CHIPAC
Children's Health Insurance Program Advisory Committee of Virginia

AGENDA

June 20, 2024, 1:00-3:30 PM

This meeting will be held virtually via WebEx.

To Join Meeting Remotely: https://covaconf.webex.com/covaconf/j.php?MTID=m996be742aff4248ba8d5ff38dfd92f38
Meeting # (Access Code): 2428 437 7674 | **Meeting Password:** McB3iTdbw33
Dial in (Phone): +1-517-466-2023 (US Toll) | +1 866-692-4530 (US Toll Free)
Remote Conference Captioning Link: https://www.streamtext.net/player?event=HamiltonRelayRCC-0606-VA4143

I. Welcome and Announcements 1:00

II. CHIPAC Business 1:05-1:20
   A. Review/approval of minutes from March 7 meeting
   B. Committee membership and leadership updates and actions

III. SFY 25-26 Biennial Budget Update 1:20-1:35
   Truman Horwitz, Director, DMAS Budget Division

IV. Medicaid Continuous Coverage Unwinding Lookback 1:35-2:05
   Irma Blackwell, Benefit Programs Manager, Virginia Department of Social Services (VDSS)
   Frank Smith, Associate Director Senior, VDSS
   Jessica Annecchini, Senior Policy Advisor - Administration, DMAS Director's Office

V. 2022-23 Maternal and Child Health Focus Study Highlights 2:05-2:35
   Laura Boutwell, Director, DMAS Quality and Population Health Division

VI. CHIPAC and Children's Coverage Overview 2:35-3:05
   Emily Roller, Senior Management Analyst, DMAS Policy Division
   Sara Cariano, Director, DMAS Eligibility Policy and Outreach Division
   Freddy Mejia, CHIPAC Chair

VII. Agenda for September 5, 2024 CHIPAC Meeting 3:05-3:15

VIII. Public Comment 3:15-3:30

Reasonable accommodations will be provided upon request for persons with disabilities or limited English proficiency. Please notify the DMAS Civil Rights Coordinator at (804) 482-7269, or at civilrightscoordinator@dmas.virginia.gov, at least five (5) business days prior to the meeting to make arrangements.

CHIPAC
Children's Health Insurance Program Advisory Committee of Virginia

MEETING MINUTES

DRAFT
Meeting Minutes
3/7/24

A quorum of the full Committee attended the meeting in person.
The Webex link was also made available for members of the public to attend virtually.

The following CHIPAC members were present:

• Freddy Mejia (Vice Chair)	The Commonwealth Institute for Fiscal Analysis
• Dr. Susan Brown	American Academy of Pediatrics, Virginia Chapter
• Michael Muse	Virginia League of Social Services Executives
• Emily Roller	Virginia Health Care Foundation
• Hanna Schweitzer	Dept. of Behavioral Health and Developmental Services
• Kelly Cannon	Virginia Hospital and Healthcare Association
• Heidi Dix	Virginia Association of Health Plans
• Martha Crosby	Virginia Community Healthcare Association
• Sarah Bedard Holland	Virginia Health Catalyst
• Kenda Sutton-El	Birth in Color
• Sarah Stanton	Joint Commission on Health Care
• Irma Blackwell	Virginia Department of Social Services

The following CHIPAC members sent a substitute:

• Jennifer Macdonald (Marcus Allen)	Virginia Department of Health

The following CHIPAC members were present virtually:

• Shelby Gonzales	Center on Budget and Policy Priorities
• Emily Moore	Voices for Virginia's Children (remote participation due to illness)

I. **Welcome** – Freddy Mejia, CHIPAC Chair, called the meeting to order at 1:02 pm. Meija welcomed committee members and members of the public.

Meija introduced DMAS Director Cheryl Roberts for special remarks and Medicaid updates. The word of the year for DMAS is SOAR (Service, Operations, Accountability, Results). Updates included initial budget rate increases for EPSDT. Governor is making maternity a priority along with behavioral health. He held a Maternal Health Roundtable last week to discuss the issue with statewide agencies, community organizations, providers, and other stakeholders. Rural health will also be a focus. For the first time, both VDH and DMAS Directors are Maternal and Child Health advocates and have great synergy. DMAS has posted the Managed Care Re-Procurement Notice of Intent to Award (NOIA) and DMAS is currently in the protest period.

Meija welcomed DMAS Chief Deputy Jeff Lunardi and DMAS Chief Medical Officer Dr. Lisa Stevens.

II. **CHIPAC Business**

A. **Review and approval of minutes from Dec 7 meeting** – Committee members reviewed draft minutes from the December 7 meeting. Kenda Sutton-El made a motion to approve the minutes; Kelly Cannon seconded, and the minutes were approved by majority vote.

B. **Membership items** – The memberships of Michael Muse and Shelby Gonzales are expiring.

A motion to approve Laura Harker to the CHIPAC committee was made by Kelly Canon and Emily Roller seconded. The Committee voted to approve the membership of Laura Harker.

A motion to approve Tiffany Gordon to the CHIPAC committee was made Sarah Beddard Holland and Martha Crosby seconded. The Committee voted to approve the membership of Tiffany Gordon.

Irma Blackwell, Jennifer MacDonald, Heidi Dix, and Dr. Susan Brown have renewed their memberships.

Dr. Susan Brown was re-hired by Elevance to help build a NICU program.

III. **2024 General Assembly Session Update**

Will Frank, Senior Advisor for Legislative Affairs at DMAS gave a General Assembly update, noting that it is technically not done. GA is set to adjourn on Saturday 3/9. He noted that just under 3,000 bills were introduced and DMAS was assigned about 40 lead bills.

This session DMAS had four main categories of bills: new Medicaid benefits, changes to rules for paid family caregivers (Legally Responsible Individuals), eligibility changes for waiver recipients, and pharmacy changes.

The presentation provided a list of new benefit proposals that were introduced this session. Additionally, there was an overview of Legally Responsible Individuals (LRI) including legislation that has been introduced around the provisions of allowing reimbursement for LRI who provide care to their children or spouses. The legislation would allow 40 hours per member if there are two Medicaid members in the household, and the LRI would provide Proof of Services if another provider wasn't found.

Pharmacy legislation included proposed changes to drug costs and purchasing. There was legislation related to a statewide centralized pharmacy, Prescription Drug Affordability Board, and changing payment structures for long-acting injectables.

Waiver and screening bills include seeking CMS approval to disregard SSDI when determining financial eligibility for DD waivers, increasing time a DD waiver slot can be retained from 150 days to up to 365 days, and greater flexibility for nursing facilities and PACE programs to conduct LTSS screenings in certain circumstances.

Other legislation includes a bill to require timeliness of lien settlements when DMAS has a claim for reimbursement against the settlement of a member, and also creating a new provider type (BH technicians and BH technician assistants).

IV. 2024 Budget Update

Truman Horowitz, DMAS Budget Division Director shared information about the 2024 budget in a presentation for the Committee. The presentation covered look-back expenditure data from the last 5 years, and compared this year against both the forecast and expenditures. The presentation included data through January for each of the years posted, showing the year-over-year change from this point last year to today. There is about an 11% increase in FAMIS expenditures year after year between 2023 and 2024. This is because enrollment is up on average by 10% from this time last year in FAMIS. As redeterminations are occurring by individuals, there are many cases and members being moved to Medicaid Expansion, or out of Medicaid, but some children are moving to CHIP/FAMIS. There was also a 30% increase in dental rates in 2023 impacting FAMIS and MCHIP expenditures over the last two years.

The MCHIP MCO category has a decrease in enrollment by 11%, and pharmacy rebates were $1.26m higher in FY23 than 24, but FY24 is more in line with history. Looking at fund type we see decreasing FMAP associated with PHE unwinding, which requires the general fund to pick up more of the burden. That is why the general fund expenditures are higher than they were last year.

The presentation reviewed forecasted to actual expenditures for FY2024, noting the variance is primarily attributable to higher enrollment in FAMIS. There is a large variance in FAMIS FFS because of redeterminations made at household level earlier in the fiscal year. When members enter Medicaid the first time they enter Fee-For-

Service first, which is why there is a one-time spike in FFS that we are seeing. MCHIP is also seeing a slightly higher enrollment than anticipated, driving a very small variance. Overall, spending is trending higher than forecasted, which DMAS is monitoring, and DMAS expects that unwinding-related disenrollments will bring spending down to forecasted levels by end of fiscal year.

