Overview of DMAS Budget Provisions: Introduced Budget

Presentation to the House Appropriations Committee

Dr. Gregg Pane, Director Department of Medical Assistance Services January 17, 2011

Utilization & Inflation: Medicaid Forecast

Medicaid Forecast Drivers:

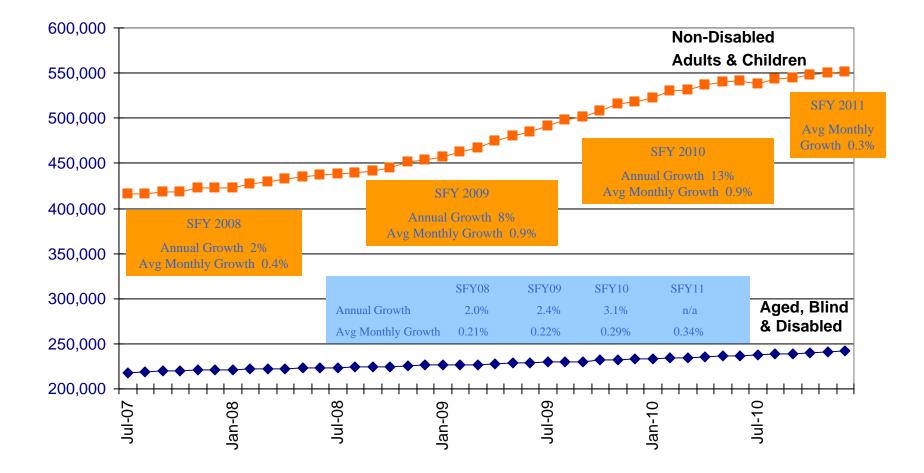
- > MCO Capitation Payments
 - FY 2011 actual rate increases were not as high as expected
 - FY 2012 projected rate increases slightly lower than assumed last year

	Funds in Millions		
	GF	NGF	Total
FY2011	(\$87.6)	\$376.6	\$289.0
FY2012	\$157.1	\$135.2	\$292.3

- > Personal Care Services (Agency & Consumer-Directed)
 - Strong growth is continuing; projection has been revised upward from last year
- > Mental Health Rehabilitative Services
 - While policy initiatives have significantly curtailed the growth, expenditures were higher than projected in FY 2010, setting the base for FY 2011 and FY 2012 at a higher level
- > Medicare Part D "Clawback" Payments
 - \$86 million savings associated with the ARRA adjustment were assumed in FY 2011; however \$62 million of those savings were actually realized in FY 2010
 - Increase in the "clawback" amount for CY 2011 was lower than expected
- > Medicare Part A/B Premiums
 - Estimated rate increases for CY 2011 and CY 2012 have been revised upwards

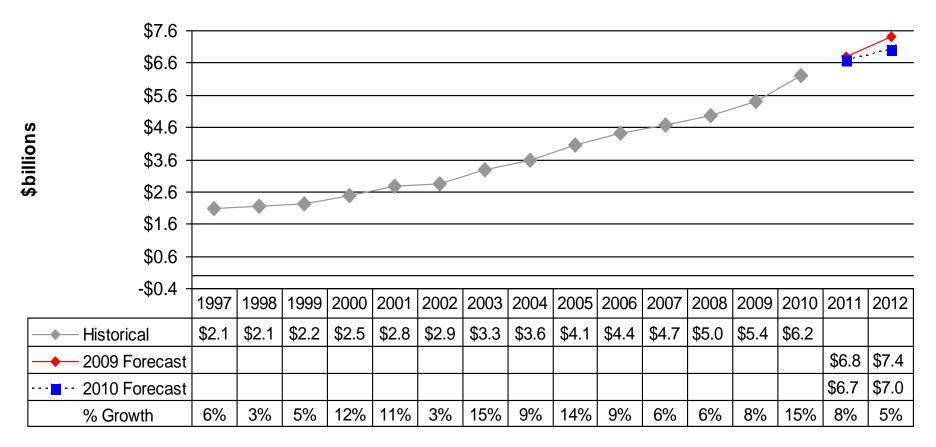
Medicaid Enrollment Trends

> Enrollment is still growing but at a slower rate



Utilization & Inflation: Medicaid Forecast

Historical and Projected Expenditures for General Medicaid, Long-Term Care and Mental Health Services (\$billions)



% Growth reflects annual growth of historical expenditures and the 2010 forecast.

