

Medicaid Physician and Managed Care Liaison Committee (MPMCLC)

DRAFT MINUTES

Tuesday, March 19, 2024

3:00 PM

The meeting of the Medicaid Physician and Managed Care Liaison Committee (MPMCLC) met at the Department of Medical Assistance Services (DMAS) offices at 600 East Broad Street, Richmond. A web-ex option was also available for members of the committee and the public to attend virtually.

Committee Members:

Virginia Academy of Family Physicians – Absent, American Academy of Pediatricians – Virginia Chapter – Absent, Virginia College of Emergency Physicians – Absent, American College of Obstetrics and Gynecology – Virginia Section – Absent, Virginia Chapter, American College of Radiology – Absent, Psychiatric Society of Virginia – Absent, Virginia Medical Group Management Association – Absent, Medical Society of Virginia – Absent, Virginia Association of Health Plans – Heidi Dix, Virginia Hospital and Healthcare Association – Absent, Virginia Association of Health Plans - Absent

MCOs:

United Healthcare – Mohamed Ally (in-person)
Molina – Ann Vaughters (in-person)
Aetna – Ira Bloomfield (in-person)
Sentara – Mark Mattingly (virtual)
Anthem - Absent

DMAS Attendees: Jeff Lunardi - Chief Deputy, John Kissel-Deputy for Technology & Innovation, Lisa Price Stevens, Chief Medical Officer, Rhonda Newsome – Senior Advisor for Chief Medical Officer, Chris Gordon – Deputy Director for Finance, Hope Richardson – Senior Advisor to Chief Deputy, Jason Lowe – Behavioral Health Division

Other External Attendees

(in-person): Nicole Lawter – William S. Mullen Craig Connors – VHHA, Kyle Russel – VHI, Brittany White – ACNM, Marcus Divers – VHI, Kyle Russel – VHI, Marcus Allen – VDH

(virtual): Katie Page – CNM, Bergen Nelson, Caroline Faber, Christina Nuckols, Jason Brewster – BMAS, Tim Hanold – BMAS and Care Advantage, Matt McKinney – VHI, Richard Grossman – VA Council of Nurse Practitioners, Deepak Madala – Virginia Poverty Law Center, Jesse Bea – DARS, Tracy Douglas – VCHA, Beth Ellen Davis – UVA Health

1. Call to Order

Dr. Lisa Price Stevens, Chief Medical Officer, called the meeting to order at 3:05pm on March 19, 2024, at 600 East Broad Street, Conference Rooms A & B, Richmond, Virginia 23219.

2. DMAS Updates

Chief Deputy Lunardi presented to the committee an overview of Medicaid, program updates, maternal health, and the Cardinal Care Managed Care procurement. Medicaid and CHIP (FAMIS) are joint federal and state programs authorized under Title XIX and Title XXI of the Social Security Act. Implementation requires authorization by the Governor and General Assembly, and funding through the Appropriation Act. Federal guidance and oversight is provided by the Centers for Medicare and Medicaid Services (CMS). State programs are based on a CMS-approved “State Plan” and Waivers. DMAS is designated as the single state agency within the Governor’s administration to operate the Medicaid program in Virginia.

Current appropriations are \$22.9 billion with a match of 51% non-general funds (NGF) and 49% general funds (GF). Medicaid expansion is 90% NGF/10% is covered by hospital coverage assessment. Only 1.5% of the total DMAS budget is for administrative expenses. Medicaid covers adults, children, limited benefit individuals, individuals with disabilities, older adults, and pregnant members.

The delivery systems for Virginia Medicaid are Fee-For-Service (FFS), where DMAS contract and pays providers directly for every Medicaid eligible service rendered to Medicaid members and Managed Care (MCO) where 96% of Medicaid members are covered through five health plans. Each MCO is responsible for delivering health benefits and related services to its Medicaid members.

There are five levers involved in Virginia Medicaid health care: Coverage & Services (requires federal and state authority and funding), Data Analytics, Member Engagement, Provider/Health System, Managed Care Organization.

The Virginia Medicaid and FAMIS enrollment dashboard reflects the Medicaid Maternal Enrollment. As of March 1, 2024, there was a total of 40,469 pregnant members covered under Virginia Medicaid. Investing in Medicaid maternal health and adopting best evidence-based practices in the perinatal and postpartum period can prevent many of the common causes of pregnancy-related morbidity and improved family and community health.

Pregnancy-related morbidity disparities are greatest among African American women and women in the Tidewater, and Roanoke/ Alleghany region.

