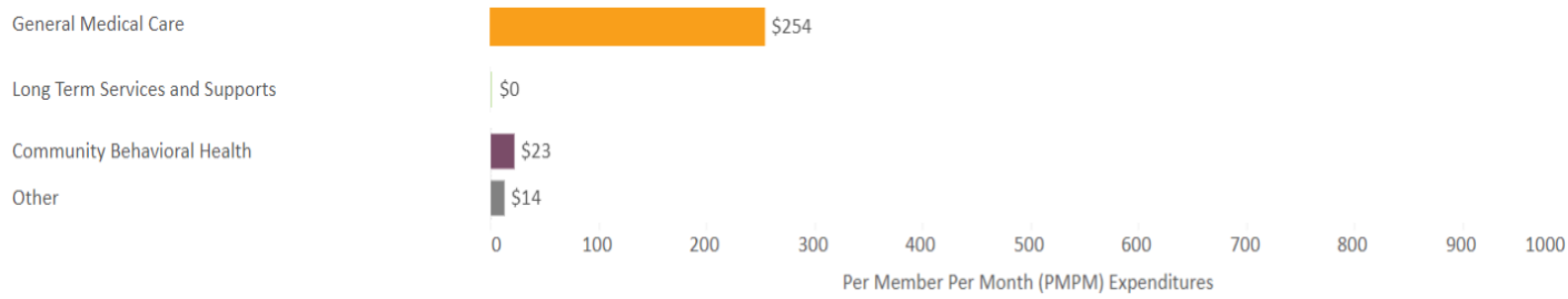
## Managed Care Program PMPM

Click on a Program in the chart below to display Service Category PMPM for that selection:

