FINAL BMAS MINUTES
Tuesday November 30, 2021
12:00 PM

Present: Basim Khan, Maureen S Hollowell, Michael H Cook Esq., Patricia T Cook MD, Ashley Gray, Greg Peters, Elizabeth Noriega

Virtual Attendance: Peter R Kongstvedt MD, Kannan Srinivasan, Raziuddin Ali MD

Absent: Elizabeth Coulter

1. Call to Order

Meeting was called to order at 12:08p.m.

2. Approval of Minutes

Approval of BMAS Retreat Minutes 6/23/2021

Moved by Ashley Gray; seconded by Maureen S Hollowell to Approve.
Motion Passed: 7 - 0
Voting For: Greg Peters Dr, Basim Khan, Maureen S Hollowell, Michael H Cook Esq., Patricia T Cook MD, Elizabeth Coulter, Ashley Gray
Voting Against: None

Approval of June 9, 2021 Minutes

Moved by Ashley Gray; seconded by Maureen S Hollowell to Approve.
Motion Passed: 0 - 0
Voting For: None
Voting Against: None

Approval of March 10, 2021 Minutes

Moved by Ashley Gray; seconded by Maureen S Hollowell to Approve.
Motion Passed: 7 - 0
Voting For: Greg Peters Dr, Basim Khan, Maureen S Hollowell, Michael H Cook Esq., Patricia T Cook MD, Elizabeth Coulter, Ashley Gray
Voting Against: None

ByLaws Amendment Vote

5.4 ByLaws Amendment

Proposed Amendment

5.4 Department Committees – In addition to participation in the Department workgroups or committees pursuant to Section 5.3, Board members are encouraged to attend meetings of any committee of the Department with stakeholders. DMAS staff shall provide information regarding the current committees and meeting schedules to the Board in a timely manner to facilitate member attendance and involvement. Whenever such a committee is added or terminated, DMAS staff shall promptly provide such information to the Board.

Moved by Greg Peters Dr; seconded by Basim Khan to Approve.
Motion Passed: 7 - 0
Voting For: Greg Peters Dr, Basim Khan, Maureen S Hollowell, Michael H Cook Esq., Patricia T Cook MD, Elizabeth Coulter, Ashley Gray
Voting Against: None

4. Director's Report – Karen Kimsey

At the instruction of the 2020 Appropriations Act, DMAS recently examined the programs as a whole to identify opportunities to derive greater value from our managed care delivery system.

Based on our review, DMAS has determined that unifying the two managed care programs under a single managed care contract and delivery system would result in a more efficient and well-coordinated system of care for members, would add value for our providers, and would allow DMAS enhanced capacity to focus on monitoring, oversight, and value.

The link to the legislative report is in the appendix area of this presentation.
The Department of Medical Assistance Services' Proposed Plan for Merging its Managed Care Programs https://rga.lis.virginia.gov/Published/2020/RD567.

Engaged stakeholders including managed care organizations and provider groups, and sought input through public forums, including the Managed Care Advisory Committee.

DMAS will continue to engage stakeholders for additional input as the project moves into future phases of consolidation and improvement

Project Cardinal Care started with two legislative reports:

1. HB 30 (Chapter 1289) Item 313.E.8: "The Department of Medical Assistance Services shall develop a plan to merge the Commonwealth Coordinated Care Plus and Medallion 4.0 programs. The department shall submit the plan with a feasible timeline for such a merger to the Governor and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by November 15, 2020."

2. The 2020 Appropriations Act also included a requirement for a report on the costs and benefits of combining the medical loss ratios (MLRs) and underwriting gain provisions (Item 313.E.7): "The department shall conduct an analysis and report on the costs and benefits to amending the Commonwealth Coordinated Care Plus and Medallion 4.0 contracts to combine any applicable medical loss ratios and underwriting gain provisions to ensure uniformity in the applicability of those provisions to the Joint Subcommittee for Health and Human Resources Oversight. The report shall be completed by November 15, 2020."

