

**Medicaid Member Advisory Committee Meeting**  
**Department of Medical Assistance Services**  
*Via WebEx Videoconferencing*

**December 12, 2022**  
**Minutes**

<b>Committee Members</b>	<b>DMAS Staff, Speakers, and Guests</b>
<b>Present</b>	<b>DMAS ELT Members</b>
LJ Tisdale	Cheryl Roberts, Director
Sabrina Redd	Sarah Hatton, Deputy of Administration
Olatunji Fakunmoju	Tammy Whitlock, Deputy for Complex Care Services
Geoffrey Short	Ivory Banks, Chief of Staff
Craig Thomson	John Kissel, Deputy of Technology & Innovation
	<b>Speakers</b>
<b>Absent</b>	Jessica Anecchini, Senior Policy Advisor, Administration, DMAS
Elvira Prince	Sara Cariano, Senior Health Policy Analyst, Virginia Poverty Law Center (VPLC)
Karin Anderson	Natalie Pennywell, Outreach and Community Engagement Manager, DMAS (meeting organizer and facilitator)
Summer Sage	<b>DMAS Support Team Members</b>
Michelle Meadows	Sonya Scott, IM/ITS Operations Analyst (meeting organizer)
Ghadah Aljamali	Kross Kaai, DMAS Information Management (meeting technology technician)
	Dot Swann, Outreach and Member Engagement Liaison (meeting organizer)
	Dalia Tejada Halter, Outreach and Member Engagement Specialist (meeting organizer)
	Kristin Lough, Hearing Officer, Appeals Division (prepared minutes)
	<b>Closed Caption</b>
	Brenda Perin, Caption First (meeting captioner)
	Jesus A Perez, Civil Rights Compliance Specialist, DMAS

**Welcome and Call To Order**

Natalie Pennywell called to order the meeting of the Medicaid Member Advisory Committee (MAC or Committee) at 10:01 a.m. on Monday, December 12, 2022, via WebEx online meeting platform.

## **Review and Vote to Approve Minutes from Meeting on August 8, 2022**

Each of the MAC members were provided a copy of the August 8, 2022, meeting draft minutes, and the draft minutes were also posted on the Committee's webpage on DMAS' website, as well as on the Virginia Town Hall website.

MAC member Sabrina Redd made a motion to accept the draft minutes from the August 8, 2022, meeting. Ms. Pennywell offered the Committee the opportunity to provide objections or changes to the minutes. The Committee then voted to approve the minutes with a unanimous vote.

## **Presentation – MAC Public Meeting Rules Update**

*Natalie Pennywell – Outreach and Community Engagement Manager*

Ms. Pennywell explained that DMAS provided updated guidance for remote attendance for meetings. The guidance requires that the Agency indicate standards for fully remote meetings, when individuals may appear remotely, and asks that members follow procedures. If members intend to attend only virtually, they must indicate which criteria in Va. Code §2.2-3708.3, D, 1-4, they are relying on to attend virtually.

The members unanimously voted to adopt the policy regarding virtual meetings.

Questions and comments raised by Committee Members included:

The policy tracks the regulation, but the policy does not indicate "other than an emergency," as the regulation indicates. The MAC should update the policy to allow the MAC to call fully virtual meetings based on a public health emergency.

## **Welcome**

*Welcome – Cheryl Roberts, DMAS Director*

Director Roberts greeted the Committee members and thanked them for participating in the MAC meeting. She indicated that there are currently open enrollment periods for Medicare, the Federal Health Insurance Marketplace, and Managed Care Organizations (MCO). Members can decide to stay with the current MCO or leave the MCO for a new MCO. Director Roberts urged members to view the comparison chart to determine if their doctors are in the network, and to evaluate whether there are additional care options that the member desires. Director Roberts hoped all members make an affirmative choice regarding their MCO.

