Medicaid Member Advisory Committee
600 East Broad Street, Richmond, Virginia

June 5, 2019
Minutes
Approved by Unanimous Vote

Attendees

Committee Members	DMAS Staff
Christian Campbell	Dr. Jennifer Lee, Director
Catherine Childers	Rachel Pryor, Deputy Director of Administration
Margaret Crowe	Cheryl Roberts, Deputy Director of Programs
Sandra Hermann	Tammy Whitlock, Deputy Director for Complex Care and Services
William ("Hamilton") Holloway	Brian McCormick, Division Director, Policy Planning, and Innovation
James Murdoch, Sr.	Sarah Broughton (facilitator)
Elizabeth Noriega	John Stanwix (meeting convener and facilitator)
Lisa Richard	Walter Burton (meeting organizer)
Robert Savoy	Shelagh Greenwood (presenter)
	Christina Nuckols (presenter)
	Sarah Samick (presenter)
	Joanna Fowler (presenter)
	Dan Plain (presenter)
	Myra Shook (presenter)
	Whitney Davis (presenter)
	Todd Clark (presenter)
	Samantha Vrscak (prepared minutes)

WELCOME AND CALL TO ORDER:

John Stanwix called to order the second meeting of the Medicaid Member Advisory Committee ("MAC" or "Committee") at 10:03 a.m. on Wednesday, June 5, 2019, in Conference Room 7 A/B at DMAS' headquarters. 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 Director.

Introduction by Jennifer S. Lee, M.D., DMAS Director

Dr. Lee thanked the MAC members for attending the second meeting and for their continued participation in the Committee. She acknowledged the sacrifice of time for each of the MAC members, and expressed appreciation of each member's comments, feedback, and ideas. Dr. Lee informed the Committee that the agenda was structured according to the Committee's feedback from the first meeting, and indicated that each meeting forward would follow the same approach. Dr. Lee then introduced Rachel Pryor, Deputy Director of Administration.

Introduction by Rachel Pryor, DMAS Deputy Director of Administration:

Ms. Pryor explained to the members that the MAC was a major priority for the DMAS Director and for DMAS. She stated that she was excited to hear feedback from the MAC members. Ms. Pryor commented that some changes were already made based on members' suggestions from the last meeting, and that she would share those changes with the MAC. She reiterated that DMAS wants to take actionable steps to make Medicaid as member-centered as possible and she was looking forward to the productive work to continue.

COMMITTEE MEMBER INTRODUCTIONS AND REVIEW OF THE "MAC PACT"

Sarah Broughton thanked the Committee members for attending the meeting and for sharing their perspectives and ideas. She asked the members and other staff at the table to introduce themselves by answering four questions: (1) Name; (2) Where they are from; (3) Whom they are representing; and (4) What they are looking forward to this summer. Answers were provided by the Committee members listed above and DMAS staff present at the conference table.

Ms. Broughton then discussed the "MAC Pact" that was developed during the first Committee meeting. The MAC Pact is a list of mutually agreed-upon expectations and rules for interactions during meetings. Ms. Broughton explained that each MAC meeting would start with a review of the MAC Pact, as it was subject to change based on the MAC members' ideas and suggestions. The MAC Pact consists of two main elements: (1) How the MAC members interact with each other; and (2) How the MAC accomplishes its objectives.

Ms. Broughton asked the Committee if they had any edits or suggested changes. The MAC members did not have any suggested changes to the MAC Pact at that time.

REVIEW AND VOTE TO APPROVE MINUTES FROM INAUGURAL MEETING ON APRIL 1, 2019

Each of the MAC members were given a copy of the April 1, 2019, 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. Mr. Stanwix explained that this would be the MAC's first vote as a committee, and explained the process for making a motion to accept or propose changes to the draft minutes.

MAC member Christian Campbell made a motion to accept the draft minutes from the April 1, 2019 meeting. MAC member Hamilton Holloway seconded the motion to accept the minutes. The Committee then voted to approve the minutes with a unanimous vote.

