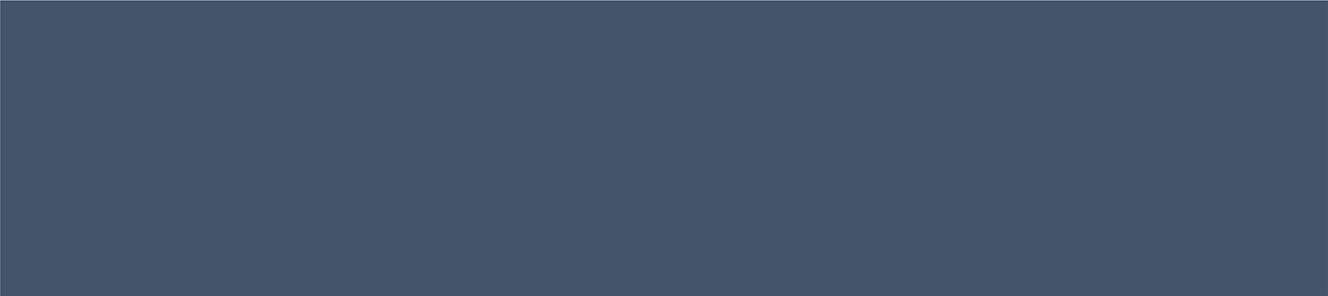




VIRGINIA MEDICAID  
MEMBER ADVISORY  
COMMITTEE

*ANNUAL REPORT - 2020*



## Introduction

The Virginia Department of Medical Assistance Services (DMAS) provides services and programs for approximately 1.7 million people in the Commonwealth of Virginia. DMAS administers Virginia's Medicaid and children's health insurance (CHIP) programs. Approximately four percent of the population is in fee-for-service, with the remaining majority receiving care through the two DMAS managed care programs: Medallion 4.0 and Commonwealth Coordinated Care Plus. DMAS' mission is to improve the health and well-being of Virginians through access to high-quality health care coverage. Moreover, DMAS is committed to providing a public platform for Medicaid members to share their perspective and observations about Virginia's Medicaid program.

Accordingly, in 2019, DMAS launched the Medicaid Member Advisory Committee (MAC), which is comprised entirely of Medicaid members or their authorized representative. The purpose of the MAC is to ensure that Medicaid members have a voice in advising the DMAS Director on program and service issues affecting Medicaid members.

## Committee Background

In 2019, the MAC addressed and made recommendations or suggestions on issues such as:

- The timeframe for the return of eligibility verification documents.
- Clarifying language on Medicaid renewal member correspondence.
- Clarifying language on the Cover VA eligibility-screening tool noting that such tool is for income determination only and that individuals may qualify under other factors such as disability.
- Conducting a review of the DMAS website for compliance with the Americans with Disabilities Act.

- A revised implementation date for electronic verification of personal care services.
- Having MCO plan issued cell phones not use allotted minutes if calling CoverVA or data if using a website to complete an application.

Additionally, the MAC participated in highlighting public service engagements such as the importance of completing the U.S. Census.

The MAC experienced an exciting, impactful inaugural year in 2019. Last year's report and a video from the first meeting are available at <https://www.dmas.virginia.gov/#/memberAdvisory>.

Eight Medicaid members or their authorized representative served on the MAC in 2020. They are:

- Christian Campbell
- Catherine Childers
- Margaret Crowe
- Sandra Hermann
- Hamilton Holloway
- James Murdoch
- Elizabeth Noriega
- Lisa Richard

The 2020 MAC was poised to begin its second year with an April 2020 collaborative, celebratory meeting with Colorado's Member Experience Advisory Council, the only other Medicaid committee in the nation comprised solely of Medicaid members. As previously noted in the 2019 MAC Annual Report, DMAS obtained considerable insight and information from officials in Colorado. While the joint April 2020 meeting was highly anticipated, the COVID-19 crisis forced the cancellation of this meeting. Nevertheless, with an adjustment in the manner of meeting, from in-person to virtual, the MAC proved to be resilient, flexible, and engaging in 2020.

