**Meeting of the Board of Medical Assistance Services**
**600 East Broad Street, Conference Rooms 7A/B**
**Richmond, Virginia**
Tuesday, December 10, 2019
10:00 AM

**MINUTES**

**Present:** Patricia T Cook MD, Karen Rheuban Dr, Rebecca E Gwilt Esq., Peter R Kongstvedt MD, Maureen S Hollowell, Michael E Cook Esq., Raziuddin Ali MD

**Absent:** Alexis Y Edwards, Cameron Webb Dr., Vilma T Seymour, Kannan Srinivasan

**DMAS Staff Present:**
Davis Creef, Office of the Attorney General
Karen Kimsey, Director
Tammy Whitlock, Deputy Director of Complex Care
Ellen Montz, Chief Health Economist
Chethan Bachireddy, Chief Medical Officer
Chris Gordon, CFO
Sarah Broughton,Office of Chief of Staff
Christina Nuckols, Office of Chief of Staff
Mike Jones, Acting Division Director, Information Management
Rusty Walker, Office of Value-Based Purchasing
Jesse Bell, Appeals Division General Operations Manager
John Stanwix, Appeals Division
Josh Lief, Appeals Division
Sam Metallo, Division Director, Appeals Division
Aneida Winston, Appeals Division
Mavora Donahue, Appeals Division
Hope Richardson
Mel Boydton, Office of Data Analytics
Mirian Siddiqui,
Rebecca Dooley, Office of Chief of Staff
Kristin Dahlstrand, Office of Communication, Legislation & Administration
Nancy Malczewski, Public Information Officer
Craig Markva, Division Director, Office of Communication, Legislation & Administration
Brooke Barlow, Board Liaison

## 1. Call to Order

1.A Call to Order

Moved by Dr. Karen Rheuban to Call to order at 10:02 AM.

## 2. Approval of Minutes

2.A August 27, 2019 Minutes

Moved by Patricia T Cook MD; seconded by Michael E Cook Esq. to
Approve. Motion : 7 - 0
Voting For: Peter R Kongstvedt MD, Maureen S Hollowell, Michael E Cook Esq., Patricia T Cook MD, Raziuddin Ali MD, Karen Rheuban Dr, Rebecca E Gwilt Esq. Voting Against: None

## 3. Director's Report

3.A Director's Report.

Karen wished to thank the Board members for their time and support. She acknowledged all the hard work from the previous Director, Dr. Jennifer Lee. With her leadership and her contribution to Medicaid Expansion and to the Agency.

Expanding Medicaid, over 350,000 Virginia's who are now receiving Medicaid. Almost 4,000 of those individuals have cancer and they are now actively receiving treatment.

We had a loss of 25% of turnover of our employees. We have been working hard on how to structure our Agency to support them better and develop proper training to have them grow into their roles. We are working hard to make sure our agency runs efficiently, by creating new areas, merging new areas, created the Office Chief of Staff, which helps with the overall function of the agency itself.

Karen went over the DMAS Priorities which are as follows: Our Members; Improving Access to Average and Quality of Care Delivery; Modernizing Our IT Systems; Becoming a Data-Driven Organization; Federal and State Authorities & Compliance; Enhancing Core Agency Functions/Processes; and Ensuring Financial Responsibility

Karen also announced the resignation of Mukundan Srinivisan, Information Management Division Director for other pursuits. We are pleased to have Mike Jones as our acting Chief Information Officer and Chris Gordon is assuming oversight of the Medicaid Enterprise System (MES) rollover.

Dr. Rheuban inquired about the Waiver and Work Requirements. Per the Governor, we wrote to Centers for Medicare & Medicaid Services (CMS) to pause the Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency (COMPASS) program and to date we have not received a response from CMS.

## 4. Appeals Presentation

4.A Appeals Presentation

Samuel Metallo, Appeals Division Director, discussed the Appeals Division's mission of providing a neutral forum where Virginians and healthcare providers can understand and challenge adverse decisions made by DMAS or its contractors and receive due process in a fair and just manner.

The Appeals Division strives to meet the agency goals consisting of: Service, Collaboration, Trust, Adaptability, and Problem Solving.

There are two core functions of the Appeals Division:

Client appeals consist of individuals enrolled with Virginia Medicaid or seeking enrollment; examples of case types include eligibility for Medicaid and service authorization. There is one level of appeal with

DMAS for eligibility appeals. In instances of medical appeals where the individual is contesting a denial by a Managed Care Organization (MCO), the individual must first exhaust the appeal process afforded by the MCO.