■ Medallion
 ■ CCC Plus



## Service Category PMPM



# Updates to MCO Expenditure Dashboard

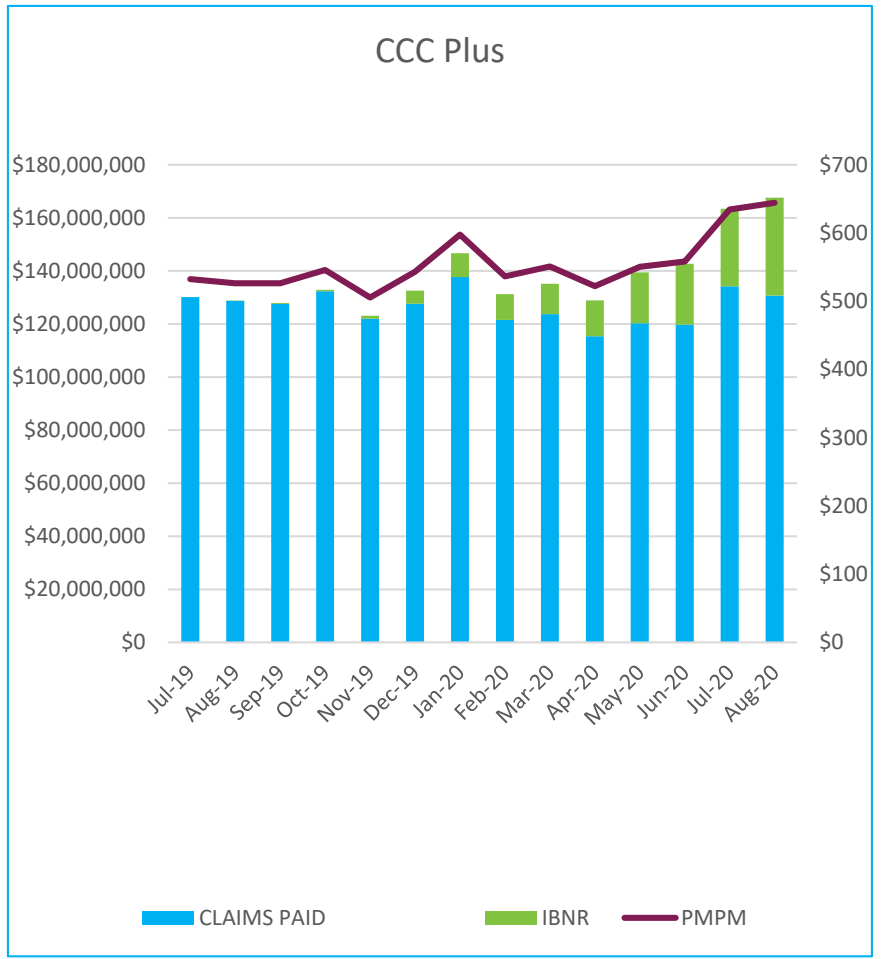
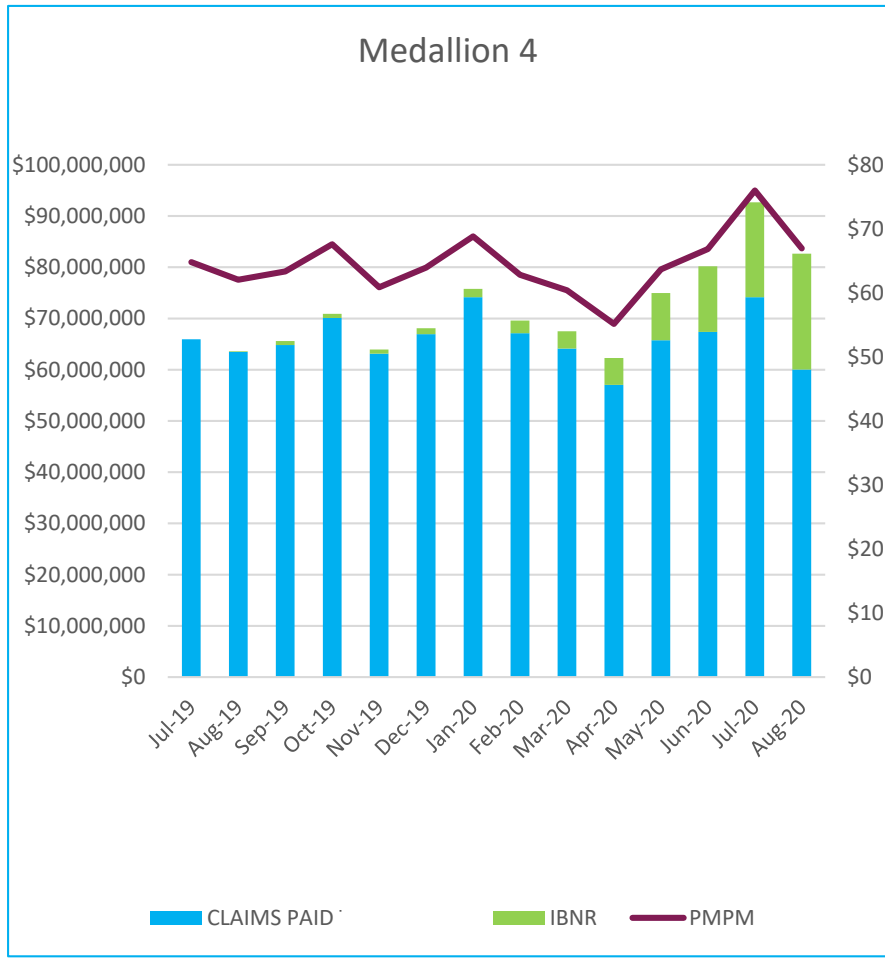
## MCO Expenditures Dashboard

<
Expenditures by Program
Expenditures by Service Category
Per Member Per Month
Detailed Data
Footnotes and Definitions
>