This is not surprising given the membership of the MAC. The 2020 MAC is made up of individuals from across the broad expanse of the Commonwealth. These eight committed individuals brought forward

ideas and observations to improve the Medicaid program. Members of the MAC fulfilled a commitment that looked beyond their individual or family circumstances, evidencing a commitment to Virginia's Medicaid population.

The new 2020 reality for Medicaid members was how to navigate Virginia's Medicaid program in the midst of a global pandemic. Further, the members wanted to know how DMAS would respond with programs, processes, and services that fulfilled the needs of its members. While the challenge was formidable, DMAS and the MAC addressed various issues in order to position Virginia's Medicaid program to be responsive to the emergency and to build an even better program for Medicaid members. Throughout the year, members of the MAC constructively challenged, engaged, and inspired DMAS to re-examine, modify, and/or consider enacting new measures better designed to meet the needs of Virginia's Medicaid population.

DMAS Deputy for Administration Rachel Pryor, who serves as the committee's *ex officio* member, provides management and oversight of the initiative.

DMAS posted the date, time, location, and agenda for each meeting on Virginia Townhall (<http://townhall.virginia.gov/>). Each meeting also reserved a period for public comment.

### June 8, 2020

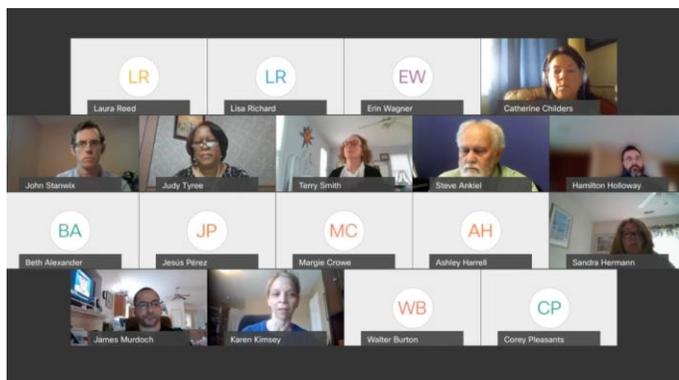
DMAS Director Karen Kimsey opened the meeting by assuring members that DMAS was committed to continuing the committee and to meeting the needs of Medicaid members during the COVID-19 pandemic. Members of the MAC were excited and pleased with the adoption of the virtual format as it allowed them to participate in this initiative from the safety and comfort of their homes. This allowed for continued participation of all MAC members, DMAS staff, and members of the public.

DMAS understood that it would be necessary to adopt, revise, and implement policies and procedures to meet the challenges of COVID-19. On June 8, 2020, leadership and staff at DMAS shared with the MAC that steps had been, and continued to be, taken to address Medicaid members' needs. Consistent with governing federal authority, Governor Ralph Northam made it possible for DMAS to temporarily waive certain state provisions to better obtain services and continuity of services during the pandemic. It was (and remains) important to ensure the continuity of health services and programs for Virginia's Medicaid members. Because of the increased flexibilities gained by temporarily waiving certain state laws and regulations, the following actions were among the various benefits that Medicaid members were able to experience during the public health emergency:

- The elimination of co-pays for Medicaid members.

## 2020 Meetings

In the second year of the MAC, DMAS held meetings on June 8, 2020; August 26, 2020; October 26, 2020; and December 14, 2020. All meetings were held virtually through the WebEx platform.



A 2020 MAC meeting conducted through the WebEx platform

- Continued coverage for every Medicaid member who was approved for or enrolled in Medicaid when the public health emergency began, regardless of their continued eligibility.
- Adjustments to the Pre-Admission Screening and Resident Review (PASSR) requirement for nursing home admission.
- Greater flexibilities in filing appeals, as well as in applying for Medicaid.

Moreover, during the course of its presentations, DMAS shared that as a result of Congressional action, the Commonwealth of Virginia would receive additional Medicaid related funding for maintaining coverage regardless of circumstance for all members.

**Virginia's COVID-19 Policy Strategy**  
 Since the declaration of the public health emergency, DMAS has taken actions to extend flexibilities which impact members, providers, and other stakeholders to mitigate the impact of COVID-19.

