

MEDICAID MEMBER ADVISORY COMMITTEE

August 14, 2023





AGENDA

Natalie Pennywell

Outreach and Community Engagement Manager
Community Outreach and Member Engagement Team (COMET)
Department of Medical Assistance Services (DMAS)

Agenda

1. Call to Order
2. Member Roll Call and Introductions
3. Minutes Approval 6.12.2023 MAC Meeting
4. Presentation: Spouse/Parent Caregiver
5. Presentation: Behavioral Health Care in the Community
6. Presentation: Quality Measures and Quality Improvement
7. Public Comment
8. Adjournment and Lunch



MINUTES APPROVAL

Natalie Pennywell

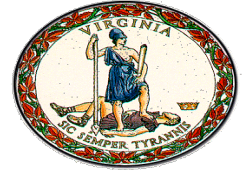
Outreach and Community Engagement Manager
Community Outreach and Member Engagement Team
(COMET)

Department of Medical Assistance Services (DMAS)

SPOUSE/PARENT CAREGIVER

*Nichole Martin, Director, Office of Community Living
Virginia Department of Medical Assistant Services*





LEGALLY RESPONSIBLE INDIVIDUALS AND PERSONAL CARE SERVICES

Nichole Martin

Director, Office of Community Living

Reimbursing Legally Responsible Individuals (LRI)

The Department of Medical Assistance Services (DMAS) shall allow legally responsible individuals (parents of children under age 18 and spouses) to provide personal care/personal assistance services and be paid for those services when circumstances prevent an individual from being cared for by a non-parent caregiver. Any legally responsible individual who is a paid aide or attendant for personal care/personal assistance services shall meet all the same requirements as other aides or attendants.

- Virginia's Appendix K remains active until November 11, 2023, six months after the end of the Federal PHE. The legally responsible individuals currently being reimbursed for personal care services will be authorized to do so until the end date of Appendix K.
- Appendix K did not require states to respond to permanent CMS standards for approval to reimburse legally responsible individuals.

CMS Requirements for Reimbursing LRIs

- Define the circumstances when payment may be authorized for extraordinary care by an LRI.
- Safeguards to define limitations on the amount of services that can be reimbursed.
- How care by the LRI is in the best interest of the member.
- Controls to ensure that payments are made only for services rendered.
- How the state will monitor the services.

CMS APPROVED GUIDELINES

Approved June 12, 2023 in the Family and Individual Supports Waiver

- Demonstrate there is no one else to provide the extraordinary care needed
- Reimburse for up to 40 hours a week
- Hired by a personal care agency that will conduct quarterly in-person visits
- State will conduct quality reviews

Legally responsible individuals reimbursed through Consumer Direction

Public Comment period: June 27 – July 27, 2023

Employer of Record (EOR) Requirements

- Must not be another LRI or stepparent.
- Must reside in the family's local community within a 50-mile radius. This ensures that the EOR will be able to manage the services adequately.
- Services Facilitation services cannot be waived.
- The Services Facilitator will complete and assess a 'Questionnaire to Assess an Applicant's Ability to Independently Manage Consumer-Directed Services' form (DMAS 95 Addendum).

Legally responsible individuals reimbursed through Consumer Direction

Personal Care Attendant Requirements

- Electronic Visit Verification (EVV) will be required.
- Daily tasks must be documented on a form developed by DMAS.
- Reimbursed services must be within the scope of the personal care service – assistance with ADLs. All skilled tasks performed by LRIs during reimbursed times must be delegated by a Registered Nurse. This is a current requirement.

Timeline

- Public Comment period ended July 27, 2023.
- CMS Application submitted no earlier than July 31, 2023, based on CMS notification requirements.
- CMS reviews and approves applications in 90 days
- DMAS will host sessions with stakeholders including families after CMS approval.

BEHAVIORAL HEALTH CARE IN THE COMMUNITY

Lisa Jobe-Shields, Ph.D.

Division Director, Behavioral Health

Virginia Department of Medical Assistant Services





BEHAVIORAL HEALTHCARE IN THE COMMUNITY

Lisa Jobe-Shields, Ph.D.

Division Director, Behavioral Health

Overview

- Current Medicaid Behavioral Health Services
 - Substance Use Continuum (ARTS Program)
 - Project BRAVO and Crisis Services Continuum
 - Children's Services Continuum
 - Adult Services Continuum
- Governor's Right Help. Right Now. Plan to Transform Behavioral Health
- DMAS Behavioral Health Dashboard
- Behavioral Health Service Administrator (BHSA) contract change Nov. 1

ARTS Benefit

- Array of services based on the American Society of Addiction Medicine (ASAM) continuum implemented in 2017
- Access has increased year over year, with over 53,000 receiving a service in State Fiscal Year 2021
- Evaluated on an annual basis as part of 1115 waiver authority
 - Waiver due for renewal this December



Addiction Treatment Providers Serving Medicaid Members*

Provider Type	# of Providers Before ARTS	# of Providers in ARTS Year 5	% Increase in Providers
Inpatient Detox (ASAM 4)	N/A	70	NEW
Residential Treatment (ASAM 3)	4	95	↑ 2,275%
Partial Hospitalization Programs (ASAM 2.5)	N/A	47	NEW
Intensive Outpatient Programs (ASAM 2.1)	49	209	↑ 327%
Opioid Treatment Programs	6	44	↑ 633%
Preferred Office-Based Addiction Treatment Providers	N/A	202	NEW
Outpatient practitioners billing for ARTS services (ASAM 1)	1,087	6,184	↑ 469%

*Magellan of Virginia – BHSA Network April 2022

BRAVO Services



- Launch of nine enhanced services strategized to address the psychiatric bed crisis including investment in **evidence-based services delivered in the community.**

