



CardinalCare
Virginia's Medicaid Program

Board of Medical Assistance Services
2023-2024

BIENNIAL REPORT

Virginia Department of Medical Assistance Services
600 E. Broad Street, Richmond, VA 23219
(804) 786-7933 | www.dmas.virginia.gov



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LETTER FROM THE BMAS BOARD CHAIR



I am privileged to submit this Biennial Report on behalf of the Virginia Board of Medical Assistance Services (BMAS), highlighting the work of Virginia's Department of Medical Assistance Services (DMAS).

Fiscal Year 2023 – 2024 presented multiple opportunities and initiatives to serve the Commonwealth, carried out through the tremendous leadership of Director Cheryl Roberts and the DMAS staff, in collaboration with sister agencies, the legislature and Governor's offices.

There were a multitude of member centric initiatives, and the following name only a few. We are nearing the end of more than a year-long undertaking to redetermine the eligibility of over 2.1 million people enrolled in Medicaid, which entailed significant coordination, engagement, and outreach to the populations we serve. DMAS continued to play an integral role in Governor Youngkin's Right Help Right Now to reform our current behavioral health system in Virginia and support individuals in crisis.

The agency took a bold approach in the creation of the Cardinal Care Managed Care program, consolidating two previous programs (Commonwealth Coordinated Care Plus and Medallion 4.0) and created transformational goals through the procurement of the managed care delivery system. Improving health outcomes for all pregnant and postpartum women remains a top priority for DMAS, with a focus on reducing racial disparities and maternal mortality. In improving access to quality care, there was extended postpartum coverage, postpartum visits, wellness checks, postpartum mental health and post-delivery care.

DMAS has been a key player in the Partnership for Petersburg, with the mission to help Petersburg become one of the best cities to live, work, and raise a family. Significant funding was approved for additional waiver slots towards the Developmental Disability (DD) Waiver system, which allows people to receive home and community care rather than in a health care institution.

The Biennial Report will go into more detail to explain initiatives and services that are the result of the hard work by DMAS staff, countless stakeholders, and advocates to bring these services to reality for many Virginians.

I would like to thank the Board, our directors and DMAS staff and the Secretary's office for your continued commitment to improve the health and well-being of Virginians through access to high-quality healthcare coverage and services.

Tim Hanold, Chair
Board of Medical Assistance Services



LETTER FROM THE AGENCY DIRECTOR



On behalf of the Department of Medical Assistance Services (DMAS) it is my pleasure to submit this FY2023-2024 biennial report. This report highlights how the DMAS team fulfills the 2024 SOAR (S-Services for Members; O-Operations & Opportunities; A-Accountability; R-Results) commitment to exploring, investing, and implementing best practices that fit our Virginia Medicaid members. The report provides a summary of our programs, infrastructure, and innovations from the past two years.

In the last two years, DMAS worked with Department of Behavioral Health and Developmental Services (DBHDS), community partners and stakeholders on Governor Youngkin's "Right Help, Right Now" initiative, a three-year strategy to address Virginia's overwhelmed behavioral health care system. DMAS and (DBHDS) collaborated to integrate the Medicaid crisis services into a statewide, all-payer crisis system based on the Crisis Now national model DMAS is also preparing to redesign the remaining community mental health rehabilitative services for adults and youth with moderate to severe mental health disorders through the 115 SMI waiver.

The end of the continuous coverage requirement, or "unwinding" has represented the single largest health coverage event since the first open enrollment of the Affordable Care Act (ACA). Virginia initiated unwinding renewals in March 2023, DMAS and the Department of Social Services (DSS) began performing Medicaid eligibility redeterminations for 2.2 million members and transitioning back to normal enrollment operations and procedures. During the unwinding, DMAS continued to work with the Managed Care Health Plans and community partners to provide outreach to members including reminders to complete renewals and to return information. As of June 2024, Virginia has successfully initiated all redeterminations.

DMAS also launched Cardinal Care as a rebranding of Virginia's Medicaid programs. Cardinal Care Managed Care (CCMC) combined the existing Medallion 4.0 managed care program for traditional Medicaid and the Commonwealth Coordinated Care Plus (CCC Plus) managed long-term services and supports (MLTSS) program to serve Medicaid managed care members. In August 2023 DMAS released the Cardinal Care Managed Care RFP to enhance the Cardinal Care Managed Care delivery system.

The DMAS team also worked on improving Medicaid member experiences and engagement by completely redesigning the DMAS website (<https://www.dmas.virginia.gov>), boosting our social media pages, and promoting member initiatives.

DMAS' greatest resource is our staff and DMAS ended FY24 with 95% of jobs that are being filled by candidates compared to the total number of job openings, landing DMAS in the top percentile of executive branch agencies for low vacancy rate. Through strategic efforts to automate the recruitment process, enhance new hire onboarding and building up retention and engagement efforts, the agency has been recognized by peers and the Health and Human Resources for best-in-class workforce support.

I thank the Governor, Secretary of Health and Human Resources, and members of the General Assembly for their efforts and support that allows us to serve to Virginia's nearly two million Medicaid members. I also thank the hard-working staff here at the Department of Medical Assistance Services (DMAS). Through their expertise and dedication, many Virginians are receiving life changing and much needed health care.