- ❖ Two Executive Orders issued pertaining to Medicaid
- ❖ 86 provisions of state regulation waived
- ❖ Six provider memos have been issued
- ❖ Nine federal regulatory waivers filed
- ❖ COVID-19 landing page added to DMAS and Cover VA websites to include resources for advocates, providers and members

DMAS

*A slide from a MAC presentation showing the various methods for obtaining flexibilities during COVID-19*

In response to the COVID-19 presentation, one member inquired as to whether the background check requirement for care aides had changed because of these temporary flexibilities. Tammy Whitlock, Deputy Director for Complex Care Services, explained that while the Virginia Department of Health’s (VDH) requirement for background checks was not removed, the temporary changes in DMAS regulations allowed for more time to process the background checks and allowed for aides to provide services to adults while background check were being completed.

Dr. Chethan Bachireddy, Chief Medical Officer, shared statistics for the total number of known COVID-19 cases, hospitalizations, and probable deaths in the Commonwealth of Virginia. Additionally, he encouraged the Committee to visit VDH’s website for daily statistical updates. It was noted that urban areas had been more affected than other areas and nursing facilities, congregate settings, and correctional facilities were described as COVID-19 “hotspots.” He also noted that the Hispanic and the African American populations accounted for a disproportionately large percentage of those affected by COVID-19, and that public health experts were studying those effects and researching solutions for those inequities. Dr. Bachireddy shared that Virginia state agencies were working with providers to increase testing sites, and that all Virginians would have access to a self-assessment tool called “COVID Check.”

Observations and questions from members of the MAC included the following:

- In response to a question regarding the permanency of telehealth, Dr. Bachireddy stated that while providers and members have appreciated the flexibilities of telehealth, expanded access to telehealth was not yet permanent. It was further explained that DMAS would have to seek approval for the expanded telehealth policies to be made permanent but that MAC members should share with DMAS what policy changes have benefited them.
- Another member asked when the increased access to telehealth was scheduled to end since it was not a permanent policy. Rachel Pryor, Deputy Director for Administration, responded that the Governor’s Executive Order did not have an end date at this time.
- In response to an inquiry, Dr. Bachireddy explained that intermediate care facilities statistics were included in the VDH COVID-19 data and that VDH was working to

delineate the statistics for different types of care facilities.

- Another member asked whether Medicaid members with cell phones provided by their Medicaid plan received additional minutes to access telehealth services. Dr. Bachireddy confirmed that these Medicaid members received additional minutes and data to increase accessibility to telehealth.

Deputy Director Whitlock also described flexibilities provided by the Centers for Medicare and Medicaid Services (CMS) pursuant to a waiver under Section 1135. These flexibilities included in part:

- Waiving preadmission screenings for individuals moving from a hospital to a nursing facility.
- Allowing nursing facilities to temporarily waive certifications for its nurse aides.
- Allowing home health agencies to perform certifications and initial assessments via telehealth.
- Allowing DME providers to deliver up to one month supply at one time and allowing temporary coverage for short-term oxygen usage for certain conditions.
- Temporarily extending authorizations for DME until the end of the state of emergency.

Deputy Director Whitlock also noted flexibilities in behavioral health services, which included enabling the use of telehealth for delivery of behavioral health services, and increased flexibilities of opioid treatment programs in medication administration and using telehealth for counseling services.

Additional information may be found at <https://coverva.org/covid19/index.cfm>

Observations and feedback from MAC members was integral to DMAS considerations later that year to continue certain flexibilities, for instance, continuation of DMAS' Appendix K waiver from the Centers for Medicare and Medicaid Services until January, 2021, as well as pursue needed authority to

make permanent changes to increase access to telehealth services.

### *August 26, 2020*

As a part of her opening remarks, Director Karen Kimsey observed that there was a growing recognition of the MAC and shared that she had the opportunity to speak on a podcast about the MAC. Director Kimsey described, among other things, that DMAS was continuing its COVID-19 pandemic response to assist Medicaid members and providers. She explained that DMAS received approval to obtain and distribute personal protective equipment (PPE) for consumer-directed employers of record and their caregivers, and would continue to do so for a period.

