

MEDICAID MEMBER ADVISORY COMMITTEE

June 12, 2023





AGENDA

Natalie Pennywell

Agenda

1. Call to Order and Introductions
2. Minutes Approval 12.12.2022 MAC Meeting
3. Return to Normal: Virginia Medicaid Unwinding
4. Return to Normal: The Appeals Process during Unwinding
5. Return to Normal: VDSS SNAP AND TANF
6. Public Comment
7. Adjournment and Lunch



MINUTES APPROVAL

Natalie Pennywell

RETURN TO NORMAL: VIRGINIA MEDICAID UNWINDING

*Jessica Anecchini, Senior Policy Advisor, Administration
Virginia Department of Medical Assistant Services*





VIRGINIA MEDICAID UNWINDING: ENDING CONTINUOUS COVERAGE REQUIREMENTS AND THE RETURN TO NORMAL ENROLLMENT

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

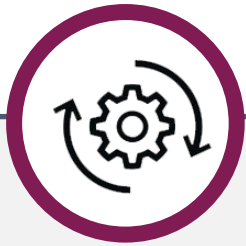


Medicaid Continuous Coverage Requirements: Background, Preparation and Partnerships

- States were required to maintain enrollment of Medicaid members (enrolled as of March 18, 2020) to receive the additional 6.2 % increase until the end of the month in which the federal Public Health Emergency (PHE) ends.
- Since March of 2020, DMAS and DSS have closely collaborated to implement flexibilities and protect needed coverage during the PHE to allow access to services. In a parallel effort, the DMAS and DSS began planning in mid-2020 for the eventual unwinding. This close partnership has continued throughout the PHE to ensure all efforts were made to utilize available resources throughout the return to normal transition
- Unwinding Taskforce: Secretary Littel convened a monthly unwinding taskforce beginning in January 2022 to include DMAS and DSS leaders and the Office of the Attorney General.
 - In July 2022, the taskforce was expanded to include Senate and House finance staff and the Department of Planning and Budget per a General Assembly mandate.
- In December 2022, the Consolidated Appropriations Act (CAA) was signed into effect decoupling the PHE from the continuous coverage requirement effective March 31, 2023:
 - Stepped down the enhanced FMAP beginning April 1, phasing out the enhanced match December 31, 2023.
 - CMS requires that states have an approved mitigation plan – or approval not to submit a mitigation plan by March 31, 2023. States that did not receive this approval face the loss of enhanced FMAP, restrictions on taking actions to close enrollments, and delayed redetermination timelines.
 - Virginia was one of 44 states required to submit a mitigation plan. DMAS received CMS approval on March 29, 2023.

Medicaid Enrollment in the Commonwealth

The end of the continuous coverage requirement in the Commonwealth will present the single largest health coverage event since the first open enrollment of the Affordable Care Act (ACA). This event is also known as unwinding.



Historically, the Commonwealth has experienced **churn, which is enrollees who reapply and re-gain coverage shortly after being terminated.**



From March 2020 through March 1, 2023, the Commonwealth experienced an **increase of over 630,000 enrollees (a 41% increase in enrollment growth).**



Enrollment growth has been the **fastest among non-elderly, non-disabled adults**, and slower among children and aged, blind, and disabled (ABD) eligibility groups.



Post continuous coverage, **roughly 14% of the state's total Medicaid enrollees may lose coverage, and up to 4% of members may lose and regain coverage within 1-6 months of closure. The national average for loss is around 20%.**

Preparations to Resume Normal Enrollment: Policy, Vendor Support, and Outreach & Communications

A strong emphasis was placed on system enhancements to include increased automation, workforce tools, and reporting as well as expanding existing operations to support the local workforce and ensure a timely completion of the unwinding.

Cover Virginia:

- Executed a contract modification to expand the existing Cover Virginia operation to include a redetermination call center and processing unit throughout the return to normal process and new permanent units dedicated to pregnant women and application assisters. The expanded operations were successfully implemented on April 3, 2023.
- The vendor is expected to process approximately 420,000 or 1/3 of all cases. The operation includes an existing Incarcerated Unit, responsible for completing renewals for over 30,000 incarcerated enrollees through exchanges with the Department of Corrections and state/local jails.

