



Children's Health
Insurance Program
Advisory Committee
of Virginia



MEETING MINUTES

Meeting Minutes
July 20, 2020
2:00-4:00 pm

This meeting was held virtually due to the ongoing COVID-19 public health emergency.

The following CHIPAC members were present:

- Denise Daly Konrad
 - Michele Chesser
 - Shelby Gonzales
 - Carla Hegwood
 - Christine McCormick
 - Sherry Sinkler-Crawley
 - Ashley Everette Airington
 - Lisa Dove
 - Quyen Duong
 - Michael Cook
 - Sara Cariano
 - Victor James
 - Katharine Hunter
- Virginia Health Care Foundation
 - Joint Commission on Health Care
 - Center on Budget and Policy Priorities
 - Virginia Department of Health
 - Virginia Association of Health Plans
 - Virginia Department of Social Services
 - Voices for Virginia's Children
 - Virginia Community Healthcare Association
 - Virginia Department of Education
 - DMAS Board Member
 - Virginia Poverty Law Center
 - Virginia Chapter of the American Academy of Pediatrics
 - Department of Behavioral Health and Developmental Services

The following CHIPAC members sent substitutes:

- Lisa Specter-Dunaway sent Ali Faruk
- Families Forward Virginia

The following CHIPAC members were not present:

- Michael Muse
 - Dr. Nathan Webb
 - Dr. Tegwyn Brickhouse
 - Jennifer Wicker
- Virginia League of Social Services Executives
 - Medical Society of Virginia
 - VCU Health
 - Virginia Hospital and Healthcare Association

Meeting Minutes

Welcome

Denise Daly Konrad, CHIPAC Chair, called the meeting to order at 2:00 pm. Konrad welcomed Committee members and members of the public, and DMAS staff gave a brief overview of the WebEx meeting format and procedures.

I. CHIPAC Business

- A. Review and Approval of Minutes** – Minutes from the December 5, 2019 quarterly meeting were reviewed by the Committee. Victor James, Virginia Chapter of the American Academy of Pediatrics, pointed out that the minutes did not include mention of a comment that he made regarding Medicaid reimbursement rates for pediatricians. Hope Richardson, DMAS Policy Planning and Innovation Division, stated that an edit would be made to the minutes to reflect the comment. The minutes were approved.

The following insertion was made in Section VII of the December 5, 2019 meeting minutes: “CHIPAC members discussed the upcoming legislative session and priorities that they would like to see CHIPAC address. Victor James of the Virginia Chapter of the American Academy of Pediatrics commented regarding Medicaid reimbursement rates for pediatricians. He stated that Virginia is going to face a crisis in the near future due to low reimbursement rates for pediatricians, and that many practices already won't accept Medicaid. James stated that a major goal he observes of CHIPAC is expanding Medicaid eligibility, but that equally important is ensuring there are enough doctors to see children in Medicaid, which is difficult to sustain when pediatric practices' costs continue to rise but Medicaid reimbursements do not increase.”

- B. Membership Update and Discussion** – Konrad gave an update on committee membership. She announced that two CHIPAC member organizations have appointed new representatives to the Committee: Quyen Duong will represent Virginia Department of Education and Michael Cook will represent the Board of Medical Assistance Services. Konrad stated that the Executive Subcommittee has also nominated Freddy Mejia from The Commonwealth Institute for Fiscal Analysis for membership on the CHIPAC. The Committee then voted unanimously to approve Mejia's membership. Konrad welcomed the new members to the Committee. Konrad reminded the Committee that CHIPAC is seeking a membership chair; the position is currently vacant.

II. DMAS Update

Konrad introduced Rachel Pryor, DMAS Deputy Director for Administration. Pryor gave an update on DMAS activities and current projects, including COVID-19 response and the Healthy Birthdays Project. Pryor began with an enrollment update, explaining that since the State of Emergency was declared on March 12, Virginia Medicaid has gained 110,678 new members. Membership across programs as of July 20 stood at more than 1.6 million. Of the new members, 48,549 were Medicaid expansion enrollees, and 38,665 new members were children. On average, Virginia Medicaid is gaining 850 new members per day. Pryor stated that the role of Medicaid is important during this public health and economic crisis and that the program is working as it should to provide health care coverage for the most vulnerable.

