



BOARD OF MEDICAL ASSISTANCE SERVICES



FINAL MINUTES

Tuesday, March 14, 2023

10:00 AM

A quorum of the Board of Medical Assistance Services attended the meeting at the Department of Medical Assistance Services (DMAS) offices at 600 East Broad Street, Richmond. A Teams option was also available for members of the Board and the public to attend virtually.

Present: Kannan Srinivasan, Greg Peters, Dr. Basim Khan, Tim Hanold, Patricia T. Cook, MD, Dr. Lisa Price Stevens, Elizabeth Noriega, Jason Brewster

Virtual Attendees: Ashley Gray, Paul Hogan, Ashish Kachru

Absent:

DMAS Attendees: Beth Guggenheim- Office of the Attorney General – BMAS Board Counsel, Cheryl Roberts-DMAS Director, Tammy Whitlock – Deputy Complex Care Services, Adrienne Fegans -Deputy for Programs, Sarah Hatton – Deputy for Administration, Chris Gordon-Deputy for Finance, John Kissel-Deputy for Technology & Innovation, Ivory Banks – Chief of Staff, Katie Linkenauger, Will Frank, Brian McCormick, Emily McClellan & Brooke Barlow- Board Secretary.

Virtual Attendees: Adrienne Fegans (DMAS), Alexander Shekhdar, Amy Peak, Andrew Mitchell (DMAS), Anne Leigh Kerr, Armando Sanchez-Aballi, Ashish Kachru, Ashley Gray, Bea, Jesse (DARS), Ben Barber (VA Health Cataalyst), Benoit, Sara (DMAS), Bob Kreps (Guest), Brandenburg, Mary, Brooke Barlow (DMAS), Caroline Faber [JANUS], Casey Clarke, Cat Pelletier (DMAS), Chuck Smith, Chuck Smith, Cindi Jones, Connors, Craig, Driscoll, Tammy (DMAS), Evan Lawson, Faber, Caroline [JANUS], Heidi Dix, Hope Richardson (DMAS), Ivan N Nunez, J Linkenhoker , Jesse Bea (DARS), Johanna Linkenhoker, Karen Kimsey, Karin Roth (DARS), Kassie Schroth, Katie Boyle, Kenneth Mccabe (Virginia), Kross Kaai (DMAS), Lanette Walker (GOV), Lello, Angela M, Leticia Rasnick (DARS), LeVar Bowers, Lisa Robertson (DARS), Mark Hickman, Mark Hickman, Mary Brandenburg, Matthew Ranbarger (DMAS), Michael Fotinos, Moira Holden, Moms In Motion, Natalie Pennywell (DMAS), Pat Finnerty (Guest), Patrick Gernert, Rashim Gupta (DMAS), Rebecca Dooley (DMAS), Rich Rosendahl (DMAS), Richard Johnston, Sara Benoit (DMAS), Steve Ford, Steve W, Susan Smith (DMAS), Tammy Driscoll (DMAS), TB, Timothy E. Carpenter , Tina Weatherford (DMAS), Vanessa Lane.

1. Call to Order

Brian McCormick, Director of Legislative & Intergovernmental Affairs, called for a motion by the Board to open the regular meeting of the Board of Medical Assistance Services at 10:05 am on March 14, 2023, at 600 East Broad Street, Conference Rooms A & B, Richmond, Virginia 23219.

Kannan Srinivisan moved to open the meeting; seconded by Greg Peters.

Motion: 8-0

Voting For: Kannan Srinivasan, Greg Peters, Dr. Basim Khan, Tim Hanold, Patricia T. Cook, MD, Dr. Lisa Price Stevens, Elizabeth Noriega, Jason Brewster

Voting Against: None

Virtual Attendee votes were not counted but all “ayes”: Ashley Gray, Paul Hogan, Ashish Kachru

2. Welcome New BMAS Board Members

Director Roberts welcomed new Board members Lisa Price Stevens and Jason Brewster.

Lisa Price Stevens introduced herself to the Board. Lisa is a primary care physician and Regional Chief Medical Office at JenCare. Lisa was born and raised in Norfolk and trained in Richmond and practiced with the Daily Planet for years. Lisa works with vulnerable populations.

