



September 7, 2023, 1:00 PM

This meeting will be held in person at the address below. Members of the public may attend either in person or virtually.

Dept. of Medical Assistance Services, 600 East Broad Street, Richmond Room 102 A&B (First Floor)

 To Join Meeting Remotely:

 Click here to enter event

 Meeting Number: 2429 401 7994 Meeting Password: SgtNPcGj272

 Dial in (Phone):

 +1 866-692-4530 (Toll Free)

 Remote Conference Captioning Link:

 https://www.streamtext.net/player?event=HamiltonRelayRCC-0907-VA4005

- I. Welcome
- II. CHIPAC Business (1:00-1:15 pm)
 - A. Review/approval of minutes from June 1 meeting
 - B. Review/approval of 2024 meeting dates
 - C. Membership update and new member nomination
- **III.** Virginia Children's Health Coverage Programs in a National Context (1:15-1:45pm) Tricia Brooks, Georgetown Center for Children and Families
- **IV.** Committee Discussion of Legislative and Policy Priorities (1:45-2:00pm)
- **V. Virginia Medicaid Unwinding Updates** (2:00-2:20pm) Jessica Annecchini, DMAS Senior Advisor for Administration
- **VI. DMAS Foster Care Updates** (2:20-2:40pm) Christine Minnick, Child Welfare Program Specialist, DMAS Health Care Services Division
- **VII.** School Health Services Expansion Status Update (2:40-2:50pm) Hope Richardson, Policy, Regs & Member Engagement; J. Lynn Hamner, Program Operations, DMAS
- VIII. Agenda for December 7 CHIPAC Meeting (2:50-2:55pm)
 - IX. Public Comment (2:55-3:00pm)

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 <u>civilrightscoordinator@dmas.virginia.gov</u>, at least five (5) business days prior to the meeting to make arrangements.

* DMAS BUILDING SECURITY PROCEDURES:

- 1. Enter through the main entrance on Broad Street.
- 2. Go to the first floor visitor's center (glass walled area). You will be asked to provide valid identification and will then be issued a visitor's badge. You must display the badge at all times while on site at DMAS.
- 3. All visitors will be escorted at all times by a DMAS employee while on site. At the end of the visit, you will return your badge to the visitor's desk and sign out.



MEETING MINUTES

The Commonwealth Institute for Fiscal Analysis

American Academy of Pediatrics, Virginia Chapter

Virginia League of Social Services Executives

Dept. of Behavioral Health and Developmental

Virginia Hospital and Healthcare Association

Virginia Community Healthcare Association

Center on Budget and Policy Priorities

Virginia Department of Social Services

DRAFT

Meeting Minutes June 1, 2023

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

Services

Virginia Poverty Law Center

Voices for Virginia's Children

Families Forward Virginia

Virginia Health Care Foundation

Virginia Department of Education

Virginia Department of Health

The following CHIPAC members were present virtually:

- Sara Cariano (Chair)
- Freddy Mejia (Vice Chair)
- Shelby Gonzales
- Emily Griffey
- Dr. Susan Brown
- Michael Muse
- Emily Roller
- Hanna Schweitzer
- Irma Blackwell
- Kelly Cannon
- Ali Faruk
- Alexandra Javna
- Jennifer Macdonald
- Martha Crosby

The following CHIPAC members sent a substitute:

• Jeff Lunardi Joint Commission on Health Care (Estella Obi-Tabot)

The following CHIPAC members were not present:

- Dr. Nathan Webb Medical Society of Virginia
- Heidi Dix Virginia Association of Health Plans

I. Welcome – Sara Cariano, CHIPAC Chair, called the meeting to order at 1:05 p.m. Cariano welcomed committee members and members of the public and explained that the meeting would be all-virtual.

Attendance was taken by roll call.

II. CHIPAC Business

- A. Review and approval of minutes from March 2 meeting Committee members reviewed draft minutes from the March 2 meeting. Kelly Cannon, Virginia Hospital and Healthcare Association, made a motion to approve the minutes, Freddy Mejia, The Commonwealth Institute, seconded, and the Committee voted unanimously to approve the March 2 meeting minutes.
- B. Membership items Cariano announced that Dr. Tegwyn Brickhouse, VCU Health/VCU School of Dentistry, is moving out of state and is stepping down from her position on the committee. Cariano stated that Dr. Brickhouse provided recommendations of potential members to join the committee. The Executive Subcommittee will review those nominations and discuss membership at their next meeting July 13 (all-virtual). She stated that CHIPAC members are encouraged to attend the Executive Subcommittee meeting if they would like to participate in the membership discussion.

