 médicaid Physician & Managed Care Liaison Committee Meeting  
(MPMCLC)  
Tuesday, 4/12/16 from 1:30 PM – 3:30 PM  
Conference Room 7A/B  
600 East Broad St. Richmond, VA 23219  
Dial In # 1-866-842-5779  
Conference Code #: 6657847797, followed by the #  
Meeting #7  
AGENDA

| I. Welcome & Introductions | Linda Nablo,  
Chief Deputy Director  
Department of Medical Assistance Services (DMAS) | 1:30 pm |
|---------------------------|-------------------------------------------------|--------|
| II. Introduction of DMAS Chief Medical Officer – Dr. Kate Neuhausen | Linda Nablo  
Chief Deputy Director | 1:35 pm |
| III. Presentation of New Legislative Directive | Linda Nablo  
Chief Deputy Director | 1:40 pm |
| IV. Presentation and Discussion on ER Diversion and Workgroup Approach | Aimee Perron Seibert  
The Hillbridge Group  
and  
Stephanie Lynch  
Virginia Association of Health Plans | 1:50 pm |
Emergency Department Care Coordination Workgroup

Aimee Perron Seibert, MSW
Virginia College of Emergency Physicians
Stephanie Lynch, MSW
Virginia Association of Health Plans
Background:

- Scope of the Problem: Why Care Coordination in the ED?
- Virginia Data
- 2016 Budget Language
- Next steps
In 2014, the Centers for Medicare & Medicaid Services outlined their strategies for addressing the issue of Medicaid beneficiaries using the ED at a higher rate than the privately insured.

Of note, studies have shown this is not due to widespread inappropriate use, but suggest that higher utilization may be in part due to unmet health needs and a lack of access to appropriate settings.

CMS then suggest three strategies that are incorporated into our task force’s goals when looking at care coordination in the ED:

- Focus on Frequent ED Users- “Super Utilizers;”
- Broaden Access to Primary Care;
- Target Patients with Behavioral Health and Substance Abuse Problems.
Virginia plans to build on the experiences of other states who have worked collaboratively to achieve cost savings and better coordination of care for their patients in the ED by: focusing on super utilizers and identifying best practices to help EDs identify the super utilizers, better connect EDs across the state, better connect EDs with primary care and mental health services in their community, create care plans for these patients in conjunction with their health plan, and create the necessary connections for them to get the care they need outside the ED.
### Snapshot: Virginia’s Medicaid ED Expenditures

8.7% Increase from 2011-2014 on total Medicaid ED Expenditures

<table>
<thead>
<tr>
<th>Incurred Year</th>
<th>Total Proxy Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$252,855,859.06</td>
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<tr>
<td>2012</td>
<td>$263,486,390.13</td>
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<tr>
<td>2013</td>
<td>$261,274,720.64</td>
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<tr>
<td>2014</td>
<td>$274,260,188.80</td>
</tr>
<tr>
<td>Grand Total</td>
<td>$1,051,877,158.63</td>
</tr>
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Snapshot: Stakeholders involved Task Force

- Physicians
- Managed Care Plans
- Hospitals
- Department of Medical Assistance Services
- State Agencies
Item 306 #7c
Health and Human Resources
Department of Medical Assistance Services
Language
Page 265, line 57, after the first "committee.", insert:

- “The Committee shall establish an Emergency Department Care Coordination work group comprised of representatives from the Committee, including the Virginia College of Emergency Physicians, the Medical Society of Virginia, the Virginia Hospital and Healthcare Association, the Virginia Academy of Family Physicians and the Virginia Association of Health Plans to review the following issues: (i) how to improve coordination of care across provider types of Medicaid “super utilizers”; (ii) the impact of primary care provider incentive funding on improved interoperability between hospital and provider systems; and (iii) methods for formalizing a statewide emergency department collaboration to improve care and treatment of Medicaid recipients and increase cost efficiency in the Medicaid program, including recognized best practices for emergency departments.”

- Explanation
  - (This amendment adds language directing the Medicaid Physician and Managed Care Liaison Committee to review certain issues affecting the provision of Medicaid services, including how to improve care of “super utilizers”, the impact of primary care provider incentive funding on improved interoperability between hospital and provider systems, and the use of best practices for Emergency Departments to improve care and treatment of Medicaid clients and improve cost efficiency.)
Workgroup Goals:

Per Budget Language:

- 1) Identify how to improve coordination of care across provider types of Medicaid "super utilizers"
- 2) Identify the impact of primary care provider incentive funding on improved interoperability between hospital and provider systems
- 3) Methods for formalizing a statewide emergency department collaboration to improve care and treatment of Medicaid recipients and increase cost efficiency in the Medicaid program, including recognized best practices for emergency departments
Timeline: May 2016 - January 2018

- Establish and convene workgroup members (May 2016)
- Finalize proposals from task force to share with full group (November 2016)
- Develop implementation strategy and benchmarks. Engage & coordinate with additional stakeholders and relevant projects (March 2017)
- Go-Live with Virginia’s ED Care Coordination program (January 2018)
Membership

**Required Members per Budget Language:**
- Virginia College of Emergency Physicians
- Medical Society of Virginia
- Virginia Hospital and Healthcare Association
- Virginia Academy of Family Physicians
- Virginia Association of Health Plans

**Other Stakeholders/Areas of Expertise to Engage:**
- Psychiatric Society of Virginia
- Oral Health
- HIT
- DBHDS/CSBs
- VDH
Next Steps...

- 1) Establish workgroup membership
- 2) Establish a work plan and schedule for task force
- 3) First meeting tentatively in late May
Questions

- Stephanie Lynch, Director of Medicaid Innovation, VAHP
  - stephanie@vahp.org
- Aimee Perron Seibert, Virginia College of Emergency Physicians
  - aimee@hillbridgegroup.com
- Linda Nablo, Chief Deputy Director, DMAS
  - Linda.nablo@dmas.Virginia.gov
- Dr. Kate Neuhausen, Chief Medical Officer, DMAS
  - Kate.Neuhausen@dmas.Virginia.gov