7/1/21

Assertive Community Treatment
Partial Hospitalization
Intensive Outpatient

12/1/21

Multisystemic Therapy
Functional Family Therapy
Mobile Crisis Response
Community Stabilization
23-Hour Crisis Stabilization
Residential Crisis Stabilization

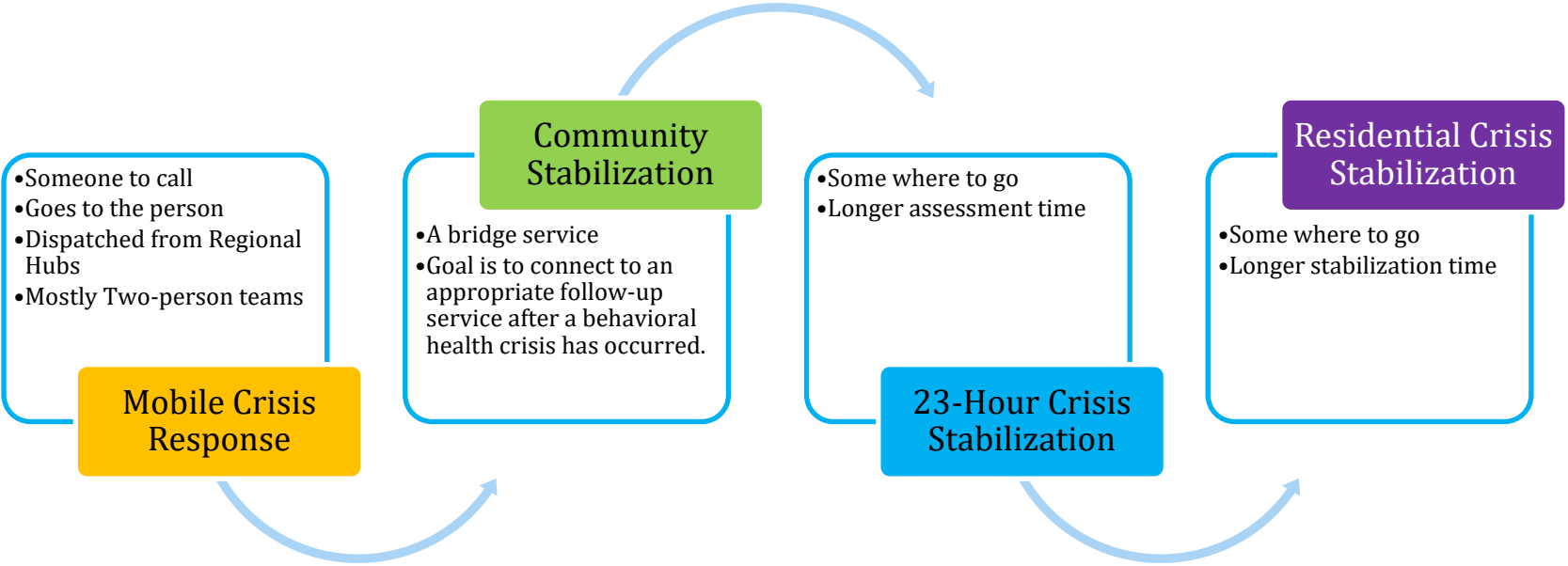
- Close Coordination with DBHDS, DHP, DSS, DJJ and OCS to assure alignment across payers and regulators of these services

- Establishment of the Center for Evidence-Based Partnerships with other HHR agencies and VCU to support accountability through evaluation and reporting on cross-agency efforts