Pryor described DMAS actions in response to the COVID-19 pandemic. She stated that DMAS moved quickly to ensure that all state and federal authorities were secured in order to provide the needed flexibilities around enrollment, telehealth, prescriptions, approval processes, and

other critical areas. Pryor stated that DMAS has secured authorities ensuring that Medicaid members' coverage will not be terminated during the public health emergency, copayments and cost-sharing are suspended, no pre-approvals are needed and existing approvals are automatically extended for many critical medical services, 90-day supply and early refills are available for many routine prescriptions, and telehealth is covered and encouraged for many services. Pryor stated that telehealth has been a key priority and DMAS has focused on making as many telehealth services available as possible. She stated that it is anticipated that the federal Public Health Emergency will be extended for 90 days, through October.

Pryor stated that due to requirements in new guidance from CMS that apply to the FAMIS ("separate CHIP") and FAMIS MOMS populations, DMAS will be returning to pre-COVID policy of disenrolling FAMIS children turning 19 and "aging out" and FAMIS MOMS reaching the end of their postpartum period. DMAS and DSS will work to ensure that members who are eligible for other programs such as Medicaid expansion are transitioned to those programs. The Centers for Medicare and Medicaid Services (CMS) has also issued guidance that for the "CHIPRA-214" populations, lawfully residing immigrant children and pregnant women, federal matching funds will not be provided beyond the normal eligibility period for these individuals during the public health emergency, necessitating that DMAS terminate the enrollment of children turning 19 and pregnant women reaching the end of their postpartum eligibility period as of July 31.

Pryor explained that during this time, DMAS is continuing to pursue improvements in health equity through innovations in maternal and infant health, as well as behavioral health, and that special consideration is being given to policies that ensure a critical safety net for high-risk populations such as older adults and those with complex behavioral health needs and substance use disorders. Pryor described that DMAS has worked to support Medicaid providers during this time as well, through policies such as retainer payments for adult day health centers and providers that offer day services, increased nursing facility reimbursements, and directed payments to primary care providers. Pryor stated that Virginia Medicaid continues to work closely with providers and their networks to identify unique needs and costs related to infection control and loss in revenue. Pryor described new staffing flexibilities enabling home and community-based providers to sustain staffing capacity by giving them more flexibility with training, oversight, and other requirements. Spouses, parents of minor children, and legal guardians of a member can currently provide and receive reimbursement for personal care services, during a time when it may be very difficult for members to find a personal care worker willing to come into their home.

Pryor explained that during the public health emergency, DMAS is maintaining members' coverage during appeals and providing a number of additional flexibilities in the appeals process. All beneficiaries have the option to continue coverage while their appeal is pending with DMAS; in addition, if the individual loses the appeal, DMAS will not be recovering reimbursements. The timeframe to file an appeal is also extended during the emergency period. Providers affected by the COVID-19 emergency can request a hardship exemption to the normal deadline to file an appeal.

Pryor gave an update on the Healthy Birthday Virginia project. She stated that one significant improvement achieved as part of the initiative is the reduction in processing times for pregnant women's applications. Effective July 1, the processing period for pregnant women's applications was reduced from 10 working days to 7 calendar days, both with LDSS and Cover Virginia. This aligns the processing period with expedited SNAP timeliness requirements and gives pregnant women faster access to prenatal care or a referral to the federally facilitated marketplace for further evaluation. There was no cost associated with this policy change nor

any cost for system changes, and local agencies have access to a report that tracks applications that include a pregnant woman to ensure the agencies are meeting the reduced time frame.

Pryor stated that the provision in the state budget to extend postpartum coverage for FAMIS MOMS from 60 days to 12 months was unallotted, but that DMAS continues to prepare and think about ways that, in the absence of funding, the agency can continue to make progress on addressing the needs of pregnant and postpartum populations. Pryor stated that the Healthy Birthday Virginia team has been focusing on targeted outreach to pregnant women with information about eligibility and delivery systems via Instagram and YouTube, as well as updated member communications.

Denise Daly Konrad, CHIPAC Chair, thanked DMAS for the hard work to secure the appropriate authorities during the COVID-19 pandemic. Jill Hanken, Virginia Poverty Law Center, echoed this and asked for clarification on when there might be an official statement from CMS regarding the extension of the public health emergency. Pryor stated that while there has been no official extension from U.S. Secretary of Health and Human Services Alex Azar, on recent “all-state calls,” CMS leadership has stated that they expect the public health emergency to be extended.

