

Virginia Medicaid Managed Care Overview

HHR Subcommittee Meeting
July 7, 2011

H. Bryan Tomlinson
Director, Division of Health Care Services

Virginia Medicaid Managed Care

Background

- Department entered the 1st stage of managed care in early 1990s with MEDALLION – the primary care management program – focused on a PCP.
- Aged, blind and disabled population included in managed care.
- 1995 – Department began voluntary MCO program (Options) in Tidewater and Richmond.
- 1996 – Medallion II (mandatory MCO program) was created and has expanded statewide through 14 conversions.

Virginia Medicaid Managed Care

Background

Department embraced managed care for 6 major reasons:

1. **Access** – The Department does not have a network development team and therefore had access gaps. The MCOs were able to leverage their commercial and/or health system networks to increase access.
2. **Quality** – The Department's outcome measures were low (EPSDT, Immunization, Prenatal Care). MCO outcomes were higher. Requiring plans to have NCQA accreditation moved Virginia scores into higher percentiles.

Virginia Medicaid Managed Care

Background

3. **Credentialing** – The Department experienced concerns with the level of providers in the FFS networks (unverified qualifications, no site visits, no reporting mechanism). MCOs using NCQA standards have achieved superior networks through credentialing.
4. **Member Service** – The Department was unable to develop a client member service unit. MCOs are able to offer 24/7 call centers, member information and programs, outreach.

Virginia Medicaid Managed Care

Background

5. **Case Management** – The Department is unable to offer case management, chronic care management, enhanced prenatal care, and disease management programs. The MCOs offer these programs plus predictive modeling and patient centric care.
6. **Cost** – Because the MCO program is full risk, it provides the Department with a stable predictor of costs.

Who is included -

Mandatory Medicaid enrollment of managed care eligible individuals into an MCO - mostly children, families and SSI

Medicaid individuals who are excluded from MCO enrollment and will receive services through fee-for-service Medicaid:

- Medicare and Other Primary Insurance
- Home & Community Based Waiver (majority)
- Nursing Homes
- Hospice
- Foster care/subsidized adoptions
- PACE
- Birth Injury Fund enrollees

Refer to 12 VAC 30-120-370 B for the complete list.

Medicaid/FAMIS Managed Care Organizations (MCO)

Background

Medicaid/FAMIS Managed Care Organizations (MCO)

Currently operating in 114 localities

June 2011 Medicaid/FAMIS Enrollment

Fee-for-Service	285,343
PCCM	56,669
MCO	587,451 (63%)
Total	929,463

Medicaid/FAMIS MCOs & Enrollment

June 2011 Enrollment Report

- Last Request for Proposal – 2001
- Virginia expands managed care through Open Procurement (MCOs must meet contractual and access requirements to participate.)

The Five (5) Current Health Plans are:

Two health plans were established from hospital systems:

- Optima Family Care 152,175 (74 cities/counties)
- Virginia Premier Health Plan 147,501 (85 cities/counties)

Two health plans were established from their commercial business:

- Anthem HealthKeepers Plus 223,620 (81 cities/counties)
- CareNet/Southern Health 24,006 (35 cities/counties)

One nationally publicly traded Medicaid only health plan:

- Amerigroup Community Care 40,149 (14 cities/counties)

NCQA National Status:

4 MCOs – Excellent; 1 New MCO - Commendable

Medicaid Managed Care Contracting

Annual Fiscal Year Contract

- Bureau of Insurance – Mandatory – provides financial stability, compliance
- MCHIP – validates health department standards to deliver care
- NCQA – provides national health plan “blue ribbon” standards
- Network standards for access
- Member service standards
- Chronic care management
- Integration of behavioral health
- Data and system requirements
- Organizational structure
- Quality measures
- Program Integrity
- Profitability caps

Value Added Benefits of MCOs

(not provided by DMAS for FFS)

- Patient Education Information - Member handbooks, provider directories, newsletters, and health information (available in English and Spanish).
- Enhanced Services - Most provide services above Medicaid covered services. Enhanced services include vision services for adults.
- Case Management for special needs and identified population.
- Toll-free 24 Hour Advice and Triage Nurse Helpline
- No Co-payments
- Stronger Provider Networks & Access to Services
- Enhanced Data Systems
- NCQA (accreditations and credentialing)
- Quality management and outcomes

