MEETING MINUTES

Meeting Minutes
June 20th, 2024

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

The following CHIPAC members were present virtually:

- **Freddy Mejia (*Chair*)** The Commonwealth Institute for Fiscal Analysis
- **Irma Blackwell** Virginia Department of Social Services (VDSS)
- **Alexandra Javna** Virginia Department of Education
- **Jennifer Macdonald** Virginia Department of Health
- **Kim Bemberis** Virginia Health Care Foundation
- **Laura Harker** Center on Budget and Policy Priorities
- **Emily Moore** Voices for Virginia's Children
- **Heidi Dix** Virginia Association of Health Plans
- **Sarah Stanton** Joint Commission on Health Care
- **Dr. Susan Brown** American Academy of Pediatrics (Va Chapter)
- **Martha Crosby** Virginia Community Healthcare Association
- **Sarah Bedard Holland** Virginia Health Catalyst
- **Kenda Sutton-EL** Birth in Color
- **Hanna Schweitzer** Virginia Department of Behavioral Health and Developmental Services

The following CHIPAC members sent a substitute:

- **Kelly Cannon (Emily Lafon)** Virginia Hospital and Healthcare Association
- **Tiffany Gordon (Robin Zuk)** Virginia League of Social Services Executives

I. **Welcome.** Freddy Mejia, CHIPAC Chair, called the meeting to order at 1:05pm. Mejia welcomed committee members and members of the public and explained that the all-virtual meeting would be recorded, and that live captioning was available via link in the chat. Attendance was taken by roll call.

II. **CHIPAC Business**

A. **Review and approval of March 7 meeting minutes.** Committee members reviewed draft minutes from the March 7 meeting. Emily Moore made a motion to

approve the minutes. Jennifer Macdonald seconded, and the Committee voted unanimously to approve the minutes.

B. **Committee Leadership.** Mejia noted a vacancy in the Vice Chair office and offered the Committee an opportunity to nominate a new Vice Chair. Hearing none, Mejia introduced a motion nominating Emily Moore to Vice Chair. Jennifer Macdonald seconded the motion. The Committee voted unanimously in favor. Moore commented that she looks forward to continuing to work closely with the rest of the Committee to advance health outcomes for children in Virginia.

C. **Candidate for Membership.** Mejia directed the Committee to a biographical sketch and completed membership candidate questionnaire for Victoria Richardson, Virginia Poverty Law Center. Emily Moore introduced a motion to approve Richardson's candidacy for membership. Sarah Bedard Holland seconded, and the Committee voted unanimously in favor.

III. **Budget Update**. Truman Horwitz, DMAS Budget Division Director, presented FY24 expenditures to-date as compared to projections and prior years. Highlights include a 12% increase in FAMIS Managed Care enrollment as compared to the same timeframe in FY23, and higher prenatal enrollment. A 30% increase in dental rates in FY23 also contributed to variation. The increase in general fund spending as compared to prior years occurs due to phaseout of the enhanced Federal Matching Assistance Percentage (FMAP) that was given to states during the federal Public Health Emergency (PHE) Medicaid continuous coverage.

Year-to-date FY24 expenditures continue to exceed forecast due to higher-than-expected enrollment resulting from slower "unwinding" from the Medicaid continuous coverage than projected. DMAS continues to closely monitor expenditures.

Mejia asked whether higher-than-projected enrollment is due to more members being eligible to maintain coverage than expected, or whether delays in completing redeterminations have also played a role. Horwitz responded that it is a combination, but primarily that redeterminations are taking longer than expected. To further hone future years' enrollment projections, DMAS has engaged the Weldon Cooper Center to investigate key member demographics and trends, particularly for Medicaid Expansion (which existed for only one year prior to the PHE).

Horwitz shared highlights of the new biennial budget, to include rate increases for dental care, personal care attendants, DD waivers, and durable medical equipment; additional slots for DD waivers and graduate medical education; new FTEs to support Cardinal Care, Third-Party Liability, and eligibility and enrollment functions; and $95M in reserve funding to mitigate uncertainty around unwinding.

