

Board of Medical Assistance Services

MINUTES

Wednesday December 09, 2020

10:00 AM

VIRTUAL MEETING VIA WEBEX (due to COVID-19 restrictions)

Present: Greg Peters Dr, Peter R Kongstvedt MD, Cameron Webb Dr., Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Patricia T Cook MD, Raziuddin Ali MD, Elizabeth Coulter, Ashley Gray

Absent: 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

1.A. Call to Order Moved by Karen Kimsey to Call to Order at 10:04 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 minutes from September 9, 2020 Meeting
Moved by Peter R Kongstvedt MD; seconded by Michael E Cook Esq. to Approve.
Motion Passed: 8 - 0

Voting For: Greg Peters Dr, Cameron Webb Dr., Kannan Srinivasan, Maureen S Hollowell, Patricia T Cook MD, Raziuddin Ali MD, Elizabeth Coulter, Ashley Gray
Voting Against: None

3. Discussion of BMAS Retreat

A poll will be sent electronically to the BMAS Board members to obtain a better understanding of what the board members want the goals of the Board for the 2021 year.

4. Director's Report

4.A Director's Report:

- Since the State of Emergency was declared, Medicaid has gained **200,758 new members**
 - 99,874 are in Medicaid Expansion
 - 64,706 are children
- On average, Medicaid gains **4,700 new members each week**

Because of new rules expanding eligibility, more than 486,900 Virginians have high-quality, no-cost health coverage during the COVID-19 health emergency. Medicaid has played a critical role in the lives of tens of thousands of individuals who applied for Medicaid during the health crisis— many of whom lost their jobs due to the pandemic. These newly eligible adults have coverage for COVID-19 testing and treatment, as well as treatment for chronic conditions that can exacerbate the effects of the virus, including diabetes, cancer, chronic obstructive pulmonary disorder, high blood pressure, and asthma. We've made this data available to the public on our website through a variety of dashboards as part of our continuous efforts to demonstrate the value of Medicaid.

The ultimate goal of Project Cardinal is to effectuate a single, streamlined managed care program that links seamlessly with our fee-for-service program, ensuring an efficient and well-coordinated Virginia Medicaid delivery system that provides high-quality care to our members and adds value for our providers and the Commonwealth

- **Cares Act:** Ongoing distribution of funding including funding for long-term care facilities, PPE for personal care attendants, hazard pay for personal care workers, hospital reimbursements for COVID-19 costs, and retainer payments for DD waiver day support providers
- **Behavioral Health Enhancement:** To ensure that services provided through Medicaid are evidence-based and provide a continuum of community rehabilitation behavioral health services
- **Extending Coverage to Pregnant Women:** Up to 205% of the federal poverty level for one year postpartum

2021 Priorities from Special Session

- **Eliminate 40-Quarter Work Requirement:** Ends requirement that lawful permanent residents have 10 years of work history to qualify for Medicaid in Virginia.
- **Adding a Comprehensive Adult Dental Benefit :** Approved for July 2021, Begin working on contract modifications, Goal: provide wide access
- **Increasing Rates for Certain Providers:** Including anesthesiologists, mental health providers, skilled and private duty nursing services and DD waiver providers

Faces of Virginia Medicaid

- As a health safety net for more than 1.6 million Virginians, we have a responsibility to ensure our members are receiving high quality, equitable care. This is a sneak preview at an upcoming publication, “The Faces of Medicaid” which will display member stories. These stories are the best representation of the value of Medicaid we would ask for.
- Transportation and housing helped Angela take charge of her care.
- Greg received addiction treatment and new glasses that changed his life and helped him get a promotion at his job!
- Medicaid has helped Sarah through her cancer diagnosis when costs became too much for her handle.

5. Health Equity/DEI Update

5.A Health Equity/DEI Update

Addressing Health Equity & Disparities for Medicaid Members & Providers

Health equity is the principle underlying a commitment to reduce—and, ultimately, *eliminate*—disparities in health and in its determinants, including social determinants. Health equity means social justice in health (i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically/socially disadvantaged). Health disparities are the metrics we use to measure progress toward achieving health equity.

COVID-19 & Racial Inequity in Virginia:

The COVID-19 pandemic has had a disproportionate impact on vulnerable communities (especially, communities of color--Black, Indigenous and People of Color [BIPOC]) across the Commonwealth.

Eligibility & Enrollment Changes - Continuing flexibilities to assist members during the COVID-19 crisis.

