

FINAL BMAS MINUTES

Wednesday March 10, 2021

10:00 AM

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

Absent: Alexis Y Edwards, Cameron Webb Dr., Raziuddin Ali MD

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

Chethan Bachireddy, Chief Medical Officer

Chris Gordon, CFO

Sarah Hatton, Deputy Director of Administration

Cheryl Roberts, Deputy Director of Programs

Christina Nuckols

Angie Vardell

Hope Richardson

Nancy Malczewski, Public Information Officer

Craig Markva, Division Director, Office of Communication, Legislation & Administration

Brooke Barlow, Board Liaison

Call to Order at 10:02a.m.

Approval of Minutes

12/9/2020 BMAS Board Meeting Minutes

Moved by Greg Peters Dr; seconded by Kannan Srinivasan to .

Motion : 8 - 0

Voting For: Peter R Kongstvedt MD, Maureen S Hollowell, Michael E Cook Esq., Patricia T Cook MD, Greg Peters, Kannan Srinivasan, Elizabeth Coulter, Ashley Gray

Voting Against: None

Director's Report

Director Karen Kimsey presented on updates on enrollment, COVID-19 Vaccine, Project Cardinal and DMAS' Diversity, Equity and Inclusion initiatives.

Enrollment: Since the State of Emergency was declared, Medicaid has gained 259,526 new members. 136,526 are in Medicaid Expansion and 79,574 are children.

COVID-19 Vaccine: Currently Phase 1a and 1b are currently eligible for vaccination in Virginia. The Vaccine Summary Dashboard continues to show Virginia's significant progress in vaccinations, with more than 2 million doses administered.

(<https://www.vdh.virginia.gov/coronavirus/covid-19-vaccine-summary/>). More than 9 in 10 available first doses have been administered. Vaccine supply continues to increase on a weekly basis. In mid-February, VDH deployed a centralized sign-up tool (vaccinate.virginia.gov) and call center (877-VAX-IN-VA).

DMAS is working in close collaboration with the Office of the Commonwealth's Chief Data Officer to obtain access to vaccine registry data (through the Virginia Immunization Information System/"VIIS"). This data will allow DMAS to discern patterns in vaccination vs. non-vaccination for Medicaid members by various elements, such as population, geography, MCO, etc., in addition to being able to execute individual-level follow-ups in partnership with VDH/local health departments and MCOs.

Project Cardinal: 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.

- Adds value for members
 - Moving to one managed care delivery system streamlines the process for members, eliminating the need for unnecessary transitions between the two managed care systems, avoids confusion for members with family members in both programs, and drives equity in a fully integrated, well-coordinated system of care
 - Allows for improved continuous care management and quality oversight based on population-specific needs
- Adds value for providers
 - Streamlines the contracting, credentialing, and billing processes for providers
- Adds value for DMAS, its MCOs and the Commonwealth
 - Merges the two managed care contracts, two managed care waivers, and streamlines the rate development and CMS approval processes. Moving to one streamlined contract, and combining our internal processes for contract oversight, will allow DMAS to operate with greater efficiency and effectiveness and provides enhanced opportunity for value-based payment activities to promote enhanced health outcomes

[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

- Deliver legislative report on impact of merging the children's programs -- FAMIS and children's Medicaid -- by November 1.

- Conduct analysis of current contracts and staffing and determine operational savings from merging the managed care programs. Report on administrative cost savings and merger-related costs by October 1.

DMAS' Diversity, Equity and Inclusion initiatives:

- *Human Capital and Development:*
 - Diversity and Inclusion Officer
 - Review and update DMAS HR policies (ethics, hiring, etc.)
 - New recruiting initiatives & increased partnerships with colleges and universities for diverse workforce,
 - Review of Agency Workforce Planning (Hiring Stats & Demographics)
 - Compensation Study and Analysis.
 - Added DEI inclusion statement to all job postings.
- *Employee Engagement:*
 - Conducted several surveys
 - Fostered meaningful discussions surrounding events within the Commonwealth and Nation
 - Greater visibility of efforts and initiatives via internal newsletter, SharePoint, and Blogs.
 - Celebrating Diversity, i.e. Juneteenth, Disability Freedom, Pride, and Hispanic Heritage
- *Training:*
 - Leadership trainings on diversity, unconscious bias, and microaggressions
 - Agency-wide mandatory trainings: Sensitivity and Cultural Awareness and History; Subconscious Biases and Institutional Racism.
- *External Initiatives:*
 - DMAS leads the monthly State Agency Partnership Meeting with other Agencies interested in standing up their own councils
 - Collaborate our efforts to support Governor's Chief Diversity Officer's "One Virginia" Plan
 - Actively participates in the Commonwealth State Health Equity Group.

Election of Officers

For the election of officers, Craig Markva moderated the election.

Michael Cook was nominated by Kannan Srinivasan for the Board Chair, the motion was seconded by Maureen Hollowell.

Motion : 8 - 0

Voting For Greg Peters Dr, Peter R Kongstvedt MD, Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Patricia T Cook MD, Elizabeth Coulter, Ashley Gray
 Voting Against: None
 Unanimous approval

Kannan Srinivasan was nominated by Michael Cook for the Board Co-Chair, the motion was seconded by Greg Peters.

Motion : 8 - 0

Voting For: Greg Peters Dr, Peter R Kongstvedt MD, Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Patricia T Cook MD, Elizabeth Coulter, Ashley Gray
 Voting Against: None
 Unanimous approval

Brooke Barlow was nominated by Michael Cook for Board Secretary the motion was seconded by Kannan Srinivisan.