Outreach & Education:

- Ongoing outreach campaigns to include mailings to 1.1 million households, radio, television, and social media campaigns, and dedicated pages across three websites. Development of four stakeholder toolkits, 18 outreach templates, 60 provider memos, and engagement through speaking events and eight public townhalls to nearly 1000 different stakeholder groups.
- Return to Normal Operations Summit held on March 8, 2023 for over 300 stakeholders in partnership with the Department of Social Services (DSS), Virginia Association of Health Plans (VAHP), Virginia Poverty Law Center (VPLC), Virginia Health Care Foundation (VHCF), and the State Corporation Commission (SCC).

Preparations to Resume Normal Enrollment: Local Agency Planning and Partner Collaboration

VDSS and DMAS developed a plan to prepare Local Agency staff to be able to complete the Medicaid unwinding work that includes training and informational sessions, workgroups, and additional federal waivers.

23 System Updates:

- Increased the number of successful “no touch” actions at application, change, and renewal to promote consistency, reduce local worker burden, and allow a stronger focus on high risk populations which require manual processing.
- Increased reporting to meet federal requirements and to allow closer monitoring of progress throughout the unwinding period.

Training and Information Sessions:

- Developed an eLearning that refreshed local agency staff on renewal processing.
 - Over 3,000 Local Agency staff have completed this training.
- Hosting subject-matter expert led webinars that focus on Q&A with local agency staff to assist in preparing them for the work.
 - Over 2,000 Local Agency staff have attended these webinars and this series will continue until the end of April 2023.

Managed Care Organization (MCO) and Virginia Insurance Marketplace collaboration:

- Executed agreement with the six health plans to solidify plans for four round of targeted member outreach across all modalities.
- Implemented new data sharing processes to include addresses, closures, and closure reason.
- Collaboration with the State Corporation Commission to ensure the smooth transition of individuals no longer eligible for coverage to other health coverage through referrals to the new Virginia Insurance Marketplace beginning In November 2023.

Community Outreach and Engagement Strategies



Phase I Purpose:

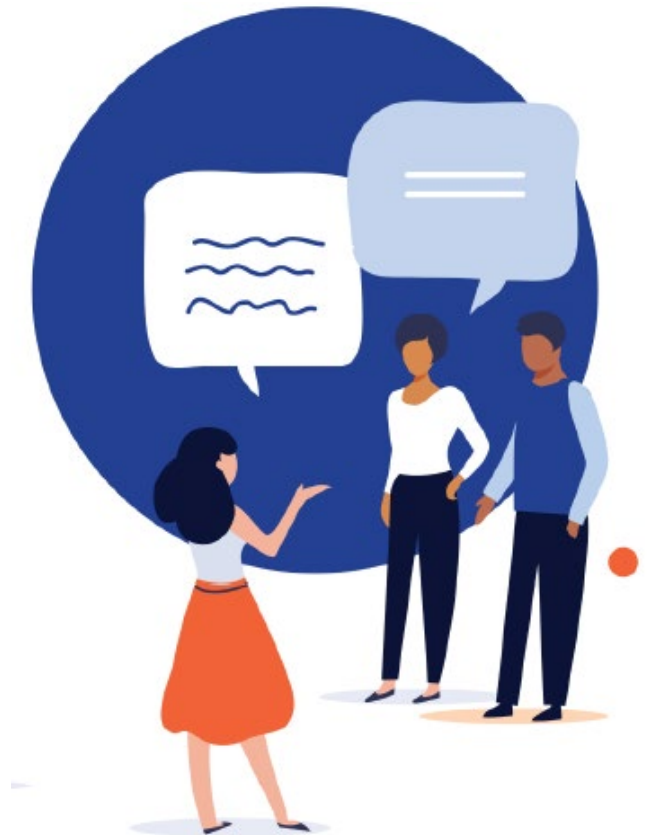
- Encourage members to update contact information
- Campaign began in March will run throughout unwinding
- All stakeholder participation

Phase II Purpose:

- Encourage members to complete needed paperwork
- Campaign will start March 2023
- All stakeholder participation

Phase III Purpose:

- Encourage members who lose coverage for administrative reason to complete needed paperwork
- Campaign will start April 2023
- Primarily health plan participation & Marketplace navigators



Additional Unwinding Data

Baseline numbers are pre-March 2020.

