

CHIPAC

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



Quarterly Meeting

June 9, 2022

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

- This meeting is being held in person as well as electronically via WebEx.
- A quorum must be physically present for the committee to vote or make recommendations.
- The meeting will be recorded.

Roll Call – Instructions for Committee Members Attending Remotely

- 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 Department of Social Services	Irma Blackwell
VCU Health	Dr. Tegwyn Brickhouse
American Academy of Pediatrics – VA Chapter	Dr. Susan Brown
Virginia Poverty Law Center	Sara Cariano
Board of Medical Assistance Services	Michael Cook
Virginia Association of Health Plans	Heidi Dix
Virginia Community Healthcare Association	Tracy Douglas-Wheeler
Families Forward Virginia	Ali Faruk
Center on Budget and Policy Priorities	Shelby Gonzales

Roll call

Organization	Name
Voices for Virginia's Children	Emily Griffey
Joint Commission on Health Care	Jeff Lunardi
Virginia Department of Health	Dr. Vanessa Walker Harris (Jennifer Macdonald)
The Commonwealth Institute for Fiscal Analysis	Laura Goren (Freddy Mejia)
Virginia League of Social Services Executives	Michael Muse
Virginia Health Care Foundation	Emily Roller
Dept. of Behavioral Health and Developmental Services	Hanna Schweitzer
Medical Society of Virginia	Dr. Nathan Webb

Meeting Agenda

- ❑ CHIPAC Business
- ❑ DMAS New Policy Initiatives and Program Changes
 - ❑ Emergency Services Changes
 - ❑ School-Based Health Services: Expanded Medicaid Reimbursement
 - ❑ Maternal Health Updates:
 - Community Doula Benefit and 12 Months Postpartum Coverage
- ❑ Committee Discussion of Legislative & Policy Priorities
- ❑ Agenda Items for September 1 CHIPAC Meeting
- ❑ Public Comment

CHIPAC Business - Voting Instructions for Members

Attending Remotely

- 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.
 - If you are joining by phone, unmute yourself by pressing *6.

CHIPAC Business

- ❑ Review and approve March 3 minutes
- ❑ Committee membership update and actions

Nominee for Membership

Organization	Name
Virginia Hospital and Healthcare Association	Kelly Cannon

EMERGENCY MEDICAID CHANGES



*Yolanda Chandler
Assistant Director,
Eligibility & Enrollment
Services Division*

*Patricia Arevalo, R.N.
Program Manager,
Program Operations Division*

EMERGENCY MEDICAID CHANGES

July 1st will bring some important changes to the way in which Emergency Medicaid is handled.



Evaluate & Enroll



No More Gathering Medical Records



Two New Aid Categories (ACs)



No ID cards issued



EVALUATE AND ENROLL



- All individuals applying for Emergency Services will no longer need to wait until after the services are rendered to be approved for Medicaid.
- An application received by the Local Department of Social Services (LDSS) will be evaluated without the need for additional upfront medical documentation.
- These cases will require an annual redetermination.

NO MORE GATHERING MEDICAL RECORDS

Applicant

- No more applying only after services received
- No more gathering and submitting medical records

LDSS

- No more requesting medical records
- No more gathering and sorting medical records
- No more submitting records to DMAS for approval

DMAS

- No more receiving and reviewing medical records from LDSS
- No more communicating decisions with LDSS

+ TWO NEW AID CATEGORIES

AC 112

- Expansion Populations

AC 113

- Children Under 19
- Caretaker/Relatives
- Aged, Blind, Disabled (ABD)

NO ID CARDS ISSUED

- Members enrolled in AC 112 and AC 113 will not receive Medicaid ID cards.
- Members should keep all documents and make note of the Medicaid ID # that is listed on the Notice of Action that is mailed at approval.

Aid Categories 112 and 113

- ❑ Effective July 1, 2022
- ❑ Automated claims processing
 - No paper (Yay!)
 - Claim must pass edits for adjudication
 - Claims that do not pass edits for adjudication will be pended for a nurse to review against the regulatory guidelines on next slide
 - Must have valid Medicaid ID prior to claims submission

Virginia Administrative Code (VAC)

12VAC30-50-310

- ❑ DMAS covers emergency services for non-resident aliens if the individual's presentation meets **one of the three criteria listed in Part B below**. DMAS' Medical Services Unit will review the patient's medical record, in these cases, to ensure that there is documentation that at least one of the criteria are met.