Motion : 8 - 0

Voting For: Greg Peters Dr, Peter R Kongstvedt MD, Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Patricia T Cook MD, Elizabeth Coulter, Ashley Gray

Voting Against: None

Unanimous approval

Legislation

Sarah Hatton, Deputy Director for Administration presented on the 2021 Legislation.

DMAS' legislative role includes monitoring introduced legislation, review legislation for the Secretary and Governor, Recommend positions for the Secretary and Governor, Communicate Governor positions to the General Assembly and Provide expert testimony and technical assistance.

The Governor's introduced Budget includes a number of items:

- Implement the Virginia Facilitated Enrollment Program (Item 317 HH)
- Allow FAMIS MOMS to utilize Substance Abuse Disorder Treatment (Item 312 G)
- Fund Doula Services for Pregnant Moms (Item 313 WWWW)
- Expand Addiction Treatment Beyond Opioids (Item 313 PPPP)
- Affirm Medicaid Coverage of Gender Dysphoria Related Services (Item 313 ZZZZ)
- Fund Durable Medical Equipment (DME) Federal Mandate (Item 313 QQQQ)
- Authorize Post-Public Health Emergency Telehealth (Item 313 VVVV)
- Move funds to cover the cost of implementing a live-in caretaker exemption (Item 313 HHH)
- Authorize 12-month prescriptions of contraceptives for Medicaid Members (Item 313 YYYYY)
- Fund COVID-19 Vaccine Coverage for Non-Expansion Medicaid Adults (Item 313 XXXX)
- Allow Pharmacy Immunizations for Covered Services
- (Item 313 UUUU)

Administrative and Technical Changes include:

- Implement Federal Client Appeals Requirements (Item 317 GG 1)
- Federally Mandated MCO Contract Changes (Item 313 E)
- Increase Appropriation for Civil Monetary Penalty (CMP) Funds (Item 317 R1.,2. & 7)
- Provide support for federal interoperability and patient access requirements (Item 313 SSSS)
- Account for third quarter of enhanced federal Medicaid match in facility budget (Item 313 A.)
- Authorize the transfer of funds between CCCA and DMAS to account for cost shifts (Item 313 A. 2.)
- Make required adjustments to the graduate medical residency program (Item 313 BBB. 1.)
- Increase Medicaid reimbursements for Veteran Care Centers (Item 313 RRRR.)
- Move Reductions to Agency Budget (Various Items)
- Transfer funds to cover Medicaid related system modifications
- Transfer assisted living screening funds to DSS (DARS Item 344 F)
- Add DBHDS licenses to ASAM Level 4.0 (Item 313 TTTT.)

Key Budget Amendments

- Prenatal Coverage for Undocumented Women
- Retainer payments for DD waiver day support providers
- Continuing telehealth services
- Child and maternal health initiatives

- Home visiting
- Mobile vision clinics for kids

Key Bills

- SB1307 - Directs DMAS to expand Medicaid coverage of school health services in public schools beyond special education services provided under a student's IEP
- HB1987 and SB1338 - Mandates Medicaid coverage of remote patient monitoring through telehealth
- SB1102 - Requires DMAS to establish an annual training and orientation program for all personal care aides who provide Medicaid self-directed services
- HB2124 - Directs DMAS to, during a public health emergency related to COVID-19, deem testing for, treatment of, and vaccination against COVID-19 to be emergency services for which payment may be made pursuant to federal law for certain noncitizens not lawfully admitted for permanent residence

Other Legislation

- COVID-19 response including vaccination distribution and equity
- Paid sick leave for personal care attendants
- Establishing a reinsurance program
- Creating a plan to implement a three year pilot Produce Rx Program

Removal of 40 Quarter Work Requirement

Virginia was one of six states to require that lawful permanent residents (LPRs) to have 40 quarters of work history in order to qualify for Medicaid coverage. Historically, this has been a major hindrance to eligible LPR adults who would otherwise be eligible, exacerbating health disparities for LPRs across the Commonwealth.

- Beginning April 1, lawful permanent residents with five years of US residency will now meet immigration requirements for health care coverage from Virginia Medicaid.
- The DMAS outreach team is working directly with community partners, religious organizations, and clinics. Communications staff have developed a social media strategy which will include additional messaging through Facebook and Twitter.
- Policy and Eligibility and Enrollment Services teams are working through the State Plan Amendment process, implementation of system changes, and policy updates and training for eligibility workers.

Budget

Chris Gordon, DMAS CFO presented the finance update which included Finance 101, DMAS Expenditures, General Assembly Actions on Budget and Coronavirus Relief Fund Update.

The following YouTube Link was provided for the Finance 101

- <https://www.youtube.com/watch?v=tqDozcKiF-o>

New Business/Old Business

Special Recognition / Tribute for Rachel Pryor

Michael Cook, Chair made a motion for a resolution for Rachel Pryor for her service, the motion was seconded by Kannan Srinivisan

Regulations

Adjournment

Motion to adjourn @ 12:02p.m.

Moved by Kannan Srinivasan; seconded by Greg Peters Dr to adjourn

Motion : 8 - 0

Voting For: Greg Peters Dr, Peter R Kongstvedt MD, Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Patricia T Cook MD, Elizabeth Coulter, Ashley Gray

Voting Against: None