



COMMONWEALTH of VIRGINIA  
*Department of Medical Assistance Services*

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October 1, 2018

**MEMORANDUM**

TO: Karen S. Rheuban, M.D., Chair  
Board of Medical Assistance Services

The Honorable Thomas K. Norment, Jr.  
Co-Chairman, Senate Finance Committee

The Honorable Emmett W. Hanger, Jr.  
Co-Chairman, Senate Finance Committee

The Honorable S. Chris Jones  
Chairman, House Appropriations Committee

Daniel Timberlake  
Director, Department of Planning and Budget

FROM: Jennifer S. Lee, M.D.   
Director, Virginia Department of Medical Assistance Services

SUBJECT: Annual Report on the Medicaid Physician and Managed Care Liaison Committee

The 2018 Appropriation Act, Item 303 QQ, states: "Effective July 1, 2013, the Department of Medical Assistance Services shall establish a Medicaid Physician and Managed Care Liaison Committee including, but not limited to, representatives from the following organizations: the Virginia Academy of Family Physicians; the American Academy of Pediatricians – Virginia Chapter; the Virginia College of Emergency Physicians; the American College of Obstetrics and Gynecology – Virginia Section; Virginia Chapter, American College of Radiology; the Psychiatric Society of Virginia; the Virginia Medical Group Management Association; and the Medical Society of Virginia. The committee shall also include representatives from each of the department's contracted managed care organizations and a representative from the Virginia Association of Health Plans. The committee will work with the department to investigate the implementation of quality, cost-effective health care initiatives, to identify means to increase provider participation in the Medicaid program, to remove administrative obstacles to quality,

cost-effective patient care, and to address other matters as raised by the department or members of the committee. The Committee shall establish an Emergency Department Care Coordination work group comprised of representatives from the Committee, including the Virginia College of Emergency Physicians, the Medical Society of Virginia, the Virginia Hospital and Healthcare Association, the Virginia Academy of Family Physicians and the Virginia Association of Health Plans to review the following issues: (i) how to improve coordination of care across provider types of Medicaid “super utilizers”; (ii) the impact of primary care provider incentive funding on improved interoperability between hospital and provider systems; and (iii) methods for formalizing a statewide emergency department collaboration to improve care and treatment of Medicaid recipients and increase cost efficiency in the Medicaid program, including recognized best practices for emergency departments. The committee shall meet semi-annually, or more frequently if requested by the department or members of the committee. The department, in cooperation with the committee, shall report on the committee’s activities annually to the Board of Medical Assistance Services and to the Chairmen of the House Appropriations and Senate Finance Committees and the Department of Planning and Budget no later than October 1 of each year.”

Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.

JSL/

Enclosure

pc: The Honorable Daniel Carey, MD, Secretary of Health and Human Resources

# Medicaid Provider and Managed Care Liaison Committee – FY-2018

A Report to the Virginia General Assembly

October 1, 2018

## Report Mandate:

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## About DMAS and Medicaid

**DMAS' mission is to ensure Virginia's Medicaid enrollees receive high-quality and cost-effective health care.**

Medicaid plays a critical role in the lives of more than a million Virginians. Medicaid enrollees include children, pregnant women, parents and care takers, older adults and individuals with disabilities. Virginians must meet income thresholds and other eligibility criteria before qualifying to receive Medicaid benefits.

Medicaid covers primary and specialty health care, inpatient care, and behavioral health and addiction and recovery treatment services. Medicaid also covers long-term services and supports, making it possible for thousands of Virginians to remain in their homes or to access residential and nursing home care.

Quick Medicaid facts:

- Covers 1 in 8 Virginians
- Covers 1 in 3 births and 33% of children
- Supports 2 in 3 nursing facility residents

Virginia Medicaid and Children's Health Insurance Program (CHIP) are administered by the Department of Medical Assistance Services (DMAS) and are jointly funded by Virginia and the federal government under the Title XIX and Title XXI of the Social Security Act. Virginia generally receives \$1 of federal matching funds for every \$1 Virginia spends on Medicaid.

## **Background**

The Medicaid Provider Managed Care Liaison Committee (MPMCLC) membership is comprised of representatives from the Department of Medical Assistance Services (DMAS) contracted managed care organizations (MCOs), the Virginia Association of Health Plans, and the physician organizations specified in the budget language referenced above. In January 2017, its membership was broadened to include the perspectives of non-physician providers who care for Medicaid members. Additional representatives from other provider associations including the Virginia Council of Nurse Practitioners, the Virginia Nurses Association, the Virginia Affiliate of the American College of Nurse-Midwives, and the Virginia Academy of Clinical Psychologists were invited to join the Committee. The current membership roster is attached. DMAS also invited representatives from sister agencies including the Department of Behavioral Health and Developmental Services, Virginia Department of Social Services, and Virginia Department of Health (VDH).

