

CHIPAC

**Children's Health
Insurance Program
Advisory Committee
of Virginia**



Quarterly Meeting

June 3, 2021

Real-time Remote Captioning

- Remote conference captioning is being provided for this event.
- The link to view live captions for this event will be pasted in the chatbox.
- You can click on the link to open up a separate window with the live captioning.

Virtual Meeting Notice

- CHIPAC is conducting this meeting electronically due to the COVID-19 emergency.
- This meeting will be recorded.

Roll Call – Instructions for Committee Members

- All participants are on mute.
- During roll call, please unmute yourself to verbally confirm you are present.
- If you are joining on Zoom, unmute yourself by clicking on the microphone icon.
- If you are joining by phone, unmute yourself by pressing *6.

Roll call

Organization	Name
Virginia Health Care Foundation	Denise Daly Konrad (Chair)
Virginia Department of Social Services	Irma Blackwell
VCU Health	Dr. Tegwyn Brickhouse
Virginia Poverty Law Center	Sara Cariano
Board of Medical Assistance Services	Michael Cook
Virginia Community Healthcare Association	Tracy Douglas-Wheeler
Virginia Department of Education	Quyen Duong
Families Forward Virginia	Ali Faruk
Center on Budget and Policy Priorities	Shelby Gonzales

Roll call

Organization	Name
Voices for Virginia's Children	Emily Griffey
American Academy of Pediatrics, Virginia Chapter	Victor James
Dept. of Behavioral Health and Developmental Services	Bern'Nadette Knight
Joint Commission on Health Care	Jeff Lunardi
Virginia Department of Health	Jennifer Macdonald
Virginia Association of Health Plans	Christine McCormick
The Commonwealth Institute for Fiscal Analysis	Freddy Mejia
Virginia League of Social Services Executives	Michael Muse
Virginia Hospital and Healthcare Association	Lanette Walker
Medical Society of Virginia	Dr. Nathan Webb

Meeting Agenda

- ❑ CHIPAC Business
- ❑ DMAS Update
- ❑ VDSS Update
- ❑ Agenda for September 2 CHIPAC Meeting
- ❑ Public Comment

CHIPAC Business - Voting Instructions

- All votes must be recorded. To facilitate this, there are two options for voting.
- If you are able, use the chatbox to write “yea,” “nay,” or “abstain.”
- There will also be an opportunity for members to declare a voice vote. When prompted:
 - Unmute yourself by clicking on the microphone icon in Zoom.
 - If you are joining by phone, unmute yourself by pressing *6.

CHIPAC Business

- Review minutes from March 4 meeting
- Membership update
- Dashboard update



Dashboard Update

MAY 2021 ENROLLMENT REPORT

Table 1 - CHIP and Medicaid Child Enrollment

PROGRAM	INCOME	# Enrolled as of 4-01-21	# Enrolled as of 5-01-21	Net Increase This Month	% of Total Child Enrollment
FAMIS (separate CHIP program) <i>Children 0-18 years</i>	> 143% to 200% FPL	80,374	80,274	-100	11%
CHIP MEDICAID EXPANSION <i>Children 6-18 years</i>	> 100% to 143% FPL	78,515	78,890	375	10%
Total CHIP (Title XXI) Children		158,889	159,164	275	21%
FAMIS Plus* <i>Children 0-5 years</i> <i>Children 6-18 years</i>	≤ 143% FPL ≤ 100% FPL	582,923	585,778	2,855	77%
Adoption Assistance & Foster Care <i>Children < 21 years</i>	FPL N/A	14,427	14,474	47	2%
Other Medicaid Children** <i>Children < 21 years</i>	FPL N/A	40	41	1	0%
Total MEDICAID (Title XIX) Children		597,390	600,293	2,903	79%
TOTAL CHILDREN		756,279	759,457	3,178	100%

* Children under 19 enrolled in a Medicaid Families & Children Aid Category. This count does not include the CHIP Medicaid Expansion group.

** This includes children under 21 enrolled in Medicaid under the care of the Juvenile Justice Department or in an intermediate care facility (ICF-MR).

Table 2 - CHIP Premium Assistance Enrollment

PROGRAM	INCOME	# Enrolled as of 4-01-21	# Enrolled as of 5-01-21	Net Increase This Month
FAMIS Select FAMIS Children < 19 years	> 143% to 200% FPL	58	58	0

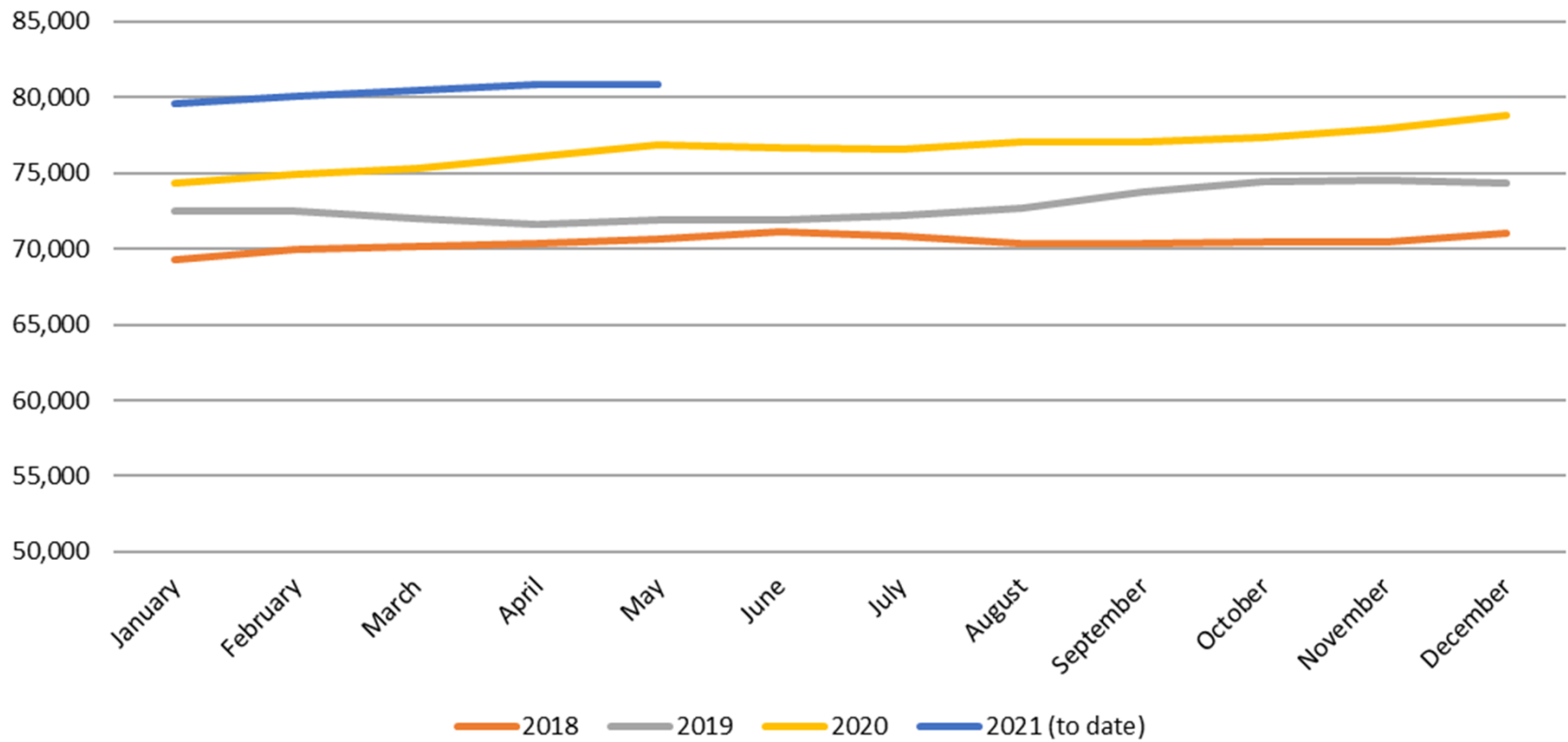
Table 3 - Pregnant Women's Enrollment

PROGRAM	INCOME	# Enrolled as of 4-01-21	# Enrolled as of 5-01-21	Net Increase This Month	% of Total Pregnant Women Enrollment
FAMIS MOMS (CHIP)	> 143% to 200% FPL	1,643	1,682	39	7%
Medicaid Pregnant Women	≤ 143% FPL	21,962	22,308	346	93%
TOTAL Pregnant Women		23,605	23,990	385	100%

