

Medicaid Member Advisory Committee Meeting
Department of Medical Assistance Services
Via WebEx Videoconferencing

September 15, 2025, Minutes

Committee Members	
Ghadah Aljamali	
Martha Bryant	
LaSherron Diaz	
Sheila Johnson	
Amanda Plotner	
Sohail Safeer	
La'Tonya Slaton-Graham	
Yvette Thompson	
Craig Thomson	
Patricia Vandervelden	
Brian Marroquin	
Brian Roache'	
Courtney Berry	
Mark Dixon	
Presenters	
Veronica Quinonez, Communications and Outreach Specialist, Organizer	
Lynne Vest, Member and Provider Relations Specialist, Organizer	
DMAS Staff	
Cheryl Roberts, Director	
Sarah Hatton, Deputy of Administration	
Jessica Anecchini, Senior Policy Advisor, Administration	
Tammy Whitlock, Deputy for Complex Care Services	
Adrienne Fegans,	
Tekeila Collins,	
Norman Gaines,	
Dorothy Swann,	
Jessica McKenzie,	
Emily Roller,	
Ivory Banks, Chief of Staff	
Lynne Vest, Member and Provider Relations Specialist, Organizer	
Veronica Quinonez, Communications and Outreach Specialist, Organizer	
Lynn Hamner, Senior Policy Analyst	
Joanne Atkins, Administrative Assistant	
Dave Bronson, Program Administrative Specialist	

Norman Gaines, AV Specialist, Technology Support
Kristin Lough, Minutes

Welcome and Call To Order

Veronica Quinonez called to order the meeting of the Virginia Medicaid Beneficiary Advisory Council (BAC, Council, or Committee) at 10:12 a.m. on Monday, September 15, 2025, via Microsoft Teams Webinar online meeting platform. Ms. Quinonez explained that the team would discuss the name change and that Committee members would have time to ask questions and share feedback during the meeting. Ms. Quinonez covered the accessibility guidelines and the agenda. She then introduced the DMAS Director, Cheryl Roberts.

Review and Vote to Approve Minutes from Meeting on June 9, 2025

Each of the BAC members were provided a copy of the June 9, 2025, 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.

Lynne Vest made a motion to accept the draft minutes from the June 9, 2025, meeting. Martha Bryant seconded the motion to accept the minutes. The Committee then voted to approve the minutes with a unanimous vote.

Welcome

Welcome – Cheryl Roberts, DMAS Director

Director Roberts greeted the Committee and thanked the Committee for their participation in the BAC 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 BAC members. She acknowledged the Big Beautiful Bill and outlined some of the expected changes, including increased renewal requirements for Expansion recipients, and noted that most BAC members would be unaffected. The Rural Transformation Fund will provide \$100 million to each state for five years to improve rural healthcare access. DMAS will be competing for funds from another \$500 million, and the leadership is touring throughout the state in preparation.

The BAC is no longer optional, as it was when it was the Member Advisory Committee, and it is now mandatory. Virginia was highlighted as an example of best practices. Some members will be asked to work with the clinical team in a group that will be called the MAC. Director Roberts introduced Ms. Quinonez.

Presentation - Turning the Member Advisory Committee into the Beneficiary Advisory Committee

Veronica Quinonez – Communications and Outreach Specialist

Ms. Quinonez introduced herself and allowed Lynne Vest to introduce herself to the BAC team. Policy changes should be made by consulting the individuals living the experience. Input from people experiencing policy helps generate informed decisions and improve communication between policymakers and recipients. The MAC became the BAC because there will be another group called the MAC as part of the required councils.

Member only advisory group completely made up of Medicaid members, their families, and other caregivers. The focus will be family health and well-being goals, including quality of care, communications and member outreach, eligibility and enrollment, care delivery, availability of services, and other concerns. States must provide staff support for the Committee and provide interactive and accessible meetings which occur quarterly. Minutes, agendas, and applications for membership must be public. The meetings will be more interactive, with polls and other ways to gain immediate feedback from members, and the presentations will be designed according to universal learning, which means fewer words per page.

BAC members responded to a survey about the previous MAC. Members were very satisfied or satisfied with the MAC. Members liked hearing from other members and experiences as well as hearing from DMAS leadership. Members liked hearing about changes and the ability to interact with DMAS and provide recommendations and suggestions.

Questions and comments raised by Committee Members included:

The BAC is useful because DMAS employees can intercede on behalf of members, particularly with Managed Care Organizations. An example was preparing for the end of the Public Health Emergency and having someone to contact with questions.