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



ABOUT THE MEDICAID PROGRAM

About DMAS and Medicaid

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 Children's Health Insurance Program (CHIP) for approximately two 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.



WHO WE ARE - AGENCY OVERVIEW

DMAS is a highly professional and efficient organization with a workforce primarily composed of individuals with an average of 8 years of service and experience. DMAS has 24 divisions and/or offices where the Executive Leadership Team has oversight for essential business functions within the agency and Medicaid activities for over nearly 2 million members across the Commonwealth. DMAS received 28 additional allotted Maximum Employment Level (MEL) in SFY2025, resulting in a total of 567 authorized classified positions with an average of 530 filled positions and 7% vacancy rate. DMAS also utilizes about 146 hourly and contract employees to supplement the agency's workforce due to pertinent agency priorities and initiatives. DMAS has put a concentration on reducing the long-term staff augmentation contractors/consultants within classified recruitments which has resulted in a decrease of 45 long-term staff augmentation contractors. DMAS has placed a greater focus on workforce engagement and development initiatives by ensuring that our workforce has the tools needed to carry out the essential business functions that directly affect the delivery of services to our Medicaid members. This includes continuing to improve hiring processes and increasing access to potential candidates while continuing to retain and promote a diverse workforce, creating and maintaining a climate that is supportive and respectful, and continuing to provide training and educational workshops available to all employees. Some of the opportunities DMAS created:

- Enhanced recruitment processes and procedures stemming from established metrics.
- Implementation of the DMAS Accelerator Internship Program, to address the Commonwealth's need for talented, trained and prepared government leaders.
- DMAS' internship program has established a talent pipeline for current and future business needs, by successfully hiring 4 interns at the conclusion of the Cohorts.
- Launch of DMAS Partners in Agency Learning Program, that matches new hires with tenured employees
- Implementation of Wellness days and advanced the work of the DMAS Culture and Engagement Committee.
- Enhanced Learning Objectives, Employee Relations and Performance Management Processes.

These efforts continue to ensure the essential functions of the DMAS are carried out to improve the health and well-being of Virginians. DMAS continues to develop innovative ways to energize and retain staff.

Workforce Numbers at a Glance

- Staffing Authorized MEL: 567
- Salaried Employees: 530
- Wage Employees: 79
- Contracted Employees: 67



MEMBER STORY

Supporting Medicaid member with complex medical history with immediate needs, social needs, mental health during pregnancy

About: A 27-year-old patient located in Richmond registered for Pomelo Care (24/7 virtual medical practice) at 28 weeks gestation. The Medicaid member has a history of bariatric surgery, polycystic ovary syndrome, hypertension, and prediabetes, and reports persistent nausea and vomiting since the early stages of pregnancy. Despite taking Zofran and Reglan, the symptoms have not improved, and she continues to vomit after every meal. The patient also expressed concerns about her mental health, car repairs, phone bill, and clothing needs.

Action Taken: Our care team reviewed the member's complex history and identified a comprehensive care plan. A registered dietitian met with the member to address her nausea and vomiting providing advice on ways to increase protein intake, such as incorporating cottage cheese, Greek yogurt, boiled or scrambled eggs, and protein shakes into her diet. The Medicaid member was advised on prenatal and bariatric vitamins to support her pregnancy and where to find them locally. A Care Coordinator also contacted the member to discuss mental health therapy options, including virtual care, and to provide community resources for car repairs, clothing, and phone bill assistance. The member's care team provided information about the Healthy Rewards Program and the possibility to receive money back for attending health services along with access to transportation resources.

Impact: The member feels well-supported by her care team and continues to engage with both her pregnancy and social health needs. She feels more informed about her health and empowered to make necessary dietary adjustments. Additionally, she learned about community resources to help ease her financial burden. She continues to engage in group sessions and provides updates to her care team on her pregnancy journey.



PROGRAMS AND INITIATIVES UPDATES

Right Help, Right Now and Behavioral Health Services

In December 2022, Governor Youngkin announced Right Help, Right Now a three-year strategy to address Virginia's outdated and overwhelmed behavioral health care system. The plan builds on previous state-level Medicaid initiatives, including the Addiction Recovery Treatment Services (ARTS), System Transformation Excellence and Performance (STEP-VA) and Project Behavioral Health Redesign for Access, Value and Outcomes (BRAVO). Additional information is available at <https://dmas.virginia.gov/for-providers/behavioral-health/>. The Right Help, Right Now plan proposed several managed care program changes, including developing expanding care integration between physical and behavioral health, and identifying service innovation and best practices in pre-crisis prevention services, crisis care, post-crisis recovery, and support.

In July and December 2021, nine new behavioral health services representing a continuum of crisis services, three evidence based, team-based care approaches, and two new intensive clinic-based services were added to the Virginia Medicaid benefit. Since that time, DMAS and the Department of Behavioral Health and Developmental Services (DBHDS) have collaborated to integrate the Medicaid crisis services into a statewide, all-payer crisis system based on the Crisis Now national model. In December 2023, all Medicaid mobile crisis services were dispatched through regional 9-8-8 call centers to ensure Virginians receive access to the right service at the right time, consistent with Governor Youngkin's Right Help, Right Now Plan to transform behavioral health.