III. VDSS Update

Sherry Sinkler-Crawley provided an update from the Virginia Department of Social Services. She stated that VDSS has been working collaboratively with DMAS on all COVID-related initiatives. At the beginning of the COVID-19 public health emergency, the local agencies were experiencing issues of access due to offices shutting down, and most applications at that time were coming through Common Help and Cover Virginia. Local agencies are now in the process of starting to reopen, and given social distancing policies, agencies must make decisions at the local level regarding how much business to conduct in the physical office and how much of the workforce will remain remote. Sinkler-Crawley stated that laptops have been issued to workers so that the workforce can telework and services will not stop for any local agencies if they must shut down their physical office location for public health reasons.

Sinkler-Crawley stated that since we are nearing the end of the initial 90-day public health emergency period, DSS must plan for a wind-down process. Due to the policy of not closing cases or reducing coverage, at the end of the 90 days there will be a large backlog for the local agencies. DSS is looking at ways to speed the process of working through the backlog. Sinkler-Crawley stated that DSS restarted their ex parte process for renewals the past weekend, and when the report ran, the success rate was 63%. Typically the rate would be around 70%. DSS is researching why the number is lower than usual. Sinkler-Crawley stated that part-time staff that typically assist with applications during open enrollment will start to assist with processing renewals that fall out of ex parte. DSS is also looking at automating as much of their processes as possible to reduce the strain on local workers. Because of the policy of not closing or reducing coverage, DMAS provides DSS with a weekly “movement report” naming anyone whose coverage is reduced. That is provided to the local agencies and they are to review the report and reinstate any cases that were closed erroneously. DSS has also started an automated process to not count the COVID-19 unemployment benefits for enrollees. That edit expires July 31. Sinkler-Crawley stated that DSS is hopeful that that policy will be extended beyond July 31; otherwise, local workers will have to transition to a manual process to ensure that benefits issued late are not counted.

Konrad asked whether, if the federal bump in unemployment benefits and the policy to not count these benefits towards Medicaid eligibility is extended, the edit will be extended as well. Sinkler-Crawley confirmed that the edit could be extended if the policy and benefits continue. Sara Cariano, Virginia Poverty Law Center, asked what the communication was like for individuals whose coverage was terminated, then reinstated. She stated that it would be confusing to receive multiple notices with conflicting information. Sinkler-Crawley stated that typically an individual would get a notice of action stating they were terminated, but then they would receive a letter explaining that they were reinstated and telling them why. Jill Hanken, Virginia Poverty Law Center, asked for clarification of what a 63% success rate for ex parte renewals means. Sinkler-Crawley responded that this means that 63% of cases were able to be reviewed and approved for renewal ex parte without worker intervention. Hanken asked what types of cases are benefiting the most from the ex parte process. Sinkler-Crawley stated that it is predominantly Medicaid expansion individuals and children, and not as many aged, blind and disabled individuals. She stated that DSS will need to figure out who “excepted out” of the report and why in order to improve the process. Hanken asked what can be done for individuals who are no longer eligible to continue coverage through the maintenance of effort provision in the federal legislation -- such as FAMIS MOMS beyond their 60 days postpartum and FAMIS children aging out -- and whether cases can be referred to the Marketplace. Rachel Pryor responded that DMAS issued a broadcast on June 26 because the agencies recognize the importance of redetermining these individuals and assessing their eligibility for other programs. LDSS have lists of individuals whose period of coverage has ended and have been going through these lists and conducting redeterminations. If the individual is eligible for another covered group, they will be enrolled in that group, and otherwise they will be automatically referred to the Marketplace.

IV. Update on CHIPAC Strategic Planning Survey Results

Konrad provided an update on the results of the CHIPAC Strategic Planning Survey. She explained that in February, the CHIPAC executive subcommittee sent out a survey to members with the intention of gathering input to help prioritize what is achievable and important for the Committee in 2020 and beyond, to support its ability to provide meaningful feedback to DMAS and the Secretary of Health and Human Resources. She stated that this process was also intended to focus the Committee’s meeting agendas, the data that the Committee examines, and the types of presentations the Committee schedules for quarterly meetings. She stated that the original intention was to do a more interactive strategy session, but given the inability for the Committee to meet in person at this time, she would focus on a recap of the survey results followed by a discussion.