Deputy Director Whitlock gave a presentation about the status of some of the flexibilities DMAS had been able to obtain for Medicaid members receiving long-term care services. She noted that, pursuant to approval from federal authorities, DMAS was temporarily allowing spouses and parents of Medicaid members under 18 to provide personal care services and be paid for those services, and that these flexibilities would be extended through January 26, 2021. She also explained the following:

- New service authorizations for Developmental Disability (“DD”) Waiver services could be conducted through video or teleconference from August 15, 2020, and extended through October 31, 2020.
- Therapeutic consultation activities under the DD Waiver that do not require direct intervention can be conducted through teleconferencing methods through January 26, 2021.
- Flexibilities provided by CMS pursuant to a waiver under Section 1135 that allow facilities to waive pre-admission screenings for individuals moving from a hospital to a

nursing facility were extended through October 22, 2020.

- It was noted that as of July 1, 2020, DMAS resumed reimbursement of face-to-face delivery of group based behavioral health services, but that providers retained the ability to offer services individually or through telehealth.
- The distribution of PPE to Medicaid members receiving consumer-directed services. Additionally, consumer-directed employers of record would soon be able to order disposable masks, hand sanitizer, and gloves at no cost through an online system -3-developed with Coronavirus Aid, Relief, and Economic Security (CARES) Act funding.

care coordinators would be required to provide services in-home after the flexibilities expire. Deputy Director Whitlock explained that some visits under the CCC Plus Waiver are required to be face to face and would probably be phased back in.

Sarah Hatton discussed the eligibility and enrollment flexibilities that were made as a response to the COVID-19 pandemic. These changes included:

- Medicaid members that were displaced by COVID-19 and not currently in Virginia would be considered temporarily absent and maintain their enrollment.
- Suspension of the integration requirement for incarcerated individuals.
- No adverse action would be taken regarding a Medicaid member's existing coverage during the public health emergency.
- While members could complete Medicaid renewals again starting at the end of July if they chose to do so, no adverse action would be taken due to the continuous coverage commitment.
- DMAS would allow for individuals to give verbal consent for application assisters to apply for coverage on their behalf.
- It was also noted that deadlines for filing appeals during the COVID-19 public health emergency had been extended and that coverage during the appeals process will be automatically continued.

In response to an inquiry regarding whether the federal government was contributing matching funds to cover the cost of the flexibilities during the public health emergency, it was shared that DMAS was reimbursed by the federal government for the cost of the flexibilities in response to the COVID-19 pandemic, with an enhanced match for maintaining coverage for Medicaid members.

Next, Mariam Siddiqui and Corey Pleasants presented on addressing health equity and disparities

### Personal Protective Equipment

- DMAS distributed cloth masks by mail to Medicaid members who receive consumer-directed services.
- In August, Employers of Record will be able to order disposable masks, hand sanitizer and gloves at no cost through an online system developed with CARES Act funding.



12 DMAS

*The presentation highlighted DMAS' work to distribute PPE.*

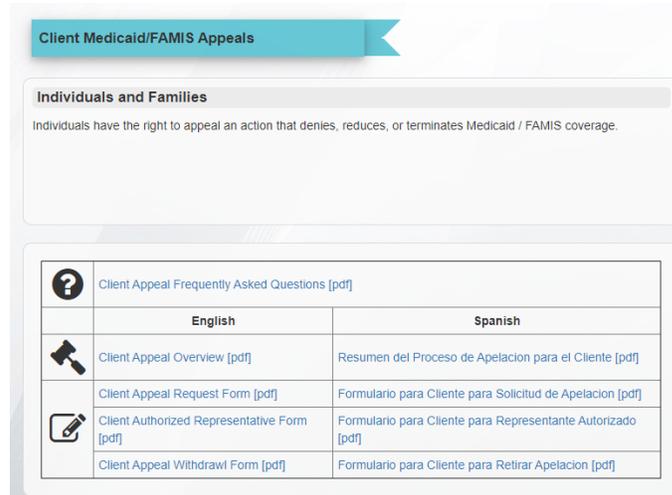
In response to the presentation, one member asked if the distribution of PPE was only for employers of record for consumer directed services or if attendants or other members were included. Deputy Director Whitlock confirmed that only employers of record for consumer-directed services would be eligible to receive PPE to use during care of Medicaid members receiving personal care services. Another member inquired whether managed care organization (MCO)