The Committee meets at least biannually.

## **Current Year Activities**

### ***Identifying Committee Priorities***

The MPMCL Committee held three face-to-face meetings in the past year: on December 4, 2017; June 14, 2018; and August 13, 2018. Prior to each of these full committee meetings, members received an agenda of topics for presentation and discussion.

The following topics were presented to the Committee:

- Updates of Medallion 4.0 Program
- DMAS Quality Strategy
- DMAS Quality Measures
- Emergency Department (ED) Care Coordination Program
- Addiction and Recovery Treatment Services (ARTS) Provider Resources
- Opportunities to Collaborate with Sister Agencies
- Medicaid Expansion; and
- Provider Engagement

The last topic provided stakeholders the opportunity to provide public testimony on their specific recommendations to improve outcomes for pregnant women, parents, and children in the Medallion 4.0 program.

## ***Updates of Medallion 4.0 Program***

At the December meeting, DMAS provided an update on the Medallion 4.0 program. Medallion 4.0 was implemented on August 1, 2018 and will cover approximately 740,000 Medicaid and FAMIS members once fully implemented in all six regions. Medallion 4.0 includes the following populations: pregnant women, infants, children and adolescents, foster care children, adults and individuals with Third Party Liability. The program focuses on maternal and child health innovations, expansion of networks, increases in well visits, wellness and prevention, and strong member and provider engagement. Medallion 4.0 has a strong focus on Continuous Quality Improvement (CQI) with compliance and reporting innovation, and quality, data and outcomes.

Medallion 4.0 will increase integration of behavioral health by including both Community Mental Health and Rehabilitation Services and Early Intervention as services administered by the Medicaid Managed Care plans. DMAS priorities for Medallion 4.0 are engaging health systems and stakeholders, providing holistic and integrated care to members, adding new services and populations, and flexible delivery systems and innovative payment models.

DMAS announced at the June meeting that the Medallion 4.0 contract was awarded to six health plans: Aetna, Anthem, United, Magellan, Optima, and Virginia Premier.

The regional implementation for Medallion 4.0 began on August 1, 2018 in the Tidewater region and will finish on December 1, 2018 in Roanoke and the Far Southwest.

The goal and expectations of Medallion 4.0 are to improve the quality of life and health outcomes for enrolled individuals.

### ***Emergency Department Care Coordination Program***

At the December meeting, Connect Virginia presented information to the Committee on the Emergency Department Care Coordination (EDCC) Technology Solution. The objectives are to reduce the number of ED visits by high volume utilizers, improve the quality of care, avoid duplications of prescriptions and use data and analytics to better understand the health needs of members. The 2017 legislation and budget language passed by the General Assembly required the VDH to implement and oversee the requirements of the

legislation with a third party non-profit entity. VDH contracted with Connect Virginia to implement the EDCC. Connect Virginia also established the ED Advisory Council, comprised of representatives from health systems, providers, and health plans. The EDCC provides a statewide technology solution that connects all hospital EDs to facilitate real-time communication and collaboration among health care providers. The rollout for the program is in two phases with phase one set for January 1, 2018 to June 29, 2018 and Phase 2 to occur on June 30, 2019-June 30, 2020. Phase 1 will achieve the onboarding of all Emergency Departments in the Commonwealth and all six Medicaid health plans. Phase 2 will onboard all Medicare Advantage health plans, the state employee health insurance plan, and the non-ERISA (Employee Retirement Income Security Act of 1974) commercial plans. DMAS and VDH secured HITECH funding for the EDCC technology solution from the Centers for Medicare and Medicaid Services.

The Committee reviewed the goals of the EDCC project and discussed how they can build upon the new technology solution in the future to improve outcomes for Medicaid members. The Committee discussed how the EDCC Program aims to improve individuals' health by providing information, which assists providers in proactively redirecting their care and connecting them to more appropriate primary care settings. Five percent of patients account for nearly 25 percent of all ED visits in the United States. These high utilizers of the ED services typically do not receive the right care, with the right provider, at the right time – or at the right price. High utilizers often present to the ED with low acuity, chronic health concerns which are less appropriately addressed in the ED, which is designed to care for acute, episodic and emergent health conditions.