12VAC30-50-310. Emergency services for aliens.

A. No payment shall be made for medical assistance furnished to qualified aliens who entered the United States on or after August 22, 1996, who are not eligible for Medicaid for five years after their entry, and nonqualified aliens, including illegal aliens and legal nonimmigrants who are otherwise eligible, unless such services are necessary for the treatment of an emergency medical condition of the alien.

B. Emergency services are defined as:

Emergency treatment of accidental injury or medical condition (including emergency labor and delivery) manifested by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical/surgical attention could reasonably be expected to result in:


1. Placing the patient's health in serious jeopardy;
2. Serious impairment of bodily functions; or
3. Serious dysfunction of any bodily organ or part.

For purposes of this definition, emergency treatment of a medical condition does not include care and services related to either an organ transplant procedure or routine prenatal or postpartum care.

C. Medicaid eligibility and reimbursement is conditional upon review of necessary documentation supporting the need for emergency services. Services and inpatient lengths of stay cannot exceed the limits established for other Medicaid recipients.

D. Claims for conditions which do not meet emergency criteria for treatment in an emergency room or for acute care hospital admissions for intensity of service or severity of illness will be denied reimbursement by the Department of Medical Assistance Services.

Aid Category 112 Benefit Plan


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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs
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Reports

Screen ID: RS-S-105
Trans ID: VE32
Program ID: RST175VA

VIRGINIA MEDICAID BENEFIT PLAN ELIGIBILITY VALID VALUES - INQUIRY

Date: 01/19/2022
Time: 10:00

As of Date: 01/01/2022

Aid Category: 112
Aid Category Name: MAGI NRA

Copay Indicator: C
Adult/Child Indicator: B
HIPAA Certification: N
PD Code: 8

Begin Date: 01 01 2022

Age Break : 19

PD Mod:

End Date: 12 31 9999

End Reason:


Money Payment Status Code: 2 Medically Needy
Adult Category Eligible Code: 5 Adult
Child Category Eligible Code: 4 CHILD
Bendex COA: N

Default Benefit Plans

Benefit Plan	Begin Date	End Date
01 01 3004	01 01 2022	12 31 9999

Enter
Update
Next
Sub Menu
Main Menu

Aid Category 113 Benefit Plan


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Member
Provider
Reference
Claims
Financial
Service Auth
Automated Mailing
SURS
MARS
EPSDT
HICC
TPL
Assessment
Drugs

Reports

Screen ID: RS-S-105
Trans ID: VE32
Program ID: RST175VA

**VIRGINIA MEDICAID
BENEFIT PLAN
ELIGIBILITY VALID VALUES - INQUIRY**

Date: 01/19/2022
Time: 10:03

As of Date: 01/01/2022

Aid Category: **113**
Aid Category Name: **NON MAGI NRA**

Begin Date: **01 01 2022**

End Date: **12 31 9999**
End Reason:

Copay Indicator: C
Adult/Child Indicator: B
HIPAA Certification: N
PD Code: 2

Age Break : 19
PD Mod:

Money Payment Status Code: **2 Medically Needy**
Adult Category Eligible Code: **5 Adult**
Child Category Eligible Code: **4 CHILD**
Bendex COA: N

Default Benefit Plans

Benefit Plan	Begin Date	End Date
01 01 3004	01 01 2022	12 31 9999

Enter
Update
Next
Sub Menu
Main Menu

Checking Claims Status

Now that the claims will be automated:

- Providers can check their claims status online or through the Medical system
- Providers can call the toll free Provider Helpline for complex claims issues

Provider Awareness

- ❑ Notification to Providers is forthcoming in the form of a DMAS Bulletin
- ❑ Bulletin will be sent to appropriate providers



AN OVERVIEW OF EXPANDED OPTIONS FOR MEDICAID REIMBURSEMENT OF SCHOOL-BASED SERVICES

Rebecca Anderson

Senior Policy Advisor

DMAS Program Operations Division

Amy Edwards

Medicaid Specialist

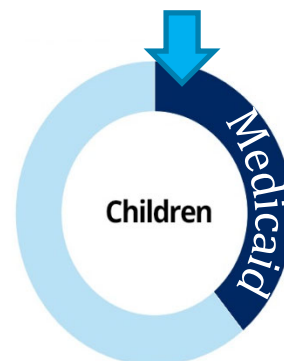
Virginia Dept. of Education

What are Medicaid School-Based Services?

