

CHIPAC

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



Quarterly Meeting

December 9, 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 via WebEx due COVID-19 public health precautions.
- This meeting will be recorded.

Roll Call

- During roll call, please unmute yourself to verbally confirm you are present.
- If you are joining via video link, 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	Nina Marino / Hanna Schweitzer
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
- ❑ Discussion of Upcoming General Assembly Session
- ❑ DMAS Update
- ❑ VDSS Update
- ❑ Agenda Items for March 3 CHIPAC Meeting
- ❑ Public Comment

CHIPAC Business

- Review minutes from September 2 meeting
- Membership update
- Dashboard review



Dashboard

CHIPAC Quarterly Enrollment Dashboard

Table 1 - CHIP and Medicaid Child Enrollment

PROGRAM	INCOME	# Enrolled as of 10-01-21	# Enrolled as of 11-01-21	Net Increase This Month	% of Total Child Enrollment
FAMIS (separate CHIP program) <i>Children 0-18 years</i>	> 143% to 200% FPL	79,176	79,193	17	10%
CHIP MEDICAID EXPANSION <i>Children 6-18 years</i>	> 100% to 143% FPL	82,085	83,111	1,026	11%
Total CHIP (Title XXI) Children		161,261	162,304	1,043	21%
FAMIS Plus* <i>Children 0-5 years</i> <i>Children 6-18 years</i>	≤ 143% FPL ≤ 100% FPL	608,700	613,313	4,613	78%
Adoption Assistance & Foster Care <i>Children < 21 years</i>	FPL N/A	14,820	14,884	64	2%
Other Medicaid Children** <i>Children < 21 years</i>	FPL N/A	44	44	0	0%
Total MEDICAID (Title XIX) Children		623,564	628,241	4,677	79%
TOTAL CHILDREN		784,825	790,545	5,720	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 10-01-21	# Enrolled as of 11-01-21	Net Increase This Month
FAMIS Select FAMIS Children < 19 years	> 143% to 200% FPL	54	55	1

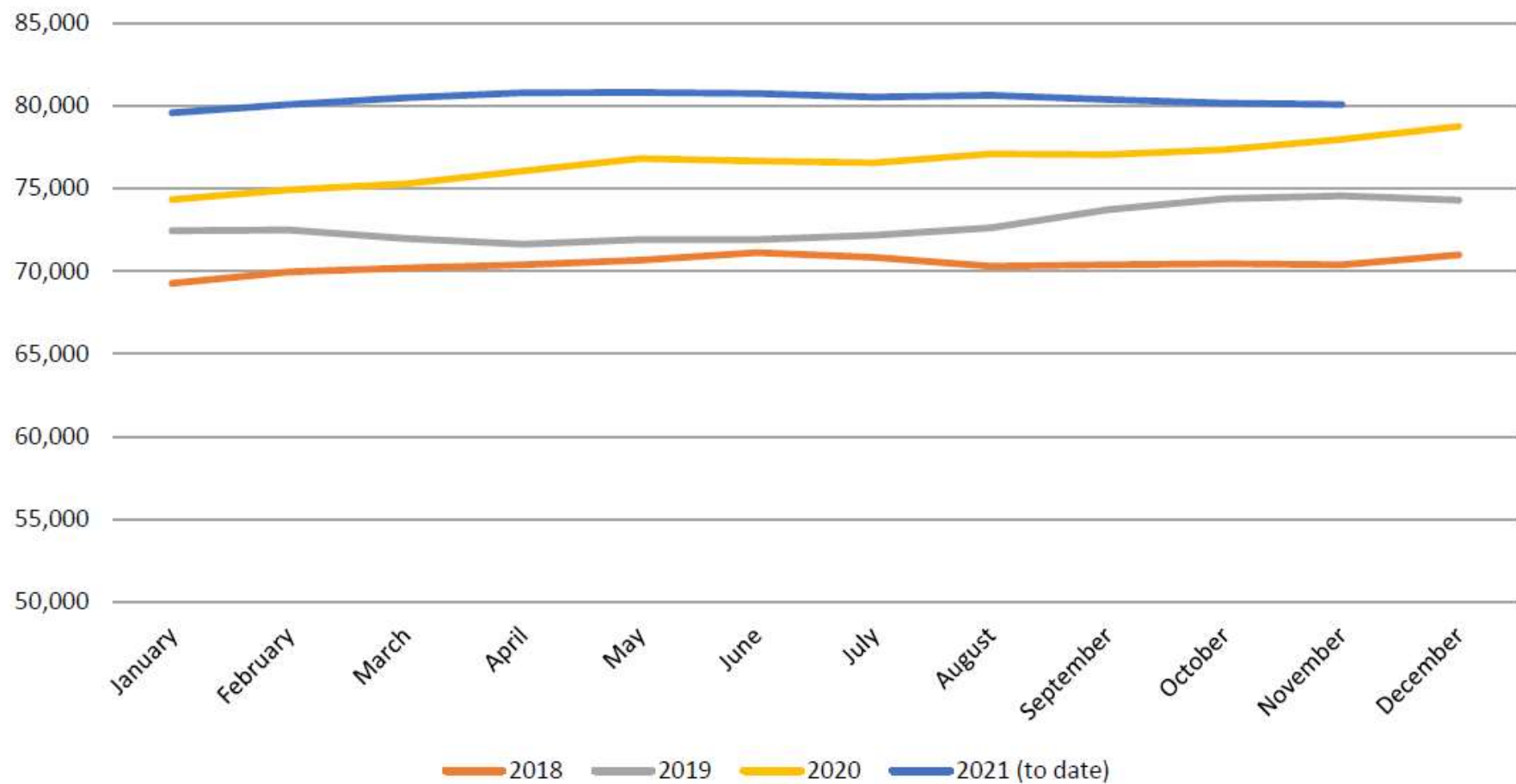
Table 3 - Pregnant Women's Enrollment

PROGRAM	INCOME	# Enrolled as of 10-01-21	# Enrolled as of 11-01-21	Net Increase This Month	% of Total Pregnant Women Enrollment
FAMIS MOMS (CHIP) Total includes FAMIS Prenatal Coverage	> 143% to 200% FPL	3,762	4,370	608	15%
Medicaid Pregnant Women	≤ 143% FPL	24,582	25,044	462	85%
TOTAL Pregnant Women		28,344	29,414	1,070	100%

