



# VIRGINIA MEDICAID FACTS

## Who is covered in Virginia's Medicaid Program?

### ELIGIBILITY GROUPS

FFS<sup>1-3</sup>

MCO<sup>4-6</sup>

Dual Eligibles			Children (0-18 years)
Incarcerated***			Current & Former Foster Care Children
Undocumented Immigrants**			Parents and other Caretaker Relatives
			Pregnant Women
			Aged, Blind, and Disabled Adults
			Disabled Children
			American Indians/Alaskan Natives
			Qualified Non-Citizens*
			Intellectual and Developmental Disabilities

## Important News

**July 2014** - MEDALLION II changed its name to Medallion 3.0 and expedited the enrollment process to ensure immediate access to care and services.<sup>7</sup>

**July 2017** - Virginia's Department of Medical Assistance Services released a request for proposals for its Medicaid managed care program MEDALLION 4.0. DMAS expects to award annual contracts to three health plans per region at a minimum.<sup>8</sup>

**June 2018** - Virginia legislature passed a bill to expand Medicaid beginning January 1, 2019. The expansion will include community engagement and work requirements up to 80 hours per month for newly eligible adults who do not qualify for exemptions.<sup>9</sup>



## Medicaid Medical Director's Network



Virginia is implementing a "Common Core" formulary, requiring all Medicaid health plans to cover "preferred drugs" on Virginia Medicaid fee-for-service (FFS) without any prior authorization in the new LTSS program. The mandate started to be phased in on August 2017 and is expected to be required for all Medicaid health plans by 2018.

Enrollment in Virginia's MCOs varies by geographic region. Eligible individuals are required to enroll in an MCO if in the covered region.<sup>3</sup>

\*Qualified non-citizens are subject to a 5-year waiting requirement, except for children up to 19 years of age and pregnant women

\*\*Emergency Medicaid services only

\*\*\*Acute inpatient hospitalization covered only.

## Do Medicaid health plans provide coverage?<sup>10</sup>



- CoventryCares of Virginia
- Kaiser Permanente
- OptimaHealth
- Anthem Health Keepers Plus
- VA Premier Health Plan, Inc.
- INTotal Health (Inova)

## How has Virginia's Medicaid program engaged in Managed Care?

### SECTION 1115 WAIVERS<sup>11</sup>

**The Virginia GAP and ARTS Delivery System Transformation** was created to implement a new substance use disorder (SUD) benefit and delivery system. The program contributes to a comprehensive statewide strategy to combat prescription drug abuse and opioid use disorders by expanding the SUD benefits package to cover the full continuum of treatment including short-term residential and inpatient services to all Medicaid eligible enrollees.

**APPROVAL:**  
1/9/2015

**EFFECTIVE:**  
1/12/2015

**EXPIRATION:**  
12/31/2019

**Status:** Pending

**Virginia FAMIS MOMS and FAMIS Select** was created to expand coverage to uninsured pregnant women with income up to 200 percent of the federal poverty level (FPL) who are not eligible for Medicaid. The program also uses Title XXI funds to support the FAMIS Select health insurance premium assistance program.

**APPROVAL:**  
6/30/2005

**EFFECTIVE:**  
8/1/2005

**EXPIRATION:**  
6/30/2019

**Virginia Delivery System Transformation** seeks to implement a Medicaid managed long-term services and supports (MLTSS) and a delivery system reform incentive payment (DSRIP) program as initiatives to strengthen and integrate Virginia's Medicaid delivery structure. As of December 2017, the waiver was still pending.

**Status:** Pending approval





# VIRGINIA MEDICAID FACTS

## How is Virginia meeting the needs of Medicaid enrollees?

### Value-Based Healthcare Initiatives<sup>12</sup>

**Commonwealth Coordinated Care** is for individuals who are currently served by both Medicare and Medicaid (dual eligibles) and meet certain eligibility requirements. The program is designed to be Virginia's single program to coordinate delivery of primary, preventive, acute, behavioral, and long-term services and supports (LTSS). The goals of the program include:

- Improved quality and health outcomes
- Streamlined Medicare and Medicaid requirements
- Increased accountability
- Reduced burden for enrollees and providers
- Providing care in each individual's setting of choice
- Reduced avoidable services



### Family Planning

Covered family planning services include (services that delay or prevent pregnancy):<sup>3</sup>