for Medicaid members and providers. They explained that the COVID-19 pandemic has had a disproportionate impact on vulnerable communities across the Commonwealth, and that the DMAS Health Equity Workgroup was in response to the pandemic, as well as an initiative to combat racial injustice. It was noted that the workgroup would develop an Agency-wide strategy to ensure DMAS provides access to quality services for all Medicaid members and providers. DMAS is working to identify social determinants of health that would have direct impact on Medicaid members, as well as evaluating DMAS' own policies and procedures to address health equity disparities. The goals of the workgroup include member engagement and communications, policies and services focused on equity, and data quality and measurement of health equity performance measures and social determinants of health data. The presenters stated that the MAC could assist by sharing areas of concern or issues, offering suggestions of areas to review, and of any best practices relative to health equity and combating health disparities. Several Committee members expressed their interest and had general questions for the DMAS health equity workgroup during the presentation.

Staff from the DMAS Appeals Division gave a presentation about the Medicaid appeals process, focusing on Medicaid client appeals. Josh Lief, Provider & Medical Cases Manager, described that the purpose of the Medicaid appeal process was to provide due process to Medicaid applicants/members, afford an opportunity to be heard, and to guarantee a neutral review of an adverse agency action. Additionally, there was an explanation of what issues are appealable to DMAS, timeframes for various actions, the legal authorities for the appeals process and the deadlines to file an appeal, the State Fair Hearing process, and the elements of an appeal decision.

Aneida Winston, Quality Assurance Manager, described the quality assurance process for client

appeal decisions. She highlighted some resources currently available to the public about the Medicaid client appeals process on the DMAS website <https://www.dmas.virginia.gov/#/appealsresources>, such as: Client Appeal Frequently Asked Questions; Client Appeal Overview; Client Appeal Request Form; Client Authorized Representative Form; and the Client Appeal Withdrawal Form.



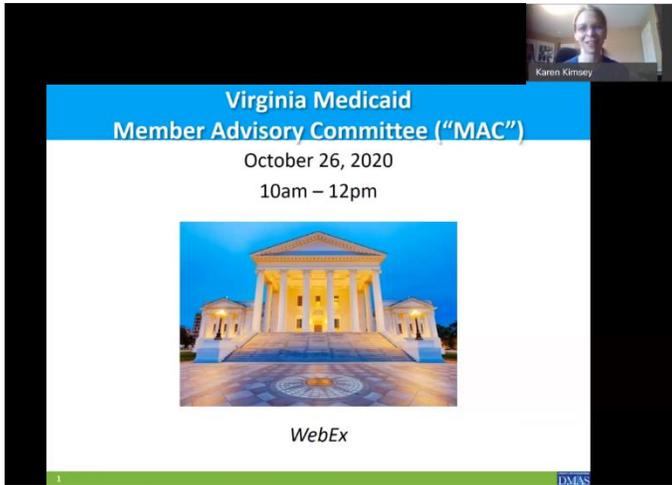
A screenshot of the some resources available on DMAS' appeal website.

Ms. Winston also noted that a new appeals case management system was in development – the Appeals Information Management System (AIMS). AIMS will allow appellants to file appeals and documents through an online portal.

In response to an inquiry about whether a Medicaid member would be required to pay for the costs of their continued coverage incurred during the appeal process, Appeals Division Director John Stanwix explained that if the appeal and continued coverage were during the public health emergency and concerned an existing service, the appellant would not have to pay recovery for services that were received during the continued coverage period. Mr. Stanwix also noted that if the request was for a new service, then it would not qualify for “continued coverage” and the member would be liable for payment if the appeal were upheld.

**October 26, 2020**

This meeting proved to be just as engaging, informative and robust as the previous meetings. Following her welcome and expressions of appreciation, Director Kimsey shared that DMAS was still working to assist Medicaid members during the pandemic.