- Highest pre-term and low-weight babies,
- Highest Emergency Room (ER) utilization postpartum

Clinical Focus Areas:

- Increase Postpartum visits
- Cardiac health for Pregnant Women
- Reduce ER Utilization Postpartum (current rate 15%)

Actions:

- Maternal health Roundtable hosted by HHR Secretary
- National Governor's Association (NGA) Rural Maternal Health Collaborative
- Cardiovascular disease
- DMAS maternal health internal workgroup

Cardinal Care Managed Care Background

- The Cardinal Care Managed Care (CCMC) program provides comprehensive health care services for 1.8 million Virginians receiving Medicaid and CHIP through five contracted health plans.
- DMAS is taking a bold approach to improve the program with three steps:
- Creation of Cardinal Care Managed Care – A consolidation of the two programs formerly known as Commonwealth Coordinated Care Plus and Medallion 4.0
- Defining the transformation goals for the program
- Reprocurement of the Cardinal Care Managed Care delivery system

3. Safeguarding Patient Data

John Kissel, Deputy Director of Technology and Innovation presented on safeguarding patient data to the committee.

Regulatory Requirements–HIPAA & HITECH

Safeguarding Patient Data is everyone's responsibility!

It is essential for Business Associates (BAs) to protect PHI & safeguard patient data in their day-to-day work lives.

- Health Insurance Portability and Accountability Act 1996 (HIPAA)
 - BAs who work for HIPAA-covered entities must comply with HIPAA. Business associates are people who work with, or provide a service to, a covered entity and, in doing so, have access to PHI.
 - BAs are legally required to follow all HIPAA security provisions rather than just the requirements included in their agreements.

- The Health Information Technology for Economic and Clinical Health Act (HITECH)
 - Outlines the privacy and security actions necessary to protect electronic health records (EHRs).

Secure Protected Health Information (PHI)

- What is PHI?
 - Under the HIPAA Act, PHI is any information (identifiers) about health care, health status, or payment for health care that can be linked to a specific individual.
 - Examples of PHI/ePHI are patient name, address, DOB, phone number, social security number, email, and health diagnosis.
- What can you do?
 - Disclose PHI only on a need-to-know basis and what is necessary.
 - Store and dispose of PHI properly.
 - ensure all devices are secure in safe places when not in possession (laptops, cell phones, tablets).
 - Be mindful of risks when you access PHI remotely.
 - Use antivirus software and patch your devices promptly.
 - Use end-to-end encryption via secure channels when sending PHI.
 - Do not click suspicious links and verify requests –always practice strong email security!

Who Has to Follow HIPAA?

- Health plans, healthcare clearinghouses, and healthcare providers.
 - As of January 2013, with the addition of HITECH, HIPAA also now applies to lawyers, consultants, contractors, cloud providers, software vendors, and more.
- How Does This Impact You?
 - HIPAA affects everyone in the U.S.
 - You should know how your PHI is being handled by any healthcare entity and how you should handle PHI should it come up in your job.

HITECH –What You Need to Know

- The health care industry has moved to an electronic world -digitizing medical records on online systems that transmit and store electronic files.
- The increased availability of health information enables you to easily access and send information, but it also requires increased privacy and security controls to safeguard patient medical information.
- You have a responsibility to know and follow these policies and procedures. If you neglect to comply -whether intentionally or not —you are violating the law and may face severe consequences.
- A number of changes have been made in regard to how you can disclose and use health information, including granting individuals the right to restrict disclosures and uses for marketing purposes. In the event of a privacy or security breach, our organization must

notify each individual whose unsecured protected health information has been accessed, acquired, used, or disclosed.

4. **VHI Update on EDCC**

Kyle Russel, Chief Executive Officer, Virginia Health Information and Marcus Divers, EDCC Program Manager, Virginia Health Information discussed the update on the EDCC Program.

Priorities & Progresses

- The EDCC very quickly became intertwined in the daily operations of health plans and care coordinators all around the state.
- In 2023, we increased users by over 50 %, the content created at EDCC went up 300%, and at the start of the year, there was just under 20% skilled nursing facilities in the state participating and grew to over 90 – 95% to end the year.
- Name of the program has changed to Smart Chart Network to acknowledge the progress that EDCC has made and how it's fundamentally changed how care coordination operates in the Commonwealth.

Other EDCC Updates

- VHI conducted first in-person event for statewide collaborative.
 - Including skilled nursing facilities, health plans, and hospital users
- First virtual collaborative coming up as well as some regional collaboratives.
- Participated in the Virginia Neonatal Perinatal learning collaborative.
 - Kicking of their focus on maternal health.
- Groups in the EDCC Program:
 - Health Plans: MCO's and Commercial Medicare
 - Hospital Systems: Participate in the ABT Feed
 - Manage Care Entities: accountable care organizations/ organizations that rely on value-based contracts.
 - Downstream Providers: Community service boards.

5. **CMO Poll**

- In what areas do you need greater support from DMAS and the MCOs?
 - Claims and payment – **most chosen answer**
- How familiar are you or your staff with using the fee for service or MCO online tools to review coverage?
 - Not familiar – **most chosen answer**
- How familiar you are with the emergency department care coordination program?
- Feedback on DMAS Website?

6. Questions

- Is DMAS is looking at the TMHA program in Virginia?
 - Answer: DMAS is looking at that program, the maternal health team is reviewing it. DMAS is discussing with stakeholders but haven't decided on participation.

7. Adjournment

Meeting adjourned at 4:10pm.