

Virginia Managed Care Program Features, as of 2013

Features	Medallion 3.0	PACE
Program type	Comprehensive MCO	PACE
Statewide or region-specific?	Statewide	23002, 23004, 23027, 23040, 23083, 23123, 23824, 23894, 23901, 23909, 23921, 23922, 23923, 23930, 23934, 23936, 23937, 23939, 23941, 23942, 23943, 23947, 23952, 23954, 23955, 23958, 23959, 23960, 23963, 23966, 23974, 23976, 24599, 24501, 24502, 24503, 24504, 24521, 24522, 24528, 24536, 24538, 24550, 24551, 24553, 24554, 24556, 24572, 24574, 24588, 24593, 23112, 23113, 23114, 23120, 23124, 23129, 23139, 23140, 23141, 23146, 23173, 23181, 23221, 23224, 23225, 23226, 23227, 23228, 23231, 23232, 23234, 23235, 23236, 23237, 23238, 23240, 23241, 23249, 23260, 23261, 23269, 23273, 23274, 23276, 23278, 23279, 23282, 23284, 23285, 23286, 23289, 23290, 23291, 23293, 23295, 22546, 23005, 23009, 23011, 23015, 23030, 23039, 23047, 23058, 23059, 23060, 23069, 23075, 23086, 23089, 23102, 23103, 23106, 23111, 23116, 23150, 23162, 23192, 23218, 23219, 23220, 23222, 23223, 23229, 23230, 23233, 23242, 23250, 23255, 23288, 23801, 23803, 23804, 23805, 23806, 23830, 23831, 23832, 23833, 23834, 23836, 23838, 23840, 23841, 23842, 23850, 23860, 23875, 23882, 23885, 23601, 23605, 23607, 23651, 23661, 23662, 23663, 23664, 23665, 23666, 23669, 23602, 23603, 23604, 23606, 23608, 23692, 23693, 23696, 23320, 23321, 23322, 23323, 23324, 23325, 23432, 23433, 23434, 23435, 23436, 23437, 23438, 23701, 23702, 23703, 23704, 23707, 23709, 23451, 23452, 23453, 23454, 23455, 23456, 23457, 23459, 23460, 23461, 23462, 23463, 23464, 23502, 23503, 23504, 23505, 23507, 23508, 23509, 23510, 23511, 23513, 23517, 23518, 23521, 23523, 23529, 24215, 24216, 24218, 24219, 24221, 24230, 24243, 24244, 24245, 24246, 24248, 24250, 24251, 24258, 24263, 24265, 24271, 24273, 24277, 24279, 24281, 24282, 24283, 24290, 24293, 24217, 24220, 24224, 24225, 24226, 24228, 24237, 24239, 24256, 24260, 24266, 24269, 24272, 24280, 24377, 24601, 24602, 24603, 24604, 24605, 24606, 24607, 24608, 24609, 24612, 24613, 24614, 24619, 24620, 24622, 24624, 24627, 24628, 24630, 24631, 24634, 24635, 24637, 24639, 24640, 24641, 24646, 24647, 24649, 24651, 24656, 24657, 24658, 20041, 20120, 20121, 20124, 20151, 20170, 20171, 20190, 20191, 20192, 20194, 22003, 22015, 22027, 22030, 22031, 22032, 22033, 22039, 22041, 22042, 22043, 22044, 22046, 22060, 22066, 22067, 22079, 22101, 22102, 22124, 22150, 22151, 22152, 22153, 22180, 22181, 22182, 22303, 22306, 22307, 22308, 22309, 22310, 22312, 22315, 22201, 22202, 22203, 22204, 22205, 22206, 22207, 22209, 22211, 22213, 22301, 22302, 22304, 22305, 22311, 22314, 20109, 20110, 20111, 20112, 20136, 20137, 20143, 20155, 20169, 20181, 22025, 22026, 22134, 22172, 22191, 22192, 22193
Federal operating authority	1915(b) waiver	PACE
Program start date	1/1/1996	11/1/2007
Waiver expiration date (if applicable)	7/1/2015	
If the program ended in 2013, indicate the end date		
Populations enrolled		
Low-income Adults	Mandatory	