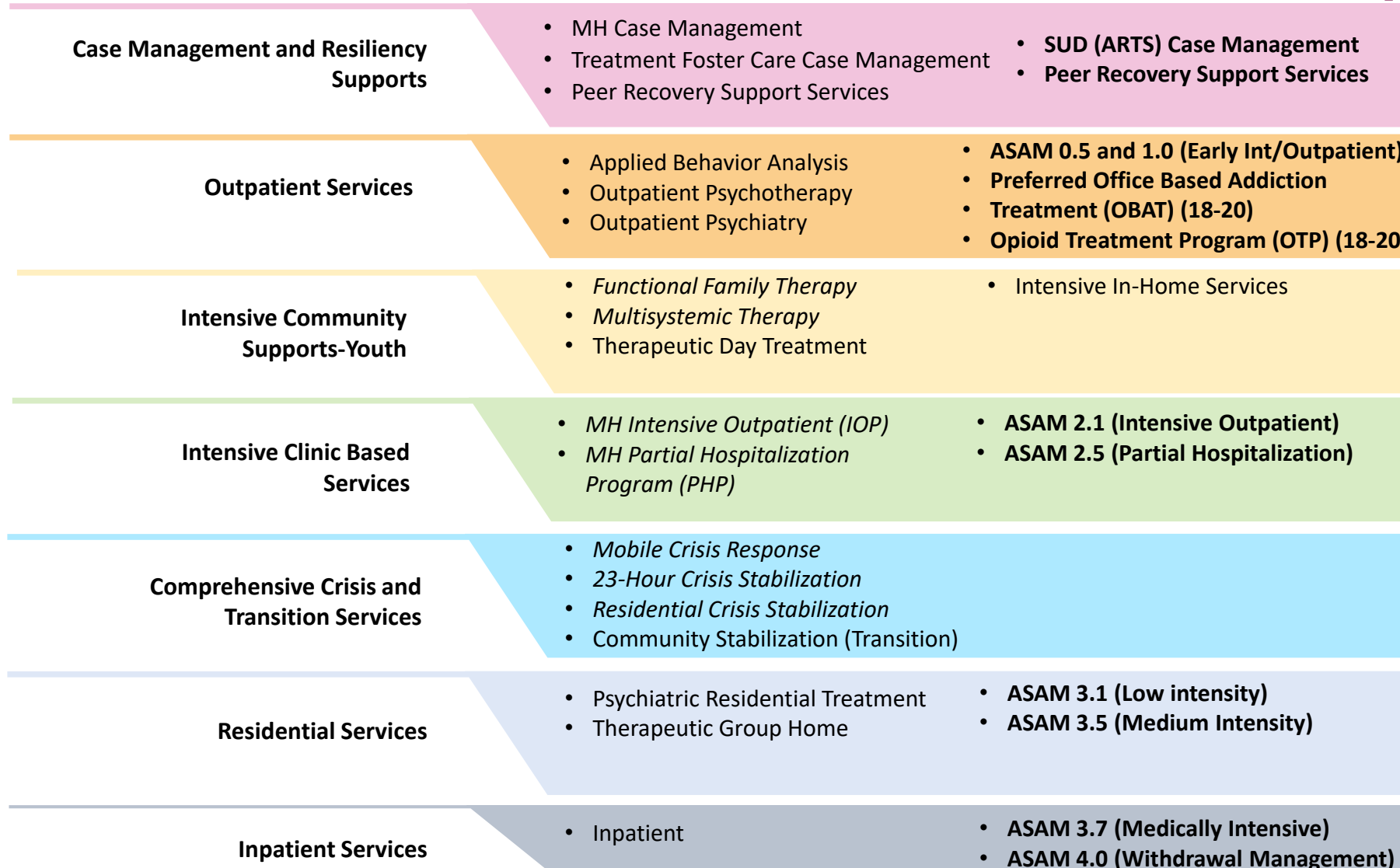


- Management of complex implementation of crisis services to connect intersecting projects and legislation

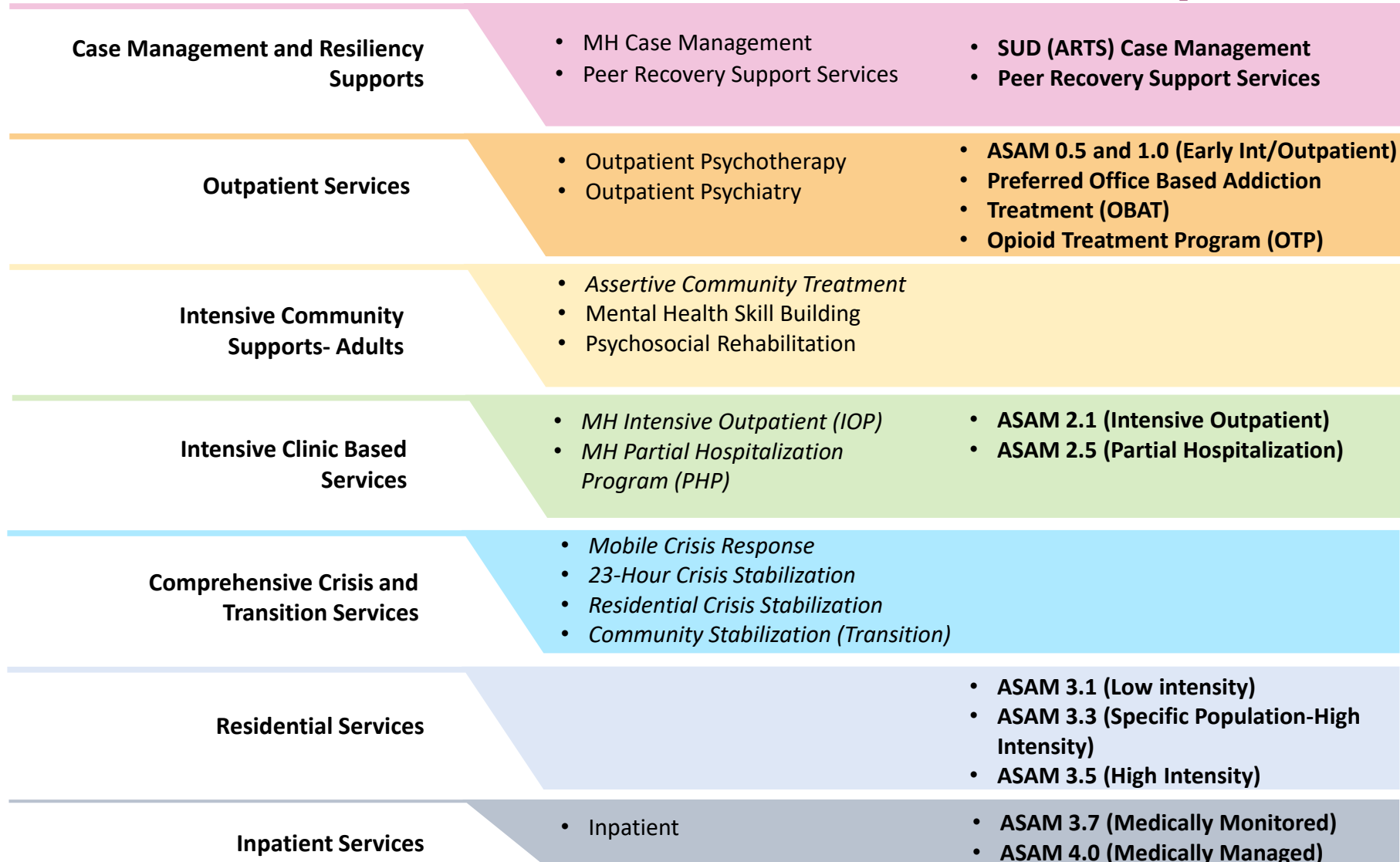
Crisis Continuum of Care in Medicaid



Youth (0-under 21) Services Continuum: Today



Adult Services Continuum: Today



Right Help. Right Now.

