

**Medicaid Member Advisory Committee
600 East Broad Street, Richmond, Virginia**

August 26, 2019

Minutes

Approved by Unanimous Vote

Attendees

Committee Members	DMAS Staff
Christian Campbell	Dr. Jennifer Lee, Director
Catherine Childers	Rachel Pryor, Deputy Director of Administration
Sandra Hermann	Dr. Chethan Bachireddy, Chief Medical Officer
William (“Hamilton”) Holloway	Brian McCormick, Division Director, Policy Planning and Innovation
James Murdoch, Sr.	Ivory Banks, Chief of Staff
Elizabeth Noriega	Sarah Broughton (facilitator)
Lisa Richard	John Stanwix (meeting convener and facilitator)
Robert Savoy	Walter Burton (meeting organizer)
	Shelagh Greenwood (presenter)
	Sarah Samick (presenter)
	Samantha Vrscak (prepared minutes)

WELCOME AND CALL TO ORDER:

John Stanwix called to order the third meeting of the Medicaid Member Advisory Committee (“MAC” or “Committee”) at 10:07 a.m. on Monday, August 26, 2019, in Conference Room 7 A/B at DMAS’ headquarters. Mr. Stanwix thanked the Committee for joining the meeting. He noted that one Committee member gave advance notice that she would not be able to attend the meeting. He then introduced the DMAS Director.

Introduction by Jennifer S. Lee, M.D., DMAS Director

Dr. Lee thanked the MAC members for their commitment to being a part of the Committee, and commended the Committee for their level of engagement in holding three meetings in less than five months. She explained that DMAS is enthusiastic and motivated to organize these meetings because DMAS wanted to turn the Committee’s ideas into action and change. Dr. Lee previewed the meeting’s agenda. She explained that the agenda was structured according to the Committee’s ideas and feedback from the previous meeting. Dr. Lee informed the Committee that the MAC members would see a tracking tool, the Medicaid Member Advisory Committee Feedback Tracker, based on the MAC members’ ideas and the progress made with those ideas. She noted that the Committee would hear a presentation from DMAS’ Chief Medical Officer and learn of the initiatives of his office. Dr. Lee also informed the Committee that she would be presenting on some of DMAS’ agency-wide initiatives and that she was eager to hear from feedback from the MAC members. She acknowledged the DMAS staff members and the members of the public in the audience, with a special thanks to Michael Cook, member of the Board of Medical Assistance

Services, who was present in the audience to show support for the MAC. Dr. Lee then turned the meeting over to Mr. Stanwix, who introduced Rachel Pryor, Deputy Director of Administration.

Introduction by Rachel Pryor, DMAS Deputy Director of Administration:

Ms. Pryor emphasized the value of the new MAC Feedback Tracker. She explained that DMAS wanted to keep adding to the Feedback Tracker and asked the MAC to continue with its great ideas and suggestions. She expressed that the Committee members approached issues with a perspective that allowed DMAS to improve its processes. Ms. Pryor thanked the MAC members for their feedback about issues such as renewal applications and accessibility concerns with the Cover Virginia website, as well as how to make it easier for members to be enrolled in Medicaid and stay enrolled. She stated that she was looking forward to another productive meeting.

COMMITTEE MEMBER INTRODUCTIONS AND REVIEW OF THE “MAC PACT”

Sarah Broughton thanked the Committee members for attending the meeting and expressed her excitement for the meeting’s full agenda. She asked the members and other staff at the table to introduce themselves by answering three questions: (1) Name; (2) Where they are from; and (3) Whom they are representing. Answers were provided by the Committee members listed above and DMAS staff present at the conference table.

Ms. Broughton then discussed the “MAC Pact” that was developed during the first Committee meeting. The MAC Pact is a list of mutually agreed-upon expectations and rules for interactions during meetings. Ms. Broughton explained that each MAC meeting would start with a review of the MAC Pact, as it was subject to change based on the MAC members’ ideas and suggestions. The MAC Pact consists of two main elements: (1) How the MAC members interact with each other; and (2) How the MAC accomplishes its objectives.

Ms. Broughton asked the Committee if they had any edits or suggested changes. The MAC members did not have any suggested changes to the MAC Pact at that time.

