

**Meeting of the Board of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia**

**April 10, 2012**

**Draft Minutes**

**Present:**

Joseph W. Boatwright, III, M.D.  
Michelle Collins-Robinson  
David B. Darden  
Monroe E. Harris, Jr., D.M.D.  
(Chair)  
Kay C. Horney  
Barbara H. Klear  
J. Mott Robertson, Jr. M.D.  
Michael Walker

**Absent:**

William L. Murray, Ph.D.  
John C. Napolitano  
Ashley L. Taylor, Jr.

**DMAS Staff:**

Cheryl J. Roberts, Deputy Director for Operations  
Elizabeth McDonald, Legal Counsel  
Bryan Tomlinson, Director, Health Care Services  
John Tabb, Customer Services Supervisor, Program Operations  
Craig Markva, Manager, Office of Communications,  
Legislation & Administration  
Nancy Malczewski, Public Information Officer, Office of  
Communications, Legislation & Administration  
Mamie White, Public Relations Specialist, Office of  
Communications, Legislation & Administration

**Speakers:**

Cynthia B. Jones, Director  
Scott Crawford, Deputy Director for Finance  
Thomas F. Edicola, Director, Program Operations Division

**Guests:**

Terry Hurley, CRI  
Jennifer Gobble, OAG  
Richard Grossman, Vectre  
Hobart Harvey, Virginia Health Care Association  
Chris Nolen, McGuire Woods  
Marcia Tetterton, VAHC  
J. Sid del Cardayre, VAN GO, Inc.  
W. Scott Johnson, First Choice Consulting  
Anna James, Troutman Sanders  
Felix Sarfo-Kantanka, Jr., McGuire Woods Consulting  
Sterling Saunders, McGuire Woods Consulting  
Craig Earls, CGI

**Call to Order**

Dr. Monroe E. Harris, Chair of the Board, called the meeting to order at 10:05 a.m. after a quorum was met. He requested that members sign their Transactional Disclosure Statements in their binders and reminded them to submit their Financial Disclosure Forms due to the DMAS Human Resources Director. Then, Dr. Harris asked the other Board members to introduce themselves and the introductions continued around the room by DMAS staff and guests.

### **Approval of Minutes from December 14, 2010 Meeting**

Dr. Harris asked that the Board review and approve the Minutes from the December 13, 2011 meeting. Ms. Collins-Robinson submitted a correction requesting the DMAS Form 213 be scanned into the system and generated like all other medical and insurance forms during the newborn enrollment process. Dr. Robertson made a motion to accept the minutes as corrected and Ms. Klear seconded. The vote was unanimous. **8-yes (Boatwright, Collins-Robinson, Darden, Harris, Horney, Klear, Robertson and Walker); 0-no.**

### **Election of Chairman/Vice Chairman**

Dr. Harris then turned the meeting over to Ms. Jones for the election process. Ms. Jones noted that the Board bylaws require the election of officers for the Board the first meeting after March 1<sup>st</sup> of each year. She presided over the election of the Board Officers and opened the floor to accept nominations after stating that current officers were willing to continue to serve. Ms. Klear made a motion to reappoint Dr. Harris for another term and Ms. Horney seconded. After hearing no further nominations, Ms. Klear moved that the nominations be closed and Ms. Horney seconded. The vote to elect Dr. Harris as Chairman for a second term was **8-yes (Boatwright, Collins-Robinson, Darden, Harris, Horney, Klear, Robertson and Walker); 0-no.**

Ms. Jones opened the floor to accept nominations for Vice Chair. Ms. Horney nominated Dr. Murray and made a motion to accept Dr. Murray as Vice Chair and Mr. Walker seconded. Hearing no other nominations; Ms. Horney moved that the nominations be closed and Ms. Klear seconded. The vote to elect Dr. Murray as Vice Chairman was **8-yes (Boatwright, Collins-Robinson, Darden, Harris, Horney, Klear, Robertson and Walker); 0-no.**

### **Selection of Secretary**

Ms. Jones then opened the floor to accept nominations for Board Secretary. Dr. Harris made a motion to accept Mamie White as Board Secretary and Ms. Collins-Robinson seconded. The vote to elect Ms. White as Secretary was **8-yes (Boatwright, Collins-Robinson, Darden, Harris, Horney, Klear, Robertson and Walker); 0-no.**

### **DIRECTOR'S REPORT AND STATUS OF KEY PROJECTS**

Ms. Jones provided health care reform highlights addressing the Virginia Healthcare Reform Initiative (VHRI) Health Benefit Exchange (HBE) legislation discussed during the past session of the General Assembly. She stated the Governor's office preferred that the HBE legislation not move forward until the ruling of the Supreme Court is announced possibly this June. The health care reform discussions will continue and BMAS members were invited to attend the upcoming VHRI/HBE meetings scheduled for May 3, May 24 and June 13. A key idea still being discussed is where the HBE will be housed—in the State Corporation Commission or in quasi-governmental agency like the Virginia Housing and Developmental Authority.

A Request For Proposal (RFP) will be released in May to recruit a vendor for the new Eligibility System Redesign. The vendor should be able to design/run the eligibility system and price buying a HBE for the Commonwealth to provide a system to improve our current program and focus on quality and outcome.