IV. **Unwinding Lookback (DMAS/VDSS Joint Presentation).** Jessica Annecchini, DMAS Senior Policy Advisor for Administration, reminded Committee members that the Consolidated Appropriations Act of 2023 (CAA) separated the Medicaid continuous coverage requirements from the PHE, and set a nationwide beginning date

for "unwinding" after March 31, 2023. Virginia took measures to help ensure that eligible Virginians remained enrolled:

Outreach, Operations, and Stakeholder Engagement

As required by the U.S. Centers for Medicare and Medicaid Services (CMS), DMAS conducted and monitored outreach via multiple methodologies, including partnerships with health plans. Virginia was one of the first states to bring together the commercial and Medicaid side of the health plans, a collaboration which proved extremely valuable in helping eligible Virginians remain enrolled.

Cover Virginia expanded operations to include a temporary redetermination unit, and increased capacity for its call center and regular processing unit. Additional new permanent units were established to help with other key tasks and alleviate volume.

DMAS held "unwinding" stakeholder task force meetings twice a month, and published enrollment and redetermination progress data, including termination reasons and other key metrics weekly via the Eligibility Redetermination Tracker (dmas.virginia.gov/data/eligibility-redetermination-tracker/).

System Updates, Training, and Reporting

Irma Blackwell, VDSS Benefit Programs Manager shared that Virginia is still in the process of getting back to normal enrollment. Key eligibility system updates were implemented to increase the rate of *ex parte* (no-touch) renewal success, thus alleviating burden for members and local Departments of Social Services (DSS) alike. Many of these updates were required by CMS, including general reporting updates (all states were required to increase their reporting to meet temporary federal requirements). Some of these reporting requirements were phased out in May 2024, and some Virginia has elected to enable permanently.

Training and information sessions were made available to local DSS staff, to help both those who were onboarded during the pandemic and returning staff understand how to process a redetermination. This was later made into an e-learning refresher, with additional follow-up subject matter expert web support available. More than 2,000 staff attended those sessions. VDSS has now transitioned to standing monthly calls with the intent to continue indefinitely.

VDSS continues to monitor trending activities for training and quality improvement. Avenues include intranet messaging, a deployed VDSS processing team, and regular engagement meetings with the 20 largest LDSS agencies. Five local agencies receive intensive onsite support from VDSS Office of Continuous Quality Improvement.

Frank Smith, VDSS Senior Associate Director, Division of Benefit Programs, shared that an effort is underway to better align data collection from Virginia's two systems (eligibility and enrollment). In May, systems changes were finalized that put **all** members through an *ex parte* attempt prior to sending forms (since most *ex parte* successes occur in member categories that were already undergoing an automated *ex parte* review, this is not anticipated to result in significant change to success rates).

Policy and Appeals
Several significant policy updates extended or expanded coverage during the PHE:

- The removal of the longstanding 40-quarter requirement for lawful permanent residents with at least five years of residency;
- The addition of the FAMIS Prenatal Coverage group for pregnant individuals regardless of immigration status;
- The extension of the postpartum period for lawfully-residing pregnant individuals with the exception of the above going from 60 days to 12 months.

Virginia also adopted several temporary waivers and federal flexibilities regarding appeals, including extending the grace period for appeals exceeding 90 days; allowing coverage to continue during a pending appeal (without requiring the appellant to request it); and foregoing recoupment of the cost of benefits received, regardless of the appeal's outcome. Federal flexibilities have been extended through June 30, 2025. CMS is considering making some permanent.

Monthly appeal volume has increased dramatically: in May 2023, there were 522 open appeals; these trended steadily upward throughout unwinding to more than 2,000 in June 2024. Increased one-time federal funding bolstered the DMAS Appeals Division staff capacity, enabling staff to reach out directly to members whose coverage had been terminated for procedural reasons (supplementing outreach from health plans and local DSS agencies to encourage completion of renewals).

