



# 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)

**April 29, 2025**

### **MEMORANDUM**

**TO:** The Honorable Luke E. Torian  
Chair, House Appropriations Committee

The Honorable L. Louise Lucas  
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 (2<sup>nd</sup> Quarter FY25)

This report is submitted in compliance with item 292.B.2. of the *2024 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 804-664-2660.

CJR/wf

Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

## Item 292.B.2. of the 2024 Appropriations Act

### Quarterly MCO Expenditure Report

#### 2<sup>nd</sup> Quarter FY25

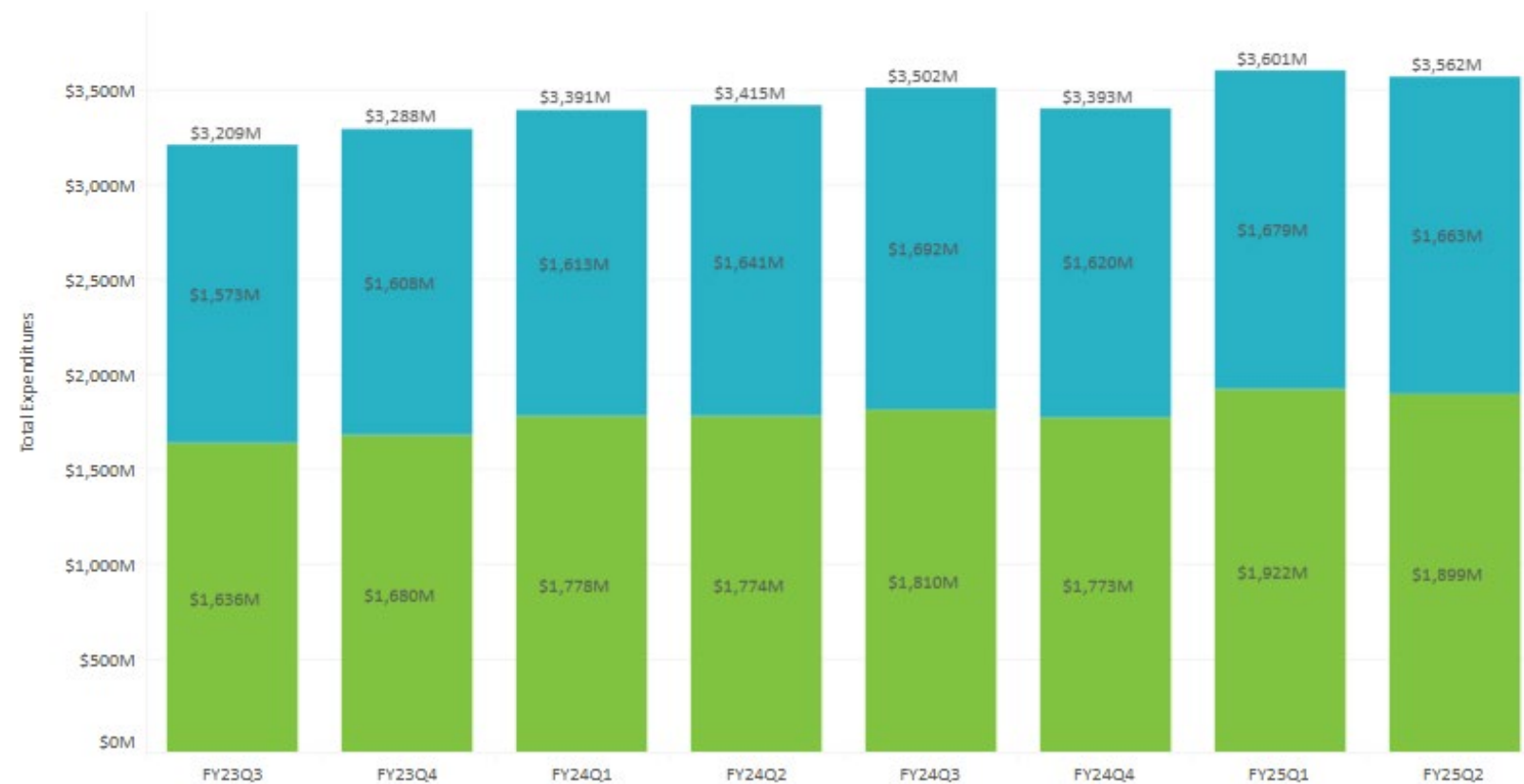
Information contained in this report can be found on interactive “Dashboards” location on the Virginia Department of Medical Assistance Services website.

### Medicaid and FAMIS Managed Care Healthcare Expenditures by Program

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

#### Healthcare Expenditures by Program

Medallion4 (Acute) CCCPlus (MLTSS)

