

Medicaid Member Advisory Committee Meeting
Department of Medical Assistance Services
Via WebEx Videoconferencing

August 9, 2021 Minutes
Approved by Unanimous Vote

Committee Members	DMAS Staff
Donald Williams	Ellen Montz, Chief Deputy Director
Summer Sage	Sarah Hatton, Deputy of Administration
Ghadah Aljamali	Tammy Whitlock, Deputy for Complex Care Services
Karin Anderson	Chris Gordon, CFO and Deputy Director for Finance
Olatunji Fakunmoju	Cheryl Roberts, Deputy for Operations
Geoffrey Short	Christina Nuckols, Director, Strategic Communications
Donna Segura	Emily McClellan, Division Director, Policy, Regulation and Member Engagement
Michelle Meadows	Brian McCormick, Division Director for Constituent, Legislative and Intergovernmental Affairs
Elvira Prince	Dan Plain, Division Director for Healthcare Services
	Dana Thierry, Senior Policy Analyst
	Dan Plain, Division Director for Healthcare Services
	Victor Grand, Senior Policy Analyst
	Dr. Zach Hairston, DMAS Dental Consultant
	Natalie Pennywell, Outreach & Community Engagement Manager
	Beth Alexander (WebEx administrator)
	John Stanwix (meeting organizer and facilitator)
	Walter Burton (meeting organizer)
	Jesús Pérez (PowerPoint administrator)
	Kristin Lough (prepared minutes)

Welcome and Call To Order

John Stanwix called to order the meeting of the Medicaid Member Advisory Committee (MAC or Committee) at 10:05 a.m. on Monday, August 9, 2021, via WebEx online meeting platform. Mr. Stanwix explained that the meeting had a full agenda and emphasized that Committee members would have time

to ask questions and share feedback during the meeting. He then introduced the DMAS Deputy of Administration, Sarah Hatton.

Welcome

Welcome – Sarah Hatton, DMAS Deputy of Administration

Deputy of Administration Hatton greeted the Committee and thanked the Committee for their participation in the virtual MAC meeting. She explained that Director Kimsey was out on medical leave, but that the Director would review the minutes after the meeting. Deputy Hatton explained that Governor Northam lifted the state of emergency in Virginia, but that the federal health emergency would continue until at least October 18, 2021. Deputy Hatton stated that because of that, DMAS can continue to provide some flexibilities to members. Deputy Hatton explained that DMAS may hold the final MAC meeting of the year in November, and that it may be in person or online. She stated that DMAS would reach out to the members to determine their preference.

Deputy Hatton indicated that the day's agenda would include a discussion of the new Adult Dental Benefits, as well as a discussion of Medicaid income eligibility and the renewal process. Finally, Deputy Hatton explained that the group would discuss medical bills received by Medicaid members. Deputy Hatton thanked the members for joining and working with the MAC. Deputy Hatton turned the meeting back to Mr. Stanwix.

Member Introduction

Mr. Stanwix asked members to introduce themselves, indicate where they are in Virginia, and who they represent on the MAC. The committee members, residing in different regional areas from around the state, introduced themselves and stated who they are representing.

Review Medicaid Member Advisory Committee Policies and Procedures

Mr. Stanwix outlined the DMAS core values: service, collaboration, trust, adaptability, and problem solving. He also referenced that the Committee Policies and Procedures had discussion guidelines, which include being hard on the problem, not on each other. Mr. Stanwix noted that the Policies and Procedures also state that the Committee should give thoughtful consideration to the health and support needs of diverse individuals, and asked that the members to consider those individuals in the MAC discussions. Mr. Stanwix introduced the Adult Dental Benefit presentation and Deputy for Programs, Cheryl Roberts.

Presentation - Adult Dental Benefit

Cheryl Roberts – Deputy for Programs

Zachary Hairston, D.D.S. – DMAS Dental Consultant

Dan Plain – Division Director for Health Care Services

Ms. Roberts urged parents to get children dental benefits, and pointed out that Medicaid provides better and easier dental care than most private healthcare plans. The Smiles for Children program covers preventive, orthodontia, and restorative services. Ms. Roberts outlined that Virginia Medicaid utilizes DentaQuest, rather than a Managed Care Organization (MCO), to administer the adult dental healthcare program, which was created by dentists. Ms. Roberts indicated that the Virginia dental coverage is rated in the top 10 Medicaid dental programs in the country. Virginia began covering dental care for pregnant women in March 2015.