III. Virginia Medicaid Unwinding 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. Annecchini stated that from March 2020 to March 2023, Virginia Medicaid experienced an increase of over 630,000 enrollees, a 41% increase in enrollment. Enrollment growth has been fastest among non-elderly, non-disabled adults, and slower among children and aged, blind, and disabled (ABD) eligibility groups. Annecchini stated that DMAS is carefully monitoring churn and coverage losses during unwinding. Post continuous coverage, it is estimated that roughly 14% of the state's total Medicaid enrollees may lose coverage, and up to 4% of members may lose and regain coverage within one to six months of closure (churn). The national average for loss is around 20%.

Annecchini described DMAS preparations for resuming normal enrollment activities. She explained that DMAS executed a significant contract modification to expand the existing Cover Virginia operation to be able to handle the additional calls and renewal assistance associated with unwinding. The contract modification includes a redetermination call center and processing unit throughout the return to normal processes and new permanent units dedicated to pregnant women and application assisters. The expansion operations were successfully implemented on April 3, 2023. Annecchini explained that DMAS anticipates about one-third of cases will be automatically renewed and one-third will be handled by local departments of social services (LDSS), and the Cover Virginia vendor is expected to process the remaining third of cases (420,000). The operation includes an existing Incarcerated Unit, responsible for completing renewals for over 30,000 incarcerated enrollees through exchanges with the Department of Corrections and state/local jails. Annecchini explained that the Cover Virginia vendor can assist DMAS with cases that do not require discretion, including many MAGI cases of families with children.

Annecchini described DMAS' ongoing outreach and education efforts, including mailings to 1.1 million households; radio, television, and social media campaigns; and dedicated pages across three websites. DMAS developed four stakeholder toolkits, 18 outreach templates, 60 provider memos, and has fostered public engagement through speaking events and eight public town halls to nearly 1,000 different stakeholder groups. Annecchini stated that a Return to Normal Operations Summit was held on March 8, 2023 for over 300 stakeholders in partnership with the Virginia Department of Social Services (VDSS), Virginia Association of Health Plans (VAHP), Virginia Poverty Law Center (VPLC), Virginia Health Care Foundation (VHCF), and the State Corporation Commission (SCC).

Annecchini described local agency planning and partner collaboration that has occurred in preparation for unwinding. She stated that VDSS and DMAS developed a plan to prepare local agency staff to be able to complete the Medicaid unwinding work that includes training and informational sessions, workgroups, and additional federal waivers. Annecchini explained that system updates were made to increase the number of successful "no touch" actions at application, change, and renewal to promote consistency, reduce local worker burden, and allow a stronger focus on high-risk populations which require manual processing. She explained that DMAS has made the necessary changes to meet additional federal reporting requirements that will allow closer monitoring of progress throughout the unwinding period.

Annecchini stated that DMAS and VDSS held training and information sessions, including developing an eLearning that refreshed local agency staff on renewal processing. Over 3,000 local agency staff have completed this training. The agencies have also held subject matter expert-led webinars that focus on Q&A with local agency staff to assist in preparing them for the work. Over 2,000 local agency staff have attended these webinars and this series concluded in April 2023.

Annecchini stated that DMAS executed an agreement with the six health plans to solidify plans for four rounds of targeted member outreach across all modalities. She explained that new data-sharing processes were also implemented to include addresses, closures, and closure reason. She stated that DMAS is also collaborating with the State Corporation Commission to ensure the smooth transition of individuals no longer eligible for coverage to other health coverage through referrals to the new Virginia Insurance Marketplace beginning In November 2023.

Annecchini stated that non-procedural terminations, for people determined ineligible, began April 30, and procedural closures—those that occur because information was not returned and DMAS was unable to determine a person's eligibility—began May 31. Annecchini explained that DMAS has been conducting outreach to make sure people understand that they don't have to go through a full reapplication but can return

requested paperwork to have their eligibility redetermined, and to encourage members who lose coverage for administrative reasons to complete the needed paperwork. Annecchini directed the committee to additional resources available on the DMAS website, including the renewal status dashboard, which can be found on the DMAS site under the Data tab. This dashboard tracks progress toward redetermining Virginia's Medicaid population on a monthly basis. The dashboard can be found at https://www.dmas.virginia.gov/data/return-to-normal-enrollment/eligibility-redetermination-tracker/. Annecchini explained that this dashboard is currently refreshed every month on or around the 8th of the month.