A five year renewal application for the 1115 waiver was submitted to CMS. This waiver allows for the full continuum of the ARTS benefit to be provided under Virginia Medicaid, including residential and inpatient treatment services which require the waiver.

End of the COVID-19 Continuous Enrollment Period and Unwinding Updates

The Families First Coronavirus Relief Act required states to maintain enrollment of Medicaid members (enrolled as of March 18, 2020) (also known as the continuous coverage requirement) to receive the additional 6.2 % increase of Federal Medical Assistance Percentage (FMAP) for claims until the end of the month in which the federal Public Health Emergency (PHE) ended. In December 2022, the Consolidated Appropriations Act (CAA) 2023 was signed into effect decoupling the PHE from the continuous coverage requirement effective March 31, 2023. Additionally, the CAA allowed states 12 months to initiate all renewals, with an additional two months to complete redeterminations, and stepped down the enhanced federal match rate beginning April 1 and completely phasing out the enhanced match effective December 31, 2023. Virginia received a total of \$3.067 billion in enhanced funding beginning in March 2020 through the end of calendar year 2023. To avoid the loss of enhanced FMAP, restrictions on taking actions to close enrollments, and delayed redetermination timelines Virginia was one of 44 states required to submit a mitigation plan prior to unwinding The Centers for Medicare and Medicaid Services (CMS) approved the mitigation plan on March 29, 2023.



The State Health Human Resources (HHR) agencies acted early in the PHE to implement flexibilities and protect needed coverage during the PHE to allow access to services. In a parallel effort, the DMAS and the Department of Social Services (DSS) began planning in mid-2020 for the eventual unwinding of those flexibilities.

Virginia has been named a leader in the country for innovative and thorough outreach, education, and communication to all stakeholders. DMAS and DSS collaborated in the areas of increased data sharing, local and home office collaboration calls, system updates, policy updates, and working with external stakeholders. Below are some of the facts and figures on the preparation for unwinding:



Unwinding Taskforce:

Convened by former HHR Secretary Littel in January 2022 to include DMAS and DSS leaders and the Office of the Attorney General. In July 2022, the taskforce was expanded to include Senate and House Finance and Department of Planning and Budget staff.



Outreach and Education:

Launched outreach campaigns through radio, television, social media, and 3 websites. Development of 4 stakeholder toolkits, 18 outreach templates, 60 provider memos. Engagement through speaking events to include 8 public townhalls to nearly 1000 different stakeholder groups.



Cover Virginia:

Expanded operations to include a redetermination call center and processing services through the end of unwinding. Implemented new permanent units dedicated to pregnant women and application assisters/advocates.



25 System Updates:

Increased the number of successful “no touch” actions at application, change, and renewal to promote consistency, reduce local worker burden, and allow a stronger focus on high-risk populations which require manual processing



Training and Information Sessions:

eLearning and webinars held for over 3,000 local agency staff. Expanded learning opportunities through existing Virginia Health Care Foundation partnership to increase assistance resources, added trainings for aged and disabled populations.



Cover Virginia:

Managed Care Organization Collaboration:

Executed agreement with the six health plans to solidify plans for four round of targeted member outreach across all modalities. Implemented new data sharing processes to include addresses, closures, and closure reason

The end of the continuous coverage requirement, or “unwinding” has represented the single largest health coverage event since the first open enrollment of the Affordable Care Act (ACA). Virginia initiated unwinding renewals in March 2023 with February of 2024 being the last month in which renewals were initiated. During the unwinding, DMAS continued to work with the Managed Care Health Plans to provide outreach to members including reminders to complete renewals and to return information, including for those closed for not completing renewal application reason who have a three-month reconsideration period to return documentation in lieu of reapplying.

Partnership For Petersburg



In August 2022, Governor Glenn Youngkin announced an exciting and transformative initiative called Partnership for Petersburg. This initiative brought together public and private resources to help the City of Petersburg and its residents, who have experienced negative health, public safety, education, and economic outcomes. One component of this plan is to improve the health of Petersburg's residents by increasing access to preventive screenings, promoting awareness of the value of

primary care, and addressing prenatal health disparities by connecting Petersburg residents with medical and social services.

DMAS Partnership for Petersburg Objectives

1. Provide primary care services, mobile health clinics, and community events: DMAS' contracted managed care organizations (MCOs) mobilized to ensure a widespread presence at community events, as well as to provide pop-up care through mobile clinics offering health screenings and preventive care. Since August 2022, the five Medicaid MCOs have engaged a wide variety of community organizations and partner providers and have participated in more than 500 events.

2. Improve Petersburg maternal and infant health outcomes: DMAS created a Petersburg maternal and post-partum dashboard to help with monthly tracking. Each quarter with assistance from the MCOs, DMAS has a targeted campaign for pregnant women. In June 2024, 220 maternity members received outreach aimed at improving prenatal and postpartum utilization.