DMAS has Twitter and Instagram accounts, but does not have a TikTok account yet. Director Roberts indicated that adding TikTok was a goal of hers. Ms. Pennywell agreed to send electronic copies of all documents handed out in person to the virtual member attendees

## **Presentation – Public Health Emergency (PHE) Updates**

*Sarah Hatton – MHSA, Deputy of Administration, Director's Office*

*Jessica Anecchini – Senior Policy Advisor, Administration*

*Natalie Pennywell – Outreach and Community Engagement Manager*

Deputy Hatton noted that nearly 2.2 million Virginians are enrolled in Medicaid. Due to the COVID-19 protections under the Public Health Emergency (PHE), more members have coverage than would typically be covered. DMAS expects the PHE to extend in January 2023, which would extend additional coverage until mid-April 2023. If the PHE ends in April 2023, DMAS would then begin reevaluating all member eligibility in May 2023. Until the PHE ends, DMAS will receive a 6.2% match from the federal government to help cover the costs of additional member coverage. DMAS expects approximately 14%, or 300,000 members, to lose health coverage when the PHE ends. Deputy Hatton indicated that she hoped many of individuals who lost their jobs at the start of COVID had gotten their jobs back since then, or others who will lose coverage because their income has increased over time. Approximately 4% of the population will lose coverage due to administrative issues, like DMAS being unable to identify their location, members not completing renewals timely, or members did not return verifications on time.

Deputy Hatton noted that DMAS has been preparing for COVID and the PHE to end since September 2020, and has been updating plans since then. She indicated that DMAS is working with MCOs to improve member data and preparedness. Currently, DMAS is pushing members to update mailing addresses and communication preferences. MCOs will then help with outreach to encourage members to complete redeterminations when that becomes appropriate. Finally, MCOs will be working with members to transition them to other coverage if they do not retain Medicaid eligibility.

In the first 60 days before the PHE ends, DMAS intends to post notifications about the coming end of the PHE. DMAS will host Medicaid Ambassador workgroups, a very large, virtual PHE Unwinding Summit, and participate in monthly calls preparing for the end of the PHE. DMAS intends to release a toolkit regarding these communications, as well. Deputy Hatton asked members to indicate interest in participating in the Medicaid Ambassador program. Deputy Hatton turned the presentation to Ms. Pennywell.

Ms. Pennywell introduced the Unwinding Toolkits. If the 60-day notice regarding the PHE comes in January, DMAS will encourage updated addresses. Phase II will follow that notice and DMAS will encourage members to complete paperwork, and the campaign is expected to continue from February 2023 to January 2024. Phase III will encourage members who lose coverage for administrative reasons to complete the necessary paperwork and to assist those who lose coverage due to eligibility reasons to obtain other health coverage. DMAS is working with community programs and organizations to share this information.

The DMAS website will include flowcharts and additional toolkit information to assist members in renewing their Medicaid eligibility upon the end of the PHE. These documents will be specifically targeted for particular populations to ensure the processes described match the processes those members will follow. All documents will be available via paper or digital so members can access and share them.

Questions and comments raised by Committee Members included:

Unhoused members who do not have fixed addresses struggle during the renewal period, as it is challenging to locate them, and because they or the local Department of Social Services (DSS) may lose all identifying information. There has been significant difficulty obtaining electronic communications for unhoused members, but non-profits are increasing computer access. Digital access could decrease administrative terminations.

The Anthem MCO document indicates an eye exam every 24 months on one page, and every 12 months on the other. The DMAS staff identified that the two coverage options are under different care types.

Deputy Hatton acknowledged the comments and indicated it could be helpful to have the Department of Social Services, and local agency representatives at future MAC meetings. She stated that there is a known training need for local workers, especially since some have never completed renewals, and none have completed renewals in the past three years.

Members indicated that it would be great to hear from a DSS representative, and would be interested in learning how local DSS agencies could align their processes with DMAS, as there seems to be a disconnect and a need for consumer understanding.

Deputy Hatton noted that a large population of members prefers electronic communications, and that she intends to encourage DSS to increase its electronic communications when a member chooses to receive documents electronically. Ms. Pennywell thanked everyone for their comments and introduced Ms. Cariano.