Establishing comprehensive primary care relationships with these individuals will reduce ED visits and decrease hospital costs, while providing the right care in the best setting for the patient. Ultimately, a member's relationship with their primary care providers will be supported and strengthened, leading to improved adherence to treatment recommendations and continuity of care. Reinforcement of the proper use of the health care delivery system teaches and enables participants to get their needs met by making informed decisions and directly accessing appropriate care.

The MPMCLC members expressed interest in working together after implementation of the technology solution. Specifically, the Committee is interested in using the

real-time ED admission data to define shared care coordination models for ED high utilizers. This will include more clearly defining the role of the primary care physician, Emergency Department physician and social worker, and MCO case managers in coordinating care and achieving the best outcomes for members.

### ***Common Core Formulary***

At the December meeting, DMAS provided an update on the Common Core Formulary (CCF), a major reform requested and strongly supported by the MPMCLC. The CCF requires all the Medicaid health plans to cover all of the preferred drugs on the DMAS Fee-for-Service formulary without imposing additional restrictions or Prior Authorizations. The goal of the CCF is to improve continuity of medications for patients and decrease administrative burden for providers and pharmacists. DMAS shared that after implementation of Medallion 4.0 is complete in December 2018, the CCF will be in effect across all Medicaid health plans in both the Medallion 4.0 and CCC Plus programs.

### ***Update on Addiction and Recovery Treatment Services (ARTS) Program***

At the December meeting, DMAS shared an update on the current status of the ARTS program including network adequacy maps demonstrating that ARTS program has resulted in over 400 new provider organizations providing Substance Use Disorder (SUD) treatment to Medicaid members. Outcomes from the independent evaluation by VCU researchers include a 50 percent increase in the number of members with SUD receiving treatment and a 30 percent decrease in the number of ED visits for Medicaid members with a SUD in the first 5 months of the ARTS program compared to the same time period before ARTS. The next major initiative for ARTS is to initiate a Project ECHO for ARTS Preferred Office Based Opioid Treatment (OBOTs) providers and continue to increase the ARTS provider networks. ARTS Preferred OBOTs are outpatient clinics that provide medication counseling and high touch care coordination to Medicaid members with Opioid Use Disorder. Project ECHO is a collaboration with DMAS and the Virginia Department of Health (VDH), which hosts a biweekly virtual "live" Preferred OBOT Learning Collaborative/TeleECHO Clinic for Preferred OBOTs. Topics covered include Medication Assisted Treatment options for Opioid Use Disorder and other Substance Use Disorders, evidence-based counseling, and other relevant education and best practices surrounding the treatment of SUD. The Project ECHO virtual sessions also include a case presentation by a Preferred OBOT



clinician to expert addiction physicians to advise on the best clinical care for patients.

DMAS shared updates to the ARTS page on the DMAS website including provider resources such as referral lists of ARTS providers and a google map tool that allows providers to search for ARTS providers.

### **Virginia Medicaid Quality Strategy**

DMAS presented on the agency-wide DMAS Quality Strategy at the December meeting. This strategy was developed in accordance with the Code of Federal Regulations (CFR), specifically CFR §438.340(a). This strategy provides a framework for quality measurement for the Managed Care plans in both the Medallion 4.0 and the CCC Plus program. There are three major aspects to the strategy including:

1. Harmonized measures that include patient experience, reported outcome, care process and clinical outcome measures.
2. Patient centered and provides a holistic and comprehensive view of the individual's well-being.
3. Driving better outcomes to accelerate improvement against established individual and public health goals.

### **Virginia Medicaid Quality Measures**

DMAS presented on a Quality Dashboard Framework with four health aims including: 1) increase wellness and prevention; 2) promote an integrated system of care; 3) focus on screening and prevention; and 4) achieve healthier pregnancies and births and maximize wellbeing across the lifespan. The goal is to foster collaboration between providers and health plans who will need to be aligned and work on the same measures to improve the health of the Medicaid population.

DMAS requested feedback from the plans and providers on the measures in the Quality Dashboard Framework. The MPMCLC members discussed various quality measures for disease states such as Diabetes, Hypertension and Heart Disease. They requested DMAS clarify the intent of the data dashboards and the functionality. DMAS is in the process of the data requirements gathering phase with the goal of developing dashboards that will go live in late 2019. The Committee members also requested clear definitions of measures such as timeliness and prenatal care and recommended that claim and Medical Record review for these measures is collected data.

The MPMCLC's major recommendation is that DMAS create reports for providers with their performance on quality measures across all Medicaid health plans and Fee-for-Service and super-utilizer dashboards that identify their highest utilizing patients across all the plans and Fee-For-Service.