Automated Ex Parte								
	Baseline		March 2023		April 2023		May 2023	
	Cases	Members	Cases	Members	Cases	Members	Cases	Members
Number Picked up	64,000	80,000	121,604	210,145	96,521	168,173	115,260	200,604
Number Successful	32,000	40,000	83,776	135,402	25,541	44,931	29,493	52,438
Percent Successful	50%	50%	68.9%	64.4%	26.5%	26.7%	25.6%	26.1%
Packets Sent*	32,000		36,488		68,377		82,872	

Member Appeals Updates			
	Baseline	March 2023	April
Total Client Appeals Received	623	439	370
Total Client Appeals Closed	727	485	348
Total Client Appeals Open	1281	545	522
Total Client Appeals Overdue	5	0	0

Requests for Information						
	Baseline		March 2023		April 2023	
	Total	Unwinding	Total	Unwinding	Total	Unwinding
FOIA	22	N/A	23	0	8	0
Constituent	81	N/A	79	2	68	1
Legislator	22	N/A	16	0	15	9

*One packet is sent per household including all members.

Information and Resources

- **Member and Stakeholder Resources and Material** can be found on the Cover Virginia, Cubre Virginia, and DMAS websites. The Return to Normal Enrollment page on each site contains toolkits, information, and resources for members, providers, and other stakeholders. to learn more about Virginia's preparation and important updates.
 - DMAS Website: <https://www.dmas.virginia.gov/covid-19-response/>
 - Cover Virginia Website: <https://coverva.dmas.virginia.gov/return-to-normal-enrollment/>
 - Cubre Virginia Website: <https://cubrevirginia.dmas.virginia.gov/return-to-normal-enrollment/>
- **The Renewal Status Dashboard** can be found on the DMAS site under the Data tab that tracks the progress toward redetermining Virginia's Medicaid population on a monthly basis.
 - The dashboard can be found at <https://www.dmas.virginia.gov/data/return-to-normal-enrollment/eligibility-redetermination-tracker/>
- **Legislator Resources and Information** can be found on the DMAS website at: <https://www.dmas.virginia.gov/about-us/legislative-office-resources/>
 - New dashboards are available which provide enrollment data by Virginia State House and Senate districts as well as Congressional districts.

Thank you to all partners across the Commonwealth who are working to support the efforts to ensure a smooth transition back to normal processing.



RETURN TO NORMAL: THE APPEALS PROCESS DURING UNWINDING

Michael Puglisi, Eligibility Cases Manager. Appeals Division
Virginia Department of Medical Assistant Services



RETURN TO NORMAL: THE APPEALS PROCESS DURING UNWINDING

Michael Puglisi

Department of Medical Assistance Services



Agenda

- ❑ How to File an Appeal
- ❑ Appeal Flexibilities: Then & Now
- ❑ Timely Filing Requirements
- ❑ Appeal Resources
- ❑ Feedback & Questions



How to File an Appeal

- Methods
 - AIMS portal
 - Easy to use and includes step-by-step instructions to walk you through the entire appeals process
 - Allows you the convenience of filing your appeal, submitting documents, and monitoring the status of your appeal online throughout the process
 - Email, fax, phone, mail, walk-in
- Include the following information and documents:
 - The reason for your appeal, the action by the agency you are appealing, and a copy of the notice of action you are appealing
 - Good cause statement, if filed later than 35 days of date on Notice of Action
 - Acceptable proof of authorization to file appeal
 - Other documentation for hearing officer to consider

DMAS Appeals Division				
Email	Fax	Phone	Mail	AIMS Portal
appeals@dmas.virginia.gov	(804) 452-5454	804-371-8488	DMAS Appeals Division 600 E. Broad Street Richmond, VA 23219	https://www.dmas.virginia.gov/appeals