Continuation of Coverage: Delayed acting on most changes affecting eligibility, expanded redetermination timelines, waive out-of-pocket costs to member for duration of state emergency.

Additional Member Flexibilities: Waive public notice and comment period requirements related to SPAs and modify tribal consultation timeframes, suspend integration requirement for incarcerated individuals, accept attestation of medical expenses.

Organization Framework to Achieve Health Equity

Framework of the Workgroup:

In order to develop an agency strategy, the work group will address the following questions:

What is DMAS currently doing to reduce and *eliminate* health disparities?

What does health equity look like in Virginia in terms of access to care, coverage of care and quality of services?

What are the key equity issues that affect Medicaid members and providers?

How should DMAS address those key equity issues?

What is DMAS doing to address health equity disparities in its response to the COVID-19 pandemic, given that the crisis is disproportionately impacting African American and Hispanic communities?

What can DMAS learn from other state Medicaid agencies, federal efforts, community leaders, advocacy groups and others to address health equity issues?

Short-Term Goals/Initiatives:

- Member Engagement & Communications - Engage Member Advisory Committee and other stakeholders on a regular basis to receive feedback on health disparity issues, in trying to access care, request coverage for care or receive quality services
- Policies & Services - Create an inventory of projects to catalog current projects focused on equity, Identify current SDOH projects/initiatives, Conduct state research to learn and understand how other states are addressing health disparities, Review Medicaid language access plan, Review any cultural competency trainings provided by DMAS & MCO, Evaluate Managed Care Organization contracts to assess for health equity concerns and areas of improvement.
- Data, Quality & Measurement - Develop an inventory of all available SDOH data, Evaluate system capabilities to update or add new data elements, Review and standardize MCO annual health equity report, Review quality measures for health equity (e.g. HEDIS).

Long-Term Goals/Initiatives

- Member Engagement & Communications - Develop a comprehensive outreach and communication strategy to engage community members and leaders, advocacy groups and other stakeholders to gather feedback and disseminate program information.
- Policies & Services - Develop a framework for health equity with social determinants of health factors that can be used to improve health and eliminate health disparities, Develop strategies to promote health equity above regulatory requirements for MCOs and DMAS policy developments, Implementation of language access plan.
- Data, Quality & Measurement - Develop Medicaid enrollment dashboard with demographic information such as age, race, ethnicity, gender, sexual orientation, disability and other sociodemographic characteristics, Develop health equity performance measure for Medicaid program, Establish long-term, annual metrics to assess changes in health disparity issues (e.g., access to care, quality of services, use of coverage, etc.).

Topic Area Initiatives

- Behavioral Health: Assess community based behavioral health network capacity and cultural competency for African American, Latinx, and Asian individuals, as well as other people of color traditionally underrepresented, Address the disproportionate number of African American and Latinx individuals residing in state psychiatric facilities.
- Maternal Mortality: Develop a strategy to leverage Medicaid to improve maternal health outcomes for African American and Latinx women (e.g., extending post-partum coverage for 12 months, early elective deliveries, maternal home visiting benefit etc.)
- Eligibility & Enrollment: Align SNAP/TANF/ WIC flexibilities to further integrate with Medicaid, Reduce churn for individuals transitioning between care delivery systems, Reduce churn for individuals transitioning between care delivery systems, Ensure coverage for justice-involved individuals prior to release.
- Coordination & Integration: Coordinate and further integrate health equity initiatives with the Governor's office, VDH and Virginia Bureau of Insurance.

6. Legislative Session Update

6.A Legislative Session Update

DMAS Legislative Process: Overview: As a state agency, DMAS has a unique role of proposing ideas for budget and legislative actions to the Governor.

- A majority of DMAS work during session is in the budget with some legislation
- In December, the Governor's budget is announced; as the GA decides what amendments to include, DMAS provides support to legislators and staff
- DMAS provides expert review of any legislation assigned by the Governor
- DMAS works to implement all budget and legislative requirements.

2020 Regular Session: The General Assembly met for its long session (60 days) starting on January 8th and adjourned on March 12th.

- The GA passed a biennial budget that made investments in key DMAS initiatives advancing equity and access to healthcare:
 - Extending FAMIS MOMS postpartum coverage to 12 months postpartum
 - Eliminating the 40 Quarters Work Requirement for Lawful Permanent Residents
 - Study to evaluate costs and benefits for the Medicaid payment of services provided by doula to help reduce maternal and infant mortality in Virginia
 - Enhancements to Behavioral Health services
 - Adding a comprehensive adult dental benefit
- Due to COVID and the uncertainty of the economy, all of these items were “un-allotted” or put on hold until later in the summer.