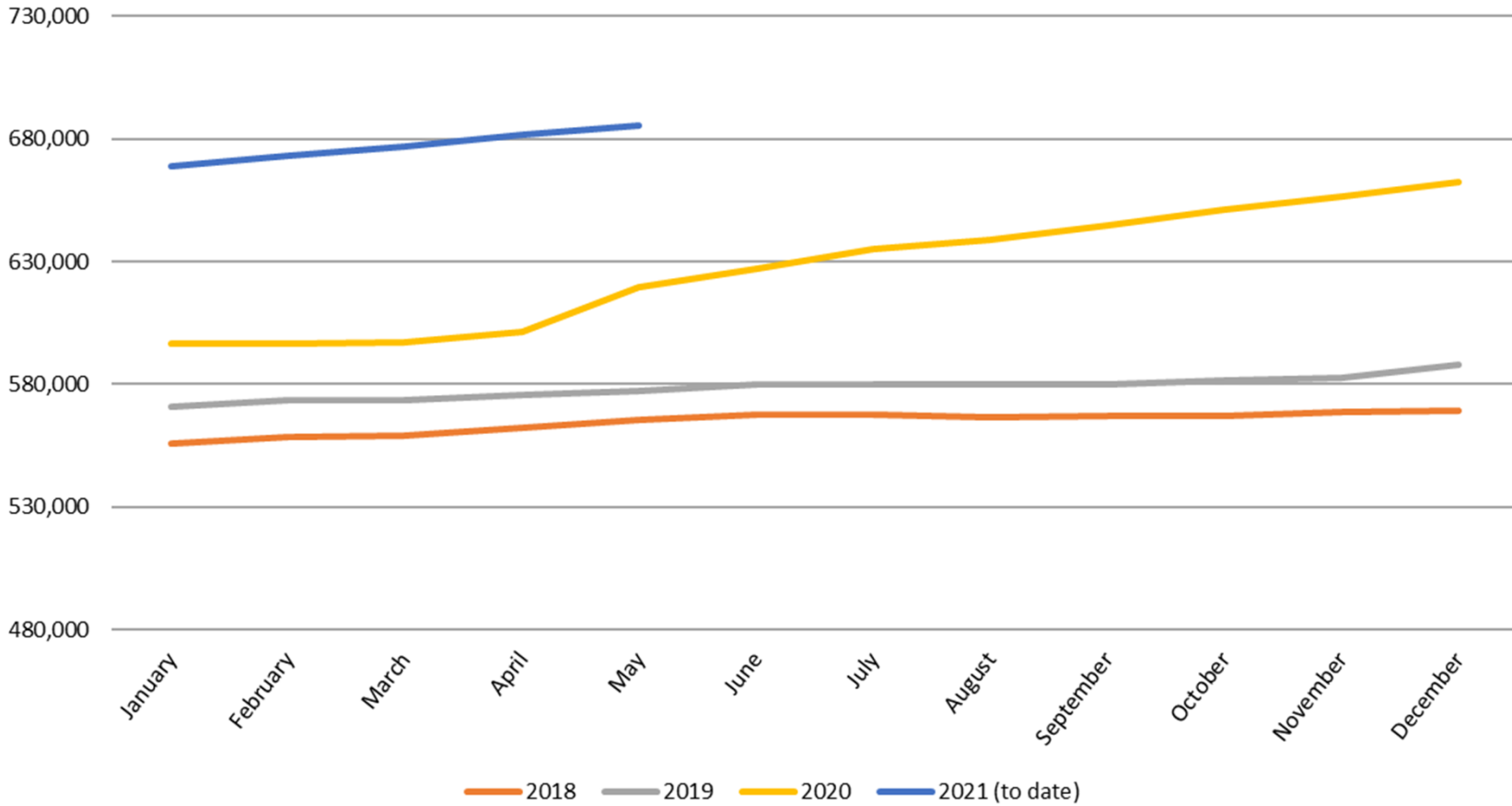
Table 4 - Family Planning Enrollment

PROGRAM	INCOME	# Enrolled as of 4-01-21	# Enrolled as of 5-01-21	Net Increase This Month
Plan First Men & Women	≤ 200% FPL	46,241	46,349	108

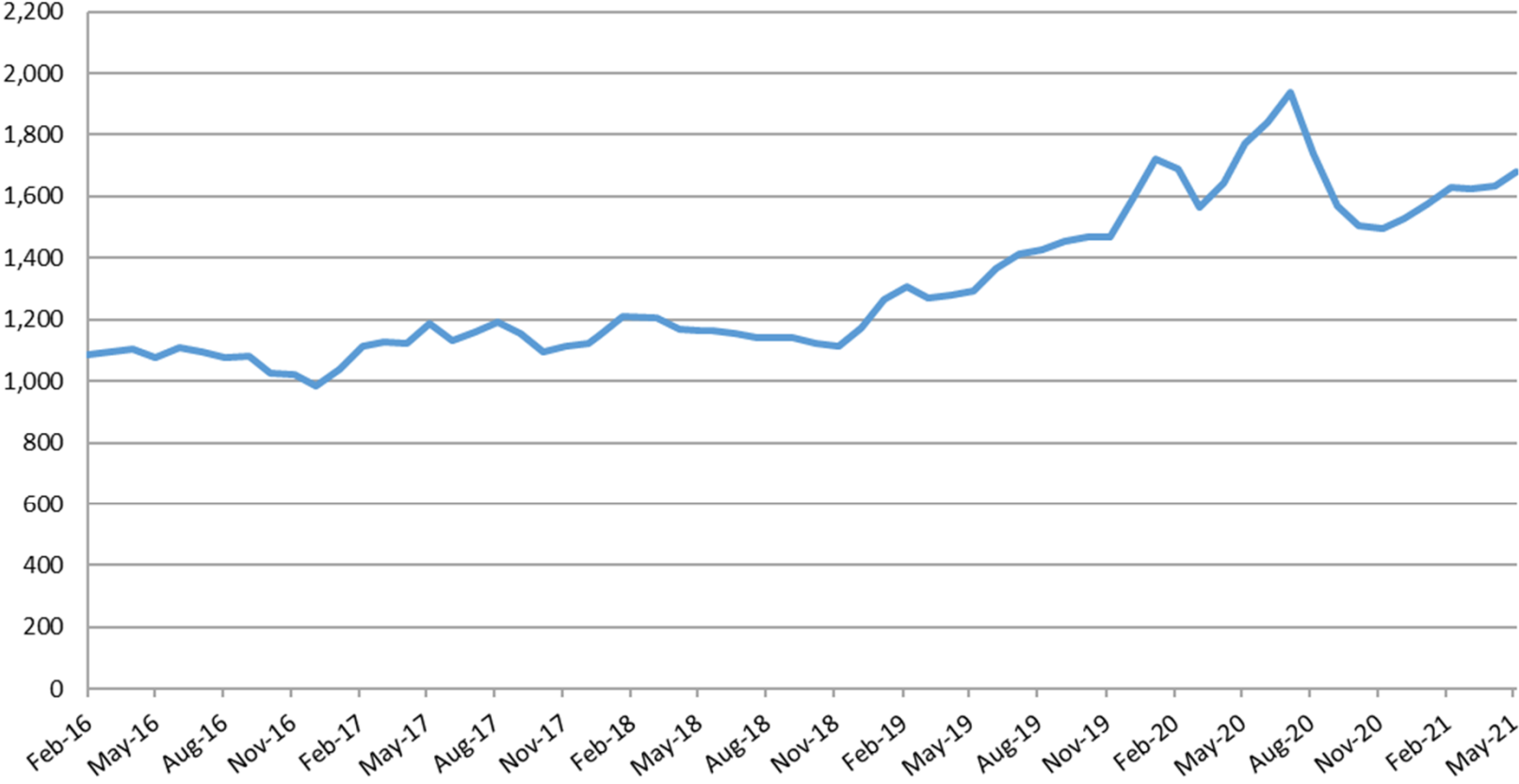
Monthly Net Enrollment of Children in FAMIS (Separate CHIP) 2018-2021



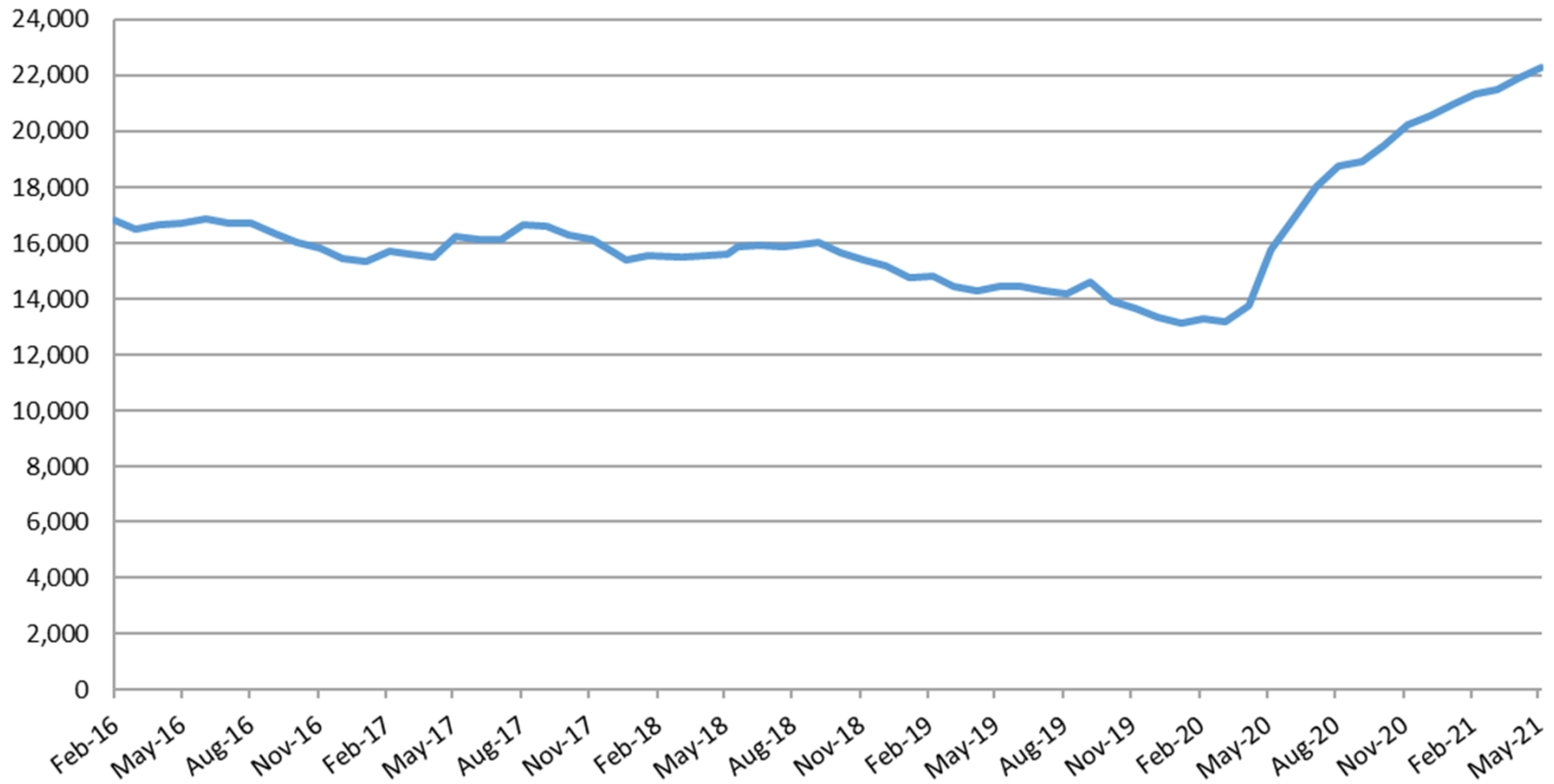
Monthly Net Enrollment of Children in FAMIS Plus (Medicaid), 2018-2021
(Includes CHIP-funded "Medicaid Crossover" enrollment)



