



2025 Virginia Medicaid

# MEMBER ADVISORY COMMITTEE (MAC) BOOK



The Virginia Medicaid Member Advisory Committee (MAC) functions in an advisory capacity to the Virginia Department of Medical Assistance Services (DMAS) Agency Director and their executive leadership team, staff, and the State Board of Medical Assistance Services. MAC has no direct policy making authority but is encouraged to make recommendations to the DMAS Agency Director on matters within its purview. DMAS and the entire Virginia Medicaid continuum of care values member and family participation in improving the Virginia Medicaid member experience. The Virginia Medicaid MAC provides a way for individuals with current or past lived experience with Virginia Medicaid to share recommendations and feedback on the programs and services of the Virginia Department of Medical Assistance Service (DMAS) and all the partners along its continuum of care and coverage to ensure that their voices and perspectives are heard and considered in the decision-making process of the DMAS Agency Director.

The MAC is designed to meet the following objectives:

- Prioritize person and family centeredness, which means we respect and value individual strengths, preferences, and contributions, and work with members, not doing things to or for them.
- Provide opportunities for collaboration between VA Medicaid and members with the goal of improving member experience and the relationship between VA Medicaid and all members.
- Provide a way for VA Medicaid to test if programs, policies, and materials are working as designed and having the desired outcome.
- Fulfill the federal requirement that all state Medicaid agencies have a Beneficiary Advisory Council.

Discussion and recommendations from the MAC will help guide the Medicaid program and are shared with the Virginia Medicaid Leadership and its network.

# MEMBER ADVISORY COMMITTEE (MAC): PURPOSE

June 09, 2025



**Location:** Virginia Department of Medical Assistance Services (DMAS), 600 E. Broad Street, Richmond, VA 23219

General MAC Meeting		
Access Link for Microsoft Teams Webinar	Dial in by Phone ONLY	Access Code for Audio ONLY
<a href="https://events.gcc.teams.microsoft.com/event/064ee524-c63b-4a1f-a688-9f73f8bd051e@620ae5a9-4ec1-4fa0-8641-5d9f386c7309">https://events.gcc.teams.microsoft.com/event/064ee524-c63b-4a1f-a688-9f73f8bd051e@620ae5a9-4ec1-4fa0-8641-5d9f386c7309</a>	Dial in by phone <a href="tel:+14342300065266763576">+1 434-230-0065, 266763576#</a> United States, South Hill  Phone conference ID: 266 763 576#	Webinar number: 214 825 491 554  Webinar password: aG6Hx6eA

The link to view live captions is as follows: <https://www.streamtext.net/player?event=HamiltonRelayRCC-0609-VA4321>*Approximate Time*


<b>10:00 a.m.</b>	<b>Call to Order &amp; Introductions</b> <i>Call to Order</i> <i>Committee Members, ELT, and Speaker Introductions</i>
<b>10:05 a.m.</b>	<b>Vote on March 10, 2025 MAC Minutes</b>
<b>10:10 a.m.</b>	<b>Presentation</b> – Cardinal Care Managed Care <i>20-minute presentation; 10-minute Q&amp;A</i>
<b>10:40 a.m.</b>	<b>Public Comment</b> *Those wishing to make a public comment must join via the Microsoft Teams Webinar link or in-person. Send a message to one of the hosts and raise your hand (if enabled) or place your full name and location in the comments to be recognized during this time. Each speaker will be granted only two (2) minutes to speak.
<b>10:55 a.m.</b>	<b>Closing Remarks and Announcements</b>
<b>11:00 a.m.</b>	<b>Adjournment</b>

**NOTE:** Reasonable accommodations for meeting presentations will be provided upon request for persons with disabilities and limited English proficiency. Please notify the **DMAS Civil Rights Coordinator at (804) 482-7269**, or at [civilrightscoordinator@dmass.virginia.gov](mailto:civilrightscoordinator@dmass.virginia.gov) at least five (5) business days before the meeting to make arrangement.



Virginia Medicaid  
Member Advisory Committee  
(MAC) Meeting:  
**General Meeting**

Monday, June 09, 2025



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## Virtual Meeting Notice

Please mute your line if you are not speaking. This meeting will be recorded for administrative purposes.