Member Eligibility Category	Program	Service Category	Quarter							
			FY18Q4	FY19Q1	FY19Q2	FY19Q3	FY19Q4	FY20Q1	FY20Q2	FY20Q3
Aged (65 or older)	CCC Plus	Community Behavioral Health	\$4.65M	\$4.73M	\$4.43M	\$4.77M	\$4.74M	\$4.17M	\$4.38M	\$4.47M
		General Medical Care	\$49.18M	\$53.24M	\$55.97M	\$64.47M	\$62.38M	\$51.97M	\$52.48M	\$57.13M
		Long Term Services and Supports	\$271.81M	\$287.48M	\$285.14M	\$282.41M	\$288.41M	\$305.42M	\$303.61M	\$297.29M
		Other	\$8.69M	\$8.99M	\$9.51M	\$9.91M	\$10.39M	\$9.02M	\$9.73M	\$9.27M
Persons with a Disability or Blindness	CCC Plus	Community Behavioral Health	\$51.62M	\$52.34M	\$51.56M	\$53.85M	\$53.15M	\$45.35M	\$46.41M	\$46.72M
		General Medical Care	\$397.12M	\$406.70M	\$409.67M	\$428.35M	\$427.80M	\$379.82M	\$395.51M	\$394.54M
		Long Term Services and Supports	\$151.17M	\$163.37M	\$157.48M	\$149.41M	\$151.19M	\$156.03M	\$149.60M	\$141.19M
		Other	\$23.90M	\$23.41M	\$24.12M	\$25.80M	\$26.92M	\$23.83M	\$25.33M	\$22.90M
