



Children's Health
Insurance Program
Advisory Committee
of Virginia



MEETING MINUTES

Meeting minutes – 06/07/18

Virginia Community Healthcare Association
3831 Westerre Parkway
Henrico, VA 23233
1:00 PM – 4:30 PM

The following CHIPAC members were present:

- Denise Daly Konrad
 - Michele Chesser
 - Amy Edwards
 - Jill Christiansen
 - Shelby Gonzales
 - Lisa Dove
 - Michael Muse
 - Dr. Cornelia Deagle
 - Rodney Willett
 - Dr. Nathan Webb
 - Dr. Sandy Chung
 - Katharine Hunter
 - Ashley Everette
- Virginia Health Care Foundation
 - Joint Commission on Health
 - Virginia Department of Education
 - Partnership for Healthier Kids
 - Center on Budget and Policy Priorities
 - Virginia Community Healthcare Association
 - Virginia League of Social Services Executives
 - Virginia Department of Health
 - Impact Makers
 - Medical Society of Virginia
 - Virginia Chapter of the American Academy of Pediatrics
 - Virginia Department of Behavioral Health and Developmental Services
 - Voices for Virginia's Children

The following CHIPAC members sent substitutes:

- Dr. Karen Rheuban sent Rebecca Gwilt
 - Stephanie Lynch sent Christine McCormick
 - Sherry Sinkler-Crawley sent Jessica Anecchini
 - Dr. Tegwyn Brickhouse sent Dr. Shillpa Naavaal
 - Jay Speer sent Jill Hanken and Sara Cariano
- DMAS Board Member
 - Virginia Association of Health Plans
 - Virginia Department of Social Services
 - VCU Health
 - Virginia Poverty Law Center

The following CHIPAC members were not present:

- Jennifer Wicker
- Virginia Hospital and Healthcare Association

The following DMAS staff members were in attendance:

- Brian McCormick, Acting Deputy Director for Administration
- Dan Plain, Director, Health Care Services Division
- Tanya Williams, Senior Manager, Managed Care Operations, Health Care Services
- Latanya Crawford, Managed Care Quality Analyst, Health Care Services
- Janice Holmes, Marketing and Enrollment Services Operations Manager
- Dr. Kathy Sardegna, Pediatric Medical Director
- Rebecca Anderson, Manager, Policy Planning and Innovation
- Hope Richardson, Policy Planning and Innovation
- Sarah Broughton, Policy Planning and Innovation
- Donald McCall, Policy Planning and Innovation
- Tom Lawson, Health Care Services
- Emily Creveling, Maternal and Child Health Supervisor, Health Care Services

Meeting Minutes

Welcome

Denise Daly Konrad, Chair of CHIPAC, called the meeting to order at 1:08 pm. Daly Konrad welcomed everyone to the meeting and highlighted the recent passage of Medicaid expansion through the General Assembly. Daly Konrad stated that Governor Ralph Northam was scheduled to sign the Commonwealth's budget bill and Medicaid expansion into law in a ceremony at the Capitol that would take place at 2 pm, during the CHIPAC meeting. As a result, some CHIPAC members would need to leave early to attend the budget signing event.

I. Virginia Legislative Update

Jill Hanken, Virginia Poverty Law Center, gave a legislative update focused on the Medicaid expansion adopted by Virginia's legislature. Hanken reported that Medicaid expansion has been pending in Virginia for six years and expressed excitement that, following passage, stakeholders have already begun working toward implementation of the expansion. Hanken thanked DMAS staff for their efforts to advance and prepare for Medicaid expansion in Virginia. Hanken also expressed the importance of Medicaid expansion for the children CHIPAC serves, because many low-income parents will be eligible to enroll in Medicaid for the first time. Hanken discussed the political changes that facilitated support for Medicaid expansion in both chambers of the General Assembly as well as the changes in philosophy at the federal level that approved work requirement waivers to move forward. Hanken reviewed the new eligibility levels for parents and childless adults and stated that new coverage shall begin no later than January 1, 2019, following federal approval of Virginia's State Plan Amendments (SPAs). Regarding work requirements, Hanken anticipated challenges to implementing and tracking compliance. The work requirement also requires CMS approval, which will occur sometime after coverage begins. Hanken reported that both champions and opponents of work requirements do support employment and community engagement and stated that all stakeholders will have a part to play to make Medicaid expansion successful.

