



DMAS UPDATE FOR THE JOINT SUBCOMMITTEE (HHR OVERSIGHT)

SEPTEMBER 19, 2018

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ASSISTANCE SERVICES

Agenda

- ❑ **Medicaid Expansion Implementation Status Updates**
- ❑ Cover Virginia Call Center and Central Processing Unit (CPU)
- ❑ Federally Facilitated Exchange (FFE) – Determination State Model
- ❑ Enrollment Pathways
- ❑ Enrollment Plan for Priority Populations
 - ❑ Community Services Boards (CSBs)
- ❑ Audits
- ❑ Next Steps

Status Update: Policy and Authorities

DMAS is working to ensure all State Plan Amendments (SPAs) and waivers are submitted to CMS in a timely fashion to seek proper authority for the Medicaid expansion

Submitted SPAs and Waivers

- Federal Medical Assistance Percentage (FMAP) SPA
- Health Insurance Premium Payment (HIPP) SPA
- FFS Supplemental Payment SPA (Outpatient)
- Alternative Benefit Plan (ABP) SPA
- Hospital Presumptive Eligibility SPA
- SNAP SPA and 1902(e)(14) letter
- Determination SPA
- Changes to Medicaid Application SPA
- FFS Supplemental Payment SPA (Inpatient)
- 1915(b) waiver amendments
- 1915(c) waiver amendments

Approved SPAs and Waivers

- ✓ Federal Medical Assistance Percentage (FMAP) SPA
- ✓ Health Insurance Premium Payment (HIPP) SPA
- ✓ FFS Supplemental Payment SPA (Outpatient)
- ✓ Provider Assessment (P1/P2)

Status Update: Section 1115 Waiver

DMAS is working on the Section 1115 Demonstration Waiver to seek authority from CMS for the TEEOP program and other reforms, as outlined in the 2018 Appropriations Act.

- DMAS moving forward with timeline as outlined in Appropriations Act
- Negotiations have started: Biweekly regular calls scheduled with CMS
- 30-day public comment period will open soon
 - Event details for upcoming Public Hearings will be available on the DMAS website

At the conclusion of the public comment period, DMAS will begin compiling and responding to comments as part of the Section 1115 Waiver Application

Status Update: Outreach and Communications

Strategic Communications Plan

A comprehensive strategic communications plan drives stakeholder engagement

KEY STAKEHOLDER ENGAGEMENT ACTIVITIES

**Cover VA Countdown:
100 Days to Coverage**



Preparing advocate groups through an interactive strategy session led by national communications experts

**Provider Events, including
“Medicaid Expansion:
What Providers Need to
Know”**



Engage with providers through a series of provider outreach events in regions across Virginia

**State Agency Workshops,
Live Webinars, and Fall
Advertising Campaign**



Supporting intensive, continuing outreach to state agencies, newly eligible adults, and other stakeholders

Visit www.coverva.org to access advocate resources, information on provider outreach events, a recorded webinar, and more!

Status Update: Outreach and Communications

“Medicaid Expansion: What Providers Need to Know”

September 26	<u>Richmond (HCA Chippenham Hospital)</u>
October 2	<u>Norfolk/Hampton Roads (Sentara Norfolk General Hospital)</u>
October 9	<u>Winchester (Valley Health Winchester Medical Center)</u>
October 11	<u>Tri-Cities (Southside College of Health Sciences)</u>
October 15	<u>South Hill (VCU Community Memorial Hospital)</u>
October 17	<u>Lynchburg (Centra Lynchburg General Hospital)</u>
October 18	<u>Roanoke (Virginia Tech Carilion School of Medicine)</u>
October 22	<u>Charlottesville (University of Virginia Medical Center)</u>
October 25	<u>Abingdon (Ballad Health Johnston Memorial Hospital)</u>
October 29	<u>Fairfax (Inova Center for Personalized Health)</u>
November 1	<u>Richmond (Bon Secours St. Mary's Hospital)</u>

Visit <http://www.coverva.org/providerMedEx/> for event details and to register to attend (required)

Status Update: Outreach and Communications

Sign up on the Cover Virginia Website to Receive Updates!

