

**Meeting of the Board of Medical Assistance Services
600 East Broad Street, Conference Rooms 7A/B
Richmond, Virginia**

**June 4, 2019
Final Minutes**

Present:

Karen S. Rheuban, M.D.
Chair
Peter R. Kongstvedt, M.D.
Vice Chair
Raziuddin Ali, M.D.
Michael H. Cook, Esq.
Maureen Hollowell
Kannan Srinivasan
Rebecca E. Gwilt, Esq.
Patricia T. Cook, M.D.

Absent:

Cara L. Coleman, JD, MPH
Alexis Edwards
Vilma T. Seymour

DMAS Staff:

Chethan Bachireddy, Acting Chief Medical Officer
Mukundan Srinivisan, Division Director, Information
Management
Joanna Fowler, DMAS Senior Policy Advisor
Christina Nuckols, Media Relations Manager
Beth Guggenheim, Legal Counsel
Craig Markva, Manager, Division Director, Office of
Communications, Legislation & Administration
Nancy Malczewski, FOIA Coordinator
Brooke Barlow, Public Relations Specialist, Office of
Communications, Legislation & Administration
Ivory Banks, Chief of Staff
Chris Foca, Procurement & Contract Management Division
Director
Brian Campbell, Senior Policy and Program Advisor
Complex Care and Services
Sarah Samick, Policy Planning Specialist

Speakers:

Jennifer S. Lee, M.D., Director
Karen Kimsey, Chief Deputy Director
Ellen Montz, Ph.D., Chief Health Economist
Rachel Pryor, Deputy Director for Administration
Nichole Martin, Director of the Office of Community Living
Alyssa Ward, M.D.Ph.D., Behavioral Health Clinical Director
Cheryl Roberts, Deputy Director of Programs
Chris Gordon, Chief Financial Officer
William Lessard, Director of Provider Reimbursement

Public Comment:

Guests:

See Sign Up Sheets (attached)

CALL TO ORDER

Dr. Karen S. Rheuban called the Board meeting to order at 10:02 a.m. Other members, DMAS staff and attendees were asked to introduce themselves.

APPROVAL OF MINUTES FROM APRIL 16, 2018 MEETING

Dr. Rheuban asked that the Board review and approve the Minutes from the April 16, 2019 meeting. Peter Kongstvedt made a motion to accept the minutes and Mr. Michael Cook seconded. The vote was 8-yes (**Ali, M. Cook, Hollowell, Kongstvedt, Rheuban, Gwilt, P. Cook and Srinivasan**); and 0-no.

ELECTION OF NEW BOARD OFFICERS

Dr. Rheuban asked for nominations of officers. Michael Cook nominated Dr. Karen Rheuban as chair and seconded by Kannan Srinivasan. Dr. Rheuban nominated Peter Kongstvedt, M.D. as Vice Chair and seconded by Patricia T. Cook, M.D. Dr. Rheuban nominated Brooke Barlow as Secretary of the Board and seconded by Peter Kongstvedt, M.D.

DIRECTOR'S REPORT

Dr. Lee began the meeting by providing an overview of the presentations on the meeting's agenda. She also reviewed DMAS' Mission and Values and DMAS' efforts to improve the health and wellbeing of Virginians.

COMPASS (1115) WAIVER UPDATE AND MEDICAID EXPANSION: UTILIZATION, MEMBER AND PROVIDER SURVEY RESULTS

Chief Deputy Director, Karen Kimsey, gave an update on the 1115 COMPASS waiver. DMAS submitted the waiver to the Centers for Medicare and Medicaid Services (CMS) on November 20, 2018 and has been in active negotiations with the federal government since January 2019. The waiver will implement work/community engagement requirements, a new health and wellness program, and housing and employment supports for high-risk enrollees. Once the waiver is approved, DMAS and CMS will negotiate the implementation and evaluation protocols.