The slides will be posted to the MAC website after the meeting.

The link to access the RCC services is:

<https://www.streamtext.net/player?event=HamiltonRelayRCC-0520-VA4379>

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## Accessibility Check-in Reminders: All Attendees

- Say your name each time you speak.
- Attendees are provided materials ahead of time and in an accessible format.
- Use a microphone to project your speech; if one is not available repeat questions when asked.
- Language access options provided upon request to include real time captioning.
- Spell acronyms and avoid or define terms, jargon, and idioms.
- Speak clearly; avoid speaking too fast, which is particularly helpful to individuals whose primary language is not the one in which you are speaking, sign language interpreters, and real time captioners.



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## Accessibility Check-in Reminders: Speakers

- Summarize major points.
- Avoid reading word-for-word text on presentation slides unless you are reading a quotation.
- Give background and contextual information.
- Display key terms and concepts visually.
- Describe visuals such as images, objects, infographics, diagrams, and more so that non-visual participants can understand the information being presented.
  - **Example:** "On the screen is a diagram which represents the process flow which starts with..."
- Offer outlines and other scaffolding tools: connecting your presentation information by building upon what participants may already know.
- Give attendees time to process information; pause between topics, and after you ask for questions.



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## Accessible, Inclusive Self-Introductions

Participants with vision take in a lot of information about the people and the environment around them. To offer context for all participants, visual and non-visual (people with blindness or low-vision, a brief description of yourself using a few sentences. At a minimum, include the following details:

- **Name**
- **Members** (the region and who you are representing on the MAC)
- **Organization and role**

You may also include your gender identity, your pronouns, your race or ethnicity, your skin color, hair color and style, whether you have facial hair, what clothing and jewelry you are wearing, and a short description of your background.

- **Member Example:**
  - My name is \_\_\_ from \_\_\_ region and I am representing \_\_\_\_\_. I am a black woman with curly black hair and round gold glasses wearing a red dress and snazzy black heels.
- **Speaker/Facilitator Example:**
  - My name is \_\_\_ with *(insert organization)* where I serve as the *(insert role)*. I am a Hispanic male with wavy brown hair wearing a blue button-down shirt and khaki pants with a gold apple watch and navy-blue loafers.

If presenting virtually, you can include the background color or setting.

- **Example:**
  - My name is \_\_\_ from \_\_\_ region and I am representing \_\_\_\_\_. I am a black woman with curly black hair and round gold glasses. I'm wearing a red blouse. Behind me is a gray wall with several framed pictures, next to a bookshelf.



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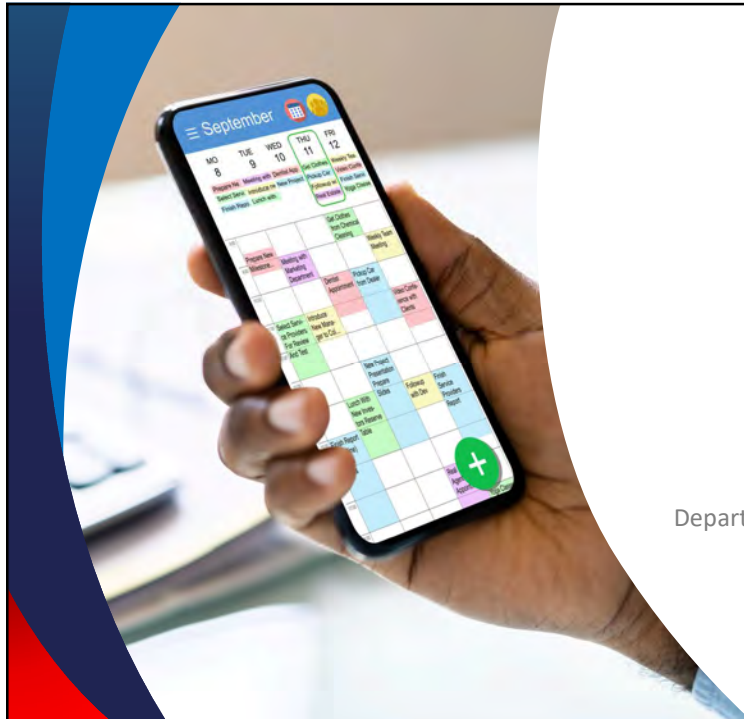
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## Notes



