



HHS Boot Camp Virginia Medicaid Day

Department of Medical Assistance Services (DMAS)

August 19, 2024



Agenda

- ❖ Medicaid 101 – Cheryl Roberts (DMAS Director)

- ❖ How is Medicaid Funded? – Susan Massart (HAC) and Chris Gordon (DMAS Chief Financial Officer)

- ❖ Legislative and Budget Cycle Processes - Jeff Lunardi (DMAS Chief Deputy)

- ❖ Application and Coverage – Sarah Hatton (DMAS Deputy for Administration)

- ❖ Member Experience – Adrienne Fegans (DMAS Deputy for Programs & Operations)

- ❖ Long-Term Care – Tammy Whitlock (DMAS Deputy for Complex Care)



Medicaid 101

**Cheryl Roberts, J.D., Director
Department of Medical Assistance Services (DMAS)**



Agenda

- ❖ Medicaid Overview
- ❖ Cardinal Care Managed Care
- ❖ Current Medicaid Initiatives and Results

Medicaid and CHIP Authority



Medicaid and CHIP (FAMIS) are joint federal and state programs authorized under Title XIX and Title XXI of the Social Security Act



Implementation requires authorization by the Governor and General Assembly, and funding through the Appropriation Act



Federal guidance and oversight is provided by the Centers for Medicare and Medicaid Services (CMS)



State programs are based on a CMS-approved “State Plan” and Waivers



DMAS is designated as the single state agency within the Governor’s administration to operate the Medicaid program in Virginia

Medicaid Funding and Authority

- Current Appropriations is \$24.7 billion
- Medicaid match:
 - 51% Non-General Funds (NGF)
 - 49% General Funds (GF)
- Medicaid Expansion:
 - 90% NGF
 - 10% is covered by hospital coverage assessment
- Only 1.5% of the total DMAS budget is for administrative expenses



State
Appropriates
General Funds
& Revenue

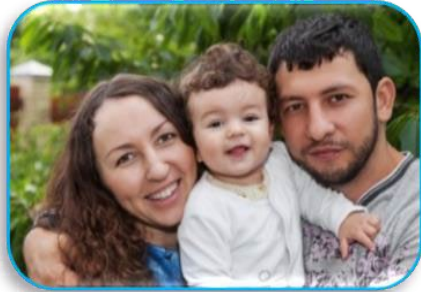


State Receives
Federal Match
(Match Rate
Varies by Program
and Fiscal Year)



DMAS Covers Member Health
Care Services and DMAS
Program Administration

What is Virginia Medicaid?



1 in 4 Virginians are Medicaid members



Medicaid/CHIP covers 1 in 3 births in Virginia



1 in 3 Medicaid members have a Behavioral Health Diagnosis

Virginia Medicaid, now known as Cardinal Care, plays a critical role in the lives of nearly 2 million Virginians, providing high-quality health care coverage, disability services, and long-term services and supports for those most in need.

The Department of Medical Assistance Services (DMAS) is a State executive branch that administers Virginia's Medicaid program and Children's Health Insurance Program (CHIP) for nearly 1 in 4 Virginians.

Joint partnership and accountability between the Governor, General Assembly, and Centers for Medicare and Medicaid Services (CMS).

DMAS Mission and Values

Our Mission & Values

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



Service



Collaboration



Trust



Adaptability



Problem
Solving

Virginia Medicaid Timeline



DMAS Commitment

Committed to exploring, investing and implementing best practices that fit our Virginia Medicaid members



S

Services for
Members

O

Operations &
Opportunities

A

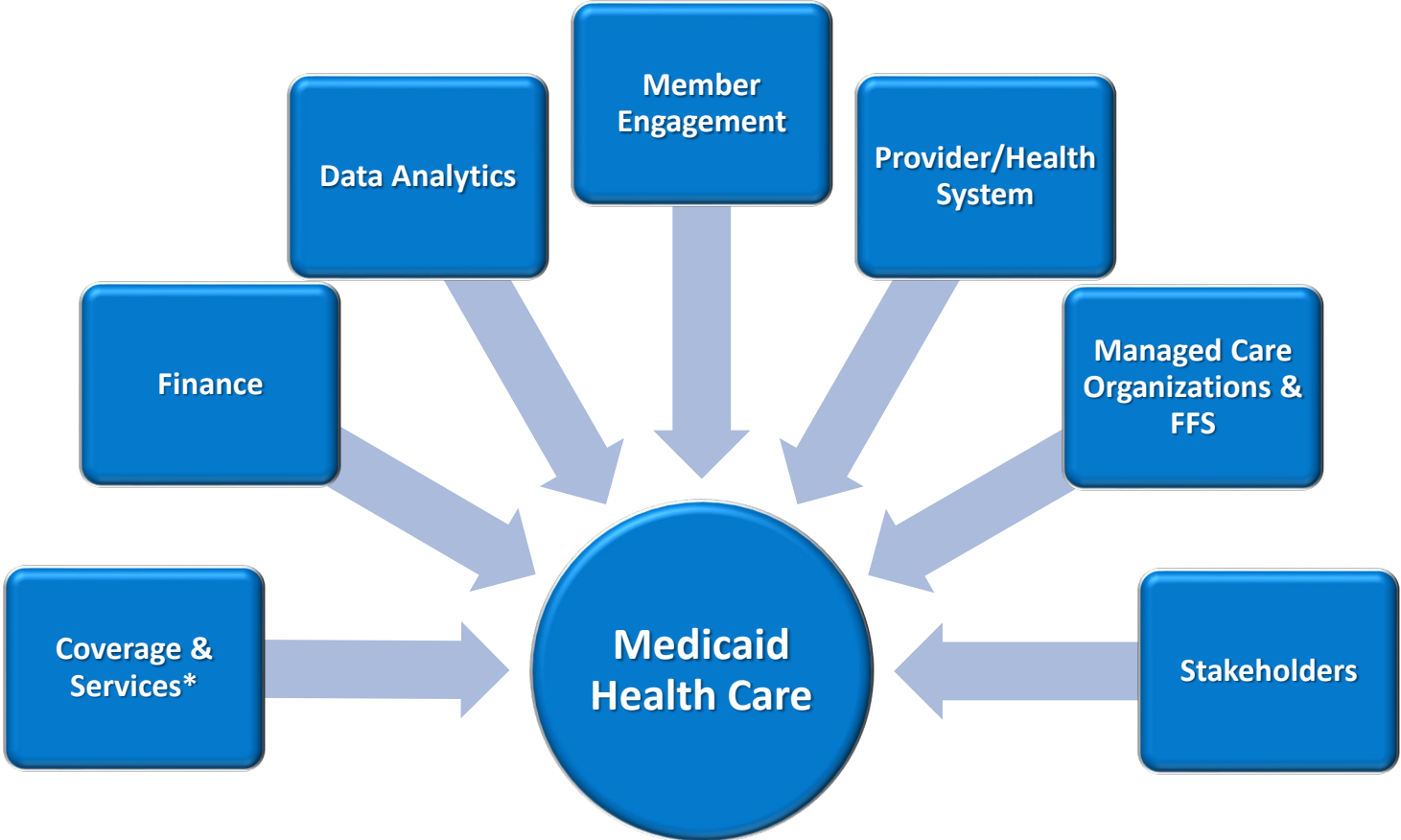
Accountability

R

Results

Virginia Medicaid Ecosystem

Seven levers are involved in Virginia Medicaid health care



* Requires Federal and state authority and funding

Program Eligibility

- Medicaid Eligibility policy is administered by DMAS and eligibility determinations are handled through the Local Departments of Social Services (LDSS).
- DMAS also operates Cover Virginia center.
- Eligibility for health coverage is based on income plus other factors. Individuals may qualify for coverage based on other things like age or disability.
- MAGI covered groups income limits example:

Medicaid for adults age 19-64

Medicaid for Adults age 19-64 Up to 138% FPL		
Household size	Yearly	Monthly
1	\$20,783	\$1,732
2	\$28,208	\$2,351
3	\$35,632	\$2,970
4	\$43,056	\$3,588
5	\$50,481	\$4,207
6	\$57,905	\$4,826
7	\$65,330	\$5,445
8	\$72,754	\$6,063
Each additional	\$7,425	\$619

**Includes 5% FPL Disregard
2024 Income Guidelines as of January 17, 2024*

Who Do We Cover?