Mr. Stanwix then transitioned the meeting to the scheduled presentations. He explained that DMAS wished to keep the discussion open and encouraged the Committee members to ask questions.

PRESENTATION AND DISCUSSION – DMAS OUTREACH AND ENROLLMENT STRATEGIES

Shelagh Greenwood and Christina Nuckols gave a presentation on DMAS outreach efforts and enrollment strategies. Ms. Greenwood provided an overview of the evolution of Cover Virginia's website (www.coverva.org), which included adding more information, improving navigation, and making the website mobile device compatible. She noted that there was a simple screening tool available on the website that allowed individuals to see medical assistance programs that may be available to them. Ms. Greenwood explained that Cover Virginia's website included a nondiscrimination statement and language access taglines, as well as an option for individuals to receive informational text messages in Spanish. She also referenced the member handbook webpage, as well as to the application page and documentation that may be requested as part of the application process. She noted that the Cover Virginia website included a webpage that listed the managed care organizations (MCOs) that participate in the Virginia Medicaid program.

Ms. Nuckols presented about DMAS' outreach efforts. She discussed DMAS' outreach campaign directed at the new Medicaid expansion adult population. Ms. Nuckols noted that the outreach campaign was conducted in response to focus groups that identified barriers for potentially newly eligible adults in applying for Medicaid and receiving health coverage. She explained that the campaign used digital, radio, newspaper, and bus advertisements, as well as billboards, gas toppers, and social media. She also explained that targeted outreach was conducted through local Departments of Social Services (DSS) for those members that were already enrolled in other DSS programs, in order to inform individuals that Medicaid eligibility rules had changed. The MAC members were also shown a short video that documented the highlights of the inaugural MAC meeting.

Comments and questions from the Committee were taken during the presentation. Several members inquired about the Cover Virginia screening tool, and whether it considers those who may be disabled or need long-term care services. Ms. Greenwood explained that the tool is designed to be a very basic screening tool designed for families and children and the Medicaid expansion population. One member inquired whether the Cover Virginia website was "ADA-friendly." Ms. Greenwood responded that while the website was always evolving to improve access, the website included pictures with explanations and included resources for those in the deaf community. Another member inquired on whether the federal "REAL ID" could suffice as verifications in lieu of several different documents requested during the application or renewal process. Brian McCormick, DMAS Division Director for Policy, Planning, and Innovation, responded that as of right now, the REAL ID could not be used as a replacement for requested identifying documentation, but that usually such documentation would not be requested as part of the initial application process unless identity could not be verified electronically. Another member asked about the readability level of the website and documents posted on the website, and expressed concerns with access for those members with literacy issues. Several members also inquired about having on the Cover Virginia website a provider network list or a link to a provider network list for each managed care plan.

FEEDBACK FROM COMMITTEE ON DRAFT CHANGES TO MEDICAID CORRESPONDENCE

Sarah Samick and Joanna Fowler gave a presentation on changes that were being made to make Notices of Action and other Medicaid correspondence easier to understand. Ms. Samick explained that Phase I of this initiative included updates to ensure easily accessible language access translation services, improvements to readability, and an increased use of plain language. She noted that based on MAC member feedback from the prior MAC meeting, the deadline to return requested verification documents during an application or renewal process will be extended from 10 days to 15 days, with the change likely taking effect in Fall 2019. Ms. Samick explained that Phase II will include updates to Notices of Action, Notices of Temporary Approval, and Verification Checklists. She stated that these documents will include more information about Cover Virginia, the Health Insurance Marketplace, language taglines, and fact sheets as applicable. She explained that Phase III will address the remaining member notices, such as the Medicaid renewal forms, manual verifications checklists, and patient pay notices of obligation.

Ms. Fowler shifted the focus of the presentation onto the Medicaid renewal forms. She explained that DMAS was asking for Committee feedback on draft proposed changes to the renewal form. She stated that the new form should be mostly prepopulated with as much information as is on file, and that the new form will also highlight the ways that a member can complete a renewal – by mail, by calling the Cover Virginia call center, or online.