In Petersburg Managed Care Organizations' members are assigned with community doulas. There are 35 state-certified, Medicaid approved doulas covering the Petersburg/Hopewell area, 5 of which directly reside in Petersburg or Hopewell. There has been a total of 47 doula-assisted births to improve prenatal and postpartum outcomes for mom and baby.

In November 2023, DMAS worked with Dr. Daphne Bazile, Bon Secours Southside Medical Center on a pilot offering extended obstetrician-gynecologist (OB/GYN) clinic days. DMAS and the health plans conducted outreach via phone calls, flyers and text messaging to Petersburg Medicaid members to ensure they were aware and could take advantage of the clinic hours. The appointments ranged from annual check-ups, prenatal and postpartum follow-ups. There have been three successful clinics with another one planned for December 7, 2024.



DMAS staff attended the Maternity Roundtable facilitated by the Secretary of Health and Human Resource on February 29, 2024 to discuss improving maternal outcomes throughout the Commonwealth.

3. Expand School-Based Clinic Services: DMAS held meetings with Central Virginia Health Services (CVHS), which runs the Crimson Clinic, to discuss opportunities to expand utilization of school-based primary care services to Petersburg students and their families. Currently, students can go to the Crimson Clinic for behavioral health services, prescriptions, lab work, and other primary care services.

DMAS' Key Collaborators and Partners

Important partners in making Partnership for Petersburg a success include: Medicaid MCOs (Aetna, Anthem, Molina, Sentara and United), Central Virginia Health Services, Crimson Clinic, Crater Health District, Bon Secours Southside Regional Hospital, Petersburg City Public Schools, DentaQuest, Conexus, Urban Baby Beginnings, Petersburg Sheriff's Office, Virginia Department of Health, and the Department of Social Services.



Other MCO Petersburg Contributions

Other important efforts to assist Petersburg include: grant funding for Petersburg maternity hub and doula accelerator; contributions to Petersburg schools, such as toothbrushes and toothpaste for students, and furniture for the classroom;

Pack n' Plays for new parents; vision screenings and providing glasses; and prescription drug lock boxes for distribution at the Central Virginia Health Services-Petersburg Recovery Center.

DMAS promoted Conexus to support children getting eyeglasses in the schools Conexus screened over 1,055 students for the 2023-24 school year. Due to this effort, over 463 students (43%) of the students screened were referred with vision issues. Conexus brought their Mobile Vision Clinic to every Petersburg City Public school, providing eye exams and glasses to 440 students. While some vision screening costs are supported with VDOE funding, and Medicaid (60%), the rest of the cost is raised by Conexus. Conexus also leverages free eyeglass frames and free lab work as well as covering the costs for some of the eye doctors that have served this program in Petersburg.



Maternal Health and Child Health Updates

12 Months Uninterrupted Coverage

Beginning in July 2022, women enrolled in Medicaid and FAMIS Moms receive guaranteed continuous coverage throughout their pregnancy up to 12 months postpartum. In January 2024 children under age 19 enrolled in Medicaid or FAMIS similarly receive 12-months of continuous coverage. This means, for these two vulnerable groups, coverage is protected and cannot be reduced or ended during the defined coverage period, with limited exceptions. Continuous coverage is associated with receipt of timely, preventive and acute care, thus ensuring that conditions are treated sooner, before becoming more serious or chronic. It is also associated with lower administrative costs for states.

Procurement of Cardinal Care

The current procurement underway reflects DMAS' goals to improve MCO accountability in service delivery and member access with particular focus on maternal and child health. The new contract will strengthen DMAS' ability to conduct oversight of the MCOs with updated, more robust data deliverable requirements based on guidelines established by the American Academy of Pediatrics and American College of Obstetricians and Gynecologists.

Racial Disparities and Maternal Mortality

Improving health outcomes for all pregnant and postpartum women remains a top priority for DMAS, with a focus on reducing racial disparities and maternal mortality.

DMAS and its MCOs are participating in a Center for Medicaid and CHIP Services (CMCS) Quality Improvement Initiative called Improving Maternal Health by Reducing Low-Risk Cesarean Delivery (LRCD). CMCS' contractor utilizes industry Quality Improvement advisors, and data advisors to provide Virginia with support, technical assistance, and education. Thus far, the group focused on doula services and is now working to define interventions and outcome measures for further study.

Working across the agency, and with input from sister agencies, providers, members, and contracted MCOs, DMAS is implementing best practices in the following areas to improve wellbeing for all Medicaid members:

- Eligibility and Enrollment: Streamline enrollment for pregnant women/newborns
- Outreach and Information: Engage internal and external stakeholders and share information with members
- Connections: Engage providers, community stakeholders, hospitals, and agencies
- New and Improved Services and Policies: Collaborate on Virginia initiatives to enhance services
- Oversight: Use data and reports to evaluate and improve programs

Maternal and Child Health Policy Innovation Program (MCH PIP)

DMAS completed the National Academy for State Health Policy (NASHP) Maternal and Child Health Policy Innovation Program (MCH PIP) in April 2023. This two-year convening sought to identify, develop, and implement policy changes or develop specific plans for policy changes and/or strategies with the goal of improving access to quality care. The MCH PIP Member Postpartum Coverage toolkit was distributed in 2023 and included details on



the new extended postpartum coverage benefits, postpartum visits, wellness checks, postpartum mental health, post-delivery care, and breastfeeding.