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



791,757
Children



772,281
Adults



186,633
Limited Benefits
Individuals



138,516
Individuals with
Disabilities



89,234
Older
Adults



39,472
Pregnant &
Postpartum

Children

Children birth to 21 years of age

Foster Care

Children with Special Needs

Children in Crisis



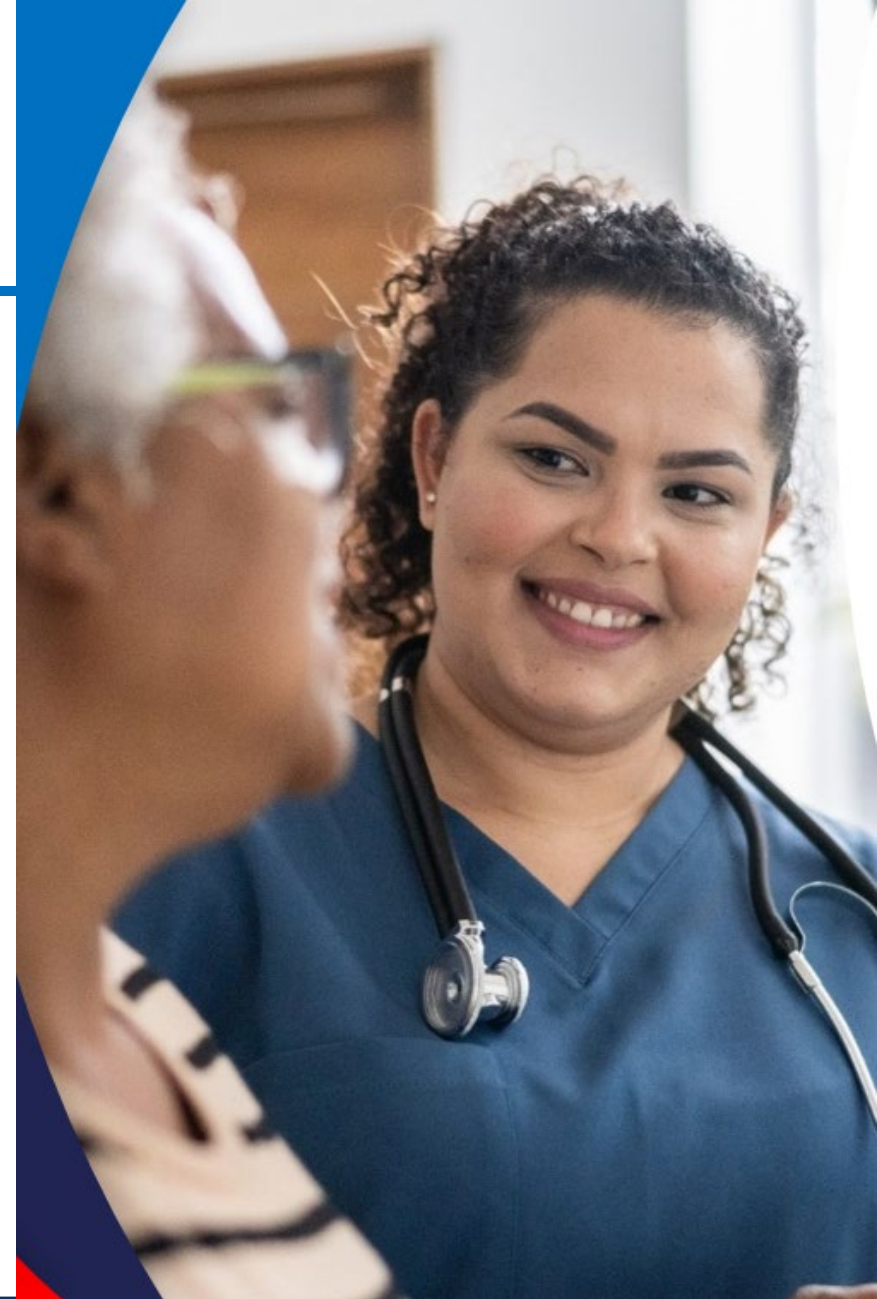
Adults

Up to 138% FPL Gross Income
(\$20,783)

Behavioral Health and Substance Use
Needs

Prevention Services

Complex and Specialty Care



Individuals with Disabilities and Older Adults



Specialized Care Nursing Facilities and
Value Based Purchasing

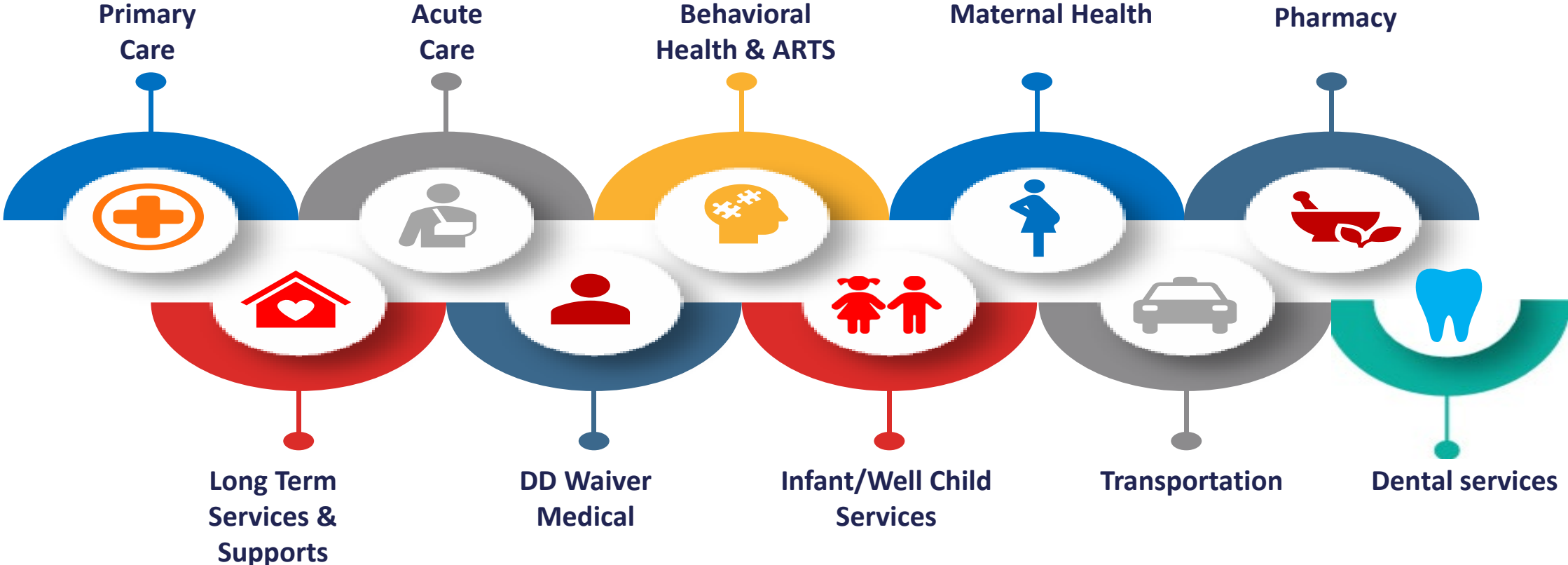
Home & Community-Based Services
and ID/DD Waiver Services

Program of All-Inclusive Care (PACE)

