Medicaid Member Advisory Committee
Inaugural Meeting
600 East Broad Street, Richmond, Virginia

April 1, 2019
Minutes
Approved by unanimous vote

Attendees

<table>
<thead>
<tr>
<th>Committee Members</th>
<th>DMAS Staff</th>
<th>Guests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian Campbell</td>
<td>Dr. Jennifer Lee, Director</td>
<td>Dr. Daniel Carey, Secretary of Health and Human Resources*</td>
</tr>
<tr>
<td>Catherine Childers</td>
<td>Rachel Pryor, Deputy Director of Administration</td>
<td>Marvin Figueroa, Deputy Secretary of Health and Human Resources*</td>
</tr>
<tr>
<td>Margaret Crowe</td>
<td>Sarah Broughton (facilitator)</td>
<td>Sherry Sinkler-Crawley, Department of Social Services</td>
</tr>
<tr>
<td>Sandra Hermann</td>
<td>John Stanwix (meeting convener and facilitator)</td>
<td>Vanea Preston, Department of Social Services</td>
</tr>
<tr>
<td>William (“Hamilton”)</td>
<td>Walter Burton (meeting organizer)</td>
<td></td>
</tr>
<tr>
<td>Holloway*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>James Murdoch, Sr.</td>
<td>Sherrrie Carter (prepare minutes)</td>
<td></td>
</tr>
<tr>
<td>Elizabeth Noriega</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lisa Richard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robert Savoy</td>
<td></td>
<td>* Denotes left meeting early</td>
</tr>
</tbody>
</table>

WELCOME AND CALL TO ORDER:

John Stanwix called to order the inaugural meeting of the Medicaid Member Advisory Committee (“MAC” or “Committee”) at 10:05 a.m. on Monday, April 1, 2019, in Conference Room 7 A/B at DMAS’ headquarters. Mr. Stanwix explained that the Committee had nine members present, with representation from across the Commonwealth. He noted that the Committee was formed to serve in an advisory capacity to the DMAS Director, who Mr. Stanwix then introduced.

Introduction by Jennifer S. Lee, M.D., DMAS Director:

Dr. Lee thanked the MAC members for their sacrifices to be present and to be part of this journey with DMAS. She emphasized that “this is your health insurance program,” and “you are our most important stakeholder.” Dr. Lee then explained how the MAC would be kicking off a series of initiatives and steps to improve the Medicaid member experience. She expressed that the members are the best source for insight into what is working or not in the Medicaid program. She asked the Committee members to think about how to gain the most out of being on the Committee, beginning with what they would like to learn about the Medicaid program. She spoke about how the Committee agendas will be flexible to help craft what members would like to see be the focus of the meetings. Dr. Lee then introduced Secretary Carey.
Introduction by Daniel Carey, M.D., Secretary of Health and Human Resources:

Dr. Carey thanked the MAC members for being at the meeting. He expressed the importance of hearing the voice of the Medicaid members. Dr. Carey stated that his Secretariat is committed to continuous improvement. He explained that it is his goal to gain a better understanding of how to serve the Medicaid members, their families, and their communities. He stated that he could grow his understanding by listening to the dialogue of the meeting and that he looked forward to doing so.

Introduction by Rachel Pryor, DMAS Deputy Director of Administration:

Ms. Pryor spoke about how grateful, excited, and appreciative she was that the MAC members were present. She asked the members to use the Committee to advise the DMAS Director on how Virginia Medicaid programs and policies “play out” for the Committee members, as well as individuals in their communities who have Medicaid health insurance. Ms. Pryor stated that DMAS is ready to focus on the items that the Committee lays out for DMAS in order to make Medicaid policies more member-centric. She explained that she was previously a social worker who helped enroll individuals into Medicaid and that she was, therefore, very interested in the work of the Committee.

COMMITTEE MEMBER INTRODUCTIONS, DISCUSSION ON COMMITTEE PURPOSE, MORNING COMMITTEE MEMBER ACTIVITY

Sarah Broughton expressed her appreciation for being involved in the MAC meeting. She asked the Committee members and other staff at the table to introduce themselves by answering four questions: (1) Name; (2) Where they are from; (3) Who they are representing; and (4) What is important to them about Medicaid. Answers were provided by the Committee attendees listed above.

Morning Activity:

Ms. Broughton then asked the Committee members to break into pairs to get to know each other. As an “icebreaker,” Ms. Broughton provided examples of general questions to answer in the pairs, such as describing an ideal day, a favorite food, or a place they would like to visit. She also asked them to share one thing they would most like to experience from the MAC.

The results of the activity were discussed. Members mentioned that they wanted to see more collaboration between Virginia Agencies who worked on Medicaid eligibility and services. Interest was expressed in hearing more about telemedicine, gym memberships, wellness classes, transportation in rural areas, and expanded services. A member stated that they would like to see DMAS make access to Medicaid easier.

Ms. Broughton then spoke about DMAS’ mission and values. The DMAS Mission Statement is “[t]o improve the health and well-being of Virginians through access to high quality health care
coverage.” The values are: service, collaboration, trust, adaptability, and problem solving. She stated that the role of a MAC member is to share their story to help make Medicaid better.

Ms. Broughton referenced that the state of Colorado has a Medicaid Experience Advisory Committee. She stated that Colorado let DMAS staff “listen in” on one of the meetings. She explained that the beginning of the Colorado meeting was devoted to reviewing a list of expectations about how the staff and their committee members agree to interact together, which Colorado referred to as their “Rules of Engagement.”

