

**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)/Facilitator(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>

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