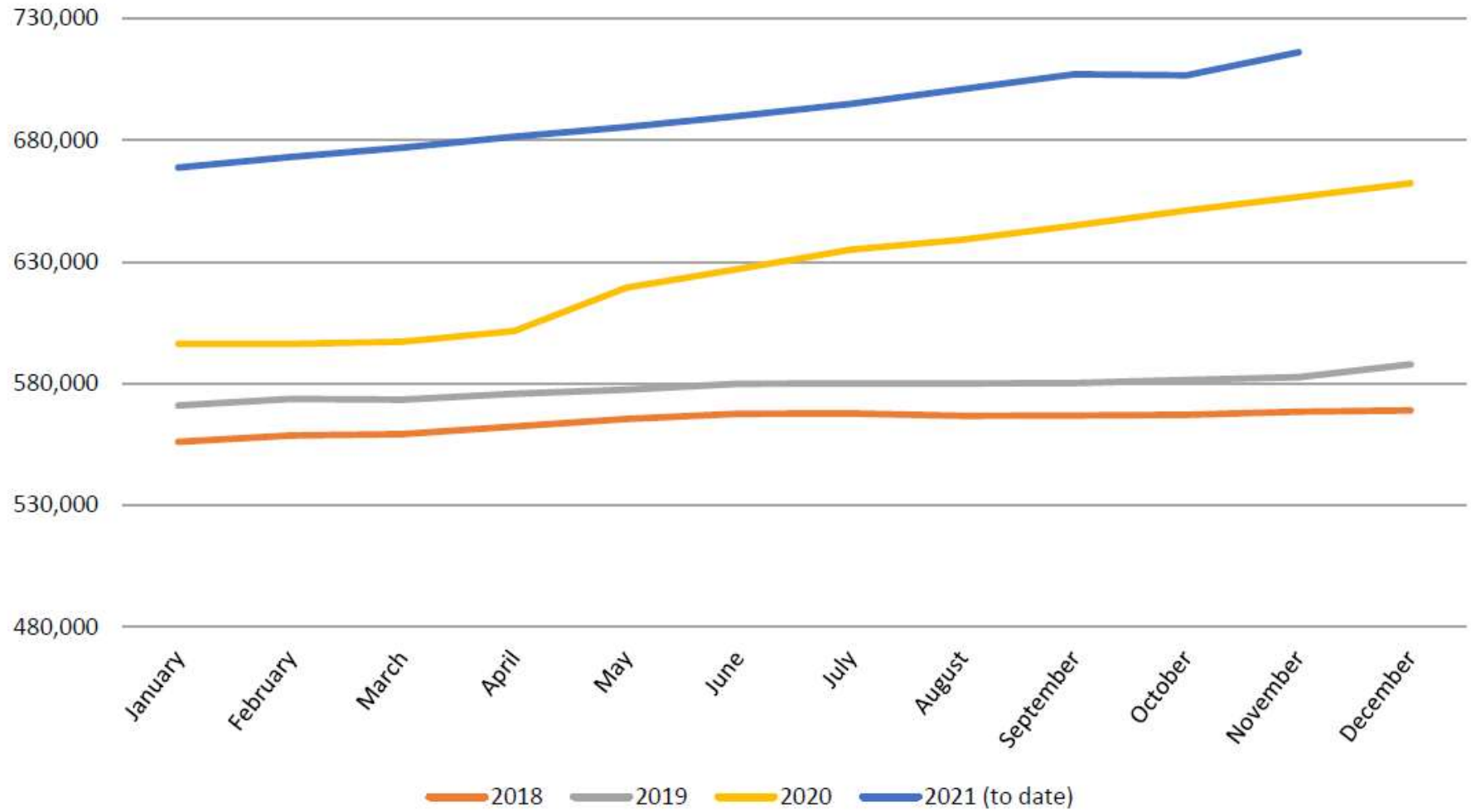
Table 4 - Family Planning Enrollment

PROGRAM	INCOME	# Enrolled as of 10-01-21	# Enrolled as of 11-01-21	Net Increase This Month
Plan First Men & Women	≤ 200% FPL	47,953	48,217	264

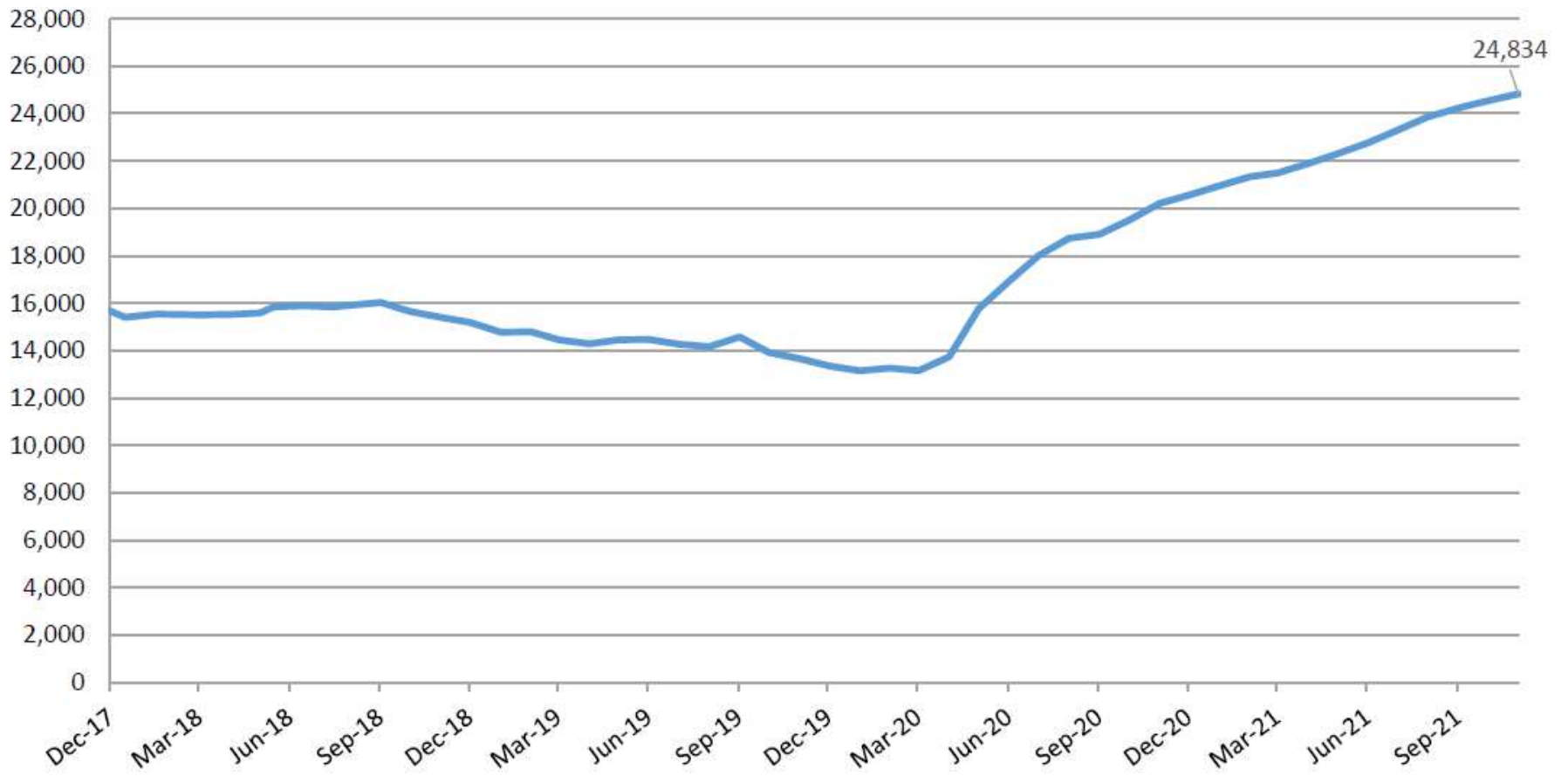
Monthly Enrollment of Children in FAMIS (Separate CHIP) 2018-2021