- Local Education Agencies are reimbursed for a portion of their expenditures related to providing certain health services to students on Medicaid and FAMIS.
- What is reimbursed?
 - A portion of:
 - Salaries and benefits of professionals that render or administratively support school health/student support services to students with Medicaid or FAMIS benefits.
 - Specialized transportation when needed to access services.
 - Materials and supplies used in providing services to these students

*Local Education Agency is defined in the Virginia Administrative Code (8VAC20-81-10)

How schools are reimbursed



School spends \$ providing student health and support services

The percentage of staff time spent directly with students providing services

The proportion of students with medical assistance

Allowable expenditures

What changes are being planned for school-based services?



Expanding options for schools

- DMAS is working with Centers for Medicaid and Medicare Services (CMS) to expand the options for schools to seek federal Medicaid and CHIP cost-based reimbursement
- Currently limited to services provided to students with an Individualized Education Program (IEP)*
- Planning to allow reimbursement for costs of providing covered services to all students with medical assistance – not just those with an IEP.

*Refers to a formal plan for special education.



Currently, DMAS can only reimburse schools for costs of providing services to eligible students with a special education IEP.



Under this expansion, divisions will have the option to also include costs of providing services to general education students.

Expanding options for schools

If approved by CMS we plan to:

- Add licensed school counselors and substance use treatment practitioners, and licensed behavior analysts and assistant behavior analysts to the list of professionals whose time spent providing services may be eligible for reimbursement.
- Allow schools to include the costs associated with adaptive behavior therapy and substance use treatment services in cost settlement.

Expanding options for schools

- Existing services currently allowed (for cost reporting) for students with an IEP will be allowed for all general education students. (Speech, OT, PT, Audiology, Behavioral Health, Nursing, Personal Care, Physician/PA/NP services.)
- There will be pathways for schools to seek reimbursement for a portion of administrative costs associated with public health emergency activities.

Key Contacts

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Program Lead

Medicaid School-Based Services

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Amy Edwards

Medicaid Specialist

Department of Education

Amy.Edwards@DOE.Virginia.gov

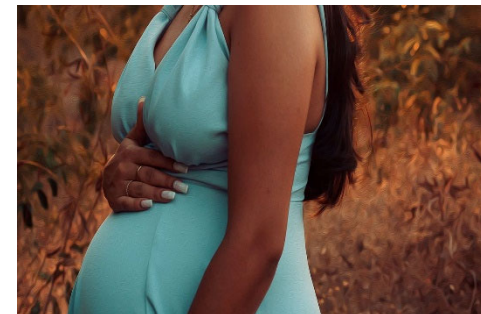


Q&A



MATERNAL HEALTH UPDATES: COMMUNITY DOULA BENEFIT

Natasha Turner
Doula Program Analyst, Health Care Services



Community Doula Overview

What is a Community Doula?



Community Doulas:

- provide continuous physical, emotional, and information support to pregnant individuals prenatally, throughout pregnancy, during labor and delivery, and the postpartum period
- serve families in under-resourced communities
- focus on health equity and the social determinants of health
- provide referrals and connections to critical community resources
- partner with the birthing parents and their medical care team to:
 - facilitate communication
 - help members feel empowered to navigate their medical care and make choices that align with their birthing plan

Doula Services Health Benefits

The Virginia Medicaid Benefit for Community Doula Services Work Group study published in December 2020 found evidence that pregnant individuals, who receive doula care, are more likely to have a healthy birth outcome and a positive birth experience.