Provider appeals consist of providers enrolled with Virginia Medicaid or seeking enrollment, with case types including service authorization, billing, and audits. There are two levels of appeal available with DMAS: an informal appeal and a formal appeal. If the denial stemmed from an MCO action, the provider must first exhaust the MCO's appeal process before filing an informal appeal with DMAS.

DMAS currently has over 1.46 million Medicaid and FAMIS clients in Virginia and the Appeals Division services all of those clients. The top eligibility appeal issue involves verification requests during the eligibility or renewal determination. That type of appeal accounts for nearly half of the eligibility cases filed with DMAS. Personal care hours and pre-admission screening account for the top issues in medical appeals.

For provider appeals, claims were most frequently appealed to the informal level, with the formal appeals typically involving audits.

The Appeals Division received 24% more client appeals requests and 44% more informal provider appeal requests year to date.

## 5. Forecast Update

5.A Forecast Update

Chris Gordon presented on the DMAS forecast. Chris recognized Rob Chapman, Chief Economist and his team of three that produce the DMAS forecast, which comparable to other organization is considerably smaller.

There is a difference between a budget and a forecast. A budget is typically a plan of what you are going to do and a forecast is only done by a few agencies and it looks at how we expect performace to occur at some future date. DMAS does a three year forecast.

One of the takeaways from the forecast was that we needed $211 million less than we estimated we needed last year. We only forecast our medical budget, administrative expenses are not forecast and, instead appropriated to us by the General Assembly. Our total additional medical Forecast need for the 2021-2022 Biennium is $674 million.

Key Drivers of 2020 Surplus:
Slower growth in CCC+ than previously forecasted
Reductions in Fee-for-service expenditures
Faster shift in mix from base Medicaid to expansion eligible populations than previously forecasted

Key Drivers of 2021-2022 Need:
Population growth
Forecasted rate increases

## 6. Value Based Payment

6.A Value Based Payment

Rusty Walker, Division Director of Value-Based Purchasing (VBP) presented on DMAS' current and future efforts in value-based purchasing policy. The ultimate goal of VBP is to promote the effective and efficient provision of care to Medicaid members; rewarding value, not volume of care.

DMAS will focus on VBP initiatives and accountability structures that emphasize behavioral health, chronic conditions, maternity care and prevention.

Current VBP efforts include Clinical Efficiencies (policies to reduce avoidable or preventable utilization in high-acuity settings of care), Performance Withhold Programs (financial emphasis on key measures of MCO performance) and the CCC+ Discrete Incentive Transition Program (supports successful, sustained transitions of complex nursing facility residents into the community). DMAS has also proposed several episodic payment models as a potential new initiative. An episode of care is a set of services provided for a condition or procedure over a period of time. Episodic payment VBP models assign expectations and accountablility for cost and quality over the course of an episode. DMAS is proposing 3 Episodic Payment Models; asthma, congestive heart failure and maternity.

**7. Medicaid Expansion & Member Survey**

7.A Medicaid Expansion & Member Survey

Jacob Weities, Division Director of the Office of Data Analytics presented on Medicaid Expansion and Member Survey. On January 1st, Virginia became the 33rd state to expand coverage to adults ≤ 138% FPL. More than 325,000 members are enrolled in expansion as of October 1, with more than 375,000 members enrolled at some point since January.

When Expansion first started, DMAS launched a public facing Dashboard that allowed us and others to keep a pulse on the number of individuals enrolled. However, we are now at a stage where we want to take proactive steps to further understand information related to:

- Demographic details of members and the plans they are enrolled in
- Health care needs and patterns of care within the Expansion population.
- Data on costs and outcomes
- Feedback received directly from members on what Medicaid Expansion potentially means to them.

With Expansion implemented for just 10 months, we already know that:

- Of the total number of members enrolled in expansion, **80% have used at least one service**
- More than **60% of members have had a general office visit**
- About **two-thirds have filled a prescription**
- More than **10% have required emergency dental** services
- More than **3,800 members have been treated for cancer**

Data indicates that Expansion members have higher rates of hypertension, diabetes and heart disease than the comparison group
We are already seeing promising results regarding treatment of these chronic conditions, particularly during critical transition periods.
For example…

1) 60% (655 / 1,090) of Expansion members with an ED visit and high-risk, multiple chronic conditions had a follow-up visit within 7 days
2) 67% (5,025 / 7,474) of Expansion members have had a H1bA1c test in the last 12 months
3) 59% (4,089 / 6,967) of Expansion members with diabetes were compliant with all prescribed diabetes medications
4) 53% (227 / 425) of Expansion members with a recent hospitalization for congestive heart failure had a provider visit within 7 days of hospital discharge

