



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)
www.dmas.virginia.gov

October 1, 2024

MEMORANDUM

TO: The Honorable Louise L. Lucas
Chair, Senate Finance Committee

The Honorable Luke E. Torian
Chair, House Appropriations Committee

Michael Maul
Director, Virginia Department of Planning and Budget

Tim Hanold
Chair, Board of Medical Assistance Services

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

SUBJECT: Medicaid Physician and Managed Care Liaison Committee Annual Report

This report is submitted in compliance with Item 288.II. of the 2024 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 Janet V. Kelly, Secretary of Health and Human Resources

Annual Medicaid Physician and Managed Care Liaison Committee Report

October 2024

Report Mandate:

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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

The MPMCLC met quarterly in SFY2024 on Aug 2, 2023, December 18, 2023, March 19, 2024, and June 18, 2024. Topics covered during these meetings included maternal health services, maternal cardiovascular care, safeguarding patient data, patient care coordination, emergency department care coordination program, and the MCO's shared testimonials of provider partnership activities. The next meeting will be held on September 24, 2024. Prior to MPMCLC committee meetings, members have an opportunity to provide input towards agenda topics, and the finalized agenda is presented for discussion.

Maternal Health Services, Initiatives, and Partnerships

Maternal health has been a priority for the Administration and DMAS this year, aligning with Governor's vision for Maternal Health care. Medicaid covers one-third of deliveries in the Commonwealth.

The Committee discussed maternal health services and initiatives which would increase utilization of services for pregnant and postpartum members such as:

- increasing access to high quality health services for pregnant and postpartum members by partnering with the provider community on member engagement,
- targeted outreach in first trimester or soon after enrollment of pregnant individuals,
- assistance with appointment scheduling,
- transportation,
- patient education,
- offering extended hours,
- adding postpartum visits to the hospital discharge checklist,

- doula services, and
- individualized care management for high-risk health conditions such as cardiovascular disease and substance use disorders.

The Committee discussed how MCOs are utilizing midwifery services to address health disparities and have increased the credentialing midwives and coverage of midwifery services.

The Committee discussed opportunities to align comprehensive maternal care services and supports to promote the well-being of mothers to ensure healthy deliveries and adopting evidence-based practices during the perinatal and postpartum periods to prevent common causes of pregnancy-related mortality. MCOs also discussed the availability of maternal supports offered through enhanced benefits.

Staff from VCU Health Systems OB Motivate program presented to the Committee. The program strives to provide evidence-based, compassionate, person-centered, recovery-oriented, trauma and gender-informed care to people with substance use disorders throughout the life-course, including during pregnancy and postpartum periods.

Maternal Cardiovascular Care

Maternal mortality remains a critical public health issue, with cardiac conditions being the leading cause of maternal deaths. DMAS organized multiple roundtable discussions on maternal cardiovascular healthcare involving cardiologists, obstetricians/gynecologists, doulas, midwives, practitioner groups and Medicaid members during SFY24 to gain feedback and insight into maternal cardiovascular care and to discuss opportunities to streamline care coordination for pregnant woman with cardiovascular issues.

These insights were shared with the Committee and the findings were revealed during the final cardiovascular roundtable discussion. The initiative encompasses educating and raising awareness among patients and provider communities about cardiovascular wellness during pregnancy, enhancing screening and risk assessment, early detection of cardiovascular issues in pregnant woman, implementing integrated care models, and encouraging the use of low-dose aspirin among pregnant individuals at high- and moderate-risk for maternal heart disease.

Safeguarding Patient Data

Safeguarding patient data is crucial for maintaining confidentiality and protecting sensitive information in healthcare. Community members raised concerns about data sharing mechanisms within healthcare provider groups and community service boards. In response, the committee emphasized the importance of implementing effective Health Insurance Portability and Accountability Act 1996 (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH) regulatory standards for electronic health records (EHRs) data sharing mechanisms to foster patient trust and safeguard privacy.

Discussions centered on implementing technical, administrative, and physical safeguards such as encryption, access controls, secure communication channels, and regular audits to protect patient data from unauthorized access. The group highlighted the necessity of adhering to legal and regulatory requirements for protecting patient data privacy and security, including granting individuals the right to restrict disclosures.

Patient Care Coordination

The Committee placed emphasis on continuity of care and care coordination efforts. Discussions centered around early member engagement and outreach, connecting members to various resources to facilitate efficient transitions between healthcare settings, communication among care team providers concerning patient health status and medications, timely interventions to manage chronic diseases, ongoing patient monitoring, arranging follow-up care, and healthy maternal delivery outcomes.

The group discussed strategies to reduce gaps in care coordination and leveraging telehealth services to enhance patient care coordination for the well-being of Commonwealth Medicaid members thereby improving the quality, efficiency, and effectiveness of Virginia healthcare delivery.

Emergency Department Care Coordination

General Assembly Workgroup

The EDCC workgroup was 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. Currently, there are 109 hospital emergency departments participating in the network. Other participants include: health plans, accountable care organization (ACOs), managed care organizations (MCOs), clinics, Community Services Boards (CSBs), Federally Qualified Health Centers (FQHCs) and skilled nursing facilities. All participants mentioned are either fully onboard or under implementation.

EDCC Enhancements

The SmartChart Network Program was created to provide a single, statewide technology solution that connects all health care providers, insurance carriers, and other organizations with a treatment, payment, or operations relationship with a patient in the Commonwealth to facilitate real-time communication and collaboration and improve the quality of patient care services.

VHI held numerous training sessions during SFY24 to educate participants on how to use the tool and to familiarize them with available reports.

- During SFY2024, the SmartChart Network experienced an increase in users, created content and participation by skilled nursing facilities.
- The SmartChart Network improved coordination by enabling real-time data sharing among all hospital emergency departments, MCO health plans and healthcare providers in ambulatory settings.
- In support of maternal and infant health, the SmartChart Network has improved the ability to:
 - identify and track pregnant individuals with high-risk conditions
 - inform providers of patients with a recent history of delivery and provide real-time notifications when they present to the ED
 - assist pregnant individuals who are eligible for an OB Navigator
 - share patient-specific recommendations to assist pregnant individuals who present at an ED
 - flag substance exposed infants (SEI)
 - provide care insights by clinics and MCOs and visibility into care team members
 - support the postpartum journey through care coordination among PCP, OB/GYN and healthcare practitioners

Medicaid Pharmacy Program Updates

Southern Association of Medicaid Pharmacy Administrators

DMAS Pharmacy Team and DMAS staff participated in the Southern Association of Medicaid Pharmacy Administrators 50th Annual Conference. DMAS presented along with VCU Health, CMS, Myers and Stauffer, Deloitte, and CMS.

High-Cost Drugs

DMAS continues to ensure access to quality, evidence-based and cost-effective pharmaceutical treatments for Medicaid beneficiaries through collaborative activities with MCOs and providers. Collaboration on weight loss medications and gene therapies have developed partnerships which resulted in improved pharmaceutical oversight, cost stewardship, and access to quality care.

Next Steps

- Continuing collaboration with providers and MCOs regarding covered services and benefits
- Continuing to create opportunities for providers, MCOs, and DMAS to educate, advocate, and activate on common initiatives
- During the September 24, 2024, meeting, the MPMCLC will sponsor a Sickle Cell Disease Summit to gain insights into sickle cell treatment and care

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.

About DMAS and Medicaid

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 approximately two 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 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.