REVIEW AND VOTE TO APPROVE MINUTES FROM MEETING ON JUNE 5, 2019

Each of the MAC members were given a copy of the June 5, 2019, meeting draft minutes, and the draft minutes were also posted on the Committee’s webpage on DMAS’ website, as well as on the Virginia Town Hall website. MAC member Christian Campbell made a motion to accept the draft minutes from the June 5, 2019 meeting. MAC member James Murdoch, Sr., seconded the motion to accept the minutes. The Committee then voted to approve the minutes with a unanimous vote.

REVIEW AND VOTE TO APPROVE MAC POLICIES AND PROCEDURES

The MAC members were given a copy of the draft Medicaid Member Advisory Committee Policies and Procedures. Mr. Stanwix explained that the draft Policies and Procedures also incorporated the

MAC Pact. He asked the Committee if anyone had any comments or questions regarding the draft Policies and Procedures. One MAC member inquired as to the expectations for the annual report referenced in the draft Policies and Procedures. Mr. Stanwix explained that DMAS staff would draft the report, which would be shared with the Committee for feedback at the last meeting of the year. He asked if there was a motion to accept the draft Policies and Procedures. MAC member Catherine Childers made a motion to accept the draft MAC Policies and Procedures. MAC member Sandra Hermann seconded the motion to accept the draft MAC Policies and Procedures. The Committee then voted to approve the MAC Policies and Procedures with a unanimous vote.

Mr. Stanwix then transitioned the meeting to the scheduled presentations. He explained that DMAS wished to keep the discussion open and encouraged the Committee members to ask questions.

PRESENTATION AND DISCUSSION – CELEBRATE CHANGES BASED ON FEEDBACK

Ms. Broughton explained to the MAC that DMAS wanted to share what has been accomplished since the last meeting based on feedback from the Committee members. She referenced the MAC Feedback Tracker. She explained that the Feedback Tracker listed items discussed through meetings held June 5, 2019, and April 1, 2019, and that the document contained the feedback suggested by the MAC and the progress on developing changes based on those suggestions. Ms. Broughton noted that the MAC Feedback Tracker would be updated and shared with the Committee on a regular basis.

Shelagh Greenwood and Sarah Samick gave a presentation on some of the changes made to Cover Virginia's website (www.coverva.org) as well as to the Medicaid renewal form. Ms. Greenwood noted that changes had been made based on suggestions at the last MAC meeting. She explained that Cover Virginia's main telephone number was now more prominent on Cover Virginia's website on both the front webpage and also on every page of the website. Ms. Greenwood noted that Cover Virginia's website capabilities were unable to create a screening tool specifically for children with disabilities as suggested by the MAC. However, she noted that the existing screening tool now has a disclaimer that indicated that the screening tool is based on income, but that individuals may qualify based on other circumstances such as disability or medical need. She also noted that Cover Virginia's website now has more information on topics suggested by the MAC. Ms. Greenwood elaborated that Cover Virginia's Programs Overview webpage now includes more medical assistance programs with a brief description and an income limit chart with each program. She remarked that Cover Virginia created a webpage about children with disabilities with some general information, such as how to access a waiver program and available resources. She also noted that Cover Virginia's website was more compliant with the Americans with Disabilities Act ("ADA"), going from about 75% compliance to 88% compliance, due to recent improvements.

Ms. Samick presented on changes made to the Medicaid renewal packet based on MAC member feedback. She stated that the renewal form now highlights on the front page that members can complete Medicaid renewals online or by phone. She explained that the renewal form now has a note that explains that Medicaid renewal does not mean open enrollment to change a member's managed care organization ("MCO"), and referenced a website that informs members of the timing

of open enrollment. She noted that the renewal form also included a note about where free internet access may be available, such as the public library and some local departments of social services. Ms. Samick also informed the Committee that DMAS created a fact sheet explaining patient pay obligations, as requested in the last meeting. She stated that she was working with DMAS' Eligibility & Enrollment Services Division to create a series of fact sheets on certain programs, and noted that these fact sheets would be posted on the Cover Virginia website.