- Diagnosis - Devices - Supplies - Drugs - Treatment
- Certain elective sterilization procedures (for men and women)
  - Services to treat infertility or services to promote fertility are not included

**Plan First** provides limited family planning services for men and women who have family income up to 200% of the federal poverty level (FPL)<sup>12</sup> including:<sup>14</sup>

- Annual family planning exams for men and women
- Pap tests
- Sexually transmitted infections (STI) testing
- Family planning education and counseling
- Sterilization procedures
- Transportation to a family planning service
- Most Food and Drug Administration (FDA) approved contraceptives (prescription and over-the-counter)



### Women's Health

Covered women's health benefits include:<sup>4</sup>

- Breast pumps and breastfeeding support, beginning during pregnancy and continuing after birth

**BabyCare** provides case management for high-risk pregnant women and infants up to age two enrolled in Medicaid, FAMIS, and FAMIS MOMS. BabyCare includes expanded prenatal services:<sup>3</sup>

- Prenatal education for a variety of topics including tobacco cessation, preparation for childbirth, and parenting
- Nutritional assessment and counseling
- Homemaker services to enrollees for whom the physician has ordered complete bed rest
- Substance use treatment services



### Mental Health and Substance Use Disorder

Behavioral health services for Medicaid enrollees include:<sup>15</sup>

- Residential treatment services for those under 21 years of age and diagnosed with a severe mental, emotional, or behavioral disorder through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. Included in the covered benefits is psychiatric treatment in a freestanding hospital or residential treatment facility
- Therapeutic behavioral services in a community-based residential service for enrollees under 21 years of age. Provides services including psycho-education, therapeutic supervision, psychiatric treatment, and psychotherapy services
- Psychiatric or psychological services up to 26 mental health or substance use visits without preauthorization (authorization required beyond the 26-visit limit)
- Inpatient psychiatric hospital services for individuals who are 65 years of age or older. Covered benefits include nursing care, medical attention, and other services in any "institution for mental disease"
- Community mental health services at home or in the community for diagnosis, treatment, and care for persons with mental illness, substance use or intellectual disability
- Covered drug therapies: methadone, naloxone, naltrexone, Acamprosate, and disulfiram<sup>16</sup>

### Oral Health<sup>15</sup>

Adults aged 21 and older receive only medically necessary oral surgery under Virginia's Medicaid program. Individuals under 21 are eligible for the following services:

- Diagnostic
- Preventative
- Restorative/surgical procedures
- Orthodontics
  - Dentures and braces when prescribed by a dentist and pre-authorized by DMAS





VA

# Timeline

## Federal

## Virginia

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



1969

Virginia adopts the Medicaid program.<sup>17</sup>

Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



1991

Virginia begins the Medicaid primary care case management (PCCM) program called MEDALLION.<sup>7</sup>

Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

1995

The PCCM expands statewide. The program also begins to cover elderly, blind, and disabled Medicaid enrollees.<sup>7</sup>

The state creates the Options program, providing enrollees with the option of voluntarily enrolling in managed care organizations (MCOs).<sup>18</sup>

Virginia creates MEDALLION II, covering acute, primary, and specialty services, as well as outpatient behavioral health. Enrollment is mandatory for most children, low-income adults, and non-dual eligible aged and disabled enrollees in most counties.<sup>7</sup>

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999

2001

Virginia begins providing non-emergency transportation, as a prepaid ambulatory health plan, to individuals not enrolled in a health plan.<sup>7</sup>



2005

MEDALLION dental services are carved-out and eligibility expanded for the aged, blind, and disabled enrollees with income up to 80% of the federal poverty level (FPL).<sup>7</sup>

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

The state expands MCOs statewide and terminates the MEDALLION PCCM program.<sup>7</sup>

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

2012

Through a state plan amendment (SPA), voluntary enrollment of duals into MCOs begins.<sup>7</sup>

ACA implementation begins.

2014

2014

Virginia creates the Commonwealth Coordinated Care Plus (CCC Plus), a new statewide Medicaid managed long-term services and supports (LTSS) program, serving approximately 214,000 individuals with complex care needs through an integrated delivery model across the full continuum of care. The program is expected to begin operating statewide in 2018.<sup>19</sup>

31 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2017

2017

The state legislature passes Medicaid expansion, which will take effect on January 1, 2019.<sup>9</sup>

2018