Monthly Net Enrollment in FAMIS MOMS, 2016-2021



Monthly Net Enrollment of Pregnant Women in Medicaid, 2016-2021





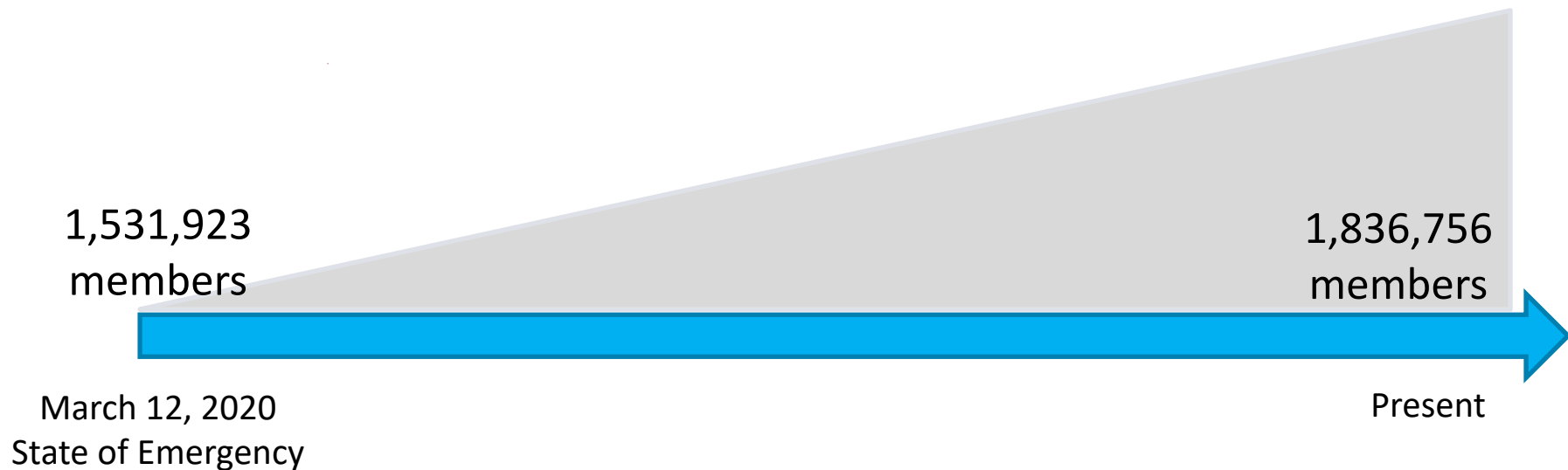
DMAS UPDATE



CHIPAC Quarterly Meeting
June 3, 2021



Medicaid Enrollment - Update



- Since the State of Emergency was declared, Medicaid has gained **303,015 new members**
 - 160,313 are in Medicaid Expansion
 - **93,035 are children**
- Medicaid gains approximately 4,100 new members each week

COVID-19 Vaccine

- Pfizer vaccine approved for ages 12+
- New messaging campaign by MCOs to inform members of vaccination opportunities for 12-15 year olds
- DMAS working with VDH to identify areas of the state with low vaccination uptake and conduct local Town Halls to encourage vaccination

DMAS Recent Milestones

- Removal of 40 Quarters work requirement:
 - Starting April 1, 2021, Green Card holders (lawful permanent residents) with five years or more of U.S. residency may now be eligible for Virginia Medicaid.
- DMAS website redesign
 - Includes searchable State Plan and Amendments
- New Appeals portal launched - Appeals Information Management System (AIMS)

New Adult Dental Benefit



Effective Date

July 1, 2021



New Population

Approximately 750,000 new members and special needs populations



Benefit Model

Comprehensive benefits based on a preventive, restorative model



Strategic Partnership

Work with key partners to assist with design, delivery of new services and recruitment



Implementation Steps:

- Federal Approval - submitted
- Design Benefit Package - complete
- Provider Recruitment - ongoing
- DMAS System Changes - complete
- Vendor Contract Changes - ongoing
- Member & Provider Education - ongoing
- Stakeholder Engagement - ongoing
- Hiring a Dental Program Lead - ongoing

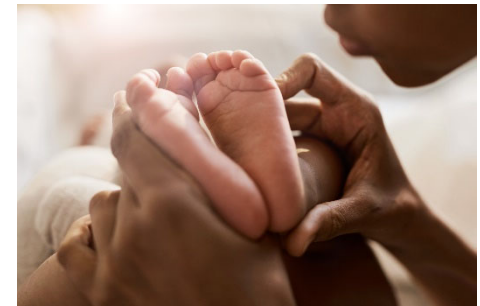
Medicaid School Health Services Expansion

- DMAS and DOE continue to prepare for expansion of Medicaid cost-based reimbursement to services provided to member children outside of special education.
- Expansion will emphasize mental health and school nursing services.
- Target date to begin reimbursing non-IEP services is SFY2022 (July 1, 2022).
- This allows time to secure federal authority, revise policies and procedures for cost-settlement and train schools.

Doula Benefit in Development

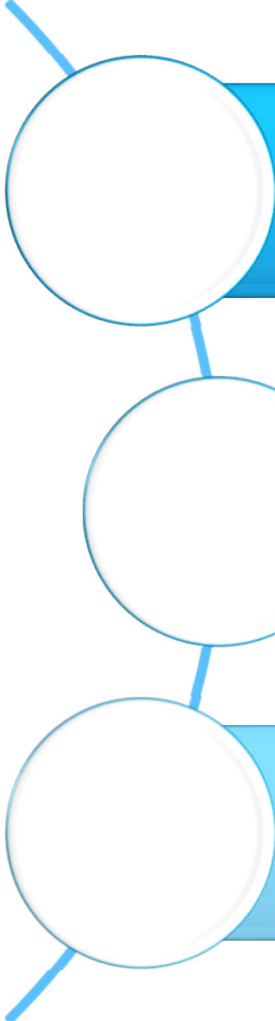
Reimbursements for up to 8 visits, attendance at birth, and up to 2 linkage-to-care payments

- \$859 - \$959 reimbursement for up to 8 visits and attendance at birth (\$859 if all visits conducted) :
 - Initial visit (90 minutes): \$89.92
 - Subsequent visit (60 minutes): \$59.92
- Attendance at birth: \$350
- Linkage to care incentive payment – mother postpartum visit: \$50
- Linkage to care incentive payment – newborn visit: \$50



New FAMIS Prenatal Coverage

Effective July 1, pregnant individuals are eligible regardless of immigration status



The 2021 Special Session I budget created a new FAMIS/CHIP prenatal coverage option for uninsured women who otherwise meet eligibility criteria for FAMIS MOMS or Medicaid Pregnant Women but are ineligible because they are not “lawfully residing” status.

Currently these individuals, primarily undocumented immigrants, are not eligible for Medicaid or FAMIS coverage, except that some (0-148% FPL) qualify for coverage of the birth through Emergency Medicaid.

Individuals will be able to enroll when they learn they are pregnant and receive full comprehensive coverage during the prenatal period, through labor and delivery, and 60 days postpartum.

FAMIS Prenatal Coverage

- Enrolled in Medallion 4.0 managed care program
- Same benefit package as FAMIS MOMS
- Comprehensive coverage, not limited to pregnancy-related benefits
- Coverage ends the last day of the month in which the 60th day occurs

12 Months Postpartum Waiver Application



Funds re-allotted in 2020 Special Session

Waiver amendment application submitted March 31

Federal public comment April 7 through May 7

Virginia's negotiations with Centers for Medicare and Medicaid Services (CMS) in progress



Questions?