Mejia asked about the funding put aside by the Senate and House in case more funding was needed than forecasted in November for contingency; are we seeing similar trends for adults? Lunardi answered that generally yes, it's across all eligibility categories, but looking at breakdown in enrollment children are trending higher.

Mejia asked if unwinding is behind the schedule that was anticipated when the expenditures were forecasted in November. Lunardi responded that it's a combination of multiple factors, including new enrollments vs. disenrollments through unwinding. DMAS Senior Advisor Jessica Annecchini also pointed out that enrollment churn is a factor.

V. Return to Normal Enrollment Update

Jessica Annecchini, DMAS Senior Policy Advisor for Administration, provided an update on the process of unwinding from the federal public health emergency and redetermining Medicaid members' eligibility.

The public-facing DMAS dashboard was refreshed yesterday. Out of those redetermined, 83% remain enrolled and 17% have closed. The 17% figure includes 14% closure and 4% churn. The total amount redetermined is 84.56%. The highest jump in closures occurs between the last week of reporting and the first week of the next month.

Annecchini reviewed closures by eligibility groups. Renewals are completed on an individual basis. One of the trends we have noticed is that the numbers between non-ABD adult group and children were similar; non-ABD adult is the largest group losing coverage.

Annecchini then reviewed procedural vs. non-procedural closures by eligibility grouping through 2/21/24. Non-procedural outweighs procedural, which is good because it means we know why their coverage is ending. With procedural closures, we don't know why they chose not to retain coverage. Some states have started doing disenrollment surveys, which DMAS is learning about during weekly meetings with other states and CMS, and is considering.

Annecchini shared some answers DMAS can provide regarding recently asked questions.

Questions about data-

- Does DMAS have an exact or approximate number of children who transitioned from FAMIS to FAMIS Plus during renewal? There is some data, but not a comprehensive review.
- Is county data showing reason for determination? Some you can see on dashboard.

- Is parental coverage loss is more likely to result in coverage loss for kids? The gap is growing, and Horowitz shared this data in his presentation. DMAS does not have all the data available for every covered group.
- Does DMAS have an estimate on number of renewals that have been submitted but not processed, and separated out by method (online, in person)? Yes, there is data collected about all of this but not necessarily a report pulled together with it from all sources. The best option currently is to submit a FOIA request to see if that is even possible, since some would be DMAS data and some would be DSS data on the eligibility end. There are items on dashboard where there is an asterisk instead of data. If a locality's population is under a certain number, DMAS cannot report the data because of HIPAA regulations. HIPAA trumps FOIA for this data. There may be a different way to aggregate it to go around those limitations.
- How does the unwinding churn rate for children compare to churn rate for children pre-pandemic? DMAS is looking into this with the data team so that we can provide this information at the next meeting. The number of children who transitioned from Medicaid to the marketplace – this would be more of a request for Virginia Insurance Marketplace because they are going to have more recent and thorough data than what DMAS may receive.

Questions about closures-

- *What steps has the state taken to minimize closures for children?* DMAS has waivers allowing flexibilities through the end of this year. DMAS may try to extend some indefinitely as we see which has biggest impact, so that we can make state plan amendments to adopt those. Some we would love to see would be ones around getting updated information without needing outreach if we have an accurate and verifiable source.
- *Does DMAS have data about number of renewal packets that were returned as undeliverable?* VDSS has a team tracking things that come to the home office. A number of returned mail also goes to local offices, so it's hard to track each one. We are trying to share guidance around returned mail and make it more clear in the eligibility manual. There is also a budget item about having a centralized mail room.
- *Children's coverage loss estimates compared to predictions?* We predicted 14% loss and 4% churn. We are on track and will have a churn review out at the next meeting.
- *Will we be doing surveys?* Partly already addressed that we are looking into it, but unfortunately do not have a timeline. If there are any questions that you would like to see on a survey, I can't guarantee the questions will be added, but we would be happy to take those as we are putting that together. Our executive leadership team will review and approve all the questions on the survey. So we are willing to entertain questions related to anything that you might want to know about former members, that will help us to make sure we are giving you not only the responses, but the information you really want to know.

Question from Emily Roller during meeting:

- *In terms of surveys conducted in other states, were there any common top-lines?* Some common answers included ones such as, “I have other coverage.” One thing that states have noted is that they don’t necessarily know if they get employer-sponsored coverage, or where their coverage comes from. Another reason coming up is that they knew they had been ineligible for some time so they were hesitant to respond to unwinding efforts, without realizing they could be transferred to the marketplace. We get uploads of some third-party data within our enrollment system, but not all. It depends on where the coverage comes from and the technology of that company. That is something that other states have noted, that I am hoping we might be able to get a little information on.

Mejia expressed hope that DMAS will be able to do a survey around unwinding and indicated that this could be a critical way to see where families go after their time with Medicaid, and to understand that sooner than the time lag when the census information comes out.

Question from Mejia:

- *For the Churn Report you mentioned there are several different definitions; is the definition for this dashboard 6-months, or is it still TBD?* DMAS wants to expand the timeframe so that individuals could look at three months, six months, or as long as they want to. There is also the difference between just coming back, and “where were you before?” and, “when did you come back?” That is what the dashboard doesn't say right now. For example, you may have redetermined people, but who stayed in full coverage? Who moved to limited? Who aged out that was still able to retain? We have a lot of people in the Children under 19 groups that have aged out, but because of the income limits a majority of them could move to expansion. Knowing they aged-out, they may have their own income now accountable. It is not only a straight number, but, also, what does it mean to churn back in, and where are they going?

Annecchini wrapped up the presentation by indicating that DMAS is looking forward to what we are going to change after unwinding is complete. We are looking at what we want to keep. We know the dashboard has been helpful, so we are looking at making parts of dashboard permanent, as well as other temporary measures taken than were helpful and can be made permanent.

VI. Discussion of agenda items for June 6, 2024, CHIPAC Meeting

Mejia indicated that there may be additional funding in the House and Senate budget, coming out today at 4:00pm, for training for DSS. Additionally, there is funding for improvements to CommonHelp, and the centralized mail location for Medicaid in the House budget.

Mejia announced the June 6, 2024, meeting at DMAS offices. The goal is to have a full conversation about things that people care about, and are interested in learning about when it comes to Children's Health Insurance. By June it will be a different landscape

in terms of unwinding, finalizing the General Assembly and the budget. Mejia asked members if they had suggested agenda items for the June meeting.

Sarah Bedard Holland suggested that there are some opportunities to talk about the integration between some of the pieces of the dental benefit and children's health; one of the new benefits that went into place this year was increasing the age that providers are able to apply fluoride varnish, which positively impacts rate of cavities. This is an inexpensive, easy thing to do for kids that can virtually eradicate cavities. Utilization is 5% so we have massive opportunities to improve.

Kenda Sutton-El wants to discuss exploring the car seat technician program. There is currently no funding for that, hospitals don't do it, and fire departments only have specific days they do it. Some birth centers and doulas are currently doing it as a volunteer service, but are being bombarded with requests and driving all over the state to assist. Mejia indicated that in the past CHIPAC has provided recommendations about things that are important to our CHIPAC members, and things that we would like for the stakeholders to look at and support, if possible. CHIPAC could discuss writing a letter of recommendation around exploring possible avenues for funding this program.

Mejia invited members to submit any additional ideas or requests for the June meeting agenda to the Executive Subcommittee for consideration at their April subcommittee meeting.

VII. Public Comment

Dan Sullivan, member of the public. Sullivan noted that he happens to be a Healthcare Navigator with Enroll Virginia: Senator Deeds summed up the challenge of the Virginia policy operation: "When you have seen one CSB, you have seen one CSB." There are 120 local DSS offices. There may not be one best way to run a local DSS, but there are not 120. That is what we run into all the time. It seems like there is a right way and the Virginia way. The Virginia way is to attempt to delegate responsibility and maintain authority. There are local offices where caseworkers almost never come into the office, or have an office, or work with someone in-person. Richmond City provides paltry support. Virginia likes to say there is no wrong door when submitting Medicaid applications. But if people apply online, the CommonHelp app may sit dormant for weeks and get passed to locals just in time for 45-day deadline for processing. Locals hear they have 45 days for processing, so the bar is low. The 10-day standard for processing Medicaid applications for pregnant members is not able to happen because of lack of staff and untrained staff. There have been challenges to the Medicaid system. Each has offered opportunities for improvement that have been squandered. Responsibility has been delegated. That will never change unless there is leadership from DMAS, and as a starting point, I suggest statewide standardized caseworker and training and testing and job aides. The Medicaid manual is far from a user-friendly. I recommend a requirement for Annual Continuing Education, and development of meaningful key performance indicators for both caseworkers and Departments of Social Services. Thanks. I heard some of this being talked about already here. I would say key is the training. It is just not adequate training, except from the Healthcare Foundation.