An aligned approach to BH that provides access to **timely, effective, and community-based care** to reduce the burden of mental health needs, developmental disabilities, and substance use disorders on Virginians and their families

1: We must strive to ensure **same-day care for individuals experiencing behavioral health crises**

2: We must **relieve the law enforcement communities' burden** while providing care and **reduce the criminalization of behavioral health**

3: We must **develop more capacity** throughout the system, going beyond hospitals, especially to enhance community-based services

4: We must **provide targeted support for substance use disorder (SUD)** and efforts to prevent overdose

5: We must **make the behavioral health workforce a priority**, particularly in underserved communities

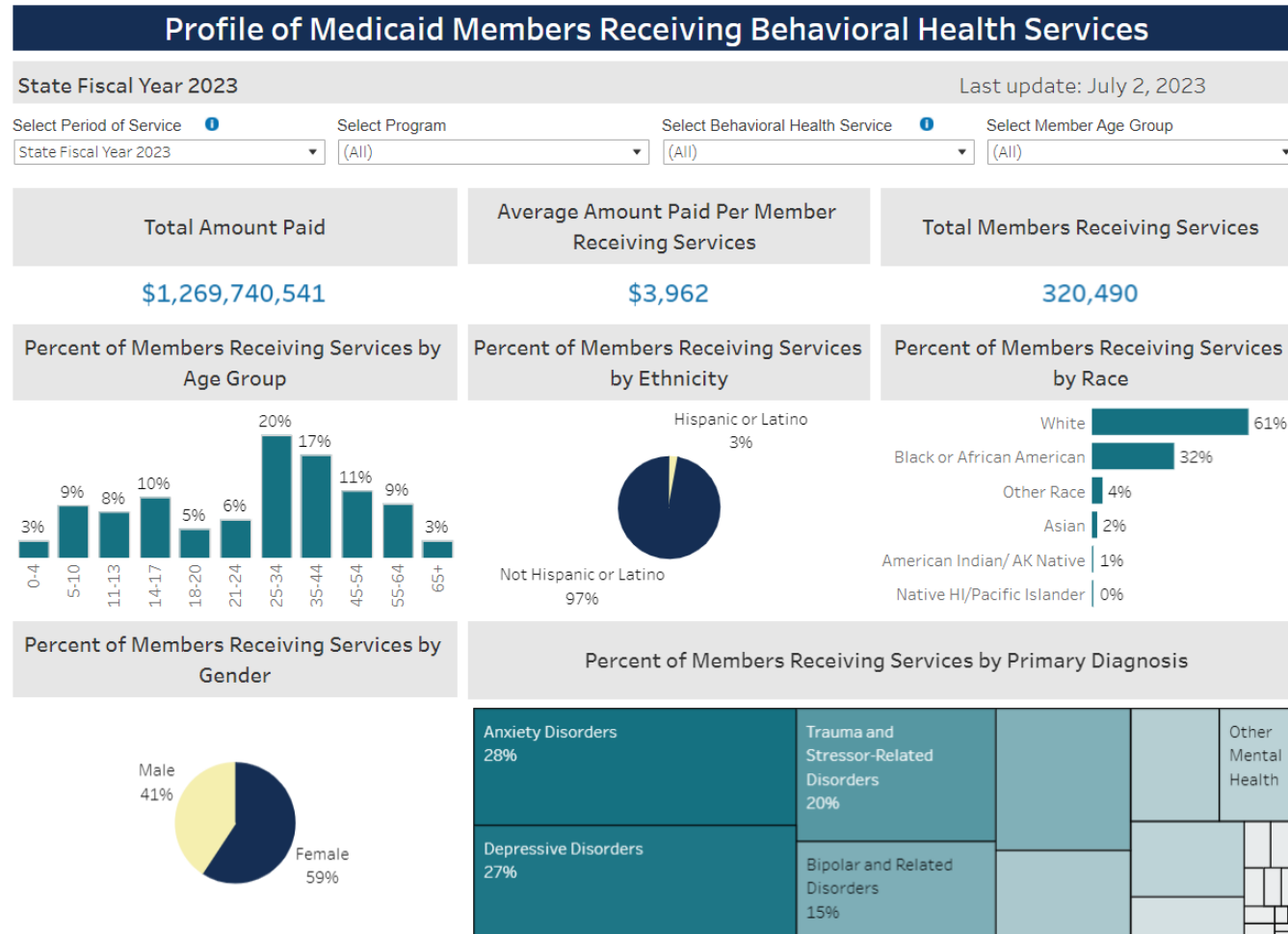
6: We must **identify service innovations and best practices** in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps



Virginia Medicaid Behavioral Health Dashboard

Since July 2022, **320,490** of Virginia Medicaid members have received behavioral health services (from data received to-date)

[Behavioral Health Service Utilization and Expenditures | DMAS - Department of Medical Assistance Services \(virginia.gov\)](#)



Behavioral Health Services Administrator (BHSA) Contract Transition

- Fee for service (FFS) contract with Magellan is ending this Fall
- Behavioral health FFS service authorizations will be managed by Kepro beginning November 1

Thank you for your partnership, support and participation.

Additional Questions?