Committee members had questions and comments during the presentation. As a whole, the MAC members expressed that they were unaware that the Medicaid renewal process could be conducted online. The Committee members expressed interest in completing renewals electronically as well as using the Cover Virginia call center. One member asked if the online renewal would skip over the unnecessary questions that would not apply to the Medicaid member. Ms. Samick responded affirmatively, stating that the renewal application questions are tailored based on information in the system and that would apply whether the member completed the renewal online or by telephone. She also noted that the paper renewal form would also direct the member to skip over questions that did not apply. One member expressed an opinion that directing the individual completing the renewal to a telephone number may be more helpful for some members, especially in rural areas where access to high-speed internet is not always available. One member suggested videos or other visual aids available to assist individuals in completing renewals. Several members had questions as to whether members would be charged for data and minutes on their cellular phones should they use their phones to complete a renewal. Ms. Samick indicated that while the telephone number to call was toll-free, she was unsure whether cell phone minutes and data would be affected. Members also suggested that renewal forms list community resources for telephone and internet access, such as public libraries.

Committee members also provided comments about personal experience in completing renewals. One member stated that the renewal form is confusing for those individuals who are completing the renewal on behalf of a disabled child. Another member suggested more training for eligibility workers reviewing renewal applications. The member remarked that there seemed to be a breakdown in communication, because the same information was repeatedly requested. There was also some feedback that the disability community experiences issues in eligibility redeterminations.

Several members commented that the increase in time to return verifications was important from an accessibility standpoint, as some members may not physically be able to submit verifications in the original times allotted. Several members also suggested that the renewal forms should clarify that the renewal was for a member's continued eligibility for Medicaid, and that renewing coverage within a member's managed care plan or other programs was a separate process.

LUNCH AND COMMITTEE MEMBER DISCUSSION ON DESIRED TOPICS

Ms. Broughton asked the Committee to share ideas and suggestions for future MAC meetings. She mentioned that in Colorado, the committee members create the agenda. She explained that DMAS' goal for the Committee is for its members to have the support and the information they need in order to formulate an agenda for each meeting.

One Committee member suggested continuing to address the topics identified at the last MAC meeting. As a follow up, another member asked if there was a way to re-prioritize issues previously noted. The member specifically mentioned Electronic Visit Verification (EVV), and expressed the privacy concerns associated with EVV raised by members of the disability community. She noted that those members receiving attendant care services recently received a letter stating that the EVV requirement would go into effect soon. Another member expressed concerns that attendants would stop providing services due to the EVV requirement, noting that many attendants state that their compensation through Medicaid is already low.

Ms. Broughton suggested that the MAC members have the opportunity to meet DMAS staff members of interest to the Committee, and have the opportunity to hear presentations and ask questions. The MAC members were receptive to the idea, with a request for DMAS' Chief Medical Officer to speak at a MAC meeting. Ms. Broughton also suggested sharing an organizational chart with the names of staff and an explanation of their roles. One member suggested adding photos to this organization chart for the MAC members. Ms. Broughton also proposed a presentation on the legislative process, including an explanation of DMAS' authority and the federal and state mandates.

In addition to the above topics, the Committee members had the following suggestions for presentations:

- Explanation of the approval process for durable medical equipment, assistive technology, including an opportunity to share personal experiences;
- Explanation of the fee for service Medicaid process and coordination of care for those recipients;
- How to address resource challenges for more rural areas, such as the closure of outreach offices and a lack of respite care resources for the elderly in those areas;
- Explanation of the appeals process;
- More information about telehealth; and
- Explanation of medical necessity criteria and how such criteria is created.

PRESENTATIONS AND DISCUSSION – MEDALLION 4.0 AND CCC PLUS PLANS

Mr. Stanwix explained that the afternoon presentations were meant to provide an overview of the managed care programs. Mr. Stanwix explained to the Committee that there would be an opportunity for discussion during the presentation and that bigger issues can be noted and discussed at future MAC meetings.