*DMAS Director Karen Kimsey delivers opening remarks at the October 26<sup>th</sup> MAC meeting.*

Moreover, she explained that since Medicaid was expanded in 2019, DMAS had enrolled 473,000 additional individuals, with approximately 50,000 of that number being children. She further noted that DMAS was creating a document called “The Faces of Virginia Medicaid,” in which DMAS was featuring its Medicaid members and the diversity of those individuals involved in the Medicaid program. She noted that “The Faces of Virginia Medicaid” featured a Committee member and the work by the MAC. Director Kimsey shared that DMAS was recently recognized for its work in diversity, equity, and inclusion by the National Association of Medicaid Directors, and that such distinction included the work of the MAC.

Janice Holmes provided a presentation on Cover Virginia, noting among other things that it:

- Is an information center and a statewide customer service call center serving Virginia

Medicaid and Family Access to Medical Insurance Security (FAMIS) members.

- Processes Medicaid applications.
- Has different support units facilitating efforts to perform core functions such as the Quality Assurance Unit, Appeal Response Unit, administrative staff, and co-located DMAS staff for contract monitoring.
- Has a call center to assist individuals with applying for new coverage and renewal applications.
- Provides application status updates and case information, regardless of whether an individual applied through Cover Virginia or through a different avenue.

One member asked about the differences between CommonHelp and Cover Virginia. Ms. Holmes explained that CommonHelp was a statewide online benefit application portal, administered by the Virginia Department of Social Services (VDSS), in which someone could apply for all statewide benefit programs (including programs other than Medicaid). Ms. Holmes stated that Cover Virginia allowed individuals to apply telephonically for Medicaid and FAMIS only, and Cover Virginia’s website served as an information portal for its members. She noted that the online application system of CommonHelp and the telephonic application system provided options for those applying, depending on their preferences.

Ashley Harrell and Laura Reed then gave a presentation about behavioral health services available to Medicaid members, as well as information about the Addiction and Recovery Treatment Services (ARTS) program. Among other things, they described COVID-19 policy flexibilities that:

- Allowed providers to continue rendering both behavioral health services and ARTS services to Medicaid members during the public health emergency.

- Included expanded telehealth service delivery.
- Allowed for a 14-day grace period for the submission of service authorizations.
- Provided allowance of opioid treatment programs to be reimbursed for the delivery of medications to the member's location, which removed any barrier for members to receive their medications.
- Emphasized collaboration among various state agencies to develop best practices for mental health support services.

The presenters described the communications and training developed to assist behavioral health providers during the public health emergency, including biweekly provider calls, consistent stakeholder emails, and a COVID-19 response website, which included clinical resources and recorded webinars. They also explained that the Behavioral Health Enhancement project would provide a full continuum of care to Medicaid members with services that are high quality, evidence-based, and cost-effective.

Following the presentation, one MAC member asked how the Behavioral Health Enhancement initiative aligned with other state agencies and whether the delay in the budget affected that work. Ms. Reed explained that DMAS is coordinating with the Department of Behavioral Health and Developmental Services (DBHDS), to align the Behavioral Health Enhancement with DBHDS' System Transformation Excellence and Performance (STEP-VA). She noted that both of the DMAS and DBHDS initiatives were re-allotted to the state budget, and that DMAS and DBHDS continued to have biweekly meetings for installation planning *[Note: Following this meeting, the funding was approved in the state budget]*.

Terry Smith, Steve Ankiel, and Judy Tyree then gave a presentation about the Program of All-Inclusive Care for the Elderly (PACE), including the benefits and services available for members enrolled in PACE. They explained that PACE is a CMS program

that is a Medicare and Medicaid program that assists individuals to remain in their homes and communities assuring that their needs for long-term services and supports are met. To qualify for PACE a Medicaid member must be at least 55 years of age, reside within a PACE service area, be certified as meeting the need for the nursing facility level of care, and be able to reside safely in the community with the help of PACE services. PACE can:

- Include any service that is needed to care for the medical needs of the individual and enable that person to stay in their home, so long as those services are approved by the interdisciplinary team.
- Provide the individual with an interdisciplinary team of healthcare professionals to provide coordinated, person-centered care that is individualized for that member's needs.
- Provide services including prescription medication, medically necessary transportation, nursing facility care, and respite care.

It was further explained that: PACE services are covered by both Medicare and Medicaid, with no deductible or copayments for any medication approved by the PACE interdisciplinary team; how capitation rates are set; and the oversight process by DMAS, CMS, and other partnering agencies.

