

**FY 2022 PERFORMANCE PLAN**

<b>Medical Assistance</b>		<b>EID/PAB</b>	Jessica Crothers x1332, LaNette Anderson x1343, Julie Powell x1340, Maria Diaz x1033, LaTonya Harris X1329
Program Purpose	Enroll Virginia residents who meet income and other eligibility requirements in Medical Assistance, a government healthcare insurance program.		
Program Information	<ul style="list-style-type: none"> <li>• Virginia has two medical assistance programs: Medicaid and the Family Access to Medical Insurance Security Plan (FAMIS). Collectively, these Programs are referred to as Medical Assistance (MA).</li> <li>• The MA programs pay medical service providers for medical services rendered to eligible individuals.</li> <li>• When an individual applies for MA, their eligibility is determined for Medicaid first. If they are not eligible for Medicaid due to excess income, their eligibility is determined for FAMIS.</li> <li>• Participants are Virginia residents, ages 0 to death, prenatal to nursing home care, who meet the eligibility guidelines. Covered Groups include applicants who are age 65 or older, blind, disabled, under age 19, pregnant women, Modified Adjusted Gross Income (MAGI) adults ages 19-64, and the parent(s) or caretaker-relative of a dependent child.</li> <li>• Medical Assistance recipients must meet financial and nonfinancial requirements.             <ul style="list-style-type: none"> <li>○ Nonfinancial requirements include but are not limited to citizenship/alienage, assignment of rights to medical benefits, and pursuit of support from the absent parent.</li> <li>○ Financial eligibility requirements vary depending upon the covered group. Financial requirements include but are not limited to meeting asset transfer guidelines for individuals needing long-term care, and resources must be within resource limits appropriate to the covered group. Not all covered groups have resource limits. All taxable income and some nontaxable income are countable in the eligibility determination.</li> </ul> </li> <li>• Program components include initial eligibility determination, review/renewals, and processing changes. The Virginia Hospital Center supports an Eligibility Worker out stationed at the hospital to provide Medicaid services to patients admitted without health insurance.</li> <li>• The Medicaid program is established under Title XIX of the Federal Social Security Act and is financed by state and federal funds. The State Plan for Medical Assistance (State Plan) is the official body of regulations covering the operation of the Medicaid program in Virginia. The FAMIS program is established under Title XXI of the Social Security Act.</li> <li>• The Commonwealth of Virginia is the 33<sup>rd</sup> state, along with the District of Columbia, to approve Medicaid expansion under the Affordable Care Act. Governor Ralph Northam signed a new state budget into law on June 7, 2018 that took effect January 1, 2019.</li> <li>• Virginia law provides that the MA programs be administered by the Department of Medical Assistance Services (DMAS).</li> <li>• Statistics provided are based on the State Fiscal Year (SFY), which runs from June 1 to May 31.</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Since the start of COVID-19/March 2020, the state of Virginia has put several safeguards in place to ensure as many recipients as possible remain enrolled in Medical Assistance.             <ul style="list-style-type: none"> <li>✓ No Medical Assistance cases are to be closed unless the client died, moved out of the state, or requested closure regardless of income or resources.</li> <li>✓ Medical Assistance renewals were waived for the duration of the Public Health Emergency, unless they could be completed with no reduction in benefits.</li> <li>✓ Co-pays have been waived for all Medicaid or FAMIS covered services.</li> <li>✓ No recipient inadvertently loses coverage due to lapses in paperwork or a change in circumstances.</li> <li>✓ Medical Assistance recipients received a 90-day supply of many routine prescriptions.</li> <li>✓ No pre-approvals were needed, and automatic approval extensions were granted for many critical medical services.</li> <li>✓ Increased pandemic unemployment benefits were disregarded for Medical Assistance programs to ensure continuous enrollment.</li> </ul> </li>   <li>• The Public Health emergency was issued 03/25/20 and has been extended throughout SFY 2022, stating local agencies need not complete renewals for most clients unless clients report a change that could result in improved coverage, and that cases cannot be closed, or benefits reviewed for any reason other than those listed above. In addition, the following criteria were added:             <p>A CHIP(FAMIS) or CHIPRA (Lawfully Residing) individual who turns 19 or whose postpartum period ends should not be closed. In addition, local agencies are to:</p> <ul style="list-style-type: none"> <li>✓ Exclude receipt of unemployment income increases due to the CARES Act and Stimulus Checks/Economic Impact Payments</li> <li>✓ Show no increases in patient pay</li> <li>✓ Accept attestation of medical expenses in lieu of documentation for the purposes of meeting a Medically Needy Spenddown</li> </ul> </li>   <li>• Effective March 26, 2021, all Medicaid Renewal/Redetermination forms were no longer generated, and local agencies were instructed to cease processing all Medicaid Renewals/Redetermination. Likewise, criteria requiring Lawful Permanent Residents (LPRs, sometimes called “green-card holders”) to have 40 qualifying quarters of work in order to become Medicaid eligible was dismissed.</li> </ul>
<p>Service Delivery Model</p>	<ul style="list-style-type: none"> <li>• The Medical Assistance program was delivered in a hybrid format in SFY 2022. The Public Assistance Bureau staff provided customer services in the office one day per week.</li> <li>• Since the Public Health Emergency (PHE) as well as the SNAP and TANF interview waivers have been extended, service delivery in FY 2023 should remain the same. Service delivery will be reevaluated should the waivers and PHE end and/or should the Virginia Department of Social Services (VDSS) make other adjustments to policies.</li> </ul>

