## Virginia Managed Care Program Features, as of 2015

Features	Medallion 3.0	PACE
Program type	Comprehensive MCO	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	22901, 22902, 22903, 22904, 22911, 22920, 22922, 22923, 22931, 22932, 22935, 22936, 22937, 22938, 22940, 22942, 22943, 22946, 22947, 22949, 22958, 22959, 22963, 22964, 22967, 22968, 22969, 22971, 22973, 22974, 22976, 23022, 23024, 23055, 23065, 23084, 23093, 23117, 24464, 24562, 24590, 24599, 23002, 23004, 23027, 23040, 23083, 23123, 23824, 23943, 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, 24536, 24558, 24550, 24551, 24554, 24556, 24572, 24574, 24588, 24593, 24011, 24012, 24013, 24014, 24015, 24016, 24017, 24018, 24019, 24020, 24059, 24060, 24064, 24067, 24070, 24073, 24077, 24079, 24083, 24087, 24090, 24095, 24101, 24121, 24122, 24138, 24149, 24153, 24162, 24174, 24175, 24179, 24184, 24092, 24151, 24176, 22546, 23005, 23009, 23011, 23015, 23024, 23030, 23039, 23047, 23058, 23059, 23060, 23069, 23075, 23086, 23089, 23102, 23103, 23106, 23111, 23112, 23113, 23114, 23116, 23120, 23124, 23129, 23123, 23124, 23129, 23124, 23129, 23221, 23222, 23223, 23224, 23225, 23226, 23227, 23228, 23229, 23230, 23231, 23232, 23233, 23244, 23255, 23266, 23267, 23276, 23277, 23272, 23273, 23274, 23275, 23276, 23276, 23277, 23272, 23273, 23274, 23275, 23276, 23278, 23291, 23290, 23291, 23292, 23293, 23301, 23331, 23332, 23344, 23355, 2366, 23664, 23665, 23666, 23669, 23669, 23669, 23660, 23607, 23668, 23664, 23665, 23666, 23669, 23669, 23669, 23660, 23607, 23608, 23611, 23602, 23603, 23604, 23605, 23664, 23665, 23666, 23666, 23666, 23669, 23669, 23669, 23696, 23300, 23321, 23322, 2333, 23444, 23455, 23456, 23457, 23459, 23450, 23451, 23450, 23451, 23543, 23454, 23455, 23456, 23457, 23459, 23460, 23461, 23462, 23463, 23464, 23502, 23503, 23504, 23505, 23606, 23664, 23665, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 23666, 2366
Federal operating authority	1915(b)	20136 20137 20143 20165 20169 20181 22025 22026 22134 22172 22101 22192 22103 PACE
Program start date	01/01/1996	11/01/2007
Waiver expiration date (if applicable)	07/01/2017	
If the program ended in 2015, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatan	Noting and
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Voluntary
Populations enrolled: Partial Duals		Voluntary
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Exempt	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt

## Virginia Managed Care Program Features, as of 2015

Features	Medallion 3.0	PACE
Populations enrolled: Enrollment choice period	Other	N/A
Populations enrolled: Enrollment broker name (if	Maximus	
applicable)	Maximus	
Populations enrolled: Notes on enrollment choice period	At the time a member is enrolled, a new VAMMIS generated letter will be sent to individuals stating that the individual will likely be managed care eligible, and that the individual may preselect an MCO. At the time a member is assigned, an assignment letter will be generated by VAMMIS, either confirming the pre-selected MCO from above, or assigning the member to an MCO for enrollment. At that time, the member may call the enrollment broker to change or select a different MCO. Timing varies, usually averaging 30 days or less. After this period, a member can disenroll from the assigned MCO and select another MCO within the first ninety (90) days of	Enrollment begins on the first day of the month, each month. For example, if a participant wants 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	enrollment without cause X	Х
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	x	X
Benefits covered: Outpatient hospital physical health	×	Х
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		Х
Benefits covered: Partial hospitalization		X
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	X
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	
Benefits covered: ase management	X	
Benefits covered: Health home (SSA 1945)		
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)		X
Benefits covered: Dental (preventative or corrective)		Х
Benefits covered: Home health agency services		X
Benefits covered: Personal care (state plan option)		X
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		X
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Certified Nurse Midwife, Emergency Dental Services, Health Homes but not under SSA 1945 (state-specified)	Adult Day Care, Respite Services
Quality assurance and improvement: HEDIS data required?	Yes	No

## Virginia Managed Care Program Features, as of 2015

Features	Medallion 3.0	PACE
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group (HSAG)	
Performance incentives? Payment bonuses/differentials to reward plans	X	
Performance incentives? Preferential auto-enrollment to reward plans		
Performance incentives? Public reports comparing MCO performance on key metrics		
Performance incentives? Withholds tied to performance metrics	X	
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-		
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		
Participating plans and regions served: Plans in Program	Virginia Premier Health Plan; Optima Family Care; Kaiser Foundation Health Plan of the Mid-Atlantic States, INC (KFHPMA); INTotal Health; Coventry Cares of Virginia; HEALTHKEEPERS INC (Anthem Healthkeepers Plus)	AllCare PACE; Mountain Empire Older Citizens PACE (MEOC); Kissito PACE; Centra PACE - Farmville; Centra PACE - Lynchburg; Sentara Life Care PACE Virginia Beach; Sentara Life Care PACE Churchland; Riverside PACE - Hampton; Riverside PACE - MacTavish; Riverside PACE - Newport News; Blue Ridge PACE; INOVA Cares for Seniors PACE
Notes: Program notes		Riverside PACE consolidated its Petersburg site into its MacTavish site on May 1, 2015, absorbing all of those zip codes, and converted its Manchaster site into an alternative care setting from a full PACE site on June 1, 2015. Riverside Mactavish is now serving all of the Richmond metro region.