

MEDICAID MEMBER ADVISORY COMMITTEE

June 13, 2022



AGENDA

Natalie Pennywell



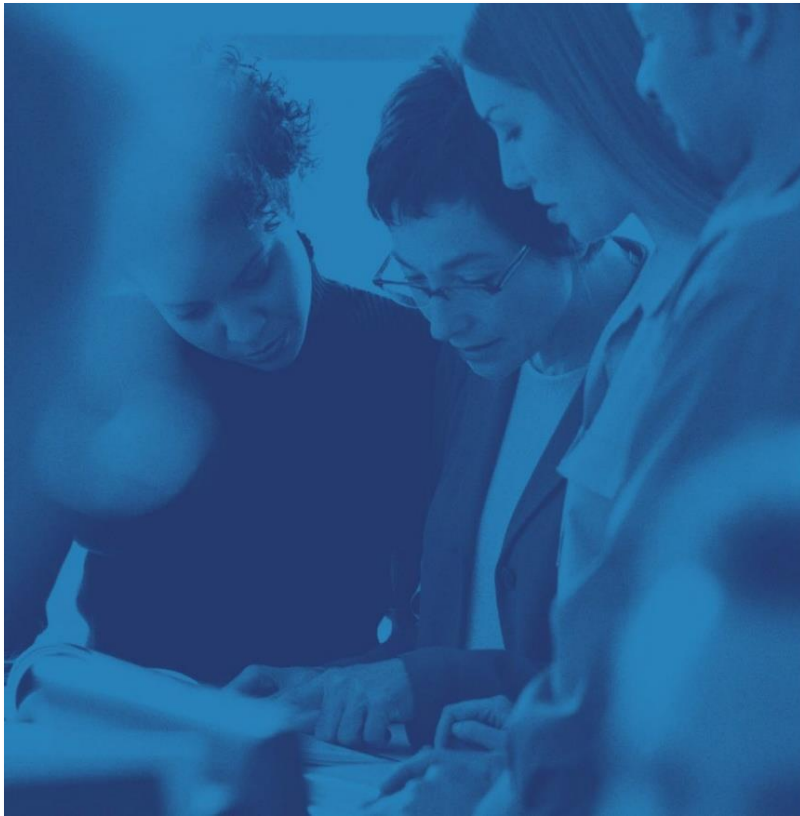
Agenda

1. Call to Order and Introductions
2. Minutes Approval 4.11.2022
3. Virginia General Assembly Update
4. Cardinal Care Transition
5. Maternal Health Care Access
6. Public Comment
7. Adjournment



MINUTES APPROVAL

Natalie Pennywell



VIRGINIA GENERAL ASSEMBLY UPDATE

Will Frank



VIRGINIA GENERAL ASSEMBLY UPDATE

June 13, 2022

Will Frank

*Senior Advisor for Legislative Affairs,
Department of Medical
Assistance Services*

Where We Are In The Process

- December 16, 2021- Governor Northam's Budget Released.
- January 12, 2022- Virginia General Assembly Convened.
- January 15, 2022- Governor Youngkin Inaugurated.
- February 16, 2022- Crossover
- March 12, 2022- 2022 Session Adjourned Sine Die.
- April 4, 2022- Special Session Convened.
- April 27, 2022- Reconvene "Veto" Session.
- June 1, 2022- Special Session to vote on budget
- Governor signs or amends budget.

**We Are
Here**



DMAS Legislative Role

- Monitor introduced legislation.
- Review legislation and budget language for Secretary and Governor.
- Make position recommendations to Secretary and Governor.
- Communicate Governor positions to General Assembly.
- Provide expert testimony and technical assistance to legislators on legislation.

2022 GA Session Stats

- 2,633 bills introduced.
- DMAS was assigned 21 bills.
- 11 bills are still alive.
- Governor has signed 9 of those.
- 9 bills failed.
 - These included bills with Amend, No Position, and Oppose positions.
- DMAS commented on another 23 bills assigned to other agencies.
- DMAS Tracked another 82 bills.

HB241

- Requires DMAS to cover Medicaid durable medical equipment (DME) consisting of complex rehabilitative technology, including manual and power wheel chair bases and related accessories, for patients who reside in nursing facilities. This would make it easier for Medicaid members in a nursing facility to get complex rehab equipment such as custom wheelchairs.