	Medallion	Community Behavioral Health	\$0.00M							
		General Medical Care	\$0.00M							
		Long Term Services and Supports	\$0.00M							
		Other	\$0.00M							
Non-Expansion Adults	CCC Plus	Community Behavioral Health	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M
		General Medical Care	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M
		Long Term Services and Supports	\$1.30M	\$1.46M	\$1.27M	\$1.06M	\$0.00M	\$1.07M	\$1.01M	\$0.00M
		Other	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M
	Medallion	Community Behavioral Health	\$4.05M	\$5.86M	\$9.57M	\$10.08M	\$10.40M	\$9.67M	\$10.78M	\$11.41M
		General Medical Care	\$107.73M	\$113.49M	\$118.24M	\$117.42M	\$120.49M	\$106.80M	\$113.75M	\$113.90M
		Long Term Services and Supports	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M	\$0.00M
		Other	\$7.18M	\$7.37M	\$8.11M	\$8.65M	\$8.40M	\$7.64M	\$8.40M	\$8.28M

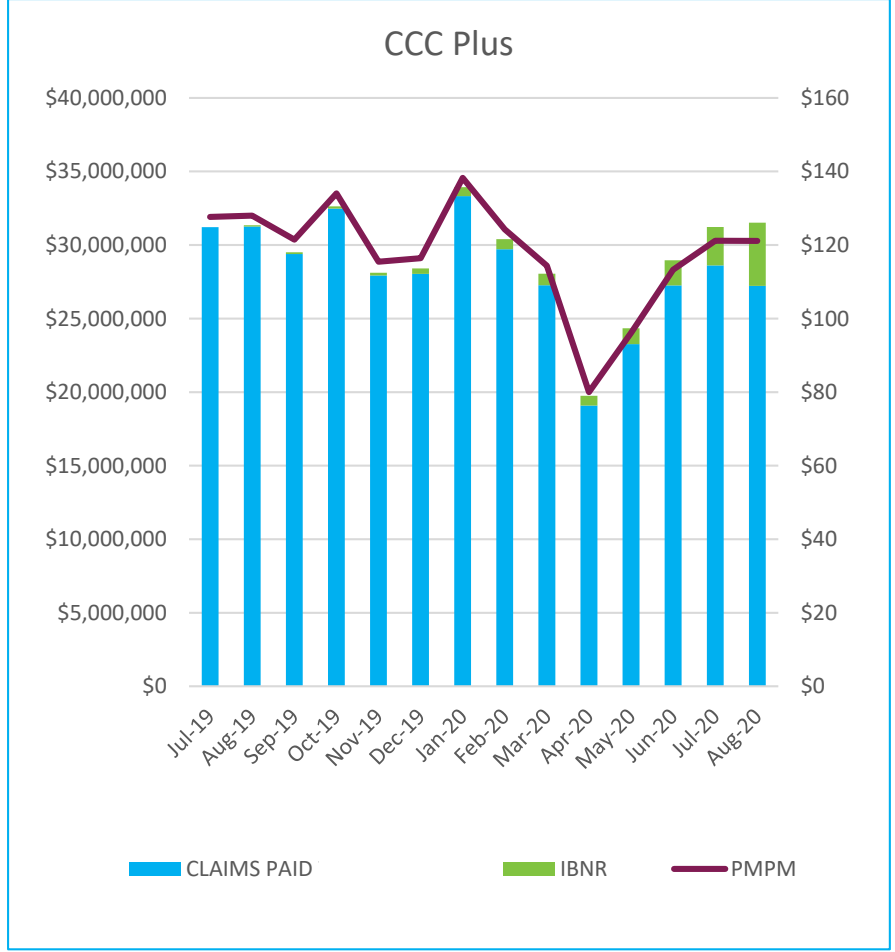
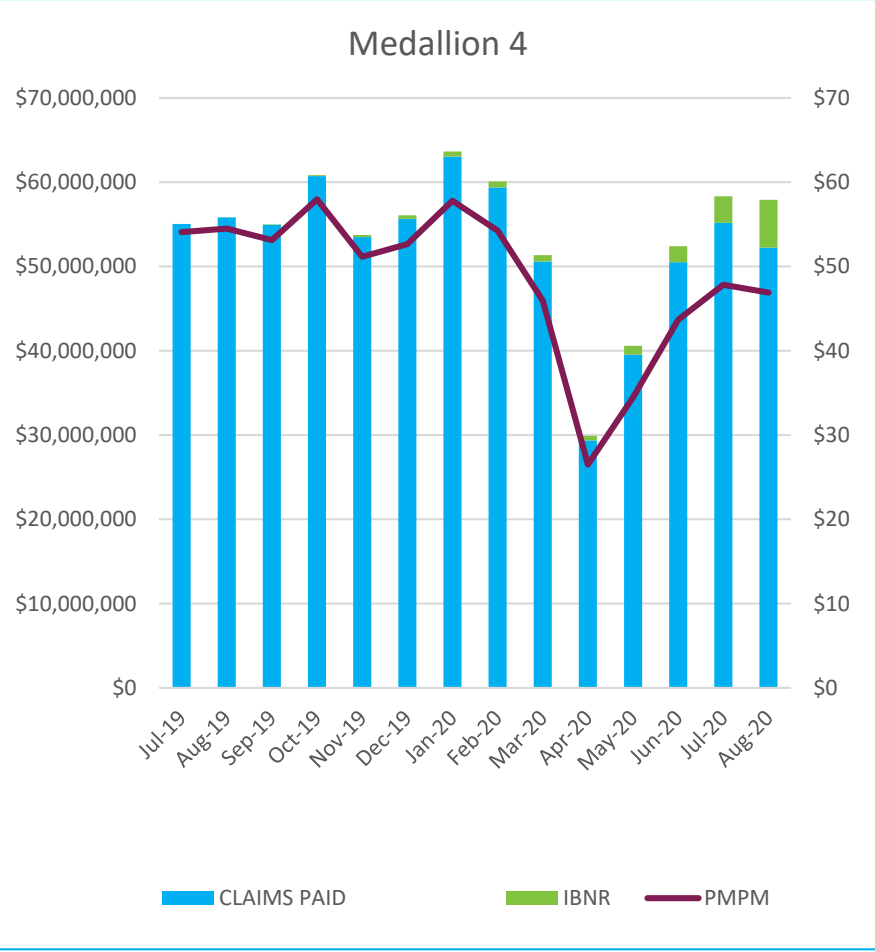
# Expenditures during COVID-19