Limited Benefits

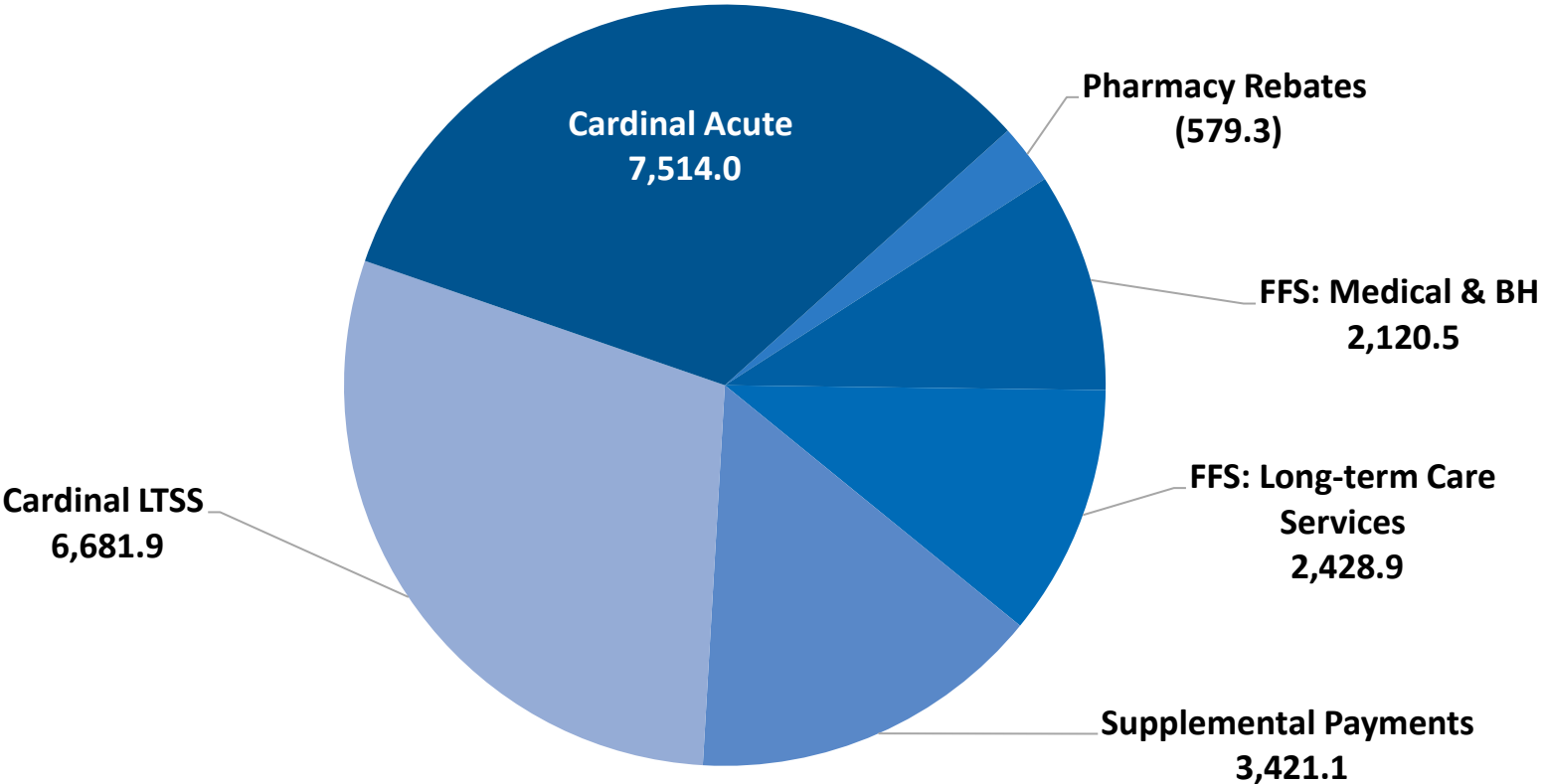


Virginia Medicaid Covered Services



Title XIX: FY24 Actual Expenditures by Category *In Millions*

FY24 Actual Expenditures



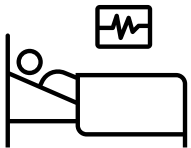
SFY 2019 – SFY2023 Medicaid Expenditures by Region

Expenditures by Region	Expenditures SFY 2019	Expenditures SFY 2020	Expenditures SFY 2021	Expenditures SFY 2022	Expenditures SFY 2023
Total Expenditures	\$10,822,091,679	\$13,113,820,165	\$14,820,790,420	\$16,736,834,470	\$19,979,502,454
Central	\$2,829,100,192	\$3,462,964,102	\$3,910,397,683	\$4,425,024,159	\$5,282,413,269
Charlottesville Western	\$1,426,744,737	\$1,687,044,661	\$1,941,846,237	\$2,170,230,769	\$2,540,407,612
Northern and Winchester	\$2,154,508,328	\$2,624,554,141	\$3,015,183,834	\$3,498,112,379	\$4,318,287,451
Roanoke and Alleghany	\$1,215,601,175	\$1,469,643,505	\$1,632,728,407	\$1,789,384,957	\$2,108,101,895
Southwest	\$793,289,374	\$911,701,287	\$1,029,686,150	\$1,113,644,294	\$1,280,480,362
Tidewater	\$2,402,847,873	\$2,957,912,470	\$3,290,948,110	\$3,740,437,913	\$4,449,811,865

The total value of Medicaid expenditures for hospital, medical and other health services

The Role of Medicaid's \$28 Billion in Virginia's Economy

Medicaid directly supports thousands of health care providers throughout the Commonwealth including:



Hospitals



Doctors and Medical Staff



Caregivers



Nursing Facilities and Group Homes



Behavioral Health and Other Providers



Dental Providers

DMAS Accountability System Overview

External Finance Review Committee
(EFRC)