Ms. Jones briefly explained how DMAS is preparing for the potential expansion of Medicaid by focusing on managed care and managed care coordination to close the geographic, population and service gap needs for children, pregnant women, and aged, blind disabled who do not have long term care health needs.

There was discussion by the Board members and Ms. Jones offered to provide an update on the progress of these efforts at a future meeting.

### **DMAS BUDGET/BUDGET REDUCTIONS**

Mr. Scott Crawford, Deputy Director of Finance, gave an overview of the current status of the 2012 General Assembly budget actions which included the actions taken in the budget introduced in December and most of the actions since the General Assembly session. As the conference report was just released, complete details were not available for this meeting. He noted that this report is not the final action as the Governor would make his recommendations to this budget during the reconvened session on April 18.

### **GENERAL ASSEMBLY UPDATE**

Ms. Jones briefly highlighted the 2012 General Session legislation which will affect DMAS. Ms. Jones explained the agency legislative process and role during the session. Typically, the agency does not promote legislation; however, this session there was one agency/Governor bill: House Bill (HB) 918/Senate Bill (SB) 426 which would have clarified the application of the administrative process to Medicaid provider appeals. This bill was carried over to 2013.

HB183/SB568 directed the Department to expand coverage to pregnant women (Medicaid & CHIP) and children (CHIP) who are lawfully residing immigrants otherwise eligible for the program. Ms. Jones noted if legislation is passed that requires a fiscal impact, the funding has been put in place. The funding for this bill is effective July 2012 to provide coverage to this group.

HB184 specifies that two of the six non-provider members of the Board of Medical Assistance (BMAS) shall be individuals with significant professional experience in the detection, investigation, or prosecution of health care fraud. As the Board members were not aware of this legislation, there was discussion, questions and concerns expressed. Dr. Robertson stated that personally he felt setting up criteria for selection of board members sets an awful precedent to designate who the members should be and he felt this is a very unfortunate choice by the Office of the Attorney General (OAG). Dr. Harris commented that members would have preferred to

have been informed to have the opportunity to express their opinion as a Board member or even as a citizen. Ms. Jones so noted.

Ms. Collins-Robinson asked why the Board was not informed and what is its purpose and what type of powers does this board have? Ms. Jones responded adjustments would be made in the future to keep the Board informed.

HB269 eliminates a provision added three years ago that the Commissioner of Health can only accept applications for inpatient psychiatric or substance abuse beds in a response to a Request for Applications (RFA), which is a result of a detailed assessment of the need for beds by planning district.

SB451 authorizes changes to the Virginia Fraud Against Taxpayers Act (VFATA) and the laws governing the Attorney General's duties. This was an OAG initiative. Mr. Darden requested a more detailed explanation on the VFATA legislation. Ms. Jones responded that staff will provide a response.

HB343/SB135 was a recommendation of the VHRI and the Joint Commission on Health Care (JCHC) to establish an All-Payer Claims Database to provide claims information to insurers, consumers, and employers so they can make a comparative analysis to make better decisions.

HB775 sets out a requirement that Medicaid recipients must report changes in address or phone number within 30 days; however, Medicaid already requires changes to be reported in 10 days so Medicaid is unaffected by this legislation.

HB1106 defines the practice of behavior analysis and provides for licensure of behavior analysts and assistant behavior analysts under the Board of Medicine. This bill corrects a glitch with licensing when Autism was added to health insurance last year.

Senate Joint Resolution (SJR) 92 directs Joint Legislative Audit and Review Commission (JLARC) to study the effect of Medicaid payments policies for hospitals, nursing homes, and physicians on access to health care services for Virginians. This type of study addresses providers concerned with the negative impact of always cutting reimbursement rates for larger provider groups.

### **REPORT ON VIRGINIA MEDICAID ELECTRONIC HEALTH RECORD (EHR) INCENTIVE PROGRAM**

Mr. Thomas Edicola, Director of Program Operations, presented an overview of an initiative from the American Recovery and Reinvestment Act (ARRA) enacted in 2009 establishing incentive payments to Eligible Professionals (EP) and Eligible Hospitals (EH) to promote the adoption, upgrade or implementation of EHR technology. EP's and EH's deemed eligible can receive monetary incentive payments for year one and subsequent payments for demonstrating meaningful use over a 3-5 year period. While funding was approved July 23, 2011, there were

still approval processes with CMS that were required before the contract could be executed and development efforts begun. The Virginia Health Quality Center was awarded the outreach and educational component and CGI Technologies and Solutions, Inc., was awarded the program administration component. An implementation workplan is currently under development. This program is projected to be launched sometime during the 3<sup>rd</sup> quarter of 2012.

### **OLD BUSINESS**

None.

### **Regulatory Activity Summary**

The Regulatory Activity Summary is included in the Members' books to review at their convenience.

### **New Business**

Dr. Harris recognized J. Sid del Cardayre, President, VAN GO, Inc. of Richmond who provided public comment on rising transportation variable costs, specifically fuel costs which have doubled in the last 5 years. He asked if there were any mechanism in the current contract with the current broker to provide a fuel adjustment.

### **Adjournment**

Ms. Klear moved that the meeting be adjourned, and Dr. Harris seconded. The vote was unanimous. **8-yes (Boatwright, Collins-Robinson, Darden, Harris, Horney, Klear, Robertson and Walker); 0-no.** Dr. Harris announced the next meeting is June 12, thanked everyone for attending and adjourned the meeting at 12:10 p.m.