Kimberly Dyke-Harsley provided public comment online via chat wish for a Medicaid SPA soon.

VIII. Closing

The meeting was adjourned at 2:21pm

CHIPAC Quarterly Enrollment Dashboard

Table 1 - CHIP and Medicaid Child Enrollment

PROGRAM	INCOME	# Enrolled as of 05-01-24	# Enrolled as of 06-01-24	Net Increase This Month	% of Total Child Enrollment
FAMIS (separate CHIP program) *Children 0-18 years*	> 143% to 200% FPL	99,647	98,006	-1,641	13%
CHIP-Medicaid Expansion *Children 6-18 years*	> 100% to 143% FPL	90,201	92,496	2,295	12%
Total CHIP (Title XXI) Children		**189,848**	**190,502**	**654**	**25%**
FAMIS Plus* *Children 0-5 years* *Children 6-18 years*	≤ 143% FPL ≤ 100% FPL	570,939	569,519	-1,420	73%
Adoption Assistance & Foster Care *Children < 21 years*	FPL N/A	14,782	14,681	-101	2%
Other Medicaid Children** *Children < 21 years*	FPL N/A	29	27	-2	0%
Total MEDICAID (Title XIX) Children		**585,750**	**584,227**	**-1,523**	**75%**
TOTAL CHILDREN		**775,598**	**774,729**	**-869**	**100%**

* *Children under 19 enrolled in a Medicaid Families & Children Aid Category. This count does not include the CHIP Medicaid Expansion group.*

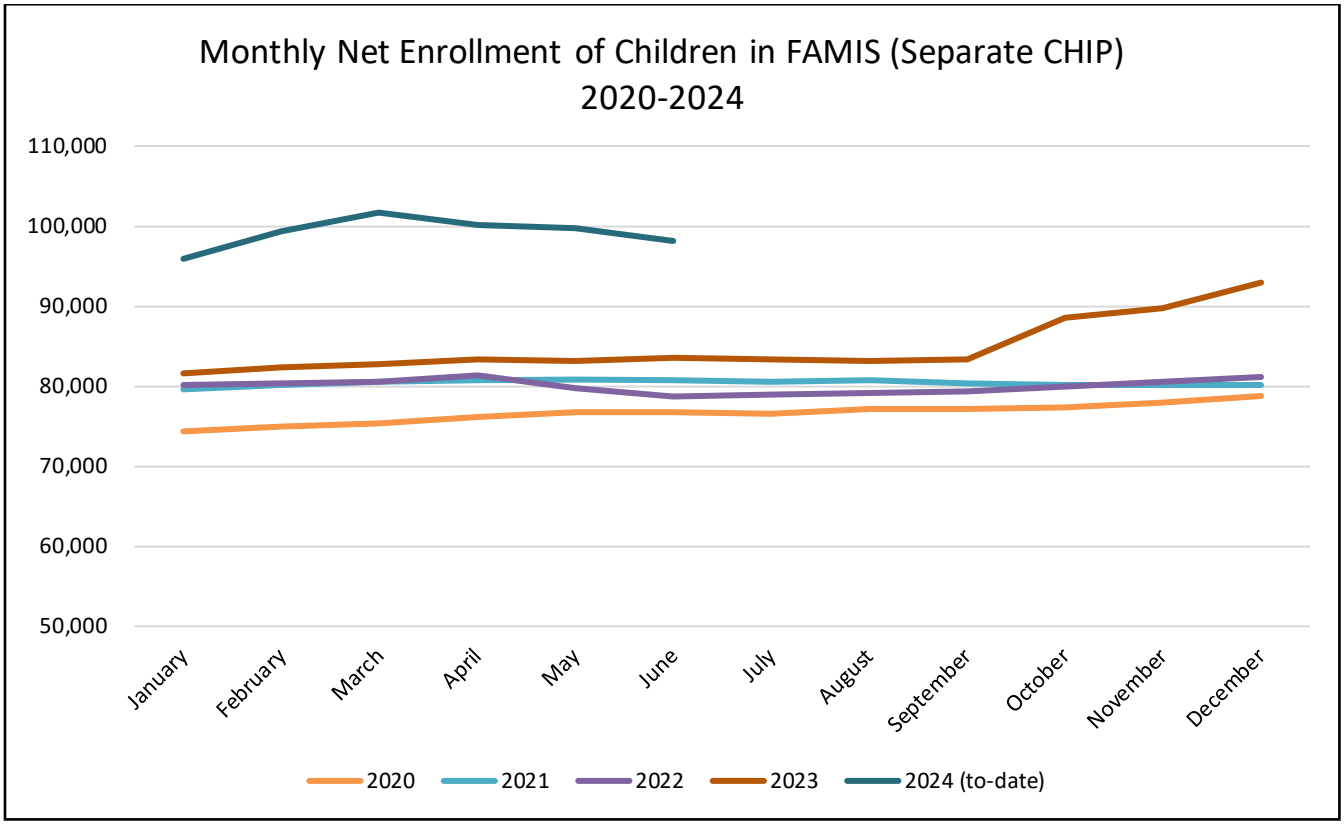
** *This includes children under 21 enrolled in Medicaid under the care of the Juvenile Justice Department or in an intermediate care facility (ICF-MR).*

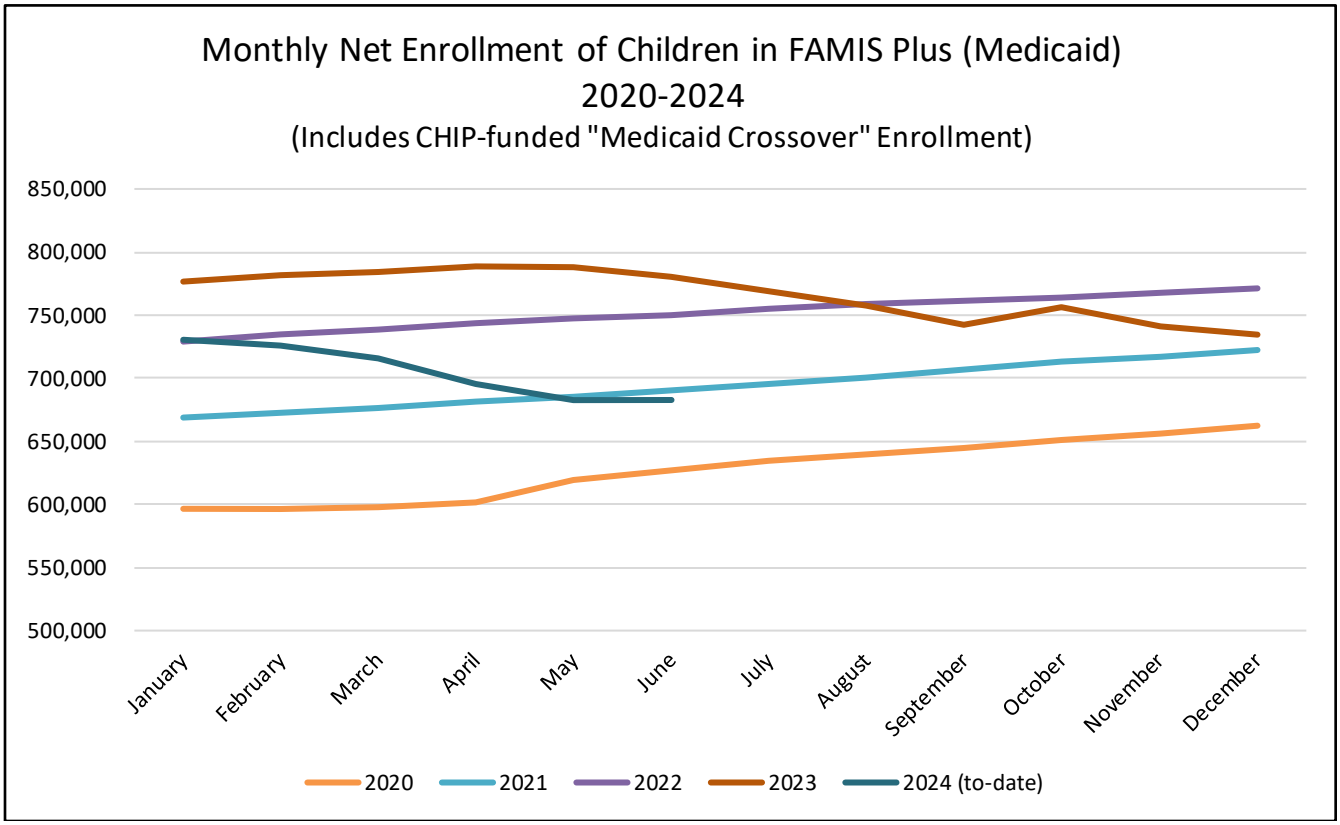
Table 2 - CHIP Premium Assistance Enrollment