Appeal Flexibilities That Have Ended

- Appeal filing deadline not enforced (ended 5/11/2023)
- Verbal authorization for representation during an appeal (ended 1/19/2022)
- Suspension of in-person hearings (ended 6/30/2021)
- Automatically grant reschedule requests, including when a hearing was missed (ended 6/30/2021)
- Shortened timeframe for Managed Care Organizations (MCOs) to issue internal appeal decisions (ended 3/5/2021)

Ongoing Appeal Flexibilities

- Members automatically keep their coverage during the appeals process
 - Including for appeals filed after the date of termination, as long as good cause criteria are otherwise met
- No financial recovery for continued coverage during the appeal



Timely Filing

- Client (Eligibility and Non-MCO Medical)
 - The agency must allow the applicant or beneficiary a reasonable time . . . to request a hearing → 42 CFR § 431.221
 - A request for appeal shall be filed within 30 days of the appellant's receipt of the notice of an action or adverse determination → 12VAC30-110-160
 - Five days are added for the presumption of receipt if the notice was sent by regular mail (total time is 35 days)
- Managed Care Organization (MCO)
 - Clients must exhaust appeals with the MCO as a prerequisite to pursuing a DMAS appeal
 - Clients have 120 days following the MCO appeal decision to request a DMAS appeal (no good cause exception)

Good Cause Requests

- Good cause review for untimely filed appeals → M1630.100 of the Eligibility Manual
 - Illness of the appellant or representative
 - Failure to have been notified of the action or right to appeal
 - Delay due to postal service or incorrect address
 - Other unusual or unavoidable circumstances
- Initial determination made by an Appeals Division manager
- There is no good cause timeliness review for MCO appeal requests (invalid after 120 days regardless of the reason) or provider appeals
- Same standards are applied if an appellant misses a scheduled client appeal hearing

AIMS Portal Training Website

<https://vamedicaid.dmas.virginia.gov/training/appeals>



The screenshot shows the 'Appeals Training' page on the MES portal. The top left features the MES logo. A navigation menu on the left includes 'MES Quick Menu', 'EPS Home', 'MES Training Home', 'APPEALS Training Home', 'Applicants & Members', 'Providers', 'Agencies & DMAS Contractors', and 'CRMS Home'. The main content area has a header 'Appeals Training' and a large image of two women smiling. Below the image is the title 'Appeals Portal Training Resources' and a welcome message: 'Welcome to the DMAS Appeals Training area. Click one of the links below to access step-by-step user guides, short videos, and frequently asked questions.' At the bottom, there is a section titled 'Appeals Learning Resources For...' with three links: 'Applicants & Members', 'Providers', and 'Agencies & DMAS Contractors'.

MES

Appeals Training

MES Quick Menu

EPS Home

MES Training Home

APPEALS Training Home

Applicants & Members

Providers

Agencies & DMAS Contractors

CRMS Home

Appeals Portal Training Resources

Welcome to the DMAS Appeals Training area. Click one of the links below to access step-by-step user guides, short videos, and frequently asked questions.