The screenshot shows the Cover Virginia website interface. At the top left is the logo with the text "COVER VIRGINIA Connecting Virginians to Affordable Health Insurance" and the phone number "1-855-242-8282". To the right are social media icons for Facebook, Twitter, and YouTube, along with links for "Important Tax Information | Partners | Resources". A navigation bar contains links for "Programs", "Apply", "Already Enrolled", "Marketplace", "Need Help?", "Health Plans", and "News".

A green banner in the center reads "Coming Soon: New Health Coverage for Adults" with subtext: "Beginning January 1, 2019, more adults living in Virginia will have access to quality, low cost health coverage. Eligibility is based on income, age, and household size of three making..."

A white pop-up window is centered on the screen, featuring the Cover Virginia logo and the text: "Stay Connected. Sign up here to receive the latest news and updates from Cover Virginia." Below this text is a form with an "Email Address" input field and a blue "SUBSCRIBE" button. At the bottom of the pop-up are two links: "No Thanks" and "Remind Me Later".

On the left side of the page, under "Welcome to Cover Virginia", there is introductory text: "On this website you can learn about Virginia's Medicaid and FAMIS programs for children, pregnant women, and adults. You can also get information about health insurance options available through the Family Marketplace. You can apply online, search for someone who can assist you with your application. To begin, use the screening tool on the Eligibility page to get connected to the right health care coverage for you and your family."

On the right side, a box contains the text: "The rules have changed. Check out new quality low cost health coverage options coming soon for adults."

At the bottom of the page, there is a "Health Insurance Marketplace" logo and three icons with labels: "Eligibility", "Apply", and "Renew".

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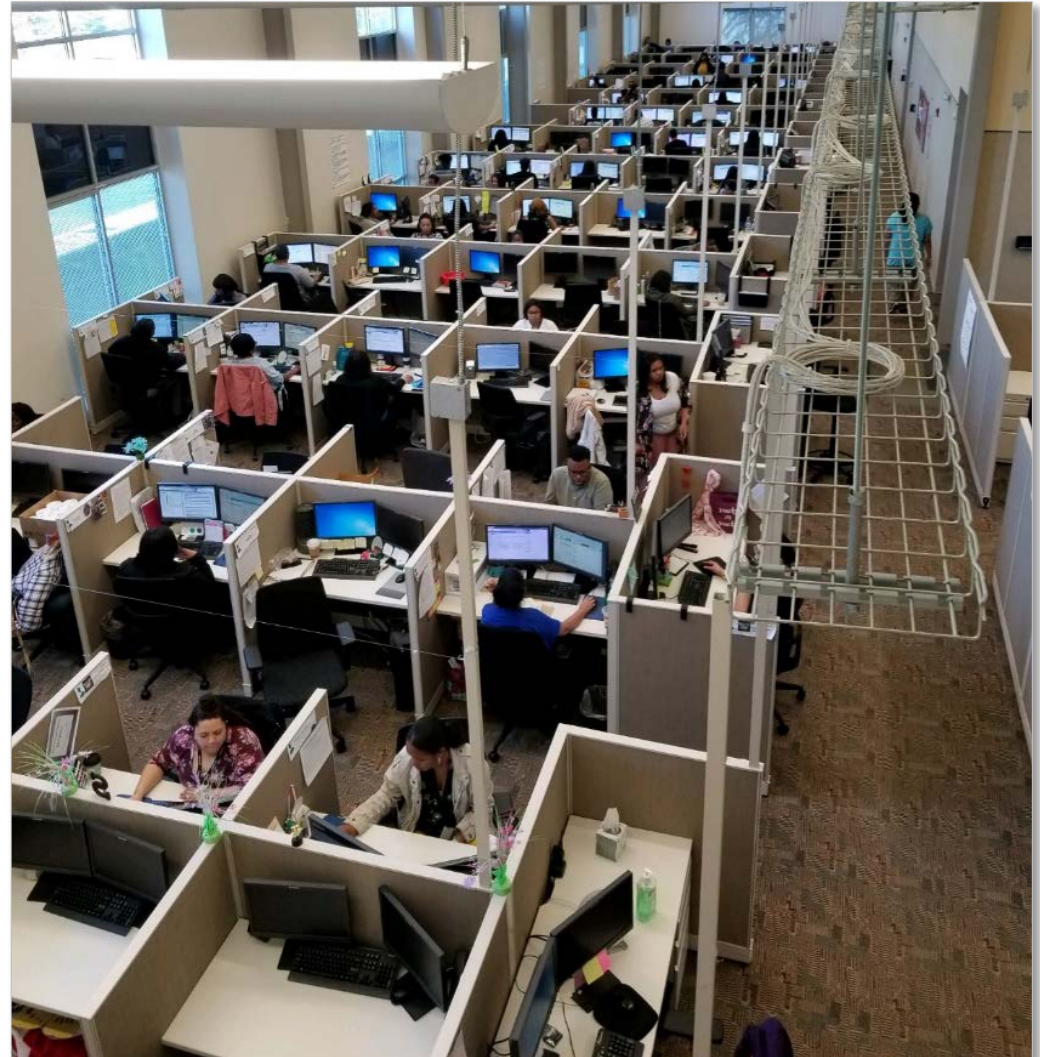
Cover Virginia has transformed over time to become a critical pathway to apply for Medicaid and CHIP/FAMIS