PROJECT BRAVO: *BEHAVIORAL HEALTH REDESIGN FOR ACCESS, VALUE AND OUTCOMES*

Laura Reed, LCSW

Behavioral Health Senior Program Advisor
Department of Medical Assistance Services



**PROJECT
BRAVO**



Behavioral Health Redesign for Access, Value and Outcomes

Vision

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:



High Quality

Quality care from quality providers in community settings such as home, schools and primary care



Evidence-Based

Proven practices that are preventive and offered in the least restrictive environment



Trauma-Informed

Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals



Cost-Effective

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system

Current Continuum

Current Medicaid-funded Behavioral Health Services

Prevention Recovery Outpatient Community Mental Health Rehabilitation Services Inpatient / Residential

Early intervention Part C • Screening • EPSDT services

Peer and family support partners

Outpatient psychotherapy • Psychiatric medical services

Therapeutic day treatment
 Mental health skill building services
 Intensive in-home services
 Crisis intervention & stabilization
 Behavioral therapy
 Psychosocial rehabilitation
 Partial hospitalization / Day treatment
 Mental health case management
 Treatment foster care case management
 Intensive community treatment

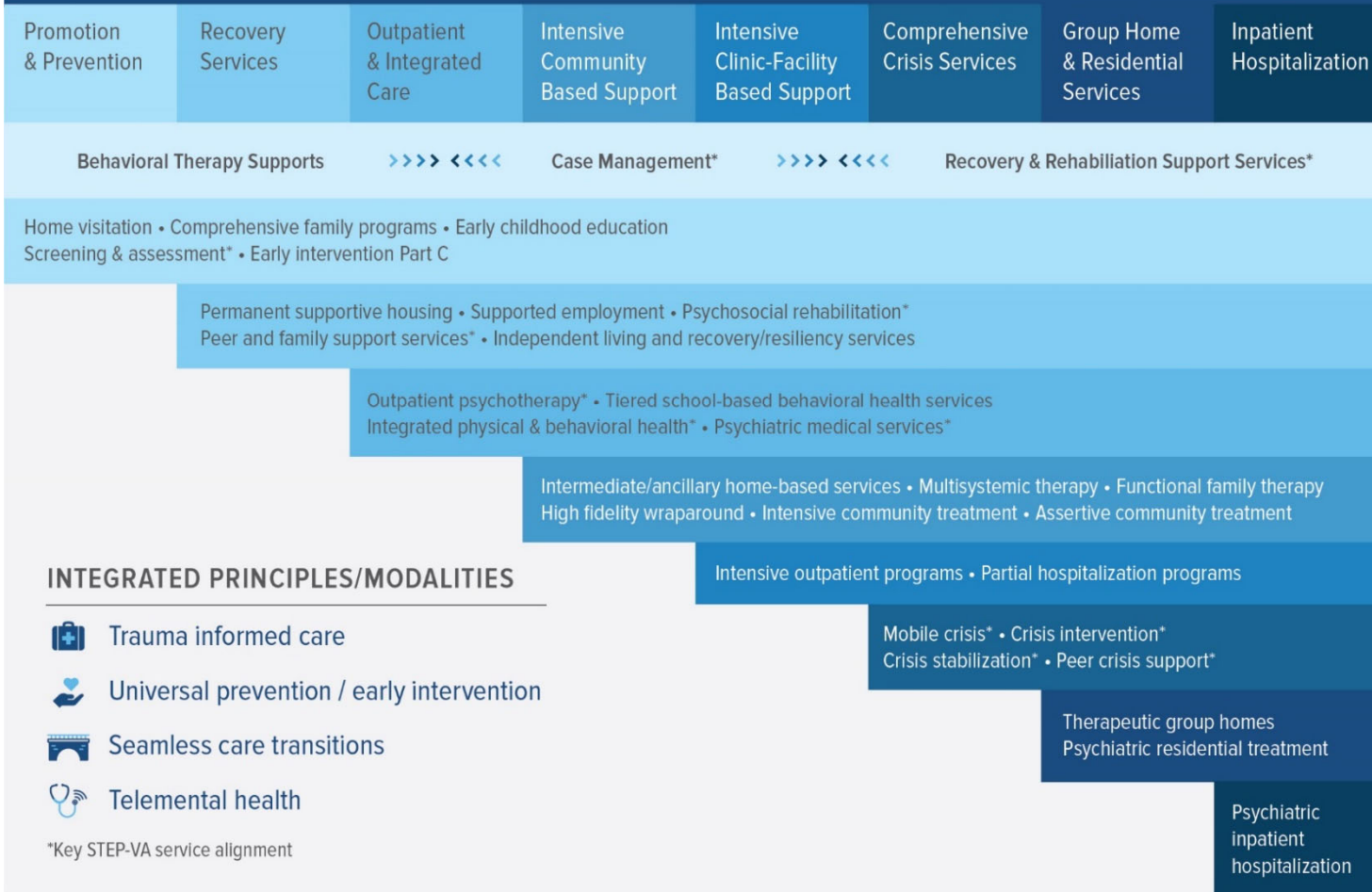
Inpatient hospitalization
 Psychiatric residential treatment
 Therapeutic group home

- Lack of evidence-based services
- Reliance on intensive services for acute problems
- Service definition and rate structures do not support best practice

The North Star Behavioral Health Services Enhancement

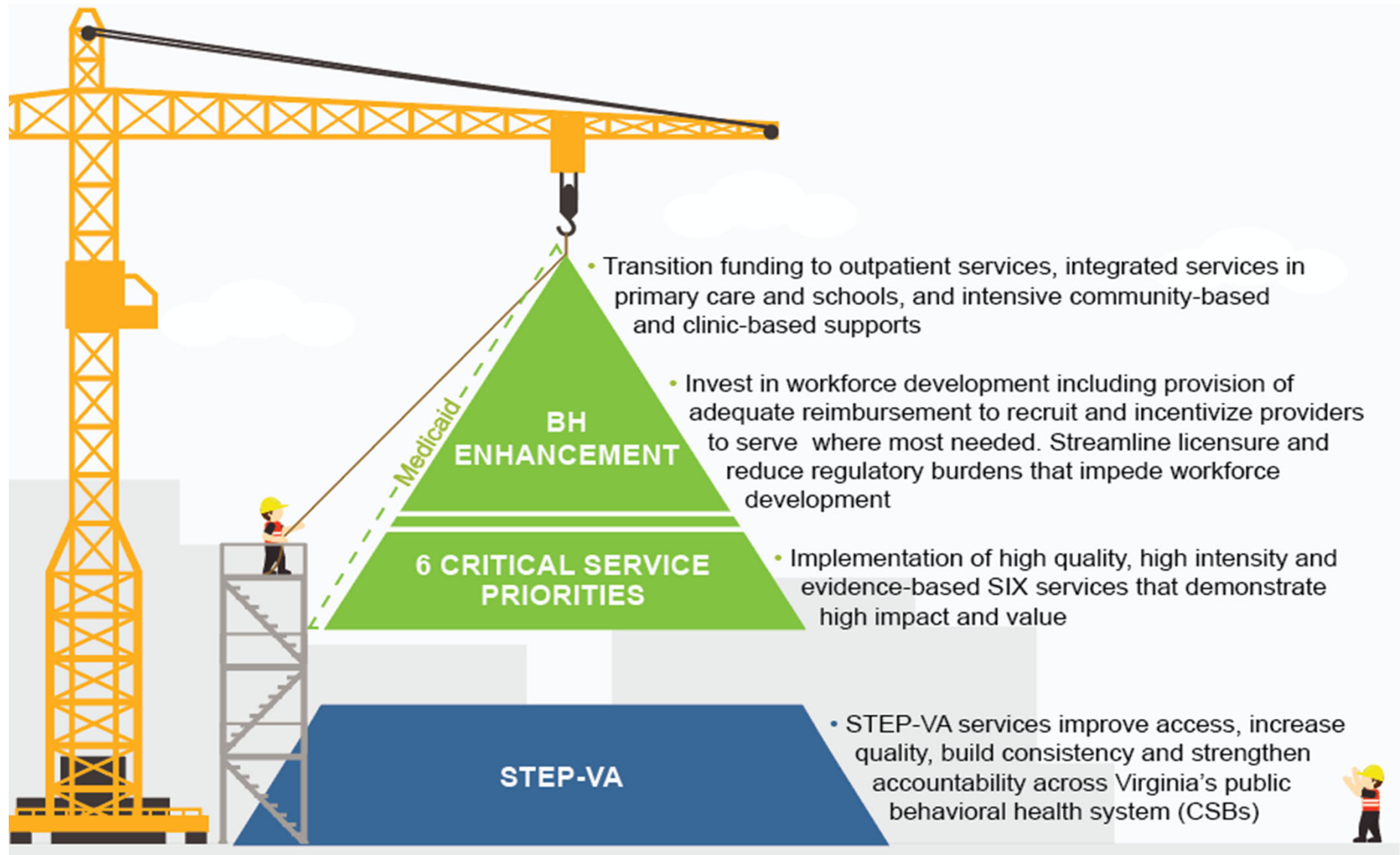


Continuum of Behavioral Health Services Across the Life Span



This represents the long term vision for the development of a robust continuum

BRAVO Enhancements & STEP-VA



BRAVO Enhancements: Current Priorities Explained



What are our top priorities at this time?

