

**Department of Medical Assistance Services
Responses to Questions from MLTSS Stakeholders – March 8, 2016**

#	Subject	Stakeholder Question/Comment	DMAS Response
1	Databook - Regions	Culpeper, Madison and Orange are in separate regions. Culpeper Hospital's catchment area includes Orange and Madison (meaning most referrals from these counties are to Culpeper). While it doesn't align with current rate setting regions, it makes a lot more sense to keep them together.	Thank you for this information.
2	Databook - Calculation of personal care for both agency and consumer directed	On the consumer directed side I do not see that facilitator costs are factored into the unit cost or even listed. They are in fact part of the per unit cost of consumer directed which would make the rates in the report inaccurate. On the agency side the cost per unit seems to be inflated significantly. What has been included in the per unit cost of \$73.14 in the data report, when the all-inclusive hourly rate for agency personal care is \$12.91 and \$15.50?	CD facilitation falls into the 'Other Waiver Services' category. The units for CD facilitation will be revised in the final Databook.
3	Databook - Request excel versus PDF Format	Would it be possible to get an excel version of the data book components that lend themselves to that format?	Posted on the MLTSS webpage in excel http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx .
4	Databook - Rural vs Urban	Which counties has DMAS defined as rural vs. urban? Will DMAS identify these for each county and share on the website?	DMAS definitions related to rural and urban will be described in the MLTSS RFP.

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5	Databook - Request for more detailed information on services	Due to complexity of the programs which include various sources and covering broad acute and long term care services, it would be good to provide summary of the current programs and their covered services by each of the programs, then specify possible changes of the service which would be covered by the new MLTSS. This would help better understanding about these programs and experience claim data	This information will be provided in the MLTSS RFP. Interested vendors may also find the references provided under “additional information” on the MLTSS homepage (available at: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx) useful.
6	Databook - Underreporting of Encounter claims	Encounter data are well known to be under-reported. In the data book with encounter data used, has PwC checked against any financial capitation payment data to see how serious the under-reporting is in the encounter data? If under-reporting is present, has PwC supplemented the data (say utilization data) for the data book?	The encounter data has been validated by the Medallion 3.0 MCOs that report it. The data is used for Medallion 3.0 rate setting. Therefore plans work diligently to ensure all reporting is complete and accurate.
7	Databook - Underreporting of behavioral health concerns	Mental Health and Behavioral claims are often under-estimated or under-reported. Please clarify how Mental and Behavioral Health claim data are reported in the data book. Are they in capitation PMPM? Or are they reported by using encounter data from the Mental Health MCOs? If encounter data is used, has PwC checked the under-reporting issues?	DMAS provides BHSA services through an administrative services only (ASO) contract and pays the BHSA based upon claims data reported. Additionally, the same response provided above (to Question #6) applies for behavioral health claims paid through Medallion 3.0 managed care. The BHSA and the plans work diligently to ensure all reporting is complete and accurate.

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8	Databook - Inclusion of CCC Experience	Page 5 of the Draft Data book discusses the exclusion of CCC Duals who enrolled in the CCC Dual Demo program starting in July 2014. We would like to know if there is any plan to include this experience in the final data book. July – Dec 2014 accounts for one fourth of the total claim experience (FY 2013 – FY 2014) and should be considered in the rate development.	No. No CCC enrolled members will be enrolled in MLTSS for CY 2017. The CCC enrolled population will transition to MLTSS beginning 1/1/2018; CCC experience will be considered for MLTSS contract year 2018.
9	Databook - Annual rating cycle start and end dates	Please confirm the start date and end date of the annual rating cycle and how is the state going to adjust the rates to include the CCC members.	The CCC contract is based on the Calendar year (January - December). CCC experience will be considered for contract year 2018 as this is when the CCC population will transition to MLTSS. We anticipate a calendar year rating cycle for MLTSS with rates trended to the mid-point of the contract year.
10	Databook - Pay for Performance	Does DMAS plan to use a pay-for-performance financial incentive program as a part of the MLTSS, and if so, is there any detail available on the program?	Yes, DMAS plans to use a pay for performance financial incentive program as part of MLTSS. No additional details are available at this time.
11	Databook - Incentivize for transitions from NF to the community	Does DMAS plan to incentivize the MCOs for member transition from Nursing Facility to the Community?	Yes.
12	Databook - Primary language spoken by MLTSS members	To communicate effectively and ensure members have access to culturally competent providers, we would like to request information on the primary language spoken by members eligible for the MLTSS program.	Thank you for this suggestion.

