

Medicaid Expansion Provider Preparations

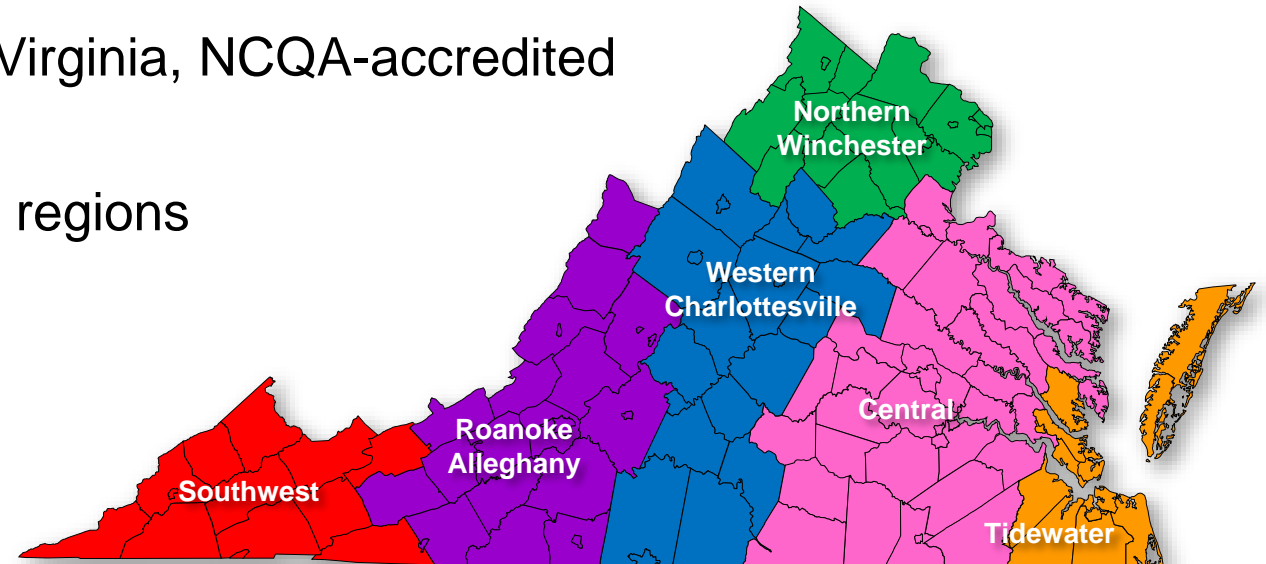
Linda Hines RN, MS, MBA

Chief Executive Officer

Virginia Premier Health Plan

About Us

- We are the only university-based, non-profit Managed Care Organization in the Commonwealth
- We are the second largest Medicaid MCO in Virginia
- We serve 218,114 members
- We cover about 145,000 children (nearly 1 in 4 receiving Managed Care Medicaid)
- We have 1,360 active pediatricians in our network
- We partner with VCU Health to serve 6,000 Virginia Coordinated Care members
- We are one of the top-ranked plans in Virginia, NCQA-accredited since 2007
- We offer health plan coverage in all six regions



Current Lines of Business

Medicaid	Medicare	Business Services
Medallion 3.0/4.0, Family Access to Medical Insurance Security Plan (FAMIS)	Virginia Premier Advantage Elite Health Maintenance Organization Dual Eligible Special Needs Plans (HMO D-SNP)	Virginia Premier Advisors
Commonwealth Coordinated Care Plus (MLTSS)	Virginia Premier Advantage Gold (HMO)	Virginia Coordinated Care (VCC)
Virginia Premier CompleteCare (VPCC)*	Virginia Premier Advantage Platinum (HMO)	Virginia Premier Neighborhood Health Center
214,083 Members**	4,031 Members	