Please contact us at:

Mental Health: enhancedbh@dmas.virginia.gov

ARTS: SUD@dmas.virginia.gov

Provider Enrollment: VAMedicaidProviderEnrollment@gainwelltechnologies.com

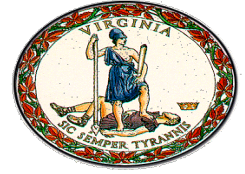


QUALITY MEASURES AND QUALITY IMPROVEMENT

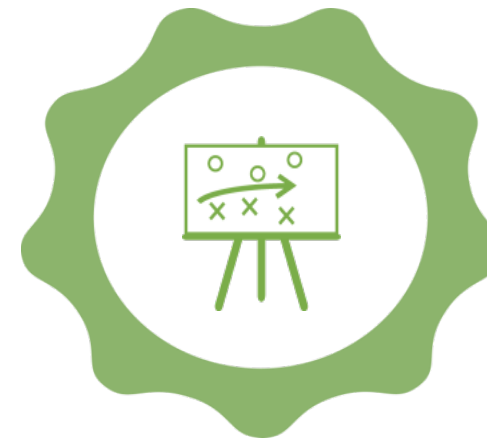
Laura Boutwell

*Director, Quality and Population Health Division
Virginia Department of Medical Assistant Services*





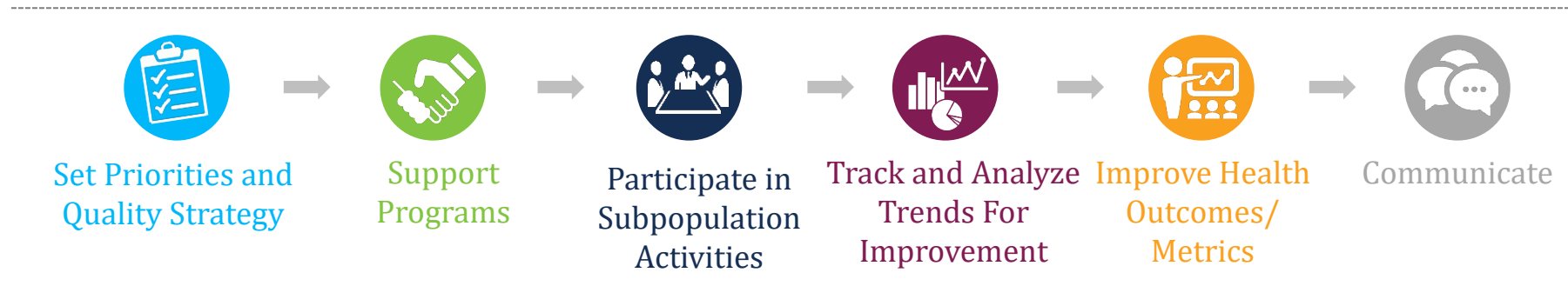
Quality and Population Health Division (QPH)



Laura Boutwell, DVM, MPH
Division Director

Quality and Population Health Division: Overview

Mission and Vision



The Quality and Population Health Division is responsible for overseeing the quality of care given to Medicaid members, including those enrolled with contracted managed care organizations (MCOs).

- To make sure the care provided meets acceptable standards and Medicaid members are receiving high-quality, cost-effective care, DMAS ensures compliance with both state and federal regulations, in addition to DMAS's policies.

DMAS partners with MCOs to provide high-quality combined physical and behavioral health services that will improve the health and wellbeing of our members.

- The care given must meet standards for improving quality of care and services, access, changes needed in care, addressing health gaps, and timeliness.

Current Quality Improvement Efforts

Calendar Year 2023



2023-2025 DMAS Quality Strategy

Three-year strategic document on Agency quality improvement goals
Additional details on the current framework on the next slide

Medicaid Program Changes

QPH is working with the Agency to oversee new and upcoming programmatic changes to Medicaid, including managed care program merger



Performance Monitoring Dashboards

High priority HEDIS® quality measures w/ performance expectations
Now LIVE: <https://dmas.virginia.gov/data/managed-care-hedis-dashboards/>



Quality Reporting and Accessibility

Updates to the Quality webpage on DMAS site to increase public access to reports
Transform internal and external reporting accessibility to support Agency efforts

National Committee for Quality Assurance (NCQA)

All MCOs must obtain and maintain NCQA accreditation, including LTSS Distinction
QPH interfaces with NCQA regularly for best practices and trainings

External Quality Review Organization (EQRO) Contract and Oversight

QPH is responsible to mediate work between the EQRO and DMAS as well as the MCOs as needed to perform required quality improvement activities

2023-2025 Quality Strategy Overview

- ✓ What is a Quality Strategy?
 - It is a three-year strategic document that outlines a coordinated and comprehensive system to proactively drive quality throughout the Virginia Medicaid and CHIP system
- ✓ Utilizes a CMS Quality Strategy Framework
 - Set **Goals** -> Create **Objectives** -> Design **Interventions** -> Monitor via **Measures**
- ✓ Progress on the Quality Strategy is reviewed and published annually with DMAS and our EQRO in the Annual Technical Reports
 - DMAS has multiple quality improvement activities that monitor key areas of the Quality Strategy Goals, including focus studies, performance measure development, and performance improvement projects.
- ✓ Analyses are also shared internally with program teams as well as with MCO partners to provide a continuous quality improvement feedback loop

2023-2025 Quality Strategy Goals



Enhance the Member Care Experience



Promote Access to Safe, Gold-Standard Patient Care



Support Efficient and Value-Driven Care



Strengthen the Health of Families and Communities



Providing Whole-Person Care for Vulnerable Populations

For more information on the full Quality Strategy, visit the DMAS website:
<https://www.dmas.virginia.gov/about-us/office-of-quality-and-population-health/studies-and-reporting/>

Quality Strategy Intervention Example

*2023-2025
Virginia
Quality
Strategy
Framework*

Goal

Strengthen the health of families and communities



Objective

Improve outcomes for maternal and infant members

Intervention

Utilization of value-based purchasing arrangements
(details on next slide)

Measures

Prenatal and Postpartum Care:
Postpartum Care HEDIS®
measure

Quality Strategy Intervention Example, Continued

✓ Performance Withhold Program (PWP)

- 1% capitation withhold
- Separate PWP arrangements by managed care program
- Measures cover a variety of health care domains
- Alignment of performance thresholds within QS



- ✓ Prenatal and Postpartum Care: Postpartum Care is a HEDIS[®] measure within the PWP, so there is a financial incentive to drive improvement

