



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL ROBERTS
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
804/343-0634 (TDD)

October 20, 2023

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 -
FY2023

This report is submitted in compliance with Item 304.AA. of the 2023 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/wrf
Enclosure

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

Medicaid Physician and Managed Care Liaison Committee – FY-2023

A Report to the Virginia General Assembly

October 20, 2023

About DMAS and Medicaid

Report Mandate:

The 2023 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 700,000 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 an approximate 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).

Current Year Activities

Identifying Committee Priorities

The MPMCLC met on November 2, 2022, and August 2, 2023. The next meeting will be held in November 2023. Prior to MPMCLC committee meetings, members will receive a survey for input towards agenda topics, and the finalized agenda for presentation and discussion.

The following topics were presented to the Committee:

- Medicaid program updates on unwinding, Care's Act and PRSS/provider directory.
- MCO's presented on Coverage of Maternal Health Services
- Community Health Workers
- The MCO's shared testimonials of Provider partnership activities (see MCO Provider Partnerships)

In August 2023, the committee call to action and representation was reviewed and updated. Opportunity for public comment was provided.

Emergency Department Care Coordination

General Assembly Workgroup

DMAS has participated in the 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 emergency department (ED) services. The workgroup focused on system performance measures, identification of utilization trends and outcomes and system improvements. Currently there are 106 hospital emergency departments are participating on the network. All health plans (3.4 million lives), multiple clinics, Accountable Care Organization (ACOs), Managed Care Organizations (MCOs), Community Services Boards (CSBs), Federally Qualified Health Centers (FQHCs) and skilled nurse facilities are either fully onboard or under implementation.

EDCC Enhancements

The programs collaboration with PointClickCare (formerly Collective Platform) has afforded providers, MCO care teams, and DMAS with the ability to:

- Review COVID-19 lab result flagging and reporting functionality (implemented in early 2020)
- Access real-time ED and hospital encounter info integrated into existing workflows.
- Obtain patient demographic information, such as up-to-date phone numbers.
- Review details on patients' utilization history, care team, and care summaries
- Obtain information on the movement of patients after discharge and arrange for appropriate follow-up.
- Utilize a common collaboration platform for care team, and other healthcare providers on the network to share information on common high-risk patients.

- Access a single, statewide real-time communication and collaboration program among healthcare providers, clinical and care management personnel for patients receiving services in Virginia for the purpose of improving the quality of patient care services.

*Source: [Emergency Department Care Coordination \(EDCC\) Program \(vhi.org\)](https://www.vhi.org/)

Medicaid Pharmacy Program Updates

Pharmacists as Providers Workgroup

DMAS regularly invites MCO Pharmacy Directors and relevant staff in addition to various stakeholders to collaborate on enrolling pharmacists as providers. This meeting allows DMAS to share updates on the program while soliciting their feedback. This collaborative effort will result in expanded access to care for Virginians.

Virginia Pharmacists Association

DMAS Pharmacy Team participated in the Virginia Pharmacists Association Mid-Year Conference to present to pharmacists from all across The Commonwealth on Suboxone access. DMAS presented with the DEA, SAMHSA, and the Virginia Board of Pharmacy.

High-Cost Drugs

DMAS has formed work groups and incorporated into joint MCO- Provider committees, tactics, and activities to ensure access to quality, evidence-based cost-effective pharmaceutical treatments for Medicaid beneficiaries. Recent collaboration on weight loss medications, new treatments for substance abuse, and gene therapies are just a few examples of successful partnership that have resulted in improved pharmaceutical oversight, cost stewardship, and access to quality care.

Managed Care Organization (MCO) and Provider Partnerships

Medicaid MCOs have initiated programs with University Health systems to help support care to complex patients, such as those with Sickle Cell Disease. The core intention of such program is to foster wrap-around collaborative care discussions. These programs bring Hospital Sickle Cell team (their physicians, social workers, and other care team members) to a regular cadence of rounds with the MCO medical directors, pharmacists, behavioral health, and physical medicine care coordinators. Such program has made a significant impact for many of the Sickle Cell patients shared by the organizations. Collaborative programs are currently being formed across the state and with other chronic disease.

MCO- Provider Partnerships have also created weekly post-acute challenging patient transition rounds with provider systems. These are task-oriented regularly occurring multidisciplinary meetings to educate and derive feasible, occasionally innovative transition solutions. These efforts aim to reduce readmission and promote quality of care for beneficiaries.

Behavioral Health

In April 2023, DMAS informed all health plans of the challenges faced by Multisystemic Therapy and Functional Family Therapy (MST/FFT) providers and requested strategies to sustain and increase access to MST/FFT services. One MCO partnered with Richmond Behavioral Health Authority to provide education to Care Coordinators about their services so that appropriate referrals are made and members have greater access to services.

Additionally, to promote the long-term success of MST and FFT, DMAS has begun several collaborative initiatives with providers, Medicaid MCOs and the Department of Behavioral Health and Developmental Services (DBHDS) to address the implementation challenges encountered by these services.

DMAS Behavioral Health (BH) Division staff held two meetings with the Medicaid MCOs to discuss MST/FFT challenges, discuss the possibility of Value-Based Purchasing for these services, and request the MCOs to consider maintaining a higher rate for all teams.

To reduce the administrative burden of duplicative documentation requirements, DMAS BH Division staff are collaborating with DBHDS and the national purveyors of these services to review required documentation, crosswalk to regulations, and make the requisite changes to minimize the amount of paperwork providers are obligated to complete.

DMAS BH Division staff coordinate a bi-monthly MCO Resolution Panel to facilitate resolution of issues between providers and the Medicaid MCOs.

The Behavioral Health Division maintains the ARTS and MHS Doing Business with the MCOs document on the Behavioral Health website at: <https://www.dmas.virginia.gov/for-providers/behavioral-health/provider-resources/> The document includes Medicaid MCO contacts and processes for providers to follow. This document is updated regularly so providers have up-to-date contacts and information necessary to provide BH services.

Next Steps

- Continued collaboration with providers and MCOs regarding benefits, utilization, and execution of community health worker programs.
- Regional provider summits - creating forums for providers, MCOs, and DMAS to educate, advocate, and activate on common initiatives.

The MPMCLC continues to achieve our goals of working with DMAS to investigate the implementation of quality, cost-effective health care initiatives by increasing provider participation in the Medicaid program. We continue to look for opportunities to work with the MCOs and provider community to remove administrative obstacles to quality, cost-effective patient care for all Medicaid members across the Commonwealth.