

FACT SHEET
Virginia “Healthy Returns” Benchmark Benefit Flexibility
State Plan Amendment (SPA)

Official Program Name: *Healthy Returns*

Date SPA Submitted: December 5, 2006

Date SPA Approved: March 5, 2007

Date SPA to be Implemented: October 1, 2006

SUMMARY

On December 5, 2006 the Commonwealth of Virginia submitted a benchmark SPA request to offer Medicaid services plus Disease management (DM) and related services to Medicaid recipients who are determined to have asthma, congestive heart failure, coronary artery disease, and/or diabetes. The benchmark plan provides States the opportunity to offer an alternative benchmark benefit package to beneficiaries without regard to comparability of services. This will be beneficial for Medicaid beneficiaries with chronic diseases for the following reasons:

- The benchmark benefits increase the ability of the individuals to follow their providers plans of care and play a more proactive role in their health care;
- The benchmark benefits will assist in managing the utilizations of services by educating participants about their chronic conditions while helping them to become more efficient consumers of the health care system;
- The benchmark services support primary care providers by providing their patients who have chronic conditions with access to a 24-hour nurse help line and referrals to needed services and then providing feedback about patient health activities back to the primary care providers to help facilitate changes to a patients’ plan of care.

BENEFITS AND ELIGIBILITY

- All individuals categorically eligible in the State Medicaid plan that are determined to have asthma, congestive heart failure, coronary artery disease, and/or diabetes may elect to participate in *Healthy Returns*, with the exception of four groups of individuals. The following groups of individuals are not eligible for enrollment in Healthy Returns:

- Individuals enrolled in Medicaid/FAMIS managed care organizations;
 - Individuals enrolled in both Medicaid and Medicare (dual eligibles);
 - Individuals who live in institutional settings; and
 - Individuals who have third party insurance.
- Eligible individuals will be given the opportunity to voluntarily opt out of traditional Medicaid coverage and into benchmark coverage. This option will be available Statewide.
- In addition to the traditional State plan services under Medicaid, individuals enrolled in this program will receive additional benefits tailored to specific health needs including:
 - Condition specific education:
 - Access to a 24 hour nurse call line (with access to other licensed health professionals such as pharmacists and nutritionists);
 - Regularly scheduled telephonic health care management and support; and
 - Care coordination including feedback to the primary care physician.
- Virginia is providing Medicaid coverage through a Secretary-approved benchmark plan under section 1937 of the Social Security Act as added by the Deficit Reduction Act.
- The disease management component will be provided through a prepaid ambulatory health plan. All services will be provided as fee for service.
- The State anticipates that 20,000 to 25,000 participants will enroll in the *Healthy Returns* program.
- Virginia will implement this program as of October 1, 2006.