



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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October 1, 2025

MEMORANDUM

TO: The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable L. Louise Lucas
Chair, Senate Finance and Appropriations Committee

Michael Maul
Director, Department of Planning and Budget

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

SUBJECT: Annual Medicaid Physician and Managed Care Liaison Committee Report

This report is submitted in compliance with Item 288.II. of the 2025 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.

CJR/wrf

Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

Annual Medicaid Physician and Managed Care Liaison Committee Report

October 2025

Report Mandate:

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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.

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

During SFY2025, the MPMCLC met on Sep 2, 2024, March 19, 2025, and June 18, 2025. Topics covered during these meetings included maternal health services, maternal cardiovascular care, patient care and sickle cell disease, care coordination, emergency department care coordination program, and the MCOs' shared testimonials of provider partnership activities.

MPMCLC participants were also able to engage with members, advocates and legislators in order to understand the member journey, the importance of the Medicaid program to promoting positive health outcomes and discuss opportunities for improvements. Prior to MPMCLC 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 continues to be a priority for the Administration and DMAS this year, aligning with the Governor's vision for Maternal Health care. Medicaid covers one-third of deliveries in the Commonwealth.

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

- patient education
- offering extended clinic hours,
- adding postpartum visits to the hospital discharge checklist,
- individualized care management for high-risk health conditions such as cardiovascular disease and substance use disorders.

Maternal mortality remains a critical public health issue, with cardiac conditions a leading cause of maternal deaths. The DMAS Ask About Aspirin initiative encompasses educating and raising awareness among patients and provider communities about cardiovascular wellness during pregnancy and encouraging the use of low-dose aspirin among pregnant individuals at high- and moderate-risk for maternal heart disease. The group also continued discussions

about how to increase screening and risk assessments, fostering early detection of cardiovascular issues in pregnant women, and implementing integrated care models for moderate- and high-risk populations.

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 coordination of care of Commonwealth citizens receiving emergency department (ED) services. The workgroup focused on system performance measures, identification of utilization trends and outcomes. Participants include emergency departments, health plans, accountable care organizations (ACOs), managed care organizations (MCOs), clinics, Community Services Boards (CSBs), Federally Qualified Health Centers (FQHCs) and skilled nursing facilities.

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.

Virginia Health Information (VHI) provided training sessions during SFY25 to educate participants on how to use the tool and to familiarize them with available reports.

- During SFY2025, the SmartChart Network experienced an increase in users, created content and increased participation by skilled nursing facilities.

- The EDCC launched a skilled nursing facility Summary EDO enhancement which has been enacted by 5 health systems
- Added a Coordination of Benefits section to easily display patient insurance information on Patient Overview Page
- Added 348 more active users, gained 489 new users, passed 7000 total users
- Finalized development of new legal agreement
- Conducted feedback sessions and stakeholder comment periods for new data submission guide
- The SmartChart Network improved care 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

DMAS staff shared the following updates with the committee:

- DMAS has published a collection of clinical criteria for physician administered drugs and continuously strives to align the pharmacy and medical benefits in order to enhance the experiences of both providers and members.
- The Virginia Medicaid Pharmacy Program provided assistance to North Carolina Medicaid members during the aftermath of Hurricane Helene.
- Participation of Pharmacists as Providers continues to increase.

Next Steps

Next steps for MPMCLC include:

- 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
- DMAS will be making modifications to the Committee in order to align with new CMS rules pertaining to advisory boards

The MPMCLC continues to achieve its goals of working with DMAS to investigate the implementation of quality, cost-effective health care initiatives by increasing provider participation in the Medicaid program. MPMCLC continues 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 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 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.