



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

JENNIFER S. LEE, M.D.
DIRECTOR

August 23, 2019


SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

MEMORANDUM

TO: 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

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

SUBJECT: Medicaid Provider and Managed Care Liaison Committee

This report is submitted in compliance with the Virginia Acts of the Assembly – The 2018
Appropriation Act, Item 303 QQ, which 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 Pediatrics – 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 each year".

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

JSL/[CB]

Enclosure

Pc: The Honorable Daniel Carey, M.D., Secretary of Health and Human Resources

Medicaid Provider and Managed Care Liaison Committee – FY-2019

A Report to the Virginia General Assembly

October 1, 2019

Report Mandate:

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 each year”.

DMAS' mission is to improve the health and well-being of Virginians through access to high-quality health care coverage.

DMAS administers Virginia's Medicaid and CHIP programs. Through the Medallion 4.0 and Commonwealth Coordinated Care (CCC) Plus managed care programs, more than 1 million Virginians access primary and specialty health services, inpatient care, behavioral health, and addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to close to 400,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives a dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90 percent for newly eligible adults, generating cost savings that benefit the overall state budget.

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 MPMCLC Committee met most recently on August 13, 2018 and July 1, 2019. The next meeting will be held on September 24, 2019. Prior to this full committee meeting, members received an agenda of topics for presentation and discussion.

The following topics were presented to the Committee:

- Addiction and Recovery Treatment Services (ARTS);
- Emergency Department Care Coordination Program (EDCC)
- Updates of Medicaid Expansion
- Updates of Medallion 4.0; and
- Provider Engagement

The last topic provided stakeholders the opportunity to provide public testimony on their specific recommendations for next Steps and Priorities for MPMCLC.

Update on Addiction and Recovery Treatment Services (ARTS) Program

At the July meeting, DMAS shared an update on the current status of the ARTS program including highlights

from the first 15 months. Outcomes from the independent evaluation by Virginia Commonwealth University (VCU) researchers shows more Medicaid members are receiving treatment for all Substance Use Disorders (SUD), including Opioid Use Disorder (OUD). Since the initiation of the ARTS program in April 2017, there has been a 104% increase in the number of members with a SUD receiving treatment. The number of members with an OUD receiving treatment has increased 80%.

DMAS has identified four strategies to address the Opioid epidemic. These are 1). reduce the risk of Addiction and Overdose; 2). increase access to Medication Assisted Treatment (MAT); 3). reduce the stigma of OUD; and, focus on priority populations at high risk for overdose and poor outcomes. The priority populations have been identified as pregnant women, those released from jail and prison, and those being discharged from an acute care setting, Emergency Department, and in-patient rehabilitation.

DMAS shared ways to become part of the solution such as better identification of members through screening, robust referral, and training of providers to become Buprenorphine waivered. Institutions should support evidence-based SUD treatment throughout the healthcare system so that "every door is the right door." The goal is to remove stigma and provide avenues for treatment.

Emergency Department Care Coordination

Connect Virginia presented an overview and update of this program. As of June 30, 2018, phase 1 of the EDCC has all 129 hospitals in Virginia receiving real time alerts. In all but four health systems, EDCC is integrated with the Electronic Medical Record (EMR). The six Medicaid MCOs are receiving care coordination for their members presenting to the Emergency Department (ED), and the EDs are getting data from the Virginia Prescription Monitoring Programs and Virginia Advance Health Care Directives Registry.

As of June 30, 2019, phase two of the EDCC, which included onboarding of all Medicare Advantage health plans, commercial health plans and the state employee health insurance plan, is almost complete. This excludes the ERISA (Employee Retirement Income Security Act of 1974) commercial plans. Connect Virginia has begun the process of getting providers such as Community Service Boards, Federally Qualified Health Centers,

post-acute care facilities such as nursing homes, and behavioral health facilities on board.

As of March 2019, there are over 1,038 active users.

Rates of the past year acute care utilization for patients in the state of Virginia was broken down into four categories. As of March 2019, extreme acute care utilization (100+ encounters per year) for 45 patients totaled 6,195 encounters; super utilization (50-99 encounters per year) for 234 patients totaled 14,167 encounters; high utilization (20-49 encounters) for 2,389 patients totaled 62,900 encounters per year; and, rising risk (10-19 encounters) totaled 14,698 patients for a total of 179,235 encounters per year.