## Inpatient Services



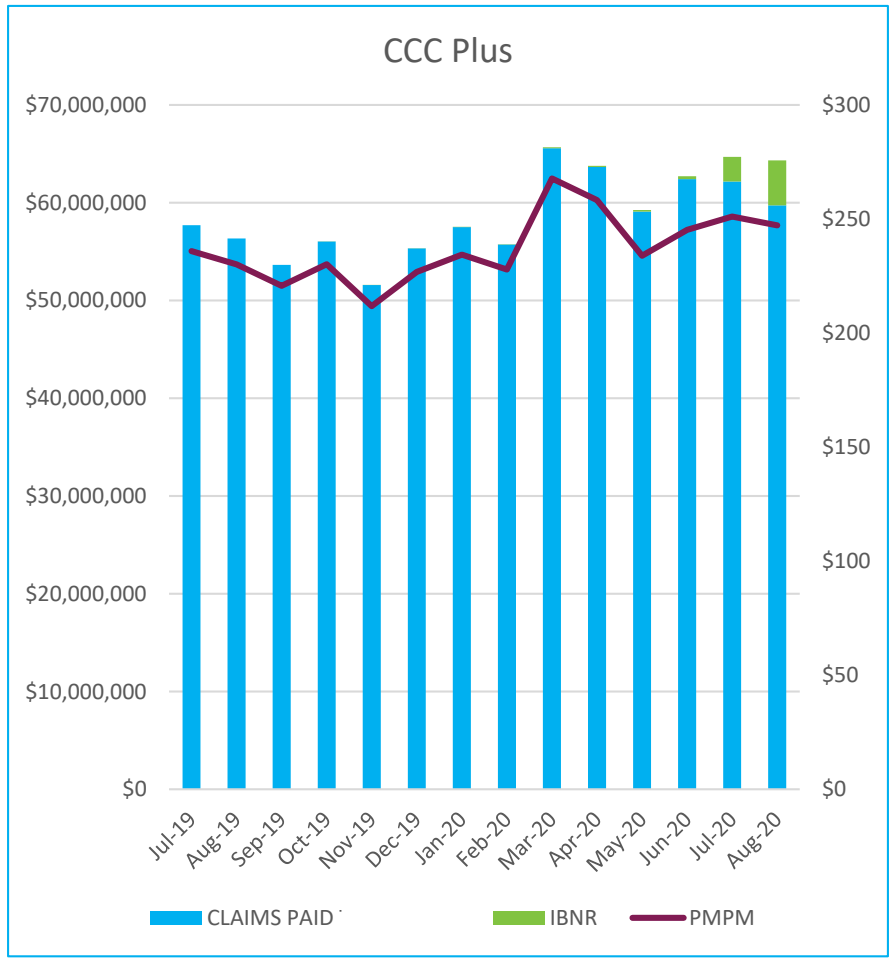
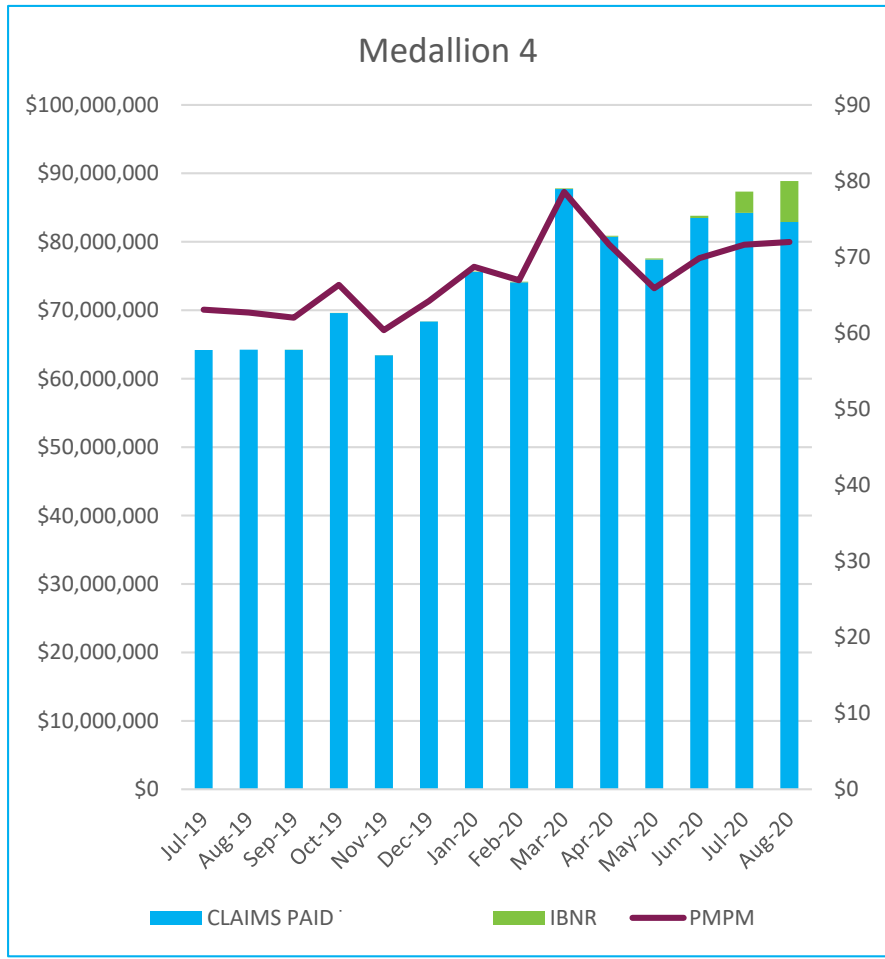
# Expenditures during COVID-19