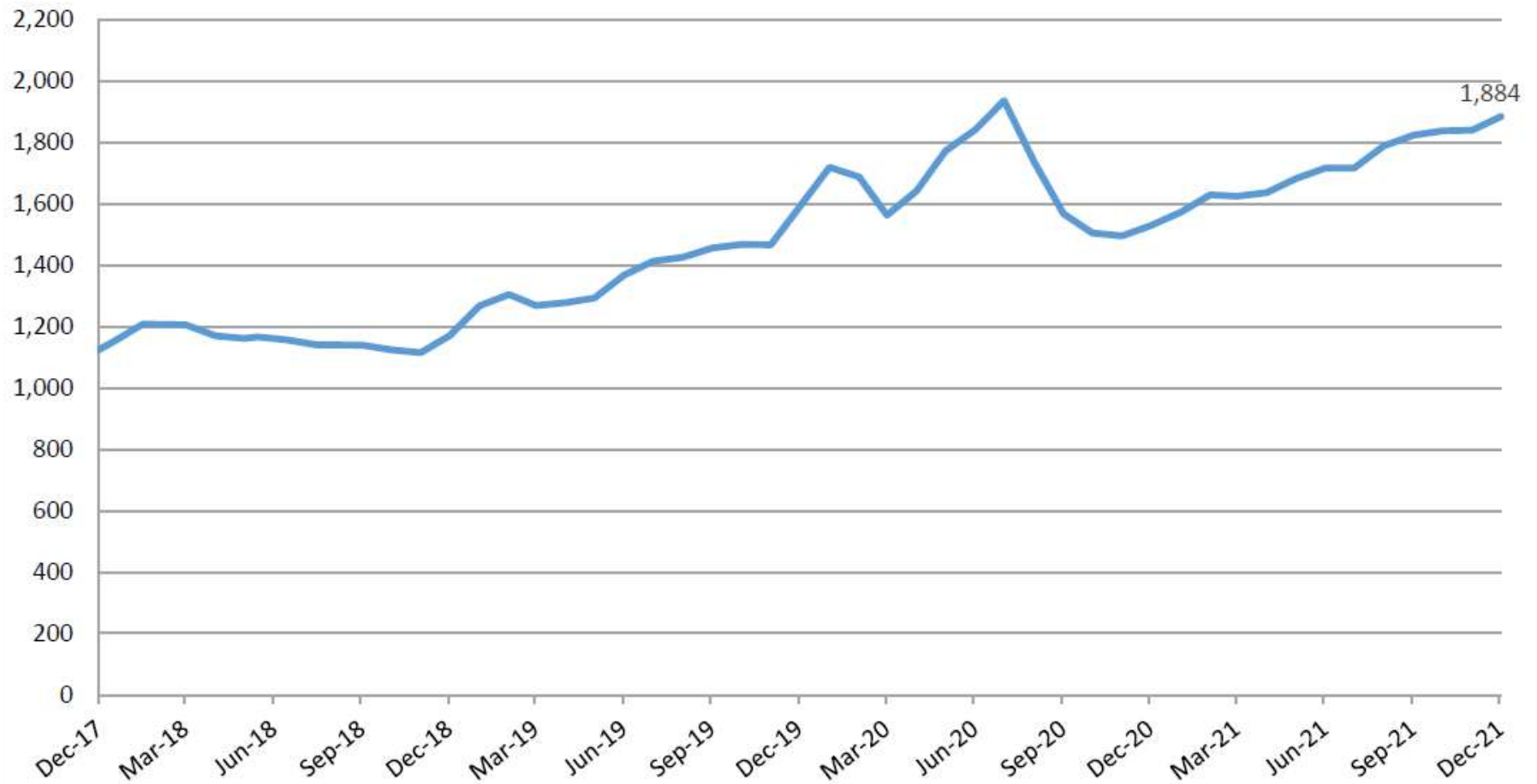
Monthly Enrollment of Children in FAMIS Plus (Medicaid) 2018-2021 (Includes CHIP-funded "Medicaid Crossover" enrollment)



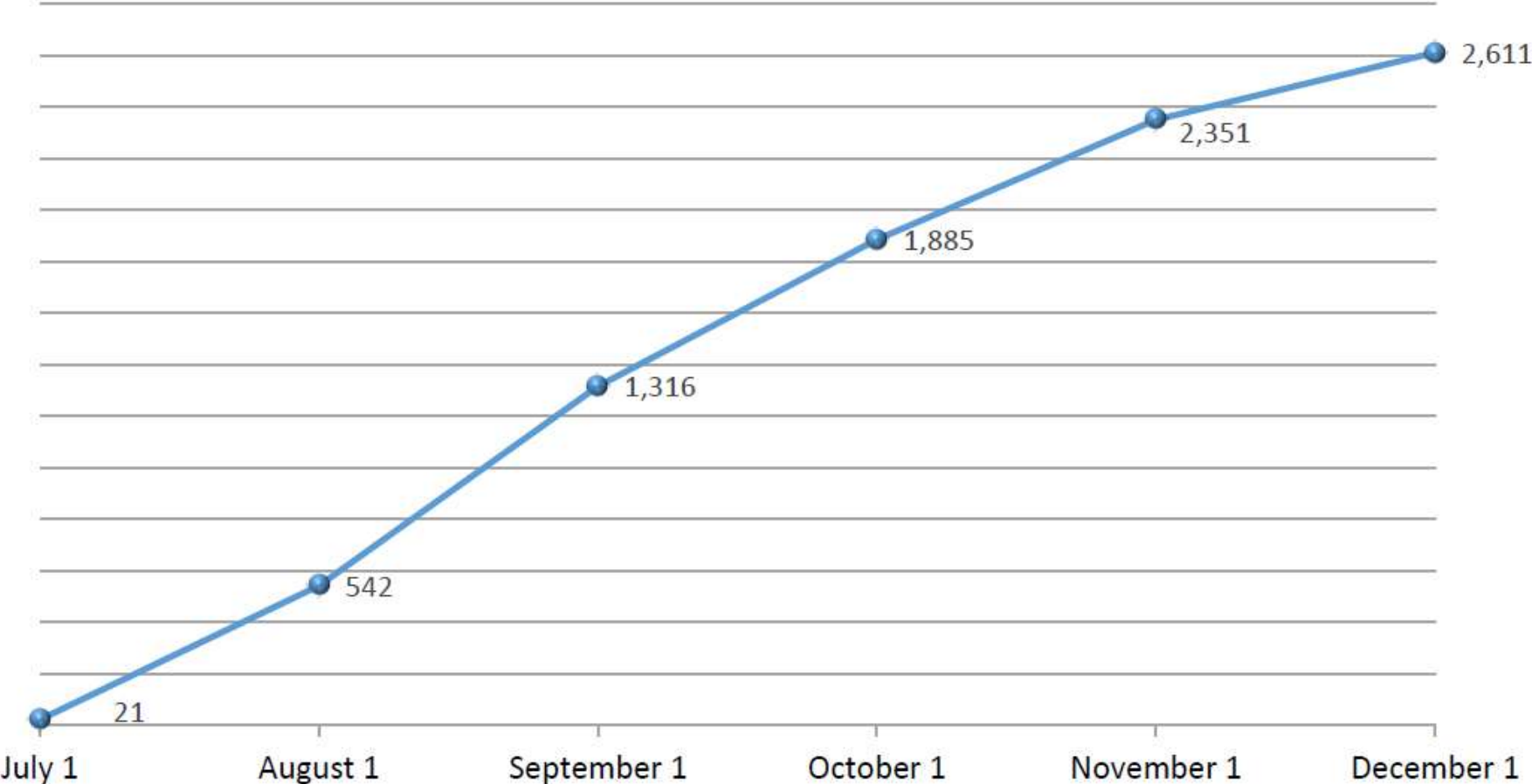
Monthly Enrollment of Pregnant Women in Medicaid, 2017-2021



Monthly Enrollment in FAMIS MOMS, 2017-2021



Monthly Enrollment in FAMIS Prenatal Coverage, 7/1/21 - 12/1/21





VIRGINIA GENERAL ASSEMBLY UPDATE

December 9, 2021

Will Frank
*Legislative Advisor,
Department of Medical
Assistance Services*

November 2021 Governor and GA Election Overview

- In November 2021, new Governor elected.
- Currently, transition team working with current administration to ensure smooth transition.
- Governor-Elect announced Health and Human Resources transition team.
- 10 members of the House of Delegates did not seek re-election.
- Republicans gained control of the House by 2 seats (52-48).
- Tie breaking vote in the Senate now Republican Lieutenant Governor.

