

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

June 12, 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
William L. Murray, Ph.D.
J. Mott Robertson, Jr. M.D.
Michael Walker

Absent:

John C. Napolitano (resigned)
Ashley L. Taylor, Jr.

DMAS Staff:

Cheryl J. Roberts, Deputy Director for Operations
Steven E. Ford, Deputy Director for Administration
Jennifer Gobble, Legal Counsel
Craig Markva, Manager, Office of Communications,
Legislation & Administration
Nancy Malczewski, Public Information Officer, Office of
Communications, Legislation & Administration
Curt Diemer, Office of Communications, Legislation &
Administration
Mamie White, Public Relations Specialist, Office of
Communications, Legislation & Administration

Speakers:

Cynthia B. Jones, Director
Mike Wirth, Special Advisor of eHHR Integration
Office of the Secretary of Health and Human Resources
Scott Crawford, Deputy Director for Finance
Karen Kimsey, Director of Policy
Rebecca Mendoza, Director, Maternal & Child Health Division

Guests:

Michael Barnes, IBM
Chris Whyte, Vectre
Ralston King, Children's National Medical Center
Lauren Bull, Pediatricians
Andy Harmond, IBM
Rick Meidlinger, Johnson & Johnson
Stephen Parker, McGuire Woods Consulting
Lorna Ballard, Community Residences, Inc.
Judy Napier, CGI
Anna James, Troutman Sanders
Kathleen Wellington, Community Residences

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. Then, Dr. Harris asked the other Board members to introduce themselves and introductions continued around the room by DMAS staff and guests.

Approval of Minutes from April 10, 2012 Meeting

Dr. Harris asked that the Board review and approve the Minutes from the April 10, 2012 meeting. Dr. Robertson proposed that the responses sent out to the Board members to the questions from the April 10, 2012 meeting be added to the minutes. Dr. Murray seconded.

Dr. Robertson questioned the statement in the minutes on page 3 regarding the Request For Proposal (RFP) to recruit a vendor for the new Eligibility System Redesign. Dr. Robertson asked if the vendor being recruited would design/run and price buying a health benefits exchange (HBE) for the Commonwealth? Ms. Jones explained it is an option included in the RFP that had to be included because currently there is a requirement to have a HBE functioning by January 1, 2014. Ms. Jones stated that the eligibility system is totally separate, but interrelated, and can be interfaced in the eligibility system; therefore, it was added in the RFP as an option.

Dr. Harris made a motion to accept the minutes with additions and Dr. Robertson seconded. The vote was unanimous. **7-yes (Darden, Harris, Horney, Klear, Murray, Robertson and Walker); 0-no.**

DIRECTOR'S REPORT AND STATUS OF KEY PROJECTS

Ms. Jones expressed appreciation for Ms. Collins-Robinson attending the May 24th Virginia Healthcare Reform Initiative (VHRI) Health Benefit Exchange (HBE) meeting and Dr. Robertson attending the April Pharmacy & Therapeutics Committee meeting.

Ms. Jones invited members to attend the next VHRI Advisory Council meeting being held on Wednesday, June 13, 2012 regarding the health benefit exchange. The Council will discuss the essential benefit package as well as small employer portion of the exchange as well as navigators and brokers to develop recommendations. The VHRI members are awaiting the ruling of the Supreme Court which could be announced in upcoming weeks.

Ms. Jones introduced Mike Wirth, Special Advisor of eHHR (electronic health human resource) Integration who was invited to discuss the Eligibility Redesign System RFP and to explain how the new system will affect Medicaid and implementing potential changes due to health care reform.

Ms. Jones announced that staff will provide a presentation on the expansion of Medicaid to include addressing the essential benefit package for Medicaid, the health plans and how the interaction with the HBE would occur at the next scheduled meeting in September. Dr. Murray asked if staff would broaden the presentation to include the court ruling and how the ruling changes or does not change the current plan.

