FINAL MINUTES
Wednesday September 09, 2020
10:00 AM
VIRTUAL MEETING VIA WEBEX (due to COVID-19 restrictions)

Present: Peter R Kongstvedt MD, Cameron Webb Dr., Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Patricia T Cook MD, Raziuddin Ali MD, Rebecca E Gwilt Esq.

Absent: Greg Peters Dr, Alexis Y Edwards

DMAS Staff Present:
Davis Creef, Office of the Attorney General
Karen Kimsey, Director
Ellen Montz, Chief Deputy
Ivory Banks, Chief of Staff
Tammy Whitlock, Deputy Director of Complex Care
Cheryl Roberts, Deputy Director of Programs
Chethan Bachireddy, Chief Medical Officer
Chris Gordon, CFO
Christina Nuckols, 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
Adrienne Fegans
Corey Pleasants
Thomas Gates
Sarah Samick
Beth Alexander
Lauren Gray
Dan Plain
Brian Mensing
Mariam Siddiqui
Hope Richardson
Sarah Broughton

1. **Call to Order**

   Moved by Karen Kimsey to Call to Order at 10:13 AM. This meeting was held via WEBEx due to the COVID-19 State of Emergency issued by Governor Ralph Northam.

2. **Approval of Minutes**

   2.A Approval of 6/10/20 Minutes

   Moved by Michael E Cook Esq.; seconded by Patricia T Cook MD to
   Motion : 8 - 0
   Voting For: Peter R Kongstvedt MD, Cameron Webb Dr., Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Patricia T Cook MD, Raziuddin Ali MD, Rebecca E Gwilt Esq.
   Voting Against: None

3. **Director's Report**

   3.A Director's Report

   Director Karen Kimsey provided an update on the Covid-19 cases in Medicaid. Operation Homecoming timeline was presented with phase one beginning January 4, 2021, phase two beginning February 1, 2021 and phase three to begin February 8, 2021.

Medicaid Enrollment numbers increased from 1,531,923 at the onset of the State of Emergency to 1,669,535 as of September 1, 2020, an increase of 136,603 new members. On average, Medicaid gains 4,800 new members each week.

Project Cardinal is the plan directed by the General Assembly for DMAS to produce for establishing a combined Medicaid managed care program.

4. **Budget Update**

4.A Budget Update

Chris Gordon, CFO, presented on the FY21 Revenue Shortfall of 2.7 billion. The GA2020 Special Session produced no reductions to DMAS agency budget, enhanced FMAP of 6.2%.

Mr. Gordon presented on COVID-19 Provider Payment & Reimbursement for Long-term Services and Supports for Medicaid Nursing Facilities and State CARES Act Funding for Licensed Facilities and Assisted Living Facilities, along with other Medicaid Providers.

5. **Managed Care Organization (MCO) Overview**

5.A Managed Care Organization (MCO) Overview

Cheryl Roberts, Deputy Director of Program and Tammy Whitlock, Deputy Director of Complex Care Services, presented on Managed Care Organizations (MCO). Ninety percent of Medicaid members are now in managed care. The Commonwealth Coordinated Care Plus (CCC Plus) program currently has 260,228 members and the Medallion 4.0 program has 1,234,634 members. There are five authorities under which the MCO program operates: CMS Waivers, Federal Regulation, State Regulations, MCO procurements/contracts and BOI/NCQU. Currently there are six health plans Aetna, Optima Health, Anthem, United Healthcare, Magellan and Virginia Premier.