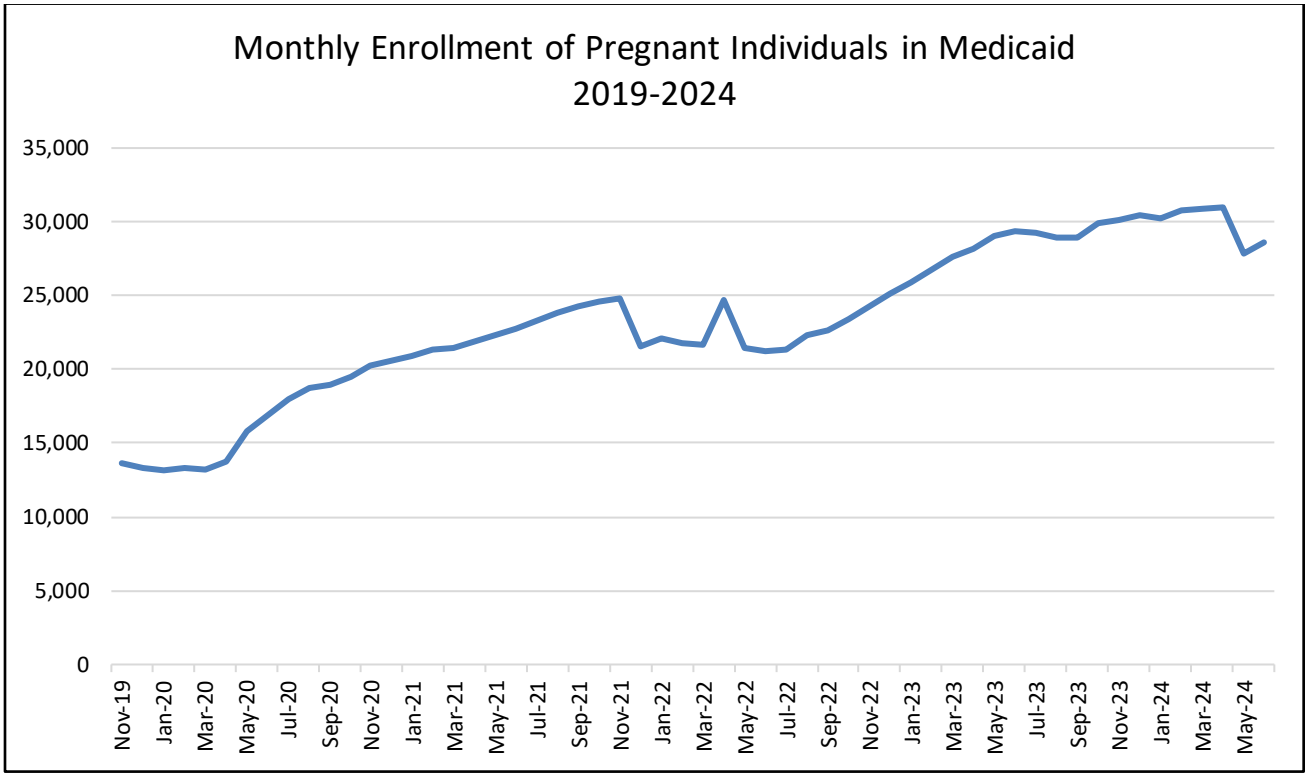
PROGRAM	INCOME	# Enrolled as of 05-01-24	# Enrolled as of 06-01-24	Net Increase This Month
FAMIS *Select* *FAMIS Children < 19 years*	> 143% to 200% FPL	32	30	-2

Table 3 - Pregnant & Postpartum Members Enrollment

PROGRAM	INCOME	# Enrolled as of 05-01-24	# Enrolled as of 06-01-24	Net Increase This Month	% of Total Pg Enrollment
FAMIS MOMS Pregnant & Postpartum	> 143% to 200% FPL	3,667	3,843	176	10%
FAMIS Prenatal Coverage	≤ 200% FPL	4,315	4,394	79	12%
Medicaid Pregnant & Postpartum	≤ 143% FPL	27,896	28,652	756	78%
TOTAL Pregnant & Postpartum Members		**35,878**	**36,889**	**1,011**	**100%**


Monthly Net Enrollment of Children in FAMIS (Separate CHIP)
2020-2024
110,000
100,000
90,000
80,000
70,000
60,000
50,000
January
February
March
April
May
June
July
August
September
October
November
December
2020
2021
2022
2023
2024 (to-date)


Monthly Net Enrollment of Children in FAMIS Plus (Medicaid)
2020-2024
(Includes CHIP-funded "Medicaid Crossover" Enrollment)
850,000
800,000
750,000
700,000
650,000
600,000
550,000
500,000
January
February
March
April
May
June
July
August
September
October
November
December
2020
2021
2022
2023
2024 (to-date)


Monthly Enrollment of Pregnant Individuals in Medicaid
2019-2024
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
Nov-19
Jan-20
Mar-20
May-20
Jul-20
Sep-20
Nov-20
Jan-21
Mar-21
May-21
Jul-21
Sep-21
Nov-21
Jan-22
Mar-22
May-22
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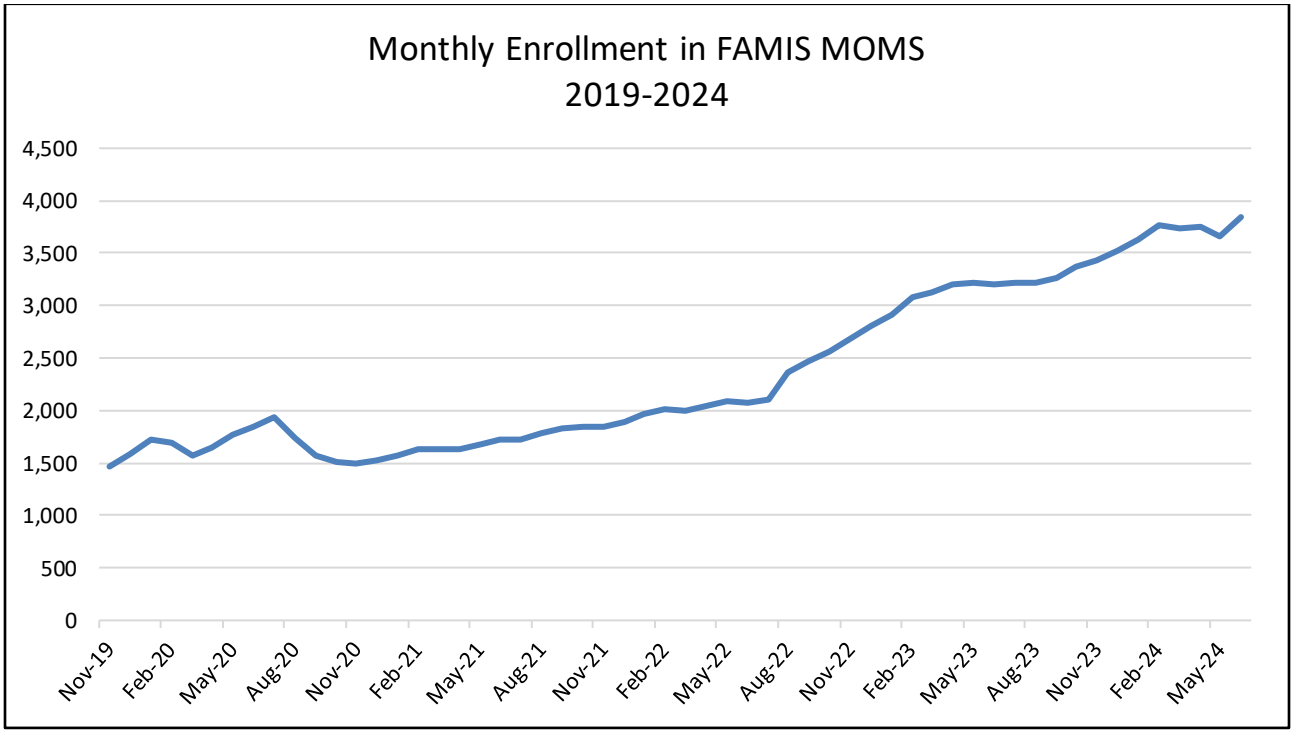
Jan-24
Mar-24
May-24


