

**Medicaid Member Advisory Committee Meeting**

**Department of Medical Assistance Services**

*Via Microsoft Teams Webinar Videoconferencing*

**June 9, 2025, Minutes**

<b>Committee Members</b>
<b>Present: In Person</b>
<b>Present: Virtual</b>
Yvette Thompson
Sohail Safeer
Courtney Berry
Bryan Roache'
Ghadah Aljamali
Courtney Berry
Martha Bryant
Sheila Johnson
Brian Marroquin
Amanda Plotner
<b>Absent</b>
Mark Dixon
La'Tonya Slaton-Graham
Craig Thomson
Mark Dixon
LaSherron Diaz
<b>DMAS Staff &amp; Speakers</b>
<b>DMAS Executive Leadership Team Members</b>
Jeff Lunardi, Chief Deputy Director
Ivory Banks, Chief of Staff
Tammy Whitlock, Deputy Director for Complex Care Services
Adrienne Tyler Fegans, Deputy of Programs and Operations
Dr. Lisa Price Stevens, Chief Medical Officer
<b>DMAS Support Team Members</b>
Natalie Pennywell, Outreach & Community Engagement, Facilitator; Steering Committee
Sandra Coffey (Sandi), EPO Administrative Assistant, Steering Committee Member
Dorothy Swann, Outreach and Member Engagement Specialist, Steering Committee Member
Norman Gaines, AV Specialist, Technology Support
Kristin Lough, Hearing Officer, Minutes
Sonya Scott, ITS Operations Analyst, Technology Support
<b>Closed Caption</b>
Kimberly Shea, Captioner, Caption First

Attendance					
# of Committee Members	# of ELT Members	# of Speakers	# of Support Team Members	# of General Public	Total
10	5	1	6	36	65

Member Engagement Since Last Meeting				
# of Comments	# Inquiries	# Outstanding Inquiries	# Inquiries Closed	Total
17	0	0	N/A	17

### Welcome and Call To Order

Natalie Pennywell called to order the meeting of the Virginia Medicaid Member Advisory Committee (MAC or Committee) at 10:05 a.m. on Monday, June 9, 2025, via Microsoft Teams Webinar online meeting platform. Ms. Pennywell explained that the meeting was fully virtual and thanked members for their flexibility. She stated that Committee members would have time to ask questions and share feedback during the meeting. Ms. Pennywell covered the accessibility guidelines and the agenda. She then introduced the Deputy Director Adrienne Tyler Fegans.

### Presentation - Cardinal Care Managed Care Program Overview

*Adrienne Tyler Fegans – Deputy of Programs and Operations, DMAS*

Ms. Fegans introduced Cardinal Care Managed Care and indicated that one in four Virginians are Medicaid recipients, and most members are children. Cardinal Care is the Medicaid program in the Commonwealth. Cardinal Care Managed Care (CCMC) merged some of the functions available under the CCC+ and Medallion 4 programs, those programs no longer exist, and members will be considered in long term services and support or acute care. If someone needs higher care, they will move through a single model of care as their needs increase or decrease.

In October 2022, Governor Youngkin announced that Virginia would re-procure managed care contracts. An external firm wrote the proposal for this care, and DMAS spoke to constituents about what coverage they would like to see, which was added to the proposal. In October 2023, DMAS received those bids from companies and awarded contracts to five plans in spring 2024. One company filed a protest to not being chosen, DMAS responded, and that company filed a lawsuit. In December 2024, DMAS filed a Public Interest Determination and started rolling out CCMC in January 2025. The program will go live 22 days after this meeting.

DMAS focuses on the three As, access, availability and adequacy of providers. Virginia is pushing for maternal and child health quality. All children in a foster care aid category will be moved into a single health plan. The services will stay the same and no benefits will reduce so long as members remain eligible. Providers will not experience changes.

Changes will include a new health plan – Humana Healthy Horizons. Molina will no longer be contracted with Virginia Medicaid; those members will move to Humana until they chose their new plan. Anthem Healthkeepers Plus will be the foster care plan, which will help reduce burdens on local Department of Social Services workers and members and families. The program will include academic enrichment, family night assistance, and healthcare assistance, as well as aging out assistance for things like education, driver's license and housing after aging out of the system. The model of care should be stronger, more member focused with responsive case management.