General Assembly Reports

HHR Accountability Reports

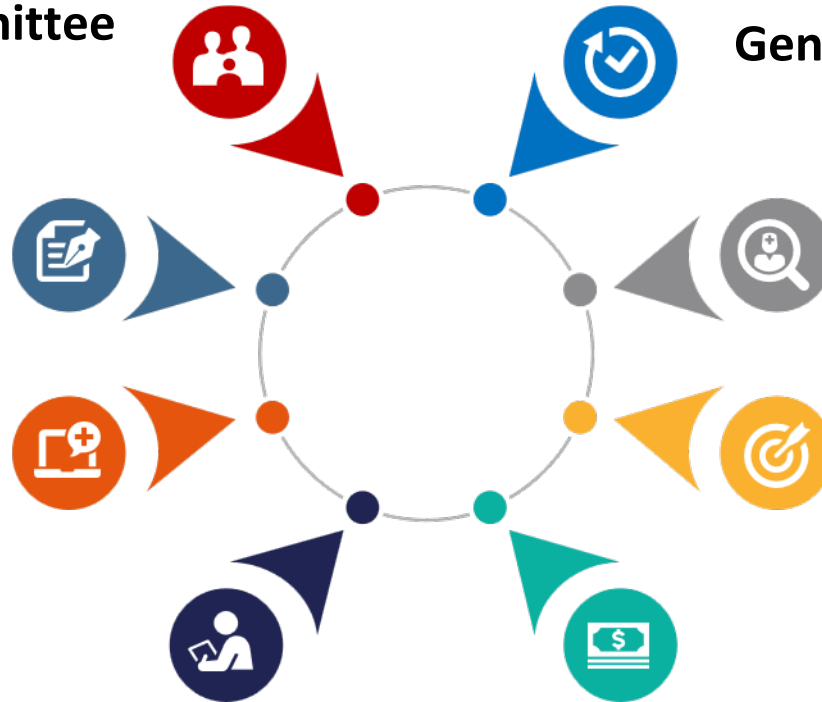
Internal Audit

Independent Evaluations

MCO 360° Performance
Accountability Reviews
and Compliance

Program Integrity

Financial Audits





Cardinal Care Managed Care

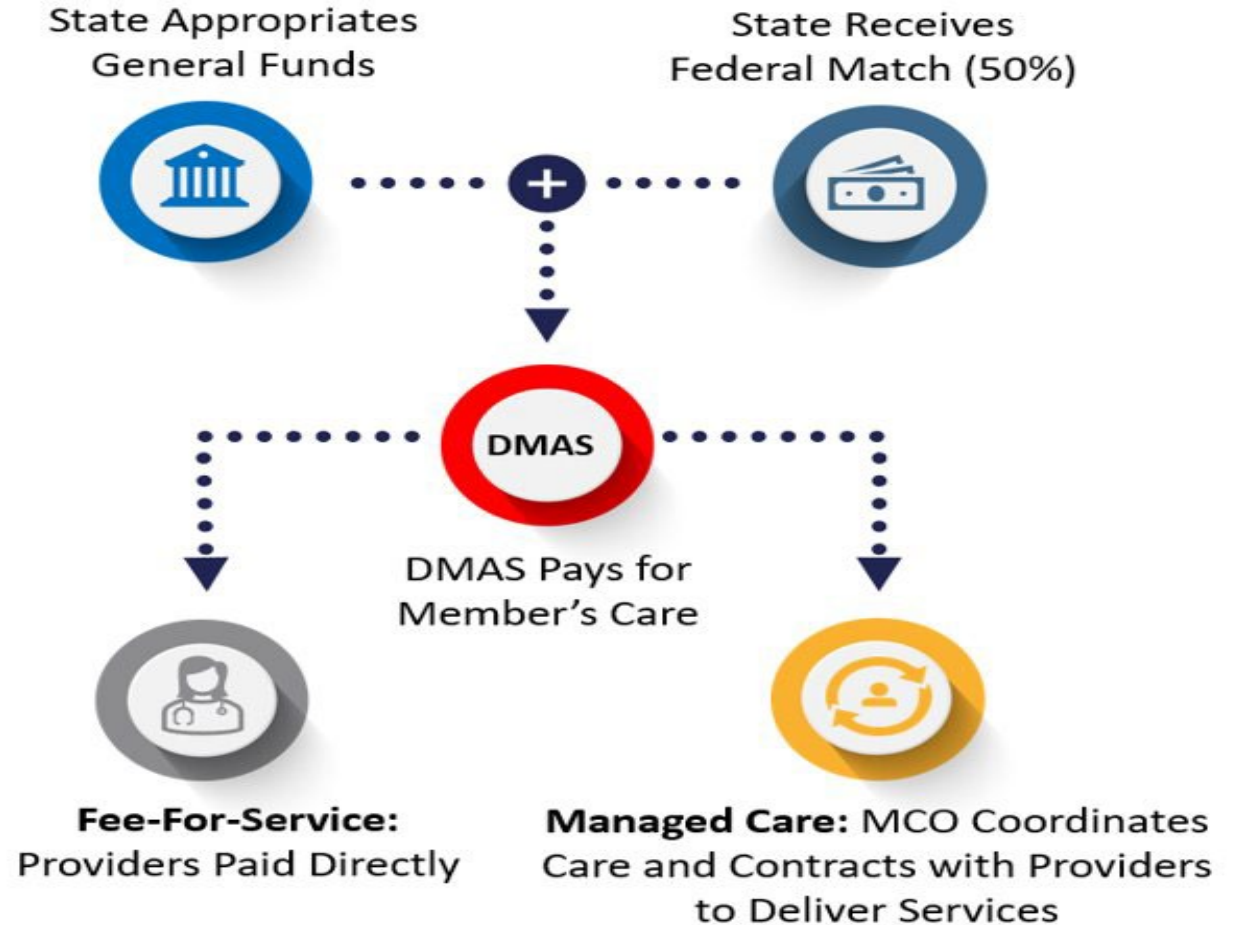
Virginia Medicaid is Cardinal Care

Cardinal Care is DMAS' program name that includes all health coverage programs for all Medicaid members served through managed care and fee-for-service delivery systems



Delivery System

Managed care serves 89% of our members through five accredited health plans



What is Managed Care?

- Managed Care is a health care delivery system organized to manage care, cost, utilization, and quality.
- A Managed Care Organization (MCO) is a health plan with a group of doctors and other providers working together to give health and other services to its members.
- The MCO covers all Medicaid services, including doctor visits, behavioral health services, nursing facility services and “waiver” services for community-based long-term care.
- MCOs are paid a single per member/per month capitation rate that is actuarially sound.

Cardinal Care Regional Map



Southwest

Roanoke/Alleghany

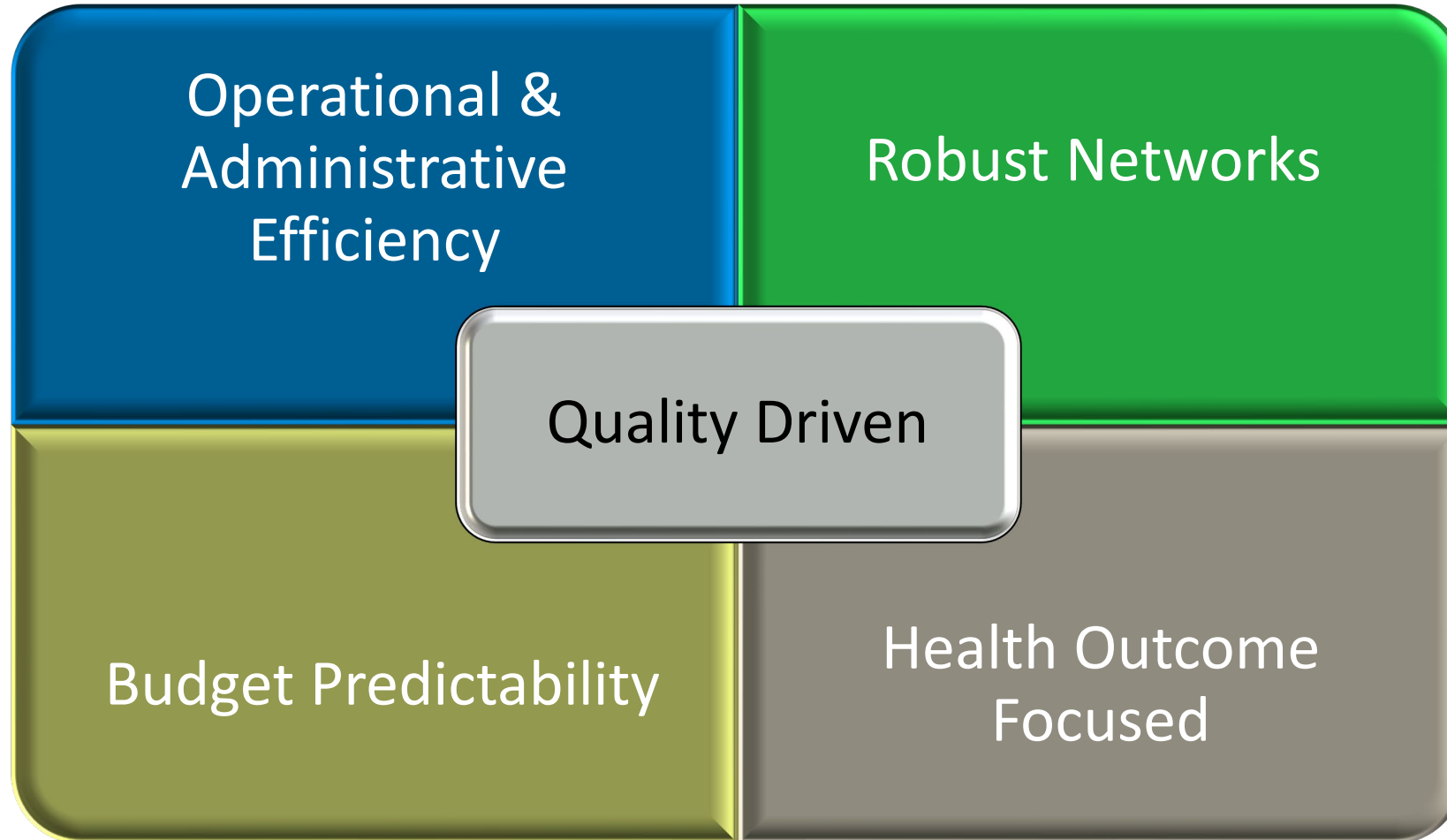
Western/Charlottesville

Northern/Winchester

Central

Tidewater

Benefits of Managed Care Delivery System



Efficiencies and Best Practices



Advantages of Managed Care

- ✓ Focuses on **quality of care** for individuals
- ✓ Offers a network of **high-quality providers**
- ✓ Health plans offer **enhanced benefits**
- ✓ Health plans provide **comprehensive** health coverage and focus on **prevention**
- ✓ Provides **financial stability**

Cardinal Care Managed Care Background

- The Cardinal Care Managed Care program provides comprehensive health care services for 1.8 million Virginians receiving Medicaid and CHIP through five contracted health plans.
- DMAS is taking a bold approach to improve the Cardinal Care Managed Care program with three steps:
 - Defined the transformation goals for the program.
 - Created Cardinal Care Managed Care – A consolidation of the two programs formerly known as Commonwealth Coordinated Care Plus and Medallion 4.0.
 - Reprourement and implementation of the enhanced Cardinal Care Managed Care delivery system.