### **Presentation - Federal Marketplace and Future State-Based Exchange**

*Sara Cariano – Senior Health Policy Analyst, Virginia Poverty Law Center (VPLC)*

Ms. Cariano thanked members for participating in the MAC and identified her interest in the upcoming state-based exchange. In 2022, Virginia used the Federally Facilitated Marketplace (Marketplace) for healthcare plan purchases, created because of the Affordable Care Act (ACA). In 2023, Virginia will transition to a state-based exchange. Either marketplace intends to explain the types of coverage in plain language, to prevent denial for pre-existing conditions, and to allow people to shop for plans without obligation to purchase.

Individuals must reside in the state where they purchase coverage, be a US citizen or national, or lawfully present non-citizen. To get financial assistance, you may not have access to affordable and adequate insurance, like Medicaid, Medicare, and employer-based coverage. Individuals must have income above 100% of federal poverty guidelines. If someone has an income between 100% - 250% of the federal poverty level, they can qualify for additional financial assistance.

Financial assistance is based on Modified Adjusted Gross Income (MAGI) income evaluation. Affordable Care Act (ACA) plans to use tax filing household principles. The plan projects income for the year, and recipients must file taxes at the end to reconcile the household taxes to determine the individual received appropriate assistance

based on projected income. The Inflation Reduction Act enhanced subsidies through 2025. Open enrollment for the exchange is from November 1 through January 15, but individuals must apply by December 15 to have coverage by January 1. Special enrollment periods begin when individuals lose coverage, including Medicaid, move permanently to a new location, change immigration status, get married, have a child, and others.

In 2023, the plan eliminates the “family glitch,” which occurred if the plan was affordable for just the employee from their employer, the rest of the family could not qualify for marketplace coverage and subsidies. This arose in small companies where the employer-subsidized the employee’s healthcare costs, but not other family members.

The PHE is expected to end, shifting Medicaid members to Marketplace coverage upon renewal and termination due to eligibility. Even if a member knows they are ineligible for Medicaid, completing a renewal will help referrals to the Marketplace. Ms. Cariano introduced Enroll Virginia, the education and assistance program for which she works. The program can assist individuals in applying for coverage and enrollment. Enroll Virginia is willing to present to churches and social groups about healthcare enrollment.

Questions raised by Committee Members included:

How can DMAS and Enroll Virginia assist transitions for aged, blind, and disabled recipients, especially those receiving Qualified Medicare Beneficiaries (QMB), Special Low-Income Medicare Beneficiaries (SLMB), and Qualified Individuals (QI), who could lose additional benefits being paid by the state? Individuals transitioning from supportive housing to housing vouchers could use the increased cost of Medicare premiums upon losing Medicaid coverage as an income deduction, allowing them to qualify for housing assistance.

### **Discussion**

Ms. Pennywell introduced Deputy John Kissel for Technology and Innovation. Deputy Kissel greeted the MAC and thanked the members for their feedback.

Members expressed significant interest in hearing from local DSS employees to streamline the application and renewal process, and to ensure members can obtain and keep Medicaid without administrative burdens. Director Roberts thanked members for their interaction and assistance, and reiterated DMAS’s number one goal of improving member experience.

Ms. Pennywell then opened the meeting to public comment.

### **Public Comment**

Craig Thomson indicated the value of Medicaid expansion, which allows someone to transition from homelessness to supportive housing to a federal voucher program. He stated that the assistance eliminates permanent homelessness. The Marketplace requirements were burdensome to those transitioning and unhoused individuals, as they were required only to receive care from a traveling nurse practitioner. Medicaid expansion allows individuals to transition to more permanent housing while receiving significantly improved healthcare.

### **Adjournment**

Ms. Pennywell thanked members who will be rolling off in 2023 to keep that in mind while signing up for additional workgroups. Ms. Pennywell thanked the Committee for joining, and stated that DMAS would evaluate the MAC member questions and comments to create agenda topics for future meetings.

Director Roberts wished everyone a wonderful holiday.

Ms. Pennywell thanked members for their participation and adjourned the meeting at 11:44 a.m.