

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

**November 18, 2019 Minutes
Approved by Unanimous Vote**

Attendees

Committee Members	DMAS Staff	Guests
Christian Campbell	Karen Kimsey, M.S.W., Director	Kelly Thomasson, Secretary of the Commonwealth**
Catherine Childers	Rachel Pryor, Deputy Director of Administration	
Margaret Crowe	Dr. Ellen Montz, Chief Health Economist and Director of Economic Policy	
Sandra Hermann	Brian McCormick, Division Director, Policy Planning and Innovation	
William (“Hamilton”) Holloway	Nichole Martin (presenter)	
James Murdoch, Sr.*	John Stanwix (meeting convener and facilitator)	
Elizabeth Noriega	Walter Burton (meeting organizer)	
Lisa Richard	Samantha Vrscak (prepared minutes)	
<i>*Denotes arrived late</i>		

WELCOME AND CALL TO ORDER

John Stanwix called to order the fourth meeting of the Medicaid Member Advisory Committee (“MAC” or “Committee”) at 10:10 a.m. on Monday, November 18, 2019, in Conference Room 7 A/B at DMAS’ headquarters. Mr. Stanwix thanked the Committee for joining the meeting. He commended the members on their continued participation. Mr. Stanwix also thanked the members of the public for attending and indicated that a public comment signup sheet was available for those who wished to speak at the end of the meeting. He then introduced DMAS Director, Karen Kimsey.

Introduction by Karen Kimsey, M.S.W., DMAS Director

Ms. Kimsey greeted the Committee and expressed her gratitude to the Committee for their continued participation. She observed that she had been with the Medicaid program for a long time, with a background in long-term care and community-based services, and was involved in the Medicaid expansion effort, which led to over 300,000 individuals receiving critical health services. Ms. Kimsey emphasized the importance of the MAC meetings and that the MAC will continue under her leadership. She noted that the MAC Feedback Tracker demonstrated how much progress

has been made because of the MAC's advice and commitment to DMAS. She asked the Committee members to introduce themselves, and whom they represent. Following the Committee's introduction, Ms. Kimsey emphasized to the MAC members that this was their meeting, and thanked the Committee for the opportunity to be involved with the MAC. Mr. Stanwix then introduced Rachel Pryor, Deputy Director of Administration.

Introduction by Rachel Pryor, DMAS Deputy Director of Administration:

Ms. Pryor thanked the Committee, and noted that it was the last meeting of the year. She informed the Committee that DMAS viewed the MAC as a resounding success and looked forward to further accomplishments. She explained that the MAC Feedback Tracker showed the progress that had been made on the MAC's suggestions and helped DMAS make the Medicaid program more member-centric. Ms. Pryor noted that DMAS had received a lot of positive attention for the MAC's great work, both within Virginia and across the country. She explained that one topic on the meeting's agenda was related to communication, and specifically related to whether Medicaid members were receiving accurate, timely, and understandable information about potential policy changes and benefit changes. She reiterated her thanks to the Committee and turned the meeting over to Mr. Stanwix.

REVIEW OF THE MAC FEEDBACK TRACKER AND "MAC PACT"

Mr. Stanwix explained that he would serve as the meeting's facilitator and directed the Committee's attention to the "MAC PACT" and the MAC Feedback Tracker. The MAC Pact was developed during the first Committee meeting, and is a list of mutually agreed-upon expectations and rules for interactions during meetings. The MAC Pact also incorporates the DMAS Mission and Core Values of service, collaboration, trust, adaptability, and problem solving. Mr. Stanwix asked the Committee to review the MAC Pact and asked if anyone had any edits or suggested changes. The MAC members did not have any suggested changes to the MAC Pact at that time.