Managed Care HelpLine

Medicaid clients can receive assistance by calling the Managed Care HelpLine at

1-800-643-2273

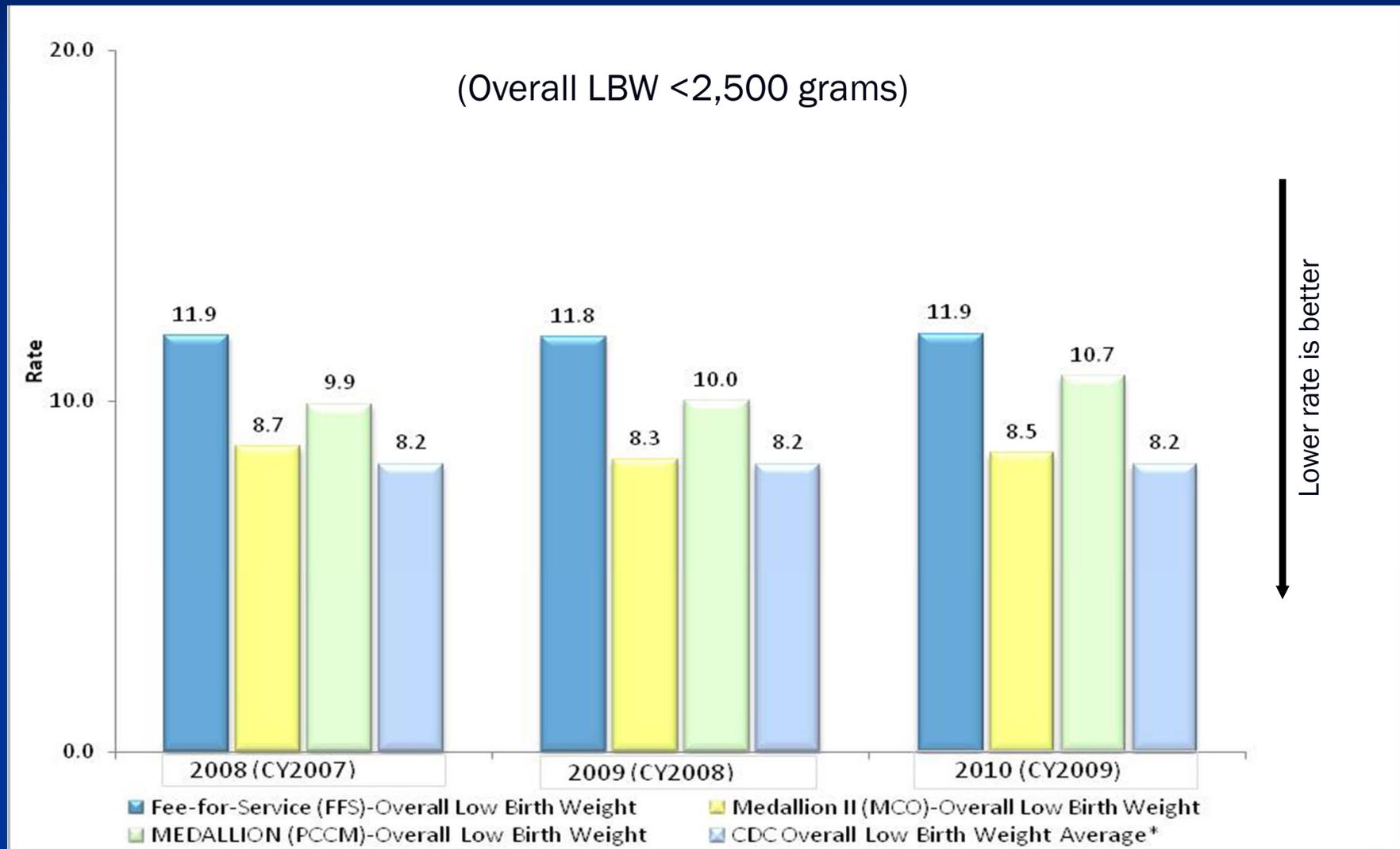
TDD: 1-800-817-6608

8:30 am – 6:00 pm

Monday through Friday



Overall Low Birth Weight Rates by Delivery System



Childhood Immunizations

2007 Individual Immunization (for enrollees age 2 years) Rates by Delivery System

Vaccine	MCO	FFS
Diphtheria, tetanus, pertussis (DTaP)	75.8%	61.7%
Hepatitis B (HBV)	80.7%	62.9%
Haemophilus influenza type b (HiB)	87.0%	76.3%
Measles, mumps, rubella (MMR)	88.2%	77.6%
Inactivated poliovirus (IPV)	84.8%	67.9%
Varicella (VZV)	88.2%	75.4%
Pneumococcal conjugate (PCV)	73.6%	58.6%

Note: The same methodology (HEDIS 2008 technical specifications) was used for calculating the MCO and FFS rates