<https://rga.lis.virginia.gov/Published/2020/RD669>

Doula Support Services increase:

- likelihood of vaginal birth
- higher five-minute newborn Apgar scores
- likelihood of breastfeeding initiation

- Can be cost-effective approach to improving maternal and child health among Virginia Medicaid members
- Continuous support to pregnant members throughout pregnancy

Member benefits

- Greater understanding of pregnancy and the birthing process
- Willingness to continue care

Doula Support Services reduce:

- delivery by C-section
- use of epidural pain relief
- preterm births
- instrument-assisted births

Community Doula Benefit - Overview

Benefit Overview

- In one full episode of care, a member is eligible to receive nine (9) touchpoints:
 - One (1) Initial prenatal visit and up to
 - Three (3) Additional prenatal visits (max)
 - Four (4) Postpartum visits (max)
 - Attendance at delivery (Singleton birth)

To be eligible to receive doula services, one must:

- Be a Virginia Medicaid member **and**
- Currently be pregnant **or** have given birth within the last six months (180 days)
- Have their doula obtain a licensed practitioner's recommendation for Doula care **prior to initiating services.**

Linkage to Care Incentives

- To improve continuity of care for mothers **and** their newborns during the postpartum period, doulas are eligible to receive **two linkage to care incentives.**
- one incentive payment can be received by the doula if the member attends one postpartum visit with an obstetric clinician
- second incentive payment can be received by the doula if the newborn attends one visit to pediatric provider after birth.
- linkage-to-care incentive payments strengthen and support our **collective** efforts to ensure both mom and baby receive the necessary follow-up care after birth.

For this benefit, a licensed practitioner is defined as a: licensed clinician, physician, licensed midwife, nurse practitioner, physician assistant and other Licensed Mental Health Professional (e.g., physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance use treatment practitioner, licensed marriage and family therapist, or certified psychiatric clinical nurse specialist).

Community Doula Benefit Implementation

Virginia Medicaid is the 4th state in the nation to implement doula services for Medicaid members.

In 2021

The Department of Medical Assistance Services (DMAS) received both federal and state approval for the community doula benefit as a preventive service.

Effective January 2022

The Virginia Department of Health (VDH) established the minimum requirements to be considered a certified doula in Virginia based on the core competencies for doula certification used by national organizations and community based organizations in Virginia.

April 2022

Virginia approved the first state-certified community doula. There are currently 31 state-certified doulas.

May 2022

Virginia Medicaid **enrolled** the first-state community doula as the a Medicaid Provider. There are currently 5 pending enrollment.



Community Doula State Certification

Effective January 6, 2022, The Virginia Department of Health (VDH) established the minimum requirements to be considered a certified doula in Virginia based on the core competencies for doula certification used by national organizations and community based organizations in Virginia. <http://register.dls.virginia.gov/details.aspx?id=9636>

The Virginia Certification Board (VCB) serves as the certifying body and:

Maintains a public registry of state-certified doulas including the certification status.

Is responsible for submitting to the State Board of Health, a year-end annual report identifying the number of new and cumulative state-certified doulas and training programs approved for the purpose of providing doula certification.

Doula State Certification

Steps to Becoming a Medicaid Doula Provider

Any individual seeking to be a state-certified community doula must meet the following qualifications and education requirements as required by the Virginia Department of Health:

Step 1 - State Certification:

Any person seeking to be a state-certified doula must:

- Complete at least 60 hours of doula training. Training shall be provided by one or more state-certified training entities approved by Virginia Certification Board (VCB) and the State Board of Health. <http://www.vacertboard.org>
- Submit a state-certified Doula application to received state certification.

Step 2 – Medicaid Enrollment:

To initiate new online enrollment Doulas must visit: <https://virginia.hppcloud.com/>

Prior to Medicaid enrollment Doulas are required to:

- Obtain state certification with the Virginia Certification Board
- Obtain an individual National Provider Identifier (NPI) - <https://nppes.cms.hhs.gov/#/>
- Obtain proof of liability insurance. Doulas will be required to attach proof of medical liability insurance at the 1 Million per claim/3 Million per year policy levels.