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**CardinalCare**  
Virginia's Medicaid Program

# AGENDA

**Natalie Pennywell**  
Department of Medical Assistance Services (DMAS)

**DMAS**

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## Agenda

1. Call to Order
2. Member Roll Call
3. Minutes Approval: 03.10.2025 MAC Meeting
4. Presentation: Cardinal Care Managed Care Program Overview
5. Public Comment
6. Announcements
7. Adjournment

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**CardinalCare**  
Virginia's Medicaid Program

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# MEMBER ROLL CALL & INTRODUCTIONS

## **Presenter:**

Natalie Pennywell, MPH, CHES  
Virginia Department of Medical Assistance Services



# MAC MEMBERS

- Ghadah Aljamali
- Courtney Berry
- Martha Bryant
- LaSherron Diaz
- Mark Dixon (virtual)
- Sheila Johnson
- Brian Marroquin (virtual)
- Amanda Plotner
- Bryan Roache' (virtual)
- Sohail Safeer
- La'Tonya Slaton-Graham
- Yvette Thompson
- Craig Thomson

Virginia Medicaid Advisory Committee (MAC) Meeting  
June 09,, 2025 - Virginia Department of Medical Assistance Services (DMAS)



 **CardinalCare**  
Virginia's Medicaid Program

# MEMBER ROLL CALL AND INTRODUCTIONS


**Natalie Pennywell**  
Department of Medical Assistance Services (DMAS)

 **DMAS**


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## Introduce yourself in the chat!



- Name & Organization
- If you had an unlimited travel budget for one year and did not have to work, where would you go and what would you do? Feel free to share a photo of your destination!

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## MAC Member Roll Call

- |  |   |
|--|---|
| <input type="checkbox"/> Ghadah Aljamali | <input type="checkbox"/> Amanda Plotner         |
| <input type="checkbox"/> Courtney Berry  | <input type="checkbox"/> Bryan Roache'          |
| <input type="checkbox"/> Martha Bryant   | <input type="checkbox"/> Sohail Safeer          |
| <input type="checkbox"/> LaSherron Diaz  | <input type="checkbox"/> La'Tonya Slaton-Graham |
| <input type="checkbox"/> Mark Dixon      | <input type="checkbox"/> Yvette Thompson        |
| <input type="checkbox"/> Sheila Johnson  | <input type="checkbox"/> Craig Thomson          |
| <input type="checkbox"/> Brian Marroquin |   |



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## Notes



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# MINUTES APPROVAL


## **Presenter:**

Natalie Pennywell, MPH, CHES  
Virginia Department of Medical  
Assistance Services









**CardinalCare**  
Virginia's Medicaid Program

# MINUTES APPROVAL

**Natalie Pennywell**  
Department of Medical Assistance Services (DMAS)


  
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## Notes

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Virginia's Medicaid Program

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**Medicaid Member Advisory Committee Meeting**  
**Department of Medical Assistance Services**  
*Via Microsoft Teams Webinar Videoconferencing*  
**March 10, 2025 Minutes**

<b>Committee Members</b>	
<b>Present: In Person</b>	
Ghadah Aljamali	
Martha Bryant	
LaSherron Diaz	
Sheila Johnson	
Amanda Plotner	
Sohail Safeer	
La'Tonya Slaton-Graham	
Yvette Thompson	
Craig Thomson	
Patricia Vandervelden	
<b>Present: Virtual</b>	
Mark Dixon	
Brian Marroquin	
Courtney Berry	
Bryan Roache'	
<b>Absent</b>	
No Members	
<b>DMAS Staff &amp; Speakers</b>	
<b>DMAS Executive Leadership Team Members</b>	
Cheryl Roberts, Director	
Jeff Lunardi, Chief Deputy Director	
Ivory Banks, Chief of Staff	
Tammy Whitlock, Deputy Director for Complex Care Services	
Adrienne Fegans, Deputy Director of Program Operations	
Dr. Lisa Price Stevens, Chief Medical Officer	
<b>Speaker(s)/Facilitators(s)</b>	
Kandi Chamberlain, MPH, Rural Health Manager, Virginia State Office of Rural Health, Virginia Department of Health (VDH)	
Tekeila Collins, Supervisor, Member and Provider Solutions Team, DMAS	
<b>DMAS Support Team Members</b>	
Natalie Pennywell, Outreach & Community Engagement, Facilitator; Steering Committee	
Sandra Coffey (Sandi), EPO Administrative Assistant, Steering Committee Member	
Dorothy Swann, Outreach and Member Engagement Specialist, Steering Committee Member	
Norman Gaines, AV Specialist, Technology Support	
Kristin Lough, Hearing Officer, Minutes	
Sonya Scott, ITS Operations Analyst, Technology Support	
<b>Closed Caption</b>	