The EDCC remains focused on better identifying and meeting the needs of individuals who are high utilizers of acute care services.

Updates of Medicaid Expansion

DMAS provided an update on Medicaid Expansion, which began January 1, 2019. Virginia expanded Medicaid coverage to adults with an income \leq 138% of the Federal Poverty Limit (FPL). As of July 2019, Medicaid has enrolled over 290,000 newly eligible adults. Of those enrollees, 39% are male, 61% female, 45% are 19-34 years of age, 39% are 35-54 years of age and 16% are 55+ years of age.

DMAS is in the early stages of understanding the needs of these new members of the Medicaid program. This includes assessing the program to determine if there are needed changes to better serve this population.

A public dashboard has been created to track expanded enrollment. Two additional dashboards are also planned for the future. One will track the enrollment of the total Medicaid population and will stratify by coverage group. The second dashboard will track the utilization of the Medicaid expansion population. This will help provide insight into the diagnoses and types of services being received.

A review of claims data from January and February of 2019 shows more than 175,000 Medicaid expansion members have visited a provider, and more than 81,000 expansion members have received a prescription.

DMAS is currently working with VCU to conduct two ongoing surveys. One study is focused on understanding the health needs of new expansion adults prior to

Medicaid enrollment. The second survey is intended to provide insights into Virginia's primary care workforce.

The primary care workforce in Virginia has 1,622 adult primary care practices. Of the primary care practices, which responded to the survey, 75% accept Medicaid patients, and 58% are accepting new Medicaid patients. The top three self-reported factors influencing the decision for a primary care practice to accept more Medicaid patients are: 1) reimbursement rate, 2) reimbursement timeliness and 3) prior authorization requirements.

DMAS hopes to partner with the committee to better understand and meet the needs of Medicaid members and their healthcare providers.

Updates of Medallion 4.0 Program

The regional implementation of Medallion 4.0 was completed December 2018, affecting 750,000 Virginians. Medallion 4.0 focuses on member-centric care for a number of populations including pregnant women, infants, children, parents/caregivers, and expansion adults.

The primary focus of the Medallion 4.0 program is improving the quality of life and health outcomes for all enrolled members. It is a member-focused program that values choice and access to care.

A number of methods were created to help members better access the Medallion 4.0 program. These methods include a Managed Care Helpline, a Managed Care website, and Managed Care smartphone applications which make it easy for a member to select a plan, change plans, and find a provider.

There are numerous new and ongoing initiatives within the Medallion 4.0 program. For this year, the top three initiatives are focused on children engaged with the foster care system, the Centers for Disease Control (CDC) 6/18 initiative, and Maternal/Child Health.

There are approximately 5,000 foster care children currently in the Medallion 4.0 program. In order to improve outcomes for these children, DMAS will work with the Department of Social Services and the Youth Commission to focus on outreach, and support to foster parents and eligibility workers. One of the primary goals is looking into how to transition children as their fostering relationships near an end.

The 6/18 initiative is supported by the Centers for Disease Control and targets six common and costly health conditions with 18 proven interventions. DMAS is partnering with Virginia Department of Health in the 6/18 initiative to enhance preventive health care and increase smoking cessation especially among the pregnant population.

The third initiative is focused on reducing maternal and infant morbidity and mortality. Virginia is one of eight states chosen to take part in the National Academy for Health Policy Maternal Child Health Policy Innovation Program (NASHP MCH PIP).

This is a 2-year Policy Academy through which DMAS will be working across agencies and sectors to identify, promote and advance innovative, state-level policy initiatives to improve access to care for Medicaid eligible pregnant and parenting women with or at risk of SUD and/or other mental health conditions.

Provider Engagement

Dr. Chethan Bachireddy, the DMAS Chief Medical Officer, shared with the MPMCL committee members his plan to have future meetings based on topics the members identified as being most important. The members were asked to identify three topics for future discussion. The top issues are related to access to behavioral healthcare and primary care and addressing the community-level social drivers and individual-level social needs of patients to improve health.

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. With the implementation of Medallion 4.0 and Medicaid expansion, the goal remains to build communication and collaboration between health plans and providers. The Committee members provided excellent suggestions for future topics of interest with the goal of improving quality of care and decreasing costs for members. The next meeting will be held on September 24, 2019.