Implementation of **SIX** high quality, high intensity and evidence-based services that have demonstrated impact and value to patients Services that currently exist and are licensed in Virginia **BUT are not covered by Medicaid or the service is not adequately funded through Medicaid**

Partial Hospitalization Program (PHP)

Assertive Community Treatment (ACT)

Multi-Systemic Therapy (MST)

Intensive Outpatient Program (IOP)

Comprehensive Crisis Services (Mobile Crisis, Intervention, Community-Based, Residential, 23Hr Observation)

Functional Family Therapy (FFT)

Why Enhancement of BH for Virginia?

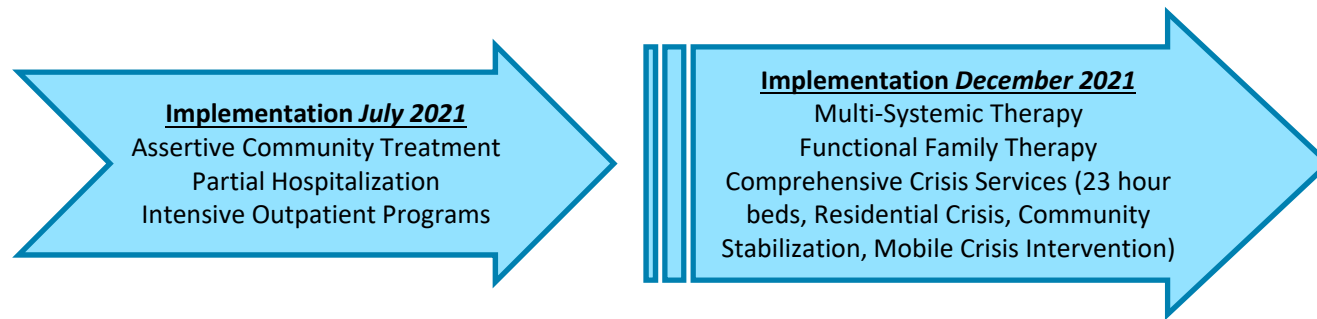
- ✓ Provides alternatives to state psychiatric admissions and offers step-down resources not currently available in the continuum of care, which will assist with the psychiatric bed crisis
- ✓ Demonstrated cost-efficiency and value in other states

Enhancement of Behavioral Health Services


Special Session 2020 and GA Session 2021



	Fiscal Year 21-22		
	Initial Budget Projection	Reduction Due to Change in Implementation Dates (Pandemic Delay)	Final Budget Allocation
General Fund	\$10,273,553	-\$10,062,988	\$210,565
Non-General Funds	\$14,070,322	-\$38,332	\$14,031,990
TOTAL FUNDS	\$24,343,875	-\$10,024,656	\$14,242,555



High Level Implementation Progress: *PHP-IOP-ACT (Phase 1)*



In Progress

- MCO Readiness Reviews
- "Bonus" Guidance Documents
- Service Authorization Postings
- Establish Structure for Learning Collaborative Groups
- Regulation Development



Near Complete

- Manual Postings
- Dashboard Finalization
- Accreditation & Medicare Certification Guidance
- State Plan Approval



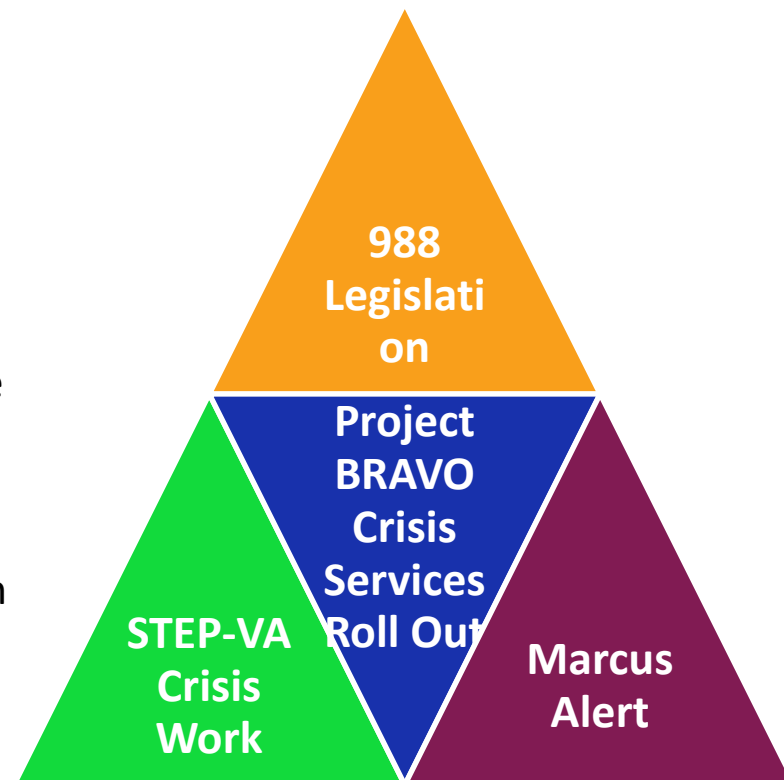
Completed

- Rate Setting
- Provider Bulletins on Codes and Rates
- Policy Development
- Stakeholder Engagement
- Provider Manual Trainings
- Accreditation Orientations
- System Changes

Project BRAVO Next Steps

Continued Close Collaboration with DBHDS

- Phase 2 BRAVO 12/1/21:
 - Crisis Services Implementation
 - Multisystem Therapy
 - Functional Family Therapy
- Any future enhancements are subject to availability of resources and priorities of the Commonwealth
- DMAS does not hold any authority to enhance any additional services at this time*
- DMAS-DBHDS continue to plan for priorities if resources become available, needs may shift due to pandemic impacts on behavioral health of Virginians, service landscape shifts and mental health workforce



* Exception is Behavioral Therapy and 2021 budget language mandates implementation of new ABA Codes



Thank you for your partnership, support and participation.

Additional Questions?

Please contact EnhancedBH@dmas.Virginia.gov



Cover Virginia



Cover Virginia Highlights

Cover Virginia Call Center

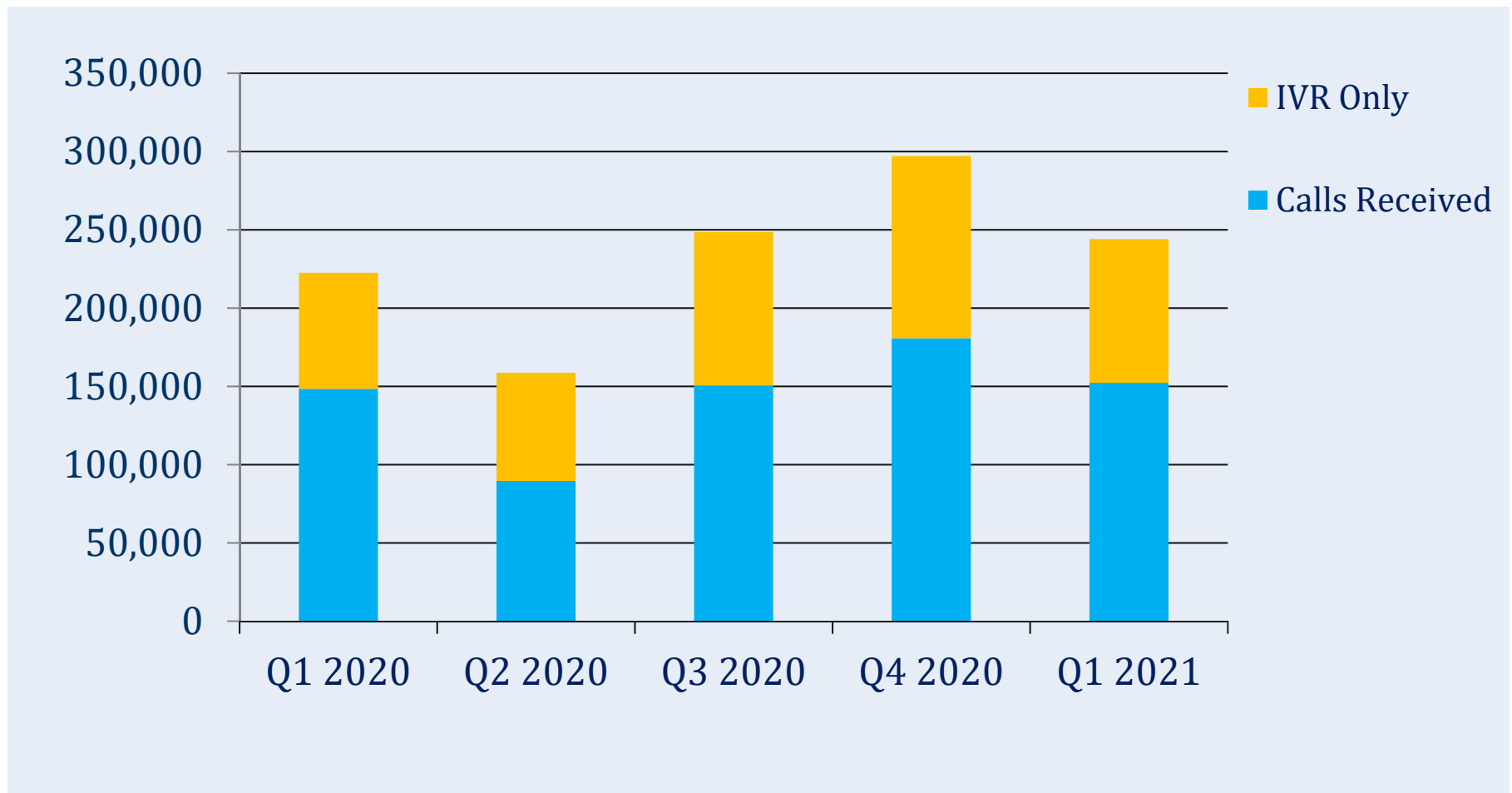
- **Call Center greatly improved**
- **Messages taken upon request and calls returned within 24 hours**
- **90%+ of staff teleworking from home**
- **Continued quality assurance monitoring**
- **Increased staffing and Corporate resources engaged to address performance concerns**