Monthly Enrollment in FAMIS MOMS
2019-2024
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
Nov-19
Feb-20
May-20
Aug-20
Nov-20
Feb-21
May-21
Aug-21
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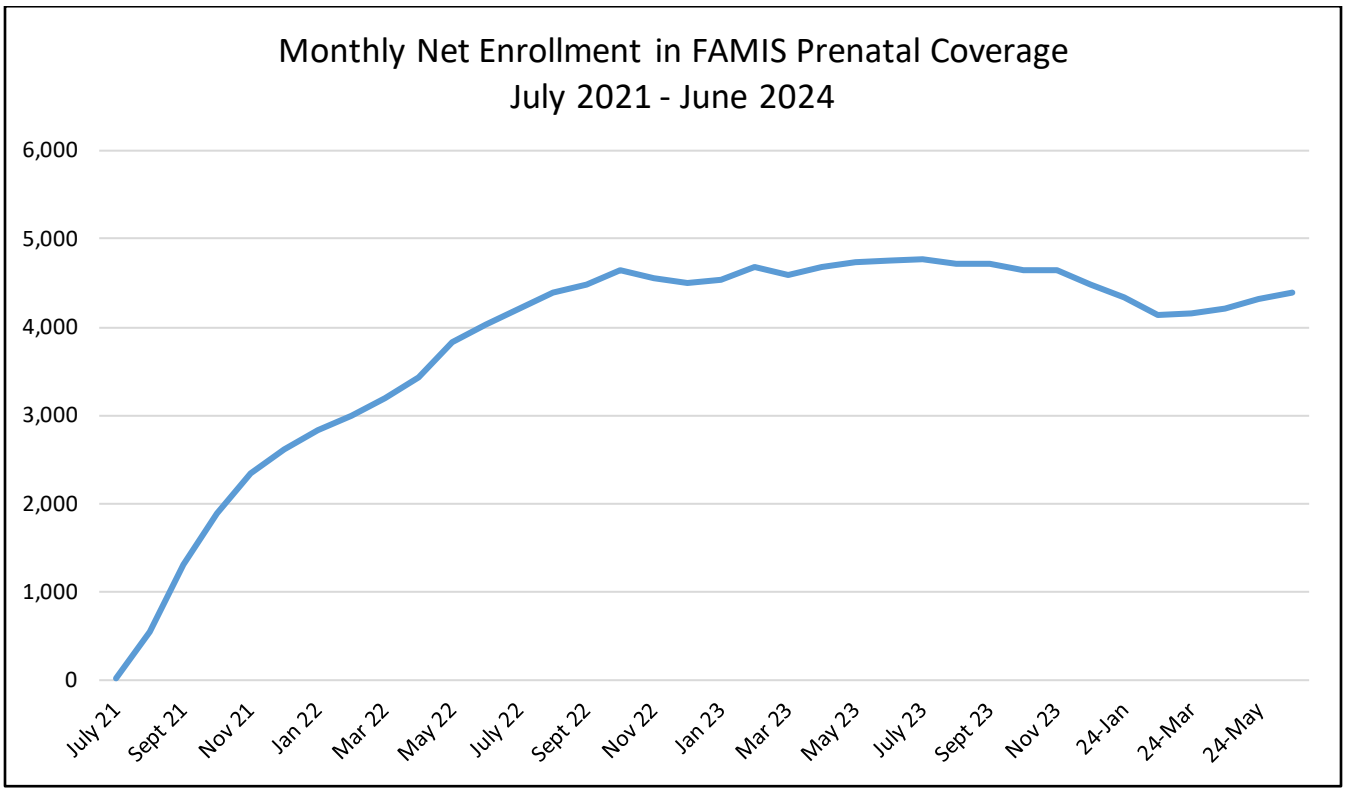
Aug-23
Nov-23
Feb-24
May-24


Monthly Net Enrollment in FAMIS Prenatal Coverage
July 2021 - June 2024
6,000
5,000
4,000
3,000
2,000
1,000
0
July 21
Sept 21
Nov 21
Jan 22
Mar 22
May 22
July 22
Sept 22
Nov 22
Jan 23
Mar 23
May 23
July 23
Sept 23
Nov 23
24-Jan
24-Mar
24-May

§ 32.1-351.2. Children's Health Insurance Program Advisory Committee; purpose; membership; etc

The Department of Medical Assistance Services shall maintain a Children's Health Insurance Program Advisory Committee to assess the policies, operations, and outreach efforts for Family Access to Medical Insurance Security (FAMIS) and FAMIS Plus and to evaluate enrollment, utilization of services, and the health outcomes of children eligible for such programs. The Committee shall consist of no more than 20 members and shall include membership from appropriate entities, as follows: one representative of the Joint Commission on Health Care, the Department of Social Services, the Department of Health, the Department of Education, the Department of Behavioral Health and Developmental Services, the Virginia Health Care Foundation, various provider associations and children's advocacy groups; and other individuals with significant knowledge and interest in children's health insurance. The Committee may report on the current status of FAMIS and FAMIS Plus and make recommendations as deemed necessary to the Director of the Department of Medical Assistance Services and the Secretary of Health and Human Resources.

The Department of Medical Assistance Services shall enter into agreements with the Department of Education and the Department of Health to identify children who are eligible for free or reduced price school lunches or for services through the Women, Infants, and Children program (WIC) in order that the eligibility of such children for the Virginia Plan for Title XXI of the Social Security Act may be determined expeditiously.

2000, cc. 824, 848;2002, c. 329;2004, c. 301;2009, cc. 813, 840.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

CHIPAC
Children's Health Insurance Program Advisory Committee of Virginia

MEMBER RESPONSIBILITIES

MISSION OF THE COMMITTEE

The mission of the Children's Health Insurance Program Advisory Committee is to advise the Director of the Department of Medical Assistance Services (DMAS) and the Secretary of Health and Human Resources on ways to optimize the efficiency and effectiveness of DMAS programs to address the health needs of children.

COMMITTEE MEMBER RESPONSIBILITIES

- Attend all full committee and subcommittee meetings, retreats, and other CHIPAC functions.
- When an absence is unavoidable, it is expected that the member will authorize a knowledgeable substitute to attend and vote on his/her behalf. Please inform the chairperson and DMAS staff in advance of the meeting of the name of the person substituting on the member's behalf.
- Be informed about CHIPAC's mission, bylaws, policies, and projects.
- Review agenda and supporting materials prior to meetings.
- Serve on subcommittees or task forces; offer to take on special assignments and present at meetings.
- Suggest possible nominees to the committee who can make a significant contribution to the work of CHIPAC.
- Keep up to date on developments in CHIP and Medicaid and in the field of maternal and child health.
- Follow conflict-of-interest and Freedom of Information Act (FOIA) policies.

PERSONAL CHARACTERISTICS TO CONSIDER

- Ability to listen, analyze, think clearly and creatively, and collaborate with other committee members.
- Willingness to prepare for and attend all committee meetings, engage in committee discussion, and follow through on projects for the committee.
- Commitment to contributing to and advancing the mission, goals, and work of CHIPAC.