Ellen Montz, Director of Economic Policy, gave an update on Medicaid expansion. As of May 21, 2019, Virginia has enrolled over 280,000 newly eligible adults. During the months of January and February, more than 175,000 members have visited a provider and 81,000 have received a prescription (this reflects approximately 230,000 adults enrolled at that time).

MEMBER FOCUSED INITIATIVES UPDATE

Rachel Pryor, Deputy Director of Administration, presented on three member-focused initiatives, including Member Engagement Initiatives to include consumer mapping; Member focused policy initiatives, and a new Member Advisory Committee. These initiatives include updating of policies and processes geared toward the member's experience; improved member notices and communications; streamlining enrollment of pregnant women for ongoing coverage at the end of the pregnancy coverage; and, meaningful access to language assistance.

MEDICAID HEALTH PLANS AND BEHAVIORAL HEALTH REDESIGN

Nichole Martin, Director of the Office of Community Living, presented an update on Consumer Direction. A workgroup of health plan representatives and Services Facilitators (SF) took place in order to improve communications between the two parties. Additionally, DMAS met with the Virginia Association of Centers for Independent Living (VACIL) to discuss health plan authorizations and claims. Follow-up meetings will be scheduled to ensure continued progress.

Dr. Alyssa Ward, Clinical Director for DMAS, provided an update on the Behavioral Health Redesign by starting with a reminder of the vision for redesign: to develop an evidence-based, trauma-informed, cost-effective continuum of care. Dr. Ward briefly reviewed the continuum of care across the life span and outlined a vision of the future where individuals will receive a comprehensive spectrum of behavioral health services. She offered to provide additional information at a future meeting.

PREVENTIVE CARE COVERAGE: MATERNAL AND CHILD HEALTH DISPARITIES

Cheryl Roberts, Deputy Director of Programs and Operations, reviewed the history of preventive care for adults up through the passage of the Affordable Care Act (ACA), which requires marketplace exchanges and Medicaid expansion benefits to include free preventive services. Cheryl also presented on maternal and child health disparities. Statistics show that Virginia's infant mortality rate ranked 26th among states with a rate of 5.9 deaths per 1,000 live births. Maternal mortality affects U.S. women from all backgrounds. African American mothers are twice as likely to have an infant who dies before their first birthday. DMAS is working to improve care and eradicate health disparities.

FINANCE REPORT

Chris Gordon, Chief Financial Officer, reviewed the highlights and recommendations of the Milliman Report, including educating internal and external stakeholders; expansion of the monitoring of forecast variances; and, performing of forecast updates more than once per year.

Additionally, DMAS will begin re-evaluating the data used for the forecast; update forecast methodology; build a robust review process into the forecast development timeline; and, proactively addressing changes to the budget language.

Bill Lessard, Director of Provider Reimbursement, provided a rate setting update. A meeting was held with MCOs in May to discuss mid-year CCC Plus rates, Medallion rates and PACE rates. Rates for FY2020 are being adjusted to account for inflation, hospital rebasing, and General Assembly action. Health plans lost a total of \$244 million in calendar year 2018. Some health plans experienced losses for both CCC Plus and Medallion.

MES UPDATE

Mukundan Srinivasan, DMAS' Chief Information Officer, presented a high-level diagram of the new Medicaid Enterprise System (MES). The new system is a modular approach with some modules expected to be implemented in 2019, and others going live in 2020. Full implementation is expected by the second quarter of FY2020. DMAS continues to be presented with challenges and opportunities in its movement to a new modular integrated environment.

NEW BUSINESS/OLD BUSINESS

Dr. Rheuban asked Brooke to conduct a survey among the board members for expanding the meeting by a half hour and reduction of topics.

PUBLIC COMMENT

REGULATORY ACTIVITY SUMMARY

The Regulatory Activity Summary is included in the Members' books to review at their convenience (see attached).

ADJOURNMENT

Maureen Hollowell made a motion to adjourn the meeting at 12:08 p.m. Mr. Cook seconded. The vote was 8-yes (**Ali, M. Cook, Hollowell, Kongstvedt, Rheuban, Gwilt, P. Cook and Srinivasan**); and 0-no.