## Outpatient



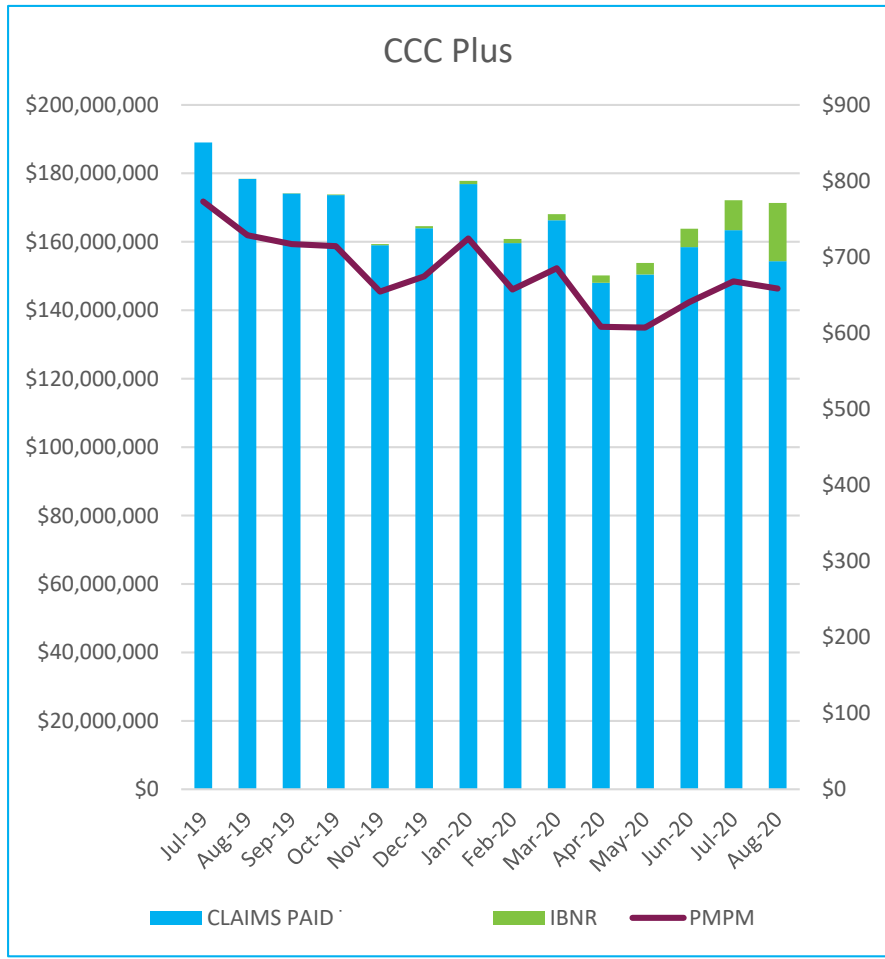
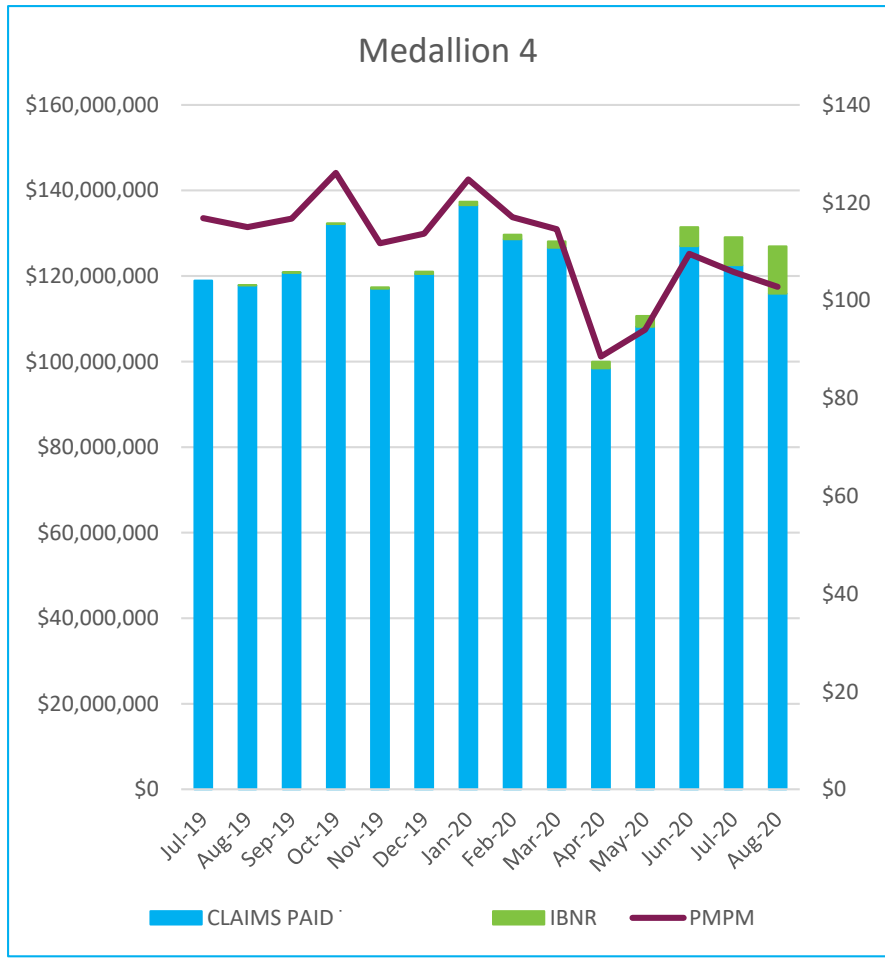
# Expenditures during COVID-19

