



# COMMONWEALTH of VIRGINIA

## *Department of Medical Assistance Services*

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**November 1, 2022**

### **MEMORANDUM**

**TO:** The Honorable Matthew Farris  
Chair, House Appropriations Health and Human Resources Sub-Committee

The Honorable Janet D. Howell  
Co-Chair, Senate Finance and Appropriations Committee  
Chair, Senate Finance and Appropriations Committee Health and Human Resources  
Subcommittee

**FROM:** Cheryl J. Roberts  
Director, Virginia Department of Medical Assistance Services

**SUBJECT:** Report on Medicaid Community Mental Health Rehabilitation Services Due  
November 1, 2022

This report is submitted in compliance with item 304.E.4. of the *2022 Appropriations Act*, which states:

*The Department of Medical Assistance Services shall modify its contracts with managed care organizations to require annual reporting with regard to Medicaid Community Mental Health Rehabilitation Services on: (i) the number of providers in their network and their geographic locations; (ii) the total number of provider terminations by year since fiscal year 2018 and the number terminated with and without cause; (iii) the localities the terminated providers served; and (iv) the number of Medicaid members the providers were serving prior to termination of their provider contract. The department shall report this data annually, not later than November 1, to the Joint Subcommittee for Health and Human Resources Oversight.”*

Should you have any questions or need additional information, please feel free to contact me at (804) 786-6147.

CJR/hjr

Enclosure

Pc: The Honorable John Littel, Secretary of Health and Human Resources

# Annual Community Mental Health Rehabilitation Services (CMHRS) Provider Network Report

A Report to the Virginia General Assembly

November 1, 2022

## Report Mandate:

*Item 304.E.4. of the 2022 Appropriations Act states “The Department of Medical Assistance Services shall modify its contracts with managed care organizations to require annual reporting with regard to Medicaid Community Mental Health Rehabilitation Services on: (i) the number of providers in their network and their geographic locations; (ii) the total number of provider terminations by year since fiscal year 2018 and the number terminated with and without cause; (iii) the localities the terminated providers served; and (iv) the number of Medicaid members the providers were serving prior to termination of their provider contract. The department shall report this data annually, not later than November 1, to the Joint Subcommittee for Health and Human Resources Oversight.”*

## DMAS’s Annual CMHRS Provider Network Report for FY2022

As directed by Item 304.E.4 of the 2022 Appropriation Act, this document serves as the Department’s annual CMHRS Provider Network Report. In compliance with Item 304.E.4, DMAS previously modified its contracts with managed care organizations (MCOs) to require the data necessary to complete the reporting requirements of this Act for the contracts effective July 1, 2021, for both the Medallion 4.0 and CCC+ programs.

For the Fiscal Year (FY) 2022 report, DMAS utilized MCO encounter data to capture CMHRS providers by health plan based on the actual utilization to obtain a more accurate picture of their CMHRS provider network. For FY2022, the MCO’s CMHRS networks remained the same with the exception of six providers.

- Anthem Healthkeepers Plus (Anthem) terminated two providers with cause. One provider served the Winchester region, and the second provider served the Tidewater region. These providers served five members prior to termination of their provider contracts.
- United Healthcare of the Mid-Atlantic (United) terminated two providers without cause. One provider served the Winchester region and the other provider served the Tidewater region. These providers served six members prior to termination of their provider contracts.
- Virginia Premier Health Plan (Va. Premier) terminated two providers with cause. Both providers served the Central Region. These providers served eight members prior to termination of their provider contracts.

Optima Family Care (Optima), Molina Healthcare of Virginia (Molina), and Aetna Better Health of Virginia’s (Aetna) reported no CMHRS provider terminations during this reporting cycle.

***The mission of the Virginia Medicaid agency is to improve the health and well-being of Virginians through access to high-quality health care coverage.***

The Department of Medical Assistance Services (DMAS) administers Virginia’s Medicaid and CHIP programs for over 2 million Virginians. Members have access to primary and specialty health services, inpatient care, dental, behavioral health as well as addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to more than 600,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives an approximate dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90% for newly eligible adults, generating cost savings that benefit the overall state budget.

## Network Providers by Program, MCO, and Geographic Region

### CCC+

MCO	Network Providers
Aetna	317
Anthem	384
Molina	356
Optima	403
United	296
Va. Premier	341

### Medallion 4.0

MCO	Network Providers
Aetna	338
Anthem	376
Molina	320
Optima	429
United	290
Va. Premier	330

### Geographic Region

Region	Number of Providers
Central	2,269
Northern/Winchester	699
Roanoke/Alleghany	780
Southwest	238
Tidewater	1,258
Western/Charlottesville	681

\*providers may be duplicated amongst MCOs

### Provider Terminations by Year and Cause

#### Aetna

	FY2019	FY2020	FY2021	FY2022
With cause	0	0	0	0
Without cause	8	71	6	0

#### Anthem

	FY2019	FY2020	FY2021	FY2022
With cause	0	0	0	2
Without cause	0	77	0	0

#### Molina

	FY 2019	FY 2020	FY 2021	FY 2022
With cause	0	0	0	0
Without cause	124	164	78	0

#### Optima

	FY 2019	FY 2020	FY 2021	FY 2022
With cause	0	0	0	0
Without cause	2	1	56	0

#### United

	FY2019	FY2020	FY2021	FY2022
With cause	0	0	0	0
Without cause	3	99	6	2

#### Va. Premier

	FY2019	FY2020	FY2021	FY2022
With cause	0	0	0	2
Without cause	3	75	0	0

### Terminated Providers by Localities (2022)

Region	Number of providers terminated
Central	2
Northern/Winchester	2
Tidewater	2

### Number of Medicaid Members Served by Terminated Providers (2022)

Region	Number of members served by terminated providers
Central	8
Northern/Winchester	4
Tidewater	7