

BMAS DIRECTOR'S REPORT

***Karen Kimsey
Director***

June 9, 2021



- ❑ Enrollment update
- ❑ COVID-19 vaccine information
- ❑ Project Cardinal status
- ❑ Operation Homecoming

Agency Priorities

! COVID-19 !



**Behavioral
Health**



**Maternal
& Child
Health**



**Health
Equity**



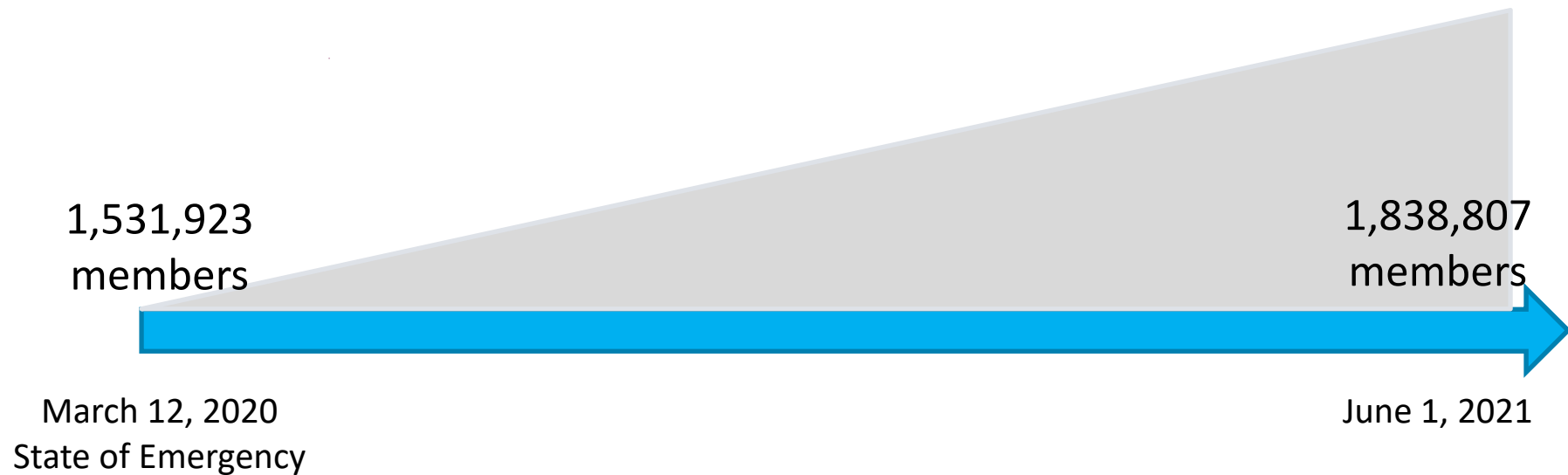
**Adult
Dental**



**Access to
Care**



Medicaid Enrollment - Update



- Since the State of Emergency was declared, Medicaid has gained **305,102 new members**
 - 162,252 are in Medicaid Expansion
 - 92,460 are children
- Medicaid gained more than 1,400 new members this week

Vaccination Efforts

Flying Squirrels game

SUNDAY, JUNE 13, 2021

**MEET US AT THE
FLYING SQUIRRELS
GAME!**



Join Virginia Medicaid at this special game thanking our first responders and sign up for a COVID-19 vaccine!

Find a vaccine: vaccinate.virginia.gov
Flying Squirrels tickets: milb.com/richmond



Vaccination Efforts

Video series

- <https://youtu.be/PGC5JJOEiyg>

Project Cardinal Status and Timeline

July – Nov 2020
Building the nest



Convened initial work groups to develop high-level implementation plan and report for the General Assembly:

<https://rga.lis.virginia.gov/Published/2020/RD567/PDF>

Nov 2020 – Feb 2021
Baby birds!



Pre-implementation phase:

- Contract alignment work begins
- Convening key work groups
- Rebranding planning work commences
- Calls with other states to gather best practices

Feb – June 2021
Leaving the nest



Implementation planning phase:

Hiring Contractor to:

- Provide project management and strategic guidance,
- Incorporate federal regulations/ guidance,
- Leverage federal flexibilities and national best practices,
- Facilitate stakeholder design sessions
- Drive the Commonwealth's priorities to improve access, quality, and efficiency,
- Strengthen organizational infrastructure for improved monitoring, oversight, and transparency