The MAC discussed taking a page from Colorado’s committee, and making a list for expectations and interactions during meetings. Ms. Broughton recommended that the Committee call it their “MAC Pact.” An open discussion ensued concentrating on suggestions for incorporating Colorado’s ideas, and adding the MAC members’ ideas. One idea from a MAC participant was to make sure there was a “healing environment”, which was met with agreement by the other Committee members. Other suggestions included:

- Be engaged;
- Welcome one another as peers;
- Use rules of dialogue and non-judgment;
- Respect all views and agree to disagree;
- Engage those who normally would not speak much;
- Focus on what the Committee members are trying to improve and create meaningful solutions;
- Be mindful of time;
- No speaking over each other;
- Be hard on the problem, not each other;
- Keep things fresh by changing it up from time to time;
- Provide timely follow-up when feedback is given;
- Use a “parking lot” for ideas so they are not forgotten; and
- Add a list of acronyms for ease of reference.

A short break was taken to allow the members to pick-up their lunches.

**LUNCH WITH PRESENTATIONS**

DMAS – Orientation to Virginia Medicaid: Rachel Pryor and John Stanwix gave a presentation, and general questions were taken.

DSS – Medicaid Application process presentation: Sherry Sinkler-Crawley gave a presentation and general questions were taken.
Ms. Broughton conducted an activity wherein Members were asked to brainstorm and list on sticky notes their suggestions for future topics of interest. The sticky notes were placed on a main board that consolidated related categories (learning, questions, experiences, people and ideas) into one chart. A miscellaneous category was also developed based on some of the topics listed. The Committee members were then provided with stickers so that they could “vote” for the topics they wanted to see addressed the most in the upcoming meetings. The voting results were as follows:

<table>
<thead>
<tr>
<th>Topic Areas of Interest</th>
<th>Votes</th>
<th>Description</th>
</tr>
</thead>
</table>
| Discuss how to help families understand what is available to them from Medicaid, including: | 5     | • Who to talk to when you have Medicaid benefit questions  
• How to seek Medicaid coverage for more specialized therapies  
• How to expand friendly education for families and promote proactive, people-oriented outreach  
• How to address questions related to the consistency of how Medicaid benefits are approved and administered |
| Talk with waiver program staff to learn more about these services and share experiences | 4     | • Understand regional differences in how services are administered  
• Share experiences regarding gaps with waiver services |
| Talk with consumer direction program staff to learn more about these services and share experiences | 2     | • Discuss opportunities to improve oversight of service facilitation  
• Share experiences and concerns regarding attendant hours under consumer direction  
• Learn more about waiver rates |
| Explore opportunities to promote additional wellness services                           | 2     | • Better understand what vision and dental services are already available  
• Better understand the determination of “medical necessity” versus what is deemed “cosmetic”  
• Explore opportunities to incorporate additional non-medical wellness services |
| Talk with managed care program staff to learn more about Medicaid managed care         | 1     | • Learn more about the history of managed care in Virginia  
• Better understand how Medicaid members are assigned to managed care organizations (MCOs)  
• Learn more about the MCO approvals, denials, and appeals processes  
• Share experiences related to provider access and how MCOs differ when approving services |
### PUBLIC COMMENT

Christina Barrille from the Virginia Pharmacists Association made comments, starting by thanking Dr. Lee for forming the Committee and for the Committee members for taking their time to participate. She explained that pharmacies are experiencing some difficulties and that a study would be performed with DMAS this year to review how pharmacy benefits are delivered. She asked the Committee members to consider access to pharmacies, especially in underserved areas. She also requested that the Committee review how mail order pharmacies may affect medication adherence. She concluded by stating that pharmacists play a vital role in chronic care management, as well as managing disease states such as diabetes.

Brian Gullins from Civitas Health Services made comments regarding seniors’ long-term care and Medicaid. He wanted to know if there are projections for “how many Virginians will be coming into Medicaid based on long-term care cost needs.” He mentioned that there are situations where individuals may have dual Medicare and Medicaid eligibility. He asked whether there could be robust social marketing campaigns to help aging Virginians understand the importance of long-term care insurance.

### ADJOURNMENT

Mr. Stanwix thanked everyone for participating in the meeting. Rachel Pryor remarked on what a productive meeting she felt had occurred. She noted that an after-action report would be prepared and sent to the Committee members along with a survey so that DMAS could begin preparing for the next meeting. Dr. Lee extended her gratitude and emphasized that DMAS intends to make the Committee worthwhile for the members. She encouraged the members to go back to their communities and families to bring DMAS more ideas and feedback.

Member comments upon closing were about how excited they are about MAC, and one comment in particular was how nice it was to see the faces that care for the Virginia Medicaid program.

Mr. Stanwix adjourned the meeting at 2:00 p.m.

---

<table>
<thead>
<tr>
<th><strong>Topic Areas of Interest</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Share concern that acute care hospitals are not considered in the MCO assignment process</td>
</tr>
<tr>
<td>1 Vote Discuss the Medicaid Appeals process and explore opportunities to address appeal-related barriers</td>
</tr>
<tr>
<td>1 Vote Discuss the opportunity to improve Medicaid care delivery through use of Telehealth</td>
</tr>
<tr>
<td>Discuss the implications and privacy concerns related to Electronic Visit Verification (EVV)</td>
</tr>
<tr>
<td>Discuss ideas to enhance the TracFone benefit through more minutes and texting options</td>
</tr>
</tbody>
</table>

---

-5-