Current changes in the MCO July 2020 Contract Changes are:

July 2020: the first time both Medallion 4.0 and CCC Plus are on the same contracting and rate cycle
March-April: we followed the contract/rate cycle and the teams integrated the 2020 Governor, General Assembly bills, and Budget language into the contract and began rate meetings
May 2020: the Governor unalloted funds that resulted in DMAS removing twelve (12) items from the MCO contracts that were previously approved in the 2020 session
June 2020: the revised contract followed another cycle and were reviewed and approved by DPB
The signed contract was submitted to CMS mid June
July 2020: the following items remained in the contracts:

Contracted changes that impacted both programs are:

Requirements to implement reimbursement reductions for hospital readmissions and preventable emergency room visits
Prohibition on MCO Pharmacy Benefit Managers (PBMs) from spread-pricing
Revised and added language related to mergers and acquisitions and significant operational changes
Established payment targets for the total portion of medical spending covered under a value based payment arrangement
Rewrote section regarding Emergency and Post-Stabilization to reflect current operational practices
Clarified non-emergency transportation services and requirements to allow for Uber, LYFT, etc.
General alignment between contracts

COVID Changes
Transportation collaborative efforts and changes to meet the needs of the crisis
Temporarily ceased provider enrollment and audit activities
Created targeted outreach effort for pregnant women
Medallion 4.0: primary care provider increase in payments by 29% for E&M codes rendered between March 1, 2020 and June 30, 2020
Increased meetings with MCO Leadership –meet at least week and held plan specific quarterly meetings

Federal Authority:1135 Waiver
The emergency 1135 waiver grants flexibilities for ensuring access to care for Medicaid members and supports for providers. The August 5, 2020 Medicaid Memo describes the extension of specific flexibilities through October 22, 2020. Minimum Data Set (MDS) Assessments for new admissions may be completed in 30 days (instead of 14 days).

Nursing Facilities:
Nursing facilities may temporarily employ individuals, who are not certified nurse aides, to perform the duties of a nurse aide for more than four months, on a full-time basis if they can demonstrate necessary skills and techniques.

LTSS Provider Flexibilities:
Waive in-person supervision by a registered nurse every two weeks for Home Health and waive 14 day in-person supervision for hospice (telephonic supervision is encouraged).
Home health agencies may perform certifications, initial assessments, and determine a patient's homebound status remotely by telephone or via video communication in lieu of a face-to-face visit.

Durable Medical Equipment (DME)
DME providers may deliver up to a 1-month supply at a time. DMAS will allow National Coalition for Assistive and Rehab Technology (NCART) recommendations for remote protocol, for complex rehab equipment. Telehealth visits are allowed for therapy evaluations unless it is determined a face-to-face evaluation is warranted. Face-to-face requirement for authorization of durable medical equipment for specific codes are waived. DMAS will allow temporary coverage for short-term oxygen use for specified acute conditions.

Certificate of Medical Necessity (CMN)
Temporary extension of current CMNs until the end of the state of emergency. Temporary suspension of the requirement for a CMN for new orders (effective April 13, 2020). The DME provider must have a written, faxed, emailed or verbal order from the practitioner that includes the members name, item(s) being ordered and a diagnosis.

Federal Authority: 1915 Waiver Appendix K
Per Medicaid Memo 08/11/20, extended through 01/26/21. DMAS is temporarily allowing spouses and parents of Medicaid members under age 18 to provide personal care services and be paid for those services under these waivers.
New service authorizations for services conducted through video-conference or telephone will be considered for in home support, community engagement and community coaching beginning August 15, 2020. Prior to August 15, 2020 only service authorizations in place on March 12, 2020 were allowed to deliver services via telehealth during the pandemic. Authorizations will only be approved through October 31, 2020.

Behavioral Health Updates:
As of July 1st, 2020 DMAS resumed reimbursement for face-to-face delivery of group-based services. DMAS advised that providers carefully weigh the vulnerabilities and benefits of resuming face-to-face group services. Group-based providers were reminded that they retain, until further notice, the ability to offer services individually or through individual or group tele-health or telephonic contact. Providers

were encouraged to prioritize the health and safety of members and their staff and to consider member preferences, engagement and optimal access to care.

6. **Health Equity Update – postponed to next meeting**

7. **Regulation Update**

8. **New Business/Old Business**

9. **Public Comment**

10. **Adjournment**

Moved by Cameron Webb Dr.; seconded by Kannan Srinivasan to adjourn.
Motion : 8 - 0
Voting For: Peter R Kongstvedt MD, Cameron Webb Dr., Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Patricia T Cook MD, Raziuddin Ali MD, Rebecca E Gwilt Esq. Voting Against: None