Mr. Stanwix then directed the Committee to review the MAC Feedback Tracker, which was located in the binder of materials given to the MAC members. He noted that the MAC Feedback Tracker was also available for review on the DMAS website within the MAC webpage. He explained that he wanted to highlight the status of key items noted by the Committee during past meetings. Mr. Stanwix first reviewed the Medicaid application process. He noted that the Committee previously inquired about increasing the length of time to return requested verifications. He informed the Committee that new notices would be revised effective February 2020. The notices will clarify that while agencies prefer to receive the requested information within 10 days to process applications more expediently, verifications would be accepted within 45 days from the date of the Medicaid application, or within 30 days of date of the reported change or Medicaid renewal. Mr. Stanwix then addressed the issue of whether the managed care plan issued cell phones would not charge minutes or data when calling Cover Virginia or using Cover Virginia's website, in an effort to make Cover Virginia more accessible. He explained that Anthem agreed that it would not count calls to Cover Virginia towards minutes on plan-issued cell phones, and that DMAS was requesting the same benefit from the other managed care plans. Mr. Stanwix addressed some changes made to the Cover Virginia website as suggested by the Committee. He explained that Cover Virginia's website

now contained a webpage specifically for children with disabilities and additional resources available when those members become adults. He also noted that a Spanish-language version of Cover Virginia went live effective November 1, 2019, called Cubre Virginia. Ms. Pryor noted that beginning in February 2020, notices dealing with coverage determinations would be translated into 17 different languages to improve access.

Mr. Stanwix asked the Committee for suggestions and comments. Several members commented on additional resources to add on Cover Virginia's website, including listing other partnering state agencies such as Department of Behavioral Health and Developmental Services and Virginia Department of Health. Ms. Pryor requested that the Committee members reflect on what information would have been helpful for them when becoming involved in the Medicaid program so that DMAS could address those issues.

Mr. Stanwix then segued the meeting to the scheduled discussions and presentations.

DISCUSSION – COMMUNICATING EFFECTIVELY WITH MEDICAID MEMBERS

Mr. Stanwix explained that one of the goals for the MAC is for DMAS to obtain insight from Medicaid members and their family members about ways DMAS can communicate more effectively, both in the manner of communication and in the information presented to Medicaid members. He noted that DMAS utilized multiple communicate methods, such as mailed notices, emails, and social media, and that managed care plans and partner organizations also communicated to members. He first asked Committee members general questions about communications; specifically, to discuss their preferred methods of communication, how members of the community communicate with each other, and about when organizations had successfully communicated. The MAC members' answers varied as to their preferred methods of communications, as some preferred text messaging for ease of use; some preferred paper mail so that all members of the household may have access to that information; and others preferred email because paper documents could be easily misplaced. The MAC noted that the primary issue with communications was not in the method of communication, but rather that the source of communication could sometimes provide incorrect or conflicting information, leading Medicaid members and their families discouraged and frustrated. Ms. Pryor noted that DMAS could address training on key issues relating to eligibility rules policies with its contractors, including with the Cover Virginia call center. She also expressed interest in the MAC members reviewing the Cover Virginia website to ensure the website has enough specificity to reach a wide audience and information to encourage Medicaid applications. The Committee also discussed effective communication strategies. One member suggested a telephone helpline that people could call to assist with navigation of the Cover Virginia website. Another member suggested that local departments of social services ("LDSS") ensure that someone is on staff that could assist people appearing in person with questions. Another member recommended that a pop-up chat box could appear on the Cover Virginia or DMAS websites that would allow staff to communicate with an individual directly.

Mr. Stanwix then directed the Committee to reflect on communications from Medicaid more specifically, such as how they first learned about Medicaid; how they would search for information; communications they currently receive from Medicaid; and what types of communications would