Attendance					
# of Committee Members	# of ELT Members	# of Speakers	# of Support Team Members	# of General Public	Total
14	6	2	7	36	65
Member Engagement Since Last Meeting					
# of Comments	# Inquiries	# Outstanding Inquiries	# Inquiries Closed	Total	
17	0	0	N/A	17	

### **Welcome and Call To Order**

Natalie Pennywell called to order the meeting of the Virginia Medicaid Member Advisory Committee (MAC or Committee) at 10:12 a.m. on Monday, March 10, 2025, via Microsoft Teams Webinar online meeting platform. Ms. Pennywell explained that the meeting had a full agenda and that Committee members would have time to ask questions and share feedback during the meeting. Ms. Pennywell covered the accessibility guidelines and the agenda. She then introduced the DMAS Director, Cheryl Roberts.

### **Welcome**

*Welcome – Cheryl Roberts, DMAS Director  
Jeff Lunardi, Chief Deputy Director*

Director Roberts greeted the Committee and thanked the Committee for their participation in the MAC meeting. Director Roberts acknowledged the uncertainty and impending changes to Medicaid, and Director Roberts indicated that DMAS would continue to work on changes in response to CMS and Congress and translate those changes to MAC members. The General Assembly had a short session, which is over, and bills are waiting for changes and approvals to bills from the Governor. DMAS knows it will need agility, adaptability and accountability, and DMAS will continue to keep its attitude positive.

Chief Deputy Director Lunardi stated that the Commonwealth is aware that major changes in funding will come from the federal government, and the General Assembly is prepared to return to session and react to those changes as they come.

### **Member Introduction**

Ms. Pennywell asked members to introduce themselves, indicate where they are in Virginia, and what restaurant they would invite friends to in their local area. The committee members, residing in different regional areas from around the state, introduced themselves and stated who they are representing.

### **Review and Vote to Approve Minutes from Meeting on October 21, 2024**

Each of the MAC members were provided a copy of the October 21, 2024, meeting draft minutes, and the draft minutes were also posted on the Committee's webpage on DMAS' website, as well as on the Virginia Town Hall website.

Ms. Pennywell offered the Committee the opportunity to provide objections or changes to the minutes. MAC member La'Tonya Slaton-Graham made a motion to accept the draft minutes from the October 21, 2024, meeting. A MAC member seconded the motion to accept the minutes. The Committee then voted to approve the minutes with a unanimous vote.

### **Presentation - Healthcare Access in Rural Virginia**

*Kandi Chamberlain, MPH – Rural Health Manager, Virginia State Office of Rural Health (VA-SORH); Virginia Department of Health (VDH)*

Mrs. Chamberlain explained that access to healthcare in rural Virginia presents unique challenges with provider shortages, long travel distances, and fewer healthcare facilities making it difficult for residents to get the care they need. Medicaid plays a crucial role in helping rural residents access healthcare services. Safety net clinics are key to healthcare access. These clinics include Federally Qualified Health Centers (FQHCs) that provide primary care services and accept Medicaid; Free and Charitable Clinics (FCCs) serve uninsured patients while some may also accept Medicaid; Rural Health Clinics (RHCs) provide outpatient primary care, and basic laboratory work and first response services. Some RHCs are associated with a Critical Access Hospitals (CAH) while others are independent. Local health departments also serve as crucial healthcare providers for rural communities. Each local health department offers different services that may include immunizations, maternal health services, community health initiatives, and others.

