



Office of the Chief Financial and Business Development Officer

February 28, 2016

Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Comment on Virginia's Section 1115 Waiver Application

Dear Centers for Medicare and Medicaid Services:

The University of Virginia Health System (UVA) supports Virginia's Section 1115 Waiver Application, which seeks to align and integrate the Medicaid Managed Long Term Services and Supports (MLTSS) program and the Delivery System Reform Incentive Payment program. Alignment and integration of these two initiatives will continue an important transformation of the Commonwealth's Medicaid system and help reach the goal of efficiently providing all Medicaid patients with the right care in the right place at the right time. The 1115 Waiver presents a powerful opportunity for the state, and UVA is excited to play a part in helping reinvent how Medicaid services are provided in Virginia.

As a safety-net hospital, we frequently see both the "high-utilizer" and "high-risk" Medicaid patients described in the waiver application from the Virginia Department of Medical Assistance Services (DMAS). We agree with DMAS that many of the emergency room and inpatient visits by these high-utilizer and high-risk patients could be prevented through the proposed delivery system transformation. This would enable these Medicaid patients to get the right care sooner, while also increasing our capacity to better serve all patients with tertiary, quaternary or emergency care needs. In addition, we believe the focused initial approach on the Medicaid population with the greatest potential for improving care while reducing cost will be advantageous not only for these patients but also the entire Commonwealth of Virginia, especially when the program is scaled up to serve more Medicaid beneficiaries.

Reducing the high-utilizer's use of Emergency Room services is especially relevant for UVA as our Emergency Room (E.R.) is frequently packed and at times we have had to divert patients to other lower level emergency rooms in our region. Putting systems in place to help lower the traffic to the E.R. by diverting patients who do not truly need emergency services will be well received. This will allow our highly trained staff to focus on truly emergent patients and should help lower overall healthcare costs, thereby benefitting our community and state as well as our patients.

We are also supportive of incorporating behavioral health into the transformation of the delivery system through the Medicaid Managed Long-Term Services and Supports

(MTLSS) proposal. As the DMAS proposal notes, 72 percent of the identified highest-utilizers had a behavioral health diagnosis. It is better for patients' long-term health, as well as being a more efficient use of Medicaid funds, to address patients' behavioral health needs sooner and in the community before patients require a higher level of intensity in their care. This higher level of care includes high cost emergency or inpatient care settings.

UVA stands ready to serve as a coordinating entity for one of the Virginia Integration Partners (VIPs) outlined in the DMAS proposal. As detailed in the proposal, VIPs will share and integrate: care, data, processes and communication. If you look at the diagram on page 12 of the DMAS proposal, UVA Health System already participates in some capacity with all of the other types of providers listed. Serving as a coordinating entity for the VIP would enable us to utilize our strengths as an academic medical center to provide the administrative backbone to facilitate collaboration among partners in our community to better coordinate care to keep patients healthy rather than treating them after they become ill.

There are other ways UVA can contribute to state-wide transformation. UVA's current Telehealth capabilities could be leveraged to expand Telehealth services to the entire state of Virginia. Our Telehealth Office already provides services such as remote patient monitoring and a wide variety of telehealth consults, and with the right resources, we are positioned to provide ready support to the entire Virginia Medicaid population.

The goals outlined in Figure 5 of the DMAS proposal – improved beneficiary health, improved beneficiary experience and bending the cost curve – in many ways mirror the aims we have for UVA through our Be Safe program. Through Be Safe, our goal is to become the safest hospital in America to provide and receive care, which not only improves the health of beneficiaries but also reduces costs. Our initial results from Be Safe have been very promising, and we believe applying similar principles through the DMAS proposal can have a positive effect on Virginia's Medicaid program.

We stand ready to help DMAS scale up the program to serve a wider number of Medicaid beneficiaries beyond the high risk/high-utilizer patients. As an academic medical center, we believe we can be a leader in helping DMAS achieve this goal as quickly as possible.

In closing, we fully support Virginia's Section 1115 Waiver Application and we urge you to approve it. We appreciate your consideration of our comments and thank you for the opportunity to share our input. Please do not hesitate to contact me with any questions.

Sincerely, 
Larry L. Fitzgerald
Health System Chief Financial
and Business Development Officer

cc: Richard P. Shannon
Pamela Sutton-Wallace