HB680

- Requires DMAS to update the state plan for medical assistance services to include a provision for the payment of medical assistance for targeted case management services for individuals with severe traumatic brain injury. Funding included in budget.

HB800

- Requires DMAS to enroll eligible individual who is in the custody of a state correctional facility into limited coverage Medicaid. The bill also provides that when the person is released from custody, they will be reevaluated and if eligible, moved to full Medicaid coverage.

HB987

- Directs DMAS to require every person that provides program information to Medicaid members or eligible individuals to ensure that this information is made accessible to (i) individuals with limited English proficiency, and (ii) individuals with disabilities through the provision of auxiliary aids services.

SB426

- Requires DMAS provide for the payment of medical assistance for remote patient monitoring services provided via telemedicine (i) for patients who have experienced an acute health condition and for whom the use of remote patient monitoring may prevent readmission to a hospital or emergency department, (ii) for patient-initiated asynchronous consultations, and (iii) for provider-to-provider consultations.

SB594

- Prohibits licensed providers from requiring payment from Medicaid participants for the prescription of an opioid for the management of pain or the prescription of buprenorphine-containing products, methadone, or other opioid replacements approved for the treatment of opioid addiction by the U.S. Food and Drug Administration for medication-assisted treatment of opioid addiction, regardless of whether the provider participates in the state plan for medical assistance.

SB663

- Establishes a payment provision (“originating site fee”) for emergency medical service agencies to facilitate synchronous telehealth visits between a distant site provider and a Medicaid member at the location of the Medicaid member.

HB925 & SB405

- Requires coverage for medically necessary prosthetic devices, “including myoelectric, biomechanical, or microprocessor-controlled prosthetic devices which peer-reviewed medical literature has determined to be medical appropriate based on clinical assessment of the individual’s rehabilitation potential.”

