



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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August 25, 2021

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, MSW
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-2021

A Report to the Virginia General Assembly

October 1, 2021

Report Mandate:

The 2021 Appropriation Act, Item 313 PP, 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”.

About DMAS and Medicaid

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 1.8 million Virginians. Members have access to primary and specialty health services, inpatient care, dental, 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 500,000 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 Physician and Managed Care Liaison Committee (MPMCLC) 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. 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 bi-annually.

Current Year Activities

Identifying Committee Priorities

The MPMCLC met most recently on September 21, 2020 and July 29, 2021. The next meeting will be held on October 21, 2021. Prior to MPMCLC committee meetings, members received an agenda of topics for presentation and discussion.

The following topics were presented to the Committee:

- Advancing Health Equity
- Quality Strategy
- Increasing Flu Vaccinations during COVID-19
- Emergency Department Care Coordination Program (EDCC)
- Complex Hospital Discharges
- Provider Engagement

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

Advancing Health Equity

At the September meeting, the DMAS Office of the Chief Medical Officer (OCMO) presented information on results of a Health Equity survey sent to MPMCLC participants, the MPMCLC's role in improving health equity among Medicaid members and the development

of Health Equity as a strategic priority. Responses received by associations, MCOs, state agencies, and health systems addressed: how improved health equity among Medicaid members would help participants' organization better achieve their mission; programmatic, operational, regulatory and policy actions Medicaid can take towards achieving health equity among Medicaid members; actions DMAS, MCOs and other organizations can take to better collaborate on increasing health equity among Medicaid members; and the role that the MPMCLC can play in improving health equity among Medicaid members.

Quality Strategy

The DMAS office of Quality and Population Health presented the DMAS 2020 – 2022 Quality strategy. Federal Regulation 42 CFR §483.340 requires each state Medicaid agency contracting with a MCO to draft and implement a 3-year written quality strategy for assessing and improving the quality of healthcare and services provided by both the MCOs and Fee for Service (FFS) populations. DMAS' Quality Strategy has four central aims: enhanced member care experience; effective patient care; smarter spending and use of health care dollars; and improved population health. Metrics are used to measure the progress of the specific interventions.

The MPMCLC was engaged in this process in order to learn more about the work being done and hear feedback on the strategy. Regular and ongoing involvement of the MPMCLC was requested to provide evaluation and feedback on this strategy with the goal of ensuring access to care, provider support, and high-value services.

Increasing Flu Vaccinations during COVID-19

The DMAS OCMO presented on strategies to increase flu vaccinations during the COVID-19 pandemic. In light of historical flu vaccination rates in Virginia that are below the national average and the possibility that a surge in flu cases could overwhelm health systems already taxed by COVID-19, a variety of approaches to increasing flu vaccine uptake were presented and discussed. Approaches included text message reminders, drive-thru vaccination clinics, and opt-out appointments.

Emergency Department Care Coordination for Substance Use Disorder

Drug overdose deaths in Virginia increased more than 40% from 2019 to 2020, resulting in 2,187 deaths and making 2020 the deadliest year on record for overdose deaths. A substantial fraction of these deaths occur among individuals who present to the Emergency Department (ED) after a nonfatal overdose. Nonfatal overdoses are crises and opportunities to engage individuals in treatment with medications for opioid use disorder (MOUD). MOUD, such as buprenorphine, can reduce the risk of death among this population by more than 50%. Starting buprenorphine in the ED can more than double engagement in outpatient addiction treatment compared to referral alone. However, only a small fraction of EDs engage in this evidence-based practice.

In Virginia, the Carilion Clinic has pioneered such a model. The Chair of the Carilion Emergency Department presented on the Carilion Bridge to ED program. Under this bridge-to-treatment program, the ED makes MOUD available to patients on a short-term basis, and partners with Office Based Opioid Treatment (OBOT) providers to provide outpatient services over the longer-term. Challenges to implementing a bridge program include reluctance of ED physicians to engage in addiction treatment, effectively establishing common working norms for partnerships with OBOT partners, and addressing concerns that a bridge program increases the work load on an already busy ED. Operational considerations for a successful bridge program include availability of a buprenorphine-waivered provider on-site or on-call, lab testing, assessment of withdrawal symptoms, consultation with peer recovery specialists, and coordinating with social work, peer recovery specialists, and case management for follow-up visits and outpatient care.

Complex Hospital Discharges

The Virginia Hospital and Health System Association (VHHA) presented on the issue of complex discharges from the hospital. VHHA indicated that its member health systems have reported challenges in securing suitable discharge placements for a handful of hospitalized patients – including members with Medicaid, Medicare, and commercial health insurance – which has resulted in avoidable readmissions and lengthy admissions lasting longer than medically necessary. Contributing characteristics to complex hospital discharges include financial, medical, behavioral and social factors. One example was a patient with morbid obesity, serious

mental illness, a resolving infection, and functional limitations, for whom routine non-acute care was resource-intensive but did not require a hospital stay. Proposed solutions included ensuring a formalized suite of regional strategies and partnerships with MCOs, health systems, and facilities for these cases, exploring housing needs for this population, and exploring coverage for memory care services under Medicaid/LTSS.

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. The focus for upcoming meetings will be more deeply understanding the concrete actions organizations are taking to advance health equity. A short survey will be sent to the members addressing this topic.

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 addressing the overdose crisis and advancing health equity. The goal remains to improve access to high-quality and high-value health care for all Medicaid members across the Commonwealth. A meeting for October, 2021, was set at the time of the July, 2021 meeting.