Information Technology

After successfully implementing the Medicaid Enterprise System (MES) in 2022, the agency's IT priorities centered around maintaining, leveraging, and re-using current investments where possible, while seeking new and innovative technologies and solutions to create economies of scale and improve customer service.

To this end, the agency's IT functions successfully obtained certification from (CMS) for the following core MES modules: Enterprise Data Warehouse Solution (EDWS), Appeals Information Management System (AIMS), and Provider Services Solution (PRSS). Systems certified by CMS ensure that both the state and federal governments receive a return on the investments made and provides long-term enhanced federal funding participation (FFP) for the cost of operating and maintaining those systems.

The agency also completed the provisioning of systems enhancements through a series of product changes and releases to the Fiscal Agent Services (FAS) and Provider Services Solution (PRSS) modules, which created new operational synergies and benefits for users of those systems. Enhancements include new data extracts and reports, improved configuration rules and system logic, and greater management insights into overall claims adjudication, provider enrollment, and payment processes. For its provider enrollment function, the team also achieved both Cures Act compliance and a positive rating on federal Transformed Medical Statistical Information System (TMSIS) metrics.

Other critical projects and efforts were also successfully launched in the care management and behavioral health lines of business. Implemented in 2023, the Care Management Solution (CRMS) is an integral part of MES and is designed to ensure that members receive timely long-term care services for disabling conditions and chronic illnesses.

CRMS facilitates eligibility screenings for Medicaid Long-term Services and Supports (LTSS), conducts annual reviews of care levels, and offers comprehensive care for the elderly. On the behavioral health side, the service authorization process is an administrative mechanism used to ensure that utilization of medical services and procedures are appropriate. Many medical and behavioral health services need to first be approved by DMAS based upon demonstrated medical necessity before the benefits can be administered to the members. Through the Behavioral Health Service Authorization (BHSA) project implementation in 2024, the processing of all medical and behavioral health services for members enrolled in Virginia's fee-for-service (FFS) delivery system was consolidated from two vendors (Acentra and Magellan) to a single vendor (Acentra). Acentra is now responsible for managing all the FFS service authorization and registration processes, delivering specialty behavioral health services, coordinating care amongst providers and agencies, collecting and sharing appropriate data, and managing the operational supports needed to execute these services.

There were also strides made in the agency's overall enterprise application footprint, which included digital transformation and automation of numerous business



processes using DocuSign workflows and automated communications to over 2 million Medicaid members for the Medicaid re-determination effort (unwinding) after the Public Health Emergency. Additionally, the Commonwealth of Virginia website modernization program was created to ensure all state websites provide an accessible, trusted, and secure experience for all Virginians. This allowed DMAS to better communicate important information to Medicaid members, providers, and citizens of the Commonwealth.

These achievements were all complimented by the appointment of a new Deputy Director to spearhead the agency's technology functions and a new Chief Information Officer overseeing the Information Management (IM) team.

Federal 21st Century Cures Act Requirements for Managed Care Provider Enrollment

Effective October 1, 2023, DMAS received recognition from (CMS) for achieving compliance with 21st Century Cures Act requirements for enrollment of managed care network providers in the DMAS provider system, known as PRSS. Managed care providers who do not enroll in PRSS are removed from health plan networks and are not permitted to receive payment with Medicaid funds, except in limited circumstances, such as emergency services. Cures Act rules are complex and mandate risk-based screenings against multiple federal data bases to ensure against enrollment of federally excluded entities. Screening elements include collection of sensitive provider data and application fees, and fingerprinting, background checks, and site visits for higher-risk providers. To comply, Virginia leveraged its provider services solution (PRSS) module, which launched in April 2022, was certified by CMS in April 2023, and includes an online provider portal and automated screening and enrollment processes.

Working collaboratively with its managed care plans, DMAS initiated a multi-phased strategy to accelerate enrollment of managed care providers in PRSS, end agreements with providers not willing to enroll, monitor network adequacy, and transition impacted members to maintain their continuity of care. Key provisions of the strategy included a robust data analysis to identify unenrolled network providers, targeted "Act Now" provider outreach campaigns, and providing clear guidance and dedicated resources to assist providers. Upon demonstrating compliance with Cures Act standards, CMS approved Virginia's Cardinal Care Managed Care Waiver, which successfully combined its Medallion 4.0 and Commonwealth Coordinated Care Plus managed care programs. CMS also issued approvals for Medallion 4.0 and CCC Plus managed care contracts and amendments for which CMS withheld while awaiting Virginia's compliance with the Cures Act standards for enrollment of managed care providers.

Moving forward, DMAS and the health plans will continue outreach and education efforts to providers to encourage timely revalidations in PRSS (required every five years), enroll new service locations, and to improve the quality of provider data in PRSS. PRSS data will be used to monitor ongoing Cures Act compliance, support network adequacy and oversight activities, and to promote accurate and complete provider network directories. PRSS also provides an effective platform to support new requirements, including those needed for compliance with network adequacy and reporting provisions of the 2024 Managed Care Final Rule.