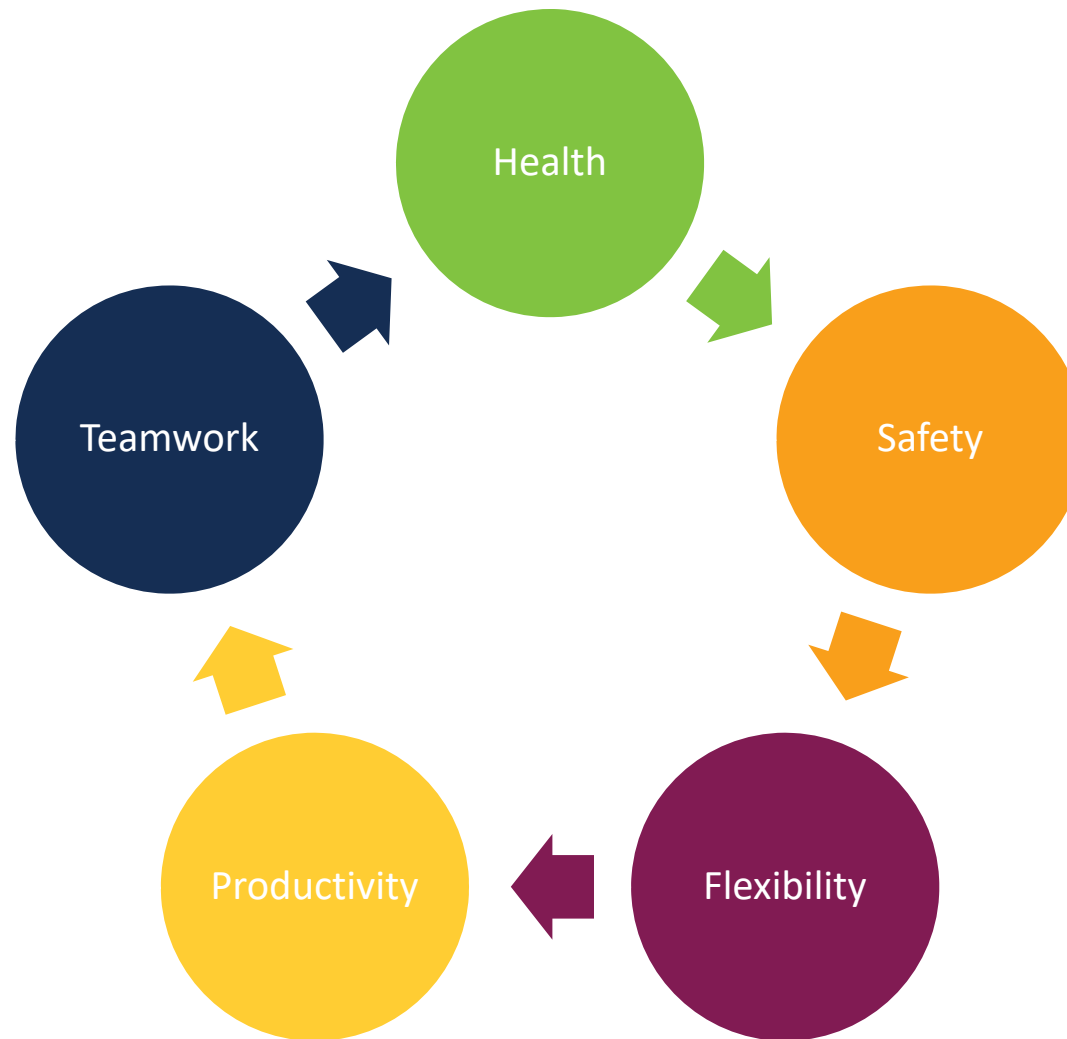
Contract to be finalized and signed this week.

June 2021 – July 2022
Taking flight



Project in full implementation mode, including stakeholder engagement, for July 1, 2022 implementation date

Operation Homecoming



BOARD OF MEDICAL ASSISTANCE SERVICES

BYLAWS

ARTICLE I

Board Structure

1.1 Name - This body shall be known as the State Board of Medical Assistance Services, hereinafter referred to as “the Board.”

1.2 Composition - The Board shall consist of eleven residents of the Commonwealth, five of whom are health care providers and six of whom are not, all to be appointed by the Governor. Any vacancy on the Board, other than by expiration of term, shall be filled by the Governor for the unexpired portion of the term. The Director of the Department of Medical Assistance Services (“the Director”) shall be the executive officer of the Board but shall not be a member thereof.

1.3 Term of Office - Board members shall be appointed for four year terms. No person shall be eligible to serve on the Board for more than two full consecutive terms. Should any Board member be unable to fulfill his/her term on the Board, that member shall provide written notice to the Chairperson of the Board at least 30 days prior to resignation, and shall also provide written notice to the Governor.