### **Medicaid Expansion**

At the June meeting, Dr. Jennifer Lee, DMAS Director, presented an overview of Virginia's Medicaid Expansion. She shared that the Cover Virginia website ([www.coverva.org](http://www.coverva.org)) is the primary source of information about eligibility for Medicaid expansion. Medicaid Expansion will provide health care coverage for up to 400,000 low-income adults ages 19-64. Those eligible will have an income at or below 0-138 percent of the Federal poverty level and cannot be enrolled in or eligible for Medicare.

Members eligible under Medicaid expansion will receive the comprehensive Medicaid benefit including physician and hospital services, pharmacy, community mental health, and ARTS services. The benefit will also cover federally mandated preventive and wellness care services and adult vaccines recommended by the United States Preventive Services Task Force and Centers for Disease Control for the adult expansion population.

### **Opportunities to Collaborate with Sister Agencies**

Representatives from several agencies provided presentations on opportunities for DMAS to collaborate with their individual agencies to improve the health of the Medicaid population.

Shannon Purcell, Maternal Infant Health Coordinator at the VDH, presented on *Opportunities to Collaborate with VDH*. VDH's Maternal and Child Health initiatives were reviewed for each population. Challenges include access to care (some localities have no providers) and health literacy for members with less than an 8th grade reading level or English is their second language.

Sherry Sinclair, Benefits Division at Virginia Department of Social Services (VDSS) presented *Opportunities to Collaborate with VDSS*. She shared that a key VDSS goal is to have more local DSS agencies place Medicaid eligibility workers in Community Service Boards (CSBs) and mental health facilities.

Mellie Randall, Director of Substance Abuse Services at the Department of Behavioral Health and Developmental

Services (DBHDS), presented information on DBHDS programs available for individuals with Substance Use Disorder including five residential treatment programs for mothers with dependent children. She also presented on programs including Project Link, Federal State Targeted Response grants for the opioid crisis, the Adverse Childhood Experiences program, and other Substance Abuse Mental Health Services Administration (SAMHSA) grants to address SUD. Additional information regarding these programs can be found at the following link: <http://www.dbhds.virginia.gov/developmental-services/substance-abuse-services>

Catherine Hancock, Director of Early Intervention Services at DBHDS provided an overview of Early Intervention Services that are available for children from birth through age three.

### ***Provider Engagement***

The August MPMCLC meeting focused on the engagement of the Commonwealth's provider base in expansion efforts. The meeting was well attended by a large, diverse group of provider stakeholders.

Dr. Kate Neuhausen, DMAS Chief Medical Officer, gave a preview of a presentation called *Medicaid Expansion: What Providers Need to Know* that will be shared at eleven provider town halls co-sponsored by all the major provider organizations and hosted by hospitals across the Commonwealth. The presentation highlighted recent Medicaid reforms with potential benefits for providers and members, including EDCC, ARTS and the CCF. At the conclusion of the presentation, the attendees were asked to consider how the Commonwealth can best communicate and partner with the provider community in support of this new initiative and new population.

The Committee was then joined by Secretary of Health and Human Resources, Dr. Daniel Carey, who asked for the provider representatives' feedback on both the presentation and the broader barriers to provider engagement with the Medicaid program.

Feedback included the suggestion that the phrase "Medicaid expansion" be clearly utilized with provider audiences, who often have an existing familiarity with the initiative and desire transparency. Providers also

expressed a high level of frustration with challenges in the credentialing process. In response, DMAS has begun researching policies and models that have proven successful in other states that require managed care organizations to carry NCQA-accreditation.

Providers also communicated a concern that auto-enrollment practices and lack of knowledge could sever existing provider-patient relationships, if patients were unaware of their responsibilities in selecting a plan with which the provider had contracted. They suggested that DMAS create a one-page document detailing this process, which could be provided to the patient when identified as a potential expansion enrollee, along with other enrollment information.

DMAS also presented a Medicaid Expansion Provider Toolkit and a Frequently Asked Questions document to the MPCMPL and obtained feedback from the MPMCLC regarding the format and content of the Toolkit.

### **Summary**

The MPMCLC continues to work closely with the provider community to obtain their input and feedback on upcoming major changes within DMAS and implementation of new programs such as Medallion 4.0, and Medicaid expansion, the goal is to build communication and collaboration between health plans and providers with the goal of improving quality and decreasing costs for members. The Committee members agreed to continue to support the EDCC Initiative, collaborate with DMAS on the future development of quality dashboards and super-utilizer dashboards for providers, and to continue to address the opioid epidemic.

# Medicaid Physician & Managed Care Liaison Committee Members

11/1/2018

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## Medicaid Physician &amp; Managed Care Liaison Committee Members

11/1/2018

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