Jason Brewster introduced himself to the Board. Jason’s focus is on startup ventures, innovations, and technology. Jason is the co-founder of Nimbus Law and is also involved with an autism sanctuary. The sanctuary is for those on the moderate end of the spectrum and is a working farm. Jason is also the parent of an autistic child who is a Medicaid recipient.

3. Election of Officers

Kannan Srinivisan was nominated by Greg Peters for the Board Chair; the motion was seconded by Patricia Cook. Hearing no further nominations, the nominations were closed. The vote was taken.

Voting “aye,” Kannan Srinivasan, Greg Peters, Dr. Basim Khan, Tim Hanold, Patricia T. Cook, MD, Dr. Lisa Price Stevens, Elizabeth Noriega, Jason Brewster

Voting Against: None

Unanimous approval (8 – 0)

Virtual Attendee votes were not counted but all “ayes”: Ashley Gray, Paul Hogan, Ashish Kachru

Ashley Gray, who was present virtually, was nominated by Kannan Srinivisan for the Board Vice Chair, the motion was seconded by Greg Peters. Hearing no further nominations, the nominations were closed. The vote was taken.

Voting “aye,” Kannan Srinivasan, Greg Peters, Dr. Basim Khan, Tim Hanold, Patricia T. Cook, MD, Dr. Lisa Price Stevens, Elizabeth Noriega, Jason Brewster

Voting Against: None

Unanimous approval (8 - 0)

Virtual Attendee votes were not counted but all “ayes”: Ashley Gray, Paul Hogan, Ashish Kachru

Brooke Barlow was nominated by Kannan Srinivisan for Board Secretary; the motion was seconded by Greg Peters. Hearing no further nominations, the nominations were closed. The vote was taken.

Voting “aye,” Greg Peters; Elizabeth Noriega; Patricia Cook, MD; and Kannan Srinivasan, Tim Hanold, Dr. Lisa Price Stevens, Jason Brewster

Voting Against: None

Unanimous approval (8- 0)

Virtual Attendee votes were not counted but all “ayes”: Ashley Gray, Paul Hogan, Ashish Kachru

Because of state “open meeting laws,” the votes of those participating virtually could not be counted since they were not physically present.

4. **Managed Care Advisory Committee (MMCAC)**

Tim Hanold expressed a desire to hold a seat on the MMCAC committee. Kannan Srinivisan nominated Tim Hanold.

Moved by Kannan Srinivisan; seconded by Elizabeth Noriega to approve.

Motion: 8 - 0

Voting For: Kannan Srinivasan, Greg Peters, Dr. Basim Khan, Tim Hanold, Patricia T. Cook, MD, Dr. Lisa Price Stevens, Elizabeth Noriega, Jason Brewster

Voting Against: None

Virtual Attendee votes were not counted but all “ayes”: Ashley Gray, Paul Hogan, Ashish Kachru

5. **Approval of Minutes**

The minutes from the December 13, 2022, meeting were introduced and approved.

Moved by Kannan Srinivisan; seconded by Greg Peters to approve.

Motion: 8 - 0

Voting For: Kannan Srinivasan, Greg Peters, Dr. Basim Khan, Tim Hanold, Patricia T. Cook, MD, Dr. Lisa Price Stevens, Elizabeth Noriega, Jason Brewster

Voting Against: None

Virtual Attendee votes were not counted but all “ayes”: Ashley Gray, Paul Hogan, Ashish Kachru

6. Director's Report

DMAS Director, Cheryl Roberts, provided updates for nine items.

1. Change in key staff - Our workforce is the most valuable thing we have; we can't do anything without them. I have a team that's very extremely talented, probably off the scale in terms of talent and scale and ability. We have two new deputies; Adrienne is now head of programs and operations. So, she has what was Medallion 4. She has program operations, and she has program integrity. John Kissel, the head of the Department of Technology and Innovation. He has both the information management, and the project management pieces and anything that has to do with technology.