Step 3 - Contract with the Managed Care Organizations

For Doulas to provide services as a Medicaid Doula Provider, they must:

Step 1 – Obtain State Certification

Step 2 – Enroll as a Medicaid provider

Step 3 – Contract with the Managed Care Organizations

Community Doula Program – Building a Network

We are beginning to build a network of state-certified, Medicaid-approved Doulas.

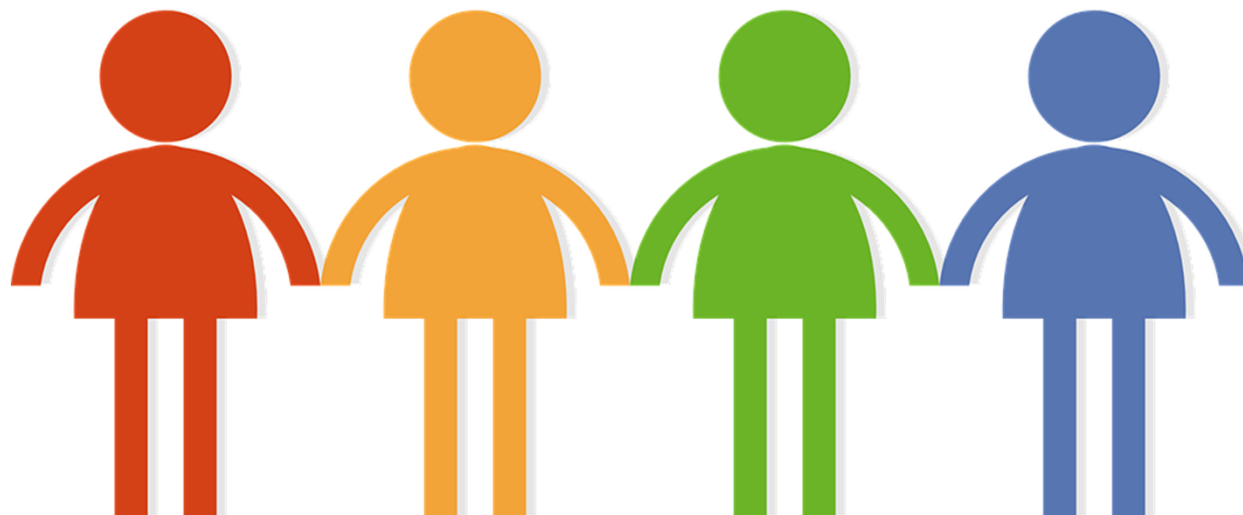
For additional information please email:

babystepsva.@dmas.virginia.gov

(for doula-specific questions)

natasha.turner@dmas.virginia.gov

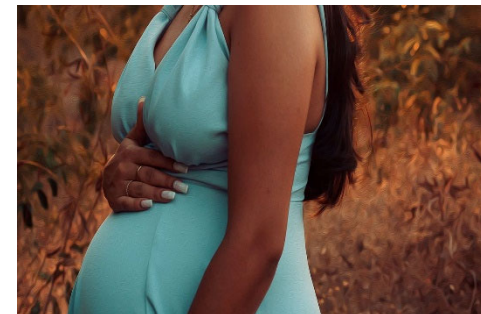
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MATERNAL HEALTH UPDATES: 12 MONTHS POSTPARTUM COVERAGE

Hope Richardson, Senior Policy Analyst
Policy, Regulation, and Member Engagement Division



12 Months Postpartum Coverage

- Virginia is the **3rd state** to extend Medicaid and CHIP coverage to a **full year postpartum**.
- Systems changes to fully implement the postpartum coverage expansion across all eligible coverage groups take effect **July 1**.



12 Months Postpartum Coverage

- The 12 months postpartum **continuous coverage** applies to all pregnant full-benefit Medicaid and FAMIS MOMS members.
- It is **not** limited to pregnancy coverage groups.
- Individuals will remain enrolled in coverage during pregnancy and through 12 months postpartum, **regardless of income changes.**



Questions?