## Pharmacy Services



# Expenditures during COVID-19

## Physician/Professional Services





# MEDICAID ENTERPRISE SYSTEM (MES) PROGRAM

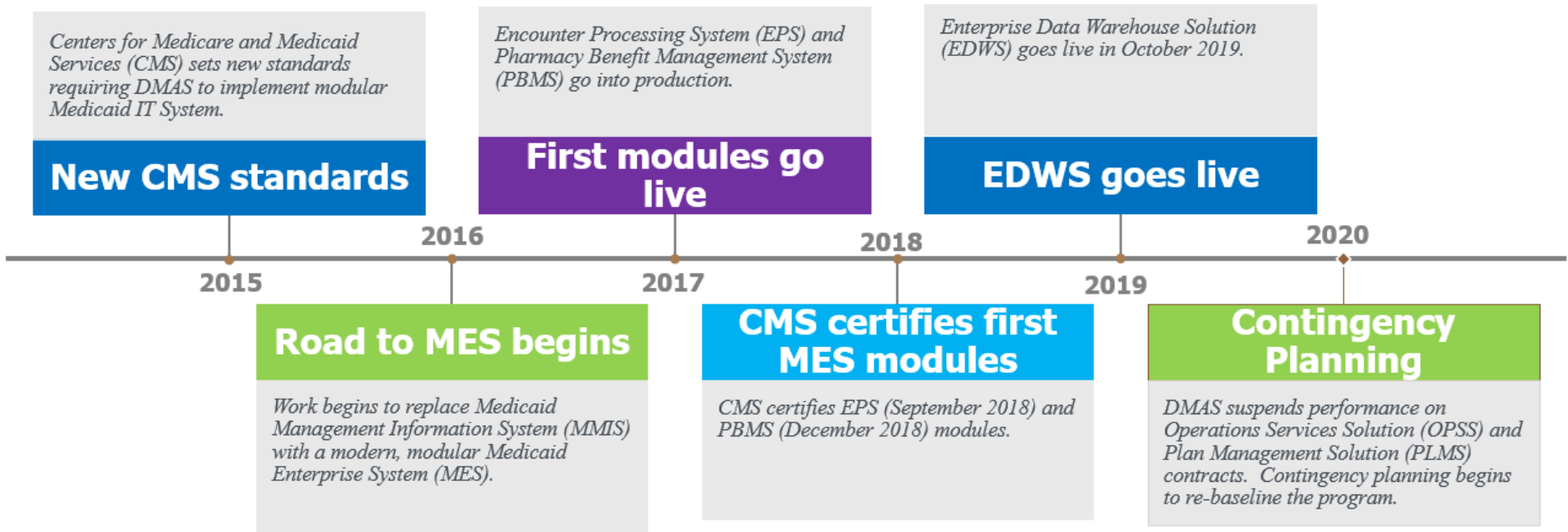
December 2, 2020

BRIEFING FOR THE EXTERNAL FINANCIAL REVIEW COUNCIL (EFRC)

Mike Jones, Chief Information Officer



# Background



# MES Overview

## MES Modules



Sister Agencies

MCOs

External Vendors

Trading Partners

## Module Names (Vendor)

## Acronym

Integrated Services Solution (Deloitte)	ISS
Provider Services Solution (Gainwell)	PRSS
Medicaid Management Information System (Conduent)	MMIS
Encounter Processing Solution (DMAS)	EPS
Care Management Solution (DMAS)	CRMS
Enterprise Data Warehouse Solution (Optum)	EDWS
Pharmacy Benefit Management Solution (Magellan)	PBMS
Appeals (VIP)	APLS