We had a loss. We lost our chief medical officer. So, we'll be looking for a chief medical officer. So, if you have an interest or know someone looking let me know.

2. Second one is unwinding. For those who don't understand it, its good news, and bad news. During the pandemic, there was a commitment across the country to make sure people did not lose coverage. That's a wonderful thing. We're all very, very grateful. To do that, the federal government gave us extra money, but they also said that we would not take anyone off the eligibility roll unless they died.

The good news is people had coverage through the pandemic. They didn't have to worry about paperwork. We didn't do any redeterminations for three years. Because we were just doing the Medicaid expansion, most people in the Medicaid expansion never went through redetermination. Numbers increased more than we would normally see. We didn't take anyone off.

It's time now to do the redetermination. So, as of April 1st, we'll begin to start redeterminations. We're looking at both the localities, working with contractors, working with managed care. It's to, one, educate people, and two, get them to do the renewal. Sarah will spend a lot of time on that when she gets to her section.

There's a component that's not talked about. Most people are talking about the outreach effort. And, by the way, Sarah did a fabulous job. She did a summit, and it was a good snapshot of all the people involved, the Department of Social Services, advocates, navigators, providers in the community, the MCOs, a good, good snapshot of all the people involved, including the state exchange. Redeterminations, what we hope, I'm hoping that some people got great jobs with great health insurance, and they were going to tell us healthy and happy stories. That's what we hope; right? We hope people open their envelopes and do the work that they have to get done. We also hope that if they don't have health insurance but they're above the income is that they would then join the state exchange and get those kinds of services. We work very, very hard to make that alliance, the plans will be doing that. We had a meeting with the commercial carriers.

CMS is asking us to see our plan. They want to make sure we have a plan of action. Lucky us, Sarah and everyone on our team, we've been working on this. This includes the General Assembly.

3. Behavioral health transformation, that's the Governor's main project. Did you listen to him talk on CNN about education? What is the name of the program? Right Help Right Now. There are six pillars of Right Help Right Now. The first is same-day care for people. The second is relieve law enforcement burdens & reduce criminalization of mental health. The third is capacity and access. The fourth is substance abuse. Five is making workforce a priority. The sixth one is services and innovation.

We've been working with HHR. It's a multiagency, multidisciplinary group. It's a huge group. Tammy is going to spend time talking about it. If you have interest in hearing more information after Tammy speaks, we can talk about that. I think it's really critical. We have made a commitment to HHR that we'll integrate all the decisions into the agency. That's what we're working on.

4. In 2016 and 2017, we re-procured managed care. The first one was called CCC Plus. Those people who were here, you remember that; right? The next year, we did Medallion. We moved it from three to four. Those programs are strong. There's not a big issue in terms of their strengths and what they're doing. Happy with what's going on. However, it's time to look at it a little differently. Two things we're doing. One is combining the programs and making them one. That's something we hope to have done by July 1st. The second thing is to reprocure it all. It's a 14-billion-dollar re-procurement. It's the biggest one in the Commonwealth. Clearly, we're looking at playing a role there. That means that procurement will cover everyone from prenatal to nursing home. That's probably the biggest project in terms of depth and width. We hired a contractor. We've never done that before. That's going along well. We have a group that's always looking at it. HHR is very much involved in the process in terms of what we're doing.

It's been announced. The secretary announced it, and it's in the press release. A formal notice will be put out in the summer of this year. The date is out. We're hoping to encourage MCOs not just in Virginia. At the next meeting, we'll be able to talk about it in great detail.

5. In 2014 we started doing Enhanced Ambulatory Patient Grouping (EAPG) for the outpatient services, and we made an agreement in 2014 that every three years we would rebase, meaning looking at all pieces together. So just like DRGs, it has a 3M component, right before the grouping, and then you have a base rate. What happened was last year, we had those base rates done by a contractor, right, and then those rates obviously get put into managed care. We've estimated that it will be about 17% increase after three years, which is fair. So, what happened was that 17% was put into the capitation rate. And that was fine. What happened was the contractor made an error. As a result of that, the rate that we gave to the health plans were 20% higher than the 17%, and, therefore, the hospitals were paid accordingly.