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**PM1: How much did we do?**

Staff	Total 22.75 FTEs: <ul style="list-style-type: none"> <li>• 2.25 FTE Eligibility Supervisors (50% of 4 Eligibility Supervisors &amp; 25% of 1 Supervisor)</li> <li>• 18.5 FTE Benefit Programs Specialists (50% of 39 FTEs)</li> <li>• 2.0 FTE Case Aides (67% of 3 FTEs)</li> </ul>				
Customers and Service Data		<b>SFY 2019</b>	<b>SFY 2020</b>	<b>SFY 2021</b>	<b>SFY 2022</b>
	Total Applications received	7,165	3,710	4,463	3,853
	Total Medical Assistance recipients	18,869	21,787	25,346	28,597
	Total Medical Assistance households	15,484	17,587	20,973	23,853

**PM2: How well did we do it?**

2.1	Applications processed on time
2.2	Reviews processed on time
2.3	Accuracy of eligibility determination for applications and reviews

**PM3: Is anyone better off?**

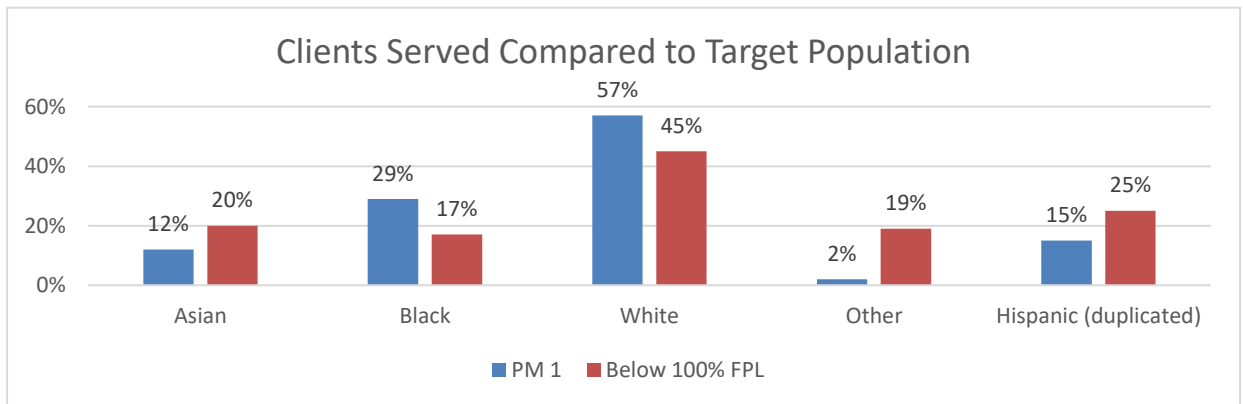
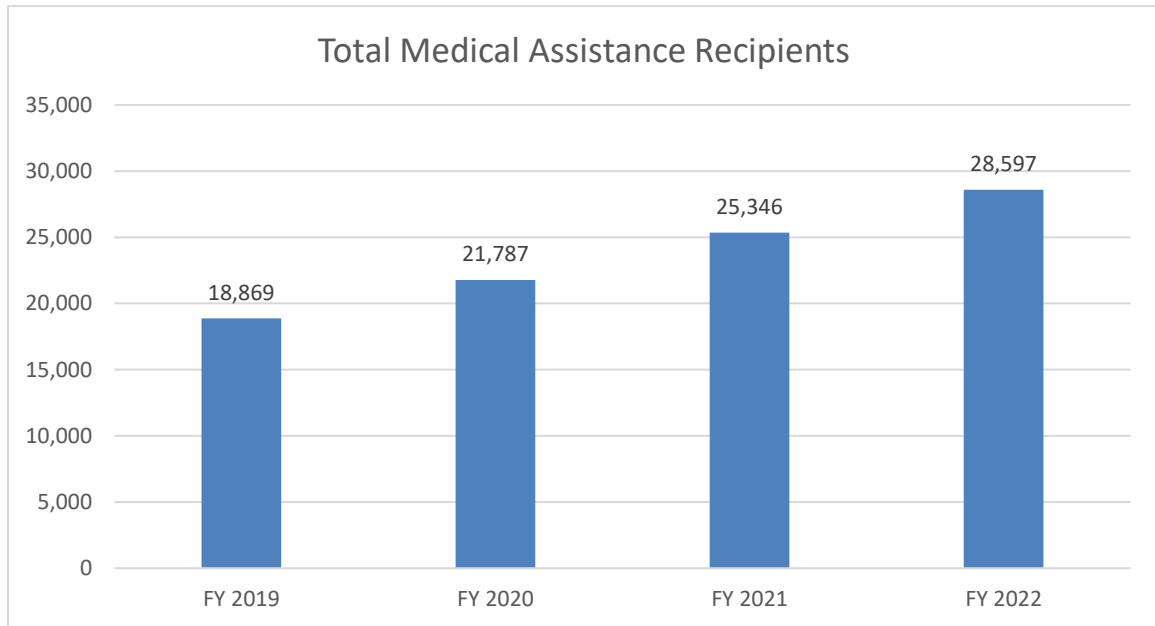
3.1	Enrollments in Medical Assistance at Virginia Hospital Center for patients that do not have insurance upon admission
3.2	Impact of Arlington Medical Assistance program