Cardinal Care Managed Care Improvements



Single MCO Contract and
Single CMS 1915(b) Managed
Care Waiver



Preserves Continuity of
Managed Care
Enrollment



Comprehensive
Model of Care



Aligned Regional
Open Enrollment



Enhanced
Accountability &
Oversight



Cardinal Care Branding,
Communications, and
Consolidated Enrollment
Broker Website

Cardinal Care Road Map

2021-2023 Cardinal Care Timeline

DMAS's strategy to achieve these legislative directives was implemented in phases, while working closely with the Centers for Medicare and Medicaid Services (CMS) to receive federal approval to consolidate the two managed care waivers and contracts

Sept 2023

DMAS received approval from CMS to consolidate the Medallion 4.0 and CCC Plus programs under Cardinal Care Managed Care waiver – effective October 1, 2023

July 2021

As part of the 2021 Appropriations Act, DMAS was directed to merge the two managed care programs, Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus)

Jan 2023

Rebrand as Cardinal Care Cardinal Care, DMAS' program name that includes all Medicaid, and FAMIS members served through both the managed care and fee-for-service delivery systems

Oct 2023

Medallion 4.0 and CCC Plus programs are consolidated under Cardinal Care

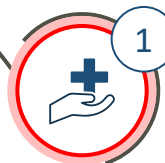
2024

The new Cardinal Care Managed Care Program will drive innovation and strengthen quality and accountability



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

10 Top Goals of Cardinal Care Managed Care Program



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



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



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



4 Strengthen provider access and availability



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



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

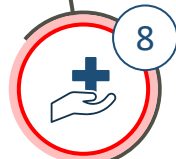
10 Top Goals of Cardinal Care Managed Care Program



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



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



Drive innovation and operational excellence with a focus on data analytics

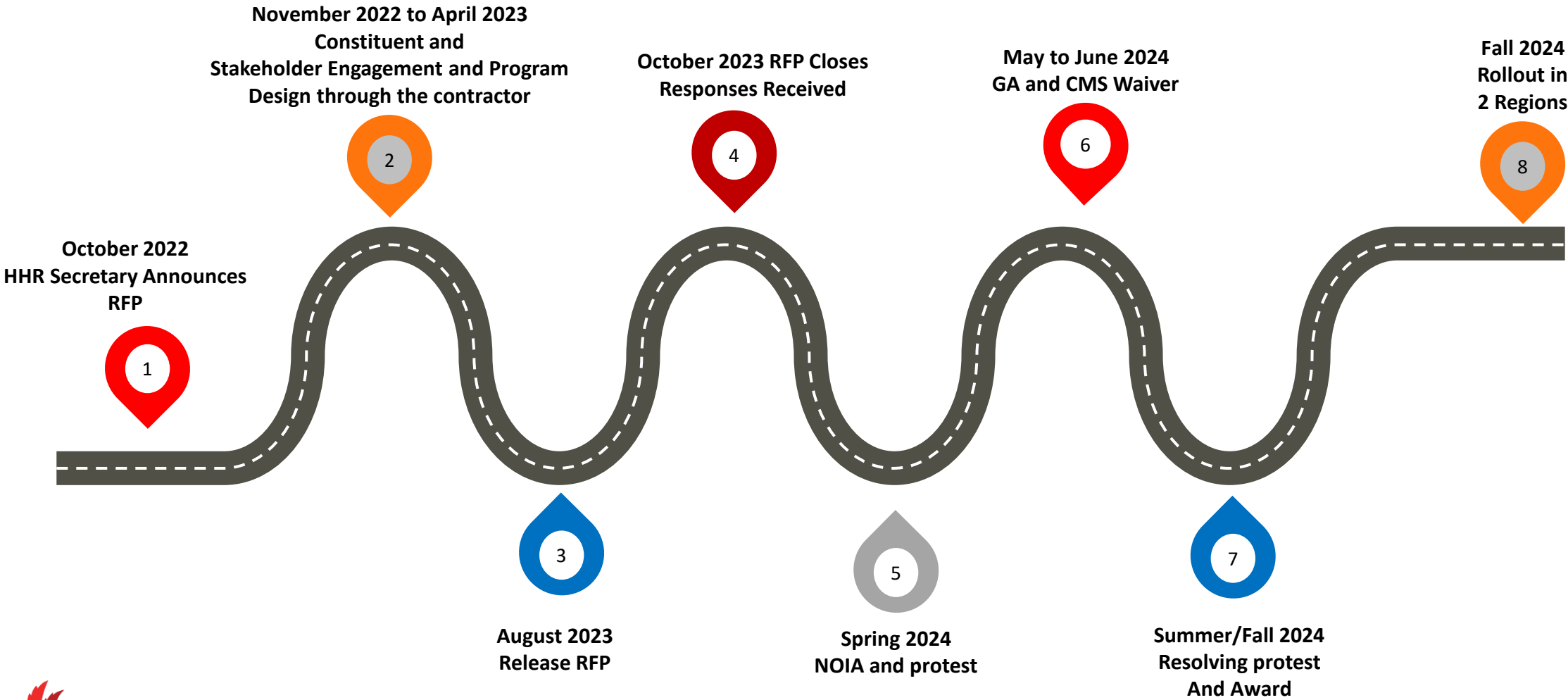


Expand Virginia's MCO fiscal oversight, including MCO profit tiering



Increase MCO reporting, compliance monitoring, and oversight

Cardinal Care Managed Care Procurement Milestones



Cardinal Care Managed Care Preparation for Implementation Activities





Current Medicaid Initiatives

DMAS is Member Focused

DMAS listens, learns, and evaluates to improve the program

DMAS is committed to improving

- Coverage Process
- Education and Information
- Services – Accessible and Available
 - Provider Networks
 - Support Services
- Member's ability to choose plans, services and providers





Behavioral Health Services Redesign

Right Help, Right Now



Six Pillars of Governor Youngkin’s Right Help, Right Now Plan

An aligned approach to BH that provides access to **timely, effective, and community-based care** to reduce the burden of mental health needs, developmental disabilities, and substance use disorders on Virginians and their families

1: We must strive to ensure **same-day care for individuals experiencing behavioral health crises**

2: We must **relieve the law enforcement communities’ burden** while providing care and **reduce the criminalization of behavioral health**

3: We must **develop more capacity** throughout the system, going beyond hospitals, especially to enhance community-based services

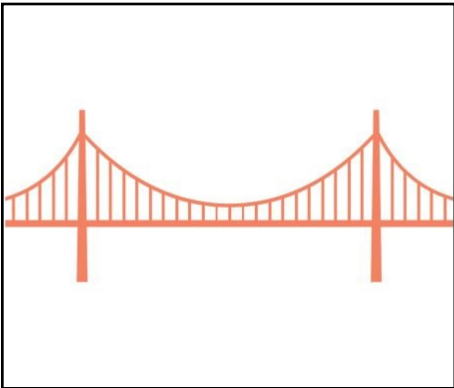
4: We must **provide targeted support for substance use disorder (SUD)** and efforts to prevent overdose

5: We must **make the behavioral health workforce a priority**, particularly in underserved communities

6: We must **identify service innovations and best practices** in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps

Initiatives to redesign adult (Pillar 3) and youth (Pillar 6) Medicaid services arose in two Pillars

Medicaid Behavioral Health Services Redesign Priorities



Strengthen the evidence-based, trauma-informed service continuum for youth and adults



Promote earlier intervention and increase access through tiered service design



Design services for Virginia's managed care service delivery system and multipayer system



Integrate workforce priorities and workforce supports into service design and implementation

Maternal and Child Health



Virginia Medicaid Maternal Health & Outcomes

As Virginia Medicaid covers 1/3 of births, investing in maternal health and adopting best evidence-based practices in the perinatal and postpartum period can prevent many of the common causes of pregnancy-related morbidity and improved family and community health

- Pregnancy-related morbidity disparities are greatest among African American women and women in the Tidewater, and Roanoke/ Alleghany regions
 - Highest pre-term and low-birth weight babies
 - Highest Emergency Room (ER) utilization postpartum
- Majority of Virginia Medicaid maternal deaths occur **after** childbirth, with common causes including:
 - Cardiovascular Disease
 - Sepsis/Infection
 - Hemorrhage
 - Hypertensive Disorders
 - Thrombotic Pulmonary Embolism
 - Behavioral Health and Substance Use Disorder

Snapshot of Actions to Connect the Dots on Enhancing Maternal Care

Reviewing Virginia and national data and programs to inform policies and programs

Launching the Ask Aspirin campaign to combat cardiac comorbidities

Working with the provider community on improving care and extended hours

Working with hospitals to add the postpartum visit discussion on hospital discharge checklist

New enhanced materials and communications to members

Participating in Governor's Maternal team, task force and National Governor's Association learning opportunity with VDH



Oral Health



- *Cardinal Care Smiles* (formerly Smiles for Children) is Virginia's Medicaid dental program
- *Cardinal Care Smiles* provides comprehensive benefits for children, pregnant members and adults ages 21 and older
- *Cardinal Care Smiles* is currently administered by DentaQuest

Program Goals



- Prevention and Education
- Emphasize oral health as an integral part of overall health
- Innovative strategies to improve utilization and access to care through member, provider, and stakeholder outreach

A Health Body Starts With A Healthy Mouth

IMPACTS BEYOND THE MOUTH

Growing evidence connects a healthy mouth with a healthy body. Here are some examples showing why oral health is about much more than a smile:

High Blood Pressure

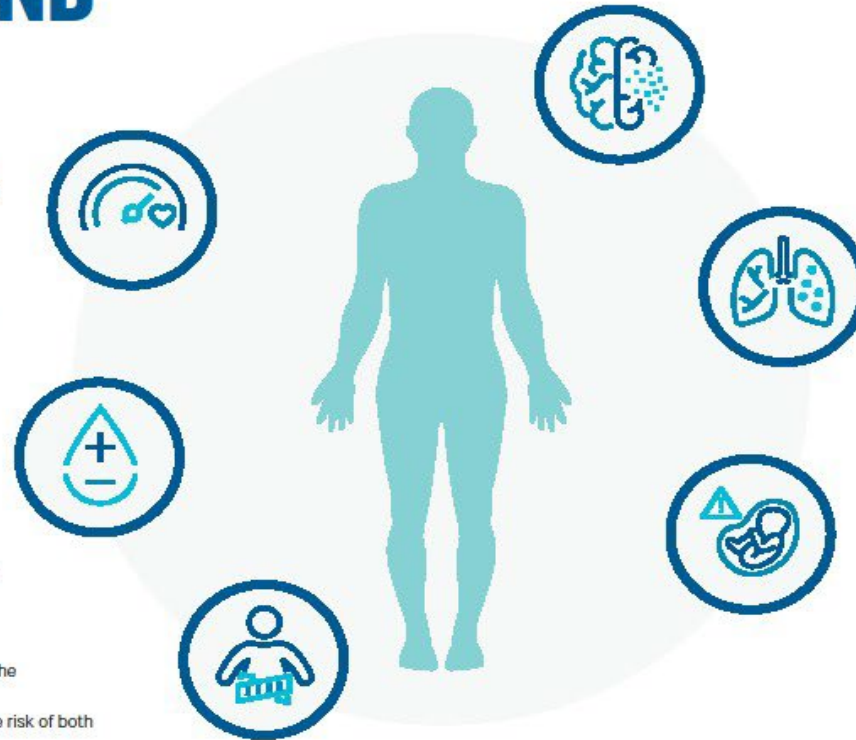
- Putting off dental care during early adulthood is linked to an increased risk of having high blood pressure.¹
- Patients with gum disease are less likely to keep their blood pressure under control with medication than are those with good oral health.²

Diabetes

- Untreated gum disease makes it harder for people with diabetes to manage their blood glucose levels.³
- Diabetes raises the risk of developing gum disease by 86%.⁴

Obesity

- Brushing teeth no more than once per day was linked with the development of obesity.⁵
- Frequent consumption of sugar-sweetened drinks raises the risk of both obesity⁶ and tooth decay among children⁷ and adults.⁸



Dementia

- Having 10 years of chronic gum disease (periodontitis) was associated with a higher risk of developing Alzheimer's disease.⁹
- Researchers report that uncontrolled periodontal disease "could trigger or exacerbate" the neuroinflammatory phenomenon seen in Alzheimer's disease.¹⁰

Respiratory Health

- Research shows that improving oral hygiene among medically fragile seniors can reduce the death rate from aspiration pneumonia.¹¹
- Patients with ventilator-associated pneumonia (VAP) who engaged in regular toothbrushing spent significantly less time on mechanical ventilation than other VAP patients.¹²
- Improving veterans' oral hygiene reduced the incidence of hospital-acquired pneumonia (HAP) by 92%, preventing about 136 HAP cases and saving 24 lives.¹³

Adverse Birth Outcomes

- Gum disease among pregnant women is associated with preterm births, low birthweight babies and preeclampsia, a pregnancy complication that can cause organ damage and can be fatal.¹⁴

DentaQuest.
Partnership
for Oral Health Advancement

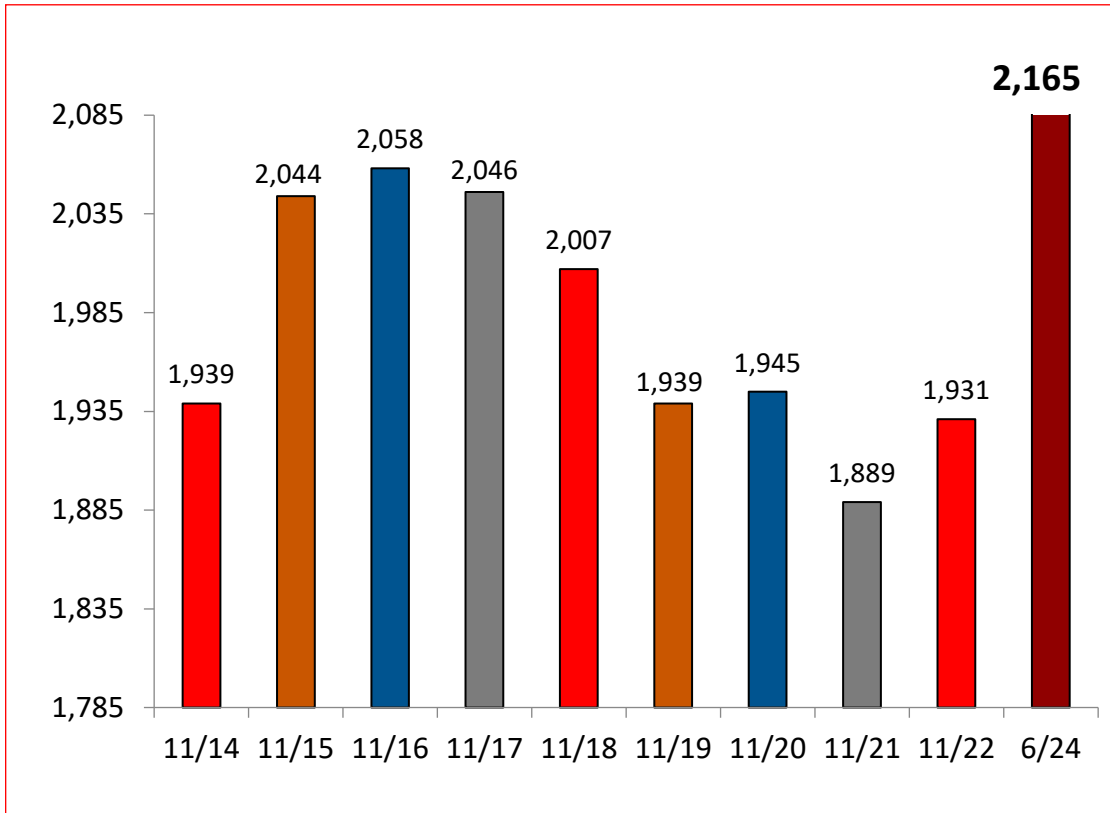
SOURCES

1. Oneskovic, NM et al. (2017). Oral health status and longitudinal cardiometabolic risk in a national sample of young adults. *Journal of the American Dental Association*, 148(12), 930-935.
2. Pietropoli D, et al. Poor Oral Health and Blood Pressure Control among US Hypertensive Adults: Results from the National Health and Nutrition Examination Survey 2009 to 2014. *Hypertension*. 2018 Dec; 72(6): 1365-1373. Müller F. Oral Hygiene Reduces the Mortality from Aspiration Pneumonia in Frail Elders. *Journal of Dental Research*. 2016 Mar; 94(3 Suppl): 145-165.
3. Preshaw FM, Bissett SM. Periodontitis and diabetes. *British Dental Journal*. 2019; 227:577-584. Teare WJ, et al. Effect of periodontal treatment on glycemic control of diabetic patients: A systematic review and meta-analysis. *Diabetes Care*. 2010 Feb; 33(2): 421-422.
4. Baranowski MJ, et al. Diabetes in dental practice-review of literature. *Journal of Education, Health and Sport*. 2019; 9(2): 264-274.
5. Furuta M, et al. (2020). Longitudinal associations of toothbrushing with obesity and hyperglycemia. *Journal of Epidemiology, JE20190165*.
6. Luger M, et al. Sugar-Sweetened Beverages and Weight Gain in Children and Adults: A Systematic Review from 2013 to 2016 and a Comparison with Previous Studies. *Obesity Facts*. 2017; 10(6): 674-693.
7. Bleich SN, Vercammen KA. The negative impact of sugar-sweetened beverages on children's health: an update of the literature. *BMC Obesity*. 2018; 5(6).
8. Barnabè E, et al. Sugar-sweetened beverages and dental caries in adults: a 4-year prospective study. *Journal of Dentistry*. 2014; 42(9): 962-968.
9. Chen CK, et al. (2017). Association between chronic periodontitis and the risk of Alzheimer's disease: a retrospective, population-based, matched-cohort study. *Alzheimer's Research & Therapy*. 9(1), 66.
10. Teixeira FB, et al. Periodontitis and Alzheimer's Disease: A Possible Comorbidity between Oral Chronic Inflammatory Condition and Neuroinflammation. *Frontiers in Aging Neuroscience*. 2017 Oct; 9:327.
11. Müller F. Oral Hygiene Reduces the Mortality from Aspiration Pneumonia in Frail Elders. *Journal of Dental Research*. 2016 Mar; 94(3 Suppl): 145-165.
12. de Lacerda Vidal CF, et al. Impact of oral hygiene involving toothbrushing versus chlorhexidine in the prevention of ventilator-associated pneumonia: a randomized study. *BMC Infectious Diseases*. 2017 Feb 23; 17(1): 173.
13. Munro S, Baker Q. Reducing missed oral care opportunities to prevent non-ventilator associated hospital acquired pneumonia at the Department of Veterans Affairs. *Applied Nursing Research*. 2018; 44: 48-53.
14. Daalderop LA, et al. Periodontal Disease and Pregnancy Outcomes Overview of Systematic Reviews. *Journal of Dental Research Clinical and Translational Research*. 2018; 30(3): 10-27.