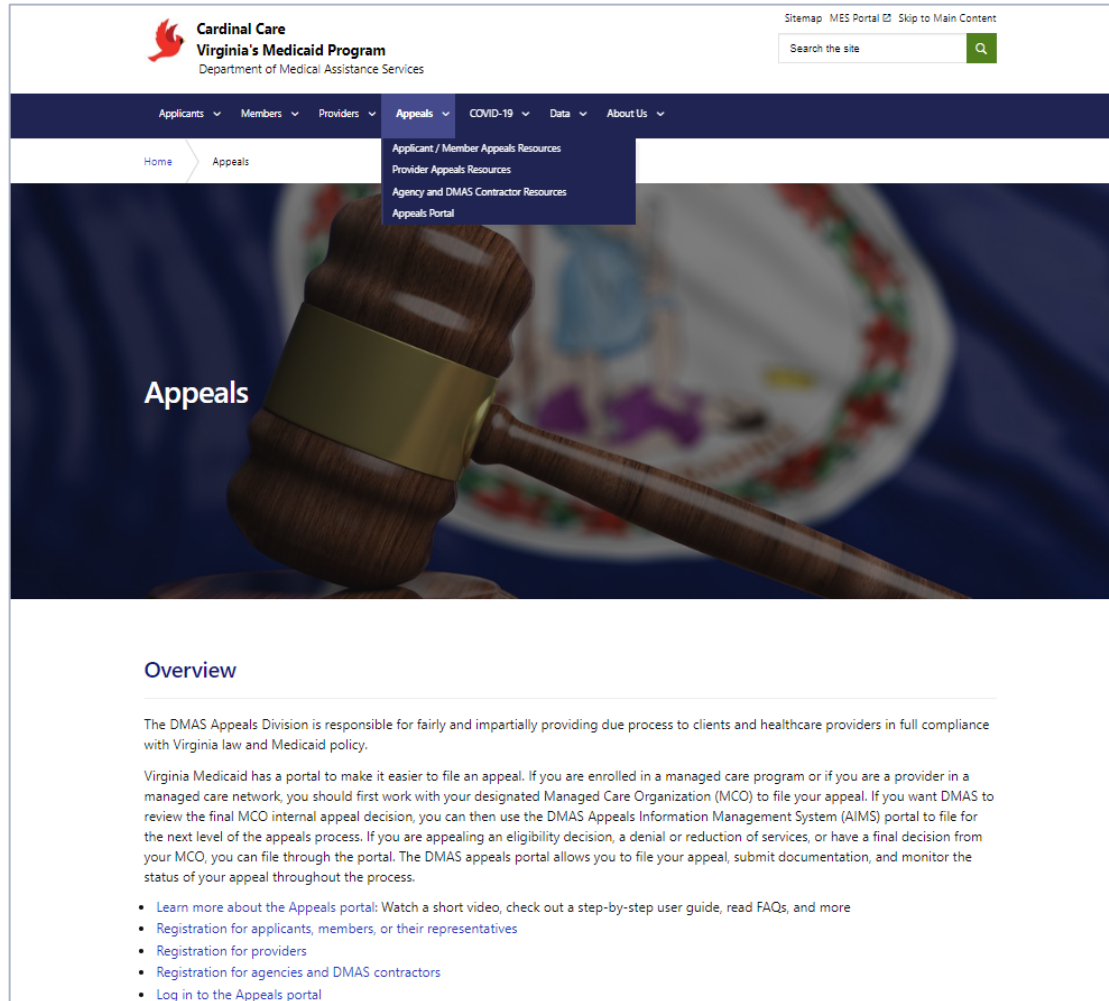
Appeals Learning Resources For...

[Applicants & Members](#)

[Providers](#)

[Agencies & DMAS Contractors](#)

DMAS Appeals Webpage



The screenshot shows the DMAS Appeals Webpage. At the top left is the logo for Cardinal Care Virginia's Medicaid Program, Department of Medical Assistance Services. To the right is a search bar and a link to the Sitemap. The main navigation menu includes links for Applicants, Members, Providers, Appeals, COVID-19, Data, and About Us. The Appeals menu is expanded, showing sub-links for Applicant / Member Appeals Resources, Provider Appeals Resources, Agency and DMAS Contractor Resources, and Appeals Portal. The main content area features a large image of a gavel and the word "Appeals" in a large font. Below the image is an "Overview" section with a paragraph explaining the DMAS Appeals Division's role and a list of links for more information.

Cardinal Care
Virginia's Medicaid Program
Department of Medical Assistance Services

Sitemap | MES Portal | Skip to Main Content

Search the site

Applicants | Members | Providers | **Appeals** | COVID-19 | Data | About Us

Home > Appeals

Applicant / Member Appeals Resources
Provider Appeals Resources
Agency and DMAS Contractor Resources
Appeals Portal

Appeals

Overview

The DMAS Appeals Division is responsible for fairly and impartially providing due process to clients and healthcare providers in full compliance with Virginia law and Medicaid policy.