- Cover Virginia is contracted through Conduent (formerly Xerox)
- Cover Virginia originally started as a Call Center in 2013 to comply with the Patient Protection and Affordable Care Act (PPACA).
- Due to increased volume of applications, Cover Virginia quickly (August 2014) added a Central Processing Center (CPU) to assist LDSS with processing Medicaid Modified Adjusted Gross Income (MAGI) applications.
- Cover Virginia Call Center takes Medicaid/FAMIS applications and renewals by phone, checks applications status, and answers general Medicaid questions.
- The DSS Call Center serves the child support program and takes multiple benefit applications, including Medicaid. The DSS Call Center does not process the Medicaid applications and renewals.

Cover Virginia Functionalities

Cover Virginia has many functionalities:

- Call Center
- Eligibility Unit
- Governor's Access Plan (GAP) Unit
- Learning/Development
- Program/System staff
- Quality Assurance

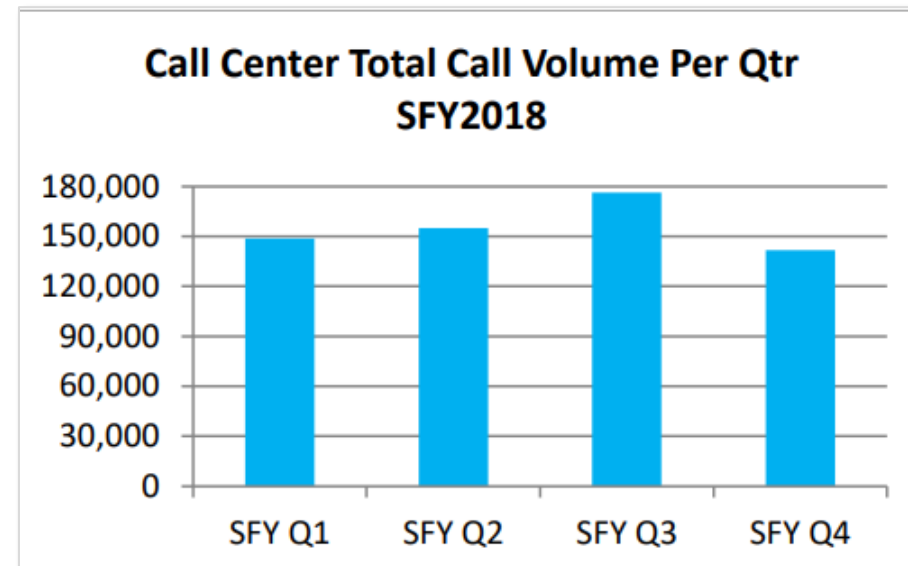


Cover Virginia

The Cover Virginia Call Center continues to successfully answer a high volume of calls quickly and with an exceptionally low abandonment rate