1.4 Orientation of New Members - When a new member is appointed to the Board, the Board Chairperson shall assign responsibility for orientation of the new member to one veteran member of the Board. New Board members shall be expected to spend time at the office of the Department of Medical Assistance Services (“the Department”) for program orientation provided by Department staff, and to become familiar with issues requiring Board action.

ARTICLE II

Board Meetings

2.1 Regular Meetings - The Board shall hold regular meetings at least quarterly at such times and places as it shall determine.

2.2 Special Meetings - The Board may meet at such other times and places as it determines to be necessary and appropriate. Special meetings of the Board may be called by the Chairperson of the Board or by any three (3) members of the Board. Reasonable effort must be made by the Chairperson to personally notify each Board member of the meeting.

2.3 Meeting Notice - Each member shall file with the Director the address and/or telephone number at which such notice is to be given.

Written notice of all regular meetings shall be sent to the Board at least ten (10) days in advance of the time and place of the meeting. Notice of all regular meetings shall also be announced in advance by publication in the Virginia Register, and a proposed agenda sent to persons on the public participation list.

2.4 Quorum - Six (6) members of the Board shall constitute a quorum.

2.5 Executive Session - Prior to meeting in an executive session, the Board must vote affirmatively to do so and must announce the purpose of the session. This purpose shall consist of one or more of the purposes for which executive or closed meetings are permitted in accordance with §2.2-3711 of the Code of Virginia, the pertinent portion of the Virginia Freedom of Information Act.

Discussion in the executive session must be limited to the subject or subjects stated in the motion. No final action may be taken in executive session. Upon return to open session, any action taken or motion adopted must be re-stated, voted upon, and placed in the minutes in order to become effective.

2.6 Conduct of Business - The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Board in all cases to which they are applicable, to the extent that they are not inconsistent with the laws of Virginia, these Bylaws, or any special rule which the Board may adopt.

ARTICLE III

Board Authority

3.1 Powers and Duties - The Board shall have the powers and duties as prescribed in Chapters 10, 11, 12, 13 and 13.1 of Title 32.1 of the Code of Virginia. (See memorandum of April 13, 2004, from the Office of the Attorney General.)

In preparing the plan, the Board shall work cooperatively with the State Board of Health to ensure that quality patient care is provided. The Board shall also initiate such cost containment or other measures as are set forth in the Appropriations Act.

The Board may make, adopt, promulgate and enforce such regulations as may be necessary to carry out the provision of this chapter.

The Board shall submit biannually a written report to the Governor and the General Assembly.

3.2 Representation of the Board - Individual members of the Board shall represent official positions of the Board only upon action of the Board. When the Board is requested to appear before the General Assembly, legislative committees, study committees, etc., the Board shall be represented by duly designated member(s) who are nominated by the Chairperson and, when practicable, confirmed by the Board.

Individual members of the Board are free to make comments to the media, individual legislators, local boards of health members, legislative committees, etc. Any comments made shall be identified as their personal views and not the position of the Board unless they have been authorized by the Board to express the Board's official position or unless the position they express is a position that has been officially taken by the Board.

3.3 Authority of the Director - The Director shall be vested with the authority of the Board as set forth in Chapters 10, 11, 12, 13 and 13.1 of Title 32.1 of the Code of Virginia.

ARTICLE IV

Board Officers

4.1 Term of Office - At the first meeting of the Board after March 1 of each year, the Board shall elect officers from its membership for the coming year. Those elected shall assume their offices at the meeting following their election and shall serve, unless sooner removed, until their successors are elected.

4.2 Type of Officers - The Board shall have a Chairperson and a Vice Chairperson.

4.3 Duties of Officers

4.3.1 The Chairperson of the Board shall preside, when present, at all meetings of the Board; appoint members to committees of the Board; serve as ex-officio member of all committees; act for the Board in executing resolutions of the Board and communicating the actions of the Board to others; call such special meetings as may be deemed necessary; vote as any other member of the Board on any issue; perform other duties which may be delegated by the Board; and delegate to the Vice Chairperson such duties as may be appropriate.

The Chairperson shall work closely with the Director of the Department, or his/her designee, in determining the type of Board meetings, agenda, reports, communications and involvement that will enable Board members to carry out the responsibilities imposed on the Board by Acts of the General Assembly.

4.3.2 The Vice Chairperson shall assume all the powers and duties of the Chairperson in the absence of the Chairperson at any meeting or in the event that the Chairperson is disabled or of a vacancy in the office. The Vice Chairperson shall also perform such other duties as requested by the Board or by the Chairperson.

4.3.3 The Secretary shall be selected by the Board, but shall not be a member of the Board. The Secretary shall assist the Board in carrying out its administrative duties including the maintenance of minutes and records. The Secretary shall be a member of the Director's staff within the Department.