HISTORY

Children's Health Insurance Program Advisory Committee of Virginia

In 1997, over 100 organizations came together to form the Virginia Coalition for Children's Health to ensure that Virginia would take full advantage of the newly established S-CHIP program, to provide health insurance for the uninsured children of lower income working families. The Coalition worked during the 1998 General Assembly Session to ensure that Virginia adopted a program that provided the best package of benefits for the greatest possible number of uninsured children. Recognizing that legislation alone would not ensure that children enrolled, the Coalition also launched the statewide *SignUpNow* outreach initiative.

At the initiation of the Governor, the 2000 Virginia General Assembly passed legislation that renamed and significantly reshaped the existing CMSIP (Children's Medical Security Insurance Program) into the FAMIS (Family Access to Medical Insurance Security) plan. This legislation required the Department of Medical Assistance Services (DMAS) to maintain an Outreach Oversight Committee composed of representatives from community-based organizations engaged in outreach activities (such as *SignUpNow*), social services eligibility workers, the provider community, health plans, and consumers. The Committee was tasked with recommending strategies to improve outreach activities and to streamline and simplify the application process.

In the 2004 session of the Virginia General Assembly, legislation was passed that eliminated the Outreach Oversight Committee and established the present-day Children's Health Insurance Program Advisory Committee—CHIPAC. The scope of CHIPAC was broadened significantly from that of the Outreach Oversight Committee. CHIPAC is now charged with assessing the policies, operations, and outreach efforts for both FAMIS and FAMIS Plus (children's Medicaid). In addition, the Committee evaluates enrollment, utilization of services, and the health outcomes of children eligible for these programs. CHIPAC has the authority to report on the current status of the programs and make recommendations to the Director of DMAS and the Secretary of Health and Human Resources.

July 15, 2022

The Honorable John Littel
Secretary of Health and Human Resources
1111 East Broad Street, 4th Floor
Richmond, VA 23219
john.littel@governor.virginia.gov

Cheryl Roberts, JD
Acting Director, Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219
cheryl.roberts@dmas.virginia.gov

Dear Secretary Littel and Acting Director Roberts:

We, the members of the Children's Health Insurance Program Advisory Committee (CHIPAC), are writing to recommend the below measures for inclusion in the Department of Medical Assistance Services' upcoming budget request package and Governor's 2023 budget. *

CHIPAC is made up of a diverse group of stakeholders committed to promoting maternal and child health in Virginia. Established in 2004 by the General Assembly, CHIPAC's charge includes assessing the policies, operations, and outreach efforts for both FAMIS and FAMIS Plus and evaluating enrollment, utilization of services, and the health outcomes of children eligible for such programs (Code of Virginia §32.1-351.2). Our mission states that we shall advise "on ways to optimize the efficiency and effectiveness of DMAS' programs that address the health needs of children."

The four recommendations below align with this mission by streamlining the administration of the FAMIS Plus and FAMIS programs, reducing the administrative complexities families encounter when applying for and renewing coverage, and expanding coverage to children who currently have no access to affordable and comprehensive health coverage, including a robust mental health benefit package. These steps are even more crucial as Virginia and other states prepare to return to normal Medicaid operations at the conclusion of the federal Public Health Emergency (*PHE*). We encourage the Commonwealth to adopt these recommendations.

** CHIPAC members who are staff of the Joint Commission on Health Care, the Virginia Health Care Foundation, and state agencies provided technical expertise on the options below. They did not support or oppose any specific recommendation.*

12 Month Continuous Eligibility for Children in FAMIS and FAMIS Plus

Continuous eligibility will benefit the state by reducing the administrative complexity and cost associated with the disenrollment and reenrollment process.[i] Many children lose coverage due to a modest increase in household income or for administrative reasons. Often, they are still eligible or regain eligibility within a few months and must reapply. As we anticipate the end of the federal PHE and associated Medicaid Maintenance of Effort requirement, Virginia should take all available steps to ease administrative burden and ensure a smooth transition back to normal operations.

Providing 12 months of continuous eligibility to FAMIS Plus and FAMIS enrolled children also results in better health outcomes due to uninterrupted access to preventative services, primary care, and

treatment. It fosters the development of a patient-physician relationship, allowing the child's health and development to be tracked and medical needs to be identified and addressed earlier.[ii]

Twenty-four states have adopted this option for all Medicaid- and CHIP-enrolled children. An additional nine states have continuous eligibility for a subset of these children.[iii] Virginia currently provides continuous eligibility to pregnant women through 12 months postpartum and to children born to Medicaid/CHIP enrolled individuals until age 1.

Create a State-funded Program to Cover Income-Eligible Children Regardless of Immigration Status

Virginia has adopted the federal option to cover legally residing children in FAMIS and FAMIS Plus. However, per federal rules, children without legally residing status are only eligible for Emergency Medicaid, which covers emergency services only. These children are also prohibited from purchasing private insurance through the Marketplace, even at full cost, and many do not have access to employer plans.[iv] It is estimated that 48% of FAMIS and FAMIS Plus income eligible children in this category are uninsured.[v] As a result, many struggle to access preventative and ongoing health care, leading to long-term negative health outcomes. Conversely, the provision of medical assistance has been shown to decrease infant mortality, improve childhood health, decrease Emergency Department visits and hospitalizations as adults, increase economic security, and improve school attendance and educational achievement.[vi]

Further, only 62% of FAMIS and FAMIS Plus eligible legally residing immigrant children are enrolled, versus 90% of eligible U.S. born children. [vii] Recent analysis of the uninsured by the Virginia Health Care Foundation shows that the uninsured rate among non-citizens ages 0-64 is 26.6%, compared to 5% for citizens. Creating a program for children regardless of immigration status would provide coverage to children with no current option and create a welcome mat for those currently eligible and not enrolled.

The program would also support Virginia's health care safety net, which is currently providing care to ineligible and eligible but unenrolled children through Federally Qualified Health Centers, emergency departments and school divisions. General relief and CSA funds are also used to provide mandatory health care to children without legal status in foster care. A state-funded program covering these children would provide comprehensive coverage and offset the costs currently being absorbed by these other entities.

Merge FAMIS Program with Children's Medicaid, retaining higher CHIP federal match

Virginia currently operates a children's Medicaid program (covering children 0-5 years with income < 143% FPL and 6-21 years with income < 100% FPL); a CHIP-funded Medicaid program ("MCHIP," covering children 6-18 years with income >100% and <143% FPL); and a separate CHIP program called FAMIS ("SCHIP," covering children 0-18 years with income >143% and <200% FPL).

Moving the FAMIS children into MCHIP would reduce the burden of administering separate programs and alleviate compliance challenges associated with administering SCHIP, such as tracking out-of-pocket limits and ensuring compliance with federal mental health parity law. It would also: ensure that all children enrolled in Virginia's medical assistance programs have equal access to benefits, such as non-emergency medical transportation, Early Periodic Screening Diagnosis and Treatment, and complex care services; transition children in FAMIS Select to the more robust premium assistance program available for Medicaid children.; and allow Virginia to collect significant federal drug rebates that are only available under Medicaid.[viii]

Increase Income Limit for FAMIS and FAMIS MOMS (Virginia's CHIP Programs)

Virginia's current income limit for FAMIS and FAMIS MOMS is 205% FPL. Only 2 states, Idaho and North Dakota, have lower limits for children's CHIP coverage. The national median upper income limit for children's CHIP coverage is 255% FPL, 266% FPL in Medicaid Expansion states. More than a third of states, including neighboring states Maryland and West Virginia, cover children at or above 300% FPL.[ix] The Affordable Care Act's Health Insurance Marketplaces offer less robust cost-sharing subsidies for those with incomes ≥200% FPL, resulting in significantly higher deductibles and out-of-pocket maximums. Increasing the FAMIS and FAMIS MOMS income eligibility limits would cover more Virginians and smooth the transition between these coverage types and Marketplace coverage.

Virginia has made great progress toward improving child health since the inception of CHIPAC, much thanks to the efforts of DMAS and the Virginia Department of Social Services. We thank you for your consideration of these items to continue this great work and look forward to our continued partnership with the Administration.

Please don't hesitate to reach out to discuss these recommendations, or any other ways in which CHIPAC can support your work, by contacting Sara Cariano, CHIPAC Chairperson (sara@vplc.org or 804-332-1432).