Virginia Medicaid has a portal to make it easier to file an appeal. If you are enrolled in a managed care program or if you are a provider in a managed care network, you should first work with your designated Managed Care Organization (MCO) to file your appeal. If you want DMAS to review the final MCO internal appeal decision, you can then use the DMAS Appeals Information Management System (AIMS) portal to file for the next level of the appeals process. If you are appealing an eligibility decision, a denial or reduction of services, or have a final decision from your MCO, you can file through the portal. The DMAS appeals portal allows you to file your appeal, submit documentation, and monitor the status of your appeal throughout the process.

- Learn more about the Appeals portal: Watch a short video, check out a step-by-step user guide, read FAQs, and more
- Registration for applicants, members, or their representatives
- Registration for providers
- Registration for agencies and DMAS contractors
- Log in to the Appeals portal

- www.dmas.virginia.gov/appeals/
- Provides an overview of client and provider Medicaid appeals
- Includes links for Applicants and Members to Client Appeal Frequently Asked Questions, a Client Appeal Overview, forms in English and Spanish, and more
- Contains a link to the Appeals Information Management System (AIMS) portal

Appeals Division Contact Information

Appeals Division Phone: (804) 371-8488

Appeals Division Email: appeals@dmas.virginia.gov

Appeals Division Fax: (804) 452-5454

AIMS Help Phone: (804) 486-2865

AIMS Help Email: AIMSHelp@dmas.virginia.gov

Role	Name	Phone	Email
Division Director	John Stanwix	(804) 786-1505	John.Stanwix@dmas.virginia.gov
General Operations Manager	Jessie Bell	(804) 625-3684	Jessie.Bell@dmas.virginia.gov
Customer Service and Intake Manager	Ann-Marie Brigil	(804) 225-4273	Ann-Marie.Brigil@dmas.virginia.gov
Eligibility Cases Manager	Michael Puglisi	(804) 774-2447	Michael.Puglisi@dmas.virginia.gov
Provider and Medical Cases Manager	Mavora Donoghue	(804) 774-2445	Mavora.Donoghue@dmas.virginia.gov
Quality Assurance Manager	Aneida Winston	(804) 225-3819	Aneida.Winston@dmas.virginia.gov
Appeals IT Manager	Mari Mackey	(804) 482-7263	Mari.Mackey@dmas.virginia.gov

DMAS' Business Hours are 8:00am – 5:00pm, Monday – Friday

- How can we assist you in navigating the appeal process during Unwinding?
- Questions from MAC members about appeal process or where to find resources?



RETURN TO NORMAL: VDSS SNAP AND TANF

*Taineisha Crute, SNAP Outreach/Community Engagement
Coordinator. Virginia Department of Social Services*

*Mark Golden, Economic Assistance and Employment
Manager. Division of Benefit Programs
Virginia Department of Social Services*



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Supplemental Nutrition Assistance Program

Return to Normal

SNAP in Virginia

As of March 2023, there are:

466,146 SNAP Households

907,661 SNAP Participants

\$152,223,524 SNAP Benefits
issued for March 2023



SNAP and the Public Health Emergency

- In late December 2022, the Consolidates Appropriations Act separated the monthly SNAP Emergency Allotments from the PHE.
 - SNAP Emergency Allotments provided all households with the maximum benefit amount based on their household size.
 - The last month this was provided to SNAP households was February 2023.

SNAP and the Public Health Emergency

- In late January 2023, the President announced that the PHE would end on May 11, 2023.
- The work requirement will return on July 1st, 2023.
 - This requires that SNAP adult household members meet an exemption or will receive time limited benefits.
- The student exemption will return on May 11th, 2023.
 - For initial applications: Stop applying the two temporary exemptions 30 days after the Federal PHE ends.
 - For ongoing households: Stop applying the two temporary exemptions at the household's next recertification but no earlier than 30 days after the Federal PHE ends. Then, screen normally at recertification using the standard exemptions.

Post-Public Health Emergency Waiver

- **Waiving the Certification Interview – Approved**
 - Effective June 1, 2023 – May 31, 2023.
 - Optional for local agencies.
 - Reporting is automated beginning June 1.
 - Agencies must report opt-in or opt-out status no later than May 15th.