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13	Databook - Clarify FY or CY?	Page 5; First paragraph said the base period for FFS data was fiscal years 2013 and 2014, page 4 said it was CY13 and CY14. Please clarify the base period.	Calendar Year; Fiscal Year (FY) is a typo
14	Databook - TPL and PL	Page 5; Claims are net of TPL and PL. Can TPL and PL be provided separately?	We will attempt to provide third party liability and patient liability information separately in the final data book.
15	Databook - Underestimate due to FY15 not being updated	Page 5; On MCO sub capitation data for ALTC, how does PWC plan to address the issue of "underestimate" due to FY15 not being updated?	FY is a typo; should be calendar year; therefore, we don't consider this to be an issue.
16	Databook - HAP	Page 3; HAP population's data is from FFS. If the base period is CY13 and CY14, does that mean that the data for 2014 is only through Nov 2014 since HAP started to be part of Medallion 3.0 effective 12/1/2014?	Yes.
17	Databook - Exhibit 1	Exhibit 1; What's the hierarchy of defining the populations in exhibit 1 and how long is an individual determined to be using those services before they are placed in that particular population?	They are mutually exclusive; there is no hierarchy.
18	Databook - Exhibit 1	Exhibit 1; For the Dual Community Well population, the LTSS services claims look very low. How is this population defined?	The Dual community well are Duals who do not receive LTSS. The small amount of LTSS dollars reported for these members is an anomaly.
19	Databook - Request for information by rate region	The reviewer appreciates that DMAS published the statewide totals in the draft Data book. We would find it helpful if claims experience for calendar years 2013 and 2014 by the proposed rate, region, rating cohort and service type was also included in the draft Data book.	The Databook includes regional data and service type. The proposed rates or rating cohorts have not been determined.

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20	Databook - Request for Enrollee Counts	Including member months in the Data book is very helpful. To support further analysis, we also request DMAS include enrollee counts at the end of the calendar year 2014 and the most current enrollee count by rate cell.	Thank you for your suggestion to include the enrollee counts at the end of the CY 2014. We have not determined the rate cells yet.
21	Databook - Disclosure of limitations of base data	The reviewer would like any limitations of the base data to be disclosed.	Limitations have been disclosed.
22	Databook - Request for units/days of service	In addition to inpatient medical and surgical data in admissions, we would also appreciate having inpatient medical and surgical units of service days.	Thank you for this suggestion. If possible, this information will be included in the final Databook.
23	Databook - Request for additional data on covered services, fees, and covered groups	<p>The reviewer would find it useful for the draft Data book to include a section that shows the program changes in the base and subsequent periods by effective date of change for:</p> <ul style="list-style-type: none"> – Covered services. – Fee schedules. – Eligibility groups. – Other. – Expected future program changes. 	<p>Fee schedules are available on the DMAS website at: http://www.dmas.virginia.gov/Content_pgs/pr-rsetting.aspx</p> <p>Also see the response for # 5 above for useful program references.</p>
24	Databook - High Cost Pharmaceuticals	Many state Medicaid programs having been working to develop budget neutrality for high-cost pharmaceuticals. Since these drugs will likely have a great impact on the program, we recommend the draft Data book include the specific high-cost pharmaceuticals that will be included in pharmacy coverage as well as their costs in the base periods and their expected impact in the future.	To the extent that Medicaid covers the drugs, these are included.

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25	Databook -- Request information by rate cell	When the RFP is released, we recommend the associated Data book present the capitation rate development and a summary of rates by rate cell. It would be helpful for it to include all the appropriate steps and factors (trends, program changes, managed care adjustments, administrative expense loads, etc.) in keeping with published Centers for Medicare & Medicaid Services guidance.	Thank you for your recommendation. The final data book will be in accordance with CMS guidance. Vendors may also find DMAS' program manuals useful; these are provided under the provider resources tab at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal .
26	MLTSS 1115 Waiver	Please clarify the role of the BHSA in MLTSS per the VA 1115 Demonstration Waiver Application, Appendix A; Part 2.	<p>The 1115 Waiver correctly describes the Department's plan for MLTSS and behavioral health services. As described in earlier presentations and communications, MLTSS will operate under a fully integrated delivery model. For MLTSS enrolled members, behavioral health, including mental health and substance use disorder services, will be included in the DMAS MLTSS MCO contract. Behavioral health services for MLTSS enrolled members will not be paid as carved out services through DMAS fee-for-service (i.e., through the DMAS ASO contract with Magellan). MLTSS plans will be required to subcontract with Magellan for the provision of non-traditional behavioral health services until the DMAS contract with the BHSA expires, 11/30/2018.</p> <p>The substance use disorder (SUD) benefits included in the MLTSS RFP will differ from those listed in the 1115 Waiver application. The Waiver application was submitted to CMS prior to the General Assembly's approval of SUD services. The MLTSS RFP will provide additional details and will include updated coverage information for SUD services per General Assembly directives.</p>