Cover Virginia Call Center - Performance Statistics (SFY 2018)

- **621,459** total calls received
 - **~52,000** calls per month on average
- Did not abandon more than **1.6%** of calls in any given month, which was within the contract requirement of < 5% per month
- Achieved contract requirement to **answer 90% of calls** within **90 seconds**
 - For June 2018, **answered 92.8% of calls** within **90 seconds**



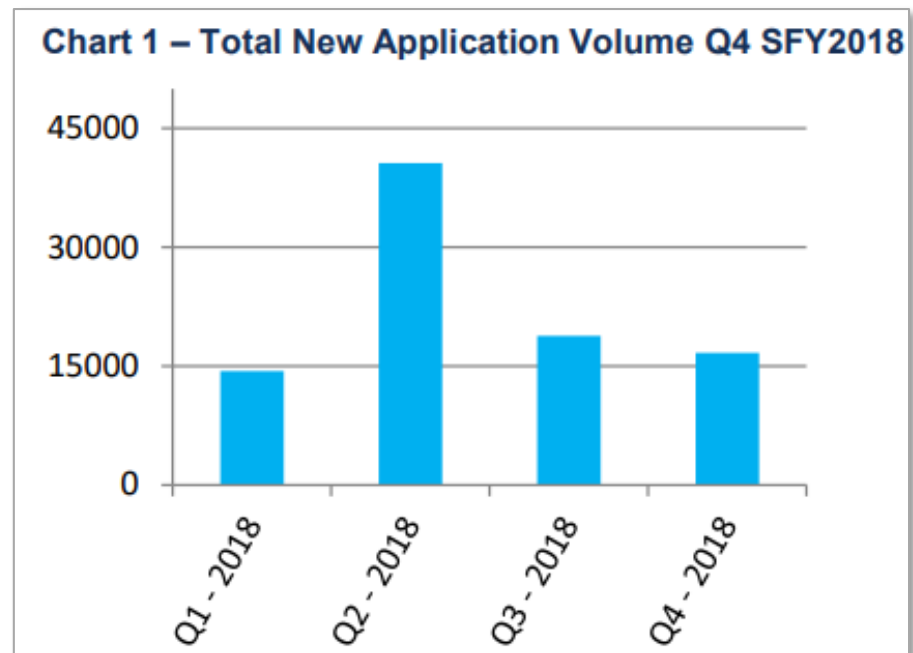
*Conduent contract requirements vary for each month. Requirement for calls received & applications processed is higher during open enrollment

Cover Virginia

The Cover Virginia CPU processes a high volume of applications received telephonically, through the federal marketplace, and through Common Help

Cover Virginia CPU - Performance Statistics (4th Quarter of SFY 2018)

- **~5,560 new applications received** per month on average in the 4th Qtr. of SFY '18
 - Cover Virginia CPU received:
 - **6,801 telephonic** applications
 - **4,730 federal marketplace** applications
 - **5,150 Common Help** applications



*Conduent contract requirements vary for each month. Requirement for calls received & applications processed is higher during open enrollment