The General Assembly also passed legislation impacting DMAS.

- B902 and SB902: provides more access to Long Term Services and Supports screenings and alternate tools to be used for screenings.
- HB1291 and SB568: requires DMAS to ensure that Managed Care Organizations’ contracts with Pharmacy Benefits Managers prohibits using spread pricing while providing pharmacy benefits.
- Other legislation included:
 - HB826 and HB213: convening workgroups to study adding a doula benefit and evaluation of the current Personal Maintenance Allowance.
 - HB925: requires development of a process to transition between the HCBS waiver to Medicaid Works.
 - HB806, HB807, and SB949: these bills deal with compensation and EOB receipt for sexual assault victims, and potentially moving the program to DMAS.

2020 Special Session: Special Session began on August 18th; with a focus on the budget and legislation on COVID and justice issues.

- The GA adjourned on Monday November 9th making this special session last longer than a regular “long” session.
- Key legislation for DMAS was related telehealth:
 - **HB5046 and SB5080:** allows telehealth flexibilities implemented during the public health emergency to continue
 - Extend flexibilities granted under COVID-19 until July, 2021

The GA passed a budget that included those budget items that were previously “un-allotted” due to the economic impact of COVID.

- Including Elimination of 40 quarters work requirement
- Extending FAMIS MOMS coverage to 12 months postpartum

- Providing an adult dental benefit
- Funding for advancing the enhancement of behavioral health services

2021 Regular Session: The 2021 Regular Session begins on January 13th 2021. This session is a short session and is set to last 45 days.

- Key DMAS topics will likely be those focused on COVID including:
 - Telehealth
 - Long-term care facilities
 - Access to healthcare
- DMAS is in the process of developing budget priorities for the Governor who will announce his budget on December 16th.

7. 2022 Budget Update/Forecast

7.A 2022 Budget Update/Forecast

Chris Gordon, CFO, gave a brief Summary of Medicaid Forecast. The key forecast driver was population growth. A brief overview of the recap of the Covid-19 Vaccines reimbursement schedule was provided.

- Administration: 1st dose: \$16.94, 2nd dose: \$28.39, full-treatment: \$45.33
- No costing in FY21 for pregnant women and children (no vax studies yet)
- Includes transportation cost (\$43 roundtrip, assumes 8% utilize NEMT)
- Utilization: 75%
- No cost for vaccine, purely administration
- Vaccines do not have rebates like other Medicaid pharmaceuticals
- Duals expected to be covered 100% by Medicare
- Children expected to be covered for Vaccines for Children (VDH)

Budget Submissions for 2021 Session: Decision Packages Submitted to DPB

21GA Decision Package Title

Accelerate Managed Care Profit Rebate

Add DBHDS licenses to ASAM Level 4.0

Allow FAMIS MOMS to utilize Substance Use Disorder Treatment

Allow Medicaid 90-Day Pharmacy Supply

Allow Pharmacy Immunizations for Covered Services

Authorize Post-Public Health Emergency Telehealth

Expand Addiction Treatment Beyond Opioid Use Disorder

Extend Medicaid/FAMIS MOMS prenatal coverage to otherwise-eligible expectant mothers whose children will be citizens at birth

Fund COVID-19 Vaccine Coverage for Non-Expansion Medicaid Adults

Fund Doula Services for Pregnant Women

Fund Durable Medical Equipment (DME) Federal Mandate

Fund HITECH Interoperability and Patient Access

Fund Home Visiting Benefit Workgroup

Fund Managed Care Operational Changes – Federally Mandated

Fund Post-Public Health Emergency Remote Patient Monitoring

Implement Client Appeals Process Changes

Implement the Virginia Facilitated Enrollment Program

Increase Appropriation for Civil Monetary Penalty (CMP) Funds

8. New Business/Old Business

9. Public Comment

Public comments were made by Brittney Lee and Jesse Monroe.

10. Regulation Update

11. Adjournment

Moved by Michael E Cook Esq.; seconded by Kannan Srinivasan to Adjourn .

Motion Passed: 8 - 0

Voting For: Greg Peters Dr, Peter R Kongstvedt MD, Cameron Webb Dr., Maureen S Hollowell, Patricia T Cook MD, Raziuddin Ali MD, Elizabeth Coulter, Ashley Gray

Voting Against: None