V. **2022-23 Medicaid and CHIP Maternal and Child Health Focus Study.** Dr. Laura Boutwell, DMAS Director of Quality and Population Health, shared highlights of Virginia's 2022-23 Maternal and Child Health Focus Study (MCHFS, found at dmas.virginia.gov/about-us/mission-and-values/office-of-quality-and-population-health/studies-and-reporting/), compiled by DMAS's External Quality Review Organization (EQRO). States are federally required to have an EQRO to evaluate and offer recommendations for program improvement. Virginia elects for its EQRO to complete an annual focus study using linked VDH birth registry data to complete a probabilistic and deterministic analysis that examines:

1. To what extent do women with births paid by Virginia Medicaid receive early and adequate prenatal care?
2. What clinical outcomes are associated with Virginia Medicaid-paid births?
3. What maternal health outcomes are associated about Virginia Medicaid-paid births?
4. What disparities exist in birth and maternal health outcomes for births paid by Virginia Medicaid?

Highlights for infant health outcomes include:

- Virginia did not reach the national benchmark in CY2022 for Early and Adequate Prenatal Care, but did see improvement in the rate of Preterm Births (<37 Weeks Gestation) from the prior year. In some areas of the state, birth outcomes were not directly linked to receipt of Early and Adequate Prenatal Care. In general the Southwest region outperformed every other region in these indicators.

- When isolated by eligibility category, FAMIS MOMS outperformed national benchmarks for Early and Adequate Prenatal Care, Preterm Births, and Newborns with Low Birth Weight in all three years studied. A noted racial disparity potentially contributed to regional differences within the FAMIS MOMS population: births with Early and Adequate Prenatal Care for black non-Hispanic FAMIS MOMS were the lowest within FAMIS MOMS. That disparity persists.

- In the Northern and Winchester region, FAMIS MOMS did not meet the national benchmarks for Early and Adequate Prenatal Care but did for Preterm Births and Newborns with Low Birth Weight. While the Tidewater region had high rates of Early and Adequate Prenatal Care that exceeded the national benchmark, that region did not meet national benchmarks for Preterm Births and Newborns with Low Birth Weight. Women who enrolled in their second trimester for FAMIS MOMS also had better birth outcomes for Preterm Births and Newborns with Low Birth Weight that outperformed national benchmarks.

The MCHFS compared a study population (those continuously enrolled for 120+ days) and a comparison group (continuously enrolled for <120 days). Overall the study population outperformed the comparison group, showing higher rates of Early and Adequate Prenatal Care and lower rates of Preterm Births.

Highlights for maternal health outcomes in 2022 include:

- The Southwest region had the highest rates of utilization for both postpartum ambulatory and ED care. The Northern/Winchester region had the most favorable rates, and the Tidewater region had the least favorable rates, for postpartum ambulatory care utilization (higher rate is more favorable). The Charlottesville/Western region had the highest rates of maternal depression screening and prenatal depression screening.

- Within the first 90 days after delivery, 17% of postpartum individuals had at least one ED visit. Of these visits, 24.4% occurred between 31 – 60 days after delivery. Differences in ED utilization did not vary significantly based on adequacy of prenatal care.

- Approximately 59% of postpartum women utilized ambulatory care services. Women who were continuously enrolled for more than 180 days had higher rates of Postpartum Ambulatory Care Utilization.

Detailed tables are available in the addenda to the MCH Focus Study. Recommendations from DMAS's EQRO include investigating factors contributing to women's ability to access timely prenatal care and implementing targeted improvement efforts; working with providers to promote the use of standardized maternal depression screening tools; and investigating the utilization of ED services during the postpartum period.