There are eight CAHs in Virginia that meet specific federal requirements, including no more than 25 inpatient beds, provide 24-hour emergency care services, possess a length of stay averaging no more than 96 hours and among others. Dental care access continues to be difficult for Medicaid members due in part to only 27% of Virginia dentist serving Medicaid patients.

The Virginia Rural Health Plan (VRHP) is a comprehensive action plan designed to address the health and wellness needs of rural communities across Virginia. The VRHP showcases the resilience and strengths of the Commonwealth's rural areas while identifying opportunities to improve access to quality healthcare and address health disparities. Virginia is a national leader in telehealth policy and innovation. Telehealth is a tool to enhance traditional care and is becoming fully integrated into healthcare.

Mrs. Chamberlain asked that members to continue to advocate for rural health by providing feedback, participating in community meetings, and utilizing the available healthcare resources and spreading awareness to empower others.



Comments from Members included:

Members indicated that telehealth has been a great benefit to members, saving money on ambulance rides and reducing wait times for specialty providers. Another member indicated that telehealth has been very helpful when she can get through to the provider. A member indicated that based on her experience, the Commonwealth could improve contact for rare disorder providers in other states.

Members indicated that they advocate for opportunities for Medicaid members by presenting public comment at the General Assembly, reached out to Senators and Representatives, appearing at regional meetings especially to advocate for elected individuals on committees, and joining as many local committees as possible for advocacy. Another member indicated that the Medicaid transportation benefit can help offset a lack of care providers in rural areas, as most benefit programs have unlimited mileage opportunities, although other Managed Care Organizations limit mileage to 50 miles or fewer. Other members indicated that they have changed Managed Care Organizations to ensure they can receive nearby care. Members recounted stories of inappropriate contact from a driver, making that member cautious about subsequent rides, or jumbled requests for transportation, including drivers appearing hours after the appointment time.

### **Presentation - Moving Towards Solutions: DMAS Member & Provider Solutions Team Overview**

*Tekeila Collins— Supervisor, Member and Provider Solutions Team*

Ms. Collins thanked MAC members for their time and participation. Cardinal Care is the Virginia Medicaid Program, encompassing all programs covered by DMAS. DMAS will be phasing out CCC+ and Medallion 4.0 names for Cardinal Care Managed Care (CCMC), which will consolidate the two managed care services. CCMC cover all Medicaid members with managed care but will not cover those individuals excluded from managed care, like Developmental Disability (DD) waiver recipients who receive fee-for-service care.

CCMC will allow for a single managed care contract and waiver. The intent of the managed care contract is to preserve continuity of managed care, enrollment, and provide a responsive model of care. The intent is to enhanced accountability and oversight. The responsive model of care should be Member focused, providing access to care management services across populations based on the member's evolving needs and health risk, using data to ensure timely and appropriate care.

There are three levels of care: high, moderate and low, and care coordination for those members with minimal needs. Care coordinators partner with providers to support member choice, facilitate transitions between care, complete health risk assessments, create a care team for the member, promote quality, collaborate and establish community. Ms. Collins walked through member information like new member enrollment, distinguishing fee-for-service from managed care, and contact information for specific issues. Managed care enrollment brokers can help members change between managed care organizations, open enrollment, find providers, and compare plans.

Questions and comments raised by Committee Members included:

Members discussed issues with the care coordinator, including difficulties contacting them or creating a relationship, that the care coordinators change regularly, only mail a single letter, and do not reach out in

other ways, including necessary accommodations for disabilities which should be well known by the care coordinators. In a household with multiple members, there are several care coordinators with inconsistent quality and communication, as well as difficulty accessing the electronic systems for each family member. Parent caregivers do not receive respite care and are having paid hours cut by managed care organizations. The level of care does not change and often increases as children age. Members mentioned essentially losing benefits because they were found eligible for additional services or equipment under a care coordinator, and once the individual should receive the service or equipment, the care coordinator changes, and the family must restart the process for that item. Members have found significant delays in receiving lab results and appropriate prescriptions and question if the care limitations are due to the desire for profits within the MCOs.

Ms. Pennywell thanked the presenters and members then opened the meeting to public comment.

### **Public Comment**

Brian Roache asked how often MCOs are retrained on caring for individuals with special needs. He identified that care coordinators change and are not aware how to interact with their new members.

