



Children's Health
Insurance Program
Advisory Committee
of Virginia



MEETING MINUTES

**Meeting Minutes
December 9, 2021
1:00-3:00 pm**

*This meeting was held electronically via WebEx.
The web link and call-in information were posted on the Virginia Regulatory
Town Hall website in advance of the meeting to ensure public access.*

The following CHIPAC members attended virtually:

- Denise Daly Konrad Virginia Health Care Foundation
- Dr. Tegwyn Brickhouse VCU Health
- Sara Cariano Virginia Poverty Law Center
- Freddy Mejia The Commonwealth Institute for Fiscal Analysis
- Jeff Lunardi Joint Commission on Health Care
- Jennifer Macdonald Virginia Department of Health
- Michael Muse Virginia League of Social Services Executives
- Lanette Walker Virginia Hospital and Healthcare Association
- Christine McCormick Virginia Association of Health Plans
- Irma Blackwell Virginia Department of Social Services
- Michael Cook Board of Medical Assistance Services
- Quyen Duong Virginia Department of Education
- Hanna Schweitzer Dept. of Behavioral Health & Developmental Services

- Shelby Gonzales Center on Budget and Policy Priorities
- Victor James American Academy of Pediatrics, Virginia Chapter
- Dr. Nathan Webb Medical Society of Virginia
- Ali Faruk Families Forward Virginia

The following CHIPAC members were not present:

- Tracy Douglas-Wheeler Virginia Community Healthcare Association
- Emily Griffey Voices for Virginia's Children

Meeting Minutes

Welcome – Denise Daly Konrad, CHIPAC Chair, called the meeting to order at 1:03 p.m. Konrad welcomed Committee members and members of the public and explained that the meeting would be electronic-only due to an unexpected issue with the planned meeting venue. Konrad stated that under current state rules, the Committee must have a physical

quorum in order to take official actions; therefore, votes to approve meeting minutes and membership changes would be tabled until the next meeting with a physical quorum, scheduled for March 3, 2022. Konrad gave a brief overview of the electronic meeting format and procedures, and provided the link to view remote closed captioning. Attendance was taken by roll call.

I. CHIPAC Business

- A. Meeting Minutes** – Members reviewed the September 2 meeting minutes. Konrad explained that the Committee would wait to vote on approval of the September 2 meeting minutes until the next meeting with a physical quorum, scheduled for March 3, 2022.
- B. Membership Update** – Konrad gave an update on committee membership. She explained that she would be rotating out of her role as CHIPAC Chair at the end of her term, effective in March. She stated that the Executive Subcommittee had nominated Sara Cariano, current Vice Chair, to become Chair and Lanette Walker to become the new Vice Chair. Konrad explained that an official vote on the leadership transition will take place at the March 3, 2022 meeting. Konrad announced that Hanna Schweitzer will be the new CHIPAC representative for the Department of Behavioral Health and Developmental Services (DBHDS), and Emily Roller will be the new representative for the Virginia Health Care Foundation. She explained that since both organizations are Code-mandated CHIPAC member entities, the committee does not have to vote to confirm the new representatives of DBHDS and VHCF. Konrad stated that Victor James' term as representative of the Virginia Chapter of the American Academy of Pediatrics (AAP) is ending, and the AAP has nominated Dr. Susan Brown as the organization's new representative. Konrad explained that the Committee will vote on Dr. Brown's nomination at the March 3 meeting.
- C. Dashboard Update** – Konrad directed members to the CHIPAC Enrollment Dashboard in their meeting packets and introduced Hope Richardson, DMAS Division of Policy, Regulation, and Member Engagement, to provide an overview of the quarterly dashboard. Richardson reminded the Committee that the Dashboard is a first-of-the-month snapshot and reflects enrollment as of November 1. Richardson stated that between October 1 and November 1, overall enrollment across the children's programs increased by approximately 6,000, with the majority of those being Medicaid children and a relatively small amount of growth in the FAMIS program. The total number of children enrolled across the children's programs was approaching 800,000 as of November 1.

For pregnant women's enrollment, Richardson explained that between October and November, FAMIS pregnant women's enrollment grew by 600 members, a larger increase than for Medicaid pregnant women's enrollment, which grew by approximately 500 members. Richardson noted that the continuing ramp-up of the new FAMIS Prenatal Coverage program accounted for most of the growth in FAMIS pregnant women's enrollment. As of November 1, there were about 30,000 pregnant individuals enrolled across the Medicaid and FAMIS programs.

Konrad provided an update on the work of the CHIPAC Behavioral Health data workgroup. She stated that the workgroup has met with DMAS subject matter experts and will continue to collaborate with DMAS in developing new indicators for the Committee to track related to Medicaid and FAMIS children's behavioral health.