II. DMAS Medicaid Expansion Update

Brian McCormick, DMAS Acting Deputy Director for Administration, shared an update on DMAS efforts related to Medicaid expansion. McCormick focused his presentation on the types of questions frequently asked regarding Medicaid expansion. McCormick explained DMAS' focus on quality and cost-effective care. Medicaid expansion will improve access, offer care coordination to help

individuals navigate the delivery system, encourage healthy behaviors (including preventive services: smoking cessation, earlier screening), and encourage appropriate use of health services such as emergency department services. There will be a strong focus on mitigating fraud, waste, and abuse. McCormick reported that three SPAs had been signed and submitted to CMS as of the day of the meeting, and several more would be submitted in the coming weeks. McCormick described how DMAS would use current delivery models through the two managed care products, Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC+).

McCormick described the streamlined, expedited, and priority population processes to enroll the newly eligible population and finished the presentation by describing the two-track process of obtaining authority to implement Virginia's Medicaid expansion. Under Track 1, DMAS will use the traditional SPA process to authorize the coverage, funding, and services changes for Medicaid expansion. SPA authority will be implemented through contracts and policy changes. Through Track 2, DMAS will seek federal approval to authorize work requirements and cost-sharing provisions through a federal Section 1115 Medicaid demonstration waiver.

III. Medallion 4.0 Update

Dan Plain, Director of DMAS' Health Care Services Division, provided an update on the Medallion 4.0 program, which will be the primary care delivery platform for the non-medically-frail expansion population. The Medallion 4.0 request for proposals (RFP) was released last summer, for which DMAS reviewed 10 proposals and selected six health plans. Medallion 4.0 will begin a regional, phased rollout starting August 1, 2018. All six managed care organizations are represented in every region of the Commonwealth.

Plain emphasized DMAS efforts to align Medallion 4.0 and CCC+ to support transition between programs. Plain reports approximately 100,000 Medallion 3.0 members will be assigned new health plans, but will have the opportunity to opt into other plans. Plain described the population focus areas for Medallion 4.0, such as expanding case management for pregnant women and supporting child and adolescent health. All six health plans have close relationships with Virginia Department of Social Services to support foster care children. Plain also reported many plans are offering enhanced benefits, such as certain dental benefits.

Plain reported recent Medallion success engaging hospitals to facilitate Medicaid enrollment for newborns born to mothers on Medicaid. Additionally, some services previously only paid through fee-for-service Medicaid will now be covered under managed care, such as community mental health and rehabilitative services, and residential treatment services.

Plain reports there are 40 public meetings scheduled statewide to support Medallion 4.0's regional rollout. DMAS is in the process of negotiating rates with the contracted plans. The final region will begin Medallion 4.0 on December 1, 2018, leading the way for Medicaid expansion to begin January 1, 2019.

Dr. Sandy Chung, Virginia Chapter of the American Academy of Pediatrics, stated concern that with the new Medallion 4.0 plans, some providers would no longer be in-network for a patient after the individual/family chose or was reassigned to a new plan. If a patient chooses a plan for which their regular provider is not in-network, what happens? Dr. Chung stated concern that many pediatricians may not understand what this change will mean for their practice. Plain responded that a member has 90 days to select another health plan, and could switch to a plan for which their provider is in-network. A provider could also reach out to the existing health plan for special permission to see the patient. Tanya Williams, DMAS Health Care Services, stated that DMAS representatives are in discussion with the health plans, meeting with them weekly to troubleshoot this and similar issues. In

addition, Plain stated that DMAS is emphasizing to providers that they can communicate to their patients what plans they are participating with and encourage patients to enroll in those plans in order to ensure continuity of care. Sara Cariano, Virginia Poverty Law Center, asked whether the plans participating in Medallion 4.0 have been required to address specific social determinants of health. Plain stated that DMAS is focused on transition and rollout first and then the social determinants of health focus will be escalated. Emily Creveling, DMAS Health Care Services, stated that many managed care organizations (MCOs) are already meeting deliverables related to social determinants of health.

IV. CHIPAC Business

- A. Approval of Minutes** – Members reviewed the minutes from the March 1, 2018 quarterly meeting. Amy Edwards made a motion, seconded by Rodney Willett, to approve the minutes. All attendees voted in favor of approving the minutes with no changes.

[BREAK – a 15-minute break took place prior to resuming the CHIPAC Business discussion]

- B. Membership Subcommittee Update** – Amy Edwards, CHIPAC Membership Chair, gave an update on committee membership. Michele Chesser, Dr. Karen Rheuban, and Jennifer Wicker reached the end of their terms in June 2018 and have confirmed their intention to continue participating as CHIPAC members. March of Dimes is no longer able to participate in CHIPAC; therefore, the Committee will be looking to fill a vacant seat. Dr. Cornelia Deagle, Virginia Department of Health, recommended the Committee consider inviting a FAMIS family representative to fill the seat.