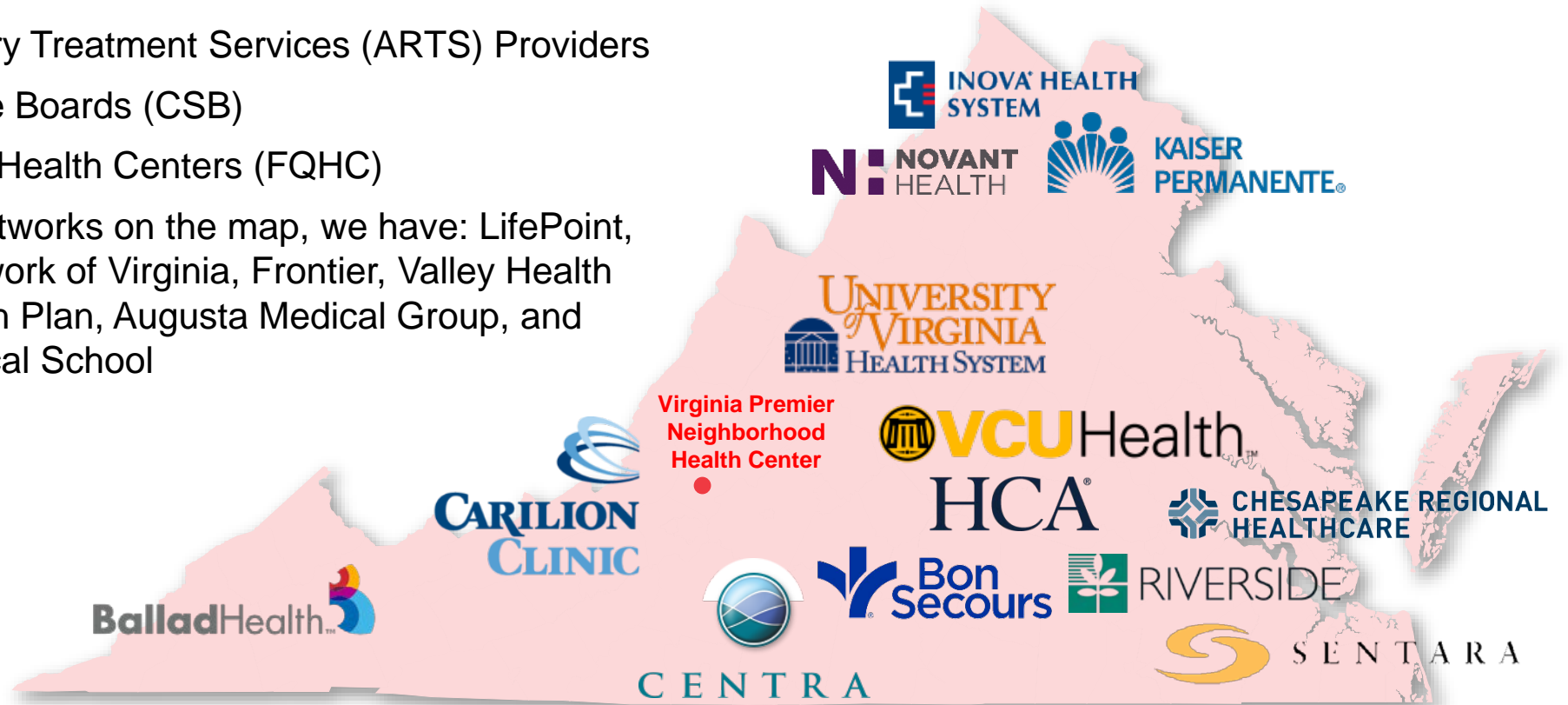
*Ended on December 2018

** As of September 2018

Virginia Premier's Medicaid Network

Virginia Premier's Medicaid network consists of:

- 77 Acute Care Facilities
- 2,875 Primary Care Providers (PCP)
- 16,520 Specialists
- 232 Addiction Recovery Treatment Services (ARTS) Providers
- 40 Community Service Boards (CSB)
- 139 Federal Qualified Health Centers (FQHC)
- In addition to those networks on the map, we have: LifePoint, Community Care Network of Virginia, Frontier, Valley Health Systems, Valley Health Plan, Augusta Medical Group, and Eastern Virginia Medical School