II. Upcoming General Assembly Session Discussion – Will Frank, DMAS Senior Legislative Advisor, provided the committee with an overview of the upcoming 2022 General Assembly session. Frank reported that the session starts on January 12th and with a new Governor elected, transition plans are underway. Frank explained that party changes in the composition of the General Assembly will bring changes in leadership, operating rules, and committee assignments. Following an update on the GA changes, Frank explained DMAS' role as an Executive Branch agency during the session, which is to monitor introduced legislation, review legislation and budget language for the Secretary of Health and Human Resources and Governor, communicate the Governor's positions to the General Assembly, and provide expert testimony and technical assistance on legislation. Frank also discussed the budget process and provided the Committee an overview of the budget decision packages DMAS has submitted for the current administration to consider to include in Governor Northam's final budget, scheduled to be released on December 16th. Frank advised the committee that agency decision packages are publicly available on the Department of Planning and Budget's website.

III. DMAS Update

Jessica Anecchini, DMAS Senior Advisor for Administration, provided an update on Medicaid enrollment. Since the federal public health emergency (PHE) was declared in March 2020, Medicaid has gained 406,937 new members, of whom 127,108 are children. Anecchini stated that in total, Virginia Medicaid enrollment was at approximately 1.9 million members as of December 1, 2021.

Anecchini provided an update on DMAS' COVID-19 "unwinding" plans. She stated that on August 13, the Centers for Medicare and Medicaid Services (CMS) issued updated guidance to states for the eventual end of the federal PHE. This guidance is intended to minimize burdens for Medicaid beneficiaries and limit coverage disruptions. Anecchini explained that the Secretary of Health and Human Services can only extend the PHE for 90 days at a time and the current extension is set to expire on January 16, 2022 if not renewed.

Anecchini explained that major updates to policies for unwinding federal Medicaid continuous coverage requirements include: (1) extending the timeframe to complete pending eligibility and enrollment redeterminations from six months to 12 months and (2) requiring states to complete a new full redetermination prior to eligibility termination for individuals who were determined ineligible during the PHE. Anecchini explained that when CMS signaled to states that the federal PHE would be extended at least through the end of 2021, DMAS made the decision to turn the ex parte (automated) renewal process back on. This process only takes action on enrollments that can be approved for continuous coverage for another year. For the period July 2020 through June 2021, 53% of Virginia's overall member population successfully

renewed through the ex parte process. Based on current trends, DMAS expects that approximately 80% of the population eligible for ex parte renewal will successfully renew through this route, while 53% of enrolled members overall will successfully renew ex parte. Post-PHE, the majority of remaining members will receive a renewal packet. Anecchini stated that CMS has informed states that they should expect at least 60 days notice prior to HHS announcing the end date of the PHE. Full official unwinding guidance from CMS has not yet been issued.

Anecchini informed the Committee that DMAS is currently working on an outreach plan to ensure members are provided with information, next steps, and needed actions to prevent unnecessary coverage closures and to reduce churn. She stated that with American Rescue Plan Act (ARPA) federal funds, DMAS is bringing on additional contractors who will assist with renewals, changes, and applications, in order to provide additional support for the local eligibility workforce during the busy unwinding period. Anecchini explained that 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.

Following the COVID-19 unwinding discussion, Anecchini provided the committee with an update on COVID-19 vaccination efforts. She stated that as of November 29, 2021, 17% of eligible Medicaid and FAMIS children under the age of 16 had received at least one dose of a vaccine and 51% of members over the age of 19 had received at least one dose. For Medicaid members in the 0-15 age group, the Northern/Winchester region had the highest vaccination rate and the Southwest had the lowest vaccination rate. Anecchini explained that Medicaid managed care organization (MCO) efforts to improve vaccination rates have included working with care coordinators, offering incentive payments, and using virtual baby showers to encourage expecting members to vaccinate.

Mariam Siddiqui, DMAS Senior Operations Advisor, provided an overview of Medicaid enrollment efforts for recent Afghan evacuees. At the end of August, roughly 14,000 individuals arrived in Virginia, and these individuals, mostly large family units, were being housed in four designated “safe haven” locations. Siddiqui reported that DMAS worked closely with different state agencies, as well as HHS, the State Department, and CMS to determine how Medicaid applications could be processed while the evacuees were staying at the safe haven locations and how to coordinate application events. Siddiqui recognized the Virginia Health Care Foundation and Virginia Poverty Law Center for their assistance with the events. Approximately 15 in-person events were held at the different locations. Plans were made with the military bases for staff to go on site and take paper applications for high-priority populations, specifically pregnant women, newborns, and medically frail individuals. Siddiqui noted that HHS and the State Department provided interpreters during the events and over 1,400 applications were taken, scanned in, and reviewed by DMAS staff volunteers. As of the end of November, DMAS staff had enrolled over 2,100 individuals. Mailings have been going out to the safe haven locations with Medicaid IDs for the newly enrolled members.