Sincerely,

Children's Health Insurance Program Advisory Committee (CHIPAC) Members:

Center on Budget and Policy Priorities
Families Forward Virginia
Medical Society of Virginia
The Commonwealth Institute for Fiscal Analysis
VCU Health
Virginia Association of Health Plans
Virginia Chapter of the American Academy of Pediatrics
Virginia Community Healthcare Association
Virginia Hospital and Healthcare Association
Virginia League of Social Services Executives
Virginia Poverty Law Center
Voices for Virginia's Children

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[i] "DMAS Decision Package: Ensure Continuous Eligibility for Children in Medicaid and FAMIS." *Virginia Department of Medical Assistance Services,* Oct. 2021, http://publicreports.dpb.virginia.gov/rdPage.aspx?rdReport=OB_DocView&Param1=72839288

[ii] "Continuous Eligibility for Medicaid and Chip Coverage." *Centers for Medicare and Medicaid Services*, Sep. 2021 https://www.medicaid.gov/medicaid/enrollment-strategies/continuous-eligibility-medicaid-and-chip-coverage/index.html

[iii] Brooks, Trisha and Gardner, Allexa. "Continuous Coverage in Medicaid and CHIP." Jul. 2021, https://ccf.georgetown.edu/wp-content/uploads/2012/03/CE-program-snapshot.pdf

[iv] Artiga, Samantha and Diaz, Maria. "Health Coverage and Care of Undocumented Immigrants." Jul. 2019, https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-and-care-of-undocumented-immigrants/

[v] Mejia, Freddy. "Covering All Kids in 2022: 13,000 Children Shouldn't Have to Wait Another Year." Jan. 2022, https://thecommonwealthinstitute.org/the-half-sheet/covering-all-kids-in-2022-13000-children-shouldnt-have-to-wait-another-year/

[vi] Cohodes, Sarah, et al. "The Effect of Child Health Insurance Access on Schooling: Evidence form Public Insurance Expansions." May 2014. https://www.nber.org/system/files/working_papers/w20178/w20178.pdf

[vii] LaCarte, Valerie. "Immigrant Children's Medicaid and CHIP Access and Participation: A Data Profile." Jun. 2022, https://www.migrationpolicy.org/sites/default/files/publications/mpi_chip-immigrants-brief_final.pdf

[viii] "DMAS Decision Package: Migrate Virginia's Children's Program into MCHIP." *Virginia Department of Medical Assistance Services,* Oct. 2021, http://publicreports.dpb.virginia.gov/rdPage.aspx?rdReport=OB_DocView&Param1=72840520

[ix] Mejia, Freddy. "Covering All Kids in 2022: 13,000 Children Shouldn't Have to Wait Another Year." Jan. 2022, https://thecommonwealthinstitute.org/the-half-sheet/covering-all-kids-in-2022-13000-children-shouldnt-have-to-wait-another-year/

Past CHIPAC Recommendations

Date	Recommendation	Response/Outcome
6/7/18	CHIPAC recommends DMAS prepare for anticipated changes to federal immigration policy that would affect children's access to Medicaid and CHIP; requests that Sec. of Health and Human Resources and DMAS Director submit comments during public comment period on DHS Proposed Rule on Public Charge.	CHIPAC letter sent to Secretary and DMAS Director 12/6/18. Secretary Carey responded 12/7 stating that the Governor shares CHIPAC's concerns and has submitted comment to DHS.
9/2017	CHIPAC requests that Secretary of Health and Human Resources and DMAS Director encourage the Governor to urge Virginia's Congressional Delegation to renew CHIP funding before its expiration.	Governor letter to Congressional Delegation: 10/25/17 DMAS Director response: 11/21/17
6/6/16	CHIPAC recommends more training for DSS on ex parte renewals, streamlining the renewal application, and systems changes in place to prevent 1-year-olds being cancelled.	DMAS Director response: 6/27/16
11/17/14	CHIP Reauthorization: CHIPAC supports the reauthorization of the Children's Health Insurance Program.	Legislation reauthorizing CHIP [PUB.L. 114-10] signed by President Obama in April 2015
6/6/13	FAMIS MOMS**:** DMAS should postpone termination of the FAMIS MOMS program to allow for a transition period to better protect pregnant women and infants.	"Based on the budget language and concerns expressed during the legislative process, DMAS determined that it does not have the authority to postpone implementation as this would not meet the intent 'to remove disincentives for subsidized private healthcare coverage through publicly offered alternatives.'"
8/18/11	Immigrant Eligibility: DMAS should support/adopt the federal options to cover legally residing children and pregnant women during the first five years they are in the United States.	Medicaid, FAMIS, and FAMIS MOMS cover all otherwise-eligible legally residing pregnant women and children during the first five years they are in the United States, effective July 1, 2012.

8/11/11	Public Benefits: DMAS should ensure that all children enrolled in other public benefits are enrolled in FAMIS/Medicaid.	"During the past year, the Robert Wood Johnson Foundation 'Maximizing Enrollment' grant project at DMAS, in partnership with DSS, has worked to connect children enrolled in other programs such as SNAP to FAMIS Plus coverage, and we intend to continue this important work. Through increased awareness among eligibility workers in local departments of social services, we have seen a decrease in the number of children who are eligible but unenrolled in health coverage… The information gap between public programs was a motivating factor behind Secretary Hazel's vision for the new customer portal, CommonHelp, for programs under the Health and Human Resources Secretariat. With improved customer access and increased coordination between programs, citizens are able to apply once and be informed about a range of public programs for which they qualify."
8/11/11	Income Eligibility: DMAS should increase the FAMIS income eligibility limit to 225% FPL.	"DMAS continues to work with Secretary Hazel to identify policy actions that best support the health of children in low-income families given the economic challenges facing the Commonwealth. The General Assembly did not increase the FAMIS income eligibility limit this year."
4/10/09	DMAS should reconsider developing an action plan for expanding provider capacity in response to enrollment increases caused by the economic downturn.	"DMAS has implemented the Affordable Care Act's requirement that Medicaid reimburse family medicine, general internal medicine, pediatric medicine, and related subspecialists at Medicare levels in CY 2013 and CY 2014. The increase in payment for primary care is paid entirely by the federal government with no matching payments required of states."

		"DMAS continues to move forward with plans to develop new coordinated care models and expands existing managed care delivery models, which would necessarily include network development and may serve to promote other reforms to encourage provider participation. The entire state is now served by Medicaid/FAMIS MCOs."
4/10/09	Prenatal Care: DMAS should consider evaluating the reliability and validity of its prenatal care utilization data with the aim of producing quality data which can be used by DMAS to accurately evaluate utilization rates.	"MCH staff worked in collaboration with HCS staff to ensure that solid methodologies were utilized by the EQRO for the Prenatal Care Study. DMAS contracted External Quality Review Organization (EQRO) utilized data from the Virginia Birth Registry for the analysis of the rates published in the 2013 *Improving Birth Outcomes Through Adequate Prenatal Care* study."
4/10/09	Immunization: DMAS should consider evaluation of the possible causes of below-average immunization rates, including but not limited to possible problems in the coding and billing practices used by providers.	"Due to our intense focus on improving immunization rates, we have seen significant improvements in our rates. DMAS continues to partner with our contracted MCOs to further improve rates and with VDH to improve the Virginia Immunization Registry. Monitoring Immunization rates is a key quality measure evaluated by NCQA for all Virginia MCOs to maintain accreditation. DMAS has selected immunization rates at 2 years of age as a quality measure on which to evaluate MCOs under a new pay for performance plan."
4/10/09	Goal Setting: DMAS should consider formally adopting a goal to attain and surpass national norms for well-child visit rates, access-to-PCP rates, immunization rates, and prenatal care utilization rates.	"DMAS sets goals for measures reported in the agency's strategic plan and in Virginia's CHIP Annual Report to CMS and reports against these goals. DMAS' 2011-2015 Medicaid/CHIP Managed Care Quality Strategy includes goals to reach the 75th percentile in NCQA's Quality Compass by 2016 for well-child visits, immunization rates, and timeliness of prenatal care."

4/10/09	CHIPRA: CHIPAC requests the opportunity to discuss opportunities, help set priorities and be kept informed about DMAS' specific actions to implement Children's Health Insurance Program Reauthorization Act (CHIPRA) provisions.	"DMAS staff provides updates and information on proposed implementations related to CHIPRA at the CHIPAC quarterly meetings. As a result of implementing two additional enrollment and retention strategies and increasing Medicaid enrollment of children, CMS awarded DMAS a CHIPRA Performance Bonus of $19,973,322 for FFY 2012."