Maintaining Adequacy

- Virginia Premier has been vigilant about increasing availability in some of the most important areas to include obstetrics, critical care/acute care hospitals, pediatricians, pharmacy, and outpatient mental health
- Virginia Premier has a vigorous Network Adequacy monitoring process
 - Adequacy ran weekly against DMAS requirements
 - Provider Services and Contracting team actively recruits to close identified gaps
 - Partner with DMAS on recruiting challenges
- Virginia Premier monitors open and closed panels for contracted providers
 - Incentives offered to encourage open panels

Primary Care Physicians (PCP) Open/Closed Panel % for Member Assignment

Panel Type	Medallion PCP Count	% of Total
Closed	494	14%
Open	3,008	86%
Grand Total	3,502	100%

Panel Type	MLTSS PCP Count	% of Total
Closed	495	15%
Open	2,865	85%
Grand Total	3,360	100%

Maintaining Adequacy

- As identified in the table below, Virginia Premier has been effective at contracting with providers and creating network adequacy in historically challenging counties for member coverage within the Commonwealth of Virginia

Count of PROVIDER/PI	Column Labels																		
Row Labels	Assistive Technology Only	DME	Environmental Modifications	PERS	Service Facilitation	Skilled Nursing/Congregate Nursing/Congregate Respite Nursing	Transportation	Home Health	Personal/Respite Care	Crisis Intervention	Crisis Stabilization	Intensive Community Treatment	Intensive In-Home	Mental Health Skill-building Services	Peer Support Services, Individual Mental Health	Peer Support Services, Group Mental Health	Behavioral Therapy	Mental Health Case Management	Transition Coordination
ALBEMARLE	64	78	3	6	8	29	13	58	88	19	23	13	37	66	9	9	14	16	6
BEDFORD CO.	117	130	3	7	10	22	12	62	113	23	32	12	64	91	8	8	8	15	6
CAMPBELL	78	91	3	6	7	10	10	45	93	21	27	12	58	80	8	8	7	16	6
DICKENSON	82	108	3	7	9	23	23	64	59	4	6	1	28	45	2	2	7	5	6
EMPORIA	64	78	3	5	9	12	15	37	79	25	35	3	69	105	16	16	7	19	6
FAUQUIER	74	88	8	6	10	17	12	79	73	9	9	2	53	75	2	2	12	11	6
HOPEWELL	67	82	3	6	14	13	15	53	85	23	41	3	116	155	13	13	13	14	6
LYNCHBURG	66	86	3	6	9	12	19	35	71	23	32	12	70	94	10	10	21	15	6
STAFFORD	72	87	4	5	10	18	16	91	102	13	21	11	55	79	3	3	28	14	6
SUFFOLK	65	85	4	5	11	38	9	132	144	14	23	8	106	129	7	7	17	10	6

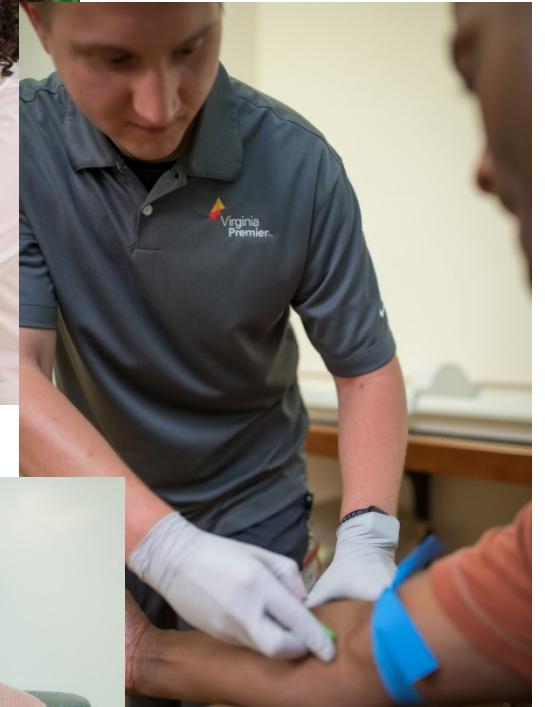
Maintaining Adequacy

When areas of adequacy challenges have arisen, Virginia Premier has piloted innovative relationships to meet our member's needs.

