



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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December 9, 2022

MEMORANDUM

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

The Honorable Barry D. Knight
Chair, House Appropriations Committee

Michael Maul
Director, Department of Planning and Budget

FROM: Cheryl Roberts
Director, Virginia Department of Medical Assistance Services

SUBJECT: Annual Report: Medicaid Physician and Managed Care Liaison Committee -
FY2022

This report is submitted in compliance with Item 304.AA of the 2022 Appropriations Act, 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 and Appropriations 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 804-664-2660.

CR/WF
Enclosure

Pc: The Honorable John Littel, Secretary of Health and Human Resources

Medicaid Physician and Managed Care Liaison Committee – FY-2022

A Report to the Virginia General Assembly

December 9, 2022

Report Mandate:

The 2022 Appropriation Act, Item 304.AA, states:

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The mission of the Virginia Medicaid agency is to improve the health and well-being of Virginians through access to high-quality health care coverage.

The Department of Medical Assistance Services (DMAS) administers Virginia's Medicaid and CHIP programs for over 2 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 600,000 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% 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 biannually.

Current Year Activities

Identifying Committee Priorities

The MPMCLC met most recently on October 21, 2021 and August 2, 2022. The next meeting will be held in October, 2022. Prior to MPMCLC committee meetings, members received an agenda of topics for presentation and discussion.

The following topics were presented to the Committee:

- Medicaid program updates on pharmacy, maternal and child health, mobile vision, telehealth and preventive services
- Emergency Department Care Coordination Program (EDCC)
- Emergency Department Virtual Addiction Bridge Clinic model

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

Medicaid Pharmacy Program Updates

At the October, 2021 meeting, the DMAS Office of the Chief Medical Officer (OCMO) shared information on recent developments to policies on Hepatitis C and HIV. Statewide, Hepatitis C infections doubled between 2013

and 2017. Nationwide, a high percentage of individuals (45%) remain unaware of their diagnosis of Hepatitis C. Hepatitis C therapeutics have advanced to the point where Hepatitis C is largely curable after 8-12 weeks of treatment with antivirals. The number of patients receiving treatment increased significantly between 2018 and 2020 in large part due to Medicaid Expansion. However, the treatment rate (treated / those eligible for treatment) increased only modestly between 2018 and 2020 (from 20% to 21%). Since 2017, through consultation with the Pharmacy and Therapeutics Committee, Virginia Medicaid has improved access to Hepatitis C treatment through the addition of new treatments and the removal of administrative barriers. Beginning in January 2022, the prior authorization was removed for preferred Hepatitis C medications in the fee-for-service program (FFS) and all six managed care organizations (MCOs).

In terms of HIV, data indicated that one in four Medicaid members diagnosed with HIV were not receiving evidence-based and life-saving antiretroviral medication. Through collaboration with Virginia Department of Health, community-based stakeholders, the Pharmacy and Therapeutics Committee, DMAS implemented policies to improve access to HIV medications. Beginning in January 2022, the HIV medication formulary was standardized across the entire Medicaid program including FFS and the six MCOs. Prior authorization has been removed for most HIV medications to facilitate rapid initiation and continued engagement in treatment.

At the August 2022 meeting, DMAS staff presented information on initiatives stemming from the 2022 General Assembly. These included: expanding coverage of preventive services to adult Medicaid members; providing mobile vision services to children; and expanding telehealth by authorizing an additional Remote Patient Monitoring service and Emergency Medical Services agencies to be reimbursed a telehealth “originating site fee”.

Maternal and Child Health Program Updates

FAMIS Prenatal Coverage

Coverage for pregnant individuals regardless of immigration status began July 2021 and includes, *inter alia*: prenatal checkups, screening and testing; labor and delivery; prescription medication; dental coverage; and behavioral health care.

Baby Steps VA

Baby Steps VA brings together DMAS staff and external stakeholders on a bi-monthly basis to focus on strategies to access and utilize available services while addressing health disparities.

Maternal and Child Health Policy Innovation Program

As part of a National Academy for State Health Policy (NASHP) two-year policy academy addressing maternal mortality for Medicaid-eligible pregnant and parenting women, the Virginia team – which includes representatives from DMAS, VDH, MCOs, and local health districts – focuses on teen and postpartum engagement for pregnant women in the Petersburg area.

EDCC

General Assembly Workgroup

DMAS described the work of an EDCC workgroup mandated by the General Assembly to identify how to optimize and facilitate communication and collaboration across providers and care domains to improve the quality of care of Commonwealth citizens receiving ED services. The workgroup focused on system performance measures, identification of utilization trends and outcomes and system improvements, culminating in a General Assembly [report](#).

EDCC Enhancements

Virginia Health Information (VHI) and Collective Medical described three EDCC system enhancements made in 2021: 1) Collaboration and Coordination of Mental Health to alert users to and enable collaboration for patients with mental health needs across both acute and ambulatory settings; 2) Substance & Opioid Use Disorder (SUD/ODU) Management, to alert users to and support workflows related to patients suffering from SUD, and 3) Maternal Health, to alert users to pregnant women at risk for complications.

Emergency Department Virtual Addiction Bridge Clinic Model

Dr. Moeller of the Virginia Commonwealth University (VCU) Medical School presented information on the VCU health system's Emergency Department (ED) Virtual Addiction Bridge Clinic (ABC) For Opioid Use Disorder (OUD). The goals of this model are to provide next-day follow-up treatment for patients with opioid use disorder after an ED visit through a simple and fast ED referral process that provides effective, patient-centered care using a telehealth platform. Preliminary results from an analysis of the ABC model found substantial

increases in the percentage of patients seen by a provider within seven days and/or face-to-face in an outpatient clinic compared to ED patients without access to the ABC model.

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.