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### Medical Assistance

<b>Measure</b>	<b>1</b>	<b>Total Clients Served</b>
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**Data**



**Data Summary**

- In FY 2022, there were 28,597 total medical assistance recipients.
- The number of medical assistance recipients increased 52% between SFY 2019 and SFY 2022, from 18,869 in FY 2019 to 28,597 in FY 2022.

#### What is the story behind the data?

- In comparison to the population of Arlington residents with incomes less than the federal poverty level, the program served a higher proportion of Black residents and a lower proportion of Asian and Hispanic residents. In addition to income requirements, Medical Assistance recipients must meet additional [non-financial](#) eligibility guidelines.
- The number of recipients increased by almost 10,000 since SFY 2019.
- Medical Assistance renewals have been waived since SFY 2019 and reviews have not been initiated during the pandemic if they resulted in a reduction in benefits.

**Recommendations**

**Target Dates**

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<ul style="list-style-type: none"><li>• Continue to enroll all eligible applicants in the Medical Assistance programs.</li><li>• Continue to participate in state training as needed to stay abreast of policy changes.</li><li>• In SFY 2023, local agencies will process enrollments for emergency hospital coverage for residents who are not otherwise eligible due to immigration status. Rather than covering a single hospitalization episode, this emergency coverage will be renewable annually. This change may result in increased numbers served.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li><li>• Ongoing</li><li>• SFY 2023 Q1</li></ul>
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**Forecast**

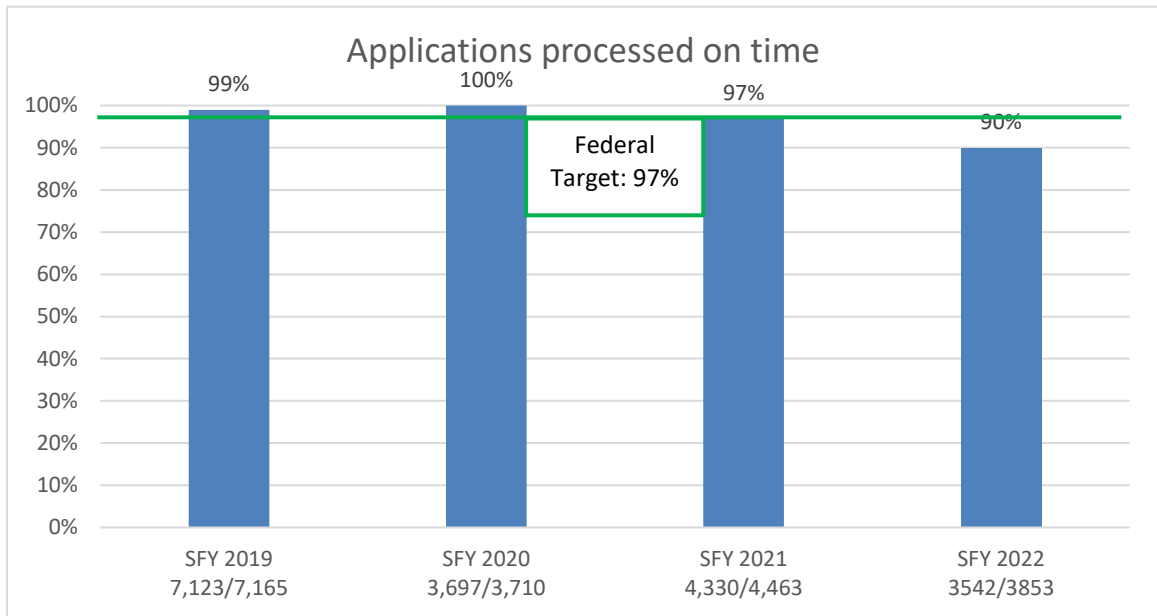
<ul style="list-style-type: none"><li>• In SFY 2023, the number of Medical Assistance recipients will likely increase to 30,000 if the Public Health Emergency continues. When the PHE ends, it is expected that the number of recipients will decrease substantially.</li></ul>
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**Medical Assistance**

**Measure**      2.1      Applications processed on time

**Data**



**Data Summary**

- In SFY 2022, 90% of applications were processed in a timely manner.
- Monthly data is obtained from the VDSS Data Warehouse and spreadsheets maintained by the program.