Mark Dixon uses the Anthem website to identify which providers are in network for his plan. This helps him find rural providers who are available to him without out-of-network costs.

Courtney Berry thanked the presenters. Regarding rural health, there appears to be declining participation for transportation, especially in the southwest Virginia area. If members must travel more than 75 miles, their care coordinators have to reach out to the transportation provider to approve travel for gas reimbursement. The healthy eating app provides brand name product coupons that are out of the budget of members and becomes unhelpful.

Sohail Safeer suggested that care coordinators should be required to contact members via phone at every change, and that there should be semi-annual or quarterly meetings between care coordinators and members to improve communication.

La'Tonya Slaton-Graham stated that it is clear that DMAS needs to improve communication between third party providers and members to ensure benefits

Amanda Plotner asked if there were process improvement programs in place to improve provider success. She indicated that fraud, waste and abuse reviews are important but often focus on the member rather than the providers.

### **Adjournment**

Mr. Lunardi provided closing remarks, including thanking members for feedback that can be difficult but important to hear about the quality of care being received by members. He indicated that there are programs in place to ensure that quality care is being delivered, and that DMAS would take this feedback to the team for process improvement.

Ms. Pennywell thanked the Committee for joining, and he stated that DMAS will evaluate the MAC member questions and comments to create agenda topics for future meetings.

Ms. Pennywell thanked members for their participation and adjourned the meeting at 11:55 a.m.

DRAFT

# CARDINAL CARE MANAGED CARE PROGRAM OVERVIEW

## **Presenter:**

Adrienne Tyler Fegans  
Deputy of Programs and Operations  
Virginia Department of Health (VDH)







**CardinalCare**  
Virginia's Medicaid Program

# DMAS Cardinal Care Managed Care Program Overview

**June 09, 2025**

VIRGINIA'S MEDICAID PROGRAM  
**DMAS**  
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## Agenda

1. Cardinal Care Managed Care Program Overview
2. Upcoming Changes to Cardinal Care Managed Care
3. Transitions and Enrollment
4. Implementation Member and Provider Supports



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## Questions

Committee Members – Questions will be answered by the presenter after each agenda item. Please type your questions into the chat or use the raise hand feature.

Other Stakeholders and Members of the Public – we will take questions from the public at the end of the meeting as time allows. Please hold your questions.

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*The Virginia Department of Medical Assistance Services (DMAS) plays an essential role in the Commonwealth's health care system by offering coverage to nearly 2 million Virginians*



**1 in 4 Virginians**  
receive often lifesaving  
coverage through Virginia  
Medicaid



**More than  
740,000 children**  
in Virginia are covered  
by Medicaid



**More than 87% of  
members**  
receive coverage through  
managed care

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## Virginia Medicaid Populations

*Medicaid is available to Virginians who meet specific income thresholds and other eligibility criteria*



**748,696**  
Children



**735,818**  
Adults



**189,713**  
Limited Benefits  
Individuals



**136,970**  
Individuals with  
Disabilities



**93,711**  
Older  
Adults



**40,450**  
Pregnant &  
Postpartum



Source: May 1, 2025: DMAS Enrollment Dashboard - <https://www.dmas.virginia.gov/data/medicaid-famis-enrollment/>

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## Cardinal Care Managed Care