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Provider Participation



7/15/2024	
Files with Incomplete/Missing Documentation	5
Application Aging	
	Complete Applications in Process
0-15 days	14
16-30 days	5
31-59 days	0
60 and over	0
Total providers processed CY2024 and added to network 1/1/2024 to 7/14/2024	
	133

As of July 31, 2024, **2,165** dentists are participating in the program:

- This represents approximately 28% of Virginia licensed dentists
- 38% of the states practicing dentists participate in the program



DMAS' New Website and Dashboards



DMAS' New Website and Dashboards



Department of Medical Assistance Services

An official website of the Commonwealth of Virginia [Here's how you know](#) ▾



Virginia Medicaid

Applicants ▾

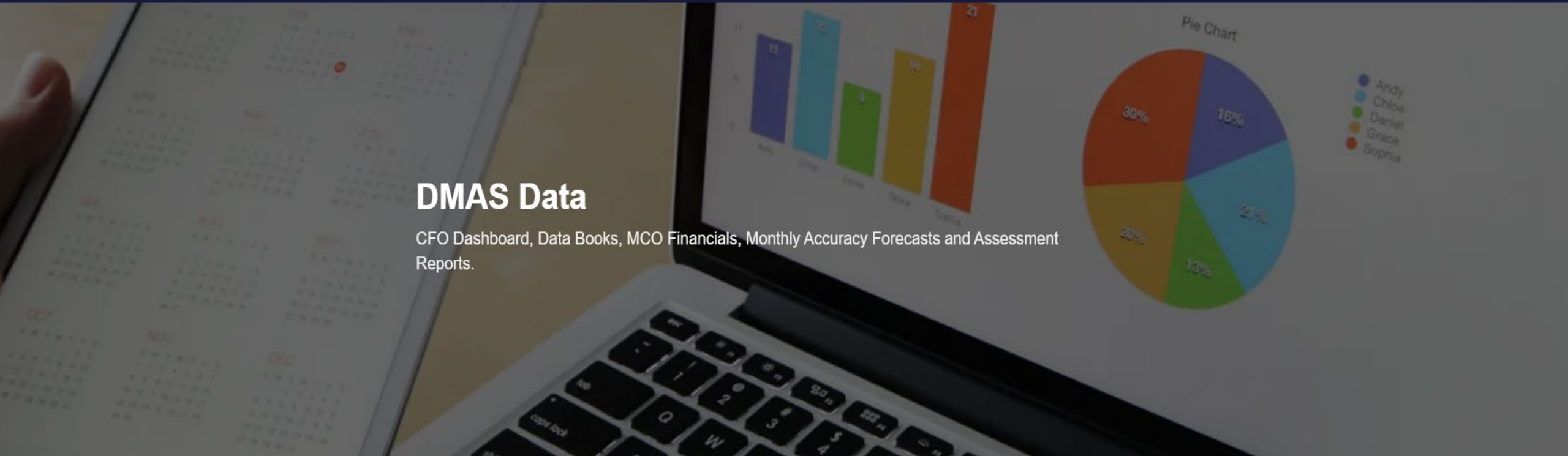
Members ▾

Providers ▾

Appeals ▾

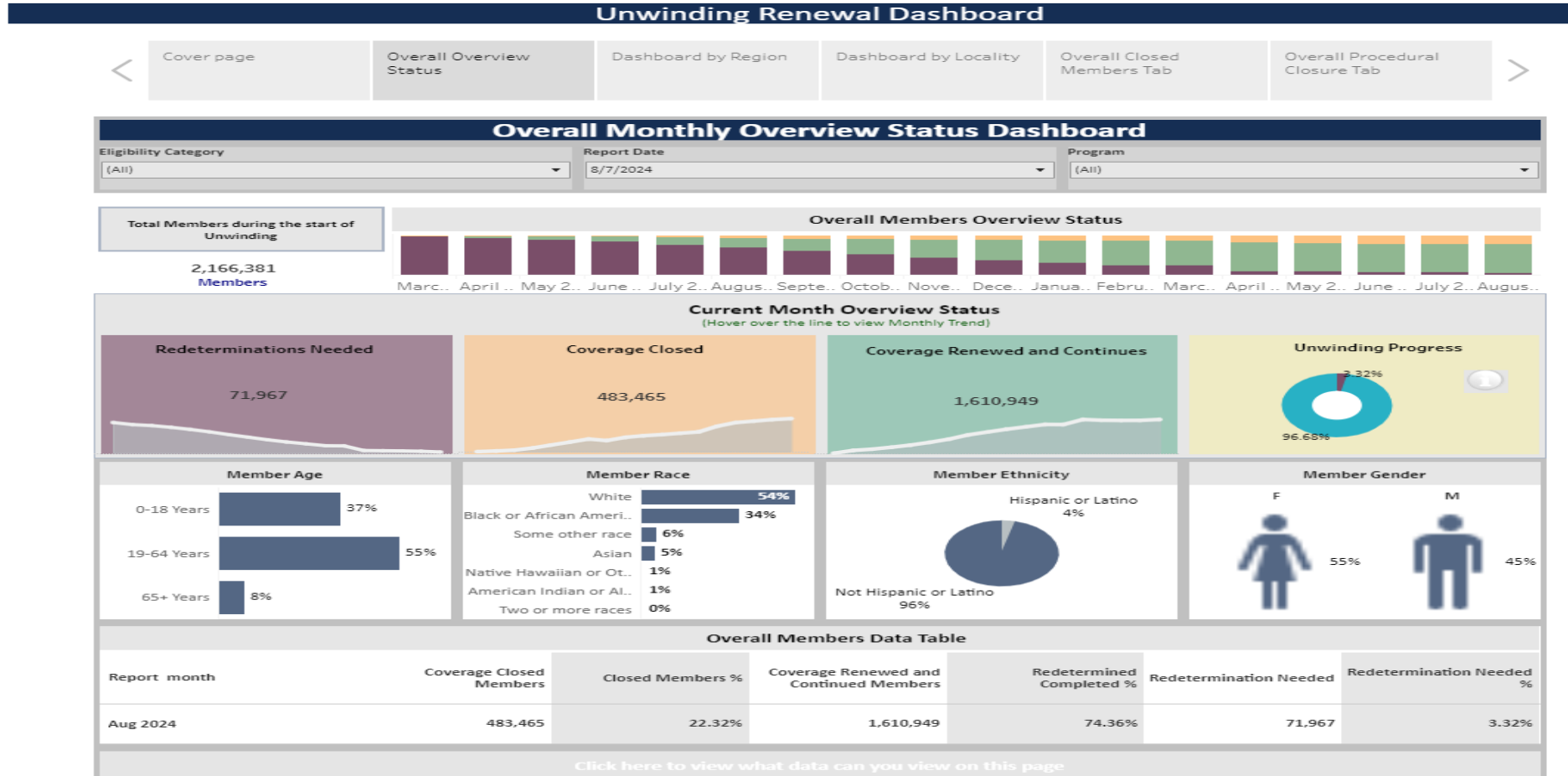
Data ▾

About Us ▾



Eligibility Redetermination Tracker

The Eligibility Redetermination Tracker displays Virginia Medicaid's overall unwinding status.



Monthly Expenditure Reports of the Medicaid Program

[Monthly Expenditures](#)
[Year-to-Date Expenditures](#)
[Footnotes and Definitions](#)

Medicaid Monthly Expenditures

Selecting either Base Medicaid (Non-Expansion Members) or Medicaid Expansion Members in the Member Type filter below will display that selection only. The Member Type unselected will display None for the Month and Year below.