Cariano asked whether DMAS has data on the number of closures that occurred on May 31. Annecchini stated that the first round of data will be available on the 5th of the month. Emily Roller, Virginia Health Care Foundation, asked what type of outreach members should expect from local departments of social services. Annecchini explained that in accordance with the federal Consolidated Appropriations Act, outreach across additional communications modalities is being conducted proactively, prior to receiving returned mail, and agencies are working to contact members via phone and email. She explained that it should be a best practice for eligibility workers to review the returned mail and make sure there were no typos in the address used, as well as to follow up if any forwarding address is provided on the returned mail. Irma Blackwell, Virginia Department of Social Services, stated that VDSS has advised staff if there is an e-mail or telephone number on record and mail has been returned, that the worker should attempt to get in touch with the household using all available information on file.

Annecchini reported that 115,260 households (200,604 members) had files run through the ex parte process in May. Out of those, 29,493 households (52,438 members) successfully renewed during the automated ex parte process, a 25.6% success rate. Annecchini stated that 66,677 households were mailed a renewal packet on May 22, and those packets are due back in mid-to-late June.

Alexandra Javna, Virginia Department of Education, shared an update about how VDOE and schools are working to conduct outreach and raise awareness among students and families during Medicaid unwinding. She explained that VDOE representatives have been participating in the DMAS Medicaid Ambassadors Task Force meetings, and in March, DMAS presented to the quarterly school Medicaid coordinators meeting to provide information about unwinding directly to school personnel. School personnel have been informed that outreach about unwinding is an administrative claimable activity for which they can receive reimbursement. School personnel have also been made aware that a reduction in Medicaid-enrolled students would lower the Medicaid penetration rate which factors into the formula for Medicaid reimbursement to schools. DOE has shared the Medicaid unwinding toolkit with partners and has worked to ensure that word gets out to schools and the families of enrolled students that it is essential for Medicaid enrollees to update their contact information on file. In addition, a communication will soon be sent to all division superintendents about unwinding and outreach efforts that schools can make.

IV. DMAS Language and Disability Access

Montserrat Serra, DMAS Civil Rights Coordinator, provided an update on DMAS language and disability access initiatives. Serra explained that DMAS is committed to serving the limited English-proficient (LEP) population and people with disabilities by ensuring meaningful access to Virginia Medicaid. Serra presented information about languages spoken by Medicaid enrollees. She stated that 5.57% of members (about 123,000 members) speak a primary language other than English. The most commonly spoken non-English language is Spanish, followed by Arabic, Vietnamese, Amharic, and Urdu.

Serra explained that in 2020 DMAS conducted a language and disability needs assessment to evaluate the language needs of the Virginia Medicaid population. Subsequently, DMAS developed a Language and Disability Access Plan, which is available publicly on the DMAS website. Projects include updating eligibility notices to be available in five non-English languages and to include a notice supplement with language taglines and a non-discrimination notice. DMAS also developed and implemented a Spanish language skills assessment for all DMAS bilingual staff that perform interpreting and translating functions at DMAS. In addition, DMAS has hired a digital accessibility officer to ensure all DMAS digital communications are 508 compliant per the Americans with Disabilities Act (ADA).

Serra stated that another initiative the agency carried out was drafting language access standards to be set forth in inter-agency agreements (IAGs) and memorandums of understanding (MOUs) with collaborating agencies. In 2022, DMAS also developed and implemented language and disability access related training, and linguistic and cultural competency training, for agency staff.

Serra explained that recently, DMAS launched a series of virtual forums on language and disability access. The first forum was held on May 15. The forums are webinars held twice a year and open to the public that help inform the community about how to meet the language and disability access needs of Medicaid members. Serra announced that the next forum will be held in December. More information can be found on the DMAS website at <u>https://www.dmas.virginia.gov/for-members/forum-onlanguage-and-disability-access/2023-meetings/</u>.

V. Partnership for Petersburg and Maternal-Child Health

Kim Moulden, Senior Operations Lead, DMAS Health Care Services Division, presented an update on the Partnership for Petersburg Initiative. Moulden explained that Partnership for Petersburg was launched by Governor Youngkin in August 2022 in response to pervasive negative outcomes experienced by Petersburg residents. This initiative is a collaborative effort across state agencies that spans education, public safety, health care, transportation, economic development, and community and faithbased engagement.