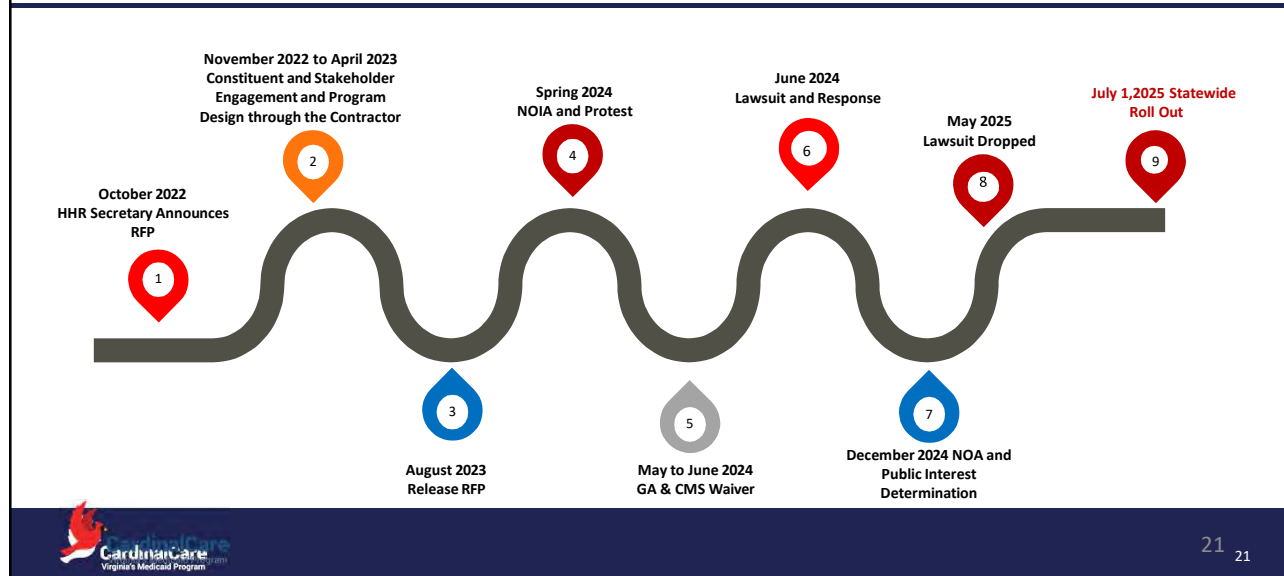
*DMAS is improving the Cardinal Care Managed Care (CCMC) program with these steps:*



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## Cardinal Care Managed Care Procurement Milestones



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## 10 Top Goals of Cardinal Care

The goals of CCMC are focused to drive member-centric transformation in Virginia's Medicaid system

1

Ensure Virginians covered by Medicaid have appropriate access to quality health care in every community.

2

Focus on behavioral health services and outcomes for members through integrated health care targeting prevention, treatment, crisis, and recovery as part of the Right Help. Right Now. initiative.

3

Enhance maternal and child health outcomes through strategic initiatives that increase member engagement and provide appropriate and timely access to services across geographic regions and for all populations.

4

Strengthen provider access, adequacy, and availability through streamlined administrative and payment processes, training, and monitoring.

5

Support members with high risk factors through case management and other resources to support health-related social needs in the community.

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## 10 Top Goals of Cardinal Care

The goals of CCMC are focused to drive member-centric transformation in Virginia's Medicaid system


- 6 Provide support to children and youth in foster care with a dedicated health plan and services to meet their medical and behavioral health needs.
- 7 Improve access to appropriate services and supports for members receiving LTSS to enable them to live in the setting of their choice and promote their wellbeing and quality of life.
- 8 Drive innovation and operational excellence with a focus on value-based payment arrangements and improved outcomes.
- 9 Increase Virginia's financial protections through quality driven withholds and tighter limits on MCO profits.
- 10 Expand the use of data analytics, compliance monitoring and oversight for increased accountability.

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## What Is Staying the Same?

- No reductions in benefits and services. Existing service authorizations issued by DMAS or the previous health plan will be honored for a minimum of 30 days or otherwise specified in the Cardinal Care contract.
- One managed care program, one contract.
- Providers are required to enroll and periodically revalidate directly with DMAS through its provider services solution (PRSS) portal.
- Newly enrolled members will be in FFS for a short time prior to enrollment in a health plan.



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Virginia's Medicaid Program

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## What Is Changing?

- Humana Healthy Horizons of Virginia is CCMC's new MCO
- Molina will no longer be available
- Molina members will move to Humana
- Providers can begin contracting with Humana now
- Model of care – with a stronger focus on member centered care, with holistic and responsive care management
- Anthem HealthKeepers Plus will serve as a single statewide Foster Care Specialty Plan (FCSP) for children and youth in foster care, adoption assistance members, and individuals with former foster care eligibility
- New contracts and rates that include new GA initiatives
- New plan programs and initiatives
- New enhanced services