Ms. Roberts explained that Medicaid Expansion increased the number of adults in Medicaid. She indicated that dental health affects blood pressure, respiratory, dementia, birth outcomes, diabetes, and obesity. Ms. Roberts also noted that without dental care, individuals would visit the emergency room for pain and receive opiates. She indicated this created increased emergency room costs as well as possible opiate addiction. Ms. Roberts outlined the detriments of poor dental care, including depression from insecurity, as well as difficulty obtaining jobs with poor dental work. On July 1, 2021, Virginia expanded Medicaid dental services for approximately 750,000 members. Ms. Roberts introduced Dr. Hairston.

Dr. Hairston indicated that oral health equals overall health. Dr. Hairston discussed silver diamine that can arrest, or stop, tooth decay. The mantra for adult dental care is prevention and education, periodontal maintenance, and to build around what is salvageable. The new benefit can allow up to three cleanings annually. Restorations, like fillings, and extractions that remove what works against long-term success, help maintain oral health. Periodontal maintenance includes supporting the bones and gums to maintain a healthy smile. Dr. Hairston indicated that proper dental care allows individuals to chew better, have better smiles, and access to better jobs. Dr. Hairston indicated that includes cleaning, preparation, and dental prosthetics like dentures and bridges or partials. Dr. Hairston specified that adults receive all care provided to children and pregnant women, except for orthodontics, and that all other benefits transfer to the adult dental care for those leaving the children and pregnant women coverage. There is no annual maximum for care per member.

Mr. Plain expressed gratitude for the General Assembly and Governor, as well as collaboration with many interested groups, who supported providing dental care to adult Medicaid recipients. Mr. Plain discussed working with many providers to expand the providers and network for adult recipients, and that 75% of providers are seeing adults. DMAS sees members receiving cleanings, fillings, and other care, and DMAS has already added 60 new dentists to provide this care. Mr. Plain encouraged members to find dentists through DentaQuest, and indicated that there should only be a short wait before being able to receive an introductory visit.

Ms. Segura indicated that finding jobs may be more difficult because of dental problems, especially missing teeth. Ms. Segura asked how a member can find a dentist who accepts Medicaid. She also asked whether covered services include correcting missing teeth (such as using bridges). Dr. Hairston explained the process of correcting missing teeth with a partial. Mr. Stanwix pointed Ms. Segura to the slide with contact information for finding providers.

Ms. Prince also congratulated DMAS for expanded dental care. Ghadah Aljamali asked if the new dental coverage could cover old bills that exist from before July 1, 2021. Mr. Plain explained that the coverage can only provide funding for care provided on or after July 1, 2021, and Mr. Stanwix clarified that the limitations are due to when funding for the new benefit became available.

Michelle Meadows chatted that she is trying to find a provider on DentaQuest.com, but cannot find a plan when trying to log into the system. Mr. Plain replied that she should be able to enter her locality to find a provider without entering the health plan information, but that he would follow up with her.

Presentation - Medicaid Income Eligibility & Renewal Process

Dana Thierry, Senior Policy Analyst – Eligibility and Enrollment Division

Victor Grand, Senior Policy Analyst – Eligibility and Enrollment Division

Ms. Thierry thanked members for participating in the MAC and stated that Mr. Grand would introduce the eligibility process. Mr. Grand indicated that Medicaid eligibility analysis can be a complex process. The Center for Medicare and Medicaid Services (CMS) create guidance for Medicaid policy, and the state Medicaid agency, DMAS, creates Medicaid policy in Virginia. Most income guidelines are changed annually, and some are tied to federal cost of living adjustments (COLA). The local Departments of Social Services (DSS) and a central processing unit with a large call center process initial applications and income evaluations. The local DSS manages renewal applications every year once a recipient begins receiving Medicaid, and provide a renewal application 60 days prior to the renewal deadline. Mr. Grand outlined many covered groups that may provide Medicaid for applicants. The first step of the analysis is determining whether the recipient is covered under Families and Children (F&C) or Aged, Blind, and Disabled (ABD). F&C covers children under 19, Modified Adjusted Gross Income (MAGI) Adult are eligible individuals from 19 to 64 years old, pregnant women, former foster care children, and Low Income Families with Children (LIFC). ABD covered groups cover aged individuals over age 65, individuals determined disabled by the Social Security Administration (SSA), individuals receiving Medicare Savings Programs (MSPs), which are limited benefits paid to assist in the cost of Medicare, and long-term care (LTC) recipients. Mr. Grand outlined non-financial criteria including Virginia residency, a Social Security number, certain citizenship, legal presence, and special immigration status, and having applied for all benefits for which the applicant could be eligible.

