2025 Medicaid Advisory Committee (MAC) Annual Report

The Department of Medical Assistance Services

June 29, 2026

VIRGINIA'S MEDICAID PROGRAM

DMAS

CardinalCare

Virginia's Medicaid Program

Contents

Virginia Medicaid Advisory Committee (MAC) Annual Report

Reporting Period: June 2025 – June 2026

Executive Summary

The Virginia Department of Medical Assistance Services (DMAS) established the Medicaid Advisory Committee (MAC) in 2026 in accordance with the Centers for Medicare & Medicaid Services (CMS) Medicaid and CHIP Managed Care Access, Finance, and Quality Final Rule and the requirements outlined in 42 CFR § 431.12.

The MAC serves as a formal advisory body that brings together Medicaid beneficiaries, caregivers, providers, managed care organizations, advocates, and state agency representatives to provide input on Medicaid program administration, service delivery, quality improvement, access to care, and beneficiary experience.

Although 2026 represented the Committee's inaugural year, DMAS made significant progress toward implementing the federal requirements. Key accomplishments included:

- Establishment of the MAC membership structure consistent with federal requirements.
- Development of MAC bylaws and governance procedures.
- Recruitment and appointment of diverse stakeholder representatives.
- Conducting the inaugural MAC meeting on June 10, 2026.
- Presentation and discussion of major Medicaid initiatives, including H.R. 1 implementation activities, Behavioral Health Redesign, and the Single Pharmacy Benefit Manager initiative.
- Identification of priority topics for future MAC engagement.
- Integration of recommendations and themes emerging from the Virginia Beneficiary Advisory Council (BAC).
- Establishment of processes to ensure ongoing collaboration between the BAC and MAC.

The MAC's formation represents an important milestone in strengthening transparency, accountability, and stakeholder engagement within Virginia Medicaid. Together, the BAC and MAC create a structured mechanism through which beneficiary experience and stakeholder expertise can directly inform Medicaid policy and operations.

Membership and Representation

The Virginia Medicaid Advisory Committee (MAC) was established to meet the requirements of 42 CFR § 431.12 and to ensure that Medicaid beneficiaries, providers, advocates, managed care organizations, and state agency partners have a formal role in advising DMAS on Medicaid program administration, service delivery, access to care, quality improvement, and member experience.

The Committee was intentionally designed to represent a broad cross-section of Medicaid stakeholders across the Commonwealth. Membership includes beneficiary representatives, healthcare providers, long-term services and supports organizations, managed care organizations, advocacy organizations, academic institutions, and state agencies that serve Medicaid members.

As of June 2026, the MAC membership included:

Member	Organization/Agency
LaSherron Diaz*	Beneficiary Advisory Council
Sohail Safeer	Beneficiary Advisory Council
La'Tonya Slaton-Graham	Beneficiary Advisory Council
Yvette Thompson	Beneficiary Advisory Council
Emily Lafon	Virginia Hospital & Healthcare Association
April Payne	Virginia Health Care Association
Rachel Rees*	Virginia Health Care Foundation
Mindy Carlin*	Virginia Association of Community Based Providers
Jennie Reynolds*	Anthem HealthKeepers Plus
Robert Newman, MD	Virginia Academy of Family Physicians
Marcia Tetterton*	Virginia Association of Home Care and Hospice
Karah Gunther	Virginia Commonwealth University
Nia Harrison	Virginia Board for People with Disabilities
Duke Storen, Commissioner	Virginia Department of Social Services
Daryl Washington, Commissioner	Virginia Department of Behavioral Health and Developmental Services

*Voting Member

The Committee's membership structure reflects the diverse interests and perspectives of Virginia's Medicaid program and incorporates expertise across healthcare delivery, behavioral health, long-term services and supports, disability advocacy, managed care, beneficiary experience, and public administration.

Consistent with federal requirements, the MAC includes direct representation from Medicaid beneficiaries through designated members of the Beneficiary Advisory Council (BAC). This structure helps ensure that the lived experiences of Medicaid members remain central to discussions regarding access to care, service delivery, quality improvement initiatives, eligibility policies, and program administration.

MAC Membership Snapshot (June 2026)

- Total Members: 15
- Beneficiary Representatives (BAC Members): 4 (27%)
- Provider/Health Care Organizations: 7 (47%)
- Managed Care Organization Representatives: 1 (7%)
- Academic/Disability Advocacy Representatives: 2 (13%)
- State Agency Representatives: 2 (13%)
- Voting Members: 5 (BAC members account for 20% of MAC voting members)

Activities and Accomplishments

Establishment of the Medicaid Advisory Committee

During the reporting period, DMAS completed the foundational work necessary to launch the MAC.

Key implementation activities included:

- Development of MAC bylaws and governance policies.
- Establishment of membership categories and appointment procedures.
- Coordination with beneficiary representatives and stakeholder organizations.
- Development of public meeting procedures consistent with Virginia FOIA and federal requirements.
- Creation of meeting materials, agendas, and support infrastructure.
- Coordination with the Beneficiary Advisory Council to ensure alignment between beneficiary and stakeholder feedback.

