



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

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August 31, 2020

MEMORANDUM

TO: The Honorable Janet D. Howell
 Chair, Senate Finance Committee

 The Honorable Luke E. Torian
 Chair, House Appropriations Committee

 The Honorable Mark D. Sickles
 Vice Chair, House Appropriations Committee

 Dan Timberlake
 Director, Department of Planning and Budget

 Michael Cook
 Chair, Board of Medical Assistance Services

FROM: Karen Kimsey
 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 2020 Appropriation Act, Item 313.PP., 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 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."

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

KK/cb

Enclosure

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

Medicaid Provider and Managed Care Liaison Committee – FY-2020

A Report to the Virginia General Assembly

October 1, 2020

Report Mandate:

The 2020 Appropriation Act, Item 313 PP, states:

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DMAS’s 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 for more than 1.6 million Virginians. Members have access to primary and specialty health services, inpatient care, behavioral health as well as 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 more than 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 met most recently on September 24, 2019 and July 13, 2020. The next meeting will be held on September 14, 2020. Prior to this full committee meeting, members received an agenda of topics for presentation and discussion.

The following topics were presented to the Committee:

- Behavioral Health Enhancements
- Maternal Health
- Telehealth
- Emergency Department Care Coordination Program (EDCC)
- Immunizations
- Partnering for a Healthy Virginia; 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.

Behavioral Health Enhancement

At the September meeting, the DMAS Behavioral Health Director shared an update on the status of the Behavioral Health Enhancement proposal. The vision of the proposal is to implement a fully-integrated continuum

of Behavioral Health services to provide care to Medicaid members. It will focus on access to services that are high-quality, evidence-based, trauma-informed and cost-effective. This proposal provides alternatives to state psychiatric admissions and offers step-down resources not currently available in the continuum of care. There has been demonstrated cost-efficiency and value in other states.

Thus far, there are six high-quality, high-intensity and evidence-based priorities which have been identified such as expanding access to Partial Hospital Programs and Intensive Outpatient Programs, funding for assertive community treatment, implementation of multi-systemic therapy and functional family therapy as well as expansion of comprehensive crisis services. To make this vision a reality will require state approval from the General Assembly and federal approval from the Centers for Medicare and Medicaid Services (CMS).

Maternal and Infant Mortality

DMAS discussed both maternal and infant mortality as it aligns with the Governor's goal to reduce and eventually eliminate racial disparities in this important health outcome.

The current rate of maternal mortality is worse than it was 25 years ago and worse in the United States than in comparable high-income countries. There are also disparities in the rate of infant mortality. African American infants across the country are twice as likely to die in the first year of life compared to Hispanic, White and Asian infants.

Further discussion on this topic is needed to develop strategies to improve quality of care, enhance patient experience, support clinicians, and ultimately reduce racial disparities.

Telehealth

DMAS provided an overview of telehealth-related flexibilities that were put into place in response to COVID-19. Key policies included: allowing a patient's home as an originating site of service; payment parity between telehealth and in-person visits; and expanded authorization of telehealth modalities to include audio only, remote patient monitoring and interprofessional consultation including eConsults. Data indicated that over 2,000 providers delivered telemedicine to over 98,000 Medicaid members, with behavioral health services accounting for much of the increased use of telehealth and a rapid uptake in rural-dwelling and African American members. In light of positive feedback

on telehealth policies, DMAS is in the process of learning how telehealth services have been implemented and how they can be improved.

Emergency Department (ED) Care Coordination

Virginia Health Information (VHI) presented an overview and update of this program. As of June 2019, all State Employee Health Plans, Medicare, and Commercial plans operating in VA excluding Employee Retirement Income Security Act of 1974 (ERISA) had been on-boarded. There are ongoing efforts to on-board downstream providers including primary care, Community Services Boards (CSBs), Federally Qualified Health Centers (FQHCs), nursing facilities, post-acute, social workers, specialty care, behavioral health located across the state.