So we're working through that process, as you can imagine. We changed the rates since March 1st. They've been published. If you have not seen it yet, it has posted. It says the revised rates

are to correct calculation errors by our vendor. We're all working through that, the MCOs, the hospitals, as well as ourselves. We're working on correcting the process for next time. We're all in the middle of the process. We'll be able to give you more information the next meeting but did not want you to not know that there's been a discussion. It leads up to about a 164-million-dollar difference. That's what we're trying to talk about. It's both fee for service and managed care. The next meeting, we'll have more information.

6. Dashboards- Once a month, put on your list, look at DMAS website. Katie Linkenauger will provide an overview.

[Katie Linkenauger speaking] Some of our other dashboards that we have publicly posted on our website, you can see during the pandemic where, like Cheryl said, you had the continuous coverage. We had a huge increase in that enrollment, around 600,000 additional individuals. So, if you're interested, as we go through this unwinding process that Sarah is going to talk more about. You will be able to see how enrollment numbers change as people continue to stay on or lose eligibility. So, we have our behavioral health services, enrollment data, financial information for Medicaid, and also for our managed care organizations. As Cheryl said, we're posting new things. If there's something you're interested in, you can reach out the myself or Cheryl or any of the members, and they can get it.

7. Partnership for Petersburg- Petersburg health numbers are atrocious. They are. Sadly, we did not notice it because they're in the Richmond region. When you looked at the Richmond region, you see things are not so bad. When you take Petersburg, you see the numbers are very bad. That made us change the way we look at things. Even though we're looking at regions, we're also now looking at communities. We realize that looking at the community gives you all sorts of dynamics that we probably didn't do. That's when we're glad for Rich's team. We're talking about asking for what you're doing in the community, not just what you're doing for the region. So, we learned some lessons. Good news for Petersburg. We've been doing fabulous things. We have had mobile clinics, reading for kids, and a lot of support for the community. In fact, we're having an event next week, opening up the urban babies' hub. If you're interested in what we're doing every month and may want to attend, we're happy to send those to some of you. If you're interested, tell Brooke. We're happy to be involved.

We did a project ourselves on maternity. Maternity in Petersburg. Most of the women in Petersburg have their babies at Johnson Willis. They're willing to drive an hour away. So, we're spending some energy. We found that our maternity numbers were low. Only 20% of the women were doing prenatal care. Even though we had the plans involved, we took the initiative and made a new letter and flyer that talked about maternity and only limited to two PCPs, trying to make it simple for the person. Call these two numbers. Believe it or not, between that and making follow-up calls with the plan, we went from 20% to 80%. So, we're trying to ask ourselves if that is replicable. So, Petersburg is going to be a good thing for us all across the board. My hope and I can say this now, I want the Daily Planet there. Yes, yes, yes, we want Anita there.

8. PRSS Certification- Many years ago, we decided to have modules for our IT system. It was little Lego sets, a piece for accounting data, piece for claims. The last piece was the provider

enrollment. It came up in March of 2022. Chris Gordon led that effort. Chris gets the yay for that. That was the untangling of many things. It was not just the IT piece. It was providers getting to use it and then figure out the holes. The good news is it's working very well, but now we need CMS to certify it. The certification means that's how much money we get for it because the match rate changes based on the certification. We had our meeting two weeks ago. We did very, very well. We got lots of credit for all of the work that we have done for that as well as the unwinding, which is good. So, I know that John will probably talk about it, and Adrian is going to talk about another piece, but I wanted to tell you that's going well.

9. Budget – Last, but not least, we do not have a budget. I guess you know that. Why that's a problem? In General Assembly, we have two pieces, bills, and budget. Normally, Chris will talk about the budget, but we don't have a budget to talk about. Now, that's a problem because we live and die by the budget. It's not just the fact that we have enough money to survive. All those line items, because that's where most of that comes up, affects us in a big way, in terms of operation. So, when we come back next time and we don't still have a budget, that may be the number one thing we talk about. Okay? Because then we'll have to talk about telling you what we think is going to happen.