**Questions?
Feedback?
Comments?**

Thank you

Will Frank- will.frank@dmas.virginia.gov



CARDINAL CARE TRANSITION

Jason Rachel
Daniel Plain



Cardinal Care Transition

Jason Rachel, Division Director for Integrated Care

Daniel Plain, Division Director for Health Care Services

Cardinal Care Improvements



Aligned Managed Care
Contract and Waiver



Continuity of Managed
Care Enrollment



Responsive Model of
Care



Aligned Open
Enrollment

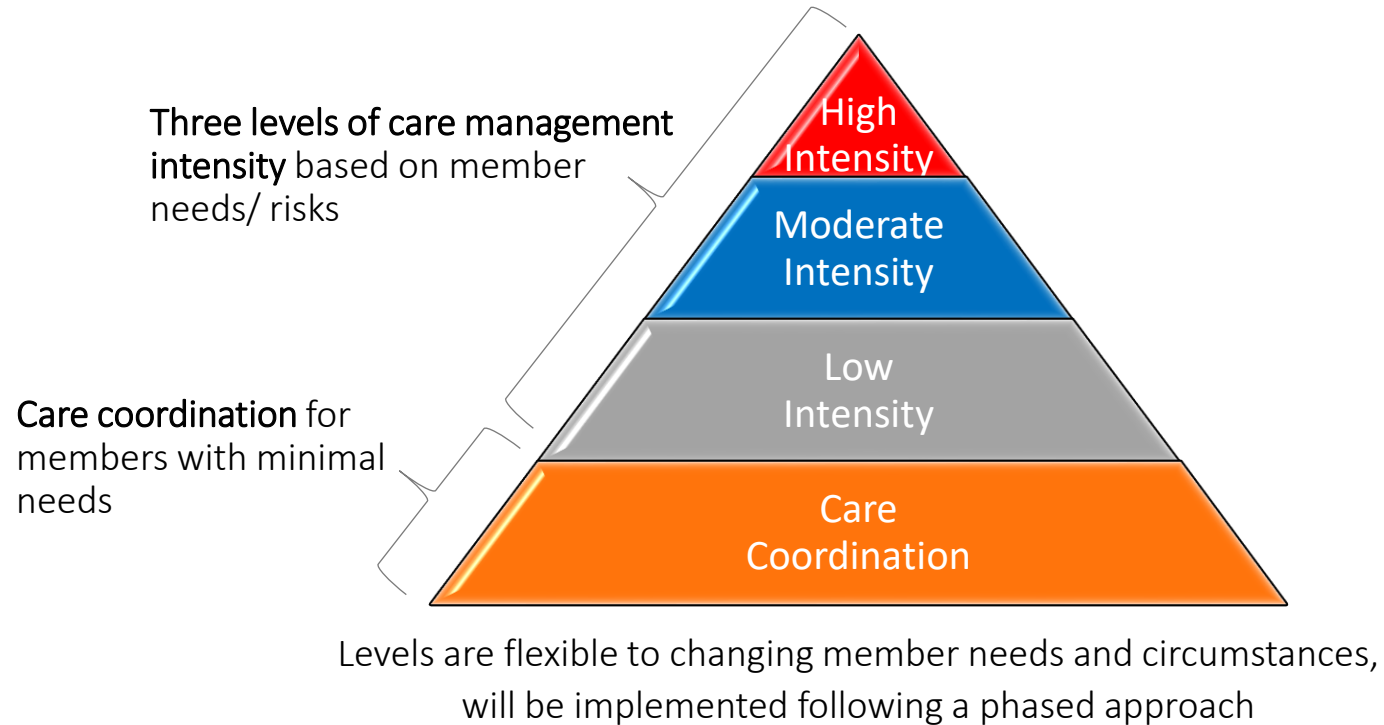


Enhanced
Accountability &
Oversight



Cardinal Care
Branding &
Communications

Responsive Model of Care



Care Management Components

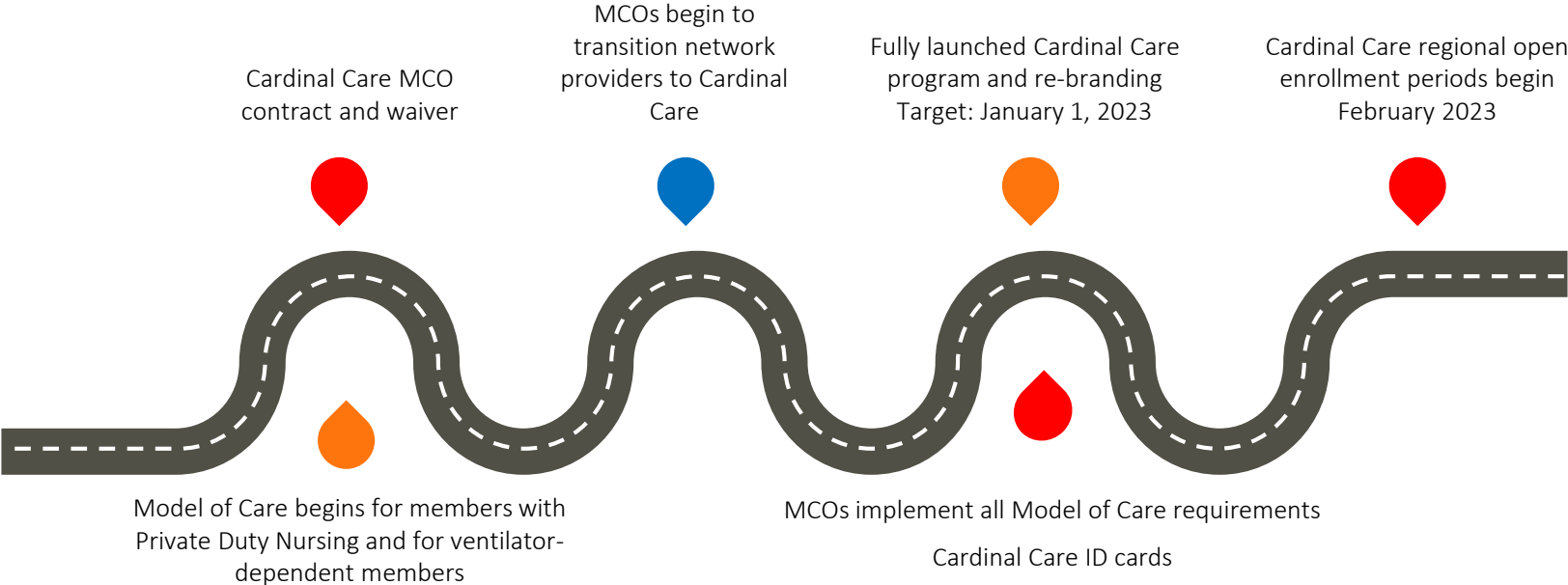
MCO care managers partner with providers on behalf of members with significant health needs to:

- Support the member's choice to reside in the least restrictive environment
- Facilitate successful transitions between levels of care and settings
- Provide comprehensive health risk assessments
- Develop comprehensive member-centered care plans
- Provide for interdisciplinary care team collaboration, participation and communication
- Engage the provider's expertise/ability to promote quality, etc.
- Collaborate with involved parties to ensure for the member's health, safety, and welfare
- Establish wrap-around community support services, addressing social determinants of health

Cardinal Care: What Continues

- Same access to high quality health care
- No disruption to members
- No disruption to providers
- Same contracted MCOs
- Current CCC+ and M4 requirements are reflected in Cardinal Care

Timeline



Questions?