ARTICLE V

Board Committees

5.1 Special Committees - Special Committees may be constituted at any time by action of the full Board or the Chairperson. Such committees shall be formed when necessary for the efficient functioning of the Board. Members of a special committee and its chairperson shall be appointed by the Chairperson from among the membership of the Board. At the time a special committee is created, its mission shall be specifically established by action of the Board or by the Chairperson. In creating such special committees, the Chairperson shall specify the time within which the Committee is to make its report(s) to the Board.

5.2 Advisory Groups - The Board may, from time to time, seek the advice of various advisory groups, committees or individuals other than members of the Board on issues of concern to the Board and may form a group of such individuals for such purpose. Any member of the Board or the Director may request that such advice be sought. Selection of individuals to serve in such capacity shall be made by the Board with the advice of the Director.

Since the Board possesses legal powers which cannot be delegated or surrendered, all recommendations for action by such individual or group must be submitted to the Board for decision.

5.3 Participation in Various Department Workgroups and Committees – In order to facilitate involvement of Board members in key policy issues and activities of the Department, the Chairperson and Director shall identify and recommend, from time-to-time, Department workgroups or committees to which Board members should be appointed as full and active participants. In addition, Board members also may identify and recommend Department workgroups or committees for which they believe Board participation would be appropriate. Such participation in Department workgroups or committees shall not conflict with any pertinent statutory or regulatory requirements that may exist regarding the composition of such workgroups or committees. Members selected to serve on a Department workgroup or committee shall be appointed by the Chairperson from among the membership of the Board.

5.4 Department Committees - In addition to participation in Department workgroups or committees pursuant to Section 5.3, Board members are encouraged to attend meetings of any committee of the Department with stakeholders, including, but not limited to, the Dental Advisory Committee, the Drug Utilization Review Board, the Family Access to Medical Insurance Security (FAMIS) Outreach Oversight Committee, the Managed Care Advisory Committee, the Medicaid Hospital Payment Policy Advisory Council, the Medicaid Physician Advisory Committee, the Medicaid Transportation Advisory Committee, the Pharmacy and Therapeutics Committee, and the Pharmacy Liaison Committee. DMAS staff shall provide information regarding meeting schedules to the Board to facilitate member attendance and involvement.

ARTICLE VI

Board Documents

6.1 Official Papers - All official records of the Board shall be kept on file at the Department and shall be open to inspection. All files shall be maintained for five years. Minutes of Board meetings shall be permanently retained.

ARTICLE VII

Public Participation

7.1 Public Participation - Citizens may attend all Board meetings, except executive sessions as defined by the Freedom of Information Act, and may record the proceedings in writing or by using a recording device. The Board may make and enforce reasonable rules regarding the conduct of persons attending its meetings.

7.2 Presentations to the Board - Opportunities shall be provided for individuals or citizens representing a group or groups to appear on the agenda of a regular meeting of the Board. Requests to appear before the Board should be made in writing 10 days before a scheduled meeting of the Board in order that they may be included on the agenda. The 10 days may be waived by the Board Chairperson. The request must include the subject to be discussed and the name of the speaker. In honoring such requests, the Board will limit presentations to five (5) minutes, unless an extension is granted by the Board Chairperson.

ARTICLE VIII

Revision and Compliance

8.1 Amendments - The Bylaws of the Board may be amended at any regular meeting of the Board by a majority vote, provided that the proposed amendment was submitted in writing at the previous regular meeting of the Board and is included in the notice of the meeting at which a vote is to be taken.


8.2 Review - The Bylaws shall be reviewed in total at least every two years, with a limited annual review for compliance with the Code of Virginia. Revisions shall be made as necessary, and the Bylaws signed and dated to indicate the time of the last review.

8.3 Effective Date - The foregoing Bylaws shall go into effect on the 25th day of September 2018.

Approved:

 9/25/18

Chairperson, Board of Medical Assistance Services

 9/25/18

Director, Department of Medical Assistance Services

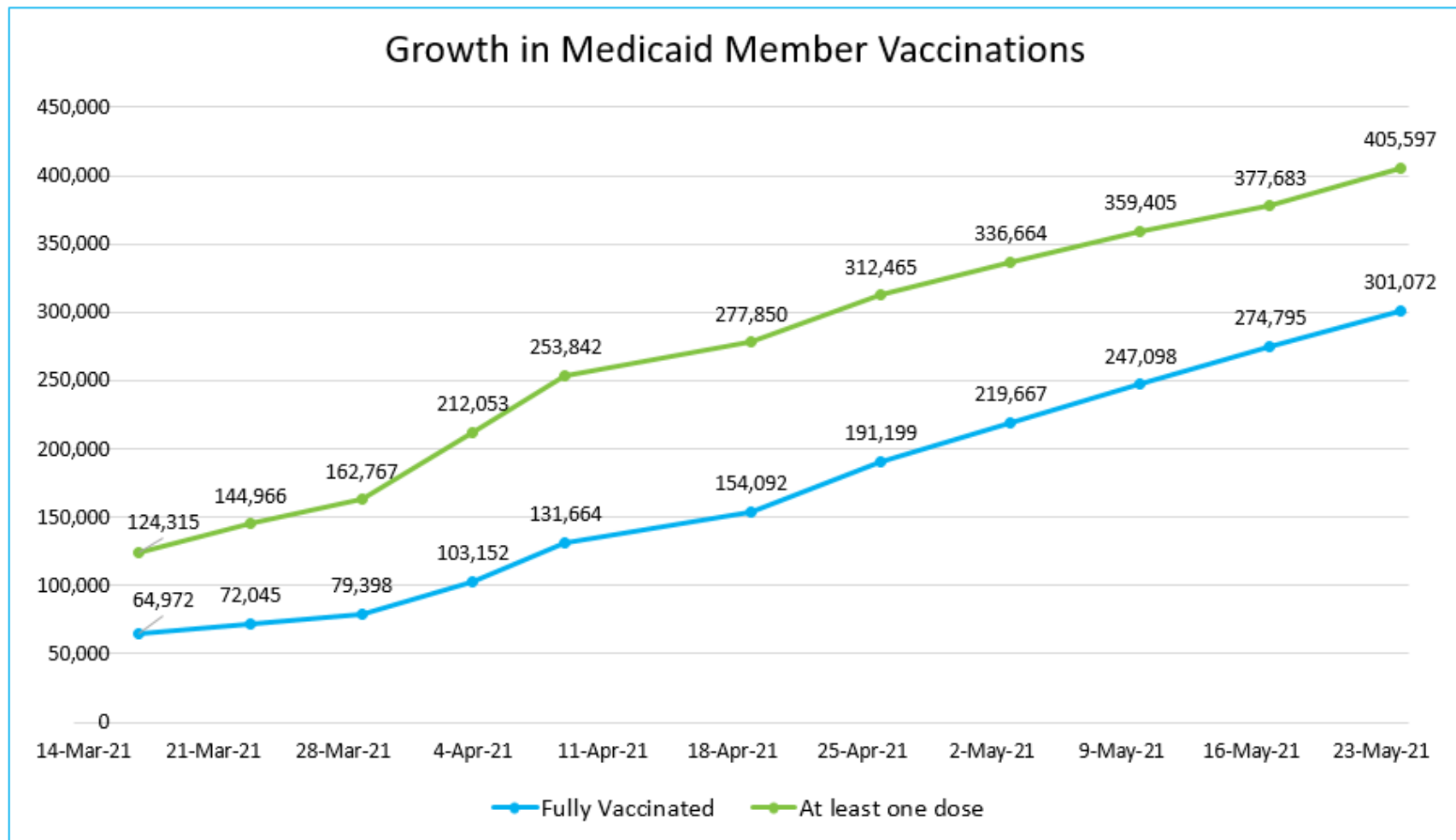


DMAS COVID-19 VACCINE EFFORTS

June 9, 2021

Tracking Vaccination Rates for Medicaid Members

Data as of 5/25/2021



Vaccination Rate* Highlights

VDH partnered with DMAS in executing specialized strategies to vaccinate DMAS' Medically Fragile and Homebound Populations

- Vaccination rate in DMAS Homebound population increased from 4% to 53% since April.
- Vaccination rate in DMAS Waiver Population now matches rate* of Virginia's general population
- Virginia began vaccinating 12-15 year olds on May 12th
To date, 6% have received at least one dose.

I/DD Waiver

- 69%

CCC Plus Waiver

- 50%

Homebound

- 53%

Total Population >16 years

- 34%

Efforts to Vaccinate Medicaid Members

- As Virginia transitioned into Phase 2, DMAS developed tailored communication strategies to ensure equitable access for all members.
 - Managed Care, FFS and Medicaid News Subscribers Messaging Campaign launched utilizing targeted texts, emails, direct mailings, and/or social media platforms.
- Rite Aid Pharmacies and Norfolk/Virginia Beach Health Departments partnered with DMAS to hold vaccination clinics in Richmond and Norfolk in April and May.
 - Virginia Premier and Optima hosted a 2 day clinic in Richmond for their members and employees.
 - Disability Advocacy Service provider, Endependence Center, Inc., hosted clinics in Norfolk for their clients, attendants, and other Medicaid members. Over 200 total 1st and 2nd doses given.
- MCOs continue to track and report on weekly outreach activities for all members over 12 years old.