Moulden explained that Petersburg residents face significant health challenges, such as a life expectancy more than 12 years lower than that of the average Virginian and a child mortality rate 180% higher than the state as a whole. The majority of Petersburg

City residents (60%) have health coverage through either Medicaid or FAMIS, and most are covered by one of Medicaid's managed care plans. As of June 2023, an estimated 20,303 Petersburg residents were enrolled in Medicaid. Moulden explained that DMAS has been tasked with coming up with solutions to address these negative health outcomes. DMAS is working to increase utilization of pediatric, adult primary care, and maternity services for Petersburg Medicaid members through community partnerships, member engagement, and mobile clinics and events. In the area of maternal-child health, DMAS is working to increase members' timely access to prenatal and postpartum services. In addition, there is a school-based clinic at Petersburg High School called the Crimson Clinic, operated by Central Virginia Health Services, and DMAS is working with partners in the area to expand services provided through the clinic and to reach the families of enrolled children.

Moulden stated that, to date, DMAS, MCOs, DentaQuest, and Conexus have participated in over 100 community events and mobile clinics. The goal is to demonstrate the value of Medicaid managed care through monthly community outreach, ongoing provider support, targeted enhanced benefits, contributions such as food delivery, toothbrushes, cribettes, and books, and meaningful charitable contributions that will benefit members and the City of Petersburg at large. Moulden explained that a major focus of efforts has been to establish a community presence and build trust in the health care system with residents in the Petersburg area.

Moulden stated that DMAS is engaging providers, including maternity providers, in targeted conversations to better understand low utilization rates, including low prenatal and postpartum utilization rates. DMAS is connecting with provider stakeholders including the Virginia Hospital and Healthcare Association, Bon Secours Southside Regional Medical Center, Virginia Physicians for Women, and Central Virginia Health Services in targeted conversations about how to drive improvements in access and quality of care. Moulden explained that the managed care plans have made large investments in the Petersburg community through charitable contributions such as pop-up clinics, financial support of the Urban Baby Beginnings maternal health hub that was recently established in Petersburg, food bank and food delivery support, and donations of basic supplies for new mothers and infants.

Moulden also provided an update on the managed care reprocurement. She thanked CHIPAC members for their previous input on the procurement process and stated that stakeholder input was used to inform and shape the priorities and focus areas of the procurement. She stated that August 1 is the date currently set for the procurement to go live.

VI. New DMAS Resources for Legislators

Will Frank, DMAS Senior Advisor for Legislative Affairs, gave an overview of resources newly available on the DMAS website. The DMAS Legislative Office Resources page is in the "About Us" section of the DMAS website (direct link here: <u>https://www.dmas.virginia.gov/about-us/legislative-office-resources/</u>). Frank stated that DMAS has informed all 140 legislators, as well as key stakeholders, about this resource page. He explained that the page offers information that legislators can use

to help them in understanding Medicaid data related to their districts, providing resources to constituents, and explaining some of DMAS's key initiatives. The page includes a link to a portal for submitting constituent inquiries and input. There is also a section that includes one-pagers and information about DMAS initiatives and programs. Finally, Frank demonstrated the new dashboards on the website that provide Medicaid enrollment data by district based on the current legislative and congressional districts post-redistricting.

VII. Committee Discussion of Legislative and Policy Priorities

Cariano provided context for the committee's discussion of legislative and policy priorities. She explained that over the past year, committee members have expressed interest in more proactively shaping policies related to Medicaid and FAMIS children's coverage through recommendations to the DMAS Director and Secretary of Health and Human Resources. She stated that last year, committee members signed a letter providing recommendations for budget amendments related to children's coverage. Cariano explained that one option would be for the committee to submit such a letter again this year. She stated that this year is unusual because of the passage of the "skinny budget" in lieu of the usual negotiated budget, which has been delayed indefinitely. Cariano explained that the committee could potentially highlight proposed budget items from the pending Senate and House budgets related to CHIPAC's mission and send a letter in support of those items to the Secretary and DMAS Director. However, such a letter would likely need to be drafted and submitted very soon in order to have an impact. Cariano stated that the executive subcommittee has compiled a list of potential policy recommendations, but this list is long and prioritization among the items is needed. In addition, some ideas would need to be developed and more detail added.

