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

December 4, 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
Karen S. Rheuban, M.D.
J. Mott Robertson, Jr. M.D.

Absent:
Brian Ewald
William L. Murray, Ph.D.
Ashley L. Taylor, Jr.

DMAS Staff:
Cheryl J. Roberts, Deputy Director for Operations
Vanea Preston, JD, MPA, Contract Compliance Manager, Division of Program Integrity
Elizabeth McDonald, Legal Counsel
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, DMAS and VHRI Director
Scott Crawford, Deputy Director for Finance
Steven E. Ford, Deputy Director for Administration
Jeanette Trestrail, Manager, Provider Review Unit Division of Program Integrity

Guests:
Mike Tweedy, DPB
Tyler Cox, HDJN
Scott Johnson, HDJN
Chris Whyte, Vectre
Judy Napier, CGI
Hobart Harvey, VHCA
Rick Shinn, Virginia Community Healthcare Association
Chad Chappell, PWSTolife
Lindsay Walton, M&B
Anna James, Troutman Sanders
Emily O'Brien, McGuire Woods Consulting
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Call to Order

Dr. Monroe E. Harris, Chair of the Board, called the meeting to order at 10:04 a.m. Dr. Harris noted that new Board member Brian Ewald and Dr. Murray had previous commitments and not able to attend. Ashley Taylor did not attend. There was a quorum. Then, Dr. Harris asked other

Board members to introduce themselves and introductions continued around the room by DMAS staff and members of the public in attendance.

Dr. Harris noted the proposed meeting dates for 2013 (March 12, June 11, September 10 and December 10) could be adjusted if necessary.

Approval of Minutes from September 18, 2012 Meeting

Dr. Harris asked that the Board review and approve the Minutes from the September 18, 2012 meeting. Dr. Robertson had a correction. He stated in the last paragraph on page 4 under New Business regarding the motion to accept the Medicaid expansion, he asked the Board Secretary to record his vote as NO during the meeting. Dr. Robertson asked that the minutes reflect 6 Yes votes. Dr. Robertson stated that technically he did not vote on the matter and deferred to Ms. McDonald the correct reporting of the vote. Ms. McDonald stated that the Board should revote to accurately reflect the meeting minutes. Dr. Harris asked for a motion on the recommendation of Ms. Klear, who asked if the minutes could be amended to reflect 6 YES votes?

Ms. Klear made a motion to accept the minutes as amended to reflect the vote was 6 Yes and Ms. Collins-Robinson seconded. The vote was unanimous: **8-yes (Boatwright, Collins-Robinson, Darden, Harris, Horney, Klear, Rheuban, and Robertson; 0-no.)**

Dr. Harris asked if there were any other additions or corrections. Ms. Klear made a motion to accept the minutes as amended and Mr. Darden seconded. The vote was unanimous: **8-yes (Boatwright, Collins-Robinson, Darden, Harris, Horney, Klear, Rheuban, and Robertson; 0-no.)**

DIRECTOR'S REPORT AND STATUS OF KEY PROJECTS

Ms. Jones thanked Board members for providing agenda items and topics for discussion. She explained the information requested was incorporated in her report and/or today's presentations.

Ms. Jones explained that now that the November elections are over, the major areas impacting Medicaid would be the decisions made in Virginia regarding the next steps to consider regarding the Medicaid expansion, reform of the current Medicaid program and/or expansion population, and exploring the options available with the Health Benefit Exchange. Ms. Jones commented the General Assembly would be addressing these issues when it convenes in January.

Ms. Jones gave a brief overview of the activities in the Office of Behavioral Health. Currently, the Request for Proposal is still open to select a Behavioral Health Services Administrator. Once selected, the Administrator will be able to oversee this program in a more comprehensive way and provide care coordination to some of our more challenging clients. Dr. Boatwright voiced support for the current behavioral health initiatives and stressed the importance of including adults who have significant mental health needs when considering behavioral health services.

MEDICAID FORECAST

Scott Crawford, Deputy Director for Finance, gave an overview of the current year's budget cycle and the Medicaid budget and forecast for fiscal year 2014 through 2015. This year the General Assembly will be focusing on fiscal year 2013 and 2014. Mr. Crawford stated that once the forecast is completed, the Governor will introduce his proposed budget. The Governor's budget is scheduled to be introduced on December 17, 2012.

MEDICAID PHYSICIAN PRIMARY CARE RATE INCREASE

Mr. Crawford explained Medicaid physician primary care rate increase whereby the Affordable Care Act (ACA) mandates an increase in the rate for eligible primary care physicians to 100% of Medicare physician fees effective for calendar years 2013-2014. While the program is scheduled to begin January 1, 2013, an implementation plan is being developed as Virginia awaits further direction from CMS.

AFFORDABLE CARE ACT/PENDING STATE LEGISLATION

Steven E. Ford, Deputy Director of Administration, explained the implementation plan and steps in developing the Modified Adjusted Gross Income (MAGI) methodology. MAGI is a new mandatory income eligibility methodology to determine eligibility for certain Medicaid and CHIP (FAMIS) enrollees which becomes effective January 1, 2014.

Mr. Ford reviewed the PPACA ten Essential Health Benefits (EHB) that are applicable to both the commercial and Medicaid health plans. He stated that Virginia will need to consider whether any of the three Health and Human Services' benchmark plans might provide appropriate platforms for building the new Medicaid benefit package or if there is another platform for federal HHS Secretarial-approved coverage (for Medicaid). This new benefit package would be for the expansion population. An EHB plan for the commercial market must be selected by December 26, 2012.

Mr. Ford explained the legislative process and explained the process of how DMAS will inform the Board with weekly updates on major legislation affecting Medicaid during the 2013 General Assembly Session.

ENSURING PROPER PAYMENTS VIRGINIA MEDICAID

Jeanette Trestrail, Manager with the Provider Review Unit, presented on behalf of Louis Elie, Director of Program Integrity Division, who was unable to attend. Ms Trestrail highlighted the current program activities which include the identification and prevention of substantial fraud, waste and abuse in the Virginia Medicaid system. She stated that DMAS is committed to the

continuous improvement of its tools to contain costs, reduce inaccurate or unauthorized reimbursement, and better detect fraud, waste and abuse.

OLD BUSINESS

Update on Newborn Enrollment

Mr. Ford reported DMAS is currently working with four hospitals and the Department of Social Services. The target date to pilot a new hospital process using the DMAS 213 form to enroll deemed eligible newborns, utilizing a centralized enrollment process is January 2013. Another update on the pilot program will be provided at the March meeting.

Regulatory Activity Summary

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

New Business

Adjournment

Ms. Klear moved that the meeting be adjourned and Ms. Collins-Robinson seconded. The vote was unanimous: **8-yes (Boatwright, Collins-Robinson, Darden, Harris, Horney, Klear, Rheuban, and Robertson; 0-no.)** The meeting adjourned at 12:14 p.m.