Konrad reminded the Committee that CHIPAC’s charge in the *Code of Virginia* is to assess the policies, operations, and outreach efforts for FAMIS and FAMIS Plus and to evaluate enrollment, utilization of services, and the health outcomes of children and pregnant women eligible for such programs. She stated that the survey covered the following topics:

- What members see as the role of the CHIPAC
- What motivates members to attend CHIPAC meetings
- Top priorities for members in the areas of state and federal policy, operations and contracts, and outreach and member communications
- Goals for quarterly CHIPAC meetings
- Preferred topics/presentations for CHIPAC meetings
- Preferred content for CHIPAC dashboard

Konrad stated that committee members' responses suggest (1) an interest in monitoring quality, utilization and health outcomes, with an eye toward Medicaid/FAMIS program enhancement/improvement; (2) a desire to expand coverage to more children and pregnant women and to implement strategies to make it easier to get and stay enrolled; and (3) concern about network adequacy (including elements that are important to recruit and retain providers, like adequate reimbursement).

Konrad stated that in the area of state and federal policy, the two top issues of interest were increasing the upper income eligibility limit for children and pregnant women, and continuous eligibility for children. Under operations and contracts, the top two priorities were quality, utilization and health outcomes, and systems to streamline enrollment and renewal. Under outreach and communications, the top response was improving processes to ensure member contact information is current to maintain enrollment. Other priorities were improving readability and accessibility of member letters and correspondence, and educating individuals and employers about Medicaid/FAMIS premium assistance programs for adults and children.

The top three goals identified for quarterly meetings were:

1. Providing information/updates about the status and performance of the Medicaid/FAMIS programs for children and families (e.g., enrollment, utilization, health outcomes) and special initiatives, projects, and plans related to Medicaid/FAMIS programs for children and families.
2. Providing a venue for members to share ideas and engage in open-ended conversation about Medicaid/FAMIS or other initiatives related to Virginia's children.
3. Providing structured opportunities for decision-making, to include developing recommendations to DMAS leadership and SHHR.

Konrad stated that the top priorities members identified for meeting updates/topics were:

1. Network adequacy (primary care, obstetrics, behavioral health and dental care) (67%)
2. Quality measures (enrollment, utilization, outcomes for children and pregnant women) (67%)
3. Children's behavioral health issues (56%)
4. Racial disparities in maternal and infant mortality in Virginia (44%)
5. Child-focused updates on the Medallion 4.0 and CCC+ managed care programs (33%)
6. Waivers for new methods to deliver and pay for Medicaid/CHIP-funded health care services in Virginia (33%)
7. Medicaid/CHIP-funded school-based services (preK-12) (33%)

Konrad then invited questions and comments from CHIPAC members. Carla Hegwood, Virginia Department of Health, stated that she was pleased to see the priorities that came up, that they were well aligned with the mission of the Committee and she looks forward to working to operationalize them. Michele Chesser, CHIPAC Vice Chair, pointed out that one motivation members expressed for attendance at the meetings was to learn from each other and have open-ended discussions. She asked how the Committee might organize the agendas of the meetings to ensure that this happens and encourage constructive conversation. Ashley Everette Airington, Voices for Virginia's Children, asked about the Medicaid Member Advisory Committee (MAC) and what sort of tactics have been employed to stimulate discussion at the MAC meetings. Konrad stated that at the meeting she attended, the presentations are shorter than CHIPAC presentations and are designed to solicit feedback from the Committee members on very specific topics. Michael Cook, Board of Medical Assistance Services, stated that at the MAC meeting he attended, he was impressed by the feedback from the members, and that the meeting was centered on better understanding the member experience, any problems or concerns members were having, and potential ideas for

solutions. The MAC membership is very engaged and has good feedback. Brian McCormick, Director of the Policy Planning and Innovation Division at DMAS, stated that the Policy division helps to plan and coordinate the meetings. He said that the agenda for the meetings draws directly on input from the members. For example, MAC members wanted to know how DMAS interacts with the legislative process, so this topic was covered at a meeting. MAC members wanted to know more about member communications, so a presentation was planned on that. McCormick stated that there has been a lot of interest in home health from the MAC members, and many MAC members have family members who receive home health services. In short, the MAC members are the ones who drive the agenda, they are the ones who raise the questions and share their ideas, and DMAS's role is primarily to respond to the members' requests.

Konrad asked McCormick how DMAS originally "set the stage" at the initial MAC meetings, and if there were any insights that CHIPAC could glean as the Committee strives to increase engagement. McCormick explained that the members grew more comfortable over time, and have become much more engaged after the first couple of meetings as they got to know one another. He stated that the moderator engages directly with individual members, and makes space for everyone to speak. He stated that the MAC is much smaller than CHIPAC, so the smaller group discussion may be easier to facilitate. Sherry Sinkler-Crawley stated that she enjoys attending the MAC meetings, and that she felt the moderator helped members to become more comfortable engaging with each other, especially at the beginning.

