



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL ROBERTS
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
804/343-0634 (TDD)

November 1, 2022

MEMORANDUM

TO: The Honorable Barry D. Knight
Chair, House Appropriations Committee

The Honorable Janet D. Howell
Chair, Senate Finance and Appropriations Committee

Michael Maul
Director, Virginia Department of Planning and Budget

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

SUBJECT: Quarterly MCO Medicaid Expenditure Report (4th Quarter FY22)

This report is submitted in compliance with item 308.B.2. of the *2022 Appropriations Act*, which states:

“The Department of Medical Assistance Services shall prepare a quarterly report summarizing managed care expenditures by program and service category through the most recent quarter with three months of runout. The report shall summarize the data by service date for each quarter in the current fiscal year and the previous two fiscal years and update prior quarter expenditures. The department shall publish the report on the department's website no later than 30 days after the end of each quarter and shall notify the Department of Planning and Budget and the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees.”

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

CJR

Enclosure

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

Item 308.B.2. of the 2022 Appropriations Act

Quarterly MCO Expenditure Report

4th Quarter FY22

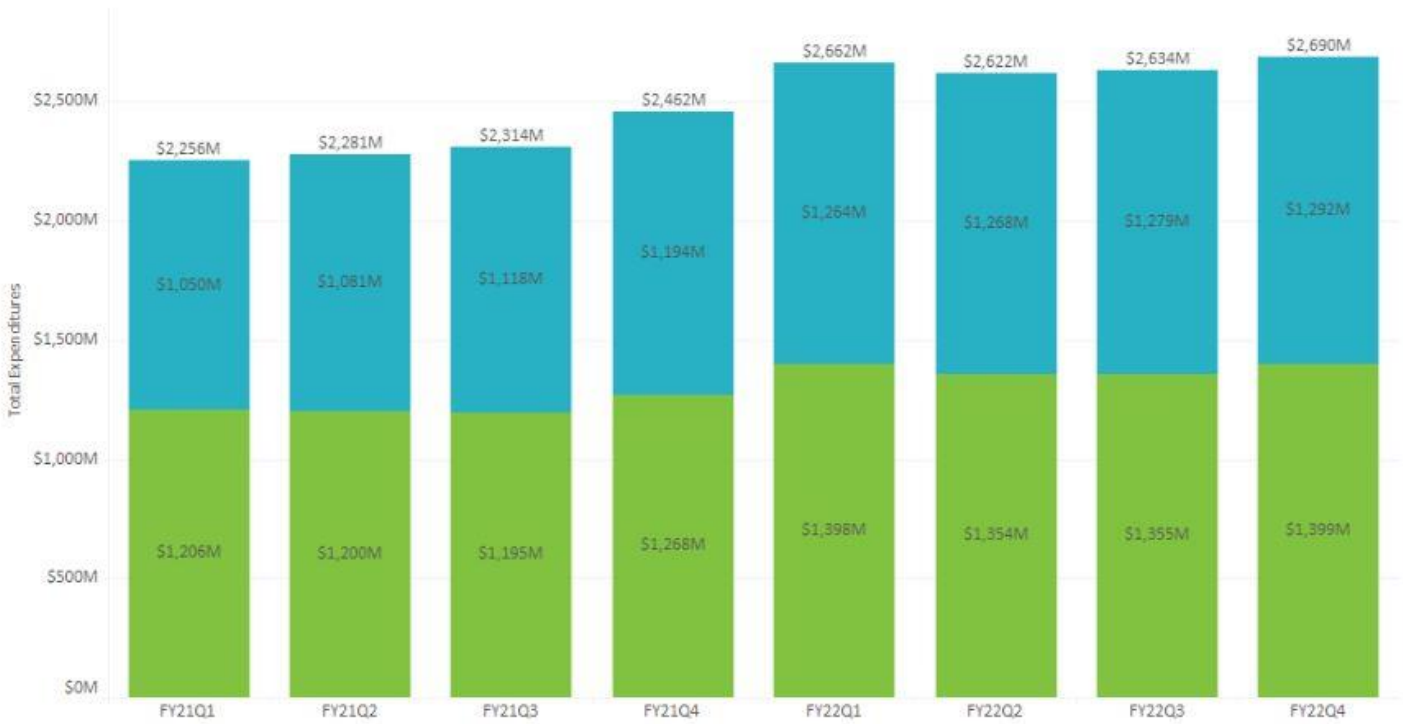
Navigation tabs: Expenditures by Program, Expenditures by Service Category, Per Capita Spending, Detailed Data, Footnotes and Definitions

Medicaid and FAMIS Managed Care Healthcare Expenditures by Program

Program: (All) Member Eligibility Category: (All) Service Category: (All)