Ms. Jones briefly provided an update on managed care/care coordination efforts. She stated that after far Southwest expansion scheduled for July 1 is completed, every city/county in the state would geographically be covered with a health plan for children, pregnant women, and aged, blind disabled who do not have long term care health needs. Information about managed care and the current coverage of managed care organizations located in the regions of the state can be found on the website at: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx

Ms. Jones commented that staff would be completing 21 studies this year. Every two years, the Code requires BMAS to provide a biennial report to the Governor and General Assembly by October to include an overview of the board and Department of Medical Assistance Services and its activities and accomplishments over the last two years. Members will be sent a draft in July for review.

Ms. Jones asked members for any suggestions for agenda items or trips and if they would be interested in attending the DMAS agency wide meeting which generally take place twice a year.

Ms. Collins and Dr. Boatwright joined the meeting during this presentation.

ELIGIBILITY ENROLLMENT PROJECT

Mike Wirth, Office of the Secretary of Health and Human Resources Special Advisor, discussed the goals and technology vision for the Eligibility Redesign System. The goals of eHHR are to modernize eligibility and enrollment services to create a self-service environment to improve service quality and reduce costs; create a business framework where new functions can easily be added or ‘snapped in’; re-leverage existing assets that work well; recognize that social service policy and workflow are dynamic and need to be flexible; enable paperwork reduction through automation; and fight fraud and abuse with modern citizen identification tools. Mr. Wirth commented that to achieve a more cohesive effort it has been effective to take a holistic approach and work on all parts in parallel.

MEDICARE AND MEDICAID FINANCIAL ALIGNMENT DEMONSTRATION (DUALS ELIGIBILITY)

Karen Kimsey, Director of the DMAS Policy and Research Division, provided a comprehensive overview of the Financial Alignment Demonstration that will test a new service delivery model for persons eligible for Medicaid and Medicare benefits. The Demonstration is a voluntary opt-out program that will enroll eligible individuals into managed care organizations that will provide and arrange for Medicare Parts A, B and D and Medicaid-covered services using a unified delivery system. Stakeholder input is solicited throughout the development and operation of the Demonstration. The goals of the Demonstration are to: reduce the fragmentation of care; improve and simplify the experience of care for enrollees and their families; improve access to services; provide robust, person-centered service coordination; improve the health

outcomes of enrolled individuals; and reduce cost shifting between the two programs that can result in care provided in settings based on payer source rather than individual needs. Virginia submitted a final proposal to CMS on May 31, 2012 and is working with CMS to establish agreed upon requirements and operational details of how the alignment will work in the Commonwealth. Acceptance into the demonstration should be announced in late summer/early fall.

DMAS BUDGET/BUDGET REDUCTIONS

Mr. Scott Crawford, Deputy Director of Finance, gave an update of the status of the 2012 General Assembly budget actions which included the actions since the April BMAS meeting.

OLD BUSINESS

UPDATE ON NEWBORN ENROLLMENT

Rebecca Mendoza, Director of Maternal and Child Health, reported on the efforts to streamline newborn enrollment. DMAS staff has met with the Virginia Hospital and Healthcare Association, Department of Social Services staff and others to discuss how to improve the process for newborn enrollment for best practice. Currently, efforts are being explored to develop a new secure online enrollment option for hospitals interested in enrolling deemed eligible newborns utilizing a centralized enrollment process; however, staff is still working through potential issues such as system alignment and concerns about duplicate enrollments which need to be resolved before changes can be implemented.

Regulatory Activity Summary

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

New Business

Adjournment

Dr. Harris mentioned Mr. Napolitano resigned and thanked him for his service. Dr. Murray moved that the meeting be adjourned, and Dr. Harris seconded. The vote was unanimous. **9-yes (Boatwright, Collins-Robinson, Darden, Harris, Horney, Klear, Murray, Robertson and Walker); 0-no.** Dr. Harris thanked everyone for attending and adjourned the meeting at 12:18 p.m.