Comments and questions from the Committee were taken during the presentation. One member asked whether there was a description of waiver programs on the Cover Virginia website. Ms. Greenwood responded that information was located on the webpage that had information about children with disabilities. When asked whether waiver program information was located on a separate webpage to clarify that waiver programs may apply to adults, Ms. Greenwood indicated that while Cover Virginia did not have a separate webpage for that information, the waiver descriptions on the website indicated which waivers would only apply for children with a disability and which could apply for adults with a disability. One member asked if the Cover Virginia website could list programs which may be available while waiting for approval for a waiver program. Mr. Stanwix stated DMAS will look into adding such information, and also informed the Committee members that if they had time to review the Cover Virginia website after the meeting, they could make suggestions by emailing prior to the meeting or by making such suggestions after the next meeting. Another member asked if there was an acronym list available on the Cover Virginia website. Ms. Greenwood stated there was not, but that a list of acronyms could be added to the website. One member suggested including a definition list to the fact sheets created and posted to the Cover Virginia website.

REVIEW OF "PARKING LOT" ITEMS

Ms. Broughton directed the Committee to review the "parking lot" of items for future discussion. She explained that the parking lot items were essentially discussion topics that may not be able to be addressed during the meeting, but that the MAC and DMAS staff can address at a later time. She referenced the MAC Feedback Tracker and noted that the issues listed on the parking lot from the last meeting were addressed during that meeting, which was recorded on the Feedback Tracker.

Ms. Broughton noted topics of interest that were discussed at the last meeting, and explained that several of today's presentations were as a result of those areas of interest. She asked the MAC members to think about whom they would like to meet for their next meeting. Dr. Lee interjected and noted that she wanted to recognize Ivory Banks, Chief of Staff, who was present in the audience. Dr. Lee explained to the Committee that Ms. Banks's role involved managing talent and DMAS' workforce to ensure DMAS has engaged and talented staff to provide quality customer service to its members.

PRESENTATION AND DISCUSSION - REVIEW OF THE DMAS ORGANIZATIONAL CHART

Sarah Broughton gave a presentation on how DMAS is organized as a governmental agency. She discussed the core business functions of each DMAS division, and referenced a DMAS

Organizational Chart provided to all of the MAC members. She highlighted the Executive Management Team, and which divisions each Executive Management Team member supervises.

The members expressed appreciation for the organization chart and indicated that it was helpful information. Ms. Broughton then introduced the DMAS Chief Medical Officer.

**PRESENTATION AND DISCUSSION WITH DMAS CHIEF MEDICAL OFFICER –
CHETHAN BACHIREDDY, M.D.**

Dr. Bachireddy gave a presentation about the functions of the Office of the Chief Medical Officer (“OCMO”). He explained that the primary functions of the OCMO are clinical consultations, pharmacy policy and operations, and special projects. He explained that the OCMO is comprised of the Medical Support Team and the Pharmacy Team. Dr. Bachireddy outlined the top priorities of the OCMO as the opioid epidemic, rising pharmaceutical costs, paying for quality of care, and addressing social drivers of health. He explained that it was the OCMO’s goal to meet the needs of providers and patients, then discussed into a case study about how pharmaceuticals are covered under Medicaid.

Comments and questions from the Committee were taken during the presentation. One member inquired about managed care plan coverage of over the counter medications. Dr. Bachireddy explained that DMAS did not have set policy or contract language on over the counter medication because those medications may not have an evidence-based reason for their coverage, and that DMAS’ focus was on prescription medication. Ms. Pryor noted that there were federal rules as to what medications would be covered by DMAS, and that over the counter medications must be part of a physician treatment plan for them to be covered by Medicaid. Another member asked why some pharmacies accepted the Medicaid health insurance plan for covering pharmaceuticals and other pharmacies did not accept Medicaid. Dr. Bachireddy explained that some pharmacies refuse Medicaid and that DMAS did not control which pharmacies accepted Medicaid for payment. One member asked about whether compounded prescriptions could be added to the Medicaid coverage list. Ms. Pryor explained that compounded prescriptions were not approved by the U.S. Food and Drug Administration (“FDA”) and that Medicaid only covers medications approved by the FDA. There was also a question regarding Medicaid coverage of prescription medication when primary commercial insurance refused to pay for a prescription. Ms. Pryor explained that Medicaid was the payor of last resort, and would pay for medications refused by primary insurance if Medicaid covered those medications and if any prior authorization requirements were met. Another member commented on simplifying the prescription medication approval process for MCOs. Dr. Bachireddy thanked the Committee for its questions and insight.