Mejia thanked Dr. Boutwell for her presentation, and in particular the breakdown by race/ethnicity and explanation for disparities. Sarah Bedard Holland, Virginia Health

Catalyst, asked what if any data was collected in collaboration with DMAS's Dental Benefits Administrator to track pregnancy outcomes alongside dental care utilization during pregnancy. Boutwell responded that these metrics are collected and in a separate report (dmas.virginia.gov/about-us/mission-and-values/office-of-quality-and-population-health/studies-and-reporting).

Jen Macdonald, Virginia Department of Health, asked whether diagnostic codes related to postpartum ED visits would be included in a future MCHFS. Boutwell thanked Macdonald for this question and answered a preliminary analysis had already been conducted. Primary diagnoses included abdominal pain and respiratory issues. Macdonald shared that VDH's Title V program would incorporate key findings of the MCHFS into its own work.

VI. **CHIPAC History and Mission.** Emily Roller, DMAS Senior Management Analyst – Policy Division, shared a history of Virginia's implementation of the federal Children's Health Insurance Program (CHIP), beginning in 1998. Virginia established a program that was a precursor to what we now call FAMIS, along with an outreach oversight committee. That committee later broadened its scope and became the CHIP Advisory Committee (CHIPAC) in 2004. CHIPAC now assesses policies, operations, and outreach efforts for FAMIS and FAMIS Plus and evaluates enrollment, utilization of services, and health outcomes for enrolled children. CHIPAC strives to make timely actionable recommendations and works alongside DMAS to ensure that meeting content is geared toward providing membership with the ability to help shape the agency's decision making.

Roller gave an overview of key membership responsibilities, including meeting attendance. CHIPAC's membership includes some organizations mandated by the code of Virginia, and others who represent various provider associations, children's advocacy groups and others with significant knowledge and interests in children's health insurance.

VII. **Eligibility for Children and Pregnant Individuals.** Sara Cariano, Director, DMAS Division of Eligibility Policy and Outreach, gave an overview of Medicaid and FAMIS eligibility in Virginia, including both financial as well nonfinancial criteria (e.g., residency, immigration status). Cariano outlined a recent change to eligibility whereby children are granted twelve months' continuous coverage under a new federal requirement.

Cariano laid out basic benefits of the children's and pregnant women's coverage groups. A core difference between children's Medicaid (known as "FAMIS Plus") and FAMIS, Virginia's separate CHIP program, is the availability of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit in FAMIS Plus. This benefit enables FAMIS Plus children to receive treatment for appropriate medical, dental, mental health, and specialty services for conditions diagnosed during a screening. This is a federal Medicaid benefit and therefore is not available in FAMIS, though FAMIS children receive full comprehensive coverage for a wide array of covered services.

Benefits for pregnant members are also comprehensive. Virginia covers doula services during pregnancy, birth, and postpartum. Lactation consultation services and breast pumps are covered. Two of Virginia's pregnancy covered groups, Medicaid for Pregnant Women (MPW) and FAMIS MOMS, now provide 12 months of postpartum coverage. FAMIS Prenatal provides coverage through the end of the month in which the 60th day postpartum falls.

Cariano closed by outlining coverage expansions and extensions since Virginia adopted Medicaid Expansion in January 2019.

VIII. **Recent CHIPAC Recommendations.** Mejia referenced a Summer 2022 letter with recommendations to improve children's health care and access as an example of actionable and timely feedback by the CHIPAC. Some of these recommendations (e.g., 12 months' continuous eligibility for children under 19) have already been implemented. Others (e.g., creation of a statewide program to cover children regardless of immigration status) have not been implemented.

Mejia noted that the unpredictable timeline of the state budgeting process has posed a challenge to making recommendations the last two years. He reiterated to the Committee that the second year of the biennium may be an optimal time to think through opportunities.

IX. **Agenda for next Full Committee meeting.** Mejia invited discussion regarding topics for the next quarterly meeting, on September 5. The Executive Subcommittee will meet to finalize September's agenda in July. Mejia invited interested CHIPAC members to consider joining the Executive Subcommittee.

X. **Public Comment.** No public comment was made.

XI. **Closing.** The meeting was adjourned at 3:21pm.