Cariano stated that another approach for the committee would be to continue a robust discussion of potential policy ideas looking ahead to the upcoming year's General Assembly session, with any formal committee recommendations to be developed later in the year. Cariano reviewed highlights of the executive subcommittee's compiled list of potential policy recommendations, including creation of a state-funded program to expand access to health care coverage for uninsured children; increases in the income eligibility limits for the children's and pregnant women's coverage programs; maximizing opportunities to expand services to justice-involved youth allowable under new provisions of the federal Consolidated Appropriations Act; moving residential services for children and youth under managed care; merging the children's Medicaid and FAMIS programs to enable all children to receive EPSDT and non-emergency medical transportation (NEMT); and applying for a waiver similar to those recently approved in Oregon and Washington to enable multi-year continuous eligibility for children. After additional committee discussion of legislative and policy priorities, Cariano stated that the executive subcommittee would continue to review options at its upcoming meeting July 13.

VIII. Discussion of agenda items for September 7, 2023 CHIPAC Meeting

Cariano announced that the September 7, 2023 meeting will be an in-person meeting held at DMAS offices.

IX. Public Comment

Cariano invited public comment but none was made.

X. Closing

The meeting was adjourned at 3:19 p.m.



2024 CHIPAC Meeting Dates PROPOSED: September 7, 2023

CHIPAC Full Committee Meetings

- Thursday, March 7, 2024 (1:00-3:30 pm)
- Thursday, June 6, 2024 (1:00–3:30 pm) Virtual Meeting
- Thursday, September 5, 2024 (1:00-3:30 pm)
- Thursday, December 12, 2024 (1:00–3:30 pm) Virtual Meeting

CHIPAC Executive Subcommittee Meetings

- Friday, January 12, 2024 (10:00 am-12:00 pm) Virtual Meeting
- Friday, April 19, 2024 (10:00 am-12:00 pm)
- Friday, July 19, 2024 (10:00 am-12:00 pm) Virtual Meeting
- Friday, October 18, 2024 (10:00 am-12:00 pm)



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 bring a unique lens to CHIPAC that incorporates my personal experience as a caregiver to an aging parent and as a direct service professional with experience working across DSS, DBHDS, VDOE, and DMAS, and the policy perspective that I bring from my research and experience at Voices for Virginia's Children.

During my years providing direct support to children and families, I witnessed firsthand the challenges and barriers that exist and prevent families from getting the care they need to keep themselves and their children healthy. I also have lived experience in helping my aging mother with complex health needs navigate applying for Medicaid and finding services covered by Medicaid.

As Policy Analyst at Voices for Virginia's Children, my policy portfolio includes health care access and health equity. I work alongside young people and their families to identify policy solutions to ensure equitable access to health care coverage and health and mental health supports and services. I work in coalition with the Healthcare for All Virginians Coalition and the PUSH Coalition for Maternal Health to advance equitable health policy and hold state agency leaders accountable to the needs of children, youth, and families. I approach health care policy from its intersections with other social determinants of health, ensuring not to silo it away from the direct linkages with food access and economic stability.

Voices' position as Virginia's only multi-issue child policy and advocacy organization and the ways in which we work directly with young people and their families allows me to think creatively about how to improve health, maternal health, and mental health services and service delivery for children, youth, and their families.

I am also a member of the Medicaid Medical Care Advisory Committee (MCAC) of the Virginia Department of Medical Assistance Services (DMAS) and a member of the Medicaid Ambassador Task Force.

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

I deeply value the collaboration of state partners, advocacy organizations, providers, and other stakeholders working together to improve the trajectory of young people's lives through focusing on their health and well-being. As a member of CHIPAC, it is my goal to identify policy solutions that we can recommend to improve the delivery of Medicaidfunded services and increase access to health care coverage for Virginia's children, especially as we navigate unwinding and the aftermath. I can bring to the table the experiences of youth and their families navigating Medicaid, which will aid in the creation of policies and recommendations to continue improving our system.

Emily Moore, Policy Analyst at Voices for Virginia's Children

Emily Moore (she/her) is the Policy Analyst at Voices for Virginia's Children. She leads policy and advocacy work in domains related to Social Determinants of Health, with a focus on health equity, food access and nutrition security, and family economic security. Emily leads the Health, Wealth, and Justice Policy Network, which serves as a collective space to analyze state-level best practices and challenges that impact community health and well-being.