November 2021 GA Election Overview

- Party change in the House majority changes leadership, operating rules, and committee assignments.
- Leadership
 - Current Speaker of the House- Speaker Filler-Corn
 - New Speaker- Delegate Gilbert
 - Important Committees
 - House Health, Welfare, and Institutions
 - Current Chair- Delegate Sickles
 - Possible New Chair- Delegate Orrock
 - House Appropriations
 - Current Chair- Delegate Torian
 - Possible New Chair- Delegate Knight
 - House Appropriations HHR Subcommittee
 - Current Chair- Delegate Sickles
 - Possible New Chair- Delegate Farris or Delegate Brewer

DMAS Legislative Role

- Monitor introduced legislation.
- Review legislation and budget language for Secretary and Governor.
- Make position recommendations to Secretary and Governor.
- Communicate Governor positions to General Assembly.
- Provide expert testimony and technical assistance to legislators on legislation.

2022 DMAS Budget Decision Packages

- DMAS submitted budget decision packages for the current administration to consider to include in Governor Northam's final budget.
- Governor is set to release new budget on December 16th.
- Some of DMAS' decision packages are:
 - Eliminate co-payments in Virginia's FAMIS program and for Medicaid fee-for-service adult populations (permanently)
 - Ensure Continuous Eligibility for Children in Medicaid and FAMIS
 - Ensure Continuous Eligibility for Pregnant Women through 12 Months Postpartum (language-only)

2022 DMAS Budget Decision Packages

- Some of DMAS' decision packages are (Continued):
 - Fund Retroactive Eligibility for Family Access to Medical Insurance Security (FAMIS) populations
 - Merge Virginia's children's programs into CHIP-funded Medicaid (DMAS also submitted a legislative report on this topic)
 - ARPA Funds Use: Backlog/Unwinding Efforts due to COVID-19 PHE: Additional Funding
 - Eliminate Restrictive Medicaid Resource Requirements for Social Security Income (SSI) Recipients

2022 DMAS Budget Decision Packages

- Some of DMAS' decision packages are (Continued):
 - Fund Medicaid Home Visiting Benefit
 - Fund Pilot Program for Mobile Vision Clinic Services
 - Fund Primary Care Value-Based Purchasing Payment Model
 - Fund Cardinal Care; Including Consolidation of MCO Contracts
- Rate Increases
 - Fund Rate Increase for OBGYN Services
 - Fund rate study for behavioral health services
 - Implement psychiatric residential treatment facilities rebasing and annualized inflation.
 - Increase Vision Services Rates for Children

Questions????

Thank you

Will Frank- will.frank@dmas.virginia.gov



Discussion:

2022 General Assembly Session



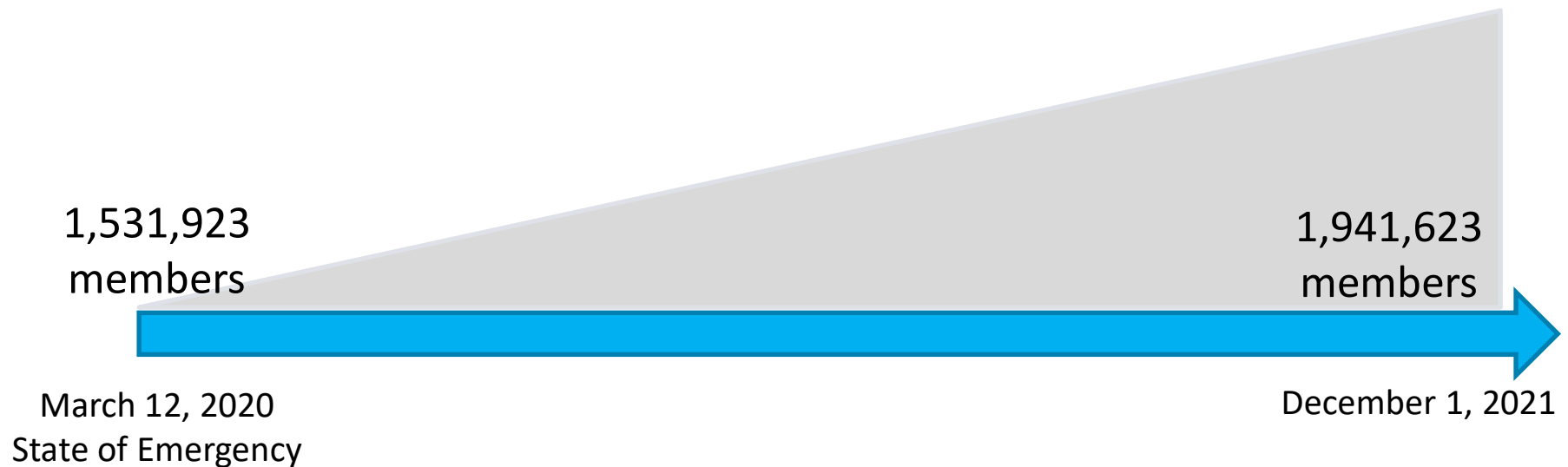
DMAS UPDATE



CHIPAC Quarterly Meeting
December 9, 2021



Medicaid Enrollment - Update



- Since the State of Emergency was declared, Medicaid has gained **406,937 new members**
 - 217,760 are in Medicaid Expansion
 - 127,108 are children
- Medicaid gained more than 20,000 new members last month



COVID-19 Unwinding Plan Eligibility and Enrollment

New Federal Policy Updates

On August 13, the Center for Medicare and Medicaid Services (CMS) provided updated guidance to support states for the eventual end of the Federal Public Health Emergency (PHE). The guidance is intended to minimize burdens for Medicaid beneficiaries and limit coverage disruptions.

- CMS initially issued guidance in December 2020. The August 13 State Health Official letter outlines updated policies, but signals that more detailed guidance will be available in the future.
- The August 13 updates did not indicate if the federal PHE will be extended.
 - The Department of Health and Human Services (HHS) previously indicated that it expects the PHE to continue through the end of 2021.
 - The most recent renewal of the PHE is scheduled to expire on 01/16/2022.
- Major updates to policies for unwinding federal Medicaid continuous coverage requirements include:
 - An Extended timeframe to complete pending eligibility and enrollment redeterminations from six months to 12 months
 - States must complete a new redetermination for individuals who were determined ineligible during the PHE prior to the termination of eligibility.

Expected Redetermination

Coverage Group	Action Needed?
Manual Annual Renewals (those who did not successfully complete the ex parte renewal process)	Automated ex parte to be adjusted to run for overdue renewals on an extended schedule
Individuals who Turned Age 19/21/26	Automated redetermination batch will attempt – adjust to no negative actions. Manual work otherwise.
Individuals who Turned Age 65	Automated redetermination batch will attempt – adjust to no negative actions. Manual work otherwise.
Pregnant Individuals who Reached the End of Postpartum Period	Automated redetermination batch will attempt – adjust to no negative actions. Manual work otherwise.
Individuals in Breast & Cervical Cancer Protection Treatment Act (BCCPTA) or Expansion Coverage who Began Receiving Medicare Coverage	Automated redetermination batch will attempt – adjust to no negative actions. Manual work otherwise.
Individuals who Reported a Change in Circumstances Requiring a Redetermination	Manual work, LDSS will need to prepare by reviewing MWS Inboxes and changes reported outside VaCMS

New “Medicaid Combined Partial Review Process” Batch Run

New VaCMS Automation Post-PHE

- New VaCMS automation will now include:
 - BCCPTA/Expansion individuals with Medicare
 - PG women in Medicaid and CHIP that meet their postpartum period
 - Individuals aging out of current coverage group to include individuals who turned ages 19, 21, 26, and 65.
- During the batch run VaCMS will re-evaluate enrollees for other covered groups, authorizing approvals and closures
- VaCMS will send necessary documentation for enrollees to complete and re-evaluate them for other covered groups
- New automated tools to assist local agencies workers with caseload management

Continued Redetermination During the PHE

When CMS signaled to states that the federal PHE would be extended through the end of 2021, DMAS made the decision to turn the ex parte renewal process “back on.” This process only takes action on enrollments that can be approved for continued coverage for another year.