Adult Dental Services 2021 – Overview



Effective Date

July 1, 2021



New Benefit

Approximately 750,000 adult members



Benefit Model

Comprehensive benefits based on a preventive, and restorative model



Strategic Partnership

Work with key partners to assist with design, delivery of new services and recruitment



A Healthy Body Starts With A Healthy Mouth

IMPACTS BEYOND THE MOUTH

Growing evidence connects a healthy mouth with a healthy body. Here are some examples showing why oral health is about much more than a smile:

High Blood Pressure

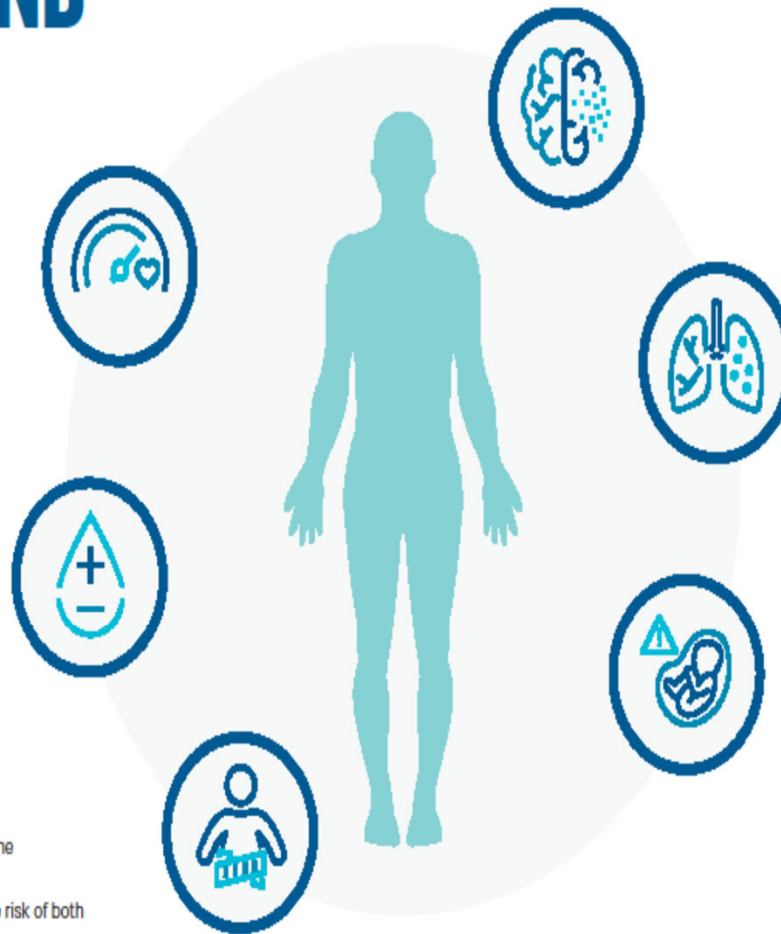
- Putting off dental care during early adulthood is linked to an increased risk of having high blood pressure.¹
- Patients with gum disease are less likely to keep their blood pressure under control with medication than are those with good oral health.²

Diabetes

- Untreated gum disease makes it harder for people with diabetes to manage their blood glucose levels.³
- Diabetes raises the risk of developing gum disease by 86%.⁴

Obesity

- Brushing teeth no more than once per day was linked with the development of obesity.⁵
- Frequent consumption of sugar-sweetened drinks raises the risk of both obesity⁶ and tooth decay among children⁷ and adults.⁸



Dementia

- Having 10 years of chronic gum disease (periodontitis) was associated with a higher risk of developing Alzheimer's disease.⁹
- Researchers report that uncontrolled periodontal disease "could trigger or exacerbate" the neuroinflammatory phenomenon seen in Alzheimer's disease.¹⁰

Respiratory Health

- Research shows that improving oral hygiene among medically fragile seniors can reduce the death rate from aspiration pneumonia.¹¹
- Patients with ventilator-associated pneumonia (VAP) who engaged in regular toothbrushing spent significantly less time on mechanical ventilation than other VAP patients.¹²
- Improving veterans' oral hygiene reduced the incidence of hospital-acquired pneumonia (HAP) by 92%, preventing about 136 HAP cases and saving 24 lives.¹³

Adverse Birth Outcomes

- Gum disease among pregnant women is associated with preterm births, low birthweight babies and preeclampsia, a pregnancy complication that can cause organ damage and can be fatal.¹⁴

DentaQuest
Partnership
for Oral Health Advancement

Adult Dental Services 2021 – Overview



Implementation Steps:

- Federal Approval – In process
- Design Benefit Package – Complete
- Provider Recruitment – Ongoing
- System Changes – Complete
- Vendor Contract Changes – Complete
- Member & Provider Education – Ongoing
- Stakeholder Engagement – Ongoing
- Hiring a Dental Program Lead – Ongoing

Adult SFC Dental 2021- Benefit Design Overview

The Process

Design Framework

Patient Comfort

Focus on overall oral health

Preventive and Education
Restorative Model of Care



Stakeholder Engagement

Added new members to DAC per budget language

Created and engaged an Adult Dental Committee with community providers: FQHC dentists, an ID/DD provider, DAC Members and the former VDA President



Benefit Development

Focus on prevention, keeping disease-free, then restore

First 18-24 month period focused on procedures that promote healthy gum tissue and supporting structures

Mantra for Adult Dental

- Prevention and Education
 - Strong periodontal goals
 - Up to 3 cleanings / year / medical necessity

- Build around what is salvageable
 - Restorations that support longevity
 - Extractions when needed for long term success

- Periodontal Maintenance
 - Gingival Health, Gingivectomy, Scaling/ Root Planing
 - Prosthetics (Dentures, Partials with time)

Adult SFC Dental 2021- Benefit Coverage Chart

Specialty Area	Description	Services Covered	Limitations
Diagnostic and Preventive Care	Services that are used to detect and recognize caries and periodontal disease. Up to three routine cleanings may be permissible	Exams, Routine cleanings, X-rays	<ul style="list-style-type: none"> Non routine X-rays such as imaging and cone beam technology would require prior authorization
Restorative Care	Specialty allows dentists to restore teeth to proper function	Fillings and crowns	<ul style="list-style-type: none"> Crowns are covered when a root canal is done while member is under the adult dental program Bridges
Endodontics	Specialty allows dentists to perform root canals on teeth that have sound below the gum structure (root) yet the above gum structure is compromised (decay or trauma)	Root canals Pulpal Debridement	<ul style="list-style-type: none"> Retreatments, apicoectomies, periradicular surgery and apicoectomies
Periodontics	Specialty focuses on keeping gums and the bone below the gums healthy.	Scaling and Root Planing Gingivectomies Periodontal maintenance procedures	<ul style="list-style-type: none"> Periodontal flap procedures, crown lengthening procedures, bone replacement grafts
Dentures and Partials	Specialty focuses on replacing teeth with removal appliances	Dentures, Partials, and Repair procedures	<ul style="list-style-type: none"> Partials are covered as a part of a definitive treatment plan
Oral Surgery	Specialty routinely extracts teeth and performs extractions requiring surgical methods such as removing bone	Extractions Alveoplasty	<ul style="list-style-type: none"> Non-tooth extraction procedures Surgery necessitated by trauma Implants
Adjunctive General Services	This area while not a specialty is important in that it allows coding for anesthesia services and many other dental procedures not listed elsewhere.	Anesthesia Services	<ul style="list-style-type: none"> Non anesthesia services may require prior authorization

Countdown Updates

- **Member, Provider and Stakeholder Engagement/Communications**
 - Governor Northam signed provider recruitment letter and Virginia Dental Association sent to its 3900 members
 - Virginia Health Catalyst engaging members, providers, and stakeholders
 - DentaQuest
 - Provider and Member Communications
 - Network Development
 - DentaQuest Member Communications
 - DMAS – communication team
- **Contractor/Program Readiness**
 - Currently working with a vendor to conduct an independent review to measure the readiness of DentaQuest in the following areas: Systems and Claims Payment Capability, Member/Provider Services and Networks

Challenges

- Network Adequacy
 - Recruitment efforts
 - Specialists
 - Targeted populations
 - DentaQuest provides weekly reports and updates
 - Contracted Pat Finnerty to assist
 - Meeting with regional groups
- Rates
 - Last rate increase was in 2005
 - Noted in DQ survey, by VDA, and Catalyst as a barrier



AMERICAN RESCUE PLAN ACT (ARPA)

*Brian McCormick, Director
Legislative & Intergovernmental
Affairs
June 9, 2021*

American Rescue Plan Dashboard

Section	Summary	Effective Dates	DMAS Impact
<u>9811</u> Mandatory for DMAS	<p>Sec. 9811 – Mandatory coverage of COVID-19 testing and treatment; 100% FMAP for vaccine administration</p> <p>Requires medical assistance for vaccines and the administration of such vaccines for limited coverage groups, specifically including those limited to family planning services and supplies.</p>	<p>Mandatory coverage: March 11, 2021</p> <p>100% FMAP for vaccine administration: April 1, 2021 through end of quarter following one year post-PHE</p>	Extending vaccine coverage to Plan First members is a current federal mandate.
<u>9821</u> Mandatory for DMAS	Same mandatory vaccine coverage for CHIP		