Chief of Staff, Ivory Banks, provided an update on Workforce.

One of the things that's on the radar is business continuity. That includes having the right people doing the things and then seeing how well they're doing it, making sure they're doing it correctly. We have had some retirements. We've also had a new online recruitment system come up in the Commonwealth called Page Up.

We had a meeting with the Department of Human Resource Management (DHRM) who rolled out the new system, to talk about the challenges we're seeing. We're not getting big pools of folks. We have a shift to the private sector as well. We are trying to update our job ads to reflect the culture at DMAS. We're going to have a DMAS career day where we try to help folks, say, hey, come look at our job postings and do the best to show Page Up. We're trying to get with staffing agencies to see if they can push to our website and jobs. Collaborating with some of the colleges and universities to see if we can get the name out there. We had a big event where the secretary joined us. We had food from women and minority vendors. It was a big success there.

We are also working on employee retention. We are allowing people to nominate each other for recognition. We are also focusing on 30 / 60 / 90-day interviews. With telework, we're flexible. We have out-of-state workers that are full-time telework. We have three days, four days, it's a mixture based on your job duties. We're seeing the shift. There are folks in the private sector that have full-time, in general. Some of the job responsibilities just don't allow for it. It changed a lot after COVID. After 2020, just realizing this is our new normal and what it looks like now.

The second piece is our accountability part. Now, do we have the right people? Are we doing the right work? How well are we doing it? I will say that we've done a lot of great work in the APA audit. We had less audit items than before, but one of the ones I want to point out to is our

PERM rate. The number of audit items has gone down tremendously in that area. The next year for PERM is review year 25.

Another big part, too, is you can see a lot of the audits we have open are internal audits. The biggest part is to find it before they find us. I do want to shout out. The internal audit director, we've done a great job with finding these things so that they can be corrected.

The biggest areas of improvement are our systems and making sure that we're secure. I always like to say that we have this big, pretty house. Now it's time to make sure we have the locks and the doors correctly in our security system there. So that's one thing we're putting a greater focus on.

Rich Rosendahl & Katie Linkenauer provided an update on the Data, Quality and the Nursing Home Project.

We're working on creating and publishing dashboards externally and internally. They show services across the entire Commonwealth. It's been helpful and useful for our internal teams to monitor trends and understand how those services are being utilized.

Our Office of Quality and Population Health submitted the Virginia Medicaid quality strategy to CMS. That's also published on our website. If anybody is interested in finding it and having trouble, let us know. Our Office of Value-based Purchasing is distributing the first round of payments to the MCOs. Once those payments are received by the MCOs, they turn around and have one month to forward those payments over to the nursing facilities. Then we will start preparing for round two of payments in April.

From that program, what did we learn? What does it look like in regard to the outcomes? We're still evaluating different aspects. Right now, the payments we're putting out there are related to staffing. We're learning that nursing facilities are trying hard to make sure that they're meeting their staffing ratio obligation. The money that they will be receiving on behalf of this program will go a long way toward helping with that. That, in turn, should create better care outcomes when we start looking at the medical claims in a month or so. Due to the claim lag, we're trying to give a little bit more time for those to come in. Early indicators are that the program is accomplishing what it was set out to do. We're targeting, almost to the letter, different aspects that the Biden Administration wanted to see nursing facilities making improvements in when we released some information about this in the summer.

So, Virginia is well ahead of the curve, and we look forward to seeing the full impact of this program in the coming months and really in the coming year, too, as nursing facilities are able to take this additional money and put that into enhancing the care that its residents can receive whether it be staffing or facilities et cetera.

The quality metrics for the nursing facility, such as hospitalizations, urinary tract infections is on a different payment schedule. It will be in the secondary payment. The first payment was to try to get money in the hands of the facilities a little faster going off metrics like staffing that we would know ahead of time. The things related to a medical claim, like bed sores, and urinary tract infections can take longer to get into our system. So we didn't want to hold up the

entire payment train on those claims. One payment is going out in the next week or so related to staffing. The second payment will be made in about a month or two related to those medical claim's outcomes.