Prior to joining Voices in 2022, Emily dedicated seven years of her career to serving Virginia's young people and families in various social work roles with the YWCA of Central Virginia, the Department of Social Services, and DePaul Community Resources. Emily is passionate about disrupting the status quo and transforming systems and policies to promote equitable outcomes so that children and youth are able to thrive.

Emily holds a bachelor's degree in psychology and criminology from the University of Lynchburg, and an Executive Certificate in Leadership from the Batten Leadership Institute at Hollins University. Emily is a member of the Virginia Progressive Leadership Program's Pod 9 through the Virginia Civic Engagement Table. Emily lives in Richmond with her partner Trey and their 10-year-old cat Benson. In her free time, Emily enjoys throwing pottery and playing kickball with Richmond's River City Sports & Social Club.

CHIPAC Quarterly Enrollment Dashboard

	na Medicald Child Enfoliment				
PROGRAM	INCOME	# Enrolled as of 7-01-23	# Enrolled as of 8-01-23	Net Increase This Month	% of Total Child Enrollment
FAMIS (separate CHIP program) Children 0-18 years	> 143% to 200% FPL	79,558	79,370	-188	10%
CHIP-Medicaid Expansion Children 6-18 years	> 100% to 143% FPL	102,045	99,634	-2,411	12%
Total CHIP (Title XXI) Child	ren	181,603	179,004	-2,599	22%
FAMIS Plus * Children 0-5 years Children 6-18 years	<u><</u> 143% FPL ≤ 100% FPL	647,124	637,131	-9,993	76%
Adoption Assistance & Foster Care <i>Children < 21 years</i>	FPL N/A	16,216	16,020	-196	2%
Other Medicaid Children ** <i>Children < 21 years</i>	FPL N/A	46	46	0	0%
Total MEDICAID (Title XIX) Ch	663,386	653,197	-10,189	78%	
TOTAL CHILDREN	844,989	832,201	-12,788	100%	

Table 1 - CHIP and Medicaid Child Enrollment

* 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

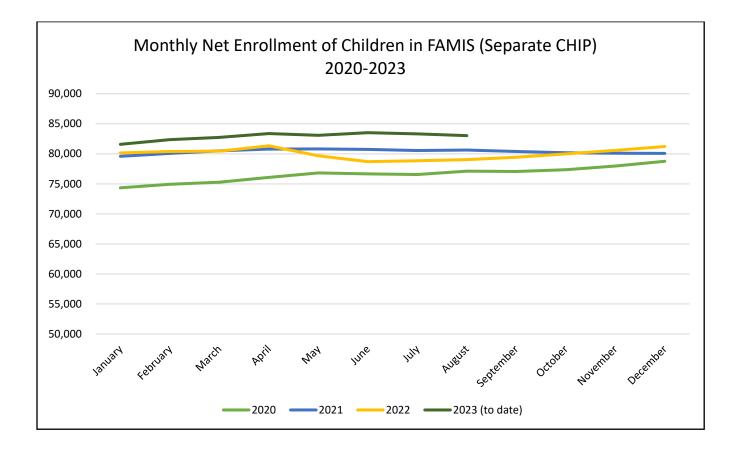
PROGRAM		INCOME	# Enrolled as of 7-01-23	# Enrolled as of 8-01-23	Net Increase This Month
FAMIS Select	FAMIS Children < 19 years	> 143% to 200% FPL	31	31	0

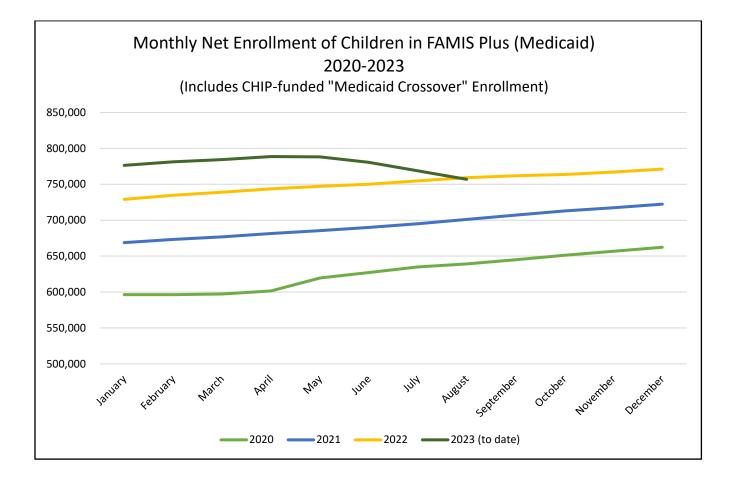
Table 3 - Pregnant & Postpartum Members Enrollment