**What is the story behind the data?**

- In SFY 2022, program staff did not meet the federal target for Medical Assistance compliance of 97% but exceeded the average Virginia statewide compliance rate of 88.2%.
- Federal policy requires pregnant woman applications provided with complete documentation be processed within 7 days and 45 days for all other applications.
- While Arlington’s Medicaid applications decreased by 14% in SFY 2022, covered households increased by 11% over the year. The volume of SNAP applications processed by Benefit Programs Specialists resulted in delays in processing Medicaid applications as well.
- Households served increased in SFY 2022 because few cases are being closed during the PHE. The application decrease in SFY 2022 may be indicative that most eligible applicants are currently covered.

**Recommendations**

- Continue prioritizing tasks and reallocating resources to ensure timeliness standards are met.
- Continue to provide weekly pending reports of applications approaching processing deadlines to workers.
- Supervisors will continue to discuss workers’ progress/application status at monthly conferences and in performance evaluations.

**Target Dates**

- Ongoing
- Ongoing
- Ongoing
- Ongoing

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- Workers will continue to monitor the tasks and reminders to complete each action timely as they appear on the VACMS dashboard.

**Forecast**

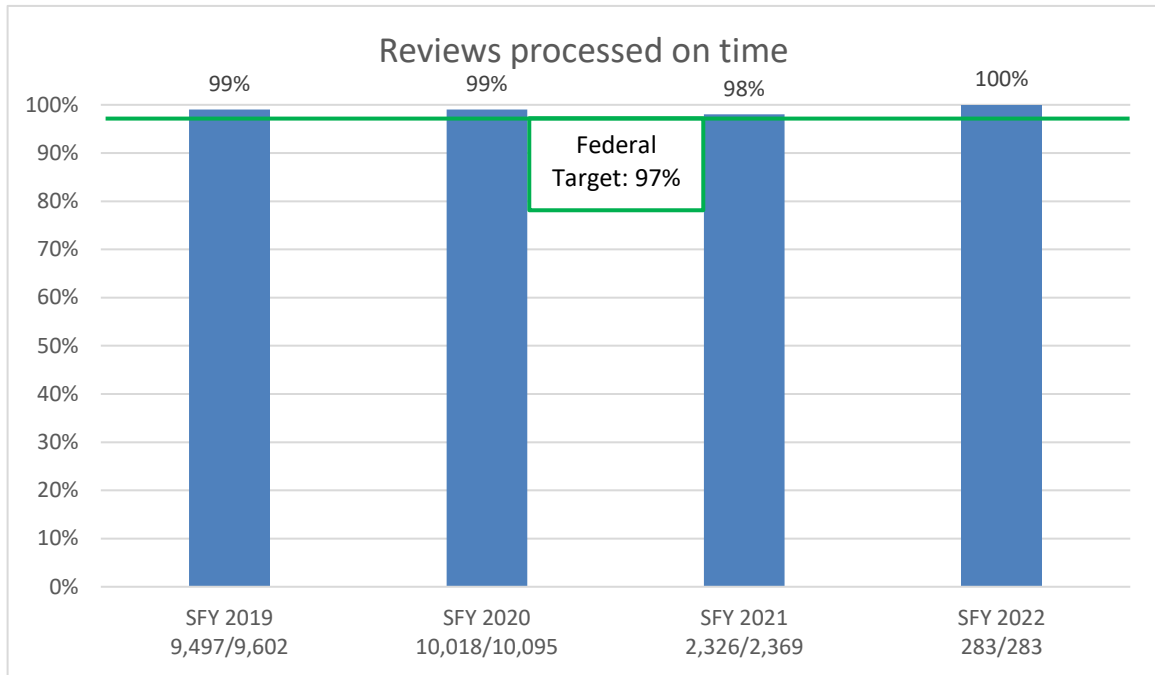
- In SFY 2023, Medical Assistance applications will reach at least 97% timeliness.