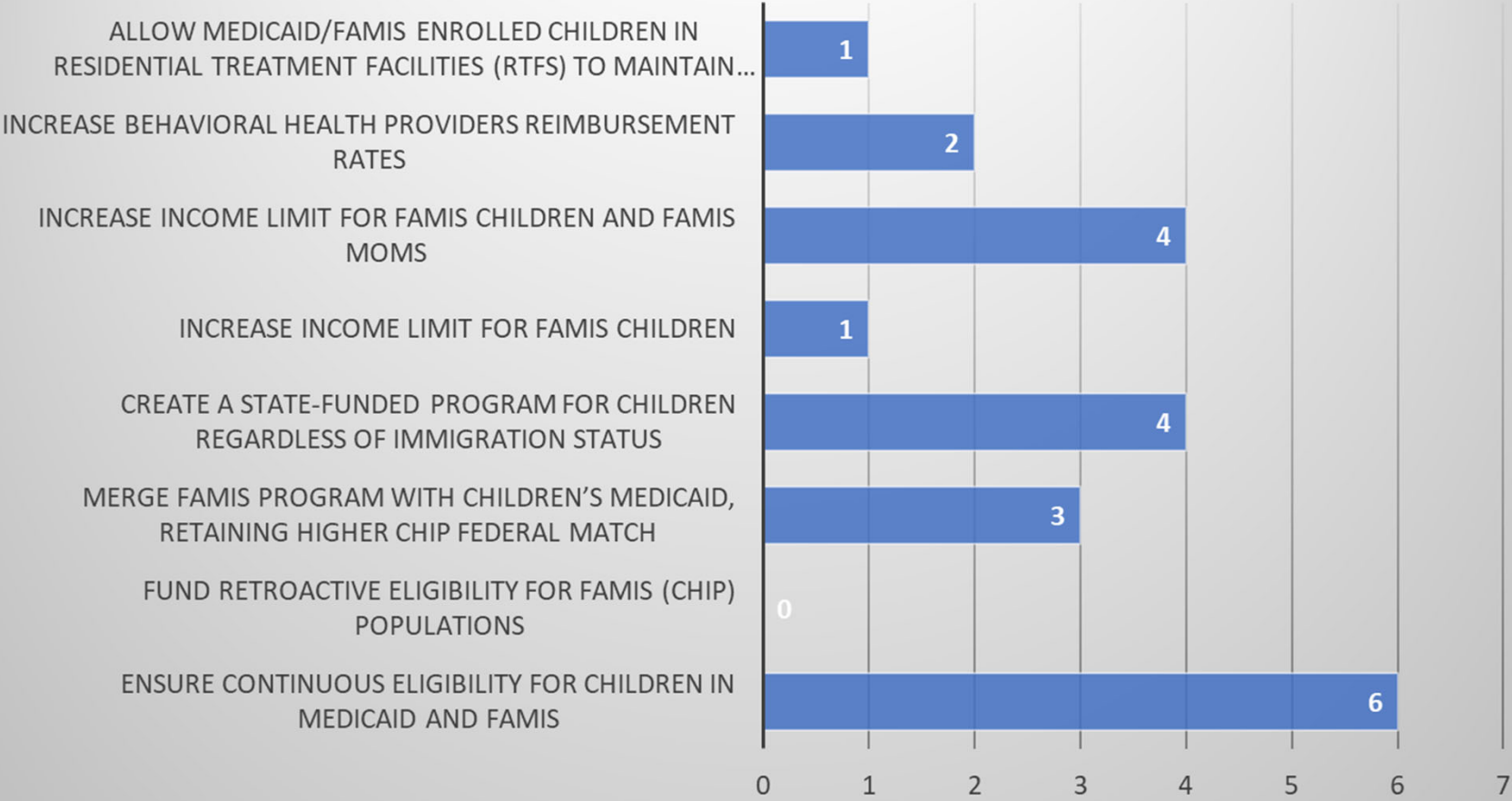




Committee Discussion of Legislative & Policy Priorities

Proposed CHIPAC Priorities for Inclusion in the DMAS Budget Package

(7 members voted)





Discussion of Agenda Topics For Next CHIPAC Meeting

September 1, 2022

Public Comment

- Unmute yourself by clicking on the microphone icon.
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- You may also submit comments in the chatbox if you wish to do so.