John Kissel provided an update on Information Management and Enterprise PMO.

. I can provide a list of procurements after the meeting in an appendix if you have questions.

We're strengthening our relationship with VITA because everything that has an IT component has to go through VITA for oversight. You can imagine how many they get. So, strengthening that relationship helps speed some of those reviews back from VITA. So now we have our customer account manager that is a VITA employee assigned to us. She's onsite once a week now. Anytime we have these projects coming up, we're able to reach out to her and streamline that process.

We're also working to reduce the telecommunications bill. That's also through VITA to help save DMAS some money.

Mike Jones starts on the 25th. He's the former CIO at DMAS. We're excited to have him come back because he understands the environment.

We're looking at post-implementations. MES involved taking different modules and combining them, and it went live in April 2022. We are looking at what is next.

So now we're looking at innovative and streamlining processes here at DMAS, such as with automation of tasks that currently require a manual effort. We've got a robot we're going to use now, with a little human intervention to reduce the error.

We are also looking at updating the MES modules. One of the MES modules that was not part of the rollout is our fiscal agent. We're looking at modernizing that now.

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Adrian Fegans updated the BMAS Board on the five dimensions of MCO provider enrollment, doulas (we had 94 state-certified doulas and now have one hundred) Partnership for Petersburg, a two-year project focused on postpartum and doulas, the Strategic Plan and MCO improvement plans to increase prenatal and postpartum utilization, and a focus on increasing postpartum care and Baby Steps.

Tammy Whitlock provided the BMAS Board with an update on Behavioral Health. Right Help Right Now is quite a large undertaking that the Governor's office is leading and working on with every agency that touches behavioral health. When we talk about the pillars, I think it's touching just about every aspect of behavioral health that would be thought of.

1. First, we must strive to ensure same-day care for individuals experiencing behavioral health crises.

2. Second, we must relieve the law enforcement community's burden and reduce the criminalization of mental health.
3. Third, we must develop more capacity throughout the system, going beyond hospitals, especially community-based services.
4. Fourth, we must provide targeted support for substance use disorder and efforts to prevent overdose.
5. Fifth, we must make the behavioral health workforce a priority, particularly in underserved communities.
6. Sixth, we must identify service innovations and best practices in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps.

January -March 2023 will be the implementation Phase and March 2023-December 2025 is the execution phase.

7. **Legislative Update– Will Frank, Senior Advisor for Legislative Affairs,**

DMAS staff, Brian McCormick, Director Legislative & Intergovernmental Affairs

DMAS's role includes the following:

- Monitoring legislation that is introduced
- Reviewing legislation and budget language for Secretary and Governor
- Making position recommendations to Secretary and Governor
- Communicating the Governor's positions to General Assembly
- Providing expert testimony and technical assistance to legislators on legislation

Will Frank, Senior Advisor for Legislative Affairs, provided an overview of legislation tracked by DMAS during the 2023 General Assembly Session. DMAS was assigned 31 bills and, of these, 13 bills passed and 18 bills failed. These included bills with Amend, No Position and Oppose positions. In addition, DMAS commented on 26 bills assigned to other agencies and tracked another 107 bills. Frank described several bills monitored by DMAS during session.

8. **CFO Report**

Chris Gordon, CFO, provided the BMAS Board with a finance update. Chris focused on FY23 appropriation, FY23 Actuals by Program and Fiscal Month, Enrollment, and Capitation Decomposition.

FY24 Capitation Development

Measurement period:

January 1, 2021 through June 30, 2022

1st time since Covid-19 that DMAS utilized claims data within pandemic for base, not just trending

Key initial base data observations:

Significant reduction in community behavioral health: child, adult, expansion

Cardinal Care Acute: overall drop of 8.7% PMPM

Cardinal Care LTSS: overall increase of 3.2% PMPM

Medicaid Title XIX Expenditures increased 15% over last year.

Overall Medicaid enrollment slowing by 1,560 less members each month compared to average growth over the last four years

ACA Childless Adults on forecast, slowing by 1,607 less members each month compared to average growth over last four years.