As of June 13, 2020, all Medicaid, Medicare and commercial health plans, nine FQHCs, five CSBs, nine downstream providers with multiple locations, and 20 post-acute care facilities across the state were on-boarded with over 35 more facilities and entities in progress. Training of all staff using the software is an ongoing process.

Data collected over the past 12 months on patients with persistent patterns of high emergency room (ER) utilization indicated that the number of visits range from >10 ED/year (“rising risk”, with the median being 11) to over 100 visits/year (“extreme utilization”, with the median being 130). As utilization increases, the percentage of members with a behavioral health diagnosis increases. The data also capture information on patients in the ED who are suspected to be homeless.

During COVID-19, the EDCC has focused on opportunities to support frontline providers. Data analysis is focused on understanding trends in COVID-19 cases. Reports are shared with the MCOs to help them care for their members. VHI is currently working with VDH to use lab data information to alert the ED if a patient has tested positive or has a pending test result. Thus far, there have been 28,276 total visits by patients with a COVID-19 diagnosis.

The EDCC remains focused on better identifying and meeting the needs of individuals who are high utilizers of acute care services. The data provide the opportunity to use this tool to identify social and health risks and work down-stream to present data in an accurate, timely, and meaningful way to help translate data into action.

Immunizations

The Virginia Department of Health (VDH) presented on changes in immunization rates during COVID-19. Since March and April 2020, there has been a steep decrease in vaccine ordering in the Vaccines for Children (VFC) program. Local health departments have experienced the greatest decline in vaccine ordering followed by free clinics, FQHCs, Rural Health Clinics (RHCs), public hospitals and private practices.

Compared to this time last year, immunization rates have decreased for all age ranges. The stay at home order affected the number of vaccines provided. During the initial months of COVID-19, the Centers for Disease Control (CDC) recommended prioritization of vaccine administration for those members 24 months or younger.

With the restrictions related to COVID-19 easing, childhood immunizations are increasing as patients begin to come back to their providers.

Receiving the Influenza vaccine is more important this year. VDH is increasing its influenza vaccine orders to ensure access to adults, especially the older population.

A COVID-19 vaccine is currently undergoing investigation. VDH is working with their vaccine unit to monitor. Under a best-case scenario, COVID-19 vaccines may be available as early as Fall, 2020 but not widely available until January, 2021. VDH is encouraging providers to enroll in the Virginia Immunization Information System (VIIS) program now in anticipation of the COVID-19 vaccine.

Partnering for a Healthy Virginia

The VHHA presented on Partnership for a Healthy Virginia (PHV), whose vision is to ensure that every Virginian has a fair and equitable opportunity to achieve optimal health. PHV’s strategic priorities are to improve the effective use of data, foster multisector collaboration, and encourage evidence-based investments to address the root causes of population health.

Key actions being taken to improve the effective use of data include developing a standardized Social Determinants of Health (SDOH) tool, as well as facilitating a Commonwealth-wide e-referral platform with connectors to help patients reach services outside the hospital. Unite Us – an outcome-focused e-referral platform to identify and address the needs of the community – is designed to allow a better understanding of gaps in services and help direct funds in a strategic

manner by providing multi-directional referrals and utilizes connectors (e.g., Community Health Workers) to link patients to community resources. The intent is to provide a coordinated care platform focusing on SDOH-related barriers, such as appointment no-shows due to lack of transportation, delayed discharges from the hospital due to SDOH needs as well as readmissions and delayed discharges for members unable to return home.

Provider Engagement

Dr. Chethan Bachireddy, the DMAS Chief Medical Officer, invited the MPMCLC committee members to focus on health equity within their organizations and communities especially in light of the significant disparities revealed during the COVID-19 pandemic. Upcoming meetings will focus on how the MPMCLC members can take specific action to advance health equity through their own organizations.

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. The COVID-19 pandemic has sharpened the MPMCLC's focus on health equity. The goal remains to improve the access to health care for all Virginians across the Commonwealth. A meeting for September 14, 2020, was set at the time of the July meeting.