they like to receive from DMAS. One member stated that she learned about different Medicaid programs through parent groups and her child's pediatrician, and another MAC member indicated that she learned through word of mouth. Ms. Pryor explained that DMAS has outreach workers and that pediatricians were included on outreach, but that DMAS could consider targeted outreach to preschool programs. One member suggested targeted outreach to medical homes so that care coordinators are aware of available programs, and another MAC member suggested targeted outreach to schools generally. The MAC members noted that most people used some form of social media, so they would likely search for information using DMAS' Facebook page and through Facebook communities in addition to the DMAS website. Ms. Pryor noted that DMAS had a listserv for direct communication that is currently opt-in from DMAS' website, and that DMAS would consider advertising the listserv on the Facebook webpage. The MAC members indicated that they currently receive renewal forms and duplicate forms, and emails from their managed care plans about products and services. With respect to communications, they would like to receive from Medicaid, several MAC members indicated they would like to see an Explanation of Benefits ("EOBs") so that they could see what services were billed and prevent inaccurate billing. Ms. Pryor explained to the MAC members that their managed care plans should be sending members an EOB either annually or after receiving a service, and thanked the Committee for informing her otherwise. Another member indicated that it would be helpful to receive Medicaid memorandums for beneficiaries, similar to those sent to Medicaid providers, when there are policy changes that may affect their benefits. One member also suggested an annual list of updates made to the Medicaid program with new programs and benefits for which members may qualify.

Ms. Pryor informed the Committee that their insight was helpful as DMAS works to improve its communications with Medicaid members. She noted that DMAS was working on making changes that might make a real difference in DMAS' programs, such as designing beneficiary memorandums, EOBs, and benefit updates. She encouraged the Committee to reach out to DMAS staff with any suggestions after the meeting. Mr. Stanwix then introduced Nichole Martin, Director of the Office of Community Living, for a presentation on Electronic Visit Verification ("EVV").

PRESENTATION AND DISCUSSION – ELECTRONIC VISIT VERIFICATION

Nichole Martin gave a presentation about EVV requirements, with a specific focus on consumer-directed services. She stated that the goal of the presentation was to ensure that the MAC understood the new policy. She explained that EVV serves an electronic time keeping system and was a both a federal requirement through the 21st Century Cures Act, and a state requirement mandated by the Virginia General Assembly. She stated that the care aides would use a landline, a smart phone, or other smart device to capture service details, such as the type of service, the individual receiving services, the individual providing services, date and time of service, and location of service delivery. Ms. Martin explained that each payroll vendor used a different mobile app with an interactive voice response system that captured the EVV information, which allowed care aides to clock in and out anywhere, as well as capture the location of the service delivery. She noted that manual time entry using electronic time sheets would be permitted in certain circumstances, such as a technology issue or if the Medicaid member had an emergency, but that DMAS would monitor such entries to ensure care aides are compliant with EVV requirements. She stated that an introductory letter was mailed to Medicaid members in May 2019, with links to

webinars for more information, and DMAS hosted a series of calls and in-person regional town halls during the summer. She explained that from October 1, 2019 – December 31, 2019, payroll vendors will still process shifts that are not compliant with EVV and process paper time sheets to allow Medicaid members and their care attendants’ time to adjust to EVV requirements.

Comments and questions from the Committee were taken during the presentation. One member asked about the criteria for disenrollment due to failure to comply with EVV. Ms. Martin explained that disenrollment would only apply for care aides that refused to comply with EVV, and would not be applicable for care aides that merely forgot to clock in or out or needed to make corrections to their times. Another member asked whether care aides would be allowed to use a computer to clock in or out because either the cell phone app did not work or the landline was unavailable. Ms. Martin responded that computers could be used for manual time entries because the web portal was not EVV compliant. Other members expressed that the presentation was helpful for allaying concerns that the consumer directed care option would be at risk due to issues beyond their control, such as a technology issue or a mistake on behalf of the care aide. Ms. Kimsey commented that EVV would help secure consumer directed services as an available service, because it will demonstrate that services are being provided as billed.

Several members related concerns about the name of one of the mobile apps, Cell Trak, because it reinforced fears among the community that they were being tracked. Ms. Martin explained that the company was a large company whose services were used across the country, and that the name would not likely change. Brian McCormick commented that concerns about tracking were raised during the General Assembly, and emphasized that EVV was only a time clock system. One member suggested having meetings at LDSS for those Medicaid members and care aides that were unable to attend the town halls during the summer. Another member asked if the mobile apps have security protocols, to which Ms. Martin responded that there were security protocols that protected the location and are compliant with the Health Insurance Portability and Accountability Act (“HIPAA”)’s protections against the dissemination of protected health information (“PHI”). One member commented about lack of internet access or cell phone service for certain parts of the state, and potential problems with EVV compliance. Ms. Martin explained that the landline option was available partly for that reason, and that care aides could also capture shifts even without internet service, and then upload the times to the payroll vendor mobile app once the care aide was in a location with internet service. In response to one member’s comment on how EVV requirements should be framed as a positive rather than another burden, Ms. Kimsey asked the Committee if it would be helpful to create a video about how EVV can help those who receive attendant care services and post it on social media. The Committee agreed that such a video would be helpful and would be interested in giving feedback.