The 2021 Appropriations Act authorizes DMAS to merge the managed care programs effective July 1, 2022.
[DMAS] shall seek federal authority through the necessary waiver(s) and/or State Plan authorization under Titles XIX and XXI of the Social Security Act to merge the CCC Plus and Medallion 4.0 managed care programs, effective July 1, 2022, into a single, streamlined managed care program that links seamlessly with the fee-for-service program, ensuring an efficient and well-coordinated Virginia Medicaid delivery system that provides high-quality care to its members and adds value for providers and the Commonwealth.

Budget language also directs DMAS to complete two reports:

- Deliver legislative report on impact of merging the children's programs -FAMIS and children's Medicaid - by November 1.
- Conduct analysis of financial impact of a unified program

5. Subcommittee Updates

The Community Engagement and Learning subcommittee did not have a quorum to meet.

The Policy and Strategic Planning subcommittee met with attendance in person by Michael Cook, Ashley Gray, Greg Peters, Basim Khan, Maureen Hollowell, Elizabeth Noriega, Sarah Hatton, Rich Rosendahl, Chris Gordon, Scott Castro, Valentina Vega, Frederick Helm, Emily O'Brion. Virtual Attendance included Angie Vardell, Anne Kerr, Charlotte Arbo, Craig Markva, Denise Daly, Lanette Walker, Mariam Siddiqui, Sarah Craddock, Steven Ford, Tyler Cox, Andrew Mitchell, Chethan Bachireddy, Emily McClellan, Ivory Banks, Jessica Annecchini, Rebecca Dooley, Tammy Whitlcok, Kannan Srinivisan.

Ashley Gray was appointed as subcommittee chair.

6. MES, ARPA, and Special Session Update – Chris Gordon

Special Session:

- **Addressing Eligibility Related Operational Backlog:** Address operational backlogs by hiring contractors to assist with eligibility re-evaluations and member appeals. Funding also will be used to perform COVID-19 related outreach and engagement activities

- **$5 NF Per Diem Payment:** Funding to pay $5 per diem payments to nursing homes

- **12.5% rate increase (HCBS):** Temporarily increase rates by 12.5% effective 7/1/21 for all Home and community Baser Services (HCBS) services eligible "under guidance from CMS".

- **$1,000 PCA Payment:** Issue one-time $1,000 payments for personal care attendants (PCA), DMAS to begin implementing effective 10/1/2021

- **Additional use of reinvestment dollars (w/DBHDS**):
  - Develop strategies for consideration in the 2022 General Assembly to re-invest General Fund funding freed up by the 10% enhanced match from the federal government. By 10/1/2021,

DMAS must report these strategies including 6-year cost projections to Governor, Money committees, and Department of Planning and Budget.

- DMAS must:
  - Identify strategies to enhance HCBS by creating capacity to meet growing demand, and support structural changes to strengthen the HCBS system,
  - Work with DBHDS and CMS to identify opportunities to use reinvestment dollars to divert individuals who are at risk of institutionalization in state facilities, and
  - Prioritize strategies that do not require significant on-going obligations or rely on rate increases.

Medicaid Enterprise System (MES) Update:

- The MES program is currently in **"GREEN"** status and on track for implementation on **April 4, 2022**. The MES Integrated Master Schedule (IMS) currently reflects **75%** work complete across the program.
- Five modules have already gone live; the remaining modules (three in total) will launch with MES next year (see next slide).
- To create a more stable environment from which to launch MES, the program has instituted the following:
  - "Freeze" of the Medicaid Management Information System (MMIS): limits system development to only necessary, vetted items.
  - Provider Enrollment Abatement: a 45-day "pause" in provider enrollments prior to go-live within the Provider Services Solution (PRSS) module.
- Project teams are currently focused on executing modular User Acceptance Testing (UAT) and Integration activities.
- Major near term milestones include:
  - End to End Testing: tests the behavioral flow and cohesiveness of all the modules.
  - Operational Readiness & Implementation Planning: activities necessary to prepare the agency and its partners for cutover to MES next year (e.g., training, communications, etc.).

7. July 1st Implementations- Sarah Hatton, Cheryl Robert & Tammy Whitlock

- **Unborn Child Option (FAMIS Prenatal Coverage)**
  Comprehensive prenatal coverage for pregnant individuals regardless of immigration status

  The 2021 Special Session I budget created a new FAMIS/CHIP prenatal coverage option for individuals who otherwise meet eligibility criteria for FAMIS MOMS or Medicaid Pregnant Women but are ineligible because they do not have lawfully residing status.