Cover Virginia Highlights

Cover Virginia Central Processing

- **Open enrollment extended**
- **Numerous duplicates identified from the FFM**
- **Overtime and additional resources engaged**
- **March and April reviews are the focus**
- **State staff also engaged to assist with processing after-working hours**

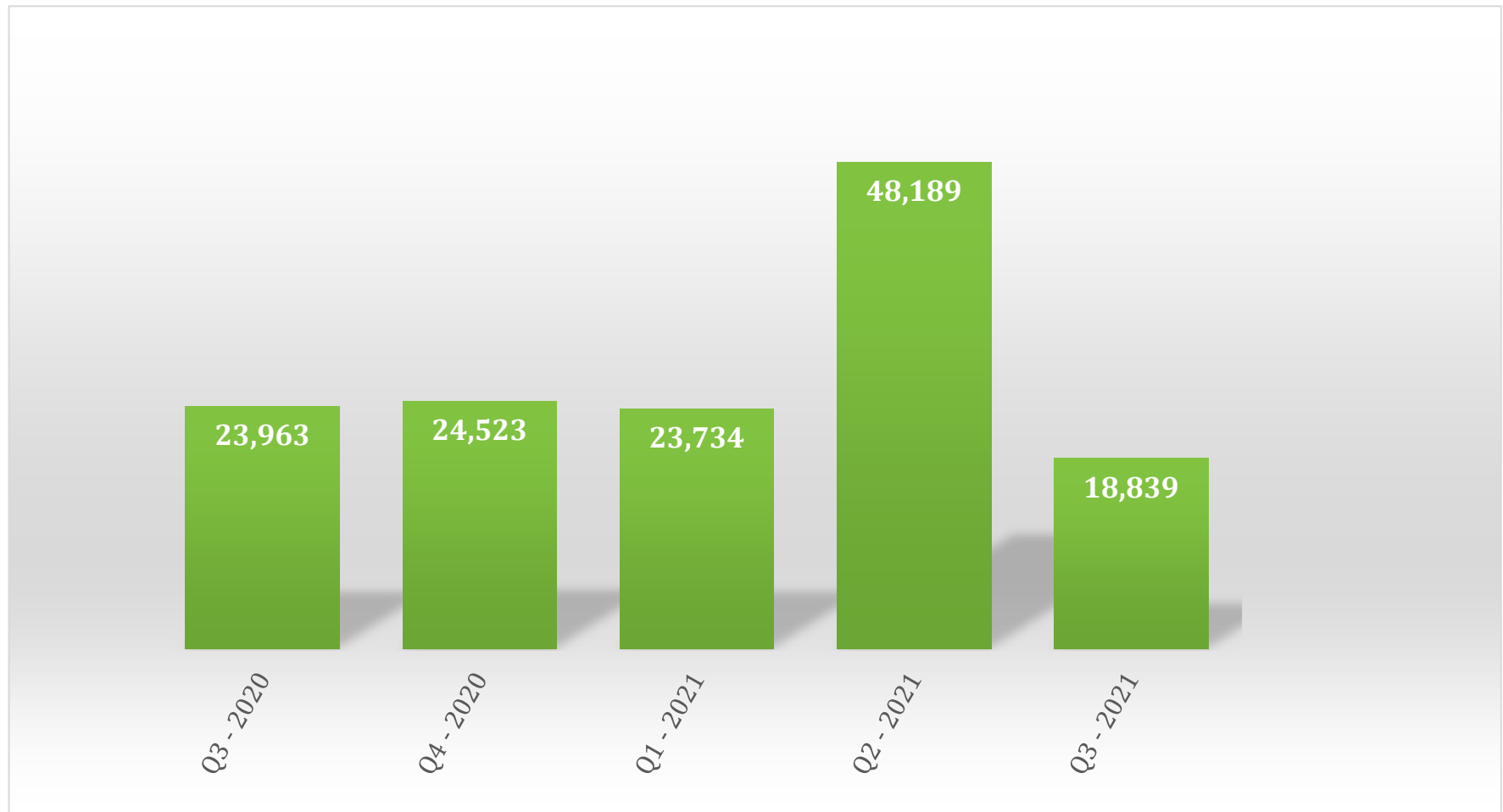
Cover Virginia Call Volume



* Calendar Years



Cover Virginia CPU Application Volume



* SFY Quarters



CHURN IN MEDICAID FEB 2019-FEB 2020

Lauryn Walker, PhD RN
Senior Advisor, Chief Deputy & Chief Health
Economist



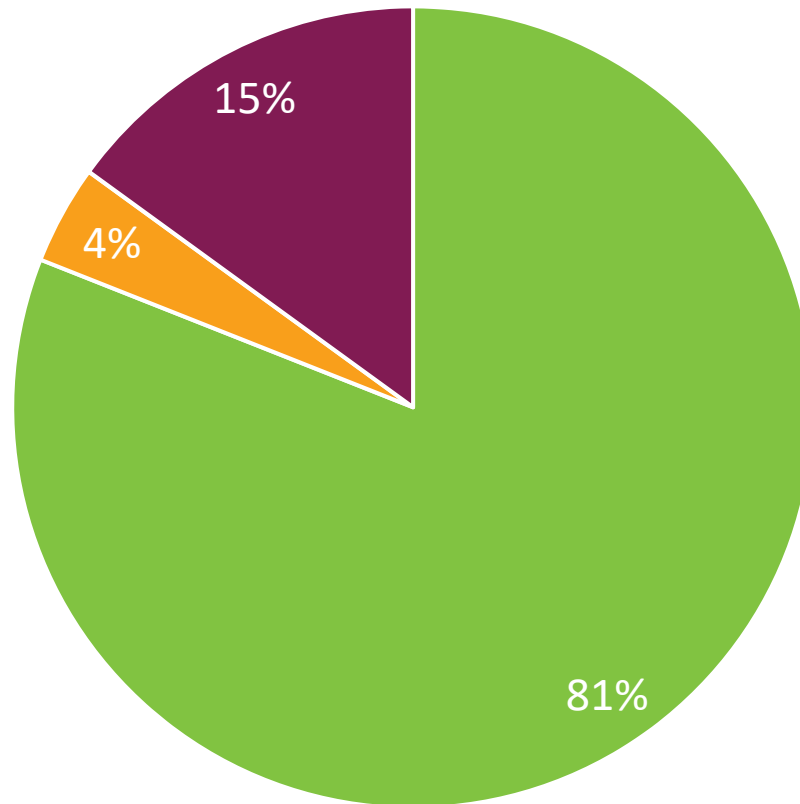
Background

- DMAS has made numerous changes to reduce unnecessary churn in Medicaid/FAMIS
 - Medicaid expansion
 - System improvements to automate income verification
 - Automatic re-evaluation of postpartum women
 - Pending FAMIS Section 1115 Waiver for 12-month postpartum coverage

