Medicaid Managed Care in Virginia

And

An Explanation of Reforms Included in FY 2013 Managed Care Contracts

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Medicaid Innovation and Reform Commission
For the past 18 years, Virginia has had managed care Medicaid derived from Commercial-like benefit packages.

Each of the 7 MCOs contributes something unique and has allowed Virginia to expand its managed care coverage statewide.
Contract Provisions

For FY 2013, DMAS completely revised the MCO contract to include discussion on:

- Commercial-like Benefits
- Coordinating with the BHSA
- Delivery System Reforms
- Data Improvements
- Foster Care
- Program Integrity
- Quality Improvement
Commercial-like Benefits

• Managed care Medicaid developed from commercial benefit designs.

• MCOs examining incentive arrangements to reward positive behaviors that allow care to be delivered in the most appropriate setting.
Coordinating With Behavioral Health Service Administrator

• Acute care still being handled by MCOs for managed care Medicaid populations.

• Magellan (BHSA) beginning 12/1/13 will administer Non-Traditional Behavioral Health Services to all Medicaid populations on an Administrative Services Only Basis (non risk)
Delivery System Reforms

Many MCOs are part of Integrated Health Systems:
• INTotal Health – Inova
• MajestaCare – Carilion
• Optima – Sentara
• Virginia Premier – VCU

Other MCOs are also involved with delivery system innovation:
• Anthem HealthKeepers – CareMore
• Coventry Cares – telemedicine
• Kaiser – integrated care clinics
Data Improvements

• MCOs part of Health Plans funding a portion of the APCD.
• MCO contract requires data filed with APCD.
• Integrated Delivery Systems with hospitals, health care provider practices, and MCOs can share electronic health records (EHRs).
• DMAS is a national leader with a several hundred page Technical Manual as Exhibit to the contract, improving data analytics.
Foster Care

• As part of contract and MIRC reform budget language, Foster Care children receiving care through the MCO contracts.
• Several regions of Virginia operational and will be finalized by late winter 2014.
• MCOs working to coordinate efforts with local Social Services.
• MCOs bear risk for services instead of “blank check” fee-for-service approach.
Program Integrity

• Virginia is a national leader with Program Integrity Collaborative.
• MCOs, DMAS, and vendor working together.
• Strengthened audit and reporting provisions in MCO contract.
Quality Integrity

• Quality Care Collaborative – existing program “best practices.”
• NCQA Certification – stringent quality standards every MCO must be certified – Virginia best practice leader.
• Performance Incentives – MCOs will be financially incentivized if met or exceed specific performance standards.
• Annual Wellness Initiatives must be reported.
• Managed Care Systems Partnership – MCOs must perform 2 MCO-specific innovations