  Previously these individuals, primarily undocumented immigrants, were not eligible for Medicaid or FAMIS coverage, except that some (with income less than 148% of the federal poverty level) qualified for coverage of the birth through Emergency Medicaid.

  Individuals are eligible to enroll when they learn they are pregnant and receive full comprehensive coverage during the prenatal period, through labor and delivery, and 60 days postpartum.

  Covered benefits include, but are not limited to:

✓ Prenatal checkups

- ✓ Prenatal screening and testing
- ✓ Labor and delivery, including inpatient hospital stay
- ✓ General and specialty care for other health concerns
- ✓ Prescription medication
- ✓ Dental coverage
- ✓ Behavioral health care, including screening and treatment for mental health conditions, tobacco cessation, and substance use disorders

Enrollment Data as of 11/19/2021
- As of Nov 19, more than 3600 individuals have been enrolled in this program.
- Over 700 newborns are now receiving Medicaid or FAMIS coverage as a result of a parent receiving FAMIS PC.
- FAMIS PC individuals range from ages 13 to 50.The Northern Region has nearly 70% of the Commonwealth's current enrollment of FAMIS PC. Additionally, 15% live in the Central Region.
- Over half of the FAMIS PC population is receiving coverage in their 3rd trimester of pregnancy while at least 33% are still in their first trimester.
- 49% of members attested to Spanish as their primary language

- **Other Administrative implementations**
  Other 7/1 Implementations
  <u>One Number for State Benefits</u>
- DMAS and Virginia Department of Social Services (VDSS) collaborated to develop a new toll-free number for the state benefits call centers.
- The call centers include:
  - Cover Virginia
  - Enterprise Call Center
  - Medicaid Member Helpline
- The purpose of the new toll-free number is to route the calls to the appropriate call centers based on the brief description of the call centers purposes
- While the current call center numbers will remain accessible, DMAS & VDSS will work over the next year to update digital and print materials to display the new number.
  <u>Digitized State Plan</u>
- The Medicaid State Plan has now been published on the DMAS website: https://www.dmas.virginia.gov/about-us/state-plan/
- Submitted and approved State Plan Amendments can now be viewed.

- **American Rescue Plan Act (ARPA) Funding -Eligibility & Enrollment COVID-19 Unwinding**

  Funding was requested to address the Medicaid application backlogs and unwinding efforts resulting from the COVID-19 Public Health Emergency. The agency will use a three pronged approach to address these efforts.

  - ARPA Fund 9901: $10 million approved in HB7001
  - ARPA Fund 9901: $5 million to be requested through a decision package in regular session for SFY23.
  - Costs for ARPA funds may incurred through December 31, 2024.

- **American Rescue Plan Act (ARPA) Funding –Home and Community-based Services**
  - ❑ 12.5% temporary rate increase for early intervention, most Home and Community-Based waiver Services and specific Community-Based Behavioral Health Services between July 1, 2021 through June 30, 2022.
  - ❑ Medicaid Bulletin posted on October 6, 2021.
    - ❑ Lists specific eligible procedure codes and revenue codes
    - ❑ Provider guidance on prospective and retrospective claims

- **Enhancement of Behavioral Health Services – Project BRAVO**
- In recognizing the need for a phased process that focuses on the system's most immediate needs, we have focused on prioritization of 6 services that our interagency team agrees are critical to begin the move to the north star and to address the inpatient bed crisis.
- Enhancement focuses on high quality services that have been shown to work.
- These are services that currently exist and are licensed in Virginia at large but are not covered or adequately funded by Medicaid.
  - ❑ PHP/IOP: These exist in Medicaid for ARTS and their addition has been shown to draw down costly ER visits and inpatient hospitalizations. A workforce exists, programs exist…they just need a rate and service definition to be able to also serve members with primary mental health problems.
  - ❑ MST/FFT: These evidence-based practices for high risk youth exist through the DJJ transformation but do not have a Medicaid Rate. This creates access and equity issues for Virginia's kids wherein they need DJJ referral to participate in these high-quality services. These could help with diversion and step down from the Commonwealth Center and reduce the need for residential treatment.
  - ❑ PACT: This exists but is not reimbursed at a rate that covers the service, which limits the ability to adhere to the fidelity standards of the program and maximize effectiveness and access across the state. DBHDS has excellent data on cost efficiencies of this service and we see it as a critical component of the plan for those who are some of the most likely to use inpatient hospitalization on a frequent basis.
  - ❑ Comprehensive Crisis: This brings on medicaid rates for the services recommended through the Crisis workgroups of STEP-VA and assures we reimburse appropriately and draw down federal match for members who participate in crisis care. These services include mobile crisis response, community-based crisis stabilization (a crisis-avoidance service that provides short term support between immediate response and availability of referral to longer term services), crisis stabilization units (residential) and 23-hour beds.