Utilization & Inflation: Other Forecasts

FAMIS/CHIP Expenditure Forecast:

- Enrollment has increased, but not to the level previously projected
- Lower projections in capitation payment rate increases reduces funding need for this program as well

	Funds in Millions		
	GF	NGF	Total
FY2011	(\$12.6)	(\$24.4)	(\$37.0)
FY2012	\$5.0	\$8.4	\$13.4

TDO Funding:

 The forecast reduction is driven an increase in the number of same day or next day TDOs

	Funds in Millions		
	GF	GF NGF Tota	
FY2011	(\$0.9)	\$0	(\$0.9)
FY2012	(\$0.9)	\$0	(\$0.9)

Health Information Technology (HIT)

	Funds in Millions			
Funding for:		GF	NGF	Total
Design, development and implementation of an on-line, real-time automated Medicaid	FY2011	\$1.6	\$7.9	\$9.5
eligibility determination system	FY2012	\$4.3	\$31.2	\$35.5

- Design, development and implementation of linking existing VDH and DCLS systems to the new Health Information Exchange
- Medicaid participation in use of electronic health records (EHR)
- Cost of implementing and administering the federally-funded grants to providers for adoption of electronic health records

Benefits include:

- Quality and cost improvement from use of electronic health records
- On-line eligibility avoids cost to prepare local DSS offices for influx of up to 400,000 new recipients in 2014
- Relatively small investment of state funds allows health care providers in Virginia to receive \$200 to \$300 million in federal grants for implementation of EHR

Care Coordination Expansion

Expand principles of care		Fun GF	ds in Millior NGF	ns Total
coordination to all services, populations, and regions	FY2011 FY2012	\$0 (\$3.5)	\$0 (\$3.5)	\$0 (\$6.9)
Southwest Virginia expansion			Jul 201	1
Foster care children in Richmond City		Jul 2011		1
EDCD waiver members		Oct 2011		1
HCBC waiver members – for medical care		Jan 2012		2
Behavioral health services		Jan 2012		2
Dually eligible members			Apr 201	2
>ID waiver members		July 20	12	

Program Integrity Efforts

- Require independent assessments for selected children's community mental health services
- > Fund increased audits, data mining activities, and appeals caseload
- Fund administrative costs associated with federally-mandated Recovery Audit Contractor program

	Funds in Millions		
	GF	NGF	Total
FY2011	\$0	\$0	\$0
FY2012	(\$6.3)	(\$6.2)	(\$12.5)

Agency Management Initiatives

- Authorize emergency regulations to implement paperless claims submission and electronic funds transfer payment requirements
- Fund mandatory HIPAA transaction and code set upgrades for the MMIS
- Outsource the Provider/Recipient Call Center

	Funds in Millions			
	GF NGF Total			
FY2011	\$0.7	\$4.7	\$5.5	
FY2012	\$1.1	\$6.0	\$7.1	

Program Funding Changes

- > 275 ID Waiver slots (\$9.8m GF)
- Funding to reduce operating rate decrease for nursing facilities (\$5.0m GF)
- Funding for freestanding children's hospitals (\$1.0m GF)

- Reduce the nursing facility capital floor (-\$2.4m GF)
- Further increase the pharmacy network discount (-\$1.4m GF)
- Reduce rates for residential services for children (-\$0.4m GF)
- Implement a provider assessment for ICF/MRs (-\$8.5m GF)

Provider Rate Reductions Included in 2010 Appropriation Act

	SFY 2012		
	Total Funds	GF	
Reimburse long-stay hospitals at their average Medicaid costs	(\$1,044,204)	(\$522,102)	
Reduce inpatient hospital rates by 4%	(\$48,328,528)	(\$24,164,264)	
Reduce inpatient hospital capital rates by 4%	(\$5,299,070)	(\$2,649,535)	
Reduce outpatient hospital rates by 4%	(\$21,604,678)	(\$10,802,339)	
Reduce payment rates to out-of-state hospitals	(\$5,930,580)	(\$2,965,290)	
Reduce indigent care at teaching hospitals	(\$7,100,000)	(\$7,100,000)	
Reduce LTC waiver rates by 5%	(\$35,922,570)	(\$17,961,285)	
Reduce hours for respite care from 720/yr to 240/yr	(\$42,477,892)	(\$21,238,946)	
Reduce the annual limit for EM/AT from \$5,000 to \$3,000	(\$1,250,612)	(\$625,306)	
Reduce dispensing fee by \$0.25 to \$3.50	(\$1,047,158)	(\$523,579)	
Increase network discount from AWP-10.25% to AWP-13.1%	(\$1,854,000)	(\$927,000)	
NF Reductions	(\$32,668,122)	(\$16,334,061)	
Reduce rates for therapeutic day treatment services by 4%	(\$4,507,210)	(\$2,253,605)	
Reduce PRTF rates by 4%	(\$3,971,600)	(\$1,985,800)	
Reduce practitioner fees by 4%	(\$29,428,550)	(\$14,714,275)	
Reduce dental fees by 4%	(\$4,669,680)	(\$2,334,840)	
Eliminate coverage of services provided by podiatrists	(\$975,000)	(\$487,500)	
Retention of school revenue maximization funds	\$0	(\$592,869)	
Provider Rate Reduction Subtotal	(\$248,079,454)	(\$128,182,596)	