Mr. Grand indicated that the eligibility analysis includes earned income, like wages, and indicates that the eligibility analysis includes gross income before any taxes or deductions. Mr. Grand also outlined unearned income, like SSA benefits, pension, and retirement income. For ABD covered groups, Mr. Grand explained that the eligibility analysis must also evaluate resources, like homes, vacation homes, checking accounts, retirement accounts, and other countable resources. This does not include personal belongings. But once the recipient sells the personal belongings, the funds received would be a resource. Mr. Grand outlined examples in the presentation.

Mr. Grand walked through a Medically Needy spenddown process. He explained that a spenddown is similar to a deductible for Medicaid recipients. The recipient must have medical bills to meet the spenddown amount to qualify for full Medicaid coverage.

Mr. Grand discussed the Medicaid renewal process, and the desire to provide continuity of coverage. Commonly, members lose coverage because they do not provide the necessary information at the renewal process. Renewal processing has been on hold since March 2020 due to COVID and the public health emergency. Mr. Grand indicated that the financial requirements are the same for an initial application as for a renewal. Many workers can complete renewals electronically for certain recipients, and will complete renewals without contacting recipients if possible. If the worker cannot complete the renewal electronically, the worker will send a request for information to the recipient. Mr. Grand walked through renewal income examples in the presentation.

Questions raised by Committee Members included:

How do individuals end coverage based on increased income? Response - During the public health emergency (PHE), DMAS will only remove Medicaid coverage for individuals who pass away or leave the state or if someone requests to be removed from Medicaid.

Ms. Segura asked, “how does the transition off of Medicaid occur?” Mr. Grand replied that the worker would gather that information electronically or reach out to the recipient to receive income evaluation.

Ms. Anderson asked about former foster youth. She stated that many times the support foster youth receives from parents that have adopted them stops when they turn 18. She asked whether there is any chance this may change and adopted children may be able to get Medicaid until age 26 as well.

Kelly Pauley answered in chat, “The child should be evaluated for all other covered groups before being closed. They may meet MAGI Adult (expansion) coverage. During the Public Health Emergency, no one should be closed unless they move out of state, request it or do not meet citizenship requirements. Adopted children would not meet the criteria to be considered a former foster care child. They have to be in foster care as of the 18th birthday.” Mr. Grand reiterated that the child should be evaluated for all other covered groups before being closed as they may meet MAGI Adult criteria.

Karin Anderson indicated that she remembers checking a box to use her tax return in the renewal. She asked if that means that she does not have to do anything for renewal. She also asked how she could change that choice, if she does not remember what was checked. Mr. Grand replied that individuals indicated that the worker could use tax information for 2, 3, 4, or 5 years. If the recipient no longer wants the worker to use that information, the recipient should reach out to the local department of social services worker.

Donnie Williams asked if the renewal was always once per year. Mr. Grand said a renewal would occur annually in a typical setting. Ms. Thierry pointed out that if a recipient indicates a change, the renewal could occur more quickly than annually. Mr. Williams asked how individuals in a nursing facility without a family representative could complete a renewal. Ms. Thierry indicated that those individuals would often authorize the nursing facility to complete a renewal for them.

Geoffrey Short chatted, “Just to be clear, are renewals currently automatic during the pandemic emergency? Or do we need to do something else?” Karin Anderson asked what to do about a new job and income. Ms. Hatton replied that the federal public health emergency is extended through at least October 18, 2021, and that DMAS expects the extension to continue through at least the end of the year. She indicated that DMAS cannot end coverage during the public health emergency, and that local agencies will evaluate all cases once the public health emergency ends. Mr. Stanwix then introduced the discussion regarding medical bills received by recipients.