- C. CHIPAC Dashboard Review and HEDIS Measures Discussion** – Tanya Williams and Latanya Crawford from DMAS Health Care Services Division presented on DMAS' Quality strategy and HEDIS (Healthcare Effectiveness Data and Information Set) Measures related to child, adolescent, and prenatal/postpartum health. Williams noted that DMAS is the first state Medicaid agency that submitted a quality strategy to CMS. A copy of the quality strategy is available on the DMAS website. Williams described the Quality Collaborative, which includes CCC+ and Medallion MCOs. The Quality Collaborative meets quarterly. In July, DMAS plans to bring the MCOs on-site for an eight-hour training. DMAS is bringing in its External Quality Review Organization (EQRO) to train a quality team across the state and across plans. The Quality Collaborative is looking at best practices, gaps in care, and strategies to improve quality of care. Williams stated that Virginia is one of the first states to submit a consumer decision support tool. This tool assists members in comparing plans using quality and compliance information.

Williams described the HEDIS measures that pertain to the FAMIS and Medicaid/FAMIS Plus child and pregnant women populations. For "Percentage of well-child visits in the first 15 months of life," Virginia is in alignment with other plans nationally. Virginia is looking at contractual strategies to improve MCO performance, such as incentives for plans to communicate with families to remind them to bring children to their well-child visits. Virginia is doing well on the "well-child visits in the 3rd, 4th, 5th, and 6th years of life" measure. Virginia is looking to improve performance on "Adolescent well-care visits." There is also room for improvement on childhood immunizations. For timeliness of prenatal and postpartum care, this is a Performance Incentive Award (PIA) measure. Some plans gained money through the PIA program for performing well. The challenge is that pregnant women often do not enroll in managed care until the third trimester, preventing the MCO from engaging with the mother earlier in pregnancy. DMAS is working to better monitor data at the state level with more real-time information (there is a delay in receiving performance results with HEDIS).

Daly Konrad stated that there is interest in the HEDIS measures among CHIPAC members and that the Committee would like to keep lines of communication open with DMAS staff involved in Quality strategy in the future.

V. DMAS Update

Janice Holmes, DMAS Marketing and Enrollment Services Operations Manager, reported that there was a net increase in FAMIS and FAMIS MOMS enrollment, as well as Medicaid child enrollment (FAMIS Plus) in May. The Central Processing Unit successfully caught up with its backlog in April and was within the 45-day application processing standard. The call center was also in compliance in all areas.

Holmes reported on DMAS' Medicaid expansion planning. She stated that as of the prior Thursday, the call center had begun getting inquiry calls regarding Medicaid expansion. The first initiative will be the fast-track populations (the majority will come through Cover Virginia call center and CPU). GAP members will be transitioned to expansion coverage. To maintain continuity, they will keep these cases at CoverVA to ease the transition. This prevents VDSS from having to work through the conversion into VACMS until after expansion.

DMAS is estimating required resources to manage the increased application and call volume from expansion. Holmes reviewed recent call volume and application processing statistics. Daly Konrad noted significant improvement in "deemed" newborns following hospital training initiative.

Holmes reviewed the update from DMAS' Outreach and Consumer Communications unit. The CoverVA.org website is the designated portal for Medicaid expansion. CoverVA.org has been updated with new resources and information for expansion. There is a new screening tool for the expansion group available on the dedicated expansion page. The DMAS website will push to the expansion page. For calls coming in now, representatives will ask if the caller is interested in receiving future updates and take their information to keep them engaged. DMAS is developing messaging for partners to use with their stakeholder groups. DMAS is planning 1.5 million Back-to-School flyers and 600,000 free-and-reduced-price lunch inserts to include a banner about Medicaid expansion.

Michael Muse, Virginia League of Social Services Executives, asked how many people DMAS estimated will be fast-tracked. DMAS staff answered that there are 15,000 from GAP, and DMAS is getting information from DSS on the Plan First population. Plans will begin mailing letters in October 2018. Shelby Gonzales asked if we can assume that the GAP population would qualify as medically frail. DMAS staff answered yes. Sara Cariano from the Virginia Poverty Law Center asked what the lookback for recent denials would be. DMAS staff answered that they are still exploring the viability of looking at recent application denials to identify individuals who may now be eligible with expansion. When applications are coming in that are eligible for January 1, efforts will be made to avoid issuing early denials.

VI. VDSS Update

Jessica Anecchini gave the VDSS update. VDSS is working with DMAS to prepare for Medicaid expansion and developing planning strategies to support the local agencies. VDSS has encouraged localities to prepare for Medicaid expansion by reducing the overall number of applications due and by filling open positions as soon as possible to complete new worker trainings.