Analysis

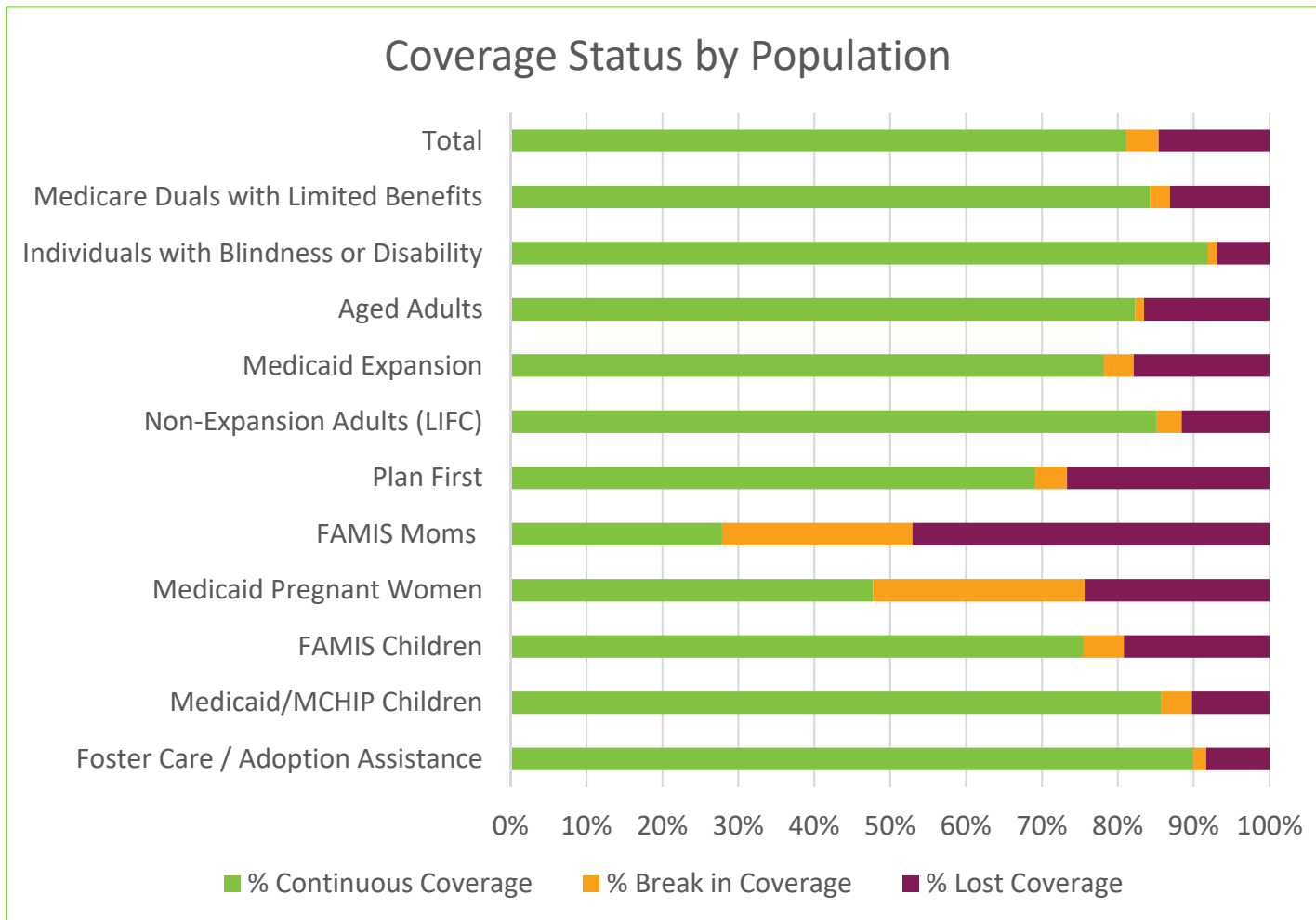
- Followed cohort of members enrolled February 2019 for 12 months (1,417,325 members)
- Identified members:
 - **Continuously enrolled** – Enrolled in Medicaid for full 12 months (81%)
 - **Break in coverage** – Lost coverage but returned prior to Feb 2020 (4%)
 - **Loss of coverage** – Lost coverage and did not return prior to Feb 2020 (15%)