Healthcare Effectiveness Data and Information Set (HEDIS®)

Dashboard Development

- ✓ HEDIS® is one of the most widely used set of performance measures in the health care industry
 - Developed to address a variety of important health care topics and provide a standardized way to measure performance
 - In Virginia Medicaid, the managed care organizations work with Certified HEDIS® Compliance Auditor (CHCA) to audit and verify the measures, then submitted the audited measures in a locked file to both NCQA as well as to DMAS
- ✓ DMAS developed and publishes a dashboard to utilize the HEDIS® measure rates that align with the 2023-2025 Quality Strategy

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Managed Care HEDIS® Dashboard Demonstration

The screenshot displays the DMAS website interface. At the top left is the logo for the Department of Medical Assistance Services, with the text "Department of Medical Assistance Services" and "An official website of the Commonwealth of Virginia Here's how you know". To the right is a search bar labeled "Find a Commonwealth Resource". Below this is the "Cardinal Care" logo and "Virginia's Medicaid Program". A navigation menu includes "Applicants", "Members", "Providers", "Appeals", "COVID-19", "Data", and "About Us". A breadcrumb trail shows "Home" > "Data" > "Managed Care HEDIS Dashboards". The main heading is "Managed Care HEDIS Dashboards". The text below explains that DMAS publishes key quality performance measures (HEDIS®) for managed care programs, which are nationally recognized and audited. It also mentions the 2023-2025 DMAS Quality Strategy benchmark of the National 50th percentile. A language selector at the bottom right shows "English" with a right arrow.

Department of Medical Assistance Services
An official website of the Commonwealth of Virginia [Here's how you know](#) ▾

Find a Commonwealth Resource

Cardinal Care
Virginia's Medicaid Program

Sitemap MES Portal [MES Portal](#) Skip to Main Content

Search the site

Applicants ▾ Members ▾ Providers ▾ Appeals ▾ COVID-19 ▾ Data ▾ About Us ▾

Home > Data > Managed Care HEDIS Dashboards

Managed Care HEDIS Dashboards

DMAS publishes key quality performance measures for our managed care programs as part of our commitment to transparency. The data below, known as the Healthcare Effectiveness Data and Information Set (HEDIS®) are nationally recognized measures that are audited for accuracy by specially certified auditors.

In alignment with the [2023-2025 DMAS Quality Strategy](#), the performance benchmark is the National 50th percentile, meaning that the managed care health plans must perform in the top 50% for these quality measures.

Virginia Medicaid is committed to working toward continuous quality improvement goals to ensure that Virginia Medicaid members have timely access to quality health care. These dashboards are an important part of our effort to demonstrate the value of managed care to the Virginia Medicaid program.

English >

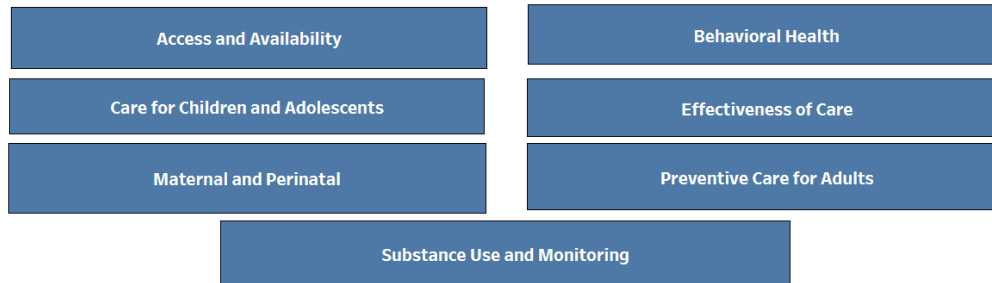
Managed Care HEDIS® Dashboard Demonstration

Virginia Medicaid Managed Care HEDIS: Measurement Year (MY) 2020 Dashboards

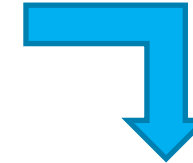
Healthcare Effectiveness Data and Information Set HEDIS® is a national standard that is widely used to present performance measures in the managed care industry, collected and maintained by The National Committee of Quality Assurance (NCQA). The purpose of the Virginia HEDIS® dashboard is to provide transparency to Virginia Medicaid members and regulatory bodies, while demonstrating accountability to members.

The panel below consists of seven categories of HEDIS® measures. Each quality measure is reported by Managed Care Organization (MCO) and includes the state average and national 50th percentile rate. The measurement year (MY) 2020 measures reflected in this dashboard occurred in calendar year 2020. Click on a preferred category below, then choose a measure from the dropdown to view.

**According to the National Committee of Quality Assurance Quality Compass®, caution is advised when using MY2020 data for trending.*



Scroll down and then click on the measure domain you are interested in



Use the drop-down menu to view and select the specific measure to view



Measure Name (Select from the dropdown below)