- Ex Parte Renewals:
 - July 2020 through June 2021 – **53%** of the overall member population successfully ex parte renewed. *[This success rate includes populations that are not able to be renewed in the ex parte process such as a majority of the Aged, Blind, or Disabled (ABD) coverage groups.]*

According to Ex Parte Renewal Trends:

- On average, we expect the following to continue:
 - 80% of MAGI enrolled members successfully ex parte review
 - 53% of all enrolled members successfully ex parte review
 - The majority of the remaining members will receive a renewal packet
- Currently the automated ex parte renewal process does not send renewal packets. This part of the process was paused during the PHE and will resume at the end of the PHE when full redeterminations are required.

Phased Unwinding Approach

Phase	Timing	Current Number of Members Impacted	Description
I	Pre-End of PHE – one large batch run, then ongoing monthly	~39k Members, first run occurred in Nov 2021	Run cleanup auto-batch to reassign individuals who have reached the end of their postpartum period with income below 138% of FPL to new coverage group; Expansion or LIFC. No adverse action to be taken. Keep special monthly run ongoing through end of PHE.
II	Pre-End of PHE – one large batch run	Unknown	Ex Parte Clean Up Run: Re-run ex parte to redetermine any individuals who may have previously fallen out of the ex parte run who may now successfully complete their renewal process.
III	End of PHE – ongoing; could be up to 12 months	Unknown	Member reported changes to DSS. Certain changes will need to be worked to redetermine eligibility. These changes include changes such as changes in household size.
IV	End of PHE	846,497 Members*	Renewals – cases will be renewed on a rolling basis throughout 12 month period allowed by CMS.

Considerations

DMAS has identified multiple areas where information is still unknown as well as potential challenges that may be faced in the unwinding process.

- Uncertainty as to when PHE will end
 - CMS has stated that states should still expect 60 days notice prior to HHS announcing the end date of the PHE
- The full official unwinding guidance from CMS has not been received
 - Solution: The team has worked on bucketing populations effected so the timeline can be built around the populations and focuses on using existing automated processes to assist with work volume
- Member contact information may be out of date
 - Solution: DMAS is prepared to begin a campaign through direct mailing and digital outreach as soon as the PHE end date is announced
- Inability to predict how many members will lose coverage no knowledge of the number of reported changes that have been made during the PHE such as changes in household status.
 - DMAS closely monitor any closures or reductions in coverage closely to ensure appropriate actions are being taken to protect all eligible members from losing coverage

Unwinding Outreach

DMAS is currently working through an outreach plan to ensure members are provided with information, next steps, and needed actions to prevent unnecessary coverage closures and reduce churn.

- Planned Outreach Action:
 - Direct member mailing
 - Post cards planned for pre-PHE distribution
 - Second mailing closure to renewal date
 - Digital outreach
 - Updates to the Cover Virginia website
- Eligibility Worker Reinforcement
 - DMAS contractors
 - Renewals, changes, and applications
- Application Assistance
 - To include renewal assistance
 - Targeted messaging for aged, blind, and disabled (ABD) populations

Collaboration with Health Plans

DMAS is partnering with the health plans in multiple collaborative efforts to reduce the risk of members losing coverage and to provide needed information and education at the end of the federal PHE.

- Outreach
 - Direct mailings
 - What you need to do now that the PHE has ended
 - How to report changes and provide information
 - Digital communication: text, email, websites
- Collaborate to ensure up to date addresses and phone numbers
 - Data exchange
- Reminders to members to complete their renewal
 - Importance of completing renewal
 - Ways to complete the renewal process

In order to ensure consistent messaging to members and coordinate timing of any outreach, DMAS coordinates language approval and scheduled delivery of mailings/digital/telephonic outreach.

Thank you for your time today!

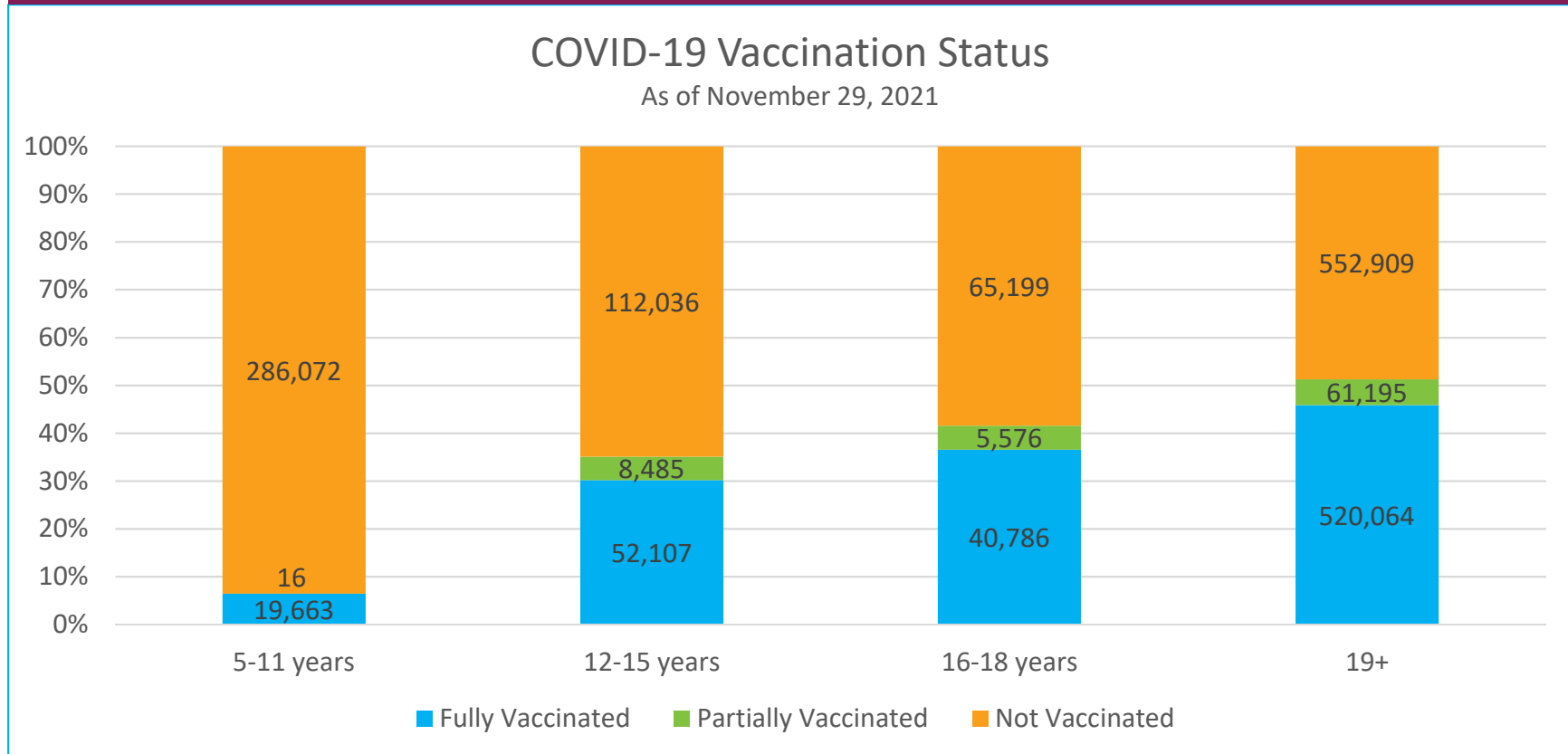
Questions?