All members can change plans during the open enrollment period between June 19, 2025, and September 30, 2025. Members will receive a flyer indicating the changes, and there are social media posts about the contact and changes. Members must contact the enrollment broker or used the managed care app to change their health plans. Members who call before June 18, 2025, will change to a new plan on July 1; if they call after June 18, they will start the new plan on August 1.

Member sessions will occur on June 10, 2025, where members can learn background information and information about each of the health plans. On June 13, 2025, there will be provider sessions. There is a dedicated, staff-monitored email box for CCMC: [ccmc@dmas.virginia.gov](mailto:ccmc@dmas.virginia.gov).

Comments from Members included:

Mr. Roache' asked if Humana would provide care for all ages, as they are typically advertised as a healthcare provider for older individuals only. Ms. Fegans indicated that Humana would be available to all members.

Ms. Berry asked if Healthkeepers would provide care for only foster care members. Ms. Fegans answered that it would be available for all members who chose it.

Ms. Thompson was told that she could not use Humana for Medicare because she had Aetna for Medicaid. Ms. Fegans indicated that for individuals who were Medicare and Medicaid eligible, dual-enrolled, Humana did not have a Medicaid contract and could not provide that coverage. Tammy Whitlock added that started in January, Virginia has started a change to ensure that Medicare and Medicaid plans are the same for members. Medicaid will align with the chosen Medicare plan as members change their Medicare plan. Ms. Thompson stated that she did not begin receiving care until May 1, and automatic changes that she expected did not occur. She asked for clarification and assistance. Ms. Whitlock offered to assist individually and put out the answer to the group.

Members asked questions about whether this changes the open enrollment period will continue, and Ms. Fegans indicated that the rolling enrollment periods will come back after this enrollment period.

Ms. Berry asked if there will be assistance given to health systems to attract providers. Ms. Fegans stated DMAS hopes to assist those providers to joining the program. It is a nationwide issue, but DMAS hopes to increase providers.

Ms. Tyler asked about the app and a website with a dashboard to find information by health plan and region. Ivory Banks posted the link: <https://www.dmas.virginia.gov/data-reporting/>.

## **Member Introduction**

Ms. Pennywell asked members to introduce themselves, indicate where they are in Virginia, and where they would travel if they had a year to travel and no budgetary restrictions.

## **Review and Vote to Approve Minutes from Meeting on March 10, 2025**

Each of the MAC members were provided a copy of the March 10, 2025, 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.

Ms. Pennywell offered the Committee the opportunity to provide objections or changes to the minutes. MAC member Martha Bryant made a motion to accept the draft minutes from the March 10, 2025, meeting. Yvette Thompson seconded the motion to accept the minutes. The Committee then voted to approve the minutes with a unanimous vote.

## **Public Comment**

Ms. Pennywell offered the opportunity to present public comment. Martha Bryant noted that her son was recently in an ICU for eight days and that he has had significant healthcare since that time. She stated that he is in a skilled nursing facility, and that he is approved for one day of acute care. Ms. Bryant asked why he was only authorized for one day of care, and if it was because he was dual enrollment. An idea from a multi-state group was to form a coalition due to the attacks on Medicaid. She stated that there are concerns with travel to and from long-term care without transportation assistance from Medicaid.

Ms. Berry pointed out that the attendant and respite hours received by long-term care members can include assistance during summer hours from outside parties. Historically, Ms. Berry could use respite care, but now that school is out, she cannot use respite hours to care for her child. Once the family can get the outside caregiver, they can get respite care, but if the parent is the attendant, they cannot use the respite care hours.

Mr. Roache' supported the comments presented.

Ms. Plotner stated that she has struggled with a great reduction in hours of care as her child is aging. She stated that parent caregivers are provided fewer and fewer hours as they become attendants, and that it is very difficult to receive ongoing attendant care from outside parties.

## **Adjournment**

Jeff Lunardi, Chief Deputy Director, provided closing remarks, including thanking members for feedback that can be difficult but important to hear about the quality of care being received by members. He indicated that there would be big changes with the implementation of CCMC and that DMAS was monitoring changes from the federal government and General Assembly. He thanked members for their participation.

Ms. Pennywell thanked the Committee for joining, and he stated that DMAS will evaluate the MAC member questions and comments to create agenda topics for future meetings.

Ms. Pennywell thanked members for their participation and adjourned the meeting at 10:59 a.m.

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