In response to various questions, it was observed that:

- PACE operated on a managed care platform, with PACE assuming the full risk for the costs and that services are evaluated based on medical necessity and not because of cost.
- That PACE services areas were designated zip codes determined by CMS and DMAS in which PACE could reasonably provide services to members in that region.
- There was not a cap on membership for each locality, because each PACE service area was

created based on PACE's ability to meet everyone's needs in that locality.

- PACE works with the resources available to assist the member and provide supports, regardless of whether that individual has family assistance.

In the update portion of the agenda, Erin Wagner, Employment Advisor, explained that the High Needs Supports Program was a newly approved program at DMAS, with an expected launch in July 2022. She elaborated that the program was to provide critical housing and employment support services for high need Medicaid members, and was contingent upon approval and funding from the General Assembly. She invited the MAC members and the public to participate in an upcoming meeting.

### *December 14, 2020*

Director Karen Kimsey opened the meeting and stated her appreciation to the MAC for their contributions as the inaugural advisory committee. Dr. Kimsey provided a brief outline for the meeting and shared that special guests would join the meeting later. Individuals of the MAC introduced themselves, who they represent and what area of the state they reside.

Monserrat Serra, Civil Rights Coordinator, shared a presentation on Language and Disability Access. While recognizing the diversity of Medicaid members in the Commonwealth of Virginia, Ms. Serra noted that DMAS is responsible for ensuring that limited English proficiency (LEP) and disabled individuals have meaningful access to all Medicaid programs and services in compliance with the Federal and state requirements.

To develop the Language and Disability Access Plan, a Needs Assessment and Four Factors were evaluated to determine DMAS language and disability access needs. The four factors evaluated were demographics, frequency of contact, nature of the

program and services and availability of resources and costs. The Plan defines the DMAS language and disability access compliance standards for DMAS staff, contractors, sister agencies and providers, and how to provide language and disability access with telephonic/verbal communications, paper written communications, and digital communications.

Following her presentation, and in response to questions, Ms. Serra and Mr. Stanwix shared among other things that:

- Members of the disabled population often have different communication needs, and that Ms. Serra evaluates and coordinates different types of accommodations;
- Disability access applies to all areas of access, and that there were a variety of federal laws that address what DMAS is required to do when there is a need for access at any point in the Medicaid program and
- DMAS had made efforts to ensure notices were more readable, and that Ms. Serra worked on making documents more readable through her translation efforts.

At the conclusion of questions and answers concerning Language and Disability Access, Director Kimsey introduced Secretary of Health and Human Resources, Dr. Daniel Carey. Secretary Carey then introduced the 73<sup>rd</sup> Governor of Virginia, Ralph S. Northam, to the MAC.



*Governor Ralph Northam thanked the MAC for its service.*

Among his comments, Governor Northam thanked the MAC for their service and input on behalf of the Commonwealth. While acknowledging the difficulty of the past year for many Virginians, with the first case of COVID-19 reported in Virginia in early March, he expressed optimism for the future with the planned vaccination rollout. Governor Northam observed that, as a pediatric neurologist, he saw the devastating impact that a child's diagnosis can have on the child's family, emotionally and financially. He elaborated that the Medicaid program helps individuals' lives and their families by offering financial assistance, and that the need for Medicaid was tremendous. He applauded DMAS for its work on Medicaid expansion and the enrollment of over 400,000 additional people. Finally, in recognizing the hard work of the MAC, Governor Northam informed the MAC members that they will receive a certificate of recognition.

Following his thanks to Governor Northam, Secretary Carey explained that the MAC, with its diversity of experience, helped ensure that DMAS' policies and practices are meeting the needs of those served by the Medicaid program. He commended the Committee members for their act of public service, acknowledging the disruption of their schedules and the distances they traveled to each meeting prior to the pandemic. While providing an update on the COVID-19 pandemic within the Commonwealth, Dr. Carey observed among other things:

- That the coronavirus was spreading and on the rise in the Commonwealth, likely exacerbated by people gathering indoors and the cold weather;
- That while Virginia had the 7<sup>th</sup> lowest infection rate in the nation, there were pockets with a high infection rate, particularly in Southwest Virginia.
- That the first round of vaccinations were expected to arrive in Virginia later in the week and would be distributed to front line health workers.