PROGRAM	INCOME	# Enrolled as of 7-01-23	# Enrolled as of 8-01-23	Net Increase This Month	% of Total Pg Enrollment
CHIP Pregnant & Postpartum (Total Includes FAMIS MOMS & FAMIS Prenatal Coverage)	> 143% to 200% FPL	7,992	7,912	-80	21%
Medicaid Pregnant & Postpartum	<u><</u> 143% FPL	29,206	28,925	-281	79%
TOTAL Pregnant & Postpartum Members		37,198	36,837	-361	100%

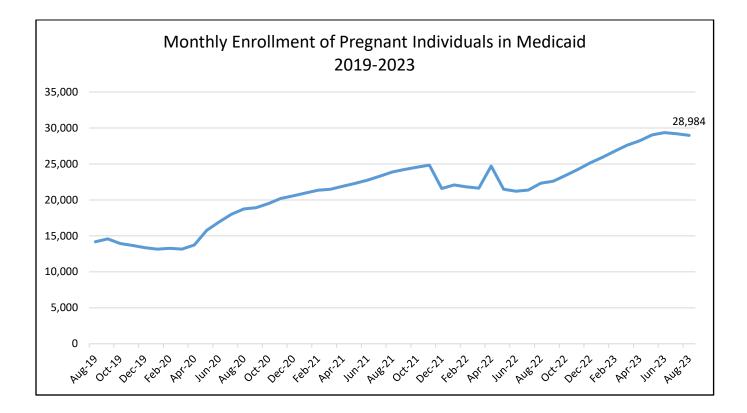
Table 4 - Family Planning Enrollment

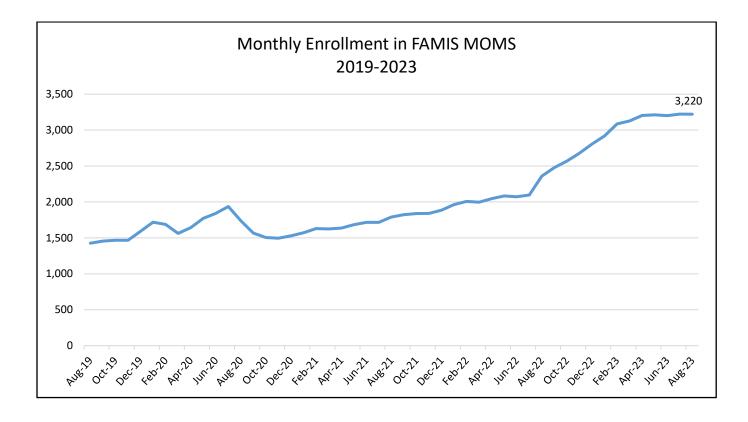
PROGRAM		INCOME	# Enrolled as of 7-01-23	# Enrolled as of 8-01-23	Net Increase This Month
Plan First	Men & Women	≤ 200% FPL	52,070	51,863	-207