Mr. Stanwix then introduced Dr. Ellen Montz for a presentation about data analysis and its role in the Medicaid program.

**DISCUSSION OVER LUNCH WITH ELLEN MONTZ, PH.D., DMAS CHIEF HEALTH
ECONOMIST AND DIRECTOR OF HEALTH ECONOMICS AND ECONOMIC
POLICY**

Dr. Montz gave a presentation on her role as the Chief Health Economist and the goals of the DMAS

Health Economics and Economic Policy (“HEEP”) Division. She explained that her office’s role is to provide analysis and strategic guidance using data with the goal to improve health outcomes for Medicaid members. Dr. Montz provided several examples of how the HEEP Division is aiding in DMAS priorities. She explained that for the Healthy Birthday Virginia initiative, the HEEP Division was engaged in evaluating measures to assess maternal health, such as prenatal care and smoking cessation programs, and developing policies to reduce disparities in maternal health in response to those measures. She stated that for assessing the well-being of vulnerable populations, such as those enrolled in the Addiction Recovery and Treatment Services (“ARTS”) and in Commonwealth Coordinated Care Plus (“CCC Plus”), HEEP monitors the utilization of services and provider compliance with the standard of care for those vulnerable populations. Dr. Montz highlighted the work of the HEEP Division with member surveys for the CCC Plus program and for the new Medicaid expansion population. She elaborated that the purpose of the CCC Plus member survey was to evaluate the transition from fee-for-service Medicaid to managed care plans, particularly whether members were benefiting from having care coordinators, what services care coordinators were providing to members, and how care coordinators differed across managed care plans. She explained that for the Medicaid expansion population, HEEP conducted a survey of new Medicaid expansion members when they were first enrolled, and compared the members’ receipt of health care services prior to being enrolled in Medicaid and after being enrolled in Medicaid. Dr. Montz emphasized that it was the HEEP Division’s goal to obtain data and combine that data with information from Medicaid members to solve problems to make DMAS’ programs better.

Comments and questions from the Committee were taken during the presentation. One MAC member inquired as to whether the Healthy Birthday initiative would follow children’s transition into adults. Dr. Montz explained that while DMAS was focusing on the data surrounding mothers and infants for the Healthy Birthday initiative, DMAS also had measures in place for tracking health metrics for other populations. Another member asked whether a survey was performed for the CCC Plus population prior to their enrollment in managed care plans. Dr. Montz responded that DMAS did not conduct a survey of the CCC Plus population prior to their enrollment in managed care plans, but had claims data of the services received prior to managed care. One Committee member asked whether the assistance care coordinators were providing were as a result of denials for services and medications that were automatically approved prior to the transition to managed care. Dr. Montz replied that those distinctions were those that DMAS hoped to learn from its members because DMAS would not be able to ascertain that from the data. She explained that DMAS would be conducting member surveys across years, because DMAS wanted to assess the drivers for the need for care coordination, including whether the need for care coordination stemmed from administrative roadblocks.

A short break was taken. Mr. Stanwix then introduced the Secretary of the Commonwealth, Kelly Thomasson, for a presentation about the upcoming 2020 U.S. Census.