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**Medical Assistance**

**Measure**      2.2      Reviews processed on time

**Data**



**Data Summary**

- Weekly data is obtained from VDSS Weekly Medical Assistance (MA) Status report; monthly data is obtained from VDSS Case Renewals by Number of Months Overdue report, and annual statistics are compiled by program staff.
- Federal policy requires reviews be initiated in the 11<sup>th</sup> month of eligibility to ensure timely completion of the review. Likewise, the timeframe for acting on a review is 30 calendar days from the receipt of the completed review form.
- In SFY 2018, the Virginia Case Management System began doing exparte or automated Medicaid review of certain cases. When the automated exparte run operates properly, the worker has no responsibility for the case; however, there are many instances when the worker must review these cases as well to ensure accuracy and timeliness.
- The Public Health emergency was issued March 25, 2020, and has been extended throughout the current fiscal year, stating local agencies are going to continue completing Medicaid renewals and partial reviews, but cases cannot be closed except for select reasons. All submitted renewals had to be reviewed for eligibility, but many of them could not be completed due to the mandate of no closures or reduction in benefits. Effective March 26, 2021, renewal forms were no longer mailed to recipients and all renewals were suspended. The policy was later changed to complete renewals that do not reduce recipients' benefits.
- Program staff continue to meet or exceed the federal timeliness standards.

**What is the story behind the data?**

- In SFY 2020, due to COVID-19, Medicaid reviews were delayed from the last quarter and pushed into SFY 2021. Without this delayed processing guidance, thousands more reviews would have been due. Staff have continued processing annual Medical Assistance reviews in



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a timely manner, meeting or exceeding the federal target of 97%. 100% of Medicaid reviews were completed on time in SFY 2022.

- The number of completed reviews decreased significantly in SFY 2021 and SFY 2022 due to the pandemic guidance described above. To maintain timeliness standards, the program adjusted staffing and implemented process efficiencies where needed.
- Numerous special reviews were processed during the year but are not captured in these numbers. A special review is initiated when a client reports a change in the household situation. Some clients have been erroneously enrolled by CoverVA (the state).
- At some point in the future, local agencies will need to catch-up on all the redeterminations that have been waived during the pandemic. We currently have well over 15,000 overdue Medicaid redeterminations. Caseloads have increased over 50% and completing past due case reviews will pose a challenge in the future.
- Although staff are not completing many Medicaid reviews, they are still managing phone calls, adding babies and new family members, updating addresses, replacing Medicaid cards, and making other updates as requested by customers.
- Turnover rates among staff were 25% over the past year.

**Recommendations**

**Target Dates**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Continue prioritizing tasks and reallocating resources to ensure timeliness standards are met.</li> <li>• Continue to provide weekly pending reports of outstanding reviews approaching processing deadlines to workers.</li> <li>• Supervisors will continue to discuss workers’ progress/review status at monthly conferences and in the performance evaluations.</li> <li>• Continue to make regular referrals to Neighborhood Health and other facilities/programs when members do not qualify for Medicaid.</li> <li>• Develop a letter to provide to immigration officials regarding immigrants who were erroneously enrolled in Medicaid.</li> <li>• Continue to collaborate with the state and regional partners to develop a plan to reallocate resources, request overtime, and allocate new resources to catch-up on overdue renewals when the time comes.</li> <li>• With high turnover and higher caseloads, the bureau has reallocated one FTE to training effective SFY 2023.</li> </ul> | <ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Ongoing</li> <li>• Ongoing</li> <li>• As needed</li> <li>• SFY 2023 Q4</li> <li>• As needed</li> <li>• SFY 2023 Q1</li> </ul> |
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**Forecast**

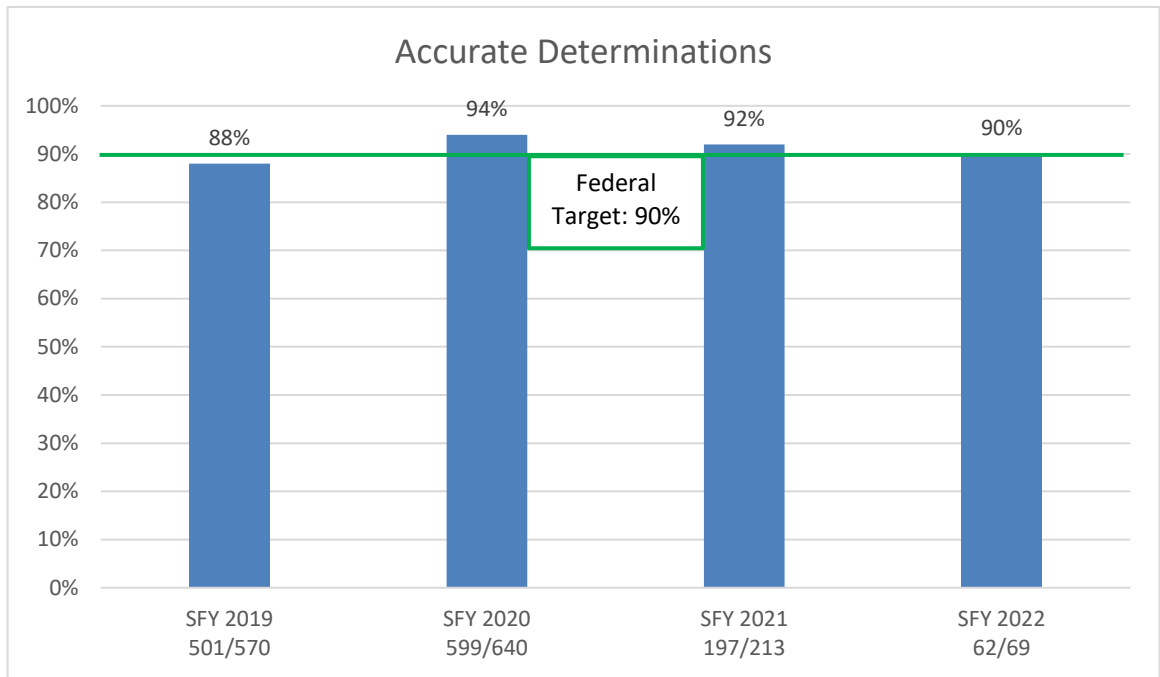
- In SFY 2023, Medical Assistance reviews will remain at or above 97% timeliness.