American Rescue Plan Dashboard

Section	Summary	Effective Dates	DMAS Impact
9819 Applies to DMAS	Sec. 9819 – Adjusts DSH allotments to account for 6.2 percentage point FMAP enhancement during the PHE.	Retroactive to start of the PHE, ends in the quarter in which the PHE ends.	<p>Directs HHS to recalculate states’ annual DSH allotments to ensure that total payments that a state may make for a FY are equal to the total payments that the state could have made without receiving the 6.2% FFCRA FMAP increase. Applies in any FY when the FFCRA increase is in effect, and ends beginning with the first FY after the PHE ends.</p> <p>DSH payments, once calculated, are limited to the lower of hospital specific DSH limits or uncompensated care costs and federal DSH allotments. The increased FMAP will not impact DSH calculations and DSH payment limits but will reduce the state share of payments.</p>

American Rescue Plan Dashboard

Section	Summary	Effective Dates	DMAS Impact
9813 State Option	Sec. 9813 – Community-based mobile crisis services coverage option. 85% FMAP available for first 3 years of this option, which must supplement, not supplant any existing spending on such services.	April 1, 2022 – March 31, 2027 85% FMAP available April 1, 2022 – March 31, 2025	Community –based mobile crisis services are State Optional; enhanced FMAP for this service implements 4-1-22. Creates state option to cover community- based mobile crisis intervention services with 85% federal matching funds for 1st 12 fiscal quarters, provided that additional federal funds supplement, not replace, the level of state spending for these services.

American Rescue Plan Dashboard

Section	Summary	Effective Dates	DMAS Impact
9817 Higher FMAP Available	Sec. 9817 – 10- percentage point FMAP enhancement for HCBS improvement activities. FMAP must supplement, not supplant, existing spending.	April 1, 2021 – March 31, 2022	<ul style="list-style-type: none"> • Gives states the option to claim an additional 10% FMAP for one-year beginning April 1, 2021 for HCBS improvements. The increase is added to other current enhanced state FMAP options (like the 6.2% increase under the Families First Coronavirus Response Act), as long as FMAP does not exceed 95%. • Funds must be used to supplement, not replace, the level of state funds spent for HCBS in effect on April 1, 2021, and must be used to implement one or more activities to enhance, expand, or strengthen HCBS. • Applies to state plan home health, personal care, PACE, § 1915 (i) self-directed personal assistance, Community First Choice, case management, and rehabilitative option, § 1915 (c) and § 1115 waivers, and alternative benefit plans. CMS has not yet provided guidance on what enhancements qualify.

American Rescue Plan Dashboard

Section	Summary	Effective Dates	DMAS Impact
9818 Available Federal Funding	Sec. 9818 – Funding for state strike teams to assist nursing homes with COVID-19 outbreaks. \$250 million in grant funds.	Funds available through one-year post-PHE.	<p>Provides \$250 million to increase capacity to respond to COVID-19 by implementing state strike teams deployed to nursing facilities with diagnosed or suspected cases of COVID-19 among residents or staff to assist with clinical care, infection control, or staffing during PHE.</p> <p>The purpose of the strike teams is to assist with clinical care, infection control or staffing during the COVID-19 public health emergency period.</p> <p>Funds remain available until expended and are for strike team visits during the COVID-19 public health emergency period and one-year post-PHE.</p>

American Rescue Plan Dashboard

Section	Summary	Effective Dates	DMAS Impact
9911 Available Federal Funding	COVID-19 relief funds for rural providers	January 1, 2021	Provides \$8.5 billion in FY 2021 for payments to Medicaid, CHIP, and Medicare rural providers who diagnose, test, or care for individuals with possible or actual COVID-19, for health care related expenses and lost revenues attributable to COVID-19.
9816 Savings Available to State	Sec. 9816 – Terminates SSA section 1927(c)(2)(D) at the end of 2023, eliminating the current 100% Average Manufacturer Price (AMP) ceiling on drug rebates to the Medicaid program.	January 1, 2024	<p>Since 2010, the total Medicaid rebate that drug manufacturers had to pay states was capped at 100% of the AMP for Medicaid-covered drugs. This meant that manufacturers did not pay rebates in excess of their cost of a given drug.</p> <p>These rebates are essentially a discount off the purchase price; with cap lifted, these discounts for Medicaid may increase beyond the price Medicaid pays for the drug, providing greater savings for state Medicaid programs.</p>

Questions