Healthcare Expenditures by Program

Medallion CCC Plus

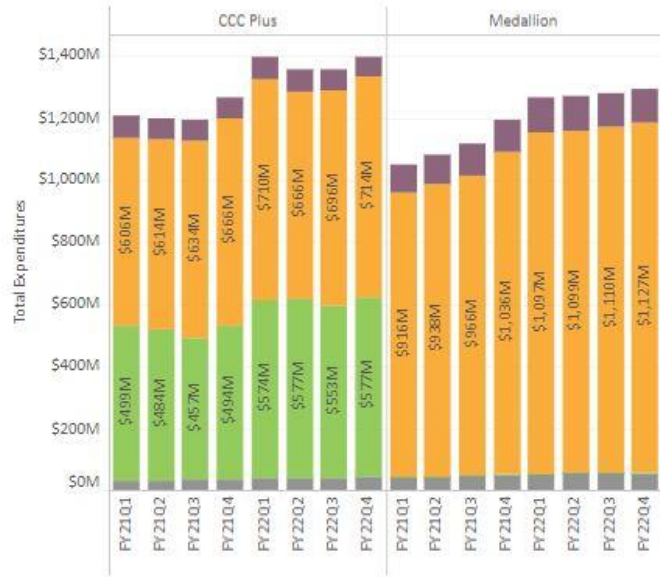


Medicaid and FAMIS Managed Care Healthcare Expenditures by Service Category

Program: (All) |
 Member Eligibility Category: (All) |
 Service Category: (All)

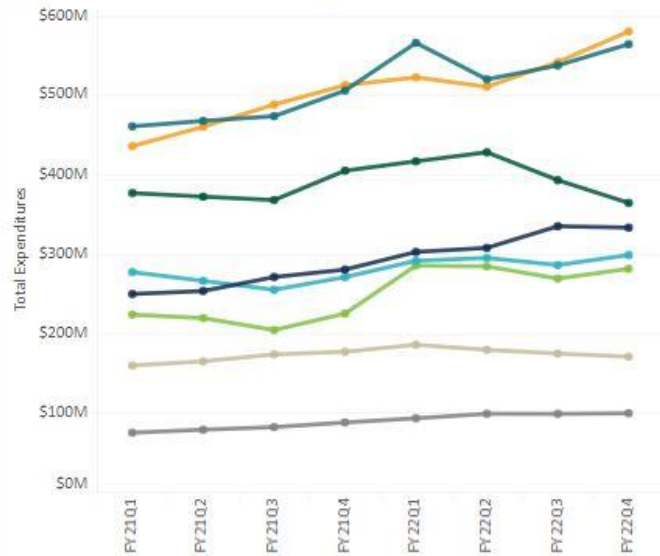
By Overall Service Category

- Community Behavioral Health
- General Medical Care
- Long Term Services and Supports
- Other



By Detailed Service Category

- Inpatient Services
- Nursing Facility
- Outpatient Services
- Home and Community Based Services
- Pharmacy Services
- Other
- Physician Services
- Behavioral Health Services



Medicaid and FAMIS Managed Care Healthcare Expenditures Per Capita Spending

Select a Program or Member Eligibility Category filter to see details for the selected group:

Program:
 Member Eligibility Category:

Managed Care Program Per Capita Spending

Click on a Program in the chart below to display Service Category Per Capita Spending for that selection:



Service Category Per Capita Spending

<	Expenditures by Program	Expenditures by Service Category	Per Capita Spending	Detailed Data	Footnotes and Definitions	>
---	-------------------------	----------------------------------	---------------------	---------------	---------------------------	---

Footnotes and Definitions

1. **Managed care organizations** (MCO) are contracted private health plans that manage membercare needs. Plans are paid on a monthly capitated basis.
2. The **CCCPlus program** is a long-term services and supports program. This mandatory Medicaid managed care program serves individuals with complex care needs through an integrated delivery model that includes medical services, behavioral health services and long-term services and supports. Additional information is available at <http://www.dmas.virginia.gov/#/cccplus>.
3. The **Medallion Program** covers (1) children, (2) low income parents and caretaker relatives living with children, (3) pregnant members, (4) FAMIS members, (5) current and former foster care and adoption assistance children and (6) newly eligible Medicaid Expansion adults. Visit <http://dmas.virginia.gov/#/med4> to learn more.
4. The **Service Category** is the type of medical care provided.
5. **Community Behavioral Health** includes services such as behavioral therapy, day treatment and partial hospitalization, community treatment, and other mental health services.
6. **General Medical Care** includes services such as inpatient and outpatient care, pharmacy services, and physician services.
7. **Long-Term Services and Supports** are for members who are elderly or have a chronic disability that requires ongoing services and supports in order to meet their functional needs. LTSS under Medicaid include, but are not limited to, Personal Care, Respite Care, Companion Care, Adult Day Care, nursing, and other rehabilitative and habilitative services and supports that help maximize their independence.
8. The **Other** service category includes services such as non-emergency medical transportation and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for children.
9. **Expenditures** are based on the date a service was provided per submitted claims. To account for lag time between when a service was rendered and claim submission, quarter expenditures are presented 4 months after the end of the quarter. Data for each quarter will be updated with additional "run out" at each quarterly update.
10. **Medicaid expanded eligibility** in the third quarter of SFY19 to includes adults up to 133% of the Federal Poverty Level (FPL).
11. **Category totals** may not match overall program totals due to rounding; Expenditures by Service Category do not show service categories under \$1 million in a given quarter, however the Detailed Data section includes all expenditures in a quarter.
12. **Per Capita Spending** is the total MCO expenditures per quarter divided by the total number of member months for a selected program and/or member eligibility category. Per Capita Spending represents per member per month health care expenditures and may not reflect capitation payments for a given service line.
13. The **Other** eligibility category includes services for members whose eligibility category is unassigned at time of billing. Claims may be adjudicated when additional information is provided.