Member Type
Service Category

June 2024
Total Expenditures
\$1,473,057,124

June 2024
Base Medicaid Expenditures
\$999,041,644

June 2024
Medicaid Expansion Expenditures
\$474,015,480

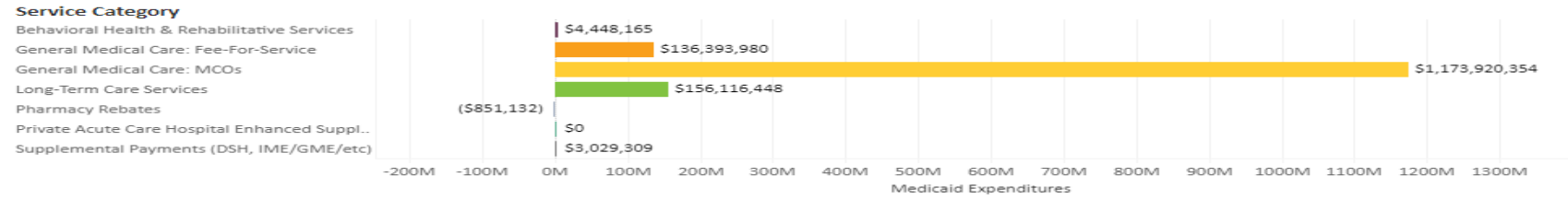
Monthly Expenditures

Select a month below to display additional detail



Expenditures by Service Category and Detailed Service Category

Select (+) next to Service Category to display additional details

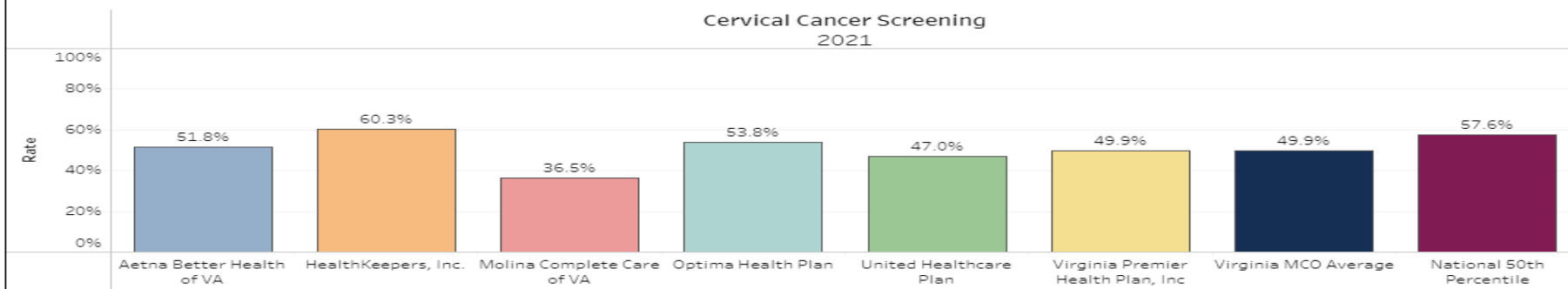


HEDIS Dashboard – Preventive Care for Adults

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

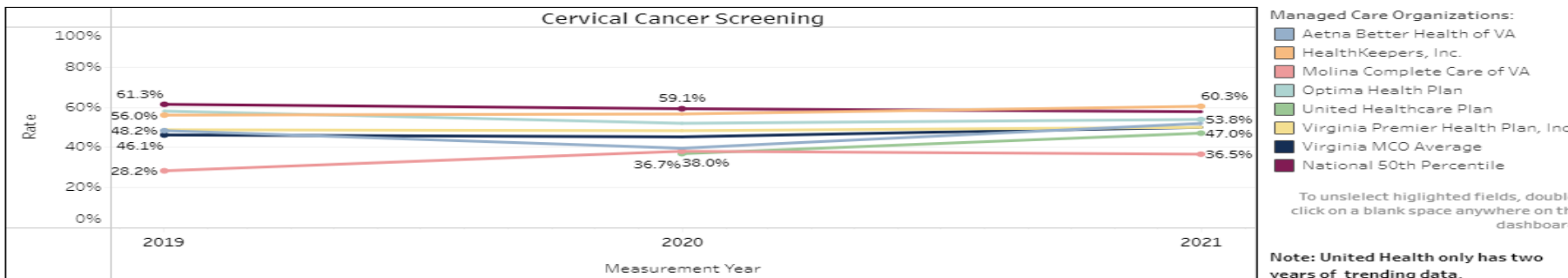
Measure Name (Select from Dropdown below):
 Cervical Cancer Screening

Category: Preventive Care for Adults



Measure Definition:

The percentage of women 21–64 years of age who had cervical cytology performed within the last 3 years, women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years, or women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed within the last 5 years.



DMAS Dashboard

Profile of Medicaid Members Receiving Behavioral Health Services

State Fiscal Year 2025

Last update: August 4, 2024

Select Period of Service ⓘ

Select Program

Select Behavioral Health Service ⓘ

Select Member Age Group

State Fiscal Year 2025

(All)

(All)

(All)

Total Amount Paid

\$31,889,993

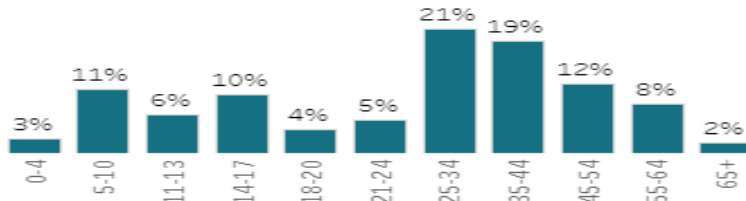
Average Amount Paid Per Member Receiving Services

\$556

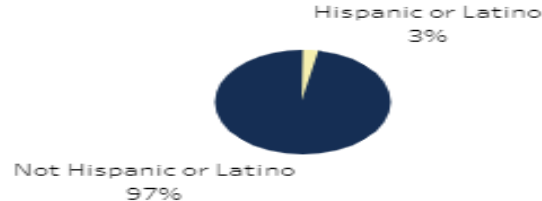
Total Members Receiving Services

57,333

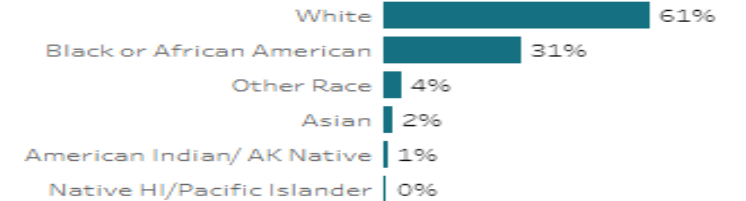
Percent of Members Receiving Services by Age Group



Percent of Members Receiving Services by Ethnicity



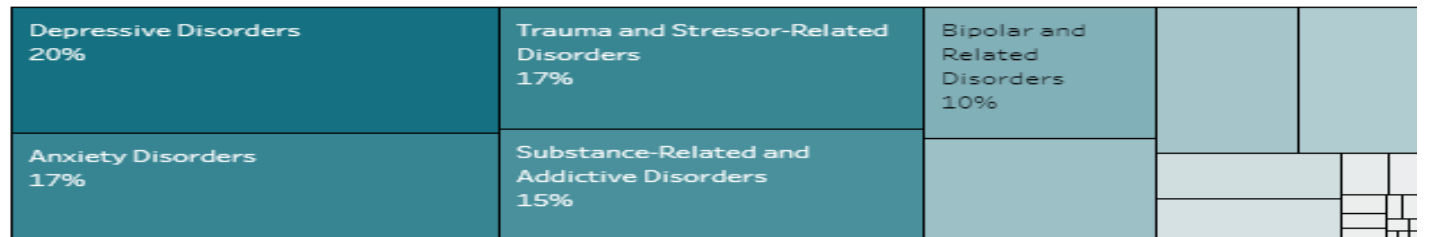
Percent of Members Receiving Services by Race



Percent of Members Receiving Services by Gender



Percent of Members Receiving Services by Primary Diagnosis





DMAS Leadership



DMAS Executive Leadership Team



Cheryl Roberts
Agency Director



Ivory Banks
Chief of Staff



Adrienne Fegans
Deputy for Programs
& Operations



Chris Gordon
Chief Financial Officer



Sarah Hatton
Deputy for
Administration



John Kissel
Deputy for
Technology &
Innovation



Jeff Lunardi
Chief Deputy Director



Rich Rosendahl
Chief Analytics Officer



Dr. Lisa Price-Stevens
Chief Medical Officer



Tammy Whitlock
Deputy for Complex
Care

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Thank You!