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**Medical Assistance**

**Measure**      2.3      Accuracy of eligibility determination for applications and reviews

**Data**



**Data Summary**

- Monthly data is obtained from supervisors and trainers who monitor up to three (3) Medical Assistance cases per worker (or more if there is a new worker in training) each month. Audits performed by the regional DSS office are included in this measure as well.
- The number of Medical Assistance cases reviewed declined with the cessation of Medical Assistance redeterminations due to the PHE.

**What is the story behind the data?**

- Federal policy requires case accuracy to meet a 90% standard. Program staff met this standard in SFY 2022.
- Accuracy of Eligibility Determination means that the customer receives the maximum coverage they are entitled to receive based on eligibility factors.
- Since the start of the pandemic in March 2020, we have lost and hired 26 Benefit Programs Specialists, with varying degrees of prior experience.
- The bureau has been able to maintain accuracy standard due in part to the state waivers and provisions during the public health emergency.
- The state rarely monitors Medicaid cases, but Arlington maintains its own quality assurance plan. Internal case monitoring is a preemptive measure to prevent state and federal errors.
- In SFY 2022, due to high turnover and a significant number of new hires, supervisors and case readers have shifted their focus from case readings to SNAP applications processing and new staff training.

**Recommendations**

- Maintain expectation with all Benefit Programs Specialists that they read and follow policy guidance as it is updated and disbursed.

**Target Dates**

- Ongoing

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- Ensure access to regional and statewide classroom and online trainings when offered.
- Continue to provide supplemental monthly reviews for staff in need of additional guidance as determined by the supervisor.
- Recruit and hire trainers/case readers who can monitor case actions to a great degree than our current capacity

- As needed
- Ongoing
- When allocated

**Forecast**

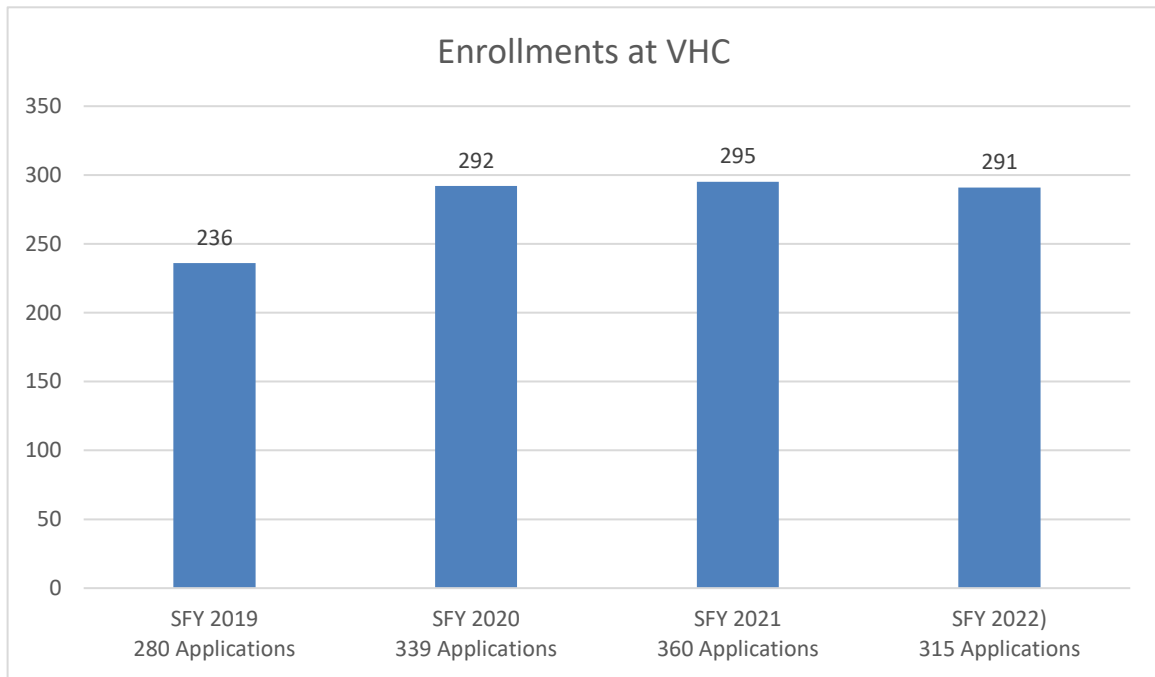
- In SFY 2023, accuracy of eligibility determination for applications and reviews will remain at or above the federal standard of 90%.