The DMAS website has been updated to include a Cardinal Care overview page for members that will be updated throughout the transition:

<https://dmas.virginia.gov/for-members/cardinal-care/>



The screenshot shows the Virginia Medicaid website header with the logo and navigation menu. The main content area features the title "Cardinal Care: A Program for All Medicaid Members" and a sub-headline "Single program offers clearer, straighter path to care". To the right is the Cardinal Care logo, which includes a red cardinal bird and the text "Cardinal Care Virginia's Medicaid Program".

Cardinal Care: A Program for All Medicaid Members
Single program offers clearer, straighter path to care

Cardinal Care
Virginia's Medicaid Program

Cardinal Care


Virginia Medicaid members will soon be part of Cardinal Care - a single system of care for all of our 2 million members. Cardinal Care will connect members to the care that they need when they need it and reduce transitions between programs as their health care needs evolve. All managed care and fee-for-service Medicaid members will be part of the Cardinal Care program. The Cardinal Care program will combine the two managed care programs of Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) into one program beginning in the summer of 2022. Medallion 4.0 serves children, pregnant individuals, and expansion adults. CCC Plus serves older adults, disabled children and adults, and individuals receiving long-term services and supports (LTSS). The fee-for-service program will continue to serve newly enrolled members for a short time and those with limited health coverage.

Group Dialogue

Medicaid and Brand Perception Survey
June 13, 2022



Gabby Valle
Julie Kim
Shelley Davis



This project is an effort to inform DMAS, as it works to improve information access and enrollment resources on Medicaid in Virginia

Thank you for participating



Member Advisory

Very responsive

Share Sample Findings and Follow-Up

Finding related
to Medicaid

DMAS and Coverva
websites were the
most recognized

Is this true in
your community?



What are/were some of the challenges you faced when seeking information involving Medicaid?

Let's unpack responses

Is this same for your communities?

- INFO FROM CALL CENTER IS INSUFFICIENT
- DIGITAL EQUITY GAP, LACK OF COMPUTER ACCESS
- DIDN'T KNOW WHERE TO GO
- NEEDED ASSISTANCE
- COULDN'T FIND INFO ON WEBSITE

Looking forward to your participation in our Small Group Phone Interviews

- ▶ Continue dialogue in small groups (3 participants)
- ▶ Help us explore issues in-depth
 - ▶ Accessibility
 - ▶ Navigating websites for current Medicaid Members
 - ▶ What would improve online enrollment and information access?
- ▶ Setting up phone and/or video calls

Thank You



- ▶ Gabby Valle
- ▶ Julie Kim
- ▶ Shelley Davis

If you have any questions, please email Gabby at
gabby@motivf.com

MATERNAL HEALTH CARE ACCESS

Hope Richardson



Maternal Health Care Access: DMAS Program Overview and Updates

Medicaid Member Advisory Committee

June 13, 2022

Hope Richardson, *Senior Policy Analyst*
Policy, Regulation, and Member Engagement Division



Agenda

- Overview
 - Maternity Coverage Programs
 - Member Care and Benefits
- 12 Months Postpartum Coverage Extension
- New FAMIS Prenatal Coverage
- Questions & Feedback

Eligibility for Pregnant/Postpartum Individuals

Medicaid for Pregnant Women

- Up to **\$34,085** yearly income for family of 3

FAMIS MOMS

- Up to **\$47,212** yearly income for family of 3
- Must be uninsured

What Is Covered?

- ✓ Prenatal checkups, screening, testing
- ✓ General and specialty care
- ✓ Prescription medication
- ✓ Screening and treatment for behavioral health conditions & substance use disorders
- ✓ Dental care
- ✓ Stay tuned: Community Doula benefit!



Managed Care Health Plans

aetna[®]

Aetna Better Health[®] of Virginia



Anthem. HealthKeepers Plus
Offered by HealthKeepers, Inc.