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Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory	
Individuals receiving Limited Benefits		
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority		
Full Duals		Voluntary
Partial Duals		Voluntary
Children with Special Health Care Needs	Mandatory	
Native American/Alaskan Natives	Voluntary	
Foster Care and Adoption Assistance Children	Mandatory	
Enrollment choice period	Pre-assigned	N/A
Enrollment broker name (if applicable)	Maximus	
Notes on enrollment choice period	New members presassigned with option to change plans for 90 days. After the 90 day window, member is locked in until next open enrollment.	Enrollment begins on the first day of the month, each month. For example, if a participant want to join PACE and is assessed as eligible and signs the enrollment agreement on Feb. 5th, they are enrolled, start receiving benefits, and can begin attending the PACE center on March 1st.
Benefits covered		
Inpatient hospital physical health	X	X
Inpatient hospital behavioral health (MH and/or SUD)	X	X
Outpatient hospital physical health	X	X
Outpatient hospital behavioral health (MH and/or SUD)	X	X
Partial hospitalization		X
Physician	X	X
Nurse practitioner	X	X
Rural health clinics and FQHCs	X	X
Clinic services	X	X
Lab and x-ray	X	X
Prescription drugs and prosthetic devices	X	X

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EPSDT	X	
Case management	X	
Health home	X	X
Family planning		
Dental services (medical/surgical)		X
Dental (preventative or corrective)		X
Home health agency services		X
Personal care (state plan option)		X
HCBS waiver services		
Private duty nursing		
ICF-IDD		
Nursing facility services		X
Hospice care		
Non-Emergency Medical Transportation	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	certified nurse midwife	Adult day care, respite services
Quality assurance and improvement		
HEDIS data required?	Yes	No
CAHPS data required?	Yes	No
Accreditation required?	Yes	No
Accrediting organization	NCQA	
EQRO contractor name (if applicable)	DelMarva Foundation for Medical Care	
Performance incentives?	No	No
Payment bonuses/differentials to reward MCOs		
Preferential auto-enrollment to reward MCOs		
Public reports comparing MCO performance on key metrics		
Withholds tied to performance metrics		

Virginia Managed Care Program Features, as of 2013

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Participating plans and regions served		
Plans in Program	Healthkeepers Inc. (Anthem Healthkeepers Plus); CoventryCares of Virginia; INTotal Health; Carilion Clinic Medicare Resources (MajestaCare); Optima Family Care; Virginia Premier Health Plan	AllCare for Seniors PACE; Mountian Empire Older Citizens PACE; Sentara PACE - Virginia Beach; Sentara PACE - Portsmouth; Centra PACE - Lynchburg; Centra PACE - Farmville; Riverside PACE - Manchester; Riverside PACE - McTavish; Riverside PACE - Hampton; Riverside PACE - Newport News; Riverside PACE - Petersburg; Inova Cares PACE
Notes		
Program notes	<p>Benefits section Supplemental Notes from Medallion 3.0 Contract: 7.2.A.1.a(i) Inpatient Behavioral Health Services: Inpatient psychiatric services rendered in a psychiatric unit of a general acute care hospital shall be covered for all eligible members regardless of the age of the member, as set forth in 12 VAC 30-50-100. The Contractor shall cover all medically necessary services rendered in freestanding psychiatric hospitals to members up to twenty-one (21) years of age and members over sixty-four (64) years of age. The Contractor shall cover inpatient substance abuse treatment services for children under age 21 when medically necessary in accordance with EPSDT criteria. The Contractor may authorize admission to a freestanding psychiatric hospital as an enhanced service to Medicaid members in accordance with the Contractor's overall mental health protocols, policies, and network requirements. If a member aged 21 through 64 is admitted to a freestanding psychiatric facility, and the admittance is not part of a pre-arranged admission by the Contractor and reimbursed by the Contractor as an enhanced service, that member will be excluded from managed care participation, effective one day prior to admission.* 7.2.A.1.a(ii) Outpatient Behavioral Health and Substance Abuse Treatment Services (Traditional Individual, Family, and Group Therapies) The Contractor shall provide coverage for medically necessary outpatient individual, family, and group behavioral health and substance abuse treatment services for children, adolescents, and adults, except for carved out non-traditional, community based BHS. Enrollment - Special Pops. We do not have any Native American Populations that qualify under the Enrollment - Special Populations & Other Options tab. Therefore, enrollment for Native Americans is "not applicable." Also, while the 1915(b) waiver has an end date, Virginia plans to renew this waiver.</p>	