Discussion on Medical Bills Received by Members

Mr. Stanwix asked Ms. Anderson to walk through medical bills received by a Medicaid recipient. Ms. Anderson described a situation in which an incarcerated individual gave birth while incarcerated and who had Medicaid. Ms. Anderson explained that the individual went into a diversion program after incarceration, and the program checked the individual’s credit, which showed medical bills for the delivery. Ms. Thierry pointed out the eligibility email box for questions, Vamedicaidquestions@dmas.virginia.gov, and indicated that the individual Ms. Anderson mentioned could provide that information to the email box. She indicated that Medicaid may be able to pay the bill with a delayed enrollment letter provided to the billing providers.

Mr. Fakunmoju observed that sometimes the denial is incorrect, and sometimes the provider does not complete the necessary steps. He shared what he had experienced regarding a bill that he contested. He understood that the provider could continue to bill every six months if the recipient is re-enrolled. Mr. Fakunmoju had to appear in court regarding that bill. Mr. Fakunmoju indicated that DMAS was very gracious, but that the provider never sent him a bill, just sent the bill straight to the court system.

Karin Anderson noted in the chat, “many providers have their Medicaid patients on a no bill cycle so the patient doesn’t know.” Michelle Meadows chatted, “Is there any scenario in which a surprise bill prevent

someone from accessing services? For example, I walk into my doctor's office and I am presented with a past due bill. They demand payment then before they will see me. I am unable to pay and they turn me away. How do I handle this?" Mr. Stanwix indicated DMAS would evaluate the question and get back to Ms. Meadows.

Mr. Stanwix thanked the members for these examples to assist DMAS in evaluating and improving the billing process. Mr. Stanwix asked members to provide any questions and information the members would like to hear in future meetings.

Review and Vote to Approve Minutes from Meeting on June 14, 2021

Each of the MAC members were provided a copy of the June 14, 2021, meeting draft minutes, and the draft minutes were also posted on the Committee's webpage on DMAS' website, as well as on the Virginia Town Hall website.

MAC member Geoffrey Short made a motion to accept the draft minutes from the June 14, 2021, meeting. MAC member Donnie Williams seconded the motion to accept the minutes. Mr. Stanwix offered the Committee the opportunity to provide objections or changes to the minutes. The Committee then voted to approve the minutes with a unanimous vote.

Mr. Stanwix then opened the meeting to public comment.

Public Comment

Theresa Champion introduced herself and thanked the Committee members for their service. Ms. Champion requested that individuals remember homebound individuals who cannot return to the dental office. She also indicated desire for eye care within the home, and found two private doctors who will perform the care, but not to Medicaid members. Ms. Champion asked for a focus on mental health, especially for disabled and autistic populations. She described a Black, autistic young man with intellectual disability (ID) and developmental disability (DD) who resided in a jail facility in Virginia Beach. The jail sent the young man to Eastern State Hospital, which returned him to jail, as Eastern State Hospital does not provide care for individuals with autism. She asked where individuals with autism should seek care. Ms. Champion discussed the DMAS memorandum webpage, and DMAS extending Appendix K. Ms. Champion indicated that without a memorandum, she was hesitant to share the information. She explained that the memorandum extending Appendix K simply pointed to other memoranda, which she stated were unclear in her opinion. Ms. Champion asked that DMAS publicly produce memoranda prior to calls with providers, and asked that DMAS make the memoranda clear, simple, and easy to understand. Ms. Anderson indicated that Ms. Champion's comments would be a great topic to discuss at the next meeting. Ms. Champion thanked the Committee for the opportunity to speak.

Mr. Stanwix thanked Ms. Champion for her comment, and asked for additional public comment. Hearing none, Mr. Stanwix moved onto adjournment.

After the meeting, Mr. James A. Murdoch, Sr. emailed to ask: what can [DMAS] do better to help the community and those with disabilities and the elderly with needs and services, since COVID-19 is still present?

Adjournment

Mr. Stanwix thanked the Committee for joining, and he stated that DMAS will evaluate the MAC member questions and comments to create agenda topics for future meetings.

Mr. Stanwix thanked members for their participation and adjourned the meeting at 11:57 a.m.