Hope Richardson provided an update on DMAS maternal health projects. She announced that on November 18, CMS officially approved DMAS' request for 12 months of continuous postpartum coverage for Medicaid and CHIP members. This makes Virginia the third state in the nation following Illinois and New Jersey to receive approval to expand continuous coverage for a full year postpartum. Richardson explained to the committee that the change is expected to result in extended coverage for approximately 6,000 members per year and will provide peace of mind for the more than 35,000 pregnant individuals who give birth each year while enrolled in Virginia's Medicaid and CHIP programs. Plans are now underway to implement the extended coverage, which includes updates to DMAS' eligibility and enrollment systems, and planning for post-PHE for different populations and how this is going to be coordinated with the unwinding processes. Richardson stated that she expects the extended coverage will be available for all of the eligible populations starting in 2022.

Work is also continuing across agencies with stakeholder participants for the rollout of the Medicaid doula benefit. Virginia will be the fourth state in the nation to offer doula services for Medicaid members. Richardson announced that DMAS officially received federal approval from CMS on the Medicaid State Plan Amendment in October and the "go-live" date is projected for summer 2022, pending additional steps in the process that need to take place in the spring. Konrad commended DMAS staff for their work on the maternal health efforts.

Janice Holmes, Operations Manager, DMAS Eligibility and Enrollment Services, provided an update on Cover Virginia, the call center and application processing. Open Enrollment began November 1 and the call center has received an increased volume of calls throughout the month, but so far there have been no wait times for calls and the call center is compliant in answering calls. Holmes reported that quality issues continue to be monitored and staff are retrained to address any quality issues when they are identified. Holmes reported that an enhanced feature was added in November that allows members to receive automated messages regarding their application status. When members call in, they can provide proof of identity in order to receive their application status prior to speaking with a live agent. The feature is also available after hours. So far, the response to this new feature has been positive.

Holmes provided an update on applications processing, informing the Committee that the contractor continues to address areas for improvement as the corrective action plan ends at the end of December. Holmes explained that the application backlog is now down to 300, and there has been a lot of progress toward meeting their goal of eliminating backlog. Holmes stated that for the month of November alone, the Central Processing Unit received over 18,000 applications, which represented about 80% of what was received that entire quarter (over 22,000 applications). Holmes noted that staff are continuing to monitor processing to ensure applications do not fall behind.

IV. VDSS Update

Irma Blackwell, VDSS Medical Assistance Program Manager, provided an update from the Virginia Department of Social Services. Blackwell explained that VDSS is in the planning stages of standing up a contracted unit to help support the local agencies

in handling the workload that will be associated with the unwinding of the PHE. Blackwell stated that VDSS continues to assist local DSS offices, DMAS, and refugee resettlement agencies across the Commonwealth in enrollment efforts for Afghan evacuees. She thanked other state agencies and organizations involved in this effort for their partnership.

Blackwell provided an update on VDSS' work with the Executive Subcommittee to develop data visualizations of applications processing and other VDSS/VaCMS data for the CHIPAC Dashboard. She explained that at this time, the data systems do not have the capability to drill down into the level of detail that the Committee has expressed an interest in seeing. She stated that VDSS will be moving to a new platform in the future, which will expand capabilities and allow for additional detail. Blackwell stated that she would obtain information regarding the timeline for the transition to the new platform and would report back to the Executive Subcommittee.

Blackwell described the Evolution Initiative, a systems infrastructure alignment to better serve families by merging prevention goals of Family Services with the work of Benefit Programs. This initiative aims to ensure that families are receiving timely access to economic stabilization and support for which they qualify, including medical assistance, housing assistance, nutritional assistance, and cash benefits. The concept is based on a recognition that poverty interventions at the family level have been demonstrated to lower the incidence of child neglect and abuse, and reduce the need for Child Protective Services involvement. Blackwell stated that the official launch of the initiative is slated for January, and the Committee discussed the possibility of a presentation at a future CHIPAC meeting.

Blackwell explained that VDSS has been experiencing systems latency issues that may have affected the Common Help application process. She stated that VDSS is working to identify the root cause of this global issue. Finally, Blackwell presented statistics on automated ex parte renewals. For the months of October and November 2021, 75.6% and 76.4% of applicable cases renewed successfully through the ex parte process.

V. Agenda for March 3, 2022 CHIPAC Meeting

Konrad summarized items for follow-up at the March 3 meeting, including continued updates about COVID-19 vaccination rates and DMAS and VDSS plans for unwinding after the conclusion of the PHE.

Dr. Tegwyn Brickhouse, VCH Health, suggested two potential agenda items for future meetings. First, Dr. Brickhouse called the Committee's attention to updated recommendations of the U.S. Preventive Services Taskforce. She stated that one recommendation in particular that affects Virginia is the application of fluoride varnish to children under the age of 5 by primary care providers (not just dentists). Dr. Brickhouse also suggested the topic of HPV vaccine hesitancy and COVID vaccine hesitancy and children as a future agenda topic.

Committee members also suggested a discussion of the Build Back Better federal legislation and its provisions, specifically related to children’s Medicaid and CHIP eligibility.

VI. Public Comment

Public comment was invited, but there was no public comment.

Closing

Konrad thanked the committee members for their hard work and dedication during her term as Chair and noted that she will continue working with them in other capacities. Committee members and DMAS staff thanked Konrad for her work as Chair.

The meeting was adjourned at 2:57 pm.