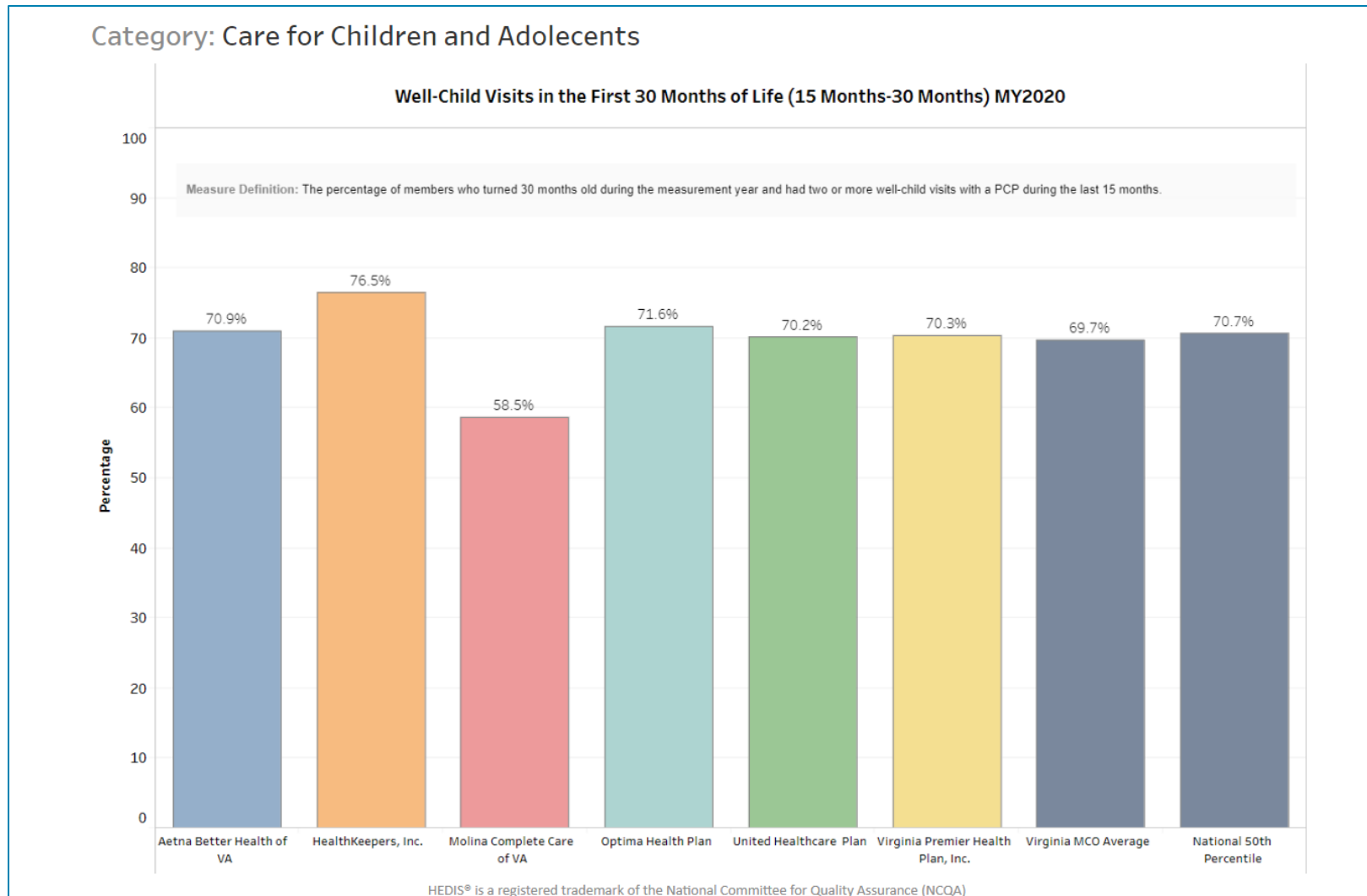
Well-Child Visits in the First 30 Months of Life (15 Months-30 Months) MY2020

Category: Care for Children and Adolescents

Well-Child Visits in the First 30 Months of Life (15 Months-30 Months) MY2020

Measure Definition: The percentage of members who turned 30 months old during the measurement year and had two or more well-child visits with a PCP during the last 15 months.

Managed Care HEDIS® Dashboard Demonstration



Quality and Population Health DMAS Website Demonstration

Background

The Office of Quality and Population Health is responsible for overseeing the quality of care given to Medicaid members, including those enrolled with contracted managed care organizations (MCOs). To make sure the care provided meets acceptable standards and Medicaid members are receiving high-quality, cost-effective care, DMAS ensures compliance with both state and federal regulations, in addition to DMAS's policies. DMAS partners with MCOs to provide high-quality combined physical and behavioral health services that will improve the health and wellbeing of our members. The care given must meet standards for improving quality of care and services, access, changes needed in care, addressing health gaps, and timeliness.

Quality care refers to:

1. Quality of physical health care, including primary and specialty care;
2. Quality of behavioral health care focused on recovery and rehabilitation;
3. Access and availability to primary care, behavioral health care, pharmacy services, specialty health care, and Medallion providers and services;
4. Uninterrupted coordination of care across all care and service settings for smooth transitions in care and maximum care continuum; and,
5. Enrollee experience and access to high-quality, coordinated, and culturally-competent clinical care and services.

The activities overseen by the Quality Improvement unit consist of the Quality Strategy, Performance Improvement Projects (PIP), regulation reviews, Technical Reports, and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Medicaid member satisfaction surveys for children and adults. The activities overseen by the Population Health Unit include Performance Measure Validation processes (PMV), the Medicaid Maternal and Child Health Focus Study, and the Child Welfare Focus Study.

NAVIGATE

Office of Quality and Population Health

[Quality Improvement Unit](#)

[Population Health Unit](#)

[Contracts and Regulations](#)

[Studies and Reporting](#)

[Data and Dashboards](#)

[Additional Resources](#)



Quality and Population Health DMAS Website Demonstration

Overview

The Office of Quality and Population Health strongly believes in the principle of data transparency and the use of data to drive informed decisions. Several quality data and analytic products are produced to help focus and drive quality improvement within the Department of Medical Assistance Services (DMAS):

- Annual Technical Reports
- Quality Strategy Report
- Medicaid and CHIP Maternal and Child Health Focus Study
- Child Welfare Focus Study
- Encounter Data Validation
- FAMIS CAHPS Survey
- Dental Utilization in Pregnant Women Study



NAVIGATE

Office of Quality and Population Health

- Quality Improvement Unit
- Population Health Unit
- Contracts and Regulations
- Studies and Reporting
- Data and Dashboards
- Additional Resources

Scroll down or click on the report you are interested in from the list



➔ Medicaid and CHIP Maternal and Child Health Focus Study (Formerly known as the Prenatal Care and Birth Outcomes Focus Study)

DMAS has worked with Health Services Advisory Group, Inc. (HSAG) since the state fiscal year 2015-2016 to complete an annual focus study that includes measurable information about prenatal care and linked birth outcomes among women with births paid by Title XIX or Title XXI. Title XIX or Title XXI includes Medicaid, Family Access to Medical Insurance Security (FAMIS), FAMIS MOMS, FAMIS Prenatal Coverage, Medicaid Expansion, and Low-Income Families with Children (LIFC) programs.