- **Adjusting follow-up procedures when an address changes and updated shelter cost is not reported – Approved**
 - Effective June 1, 2023 – May 31, 2023.

Contact Us!

- If you have any questions or would like to work together to assist our SNAP Households
 - SNAP Outreach / Community Engagement Coordinator is Taineisha Crute.
 - taineisha.crute@dss.virginia.gov



Division

TANF/VIEW Reopening



TANF/VIEW Reopening

- **During COVID, a number of changes were implemented:**
 - Participation in VIEW was voluntary
 - Months did not accrue on the 24-month clock
 - No sanctions for non-participation in VIEW
 - Hardship extensions for all families reaching the 24-month or 60-month time limit

Temporary Assistance for Needy Families (TANF)

- As of January 1, 2023, TANF resumed normal operations of the Virginia Initiative for Education and Work (VIEW) program
 - Unless exempt for reasons such as caring for a young child, adult recipients are required to participate in the TANF employment and training program, VIEW.
 - The policy of automatically providing hardship extensions for reaching the 60-month time limit due to the PHE was ended.
 - Have engaged mandatory participants by conducting employability assessments and developing Activity and Service Plans.
 - Sanctions for refusal to participate in VIEW have resumed.

DMAS LEGISLATIVE UPDATES

*Will Frank, Senior Advisor for Legislative Updates
Virginia Department of Medical Assistant Services*





VIRGINIA GENERAL ASSEMBLY UPDATE

Will Frank
Senior Advisor for Legislative Affairs

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.

- 2,858 bills introduced.
- DMAS was assigned 31 bills.
- 13 bills passed.
- 18 bills failed.
 - These included bills with Amend, No Position, and Oppose positions.
- DMAS commented on another 26 bills assigned to other agencies.
- DMAS Tracked another 107 bills.

HB1681/SB1457

- Provides that if an individual is admitted to a skilled nursing facility for skilled nursing services and such individual was not screened but is subsequently determined to have been required to be screened prior to admission to the skilled nursing facility, then the screening may be conducted after admission.

HB1446/SB1339

- Sets nursing staffing requirements for certified nursing facilities, imposes administrative sanctions on a certified nursing facility if it does not comply with the staffing requirements, provides for exemptions to the administrative sanctions under certain circumstances, and directs the promulgation of regulations consistent with the bill.

HB1963/SB945

- Directs DMAS to take steps to amend the Family and Individual Supports, Community Living, and Building Independence waivers to provide greater financial flexibility to individuals with developmental disabilities who are receiving waiver services.

HB2190/SB1270

- Requires DMAS to collect data for each fiscal year from fiscal year 2018 through fiscal year 2022 regarding (i) the number of claims submitted to MCOs that were denied and the reasons for such denials and (ii) the number of claims submitted to MCOs that required resubmission prior to payment and the reasons for such resubmissions and to examine such data.

HB2262/SB1154

- Requires a health insurance carrier that credentials the physicians, mental health professionals, or other providers in its network to establish reasonable protocols and procedures for processing of new provider credentialing applications. This includes online notification application is received through online system, timeline for notification if not online system, and timelines for approval and denial of applications.

HB1512

- Directs DMAS to amend the state plan for medical assistance services to include a provision for payment of medical assistance for the initial purchase or replacement of complex rehabilitative technology manual and power wheelchair bases and related accessories.

HB2158

- Directs DMAS to evaluate its ability to comply with certain federal requirements regarding the Commonwealth's right of recovery from insurance carriers for items or services for which payment was made under the state plan for medical assistance services by the effective compliance date of July 1, 2024.

SB1538

- Requires DMAS to provide reimbursement when the services provided for by the state plan are services by a pharmacist, pharmacy technician, or pharmacy intern (i) performed under the terms of a collaborative agreement as defined in relevant law and consistent with the terms of a managed care contractor provider contract or the state plan or (ii) related to services and treatment in accordance with relevant law.

Thank you

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



PUBLIC COMMENT

Medicaid Members
and Public



ADJOURNMENT AND LUNCH

THANK YOU