A member from a rural community appreciates access to nursing care and improvement of nursing facilities. The member's concerns included closing facilities and economic circumstances negatively impacting Medicaid and SNAP. People in rural areas are forced to go to cities for services, but not all rural areas are as close to diverse resources.

Members are glad to have an opportunity to interact with DMAS executives and let them hear what recipients experience. It would be beneficial to present correct information to providers, because there are questions whether Medicaid recipients can receive and Medicaid will cover the cost of the COVID-19 vaccine.

A member from another rural area expressed problems with transportation to providers and limitations on distance between a member's home and provider's office. It has been beneficial to have contacts at DMAS to obtain providers and access to individuals. This member spends hours weekly on the phone with the MCO to get appointments and transportation. This member received minimal reimbursement for transportation to Washington DC and Maryland. The member's child was put on a two year waitlist for an evaluation, but she will be an adult by the

time she is eligible for this evaluation. She indicated that a care provider suggested that she move to another state to improve her child's access to services.

Another rural member highlighted similar transportation issues and significant communications issues.

A member with special needs adult children outlined significant concerns when appealing MCO decisions. He indicated that he is not able to receive paperwork from the MCO in preparation for the appeal.

Pediatrics and behavioral health appear to be targeted for reduction in care because they are less profitable. When looking at rural improvements, DMAS should consider pediatric needs. Pharmacy deserts are becoming larger and more frequent throughout the state. Rural members benefit from telehealth and broadband access to reduce transportation time and costs. Case management at MCOs should be better trained with more knowledge of healthcare in managing member access.

Another member reiterated that reimbursement and communication is very difficult and improving those barriers would be wonderful. The member suggested bringing providers to local clinics for members in the area to overcome the mentioned transportation concerns. When rules changed effective July 1, most communications about those rule changes were available to members around July 15 or 16. She asked whether DMAS has done a study about the cost to the state for institutionalizing members throughout the state who are losing in-home care hours, because it may be that with reduction of hours, more people have to move into nursing facilities to receive appropriate care. The member highlighted that the purpose of in-home care hours was to prevent people from being moved into nursing facilities.

Ms. Quinonez and Ms. Vest thanked members for their comments and asked that members reach out to them after the meeting for additional assistance. Ms. Vest recommended an interdisciplinary care team meeting to help improve coverage, as sometimes paperwork does not include the necessary information to ensure coverage.

Suggestions for improvement included clarification of parking and travel reimbursement. A member suggested a large print BAC Book and to make sure each member receives the login link for every meeting. Ms. Quinonez indicated that the BAC will try to get MCO representatives in future meetings and a deeper understanding of care coordination and how it should work. She noted that it would be very important to hear how members respond to the care coordination information and provide their own lived experience to corroborate or refute that.

Ms. Quinonez indicated that the BAC cannot be fully virtual due to a state regulation which requires that meetings alternate between virtual, in-person, and hybrid. The BAC cannot have two virtual meetings back-to-back due to that regulation. A member asked if the BAC could improve its reimbursement process, especially when members have to travel and stay overnight. Ms. Quinonez discussed the new recruitment process for BAC members and asked the Committee to stay tuned for more information in December.

Ms. Quinonez opened the meeting to public comment.

Public Comment

Craig Thompson highlighted the need for transformation in rural areas of the state. He indicated that healthcare plans have a Byzantine fee structure and target gross margins. Medicaid has a fee structure but also has certain minimal care standards it must meet rather than solely a focus on profitability. He indicated that continuing to discuss care improvements in rural areas will be important for the BAC.

Sohail Safeer reiterated his desire to meet with MCO employees. His Sentara case manager has 50 to 100 cases to coordinate, and he has been trying for two years to obtain a particular piece of medical equipment that appears to get lost in a communication loop.

Brian Marroquin asked for policy clarification on income evaluation periods for ongoing eligibility evaluations. Will local agencies evaluate 30 days, 90 days or what is the lookback period? He also asked who would be making those policy decisions based on the changes, would it be the General Assembly, and where can he advocate about those policy changes.

Martha Bryant noted that her son is in a long-term care facility that has an on-site pharmacy, but his facility is at risk of closure. A number of facilities use CVS Caremark pharmacy, but there are problems with restricted formulary delivery turn-around times with CVS Caremark. Some people wait as much as 10 days for a rare medication, and you must have medical justification to use a brand name rather than generic. She stated that pre-authorizations appear to get lost and pharmacy can be as much of a headache as transportation.

Adjournment

Ms. Quinonez 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. The next meeting will be December 8.

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