These efforts resulted in the successful launch of the MAC and the convening of its inaugural meeting on June 10, 2026.

Inaugural MAC Meeting

The inaugural MAC meeting was held virtually on June 10, 2026, and achieved quorum with representation from beneficiary advocates, providers, managed care organizations, state agencies, and other Medicaid stakeholders.

Major topics discussed included:

- MAC governance and bylaws.
- Overview of DMAS strategic priorities.
- H.R. 1 Medicaid eligibility changes and implementation planning
- Behavioral Health Redesign.
- Single Pharmacy Benefit Manager implementation.
- 2026 General Assembly initiatives.

Members also participated in an open discussion regarding future areas of focus for the Committee.

Priority topics identified for future meetings included:

- Medicaid appeals processes.
- Dental service limitations and proposed dental caps.
- Service denials and reductions.
- Network adequacy and provider access.
- Personal Care Assistant (PCA) service reductions and member impacts.

These topics will help shape the MAC workplan and future meeting agendas. The Committee also received public comment related to reductions in personal care attendant hours and the need for greater transparency and member support during appeals processes.

Beneficiary Advisory Council Input and Recommendations

Because the MAC was newly established during this reporting period, the Committee relied heavily on beneficiary feedback generated through the Virginia Beneficiary Advisory Council (BAC).

The BAC conducted quarterly meetings throughout 2025 and engaged beneficiaries, family members, caregivers, advocates, and the public in discussions regarding Medicaid program operations and member experience.

Major themes consistently identified by BAC members included:

Access to Care

Members reported challenges accessing:

- Rural healthcare providers.
- Specialty care services.
- Dental providers.
- Behavioral health services.
- Providers experienced in serving individuals with complex needs.

Members emphasized the importance of telehealth expansion and improved rural healthcare infrastructure.

Transportation

Transportation remained one of the most frequently discussed barriers.

Members reported:

- Long travel distances for specialty care.
- Transportation authorization challenges.
- Mileage limitations.
- Reimbursement concerns.
- Difficulty accessing transportation for long-term care and waiver services.

Care Coordination

BAC members repeatedly identified concerns regarding:

- Frequent turnover among care coordinators.
- Difficulty contacting care coordinators.
- Lack of continuity during transitions.
- Inconsistent communication practices.
- Delays in securing services and equipment.

Members emphasized the need for stronger care coordination and increased accountability within managed care organizations.

Home and Community-Based Services

Members expressed concerns regarding:

- Personal care attendant hour reductions.
- Respite care limitations.
- Waiver service access.
- Service authorization processes.
- Appeals and fair hearing procedures.

These concerns directly informed the MAC's selection of future agenda topics.

Rural Health and Network Adequacy

Members highlighted provider shortages, pharmacy access challenges, long wait times, and limited specialty care availability in many rural regions of Virginia.

The BAC recommended continued focus on provider network adequacy, transportation, telehealth, and rural health investments.

State Response and Progress

DMAS used BAC feedback throughout the reporting period to inform program oversight, communications strategies, and future stakeholder engagement efforts.

Examples of progress include:

- Launch of Cardinal Care Managed Care in July 2025.
- Continued monitoring of managed care performance and member experience.
- Enhanced member engagement through BAC meetings and public comment opportunities.
- Development and implementation of the MAC structure required under federal regulations.
- Increased transparency regarding major Medicaid initiatives and federal policy changes.
- Identification of beneficiary-prioritized topics for future MAC review.
- Commitment to ongoing collaboration between the BAC and MAC.

The establishment of the MAC itself represents a direct response to CMS requirements and stakeholder recommendations for stronger beneficiary and stakeholder engagement in Medicaid program oversight.

In 2027, DMAS will continue strengthening the MAC as a central component of Virginia's Medicaid stakeholder engagement strategy.

Priority areas for future MAC meetings include:

- H.R. 1 implementation and member impacts.
- Network adequacy and provider access.
- Appeals and fair hearing processes.
- Personal care attendant services and service reductions.
- Dental services.
- Behavioral health redesign.
- Managed care accountability and performance.
- Rural healthcare access.
- Beneficiary experience and quality improvement initiatives.

Operational and Engagement Successes

DMAS continued to support meaningful stakeholder participation through:

- Publicly posted agendas and meeting materials.
- Creation of MAC website: https://www.dmas.virginia.gov/about-us/boards-and-public-meetings/medicaid-advisory-committee/
- Virginia Town Hall meeting notices.
- Public comment opportunities at all meetings.
- Virtual meeting access.
- Closed captioning services.
- Language and disability accommodations upon request.
- Staff support for BAC and MAC members.
- Coordination between beneficiary and stakeholder advisory groups.

The BAC provided an established and effective engagement model that informed MAC implementation and operations.

Looking Ahead

DMAS remains committed to ensuring that the voices of beneficiaries, caregivers, providers, advocates, and community partners directly inform Medicaid policy and program administration. Through continued collaboration between the BAC and MAC, Virginia will strengthen transparency, improve access to care, and advance better health outcomes for Medicaid members throughout the Commonwealth.