COVID-19 Vaccination Update

COVID-19 Vaccinations

17% of eligible children under 16 have received at least one dose of a vaccine



COVID-19 vaccinations were authorized in Virginia on the following dates:

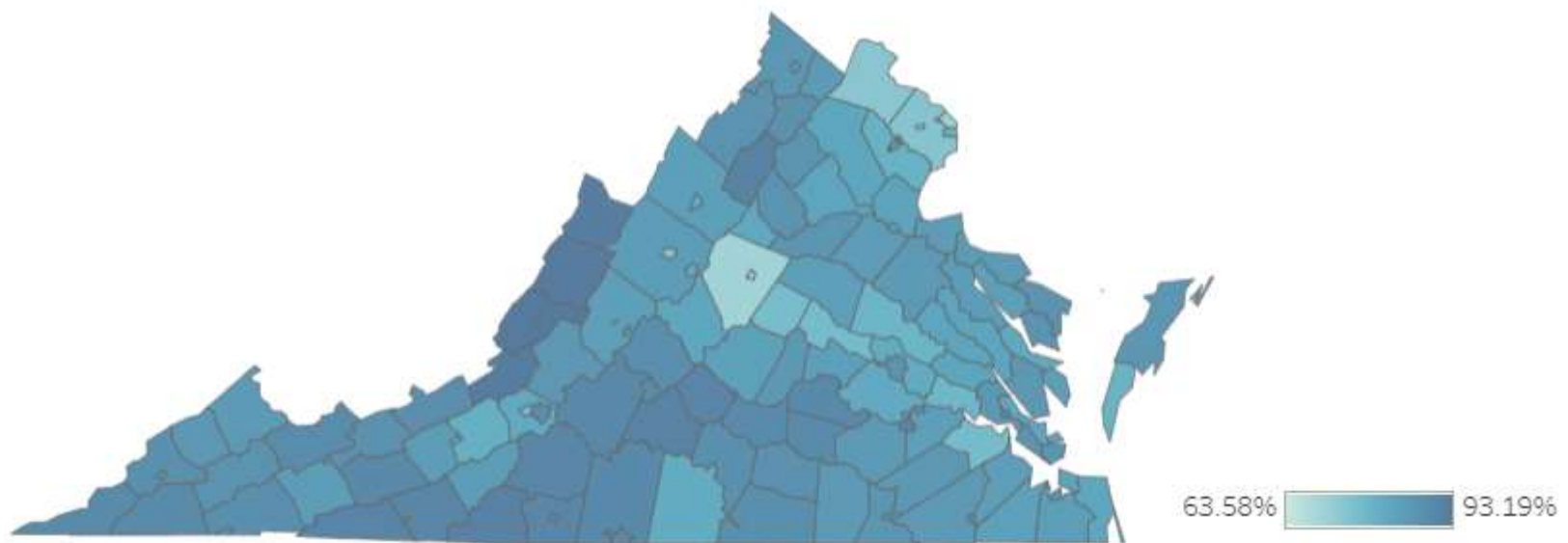
18+ years: December 10, 2020 (Pfizer & Moderna vaccines, Johnson & Johnson added as of February 26, 2021)

12-17 years: May 10, 2021 (Pfizer vaccine)

5-11 years: October 20, 2021 (Pfizer vaccine)

Who is left to vaccinate?

Unvaccinated 5 -15 Year Olds



- The Northern/Winchester region has the highest vaccination rate (21%)
- The Southwest region has the lowest vaccination rate (11%)

Updated as of November 29, 2021



Afghan Evacuees Medicaid Enrollment

Afghan Evacuees – Medicaid Enrollment

- DMAS has worked closely with the State Department, Health and Human Services, and Centers for Medicare & Medicaid Services (CMS) to coordinate application events.
- In partnership with the Virginia Health Care Foundation and the Virginia Poverty Law Center, DMAS scheduled 14 in-person application events to assist with filing the Medicaid applications.
- Enrollment events focused on pregnant women, newborns, medically frail, and those with immediate medical needs (and anyone else in their household who wanted to apply).
- With the assistance of interpreters, paper applications were completed, scanned, and sent to the Division of Eligibility and Enrollment Services (EES) for processing by staff in that division and contractors currently assisting with application backlogs.

Total Medicaid Enrollment = 2,115 , as of 11/29	
Coverage Categories	Counts
Medicaid Expansion	326
Medicaid for Children Under 19	985
Medicaid for Pregnant Women	161
Refugee Medical Assistance	127
LIFC (Parents/Caretaker-Relatives)	516



Maternal Health Updates

12 Months Postpartum Coverage

- Virginia's Section 1115 waiver amendment application to extend postpartum coverage was **approved** November 18, 2021!
- This approval makes Virginia the 3rd state to expand Medicaid to birthing people for a full year postpartum.



Doula Benefit Implementation

- Community doulas are non-clinical professionals who provide physical, emotional, and informational support before, during, and after birth.
- DMAS doula report is available at <https://rga.lis.virginia.gov/Published/2020/RD669>
- Virginia will be the 4th state in the nation to implement community doula services for its Medicaid population.
- Federal approval received from CMS October 2021
- The Virginia Department of Health established regulations that become effective January 6th outlining the state requirements for community doula certification.
- Doulas will enroll with DMAS and contract with the MCOs to provide services.
- Doula Benefit Go-live for member access to doula services is projected for Summer 2022.



Cover Virginia



Cover Virginia Highlights

Cover Virginia Call Center

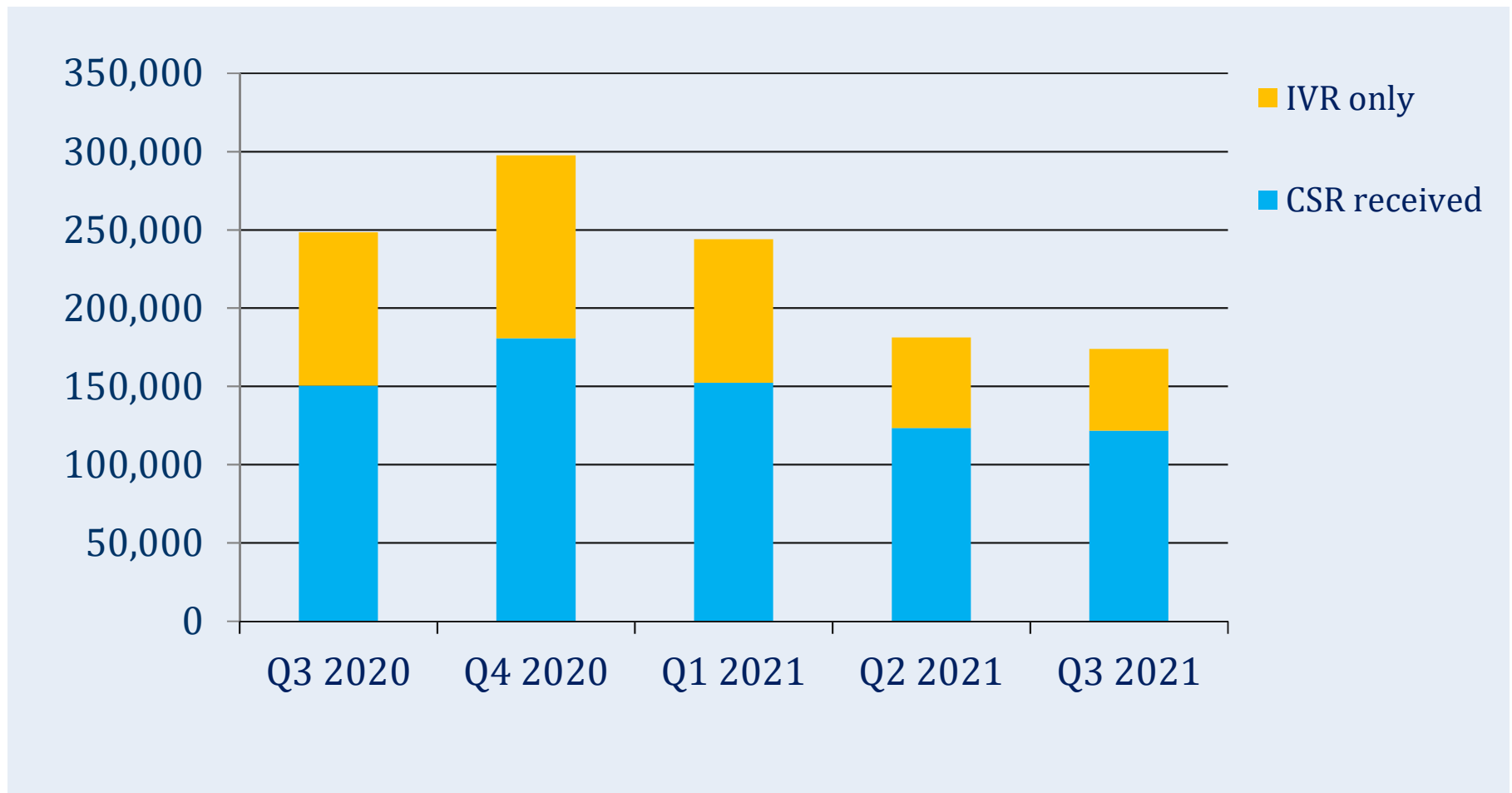
- **Open Enrollment began November 1**
- **Increased volumes are expected**
- **Compliant and answering calls with no wait**
- **Additional resources added**
- **Continued quality assurance monitoring**
- **New** – **IVR automated status updates implemented November 1, 2021**