Nursing Home Value Based Purchasing (VBP) Project

Virginia Medicaid's nursing facility (NF) Value-Based Purchasing (VBP) program incentivizes NFs to improve quality of care. Initiated in 2021 at the direction of the General Assembly, DMAS administers this program in collaboration with contracting (MCOs) and stakeholders. Approximately 264 participating NFs serve close to 19,000 Medicaid members on a monthly basis. Performance payments – which total \$144M for SFY24 – are based on NF attainment and/or improvement on six performance measures that are focused on adequate staffing and avoiding negative care events for members. These measures include: total nurse staffing levels and minimizing days without a registered nurse on staff, as well as minimizing pressure ulcers, urinary tract infections, hospitalizations and emergency department visits among members. During the 2022 – 2023 performance period, NFs performed strongly on staffing measures, with more than half achieving the program's higher attainment thresholds. Detailed information about the program can be found on DMAS' NF VBP program dashboard. (<https://www.dmas.virginia.gov/data-reporting/value-based-purchasing/nursing-facility-value-based-purchasing-program/>)

Cardinal Care Managed Care

Cardinal Care launched in January 2023 as a rebranding of the Virginia's Medicaid program and Children's Health Insurance Program—Family Access to Medical Insurance Security Plan (FAMIS) Cardinal Care Managed Care (CCMC) combined the state's existing Medallion 4.0 managed care program for traditional Medicaid and the Commonwealth Coordinated Care Plus (CCC Plus) managed long-term services and supports (MLTSS) program to serve 1.9 million Medicaid managed care members. CCMC continues to partner with the same MCOs administering Medallion 4.0 and CCC Plus and covers the full scope of Medicaid managed care services.

The CCMC contract improves continuity of care and members no longer transition between the two managed care programs. For example, Medallion 4.0 members transitioning into hospice or long-term services and supports no longer drop to fee-for-service before re-enrolling in managed care. Other areas of merging and alignment to effectuate one comprehensive program included aligning provider network adequacy standards to meet the needs of the Medicaid population; aligning quality reporting ensuring measures are consistent between the programs and that appropriate benchmarks are established by population. In January 2023, DMAS launched a single managed care enrollment website: <https://www.virginiamanagedcare.com>, a Virginia Cardinal Care Mobile App, a single managed care helpline at 1-800-643-2273, TTY: 800-817-6608, and an aligned open enrollment process for managed care members. Cardinal Care Managed Care provides a strong foundation for the Governor's priority initiatives, including Right Help Right Now and the managed care procurement.

In August 2023 DMAS took a bold approach to improve the Cardinal Care Managed Care program by releasing request for proposals (RFP) which includes a new foster care specialty plan, and the following goals:

1. Advance the Commonwealth's priorities such as improving behavioral health and population health outcomes;
2. Provide member-centered holistic care that meaningfully engages and addresses unique needs of all members;



3. Enhance availability and accessibility of care across all care settings;
4. Enable participants utilizing LTSS to live in their setting of choice and promote their wellbeing and quality of life; and
5. Strategically leverage new technologies, payment models, and best practices for accountability and impact.

High Needs Supports

During this biennial, there were a number of projects, initiatives and challenges within the more comprehensive long term care programs. As the Commonwealth was still reeling from the last stages of the COVID 19 pandemic, the programs within Medicaid continued to implement flexibilities under the HCBS waivers. At the same time, efforts to continue to improve and expand programs within Medicaid continued as well.

Developmental Disabilities Waivers: Providers in the DDW system continued to have a number of flexibilities related to service delivery as afforded under Appendix K of the waiver amendment. Many of those flexibilities were also in stages of unraveling as the Commonwealth began to return to normal operations. With the expectations of some flexibilities that became a new part of the normal array of services, most flexibilities were ended in 2023. One of the greatest lessons learned and opportunities presented during the pandemic was the opportunity to choose to receive services via a telemedicine modality. None of the DDW services had ever been delivered in this way for understandable reasons. The pandemic afforded the opportunity to try and for the most part was successful. As a result, we learned what services were compatible and also the safeguards that needed to be in place to ensure effective service delivery to our most vulnerable citizens. During 2023-2024, many changes were made to the waiver amendments, regulations and manual to allow increased usage of telemedicine as appropriate.

The Commonwealth remained in an active Settlement Agreement with the US Department of Justice. Due to originally end in 2022, it has been extended to allow sufficient time to address the continued deficiencies in the compliance indicators largely affected by the pandemic. The Commonwealth has remained committed to ensuring access to the waivers with increases in waiver slots funded through the General Assembly. During the 2024 session, the Governor proposed and the legislature funded 3,440 slots over the next biennium which will help to eliminate the priority one waiting list for services, thus ensuring that the most in need are receiving services.