Adult Dental Services 2021 – Overview

Implementation Steps:

- Federal Approval – Approved
- Design Benefit Package – Complete
- Dental Advisory Committee engagement – Ongoing
- Provider Recruitment – Ongoing
- System Changes – Complete
- Vendor Changes – Complete
- Member & Provider Education –Ongoing
- Stakeholder Engagement – Ongoing

- **79,000 unique members** and 133,000 claims under the adult dental benefit since July 1
- Operations are running smoothly
    - Calls are being answered
    - Claims are being paid ($33M)
- Dental Advisory meetings for updates and guidance
- Numerous articles and presentations on the program

Program Challenges

- Network Adequacy

Dataquest provides weekly reports and updates

    - Ongoing recruitment and participation efforts
    - Dentists are retiring
- Inadequate Rates
    - Last rate increase was in 2005
    - Noted as a recruitment barrier in several surveys
- Increase Pediatric Utilization

Next Steps

- Hired a Dental Program Lead – Welcome Justin Gist
- Continuing provider recruitment efforts (focused on specialists and geographic areas)
- Working with Virginia Dental Association
- Pregnant women – new eligibility changes and working through transitions of the pregnant women benefit into adult benefit
- Focus on special populations
- Releasing the RFP for new Dental Contractor
- Watching the Governor's budget and General Assembly for possible program and rate changes

8. Appeals Portal Launch

What is MES?

- MES is Virginia's Medicaid Enterprise System for DMAS
- It moves DMAS to a modular system that can more easily adapt to change while supporting our Agency's mission

What is AIMS?

- AIMS is the Appeals Information Management System designed exclusively for DMAS
- A platform that produces efficiencies for Appeals Division staff, as well as allows clients and providers to file and track appeals online
- One of many building blocks (or modules) in the implementation of MES
- First MES module with public-facing component

Prior to AIMS:

- Used two different databases to process appeals –one for client appeals and one for provider appeals
- All paper case files prior to COVID, at which point DMAS used SharePoint as a stop-gap in order to continue to process appeals
- Scheduling for hearings was done by e-mail and telephone
- Only way to check the status was by calling or e-mailing the Division

Benefits of AIMS:

- One system for all appeals
- Electronic case files
- Automated workflows and queues
- Auto-generated letters and emails
- Streamline stakeholder interactions
- Enhanced user experience

AIMS Portal and Resources

AIMS Portal:

- Public-facing components for external stakeholders include:
  - Client portal
  - Provider portal
  - Agency portal

AIMS Resources:

- Google Meet informational sessions
- Email blasts and press release to over 21,000 recipients
- Updated appeal rights on notices of action
- Updated DMAS website
- MES training website with extensive training materials and resources:
  - Written User Guides
  - Demo Videos
  - Practice Exercises
  - FAQs
- AIMS Help support line and email box

AIMS would not have been possible without:

- DMAS Executive Leadership Team
- Information Management Division
- Project Management Office
- Procurement and Contract Management Division
- Budget Division
- Christina Nuckols/Communications
- Human Capital Division
- Appeals Division Staff
- Centers for Medicare & Medicaid Services (“CMS”)
- All who have helped test the system
  (many DMAS employees!)

9. New Business/Old Business

10. Regulations

11. Adjournment

Moved by Ashley Gray; seconded by Maureen S Hollowell to Adjourn.
Motion Passed: 7 - 0
Voting For: Greg Peters Dr, Basim Khan, Maureen S Hollowell, Michael H Cook Esq., Patricia T Cook MD, Elizabeth Coulter, Ashley Gray
Voting Against: None