Cover Virginia Highlights

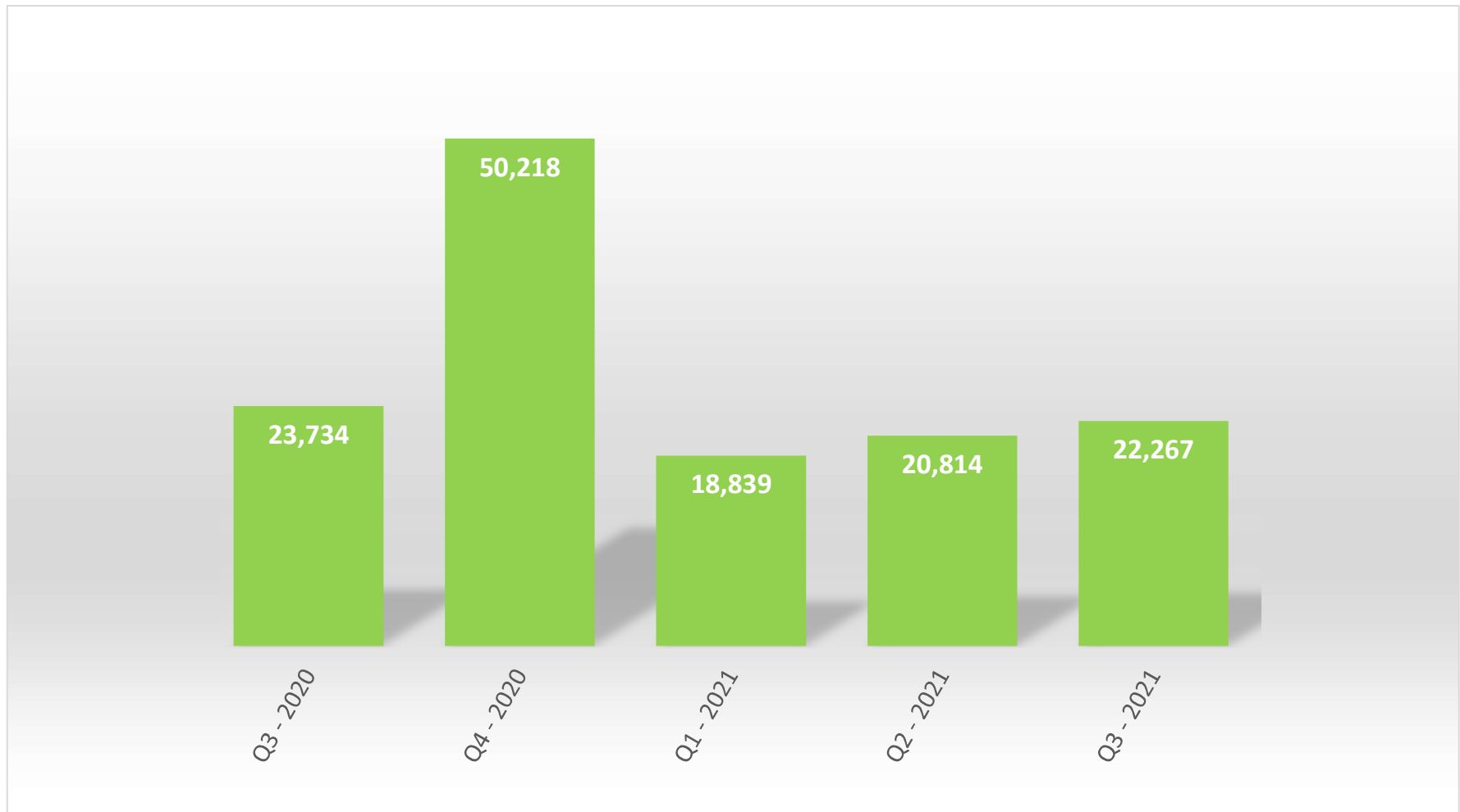
Cover Virginia Central Processing

- **Open Enrollment began November 1**
- **Additional resources added and overtime engaged due to expected volume increase**
- **Contractor continues to address areas of opportunity for improvements**
- **State staff engaged to assist with processing after-working hours**