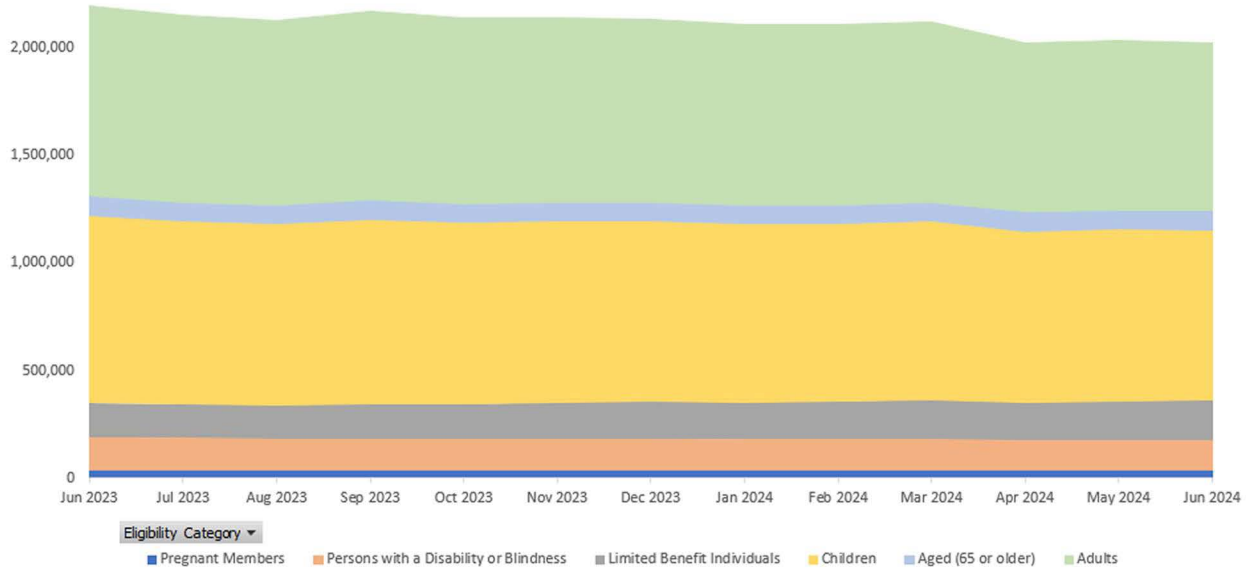
Brain Injury Services

During this period, at the direction of the General Assembly, DMAS initiated an extensive workgroup to explore and make recommendations for a brain injury waiver, neurobehavioral unit and targeted case management service. The workgroup was comprised of a wide variety of stakeholders to include advocates, professionals, state agencies, associations and self-advocates. At the conclusion of almost a year long process, DMAS provided its recommendations as directed as well as initiated the implementation of a new state plan service for Brain Injury target case management for individuals with severe traumatic brain injury. The services became available in January 2024.



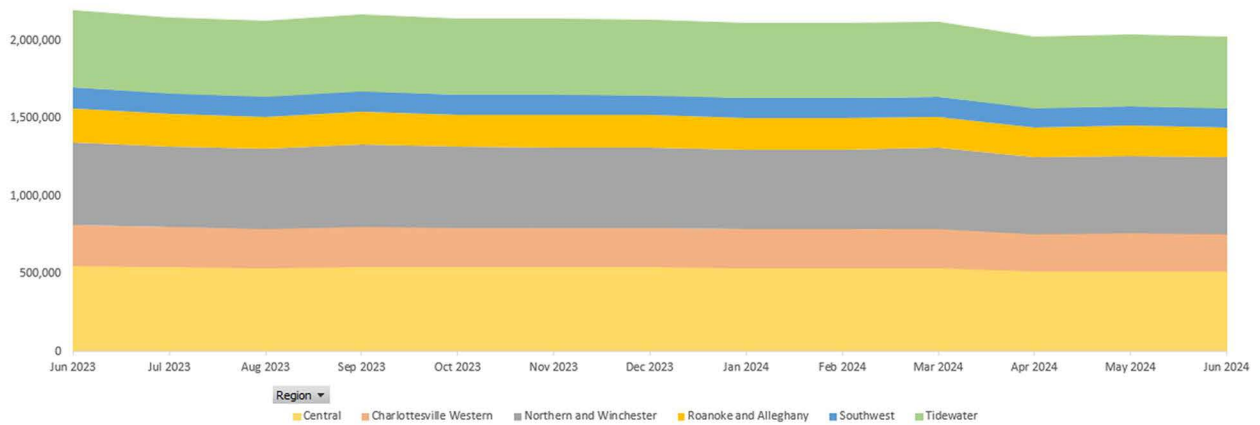
BY THE NUMBERS

Enrollment Trend by Eligibility Category



Eligibility Category	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Grand Total
Pregnant Members	38748	37199	36925	38915	37928	39711	39850	38472	38690	40573	38944	37858	38590	502403
Persons with a Disability or Blindness	152218	149916	147883	147159	145865	145870	145130	143258	142576	142272	139160	139676	139143	1880126
Limited Benefit Individuals	159007	156399	156042	161146	162154	168483	172248	172446	175851	182329	175577	184030	185860	2211572
Children	872497	852175	840005	857222	845009	841151	837775	826379	824737	828258	795772	794484	791749	10807213
Aged (65 or older)	87967	86856	86076	86873	86712	87861	88006	88275	88409	89246	87226	88798	89034	1141339
Adults	884374	867125	856843	875133	862543	853400	850126	840161	838730	834680	786221	789991	778019	10917346
Grand Total	2194811	2149670	2123774	2166448	2140211	2136476	2133135	2108991	2108993	2117358	2022900	2034837	2022395	27459999