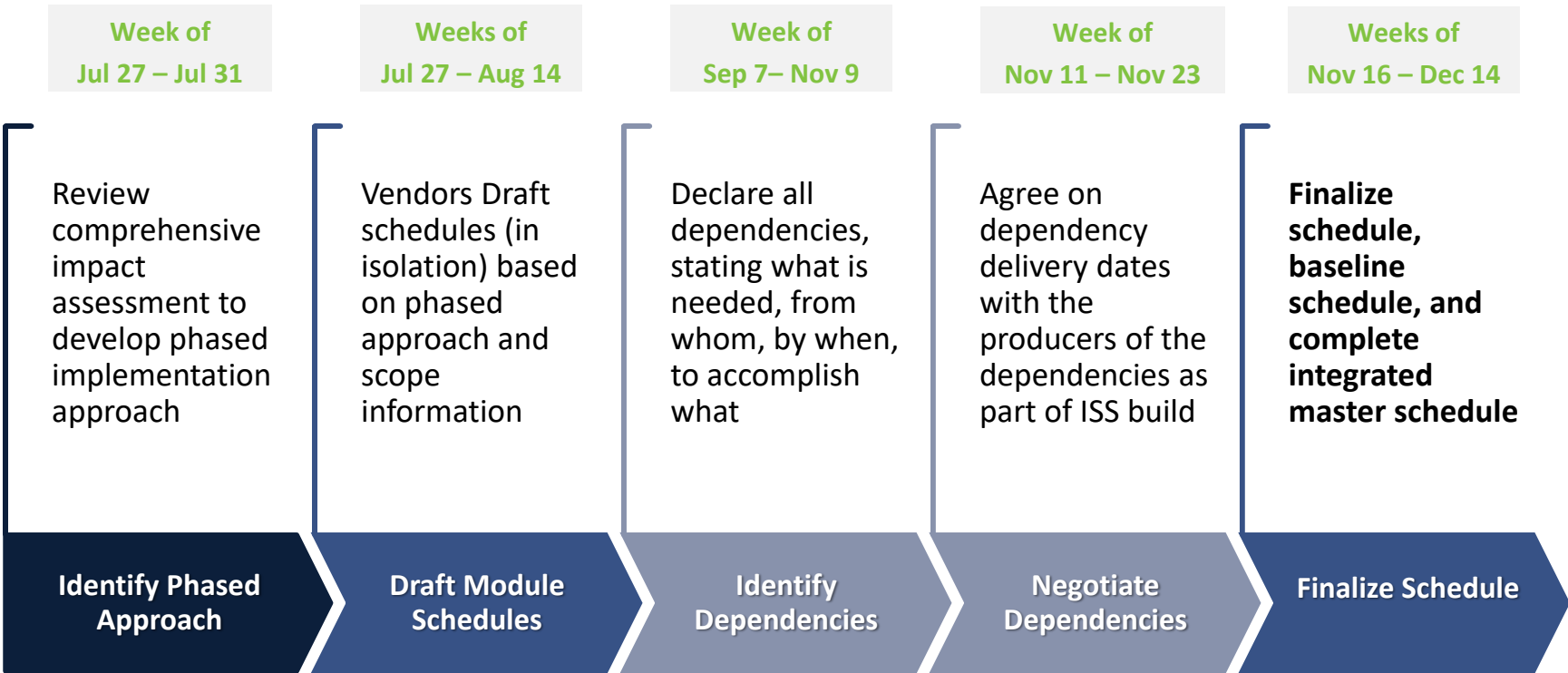
# Live Modules

Module	Go-Live Date	Certification Status	FMAP %
Encounter Processing Solution (EPS)	Oct 2017	Certified	75%
Pharmacy Benefit Management Solution (PBMS)	Oct 2017	Certified	75%
Integration Services Solution (ISS)	Sep 2020	Not Required	75%
Enterprise Data Warehouse Solution (EDWS).*	Oct 2019	Pre-Certification	50%

*\* EDWS DDI phase continues until Dec 2021 to complete MES integration at 90% FMAP.*

# Core Contingency Planning – Schedule

Integration of current MMIS into the planned MES modular framework



MILESTONE: Integrated Master Schedule

# Contingency Planning Milestones

## **Scope:** Completed November 2020

Scope of “Core Contingency” is understood and documented for chief components (MMIS, PRSS, Single Sign-On, Network Integration).

## **Schedule:** On Target for completion December 2020

Integrated Master Schedule (IMS) in development including critical path tasks and milestones.

## **Budget:** Target March 2021

Once redefined scope and schedule are final, DMAS will reaffirm program costs. This may include CMS review/ approval of contract actions.