FY24 capitation rate work under development—draft initial rates to DMAS by end of March

9. Unwinding

Sarah Hatton, Deputy Director of Administration provided the BMAS Board with an update on the return to normal enrollment.

Medicaid Continuous Coverage Requirements Under the Families First Coronavirus Response Act (FFCRA) and Unwinding Policies:

As one of several conditions of receiving the temporary Federal Medical Assistance Percentage (FMAP) increase under FFCRA, states are required to maintain enrollment of individuals in Medicaid until the end of the month in which the Public Health Emergency (PHE) ends (the “continuous coverage” requirement).

The continuous coverage requirement applies to individuals enrolled in Medicaid as of March 18, 2020, or who were determined eligible on or after that date and has allowed people to retain Medicaid coverage and get needed care during the pandemic.

On December 23rd, 2022, the 2023 Consolidated Appropriations Act was passed (an omnibus spending bill to fund the federal government for FY 2023). The legislation included the decoupling of the continuous coverage requirements for Medicaid from the COVID-19 federal PHE.

Starting April 1st, 2023, states will be required to redetermine eligibility for nearly all Medicaid enrollees. As of 01/05/2023, Virginia will be responsible for redetermining 2,137,977 members within 1,231,705 cases – one-third of all cases are expected to be redetermined automatically, with the remaining cases to be redetermined by local Departments of Social Services. DMAS is working to obtain vendor support to supplement local agency efforts.

With the Federal omnibus bill passage, the enhanced Federal Medical Assistance Percentage (FMAP) would be ramped down as follows –

| Calendar Year Quarter | Medicaid Enhanced FMAP |
|------------------------------|------------------------|
| Q1 2023 (January – March) | 6.2% |
| Q2 2023 (April – June) | 5% |
| Q3 2023 (July – Sept) | 2.5% |
| Q4 2023 (October – December) | 1.5% |

Virginia has received nearly \$2.5 billion in additional federal funds throughout the pandemic.

DMAS also received \$15 million in American Rescue Plan Act (ARPA) funding to assist with unwinding related work, including but not limited to system enhancements, temporary staffing, and communications/outreach. DMAS has requested an additional \$20 million in ARPA funding and \$3.3 million in general funds approval from the General Assembly in the 2023 session to assist with redetermination efforts through the Cover Virginia vendor.

January – March 2023: What to Expect

DMAS and DSS have been working for almost 3 years to prepare for unwinding, which is considered the biggest healthcare-related event since the implementation of the Affordable Care Act. With the April 1st start date approaching, DMAS and VDSS will now begin to implement the planned activities in order to support members, local agencies, providers, and other stakeholders both before and throughout the unwinding period.

Systems: Turning off processes designed to continue coverage and turning on regular processes such as sending paper renewal forms. In addition, several new automated processes will be turned on to allow additional no-touch renewals and/or applications.

Communications/Outreach: Phase II and III toolkits are available on the Cover Virginia/Cubre Virginia website and have been distributed to health plans to prepare for outreach. Health plans will assist in outreach when the automated ex parte is unsuccessful and if members are closed for administrative reasons to attempt to decrease instances of churn.

Note: Certain provider flexibilities not related to eligibility processes remain in effect until the end of the PHE on May 11, 2023.

Contractor Support: DMAS has developed a new scope of work to supplement local agencies with vendor support through Cover Virginia. DMAS is currently working to implement this solution.

10. Regulations

11. New Business/Old Business

12. Public Comment –

Maureen Hollowell provided a public comment covering two subjects:

1. Process for Minimum Data Set Section Q referrals
2. Access to CCC Plus Waiver environmental modification services

13. Adjournment

Moved by Patricia Cook; seconded by Tim Hanold to adjourn @ 12:53 pm

Motion: 8 - 0

Voting For: Kannan Srinivasan, Greg Peters, Dr. Basim Khan, Tim Hanold, Patricia T. Cook, MD, Dr. Lisa Price Stevens, Elizabeth Noriega, Jason Brewster

Voting Against: None

Virtual Attendee votes not counted but all “ayes”: Ashley Gray, Paul Hogan, Ashish Kachru