**PRESENTATION AND DISCUSSION – HOW DMAS ADDS NEW SERVICE
COVERAGE**

Brian McCormick gave a presentation on how DMAS added new services to the Virginia Medicaid program, along with the limitations on adding services and new costs to the Medicaid program. Mr. McCormick explained that federal and state law required that Medicaid cover certain mandatory

services, while other services were optional, such as dental services and disability waiver programs. He noted that new services are added based on research and feedback from members, stakeholders, health care providers, and advocacy groups. Mr. McCormick also explained that because new services increase costs, DMAS was required to obtain authorization from the Virginia General Assembly prior to implementing those services. He then detailed the process for implementing a new service.

Several Committee members had questions and comments following the presentation. One member asked how DMAS is proactive in adding services that may be beneficial but are not mandatory, such as covering dental services and the impact on maternal health. Mr. McCormick explained that part of adding new services is to look at evidence-based practices and compare what other states are covering. Ms. Pryor added that DMAS evaluates priorities for creating services that align with desired outcomes, and then DMAS researches what that service may cost and constructs a budget request to submit to the General Assembly. There was a question about how health economics plays a role in creating new services. Ms. Pryor explained that the Division of Health Economics & Economic Policy assesses value and healthcare, such as looking at data analysis to make policy decisions regarding coverage, as well as looking at value-based purchasing. She offered to have the division director come to speak with the Committee at the next meeting. Dr. Lee noted that DMAS developed data analytics in part to understand how managed care is providing coverage in the Medicaid programs and the health outcomes. One member asked how the MAC members could keep track of what services are being added to the Medicaid program or which new services were being considered. Mr. McCormick stated that list could be created and distributed to MAC members, and would include services that were recently added to Virginia's Medicaid program. Ms. Pryor explained that DMAS issues Medicaid memos that advise of policy changes, but that they were usually directed to Medicaid providers. She also noted that Cover Virginia sends updates to members if members are signed up to receive those updates. She expressed that she would be interested in further discussion on how to communicate more effectively with Medicaid members about new programs. Another member suggested uploading explanations of the state plan for Medicaid, waiver programs, and the Medicaid member handbooks. Ms. Pryor agreed that including explanations of those documents would be helpful and stated that would be added to the MAC Feedback Tracker. One member suggested that DMAS contact advocacy groups and other stakeholder organizations to pass along information to the members of those groups. Mr. McCormick confirmed that DMAS already discussed policy updates with stakeholder organizations before Medicaid memos are issued.

LUNCH BREAK

A short break was taken to allow the members to eat lunch and engage in a Medicaid trivia game led by Ms. Broughton.

Mr. Stanwix reconvened the meeting for the Director's presentation.

PRESENTATION AND DISCUSSION – DIRECTOR’S DISCUSSION ON STRATEGIC GOALS

Dr. Lee gave a presentation on DMAS’ strategic goals, with a special focus on DMAS’ “Healthy Birthday Virginia” initiative. She explained that maternal mortality was a national problem, with maternal mortality rates worse than they were 25 years ago, with a much higher risk of death for African American mothers. She also noted that infant mortality rates also faced disparities, with African American infants twice as likely to die within the first year as other infants. She stated that because of these issues, Governor Northam announced a Commonwealth-wide goal to eliminate racial disparities in maternal health outcomes by 2025. Dr. Lee explained that DMAS’ top initiative was the Healthy Birthday Virginia initiative, in which the ultimate goal is 100% survival for infants and mothers and that they will be able to celebrate the infant’s first birthday together. She outlined some of the strategies of DMAS to accomplish this initiative. Dr. Lee elaborated that DMAS will streamline enrollment of pregnant women and enroll them in care sooner to address chronic conditions and have better prenatal care. She specified that, effective September 1, 2019, eligible women who would qualify for coverage in the Medicaid expansion covered group will automatically be enrolled in Medicaid following the pregnancy, without requiring the member to complete a renewal. Dr. Lee explained that there would be increased access to treatment for expecting mothers with substance abuse disorder and smoking cessation programs. She noted that DMAS would work with MCOs to strengthen early childhood interventions, and that DMAS would strengthen data sharing and reporting of performance measures from health providers and other state agencies. Dr. Lee also mentioned that DMAS would have focus groups on how to solve enrollment issues and whole health wellness, such as access to proper nutrition and housing.