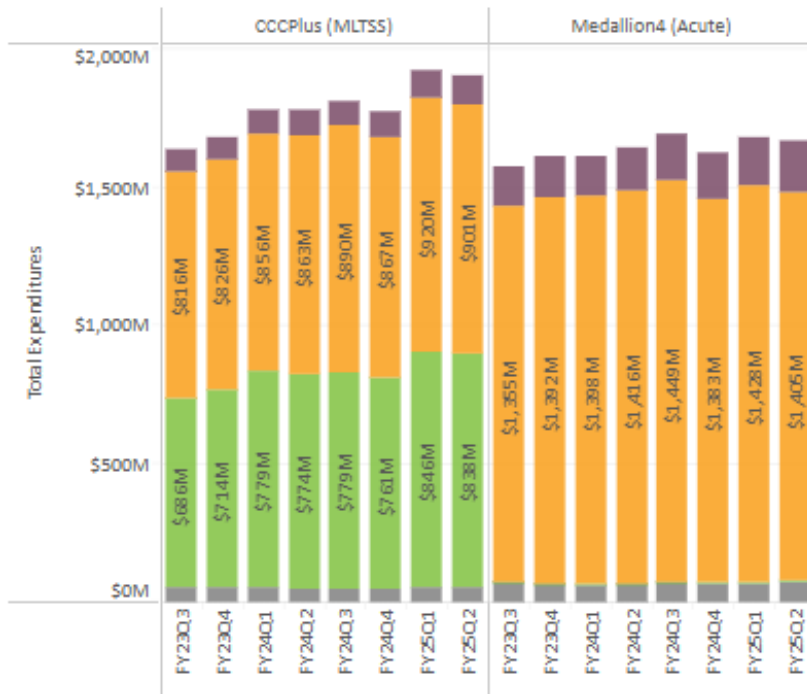


# Medicaid and FAMIS Managed Care Healthcare Expenditures by Service Category

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

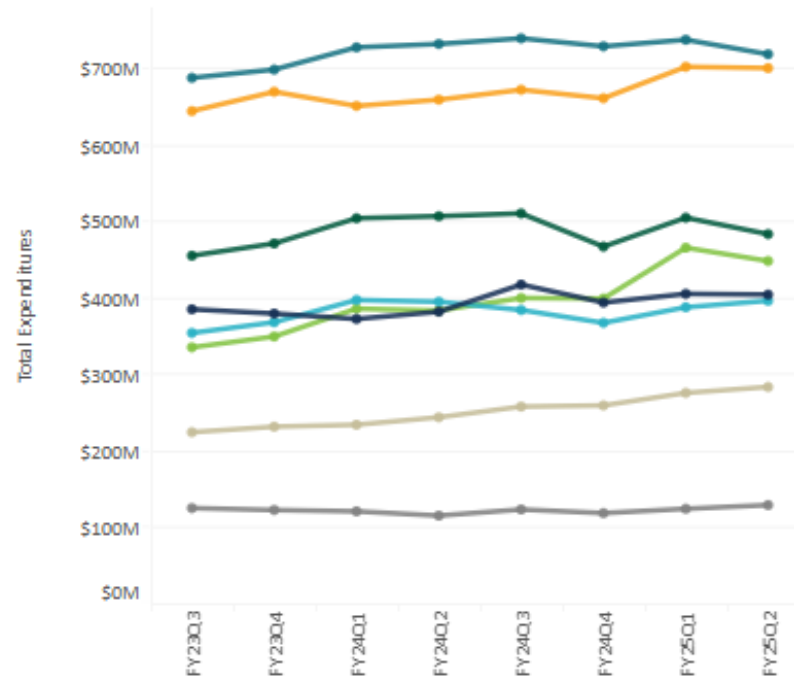
## By Overall Service Category

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



## By Detailed Service Category

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

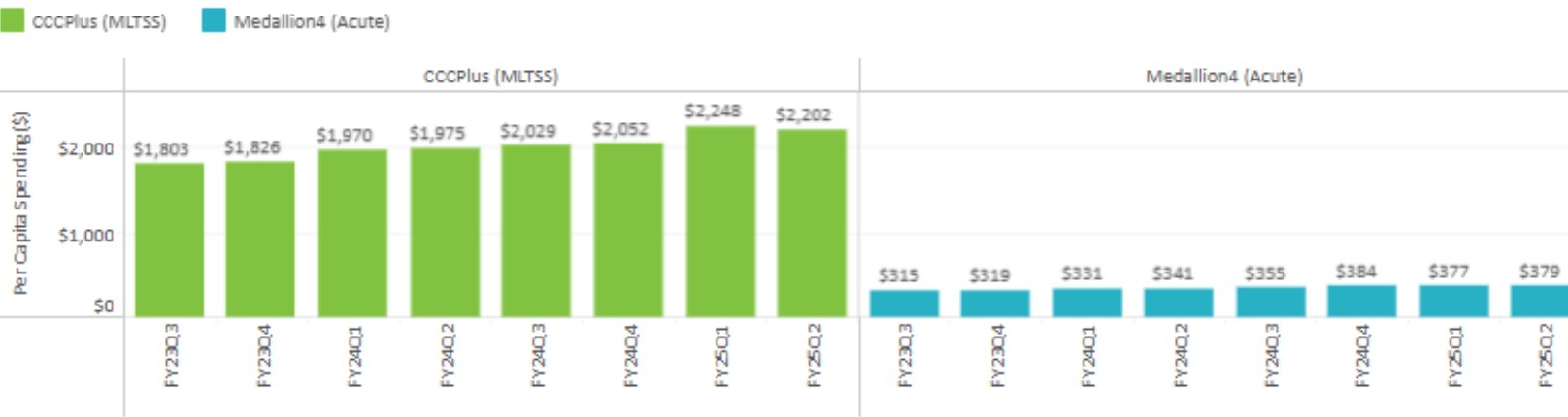
Member Eligibility Category

(All)

(All)

### 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

## 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 (MLTSS) 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 **Medallion4 (Acute) 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.

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## 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 healthcare coverage. The Department of Medical Assistance Services (DMAS) administers Virginia's Medicaid and CHIP programs 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.