Anneccchini stated that all 120 local agencies will receive Medicaid expansion training starting in October 2018 through classroom and virtual instruction. VDSS is not anticipating significant system changes; therefore, trainings will focus on policy changes.

Anneccchini stated that it is likely many of the expedited populations described in McCormick's update will meet the requirement for ex parte reviews. Anneccchini reported recent VDSS performance data: 40 percent of cases eligible are ex parte renewing and of 58,971 cases eligible for renewal in May, more than 26,000 ex parte renewed. Of particular significance, Anneccchini reported, are the statistics related to overdue renewal. Previously, the number of overdue renewals across the state numbered in the tens of thousands. After a reorganization of the processes at local levels, VDSS reports as of March there were only 602 overdue renewals, 531 in April, and at the end of May, only 432 overdue renewals for the entire Commonwealth. Daly Konrad asked whether an app could be developed for individuals to apply on their phone. Anneccchini responded that it is a goal of the state to be more mobile friendly. She stated that a major Java update was being tested. However, the priority is fixing system issues prior to expansion, so other projects are on hold at this time. Daly Konrad asked whether money had been allocated for additional local staff. Michael Muse commented that, yes, there was money put into the budget to use at the local level, but it is uncertain when the funds will be available.

VII. Federal Policy Update – “Public Charge” and Access to Care

Shelby Gonzales, Center on Budget and Policy Priorities, gave a presentation on the Medicaid and CHIP/FAMIS coverage impact of a potential change to U.S. immigration policy related to the definition of a “public charge.” A draft rule from the Department of Homeland Security (DHS) was recently released by the press and is expected to be published for public comment in the future. Gonzales described the principle of “public charge” from immigration law. A public charge is defined as a person who is likely to be dependent on the government for assistance. Under the current system, immigration officials consider the use of cash assistance (Supplemental Security Income [SSI], Temporary Assistance for Needy Families [TANF]) and government-funded long-term care in making these determinations. Non-cash benefits such as Supplemental Nutrition Assistance Program (SNAP) benefits, Medicaid, and CHIP are not considered. Proposed changes to the law would broaden the definition of what is considered a benefit program in the public charge determination. The proposed change would consider Medicaid, CHIP, WIC, SNAP, and Affordable Care Act subsidies. The change would also broaden the scope to factor in not only the individual applicant's benefits, but also the benefits of their dependents, including U.S. citizen children.

Gonzales stated that under the current public charge policy, approximately 5 percent of U.S.-born children meet public charge criteria; however, under the proposed expanded scope of public charge, two in five U.S.-born children would meet the benefit-related criteria. Gonzales reported approximately 600,000 Virginians have someone in their family who has used one of these types of benefits within the lookback period for this rule.

Gonzales stated the impact of the proposed changes will mean some immigrants will not be able to move forward with lawful residency. In addition, Gonzales stated that the rule risks creating a general atmosphere of fear and possible voluntary disenrollment from benefits or avoidance of seeking benefits. Gonzales cited a Kaiser Family Foundation report that estimates 700,000 to 1.5 million citizen children with non-citizen parents may voluntarily drop health coverage.

The proposed changes have not been officially released for public comment, but Gonzales reported that stakeholders are concerned the short timeframe allowed for public comment will challenge stakeholders to prepare hasty responses. Gonzales recommends stakeholders begin to prepare their written comments now in anticipation of release for public comment.

CHIPAC members discussed potential actions. Dr. Deagle made a motion that CHIPAC draft a letter to the DMAS Director and Virginia’s Secretary of Health and Human Resources on the potential impact and harm caused to Virginia’s children (and pregnant women, if data are available) by the proposed changes to public charge policy. The letter will also recommend the Secretary submit public comment if a rule is proposed. The motion was seconded by Sara Cariano from the Virginia Poverty Law Center.

A vote was held in which the five state agency members abstained from voting. Eight members voted to approve the motion; thus the motion passed. Gonzales agreed to support the data analysis and summary showing potential impact to Virginia children of the proposed rule change on public charge. Daly Konrad expressed state agencies can comment on the letter as desired and appropriate for their agency.

VIII. Public Comment

There was no public comment.

IX. Agenda for September 13, 2018 CHIPAC Meeting

Daly Konrad reviewed agenda topics proposed for the next CHIPAC meeting, which include discussion of mental health data for the dashboard, a Medicaid expansion status update, and proactive feedback on increasing utilization for oral health.

Closing

The meeting was adjourned at 3:54 pm.