- $790M has been paid to providers for the care of Medicaid Expansion members.
- 73% of members with a new episode of opioid abuse or dependence initiated treatment within 14 days of diagnosis

- 21,070 women in Expansion have received a mammogram
- Expansion has relieved the burden of health care coverage for an additional 325K members due to Expansion and has resulted in the Agency serving 1.4M residents in the Commonwealth

**8. Update on MES (Medicaid Enterprise System)**

8.A Medicaid Enterprise System (MES) Update

Mike Jones, Acting Chief Information Officer presented on the Medicaid Enterprise System. The current Medicaid Management Information System was implemented in 2003 with takeover by the current vendor in 2010. We are transforming into a Modular system. Virginia is the first state to undergo effort for complete modularization. Currently there are three modules in production and/or certified, which are Pharmacy, Encounters and Data.

**9. Diversity Council Update**

9.A Diversity Council Update

Rebecca Dooley, in the Chief of Staff presented on the DMAS Diversity Council. Until this year, our agency has never had an outlet to express and support the diverse workforce here at DMAS.
I am so proud to present the almost one year-old, DMAS Diversity Council.

As you can see, we have plenty of diversity to leverage. We are a majority minority agency. Our workforce is 41 percent African-American, 7 percent Asian and 3 percent Hispanic. 74% of our staff are women. The average age of a DMAS staff member is almost 50 years, with representatives from every generation ranging from the millennials to the baby boomers.

So how do we leverage, celebrate, and maintain this diversity? Several months ago, Dr. Lee and I announced the creation of the Diversity Council and asked for volunteers. The response was extremely positive. We have a council of about 30 volunteers and we meet at least once a month. The goal of the Diversity Council is to bring these differences together to create a broader vision for our agency and its members. The Council aligns itself with the agency's mission to improve the health and well-being of Virginians through access to high-quality health care coverage. Council members are guided by the DMAS values of Service, Collaboration, Trust, Adaptability and Problem-Solving.

From the very beginning, we spent a lot of time talking about what diversity means to us, personally, within our agency, our Commonwealth, and our world at large.
We carefully crafted how we want to define diversity and how we want to leverage our diversity to better our agency, because when we better ourselves, we are bettering our members.
We crafted a charter, which I would be happy to share, that explains our mission, values, & objectives.

Our objectives are as follows: Encourage and support agency initiatives that maximize workplace diversity. Professional development opportunities, hiring, retention and other HR policies. Projects that increase the visibility of DMAS' diverse workforce. Organize and engage staff in events that celebrate and educate about all cultures represented within the agency.
Foster meaningful discussions through speakers and other collaborations that promote an inclusive workplace and a greater understanding and respect for different lived experiences and all dimensions of diversity.

In the first month, we voted on an Executive Board. This 7-person board is responsible for the fulfillment of the council's mission and objectives. We also created three work groups to help achieve our objectives: Cultural Awareness and Events, Training and Professional Development, Workplace Diversity and Communications and Outreach.

In 10 short months, we have accomplished a lot together. We hosted two agency-wide town halls that opened up the honest conversations we have been having as a council, to the whole agency. We met with Dr. Janice Underwood, the states first Director of Diversity, Equity, and Inclusion. One of her goals is to persuade all state agencies to have a diversity council, as well as a diversity officer who reports directly to the agency head. She wants to use us as an example. She said, "If you want something you never had before, you've got to do something you've never done before." That is what we are doing here at DMAS, with this council. We are breaking the mold– starting something new. We also gave a presentation at last week's agency-wide meeting that received many positive comments and increased interest in our work.
Finally, last month, we held an Open House for the entire agency as a way for everyone to see the work we have been doing. At least 150 colleagues joined us for discussions about diversity in the workplace and beyond.

I truly believe that we do our best work when we work together, as so many of our projects require us to do. An important part of collaborating is navigating our differences in order to fulfill our mission. It is fundamental that we not only have respect for our differences, but that we have an understanding of them as well. Each and every one of us brings diverse lived experiences with us every day. In my opinion, that is what makes this agency so incredible.
The creation of the Diversity Council is an opportunity for all of us to celebrate and support our diversity in new ways.

**10. Regulation Update**

10.A Regulation Update

**11. New Business/Old Business**

**12. Adjournment**

Moved by Michael E Cook Esq.; seconded by Rebecca E Gwilt Esq. to adjourn.
Motion : 7 - 0
Voting For: Peter R Kongstvedt MD, Maureen S Hollowell, Michael E Cook Esq., Patricia T Cook MD, Raziuddin Ali MD, Karen Rheuban Dr, Rebecca E Gwilt Esq. Voting Against: None