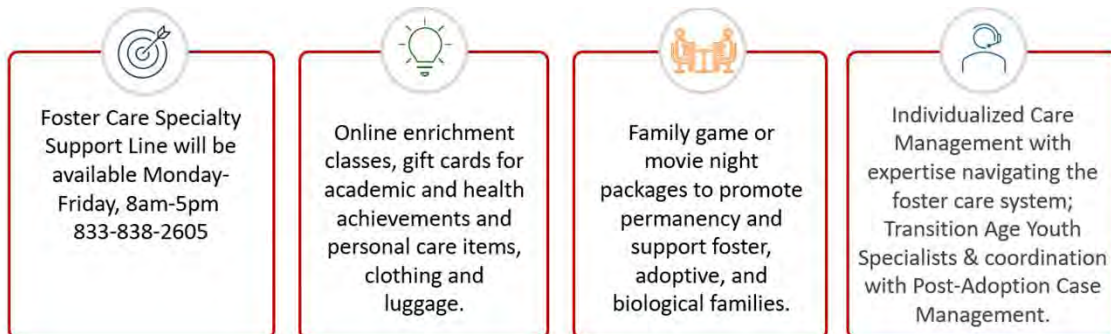
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## Foster Care Specialty Plan

Anthem HealthKeepers has been selected to administer a single statewide Foster Care Specialty Plan (FCSP) under the Cardinal Care Managed Care Contract.

### *Value-Added Benefits*



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## Questions?




• [ccmc@dmas.virginia.gov](mailto:ccmc@dmas.virginia.gov)

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## Notes

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- 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 and location in the comments to be recognized during this time.
  - Each speaker will be granted only two (2) minutes to speak.

# PUBLIC COMMENT



## PUBLIC COMMENT



- Public comment period is 15 minutes.
- Those wishing to make a public comment must join via the Microsoft Teams link or in-person.
- Send a message to one of the hosts or place your full name and location in the comments to be recognized during this time.
- Each speaker will be granted only two (2) minutes to speak.

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## Notes



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# WRAP-UP

## Presenter:

Natalie Pennywell, MPH, CHES  
Virginia Department of Medical  
Assistance Services



# 2025 Virginia Medicaid MAC Meetings

## Dates

- ~~March 10, 2025~~
- ~~June 09, 2025~~
- August 11, 2025
- October 20, 2025

### General MAC Meeting:

- 10:00 AM – 12:00 PM

### Location:

- 600 E Broad Street,  
Richmond, VA 23219
- In-Person w/ Virtual Option
  - Virtual information can be found on [Virginia Regulatory Town Hall](#)



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

### Medicaid Member Advisory Committee (MAC)

Department of Medical Assistance Services (DMAS)

Commonwealth of Virginia

600 East Broad Street, Richmond, VA 23219

Email: [mac@dmass.virginia.gov](mailto:mac@dmass.virginia.gov)

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



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## 2025 MEETING DATES

- March 10, 2025
- June 09, 2025
- August 11, 2025
- October 20, 2025



**JUNE 09, 2025**



**AUGUST 11, 2025**



**OCTOBER 20, 2025**

## 2025 MEETING LOCATION

- 600 E. Broad Street, Richmond, VA 23219
- In-Person w/ Virtual Option
  - Virtual information can be found on [Virginia Regulatory Town Hall](#)

## 2025 MEETING TIME

- 10:00 AM - 12:00 PM

Virginia Medicaid Advisory Committee (MAC) Meeting  
June 09, 2025 - Virginia Department of Medical Assistance Services (DMAS)



# NOTES





# NOTES

# NOTES

# ADJOURNMENT



## Adjournment



- Don't forget to tell a friend about Virginia Medicaid MAC.
- Encourage a member to apply to be a MAC member.
- Do something outside and get an extra dose of Vitamin D, fresh air, and summertime wonderment.

See you on August 11, 2025!



Virginia is the second state to create a Medicaid Member Advisory Committee (MAC) made up exclusively of members and their authorized representatives. Launched in April 2019, the group meets quarterly to provide the Medicaid Director with valuable feedback and recommendations on the agency's programs, policies, services and communications.

The committee members represent all regions of the state and a cross-section of Medicaid programs. Through their participation, they are helping to make Medicaid more accessible and effective in serving our larger membership.



# ABOUT VIRGINIA'S MEDICAID MEMBER ADVISORY COMMITTEE (MAC)



SCAN ME  
FOR MORE MAC INFORMATION