Jill Hanken, Virginia Poverty Law Center, commented that it would be helpful to look at the issue topics and areas of focus that CHIPAC members are interested in and think about working together to develop a plan and set goals for the Committee. Hanken stated that many of the CHIPAC members have their own organizational issue priorities, but it would be helpful for the CHIPAC itself to have goals and priorities. Carla Hegwood stated that at a past CHIPAC meeting the group had discussed mapping the priorities and the metrics of interest that each of the organizational members that are represented by CHIPAC may bring to the table, and potentially doing some breakout sessions. She commented that the survey yielded a wealth of information and it might be helpful for members to reflect on the survey feedback and think about how it intersects with their organization, and then organize future subcommittee meetings or committee meetings centered on in-depth discussion of individual topics. Konrad stated that small group discussions had originally been planned and that the inability to meet in person due to the pandemic made that challenging for this meeting, but that having these deeper discussions was still a goal. Michael Cook asked whether guests such as additional members of the DMAS board can attend CHIPAC meetings, as several BMAS members would have insight on some of the topics identified by the CHIPAC as being of interest. Richardson stated that CHIPAC is a public meeting and that guests can attend all meetings; depending on the electronic format, it would be helpful to know in advance to ensure that the individual could readily be identified and "unmuted" as needed.

Carla Hegwood highlighted the issue of racial disparities in maternal and infant mortality in Virginia, which was identified in the survey as a priority meeting topic. She stated that it might be worth considering embedding the health equity and racial disparities focus across the priority issues. She said the Committee could consider whether there are opportunities for CHIPAC, when reviewing and requesting data, to include data by race and ethnicity where available. Richardson stated that a discussion of racial/ethnic data challenges and projects underway could be a good agenda item in and of itself; while DMAS and other agencies are working through challenges with collection and analysis of the data, there is a clear goal to make this information readily available. Konrad stated that the Committee has identified that they want to be data-driven in their decision-making and that it would be helpful for the

agencies to speak about what types of data are and are not available and what the process is for requesting various types of data. Richardson stated that it might be useful to have a cross-agency conversation about public data and racial disparities, including other state agencies such as VDH. She stated that potential topics within a discussion of data on racial disparities in health would be maternal mortality data from the maternal mortality review boards and COVID-19 related public health data. Konrad suggested that a discussion of racial equity data across agencies could be added to the agenda for the September meeting, and perhaps DMAS, VDH, and other agencies could participate in that conversation. Michael Cook stated that health equity zones are relevant to the topic of racial and socioeconomic disparities and it might be interesting for CHIPAC to invite a presentation on this topic.

V. Agenda for the next CHIPAC meeting

The Committee discussed agenda items for the September 10, 2020 CHIPAC meeting. Konrad raised the topic of continuing the strategic planning conversation at the next meeting and asked members for their input. Hegwood stated that from VDH's perspective, she thought it would be helpful to share information about federal and state funding streams that are complementary, and in most cases have shared outcomes that aren't always explicit until conversations across agencies and organizations take place. Hegwood stated that for community partners that participate in CHIPAC, it may be helpful to have them share strategic priorities for their organization for the next couple of years. Cook stated that it would make sense for an update on the state Budget to be presented. Konrad agreed that this is a good idea since the GA will have likely met again in a Special Session and have their reforecasted state budget with new revenue projections, and there may be a better sense at that time of what is achievable in the near term. Some of the priorities identified in February may shift in light of budget and legislative developments. Sara Cariano stated that it is important to have a conversation not only about what data is currently available but also about what data the Committee is interested in seeing made available in the future.

VI. Public Comment

Public comment was invited. LeVar Bowers of Civitas Health Services commented that he always feels that the CHIPAC meetings are inclusive and members of the public are welcome to speak. He commended the Committee on its work and the state agencies on their efforts responding to the COVID-19 health emergency. He stated that there is a silver lining in the rapid improvements in how technology is being used to facilitate transparency and communication, such as through virtual public meetings. Bowers stated that he supports the Committee's proposal to study racial health equity and racial disparities in health outcomes, and to improve data collection and analysis so that data can inform decisions on how best to serve everyone in the community. Konrad and Chesser thanked Bowers for his comments and support of the Committee's work.

Closing

The meeting was adjourned at 3:50 p.m.