PRESENTATION AND DISCUSSION – OUTREACH FOR THE 2020 U.S. CENSUS

Ms. Thomasson gave a presentation on the 2020 U.S. Census and on the importance for everyone living in Virginia to be counted on the U.S. Census form. She explained that the Office of the

Secretary of the Commonwealth performs many different functions, such as appointments to state boards and commissions, and was also involved in outreach for the U.S. Census. She emphasized the importance of every single individual living in the Commonwealth of Virginia to be counted as part of the U.S. Census. Ms. Thomasson explained that the U.S. Census was mandated by the U.S. Constitution, and was a population count of every person living in the U.S. performed decennially. She indicated that notices would be mailed beginning in mid-March 2020, and noted that 2020 would be the first year that households could respond to the U.S. Census electronically, with the additional options of responding by telephone or by mail. She noted that not only was participating in the U.S. Census a legal requirement, the data collected from the U.S. Census provided the basis for distributing more than \$675 billion in federal funding based on population to support vital programs. She elaborated that each person not counted results in approximately \$2,000 loss per year per person for a locality. She emphasized that only basic demographic information would be collected, the information obtained from the census was confidential, and that the census would never ask for information such as Social Security Numbers or credit card numbers. Ms. Thomasson explained that Virginia relies on trusted community messaging, and hoped to enlist the MAC's support and speak to their communities about the importance of the U.S. Census so their localities may receive the federal funding needed to provide services. She also mentioned that the Census Bureau was hiring temporary workers to administer the U.S. Census, and encouraged interested persons to apply. Ms. Thomasson thanked the Committee members for their time, and thanked them for their service to the Committee on behalf of the Governor's office.

REVIEW AND VOTE TO APPROVE MINUTES FROM MEETING ON AUGUST 26, 2019

Each of the MAC members were given a copy of the August 26, 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. Mr. Stanwix explained the process for making a motion to accept or propose changes to the draft minutes.

MAC member Sandra Hermann proposed to change the language, "disabled children" and "disabled adults" cited on page 4, to "children with disabilities" and "adults with disabilities." MAC member Christian Campbell made a motion to accept the draft minutes from the August 26, 2019 meeting, with the change noted by Ms. Hermann. Ms. Hermann seconded the motion to accept the minutes with the change. The Committee then voted to approve the minutes with a unanimous vote.

REVIEW OF COMMITTEE ANNUAL REPORT AND AGENDA BUILDING

Mr. Stanwix provided the Committee with the final copy of the Medicaid Member Advisory Committee Policies and Procedures, which was accepted by the Committee at the prior meeting. He discussed the approach to the annual report referenced in the MAC Policies and Procedures with the Committee, noting that DMAS wanted the Committee's advice prior to completing the report. He explained that DMAS wanted to include the vision for the Committee as proposed by then-Director Lee, a discussion of the development of the Committee, including research as to whether other states had such a member-focused committee, and include a discussion of the MAC

recruitment process. He stated DMAS also wanted to include a brief summary of each meeting, the MAC Feedback Tracker, and the status of the items noted on the MAC Feedback Tracker at the end of the year. One Committee member suggested including the “parking lot” of items that had been marked for future discussion to indicate issues that have been identified and are important to the Committee. Mr. Stanwix thanked the Committee members for their feedback and explained that the MAC will vote on the annual report at the next meeting.

Mr. Stanwix informed the Committee members that everyone had been reappointed for a new term, and provided the MAC with the documentation to accept their appointments. He then asked the Committee for possible ideas for the next meeting. He noted that the MAC had previously requested to speak with members of the DMAS Executive Management team, and asked if anyone was interested in a discussion with a specific individual. Several Committee members requested hearing from Tammy Whitlock, Deputy Director for Complex Care, with respect to home modification denials, updating on long-term care screening trainings, and waiver application deadlines. Another MAC member requested a presentation about the appeals process. Other MAC members inquired as to which issues were being presented by DMAS to the General Assembly. Ms. Pryor explained that DMAS could share the Governor’s budget so that the Committee can see DMAS’ legislative priorities during the 2020 General Assembly session.

PUBLIC COMMENT

There were no public comments at the meeting.

ADJOURNMENT

Mr. Stanwix thanked everyone for participating in the meeting, and expressed appreciation for the Committee member’s time. He wished the Committee members a happy holiday season and stated that the Committee would reconvene after the new year.

Mr. Stanwix adjourned the meeting at 2:04 p.m.