Committee members had comments and questions following the presentation. One member inquired about how DMAS can more easily obtain data from health partners and other state agencies. Dr. Lee explained that while there are still some challenges with data sharing, DMAS has made progress to become a more data driven agency. Another member asked how DMAS was collaborating with other state agencies on this initiative. Dr. Lee stated that the Governor’s initiative has increased the momentum for interagency work, especially with the Virginia Department of Health. A MAC member asked if DMAS was working on mental health issues in relation to maternal health, to which Dr. Lee confirmed that DMAS was collecting data on mental health issues such as postpartum depression and was collaborating with behavioral health agencies. One member asked how a pregnant woman living in a high cost of living area could receive help if her income was outside the income limits to receive Medicaid coverage as a pregnant woman. Dr. Lee acknowledged that even with Medicaid expansion and other medical assistance programs, there would be some pregnant women who would not qualify for Medicaid coverage. She noted that the federal health insurance marketplace offered subsidies for health care plans. Another member commented that there should be different income limits depending on locality, as living in a high cost of living area would necessarily require an individual to have a higher income to reside there. Dr. Lee thanked the Committee for its comments and expressed that she would be eager to keep the MAC informed as work on the Healthy Birthday Initiative continued.

COMMITTEE MEMBER DISCUSSION ON DESIRED TOPICS AND AGENDA
BUILDING

Ms. Broughton thanked Dr. Lee and all of the presenters for the information in their presentations and thanked the Committee for the quality of their questions and comments. She asked the Committee to consider topics of interest for the next meeting and to review the “parking lot” of items that were earmarked for further discussion.

The parking lot items included the following topics:

- How can DMAS clarify pharmacy benefits and prescription options for families?
- How can DMAS communicate key program or benefit changes proactively and directly to members?
- Suggestion to increase visibility in the Virginia Medicaid State Plan by posting on DMAS’ website and making it searchable
- Suggestion to make Medicaid manuals and waiver information more prominent and transparent on DMAS’ website
- Electronic Visit Verification (“EVV”) issues – not all health plans appear to have access to the required smart phone app for tracking attendant care hours
- Reusable name badges for MAC members

Ms. Broughton then reviewed the topics marked as potential agenda items for the next meeting. Several Committee members reiterated concerns with EVV and potential issues with its implementation within the next month, such as technological difficulties and lack of access to smart phones for the care aides. Members also expressed concerns with privacy issues and EVV. Ms. Broughton marked the EVV discussion as a top priority for next meeting’s agenda. Some members inquired as to why the new EVV policies were being implemented within such a short timeframe. Ms. Pryor explained that the new EVV requirements were as a result of federal and state legislation, with Virginia’s state legislature directing DMAS to implement those requirements within a shorter time period and more broadly than the federal requirements. Another Committee member suggested hearing from the Colorado Medicaid Member Advisory Committee for a discussion and for their insights. The members also expressed renewed interest in learning more about the appeals process.

Ms. Broughton noted that the Committee members expressed interest in hearing from the Chief Health Economist earlier in the meeting, and added the request to the agenda topics. Mr. Stanwix noted that if any Committee members had any questions for any scheduled speaker before the next meeting, the members could email DMAS staff about those questions so that the speaker can be prepared. Ms. Broughton also suggested a presentation on DMAS’ role in the General Assembly, which would be especially timely considering the last MAC meeting of 2019 would occur prior to the next legislative session. The MAC members agreed that such a presentation would be informative. Ms. Pryor suggested a presentation about the budget request process and what new services would be included in DMAS’ budget proposal.

In addition to the above topics, the Committee members had the following suggestions for presentations:

- Explanation of the approval process for durable medical equipment, assistive technology, including an opportunity to share personal experiences;
- How to address resource challenges for more rural areas, such as the closure of outreach offices and a lack of respite care resources for the elderly in those areas;
- Options for respite services for older adults based on varying levels of care;
- More information about telehealth; and
- Emerging issues in Medicaid.

PUBLIC COMMENT

There were no public comments at the meeting.

ADJOURNMENT

Mr. Stanwix thanked everyone for participating in the meeting and emphasized the importance of these meetings for DMAS. Ms. Pryor expressed enthusiasm for the next meeting and for taking the Committee's suggestions and adding to the MAC Feedback Tracker. She stated that she looked forward to continue to work with the MAC and thanked the members for taking the time to participate in the Committee.

Mr. Stanwix adjourned the meeting at 1:58 p.m.