- Frontier Health: incentives for health outcomes in an effort to integrate behavioral health and primary care in the Southwest, VA region. This involved embedding a primary care provider along with care coordination, to link individuals with serious mental illness (SMI) to primary care

Neighborhood Health Center Impact

- Due to the volume of underserved in the Roanoke Region, Virginia Premier opened Neighborhood Health Center to increase capacity for our membership
- Recently expanded to service behavioral health, addiction medicine, and obstetric services
- Currently only health plan with plan owned office based opioid treatment



Expansion Provider Engagement Strategy

- Providers are the primary way we touch the lives of our members
- We continuously refine and improve our recruitment strategies, knowing that our network is our most important asset
- Working to recruit, educate, and assist all free clinics throughout the state as they transition into Medicaid Expansion
- In providing health care across Virginia, Virginia Premier has developed a deep understanding of each region's strengths and challenges for provider recruitment
- Our provider engagement strategy includes implementing an engagement committee focused on improving the overall provider experience and touch points



Expansion Provider Engagement Strategy



- Conducting town hall meetings, in conjunction with DMAS, local associations, and other health plans to engage and educate providers
- Deploying regionally-based managers and PSRs to engage providers
- Identify and target areas of concern in regional expansion through evaluation of membership location and scope of service
- Current challenges include lack of specific provider types in rural areas and reluctance from large systems(i.e. Inova)
- Providing technology to reduce administrative burdens to providers (electronic authorizations, claim status, claim submission, and member eligibility)

For providers interested in joining the Virginia Premier Health Plan network, please utilize our website virginiapremier.com or call 800-727-7536

Expansion Provider Engagement Strategy



- Maintaining provider relationships
- Value-based payments
- Contracts with Community Service Boards (CSBs)
- Contracts with Substance Use providers
- 30-Day Continuity of Care Period
- Collaborating with providers in border states

Credentialing & Re-credentialing

Our Credentialing Program:

- Ensures network practitioners meet the standards of professional licensure and certification
- Enables recruitment and retention of quality network providers to ensure patient safety
- Emphasizes and supports compliance with Centers for Medicare and Medicaid Services (CMS), Department of Medical Assistance Services (DMAS), the National Committee for Quality Assurance (NCAQ) standards, our policies and procedures, and any other applicable regulatory or accreditation entity's requirements and/or standards
- Providers are required to complete re-credentialing at least every three years (36 months) based on their initial credentialing date

Purpose of Credentialing & Re-credentialing

Contractual Standard for Completion:

- MCOs have up to 180 business days to complete an applicant's credentialing

Virginia Premier Standards:

- Our current average completion time is 30 business days
- It may take up to 90 business days or longer if the following occur:
 - Incomplete application submission
 - Requested documents are not received timely from the applicant
 - Time sensitive documents² are out-of-date and/or must be re-attested



² - Primary source" is the original source of a specific credential that can verify the accuracy of a qualification reported by an applicant. Examples include medical school, graduate medical education program, and state medical board.

Credentialing Action Plan

Staffing Model:

- One (1) Manager; one (1) Team Leader
- Eight (6) Credentialing Specialists

Action Plan:

- Medicaid Expansion providers vital to our network will be identified by Network Development team
- Credentialing specialists will prioritize identified Medicaid Expansion providers and initiate our Primary Source Verification procedures¹ within one (1) business day of notification
- Escalation Point of Contacts:

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¹ - Primary source" is the original source of a specific credential that can verify the accuracy of a qualification reported by an applicant. Examples include medical school, graduate medical education program, and state medical board.

Challenges but not roadblocks...

- Still working to build relationships in new markets for Virginia Premier (i.e. Kaiser Permanente, Inova, free clinics statewide)
- Increased demand for medically complex services
 - With the inclusion of additional populations and increase in behavioral health demands and covered services, some challenges exist engaging with providers new to managed care with concepts like billing, credentialing, and member eligibility
- Partnering with large networks and community providers for telehealth medicine



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