Cover Virginia – Medicaid Expansion

Cover Virginia is preparing for Medicaid Expansion

- Cover Virginia Call Center will process streamlined enrollment applications
- Cover Virginia is responding to questions and providing information to interested Virginians on Medicaid Expansion
- Cover Virginia CPU will add a new unit for Department of Corrections and local and regional jails
 - The new unit will be the centralized unit for all incarcerated members for case management
- Started hiring additional staff and began training sessions



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Federally Facilitated Exchange (FFE)

Transition from Assessment to Determination State Model

Virginia is currently an “Assessment” State, but plans to transition to a “Determination” State Model for Medicaid applications received through the FFE

- Virginia has continued to receive a high application volume during FFE open enrollment
- As an “Assessment” State, the FFE would send Medicaid likely applications to Virginia to review and make eligibility determinations
- In some years, this resulted in months-long backlog during the open enrollment period
- By transitioning to a “Determination” State, the FFE will be able to determine Medicaid eligibility for MAGI groups using Virginia Medicaid rules
 - LDSS agencies will continue to receive applications for non-MAGI groups, including Aged, Blind, and Disabled and/or Long-Term Care individuals from the FFE. LDSS agencies will also process all annual renewals.

Federally Facilitated Exchange (FFE) Determination State Model

The Determination State Model allows the Marketplace to determine Medicaid eligibility for Modified Adjusted Gross Income (MAGI) groups based on Virginia Medicaid rules

Marketplace Determines Eligibility (Application Approved/Denied)

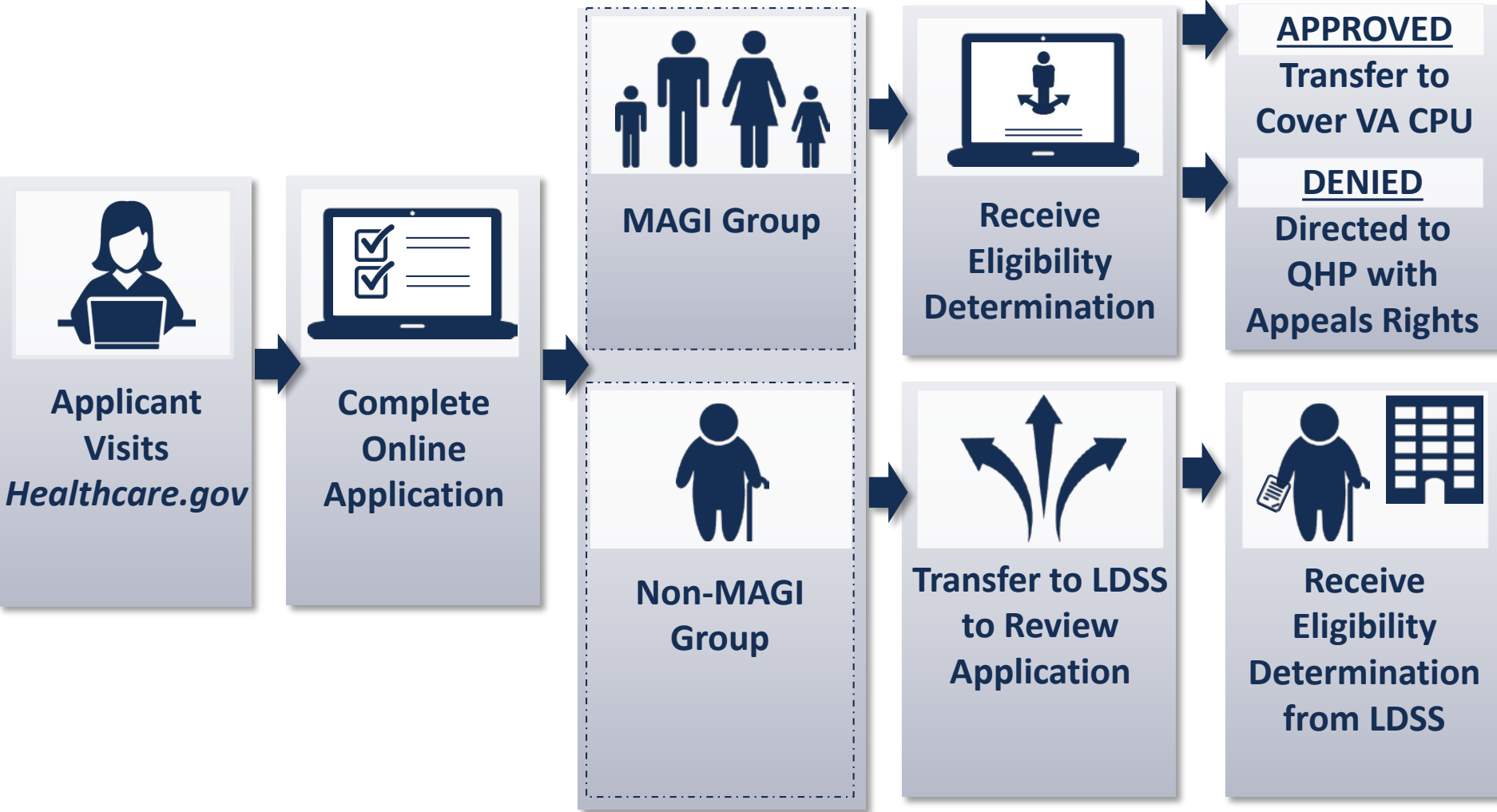
- ✓ Newly eligible adults with incomes up to 138% FPL (beginning Jan. 1, 2019)
- ✓ Children under 19
- ✓ Caretaker Adults with Dependent Children Under Age 18
- ✓ Pregnant women
- ✓ Individuals Under Age 21