FY 2012 Activities

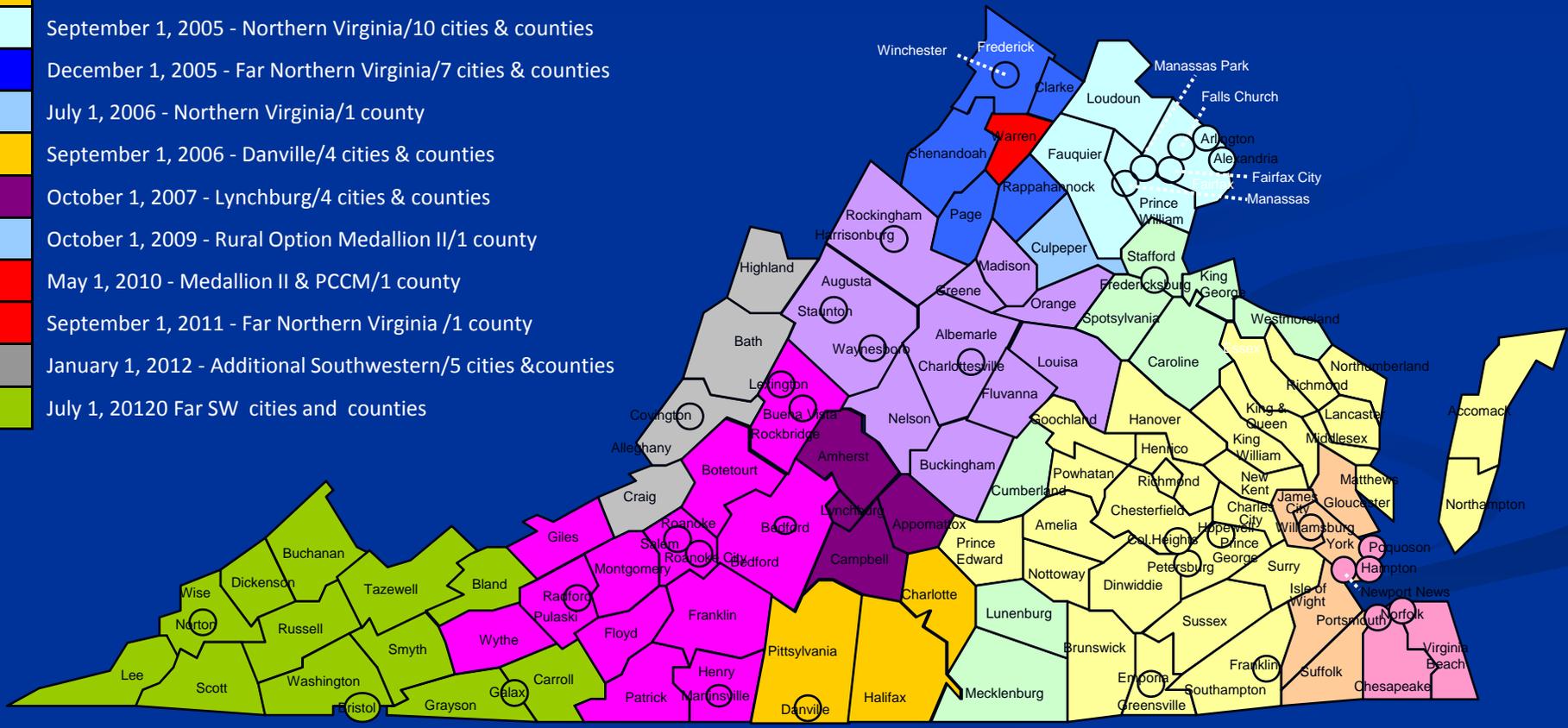
(following MMMM directive)

Expansion of Medicaid Managed Care to the remaining counties

- 5 plans indicate interest
- Visiting major provider groups
- Detailed network analysis
- Addition of medical home language
- Development of member information
- Preparing for system changes

Managed Care Expansions

- January 1, 1996 - Tidewater/7 cities & counties
- November 1, 1997 - Adjacent Tidewater/6 cities & counties
- April 1, 1999 - Central Virginia/33 cities & counties
- October 1, 2000 - Areas Adjacent to CVA/9 cities & counties
- December 1, 2001 - Northern Virginia/10 cities & counties
- December 1, 2001 - Northern Virginia/1 county
- December 1, 2001 - Western Virginia/14 cities & counties
- December 1, 2001 - Southwestern Virginia/19 cities & counties
- December 1, 2001 - Danville/4 cities & counties
- September 1, 2005 - Northern Virginia/10 cities & counties
- December 1, 2005 - Far Northern Virginia/7 cities & counties
- July 1, 2006 - Northern Virginia/1 county
- September 1, 2006 - Danville/4 cities & counties
- October 1, 2007 - Lynchburg/4 cities & counties
- October 1, 2009 - Rural Option Medallion II/1 county
- May 1, 2010 - Medallion II & PCCM/1 county
- September 1, 2011 - Far Northern Virginia /1 county
- January 1, 2012 - Additional Southwestern/5 cities & counties
- July 1, 20120 Far SW cities and counties



FY 2012 Activities

(following MMMM directive)

- Regional program for foster care:
 - December 2011 - Enrolling 350 children in Richmond DSS foster care. Special collaborative with City of Richmond and the local Department of Social Services.

- Acute care:
 - Currently 1700 individuals in home and community based waivers receive acute care through an MCO. Plans to expand that number.

- Care coordination for certain waivers:
 - Plan to procure vendor to add care coordination services (managed care like) to certain home and community based waivers.

FY 2012 Activities

(following MMMM directive)

Collaboratives

- Program Integrity – work with MCOs to increase program integrity efforts and tracking
- Quality – continued focus with MCOs to collectively increase certain quality indicators