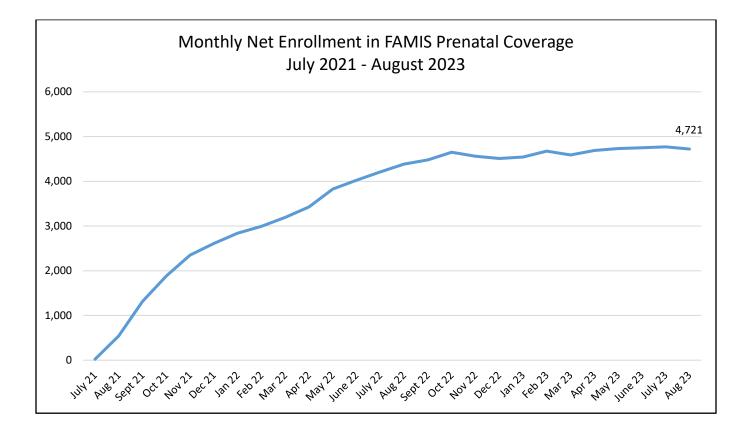




September 7, 2023 CHIP Advisory Committee Meeting







CHIPAC MEMBER CONTACT LIST 2023

	Organization	Representative	Contact info
1.	Joint Commission on Health Care*	Vacant	Joint Commission on Health Care P.O. Box 1322 Richmond, VA 23218
		3-year term	
2.	Department of Health*	Jennifer O. Macdonald Director, Division of Child and Family Health	Virginia Department of Health 109 Governor Street Richmond, VA 23219
		3-year term: March 2021 – March 2024	(804) 864-7729 Jennifer.Macdonald@vdh.virginia.gov
3.	Department of Education*	Alexandra Javna Student Services Specialist, Office of Student Services	Virginia Department of Education Office of Student Services P.O. Box 2120 Richmond, VA 23218
		3-year term: Sept. 2022 – Sept. 2025	(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	Virginia Department of Behavioral Health and Developmental Services P.O. Box 1797 Richmond, VA 23218
		3-year term: Dec. 2021 – Dec. 2024	hanna.schweitzer@dbhds.virginia.gov
5.	Virginia Health Care Foundation*	Emily Roller Director, Health Insurance Initiatives	Virginia Health Care Foundation 707 East Main Street, Suite 1350 Richmond, VA 23219
		3-year term: Dec. 2021 – Dec. 2024	(804) 828-5804 emily@vhcf.org

6.	Virginia Department of	Irma Blackwell	Division of Benefit Programs
	Social Services*	Medical Assistance Program Manager	Virginia Department of Social Services
			801 East Main Street, Richmond, VA 23219
		3-year term: March 2021 – March 2024	(804) 584-6763
			i.blackwell@dss.virginia.gov
7.	Virginia Poverty Law	Sara Cariano	Virginia Poverty Law Center
	Center	Senior Health Policy Analyst	919 East Main Street, Suite 610
			Richmond, VA 23219
		Chair	
			(804) 332-1432
		2-year term: March 2022 – March 2024	Sara@vplc.org
8.	Medical Society of	Dr. Nathan Webb, MD, MS, FACOG	VCU Health
	Virginia	Assistant Professor, Department of Obstetrics &	P.O. Box 980034
		Gynecology	Richmond, VA 23298
			(804) 828-1809
		2 year term: Dec. 2021 – Dec. 2023	Charles.webb@vcuhealth.org
9.	Center on Budget and	Shelby Gonzales	Center on Budget and Policy Priorities
	Policy Priorities	Director, Enrollment and Outreach	1125 1 st Street NE
			Washington, DC 20002
		2 waan tamma Manah 2022 Manah 2024	(202) 408-1080
		2-year term: March 2022 – March 2024	gonzales@cbpp.org
10.	Virginia League of Social	Michael J. Muse	Stafford County Social Services
	Services Executives	Director	P.O. Box 7
			Stafford, VA 22555
			Surford, 11122000
			(540) 658-8744
		2-year term: March 2022 – March 2024	Michael.muse@dss.virginia.gov
		5	

11.	The Commonwealth	Freddy Mejia	The Commonwealth Institute for Fiscal Analysis
	Institute for Fiscal Analysis	Deputy Director of Policy	1329 E. Cary St. #200 Richmond, VA 23219
	Analy SIS	Vice Chair	
			(804) 396-2051 x106
		2-year term: June 2022 – June 2024	freddy@thecommonwealthinstitute.org
12.	Virginia Association of	Heidi Dix	Virginia Association of Health Plans
	Health Plans	Senior Vice President of Policy	1111 E. Main Street, Suite 910
			Richmond, VA 23219
			(804) 648-8466
		2-year term: March 2022 – March 2024	heidi@vahp.org
13.	Virginia Chapter of the	Dr. Susan Brown	
	American Academy of		(804) 363-7732
	Pediatrics		<u>Gollobrown@gmail.com</u>
		2-year term: March 2022 – March 2024	
14.	Virginia Hospital and	Kelly Cannon	Virginia Hospital and Healthcare Association
	Healthcare Association	Senior Director, VHHA Foundation	4200 Innslake Drive, Suite 203
			Glen Allen, VA 23060
			(804) 212-8721
		2-year term: June 2022 – June 2024	kcannon@vhha.com
15.	Virginia Community	Martha Crosby	Virginia Community Healthcare Association
	Healthcare Association	Programs and Business Lead	3831 Westerre Parkway, Suite 2
			Henrico, VA 23233-1330
			(804) 237-7677
		2-year term: December 2022 – December 2024	mcrosby@vcha.org