- 2021-2022 Medicaid and CHIP Maternal and Child Health Focus Study
- 2020-2021 Prenatal Care and Birth Outcomes Focus Study
- 2019-2020 Prenatal Care and Birth Outcomes Focus Study

Potential Discussion Points

- ✓ DMAS 2023-2025 Quality Strategy
 - Were you aware that the Agency has a Quality Strategy?
 - Do you have any recommendations for outreach to get engage public comment?

- ✓ Managed Care HEDIS® Dashboard
 - Do you think visualizing data like this is helpful for members?
 - What information would you like to see in future quality dashboards?

- ✓ Quality and Population Health Website Updates
 - Are the updates to navigate and find current reports helpful?
 - Is there any additional information that would be helpful for members to include on the website?



PUBLIC COMMENT

Open to the Public

- Public comment period is 15 minutes.
- Those wishing to make a public comment must join via the WebEx link or In-person.
- Send a message to one of the hosts or place your full name in the comments to be recognized during this time.
- Each speaker will be granted only 3 minutes to speak.

Thank you! Do not hesitate to **Contact Us!**

Medicaid Member Advisory Committee

Department of Medical Assistance Services (DMAS)

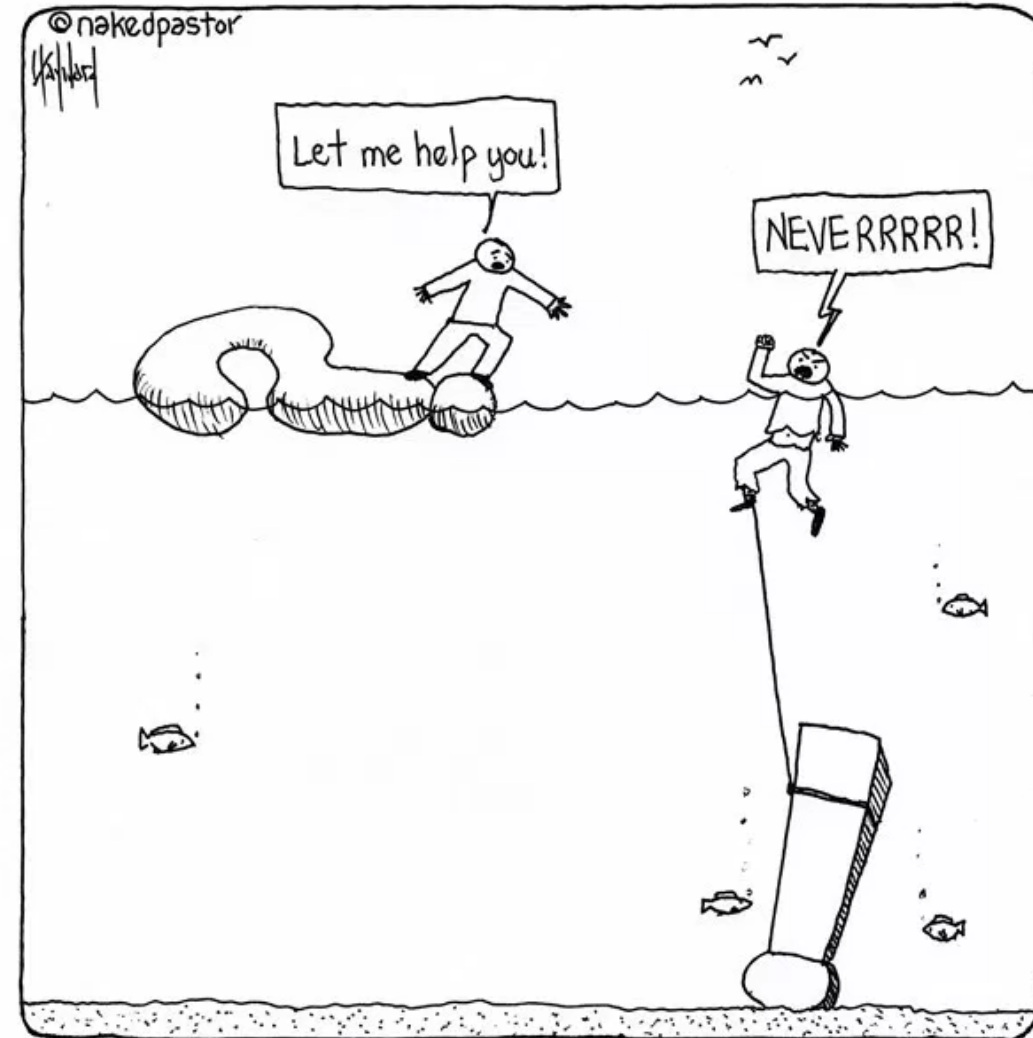
Commonwealth of Virginia

600 East Broad Street, Richmond, VA 23219

Email: mac@dmas.virginia.gov

Website: <https://www.dmas.virginia.gov/for-members/member-advisory-committee/>

Cover Virginia: <https://coverva.dmas.virginia.gov/>





ADJOURNMENT

Next Meeting:
Monday, November 13, 2023