Cover Virginia Call Volume

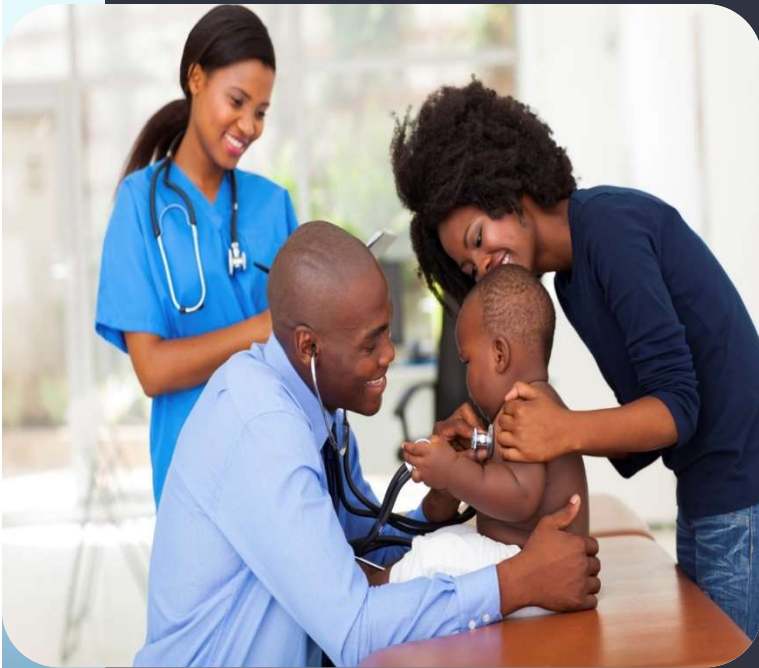


Cover Virginia CPU Application Volume



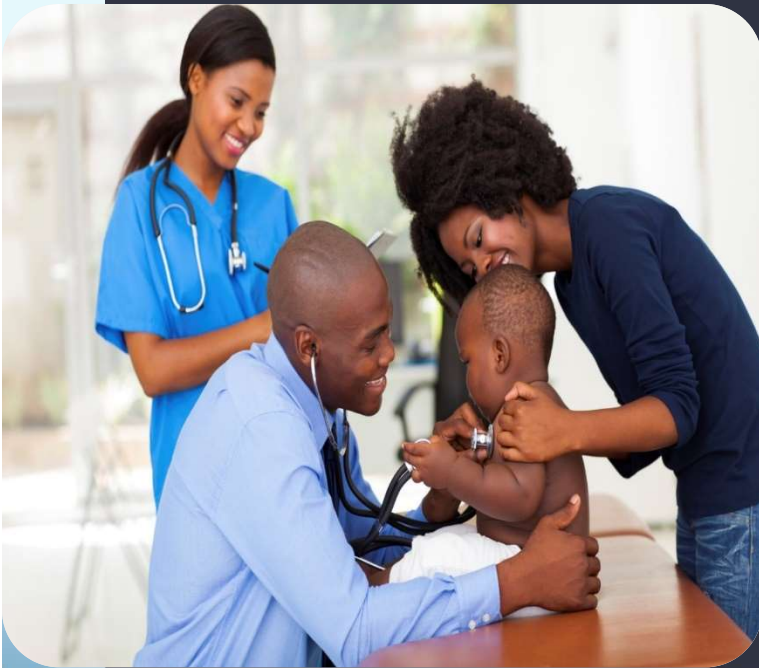
VDSS UPDATE

Irma Blackwell
Medical Assistance Program Manager
Division of Benefit Programs



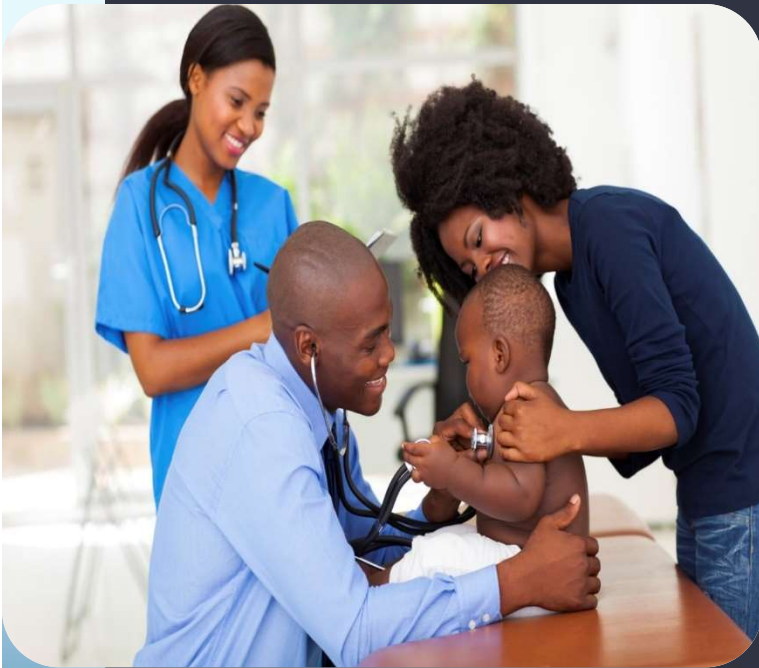
VDSS UPDATE

Contract Staff may be hired on the VDSS side to assist and support LDSS staff with impending work connected to the unwinding of the Public Health Emergency



VDSS UPDATE

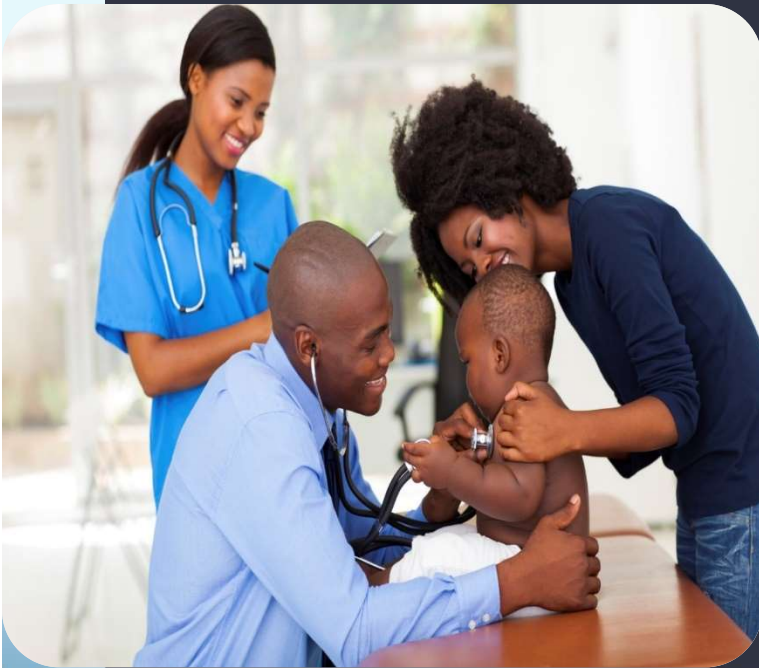
VDSS Medical Assistance Unit, Office of New Americans, the Local DSS Offices, DMAS, several military bases as well as Refugee Resettlement agencies around the state continue to partner in order to serve the Afghan immigrant community; prioritizing pregnant individuals, children and medically frail.



DASHBOARD REPORTING

Opportunities to Request and/or Develop Ad Hoc Reports

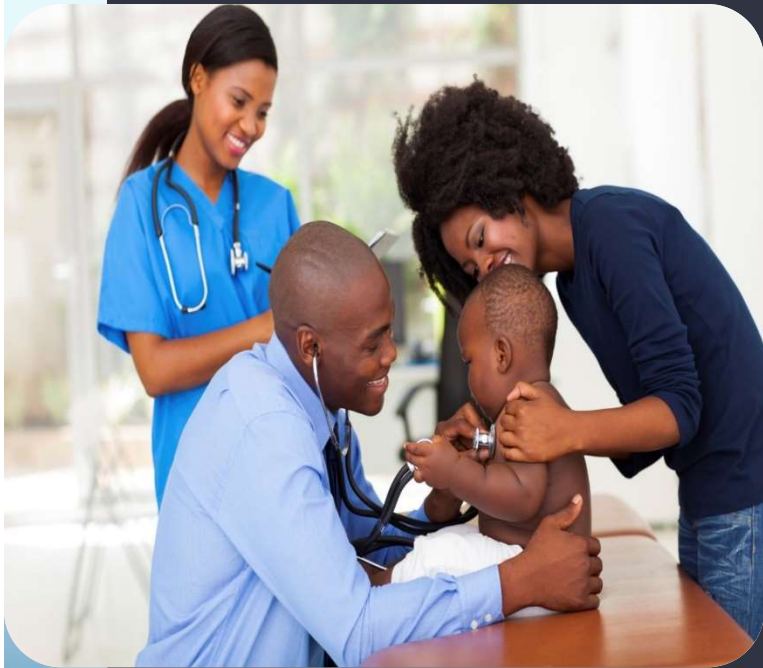
- Enrollment Data
- Application Processing Time Measurements
- Data to Specifically Include:
 - Pregnant Women
 - Children
 - Medicaid Expansion
- Application Submission Method Data
- Processing Delays & Delay Indicators*
- % of Applications Reviewed/Approved via Ex Parte
- Enrollment/Application Processing for Special Populations:
 - FAMIS Prenatal
 - Pregnant Women
 - Children
 - Medicaid Expansion



Automated Ex Parte Batch Run

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
October 2021	104,672	77.9%	79,131	75.6%
November 2021	56,386	72.9%	43,098	76.4%
December 2021	71,451	58.7%	23,267	32.6%





CONTACT INFO

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Discussion of Agenda Topics For Next CHIPAC Meeting

March 3, 2022

Public Comment

- Unmute yourself by clicking on the microphone icon.
- If you are joining by phone, unmute yourself by pressing *6.
- You may also submit comments in the chatbox if you wish to do so.