CHIPAC
Children's Health Insurance Program Advisory Committee of Virginia

CHIPAC Candidate Biographical Sketch – Victoria Richardson

Victoria Richardson is an attorney specializing in healthcare law and public benefits at the Virginia Poverty Law Center (VPLC). She is a graduate of the University of Maryland Francis King Carey School of Law with a specialty certificate in healthcare law and policy. Prior to working with VPLC, she worked with the Social Security Administration on adult and children's disability cases at hearing offices in Baltimore, Maryland and Charlottesville, Virginia.

Notably, her connection to healthcare law and policy became personal in November 2020 when her son George was born prematurely with congenital heart disease. After multiple surgeries, he required a tracheostomy to help him breath and a feeding tube for nourishment and growth. She experienced the shortfalls of the American healthcare system firsthand as his caregiver and wants to use her lived experience and expertise to improve access to care for all Virginians.

CHIPAC
Children's Health Insurance Program Advisory Committee of Virginia

CHIPAC Candidate Questionnaire

The mission of Virginia's CHIP Advisory Committee (CHIPAC) is to advise the Director of DMAS and the Secretary of Health and Human Resources on ways to optimize the efficiency and effectiveness of DMAS' programs that address the health needs of children (FAMIS/CHIP and FAMIS Plus/Medicaid).

1. Please describe the experience and qualifications you will bring to the CHIPAC, including those specifically related to children's health/health insurance. Please also include examples of your commitment to supporting and improving public medical assistance programs.

   I have a specialty certificate in Health Law and Policy from the University of Maryland Francis King Carey School of Law. While in law school I participated in multiple internships regarding healthcare access. Specifically, I worked with Catholic Charities during the 2012 Maryland legislative session advocating to maintain funding for safety net programs. I participated in service-learning trips during my winter breaks in 2012 and 2013 working with the Mississippi Center for Justice to develop "know your rights" pamphlets on privacy rights, housing rights, and employment rights for individuals living with HIV/AIDS. I created and presented a training regarding mental health parity laws for Maryland Medicaid Matters while a student attorney with the Drug Policy and Public Health Strategies Clinic. After law school I worked with the Social Security Administration Department of Hearing Operations writing hearing decisions and doing legal research and analysis for Administrative Law Judges regarding disability claims for adults and children; I worked there for ten years. I currently work at the Virginia Poverty Law Center (VPLC) on healthcare and public benefits issues. I started working with VPLC in December 2023. I have assisted with VPLC's legislative priorities in the 2024 session especially regarding "Cover All Kids" and a bill to expand access to hearing aids and hearing screenings for adult Medicaid recipients.

2. What motivates you to participate in CHIPAC? What are your goals and priorities as a member of the Committee?

I am particularly interested in increasing access to healthcare for children because early intervention is crucial for bridging the gaps between children of different socioeconomic backgrounds and making sure they have equal opportunities in life. On a personal note, I have three children and my second son was born prematurely with serious congenital heart defects. Because of complications from his first open heart surgery, he required breathing support via a tracheostomy, and he needed a feeding tube for nourishment. Having access to Medicaid (in addition to our private insurance) was crucial in getting him access to private duty nursing, durable medical equipment, specialty care, speech therapy, and physical therapy. Our family struggled every day to make sure he had the care and resources he needed but I was always aware that we benefitted from privileges that other families did not have. This experience opened my eyes to the strengths and weaknesses in the healthcare system. As a member of the Committee, I would be particularly interested in ensuring continuity of care for children, because gaps in coverage lead to prolonged setbacks in progress. I am also concerned about increasing trust and communication between families, medical providers, and medical assistance programs and increasing focus on the social determinants of health.

CHIPAC MEMBER CONTACT LIST: June 2024

	Organization	Representative	Contact info
1.	Joint Commission on Health Care*	Sarah Stanton Executive Director 3-year term: March 2024 – March 2027	Joint Commission on Health Care P.O. Box 1322 Richmond, VA 23218 (804) 371-2591 SStanton@jchc.virginia.gov
2.	Department of Health*	Jennifer O. Macdonald Director, Division of Child and Family Health 3-year term: March 2024 – March 2027	Virginia Department of Health 109 Governor Street Richmond, VA 23219 (804) 864-7729 Jennifer.Macdonald@vdh.virginia.gov
3.	Department of Education*	Alexandra Javna Student Services Specialist, Office of Student Services 3-year term: Sept. 2022 – Sept. 2025	Virginia Department of Education Office of Student Services P.O. Box 2120 Richmond, VA 23218 (804) 786-0720 alexandra.javna@doe.virginia.gov
4.	Virginia Department of Behavioral Health and Developmental Services*	Hanna Schweitzer VMAP Program Administrator Office of Child and Family Services 3-year term: Dec. 2021 – Dec. 2024	Virginia Department of Behavioral Health and Developmental Services P.O. Box 1797 Richmond, VA 23218 hanna.schweitzer@dbhds.virginia.gov
5.	Virginia Health Care Foundation*	Kim Bemberis (interim) Director of Administration and Technology	Virginia Health Care Foundation 707 East Main Street, Suite 1350 Richmond, VA 23219 (804) 828-5804 kimb@vhcf.org

** Member organizations required per Code of Virginia*

6.	Virginia Department of Social Services*	Irma Blackwell Medical Assistance Program Manager 3-year term: March 2024– March 2027	Division of Benefit Programs Virginia Department of Social Services 801 East Main Street, Richmond, VA 23219 (804) 584-6763 i.blackwell@dss.virginia.gov
7.	Center on Budget and Policy Priorities	Laura Harker 2-year term: June 2024 – June 2026	Center on Budget and Policy Priorities 1125 1st Street NE Washington, DC 20002 (202) 325-8713 lharker@cbpp.org
8.	Virginia League of Social Services Executives	Tiffany Gordon, MSW 2-year term: June 2024 – June 2026	Director Mathews Department of Social Services P. O. Box 925 Mathews, VA 23109 804-725-7192 (Phone) T.Gordon@dss.virginia.gov
9.	The Commonwealth Institute for Fiscal Analysis	Freddy Mejia Director of Policy *Chair* 2-year term: June 2022 – June 2024	The Commonwealth Institute for Fiscal Analysis 1329 E. Cary St. #200 Richmond, VA 23219 (804) 396-2051 x106 freddy@thecommonwealthinstitute.org
10.	Voices for Virginia's Children	Emily Moore Senior Policy Analyst 2-year term: December 2023 – December 2025	Voices for Virginia's Children 2405 Westwood Avenue, Suite F Richmond, VA 23230 (804) 659-0184 emoore@vakids.org

11.	Virginia Association of Health Plans	Heidi Dix Senior Vice President of Policy 2-year term: March 2024 – March 2026	Virginia Association of Health Plans 1111 E. Main Street, Suite 910 Richmond, VA 23219 (804) 648-8466 heidi@vahp.org
12.	Virginia Chapter of the American Academy of Pediatrics	Dr. Susan Brown 2-year term: March 2024 – March 2026	 (804) 363-7732 Gollobrown@gmail.com
13.	Virginia Hospital and Healthcare Association	Kelly Cannon Senior Director, VHHA Foundation 2-year term: June 2024 – June 2026	Virginia Hospital and Healthcare Association 4200 Innslake Drive, Suite 203 Glen Allen, VA 23060 (804) 212-8721 kcannon@vhha.com
14.	Virginia Community Healthcare Association	Martha Crosby Programs and Business Lead 2-year term: December 2022 – December 2024	Virginia Community Healthcare Association 3831 Westerre Parkway, Suite 2 Henrico, VA 23233-1330 (804) 237-7677 mcrosby@vcha.org
15.	Birth in Color	Kenda Sutton-EL Executive Director 2-year term: March 2024 – March 2026	Birth in Color VA 115 E. Broad Street, Unit 1A Richmond, Virginia 23219 (804) 840-6435 ksuttonel@birthincolorrva.org
16.	Virginia Health Catalyst	Sarah Bedard Holland Chief Executive Officer 2-year term: March 2024 – March 2026	Virginia Health Catalyst 4200 Innslake Drive, Suite 202 Glen Allen, VA 23060 (804) 269-8720 sholland@vahealthcatalyst.org