Marketplace Does Not Determine Eligibility (File Sent to LDSS for Completion)

- Aged, Blind, and Disabled and/or Long-Term Care

Federally Facilitated Exchange (FFE) Determination State Model

Applying for Medicaid through the Federal "Marketplace"



Audits: Current Program Integrity Operations

DMAS currently operates a robust program integrity (PI) program, which currently includes targeted data driven eligibility audits and quality reviews

PI GOALS



Ensure accuracy of systems and processes granting eligibility and enrolling new members



Ensure that the correct federal match is claimed

CURRENT PI ACTIVITIES

- Worked with VDSS and a contractor to develop a proposed eligibility performance management plan in the past year
- Participating in the federal Payment Error Rate Measurement (PERM)/MEQC project
- Enhanced the focus on program integrity in managed care contracts
- Contracting with McKinsey to independently verify and validate VaCMS and MMIS systems

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Enrollment Pathways

The new adult population will enroll in coverage through a variety of enrollment pathways, including streamlined enrollment processes



Auto Enroll
Limited Benefit Programs

GAP (Governor's Access Plan) Adults 21 to 64 years of age with Severe Mental Illness (SMI)
Plan First Family planning services \leq 138% FPL



Express Application

SNAP beneficiaries Supplemental Nutrition Assistance Program formerly know as Food Stamps
Parents of Child(ren) enrolled in Medicaid



Transition to Virginia Medicaid

Individuals currently enrolled in a qualified health plan (QHP) from the Federally-facilitated Exchange (FFE), also known as the Marketplace or Healthcare.gov



General Public

Newly eligible adults not captured in Streamlined Enrollment groups








Priority Populations

Uninsured individuals served through other systems of care

Enrollment Pathways - Communications

DMAS will prepare these populations by providing important information related to streamlined enrollment and ways to apply for the new adult coverage