Molina Complete Care

OptimaHealth[®]
Family Care



UnitedHealthcare[®]
Community Plan



Virginia**Premier**[™]

12 Months Postpartum Coverage

- Virginia is the **3rd state** to extend Medicaid and CHIP coverage to a **full year postpartum**.
- Full implementation of the postpartum coverage expansion across all eligible coverage groups takes effect **July 1**.



12 Months Postpartum Coverage

- The 12 months postpartum **continuous coverage** applies to all pregnant full-benefit Medicaid and FAMIS MOMS members.
- It is **not** limited to pregnancy-only coverage groups.
- Coverage is protected during pregnancy and through 12 months postpartum, **regardless of income changes.**

12 Months Postpartum Coverage

- Extending postpartum coverage can help **reduce maternal mortality** by improving health care access and improving continuity of care for individuals with high risk or chronic health conditions.
- Extended postpartum coverage is also a critical step towards addressing and reducing disparities in **maternal and infant health outcomes**.

FAMIS Prenatal Coverage

- Prenatal coverage for **previously uninsured** individuals.
- Before 7/1/21 implementation, only eligible for Emergency Medicaid coverage of labor and delivery
- Now eligible to enroll while pregnant and receive coverage **during prenatal period**, labor and delivery, and **through 60 days postpartum**.



Key Features of FAMIS Prenatal Coverage

Eligible for managed care through Medallion 4.0* provider network

Full benefit coverage

No premiums, co-pays, deductibles or other cost-sharing

Coverage lasts through the end of the month in which the 60th postpartum day occurs

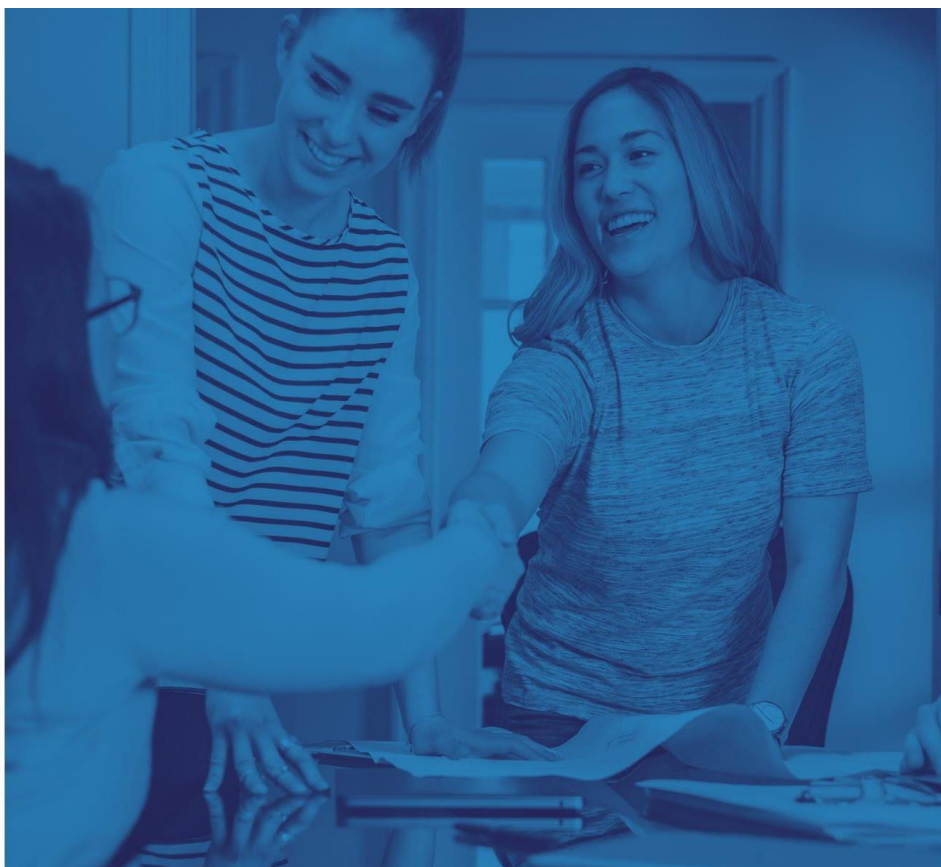
Questions? Comments?



PUBLIC COMMENT

Medicaid Members
and Public





ADJOURNMENT

Medicaid Members
and Public

THANK YOU