Monthly Enrollment Trend by Region



Region	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Grand Total
Central	555016	545996	539965	549466	544389	544094	543710	538103	538761	541919	518735	520475	517056	6997685
Charlottesville Western	259366	252918	248801	254239	251264	250547	250043	247456	247588	248500	238103	239201	237664	3225690
Northern and Winchester	535505	522089	515146	528344	520878	520324	520832	513812	514990	519639	492863	498657	496152	6699231
Roanoke and Alleghany	214440	209556	206601	210284	207035	206384	205631	203148	202314	202281	193408	194056	192845	2647983
Southwest	139282	135474	132576	134980	132664	132760	132323	130516	129802	129619	126003	126653	125952	1708604
Tidewater	491202	483637	480685	489135	483981	482367	480596	475956	475538	475400	453788	455795	452726	6180806
Grand Total	2194811	2149670	2123774	2166448	2140211	2136476	2133135	2108991	2108993	2117358	2022900	2034837	2022395	27459999



PMPM by Expense Category (Acute)

		SFY2022	SFY2023	SFY2024	% Difference
Grand Total	PMPM	\$291	\$311	\$315	1.4%▲
	Cost Per Claim	\$166	\$171	\$183	7.1%▲
	Claims Per 12K Members	21,060	21,770	20,606	-5.3%▼
ER	PMPM	\$16	\$19	\$20	4.8%▲
	Cost Per Claim	\$123	\$144	\$166	15.0%▲
	Claims Per 12K Members	1,513	1,577	1,437	-8.9%▼
In-Patient	PMPM	\$59	\$56	\$55	-1.9%▼
	Cost Per Claim	\$8,822	\$8,140	\$8,030	-1.3%▼
	Claims Per 12K Members	80	83	82	-0.6%▼
Nursing Facility	PMPM	\$0	\$0	\$0	41.9%▲
	Cost Per Claim	\$2,466	\$3,828	\$4,152	8.5%▲
	Claims Per 12K Members	0	0	0	30.8%▲
Other Facility	PMPM	\$4	\$5	\$5	-7.0%▼
	Cost Per Claim	\$1,070	\$1,224	\$1,283	4.8%▲
	Claims Per 12K Members	48	52	46	-11.2%▼
Out-Patient	PMPM	\$33	\$40	\$44	9.5%▲
	Cost Per Claim	\$390	\$495	\$555	12.1%▲

PMPM by Expense Category (MLTSS)

		SFY2022	SFY2023	SFY2024	% Difference
Grand Total	PMPM	\$1,650	\$1,809	\$1,913	5.8%▲
	Cost Per Claim	\$197	\$210	\$216	3.1%▲
	Claims Per 12K Members	100,465	103,421	106,065	2.6%▲
ER	PMPM	\$22	\$26	\$29	11.1%▲
	Cost Per Claim	\$85	\$100	\$115	15.0%▲
	Claims Per 12K Members	3,041	3,155	3,048	-3.4%▼
In-Patient	PMPM	\$185	\$181	\$191	5.4%▲
	Cost Per Claim	\$7,450	\$6,873	\$7,211	4.9%▲
	Claims Per 12K Members	299	317	318	0.4%▲
Nursing Facility	PMPM	\$344	\$395	\$415	5.1%▲
	Cost Per Claim	\$4,544	\$5,303	\$5,822	9.8%▲
	Claims Per 12K Members	908	894	856	-4.3%▼
Other Facility	PMPM	\$29	\$32	\$28	-12.6%▼
	Cost Per Claim	\$543	\$587	\$642	9.3%▲
	Claims Per 12K Members	630	658	526	-20.0%▼
Out-Patient	PMPM	\$82	\$105	\$118	11.7%▲
	Cost Per Claim	\$362	\$455	\$500	9.9%▲

BMAS MEMBERS

Michael E. Cook, Esq. (Chair)**
Kannan Srinivasan (Vice Chair)**
Elwood Boone*
Jason Brewster*
Jennifer Clarke*
Patricia T. Cook, MD*
Alexis Y. Edwards**
Ashely Gray**
Tim Hanold*
Paul Hogan*
Maureen S. Hollowell**
Ashish Kachru*
Basim Khan*
Vienne Murray, MD*
Elizabeth Noriega**
Ira G. Peters**
Margaret Roomsburg*

*Current Member

**Term ended (active during FY23/24 reporting period)

FY23/24 MEETING DATES

March 14, 2023
June 13, 2023
September 12, 2023
December 12, 2023
March 12, 2024
June 18, 2024
September 17, 2024
December 10, 2024

Section 32.1-324 of the Code of Virginia requires the Board of Medical Assistance Services (BMAS) to submit a biennial report to the Governor and the General Assembly