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**Medical Assistance**

<b>Measure</b>	3.1	Enrollments in Medical Assistance at Virginia Hospital Center (VHC) for patients that do not have insurance upon admission
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**Data**



**Data Summary**

- Data is generated from monthly reports provided by program staff working at Virginia Hospital Center (VHC).
- The number of hospital applications decreased slightly in SFY 2022, while the number of approvals remained consistent.

**What is the story behind the data?**

- Since SFY 2020, the number of Medical Assistance enrollments at VHC in SFY 2022 has remained consistent. Applications decreased from 360 to 315 in SFY 2022 but remained above pre-pandemic totals.
- When a patient has no health insurance and appears to meet financial guidelines, VHC refers them to the onsite DHS Eligibility Worker to complete an application.
- In SFY 2022, 92% of VHC applications were approved. Reasons for denial included financial ineligibility, lack of Virginia residency, not meeting a covered group, and applicants' failure to follow through with required documentation. To increase the number of approved applications, VHC has staff to assist applicants in gathering and providing needed documentation to determine eligibility.
- In FY 2016 VHC reduced the number of staff supporting this partnership from 2 to 1. This worker saw an increase in applications in 2018, 2019, 2020, and 2021. Due to the addition of a coverage group for undocumented pregnant women effective July 1, 2021, we expected to see a leveling out of applications in the coming months in this new fiscal year.

**Recommendations**

- Continue to consistently provide quality service to VHC in staffing and Medical Assistance approvals.