- That the vaccine rollout would be in phases, with the biggest challenge to get the general population and at least 75% of Virginians vaccinated, which would likely take months to achieve based on estimates from the Centers for Disease Control ("CDC") and the federal government.
- Described the vaccine distribution strategy to the Committee, noting that Virginia prioritized equity, with outreach events, and that community leaders would be among those first vaccinated when supply allows.
- Stressed the importance of following key prevention strategies such as practicing physical distancing, hand hygiene, wearing a mask, and staying home, in order to mitigate the infection rate.

At the conclusion of his remarks, Secretary Carey reiterated his thanks for their participation and guidance to ensure DMAS' policies make sense from the perspective of those receiving services and those whose loved ones receive services. He then introduced Dr. Vanessa Walker Harris, Deputy Secretary of Health and Human Resources



*Secretary Carey and Deputy Secretary Walker Harris speak to the MAC.*

Dr. Walker Harris greeted the Committee, and thanked the members for their service to DMAS and to the Commonwealth of Virginia. She noted that Virginia was one of two states with a Member Advisory Committee, and is thus uniquely positioned to hear from Medicaid members and family of Medicaid members with complex needs.

Since this was the end of the current MAC members' term, the meeting was opened up to allow them to share about their experiences and to offer recommendations for improvement to the committee. The comments/recommendations were as follows:

- Each members expressed their enjoyment of being on the Committee and their appreciation for the opportunity to be heard;
- Several MAC members appreciated being able to share their unique perspectives from living in more rural parts of Virginia and Southwest Virginia, as those parts of the state may not always be adequately represented in advisory groups;
- Many of the members expressed appreciation for being able to learn more about DMAS and the people who are behind many of the different programs and services at DMAS;
- Several members noted that being on the Committee helped change their perspective of the Medicaid program because of the presentations and DMAS' responsiveness to Committee member feedback and suggestions; and
- Members appreciated the relationships and rapport they were able to develop during in-person meetings, which eased the transition into virtual meetings.

Several Committee members had recommendations for improvements for future meetings. Among the recommendations and observation were:

- Building more time into the agenda for questions and discussions

- Having time for discussion and highlights from the previous meetings in case there are further questions on a given subject.
- Distributing the meeting materials from the last two years of MAC meetings to future members, so that the next term could see the MAC's progress.
- Members had mixed opinions on the virtual meetings; while the members liked the interaction from in-person meetings, a few members also appreciated not having to travel long distances with the virtual meetings
- Suggested a Committee reunion in the future, to which the other members expressed interest.

The leadership of DMAS welcomed the recommendations and observations of the MAC and committed to incorporating those measures to further enhance the MAC.

In conclusion, Director Kimsey again expressed her sincere appreciation to the MAC members for their dedicated public service and encouraged them to remain in contact with the agency.

## Conclusion

The MAC has proven to be a vital avenue to obtain Medicaid members' perspective as members have more of a direct opportunity to convey how policies, procedures, and services affect their or their loved ones medical needs and thus, access to quality and affordable health care. The MAC is an open channel where Medicaid members may more directly voice their concerns as they endeavor to enhance the quality of health care not just for themselves but across the broader Virginia Medicaid population. These voices further allowed DMAS leaders and staff to review, consider, propose, adjust, and implement changes consistent with governing authorities.

Attached to this report is the MAC Tracker. This tracker outlines or summarizes some of the valuable touch points as identified by the MAC. The work of the MAC has provided valuable insight into the concerns and aspirations of Medicaid members and their loved ones.

The work of the MAC is just beginning. As it moves into 2021, the MAC does so based upon a foundation of exacting questions, review of policies and procedures, and the promotion of services designed to meet the needs of Virginia's Medicaid population.

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To learn more about the MAC, including applying to be a committee member or quarterly meeting minutes, reference documents, and other information, please visit:

<https://www.dmas.virginia.gov/#/MemberAdvisory>

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DMAS thanks the MAC members, Governor Northam, Secretary Carey and the leadership and staff at HHR, the leadership and staff of DMAS, and our state and local partners.