 <p>Auto Enroll Limited Benefit Programs</p>	<p>GAP: Receive letter notifying that GAP will end in 2019. Receive letter notifying that member will transition to full Medicaid 1/1/19. Plan First Receive letter notifying of transition to full Medicaid 1/1/19.</p>
 <p>Express Application</p>	<p>SNAP beneficiaries & Parents of Child(ren) enrolled in Medicaid: Both populations receive letter inviting beneficiary to apply through the express application included in the letter.</p>
 <p>Transition to Virginia Medicaid</p>	<p>Individuals currently enrolled in a QHP from FFE: Receive letter from healthcare.gov with notice to update FFE account. Receive a follow-up letter from Virginia to inform them about changes in VA Medicaid rules.</p>
 <p>General Public</p>	<p>Newly eligible adults not captured in Streamlined Enrollment groups: May begin applying for the new adult coverage in fall 2018 through Cover VA Call Center, LDSS, Common Help website, or healthcare.gov.</p>
 <p>Priority Populations</p>	<p>Uninsured individuals served through other systems of care: Many will be captured through planned streamlined enrollment efforts, but DMAS is coordinating with these groups through targeted efforts</p>

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Enrollment Plan for Priority Populations

DMAS will use a targeted approach to support enrollment of uninsured populations served through other systems of care

POPULATION	TARGETED APPROACH
Department of Corrections (DOC)	<ul style="list-style-type: none">• Centralized Cover Virginia Unit for DOC Case Management• Begin telephonic applications 11/1/2018
Virginia Department of Health- Ryan White Grantees	<ul style="list-style-type: none">• Targeted training on streamlined enrollment and Qualified Health Plan (QHP) transition• Potential data share agreement for targeted assistance
Hospital Indigent Care Programs	<ul style="list-style-type: none">• Targeted training on streamlined enrollment
Community Service Boards (CSBs)	<ul style="list-style-type: none">• Targeted training on Common Help for application submission• Potential data share agreement for targeted assistance

Targeted training and coordination with other entities supports enrollment of these priority populations

Community Services Boards (CSBs)

DMAS recognizes the importance of supporting CSBs and is actively engaging with CSBs to ensure that they are prepared to support the enrollment of uninsured populations

- DMAS/CSB Conference Call held on 9/11 with Executive Directors
 - DMAS is working on streamlining approaches to assist the CSBs during the first half of 2019 and walked CSBs through the enrollment pathways
 - Provided Q&As
- DMAS and CSB Executives will have a series of meetings, including one meeting with health plans
- DMAS will present at VACSB annual meeting in October
- DMAS has a designated person for CSB questions

DMAS will continue to provide high-touch support for CSBs to meet their needs

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Audits: Medicaid Expansion Audit Plan

DMAS will implement enhanced program integrity (PI) strategies to ensure appropriate enrollment of eligible individuals in the new adult coverage group.

DESIGN

- Nationally recognized eligibility audit vendor (Myers & Stauffer) already contracted with DMAS to design and assist with implementing the Medicaid Audit Plan
- Review all eligibility cases (including approvals and denials) from submission through all stages of processing from all entities performing this function, including the Federal Facilitated Exchange (Marketplace)
- Check proper application of policies/procedures (e.g. for the collection and verification of data, case documentation, timely processing, eligibility decision, issuance of notices, etc.)
- Correct errors, notify the entity making the error, and report the types and frequency of errors to use for training, system enhancements or corrective action

Audits: Medicaid Expansion Audit Plan

DMAS will implement enhanced program integrity (PI) strategies to ensure appropriate enrollment of eligible individuals in the new adult coverage group.

METHODOLOGY

- Audit will consist of a desk-level review
 - Check all necessary automated systems to ensure the process was followed correctly for eligibility determination
 - If errors are identified, a second level of independent review conducted by a supervisor will verify it is an actual error

TIMELINE

- Audits will begin in early 2019 for the new adult population that will begin coverage January 1, 2019
- A sample of applications will be selected from all applications received since the first date of the application period for new adult coverage

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Regular Updates

Visit the Cover VA Website at www.coverva.org
or call 1-855-242-8282
for information and regular updates



Coming Soon: New Health Coverage for Adults

Beginning January 1, 2019, more adults living in Virginia will have access to quality, low-cost health coverage.

Get more information at coverva.org