Medallion 4.0 Presentation

Cheryl Roberts, Dan Plain, Myra Shook, Whitney Davis, and Todd Clark gave a presentation about the Medallion 4.0 managed care program. Ms. Roberts shared her personal experiences with Medicaid, and explained that one of her primary goals was to ensure that Medicaid members would receive the same quality of care as that received in the commercial market. Mr. Plain explained that the Medallion 4.0 program mostly serves children, pregnant women, and the new Medicaid expansion adult population. He explained that there were six health plans that participated in the Medallion 4.0 managed care program, and noted that all major health systems within Virginia participate with the MCOs, which allows Medicaid members to have a choice in hospitals and provider groups. Mr. Clark discussed some of the health benefits that are available through the managed care plans and the wellness goals for each plan. He also noted that the Medallion program offered a free cell phone app (available under "Virginia Medallion") in which members can now choose their health plan and research in-network providers within a health plan. Ms. Davis discussed the services available for the new Medicaid expansion population. She also addressed how managed care plans are evaluated for performance and quality, and the ways that members can use those scores to make informed choices when enrolling in a managed care plan. Ms. Shook addressed DMAS' Smiles for Children program, and explained that it was a fee for service program that provided comprehensive dental services until age 21, and medically necessary services for Medicaid members 21 years of age and older.

MAC member questions were taken after this presentation. One member inquired as to why there appeared to be different standards for receiving services depending on the managed care plan. Mr. Plain explained that members are supposed to receive the same services and that members have the opportunity for appeal if they believe they were incorrectly denied services. Another member asked if quality standards affected how much managed care plans were paid. Mr. Plain noted that DMAS contracts with an actuary and that the rates are assessed at a per member per month method. He also noted that quality standards may lead to performance incentives. Ms. Pryor indicated that DMAS has a value-based purchasing office to ensure that quality and value are being considered in rate assessment.

CCC Plus Presentation

Tammy Whitlock gave a presentation about the CCC Plus managed care program. She explained that many of the managed care health benefits are similar to the Medallion 4.0 program, but that populations that are more complex are placed into the CCC Plus managed care program. Ms. Whitlock noted that CCC Plus manages long-term supports and services (LTSS) and that there are care coordination services for all CCC Plus members. She also explained that the CCC Plus Waiver

is a separate program from the CCC Plus managed care program, and that some waiver recipients are enrolled in Medicaid in the fee-for-service program and not in the managed care program. Ms. Whitlock addressed some of the services available in the CCC Plus Waiver, such as adult day health care and personal care services. She also directed the MAC members to the state long-term care ombudsman and the help line.

Several Committee members had questions after the presentation. One member inquired about the medical necessity criteria for waiver services, and noted there seemed to be an inconsistency among screeners. Ms. Whitlock explained that there is required training for potential screeners and that the training was continuing to be updated to help standardize the screening process. Another member mentioned low reimbursement for personal care attendants for disabled children and asked if reimbursement could be raised due to the difficulty in finding care attendants. Ms. Whitlock explained that DMAS does not determine reimbursement increases that attendants receive, and that any increases must be approved by the General Assembly. Dr. Lee echoed that DMAS is limited to the funding parameters appropriated by the General Assembly. Another member asked if anything could be done if an MCO was taking a long time to process a request, such as replacement parts for a wheelchair. Ms. Whitlock explained that that if the member has reached out to the MCO and they have been unresponsive, to email the CCC Plus DMAS mailbox so that DMAS can investigate.

PUBLIC COMMENT

There were no public comments at the meeting.

ADJOURNMENT

Mr. Stanwix thanked everyone for participating in the meeting. He stated that DMAS will evaluate the MAC member questions and comments to create agenda topics for future meetings. Dr. Lee thanked the Committee and the DMAS team. Dr. Lee informed the MAC members that DMAS is taking their suggestions under advisement, and acknowledged that the MAC members are not only representing themselves and their families, but also their communities who are experiencing the same challenges. She encouraged the MAC members to continue submitting their ideas and concerns, and affirmed that DMAS will work to provide information to the Committee.

Mr. Stanwix adjourned the meeting at 2:13 p.m.