Coverage Status

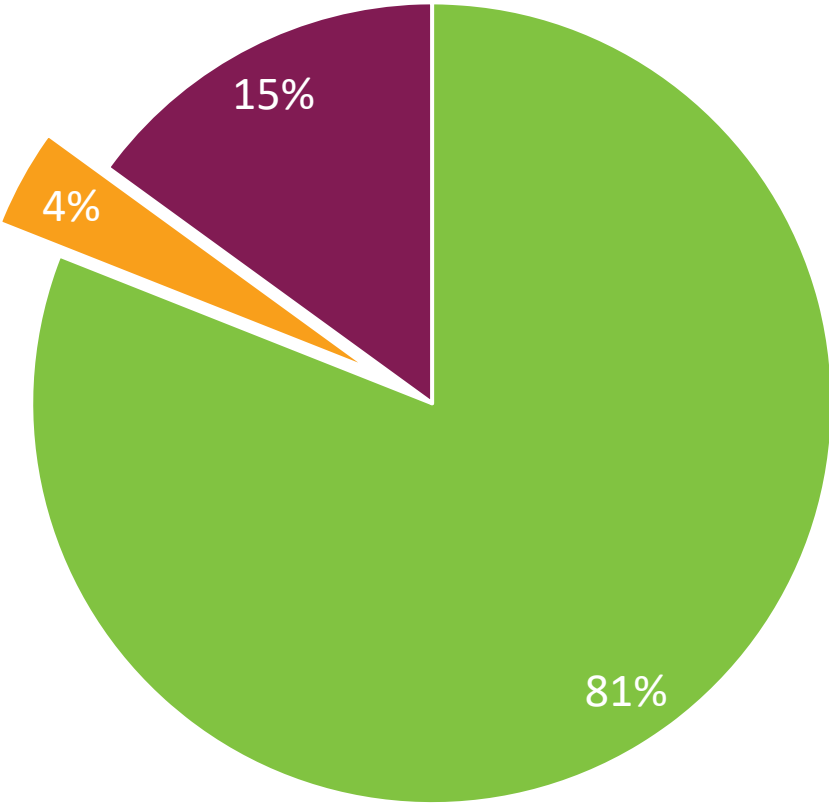


■ Continuous Coverage ■ Break in Coverage ■ Lost Coverage

Population Churn

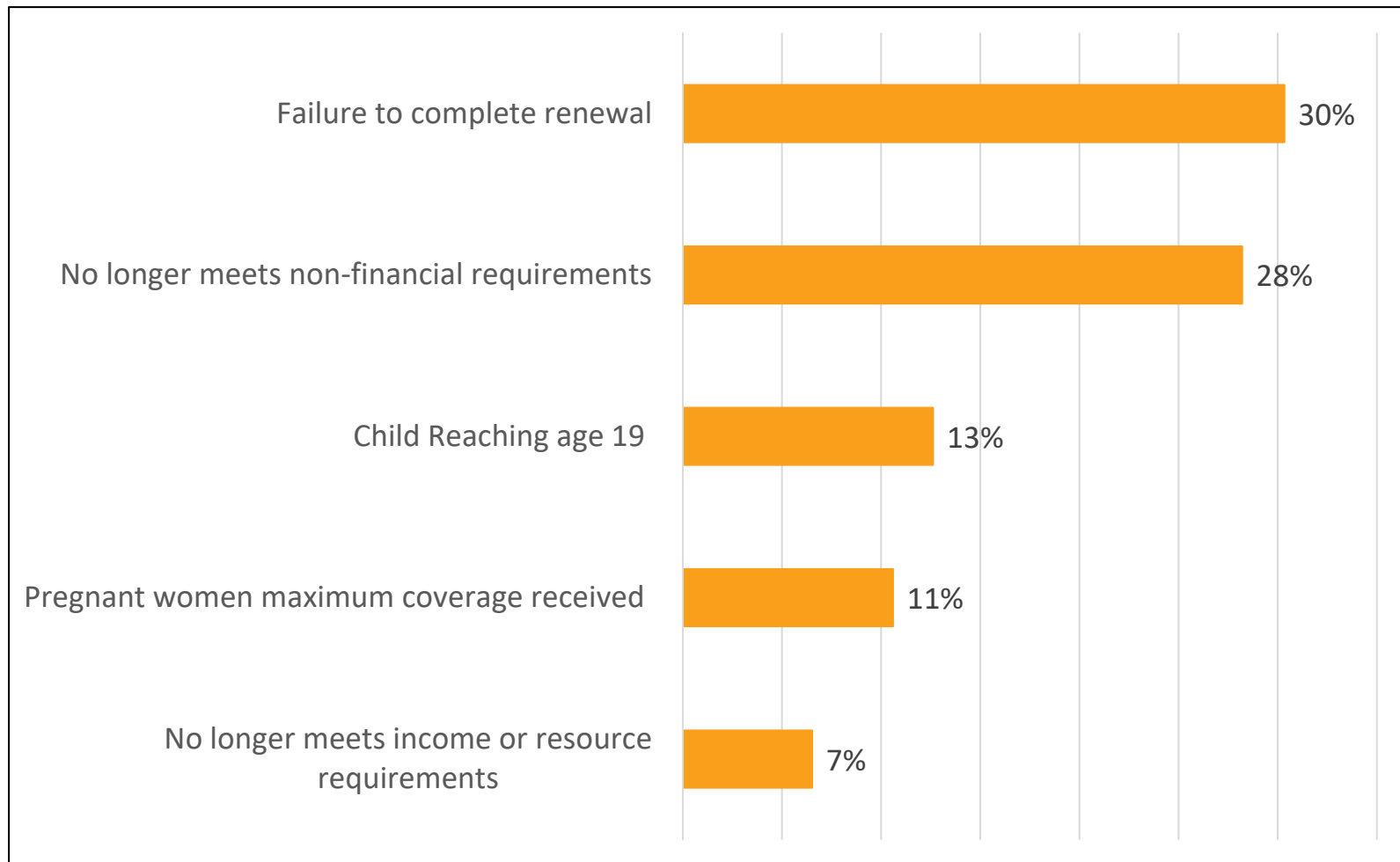


Coverage Status

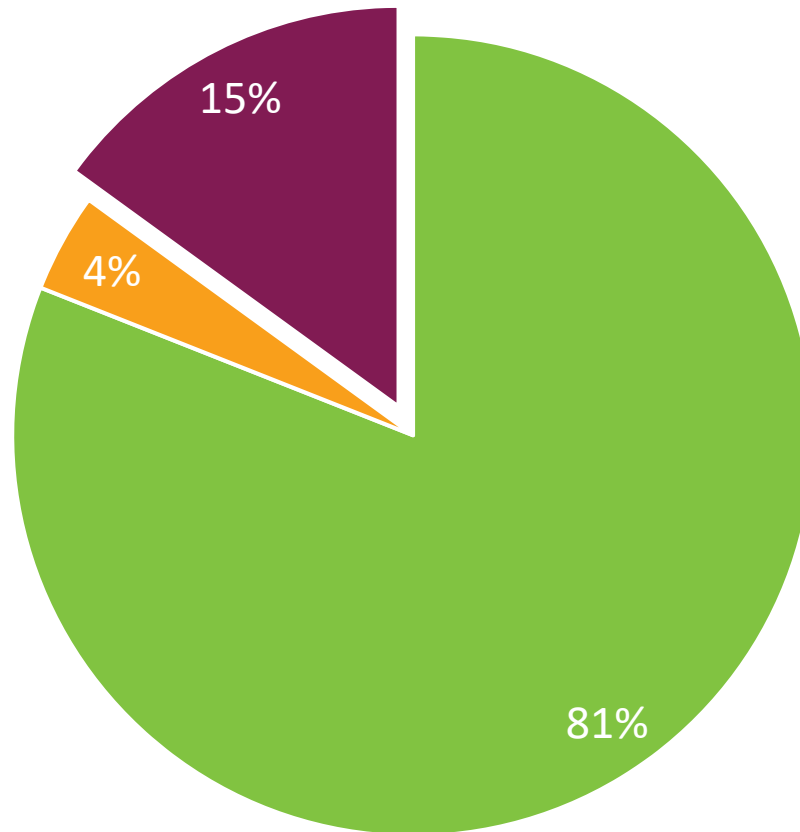


■ Continuous Coverage ■ Break in Coverage ■ Lost Coverage

Top 5 Reasons for Break in Coverage

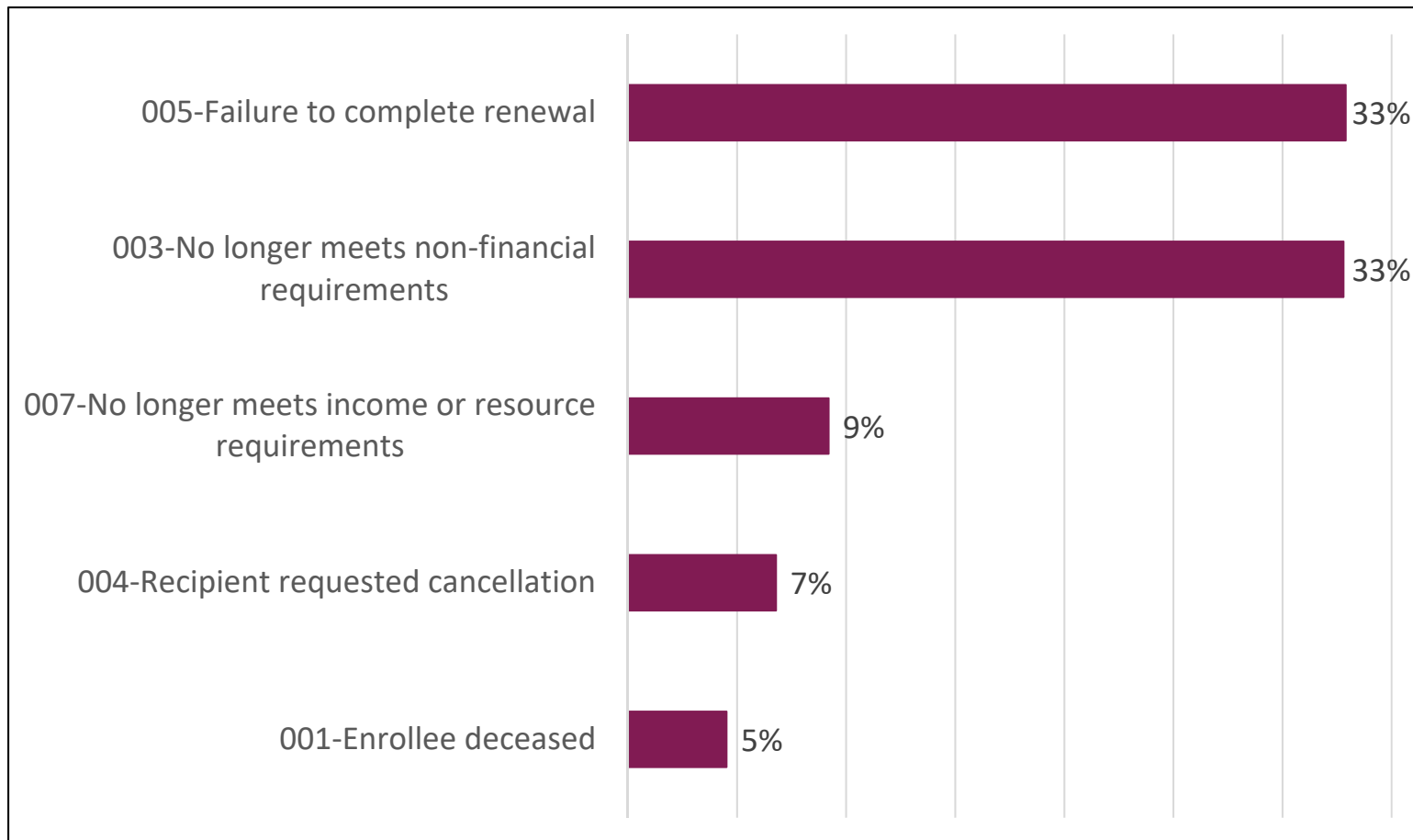


Coverage Status



■ Continuous Coverage ■ Break in Coverage ■ Lost Coverage

Top 5 Reasons for Loss in Coverage



Summary

- 81% of members remained continuously enrolled for 12 months
- Most common reasons for break in coverage (4%)
 - Failure to renew
 - Coverage gap often associated with change in eligibility category (ie. aging out of child category)
- Most common reasons for loss of coverage (15%)
 - Failure to renew
 - Did not meet non-financial requirements (ie. residency requirements)

Considerations for end of COVID-19 Emergency

- At the end of the Public Health Emergency, DMAS will be required to re-evaluate members for continued eligibility
- To ensure members do not unnecessarily lose coverage, DMAS is considering:
 - Expanding automated re-evaluation processes to include the following populations:
 - Individuals turning 1
 - Individuals turning 19
 - Individuals 65
 - Postpartum women (current practice)
 - Expansion of the automated process to proactively send renewal packets and evaluate overdue renewals



VDSS Update

Irma D. Blackwell
Medical Assistance Program Manager
Division of Benefit Programs

Produce Rx Workgroup Session #1

HB2065

- VDSS, in conjunction with DMAS and other required partners and Produce Rx trailblazers from around the country, gathered for our first workgroup session on Monday, May 24th.
- Delegate Delores McQuinn, Chief Patron of HB2065, was present to help kick off our meeting with background and charge!
- Next meeting is June 9th



Medical Assistance Training Initiatives

Recently, Benefit Programs met with Workforce Development & Support to determine ways to better partner-

Onboarding Planning & Development

- Sequencing and timing of training courses for new hire & seasoned worker
- Coaching and development post-training
- Support for supervisors to aid in transfer of learning
 - How to apply objectives and content from training
 - Up-front investment in new hires
 - Train-the-trainer for supervisors who deliver training
 - Suggested onboarding programs for locals



VDSS Application Processing Teams

We have 2 Application Processing Teams in place at VDSS-

- The mission of the first Application Processing Team is to aid in any unusual backlogs that exist either regionally, or within any specific LDSS; specifically applications that have moved beyond the 45-day processing time standard
- The mission of the second team is to assist the Cover VA APT with their overdue applications

Both teams are currently in place, and actively working to support the locals and Cover VA.

VDSS Return-to-Office Plans

- With the arrival of the COVID-19 vaccines, VDSS is now focusing on returning to work on October 1, 2021
- This date is subject to change, pending COVID-19 case rates in Virginia and guidance from Governor Northam. The health and safety of employees continues to be the guiding concern in making decisions about when and how to re-open
- For the time being, VDSS will continue our current plan: employees who are able to perform their jobs by telework will continue to do so
- No specific guidance on face-to-face meetings for *groups* at this time



VDSS Return-to-Office Plans

- What returning to work in October will look like is not clear yet, but teleworking employees will follow a hybrid schedule
- As much as possible, teams should work in the office on a schedule that best fosters collaboration.
- In addition, VDSS has learned during the pandemic that some work areas can't function solely on teleworking – some job functions that work best with employees in the office
- LDSS return-to-work plans may be locality-specific, but normally follow the guidance of the Governor



Broad-Based Categorical Eligibility

HB1820

Participation, and enrollment in qualifying school programs directs VDSS to amend SNAP benefits program to:

- ❑ establish broad-based categorical eligibility
- ❑ set the gross income eligibility standard **at 200% FPL**
- ❑ **not** impose an asset/resource limit for eligibility, and
- ❑ increased opportunities for self-sufficiency by allowing SNAP participants to satisfy applicable employment and training requirements through enrollment in an accredited public institutions of higher education

<https://viriniageneralassembly.gov/>

Positive BBCE Impact

- This will increase access to SNAP for more children
- Children who are eligible for SNAP are then also eligible for free school meals
- This will help reduce school meal debt, which is a growing issue in VA schools



Automated Ex Parte Batch Run

63

Month (Renewal Month)	# of cases that were picked for Ex Parte	% of cases that were picked for Ex Parte	# of cases that completed Ex Parte Successfully	% of cases that completed Ex Parte Successfully
Dec 2020 (Feb 2021)	49,969	66%	40,317	81%
Jan 2021 (March 2021)	49,539	67%	39,344	79%
Feb 2021 (April 2021)	39,997	70%	31,610	79%



Questions?





Discussion of Agenda Topics For Next CHIPAC Meeting

September 2, 2021

Public Comment

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