**Target Dates**

- Ongoing

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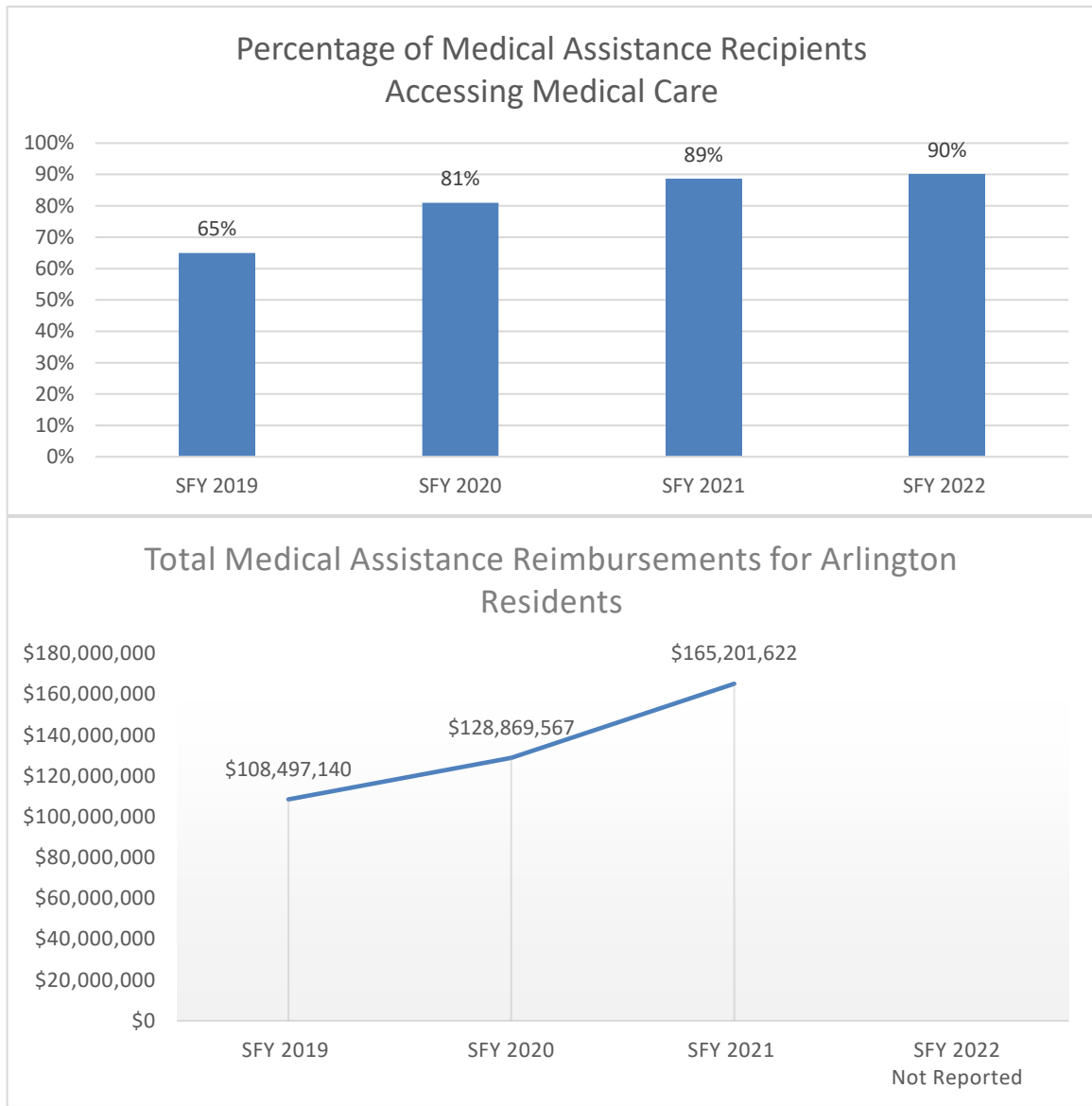
<ul style="list-style-type: none"><li>• Continue to meet with VHC staff regularly to maintain open conversations, providing feedback on what is working as well as possible setbacks and improvements.</li><li>• Continue to monitor the number of intake applications at VHC and provide additional support as needed.</li><li>• Continue to provide outreach/application assistance through the Public Health Division and Community Outreach Centers.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing as needed</li><li>• Ongoing</li><li>• Ongoing as needed</li></ul>
<b>Forecast</b>	
<ul style="list-style-type: none"><li>• In SFY 2023, we expect approvals at VHC to remain consistent.</li></ul>	

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Medical Assistance

Measure 3.2 Impact of Arlington Medical Assistance program

Data



Data Summary

- Statistics provided show the percentage of Medicaid and FAMIS enrollees who accessed medical services, and the total payments made for medical services year to date for Arlington County residents. This data from VDSS is available at <https://fusion.dss.virginia.gov/bp/BP-Home/Medical-Assistance/Reports>.
- For SFY 2022, year-end data was not available from the state, so data from March 2022 was used to calculate access to care. Total reimbursements was not calculated.

What is the story behind the data?

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- In SFY 2022, 90% of Arlington Medicaid recipients accessed medical services, which is up 1% from the previous year.
- While year-end data is not available, Medical Assistance recipients accessed over \$140M in care from community providers as of March 2022. Providers include primary care physicians, urgent care centers, specialists, and hospitals.
- The SFY 2021 increase in Medicaid spending may be due to the pandemic policy which retained most recipients in the Medical Assistance program; thereby allowing many recipients to continue care when eligibility would normally have been cancelled.
- According to a 2019 report by the [Kaiser Family Foundation](#), People without insurance coverage have worse access to care than people who are insured. Three in ten uninsured adults in 2019 went without needed medical care due to cost. Studies repeatedly demonstrate that uninsured people are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.
- According to a 2021 report by the [Department of Medical Assistance](#), Medicaid serves 1 in 5 Virginians; 791,000 children, 731,000 adults, 153,000 individuals with disabilities, 82,000 older adults, and 28,000 pregnant women. Medicaid plays a critical role in the lives of over 1.8 million Virginians.
- In July 2021, the [American Community Survey](#) found that approximately 14,677 or 6.3% of Arlington residents under age 65 are uninsured; an increase from 6.1% in 2020, but below the 2019 total of 6.7% and the 2017 total of 7.2%. Most uninsured individuals are non-US citizens, who are typically ineligible for Medicaid coverage.
- Virginia expanded Medicaid coverage to low-income individuals effective January 2019. According to a report from the [Kaiser Family Foundation](#), most states have experienced flat enrollment growth with Medicaid Expansion due to a strong economy and improved eligibility systems that are eliminating processing delays and providing enhanced data verification.

### Recommendations

### Target Dates

- Continue to provide outreach and educational information about coverage available to Arlington residents.
- As capacity allows, provide informational sessions electronically and during non-traditional hours to assist with Medicaid application assistance as needed.

- As needed
- As needed

### Forecast

- In SFY 2023, the percentage of recipients accessing care will likely remain consistent.