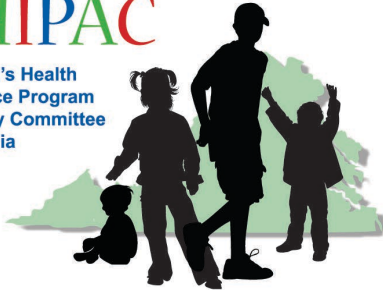




Children's Health
Insurance Program
Advisory Committee
of Virginia



MEETING MINUTES

Meeting Minutes
September 2, 2021
1:00-3:30 pm

A quorum of the full Committee attended the meeting at the Department of Medical Assistance Services (DMAS) offices at 600 East Broad Street, Richmond. In accordance with COVID-19 public health precautions, a teleconferencing option was also available to allow Committee members and the public to attend virtually.

The following CHIPAC members were present in person:

- Denise Daly Konrad Virginia Health Care Foundation
- Dr. Tegwyn Brickhouse VCU Health
- Sara Cariano Virginia Poverty Law Center
- Freddy Mejia The Commonwealth Institute for Fiscal Analysis
- Tracy Douglas-Wheeler Virginia Community Healthcare Association
- Jeff Lunardi Joint Commission on Health Care
- Jennifer Macdonald Virginia Department of Health
- Michael Muse Virginia League of Social Services Executives
- Lanette Walker Virginia Hospital and Healthcare Association
- Christine McCormick Virginia Association of Health Plans

The following CHIPAC members attended virtually:

- Irma Blackwell Virginia Department of Social Services
- Michael Cook Board of Medical Assistance Services
- Emily Griffey Voices for Virginia's Children
- Quyen Duong Virginia Department of Education
- Nina Marino Dept. of Behavioral Health & Developmental Services
- Shelby Gonzales Center on Budget and Policy Priorities
- Victor James American Academy of Pediatrics, Virginia Chapter
- Dr. Nathan Webb Medical Society of Virginia

The following CHIPAC members were not present:

- Ali Faruk Families Forward Virginia

Meeting Minutes

Welcome – Denise Daly Konrad, CHIPAC Chair, called the meeting to order at 1:05 p.m. Konrad welcomed Committee members and members of the public and explained that the meeting would have a hybrid format: A quorum of the Committee was present in person, enabling the committee to hold votes and discuss substantive matters. Due to ongoing COVID-19 public health precautions, some members were joining virtually. A link was posted on the Virginia Regulatory Town Hall website to enable members of the public to attend virtually. Konrad gave a brief overview of the electronic meeting format and procedures, then attendance was taken by roll call.

I. CHIPAC Business

A. Review and Approval of Minutes – Members reviewed minutes from the June 3 meeting. A vote was held to approve the minutes, and the following members voted in favor:

- | | |
|-------------------------|--|
| • Denise Daly Konrad | Virginia Health Care Foundation |
| • Dr. Tegwyn Brickhouse | VCU Health |
| • Sara Cariano | Virginia Poverty Law Center |
| • Freddy Mejia | The Commonwealth Institute for Fiscal Analysis |
| • Tracy Douglas-Wheeler | Virginia Community Healthcare Association |
| • Jeff Lunardi | Joint Commission on Health Care |
| • Jennifer Macdonald | Virginia Department of Health |
| • Michael Muse | Virginia League of Social Services Executives |
| • Lanette Walker | Virginia Hospital and Healthcare Association |
| • Christine McCormick | Virginia Association of Health Plans |
| • Emily Griffey | Voices for Virginia’s Children |
| • Quyen Duong | Virginia Department of Education |
| • Irma Blackwell | Virginia Department of Social Services |
| • Shelby Gonzales | Center on Budget and Policy Priorities |
| • Victor James | American Academy of Pediatrics, Virginia Chapter |

No vote was recorded for the following members: Nina Marino, DBHDS; Dr. Nathan Webb, Medical Society of Virginia; Michael Cook, Board of Medical Assistance Services.

The minutes were approved by majority vote.

B. 2022 Meeting Dates – The Committee reviewed the proposed 2022 meeting dates. Konrad informed attendees that several 2022 meeting dates were adjusted from the usual quarterly first Thursdays to avoid meetings scheduled the week after or week of a holiday. The December meeting was pushed back to accommodate for the Thanksgiving holiday and the time for the February Executive Subcommittee meeting was changed to accommodate attendees’ schedules during the General Assembly session. A vote was held to approve the proposed meeting dates, and the following members voted in favor:

- Denise Daly Konrad Virginia Health Care Foundation
- Dr. Tegwyn Brickhouse VCU Health
- Sara Cariano Virginia Poverty Law Center
- Freddy Mejia The Commonwealth Institute for Fiscal Analysis
- Tracy Douglas-Wheeler Virginia Community Healthcare Association
- Jeff Lunardi Joint Commission on Health Care
- Jennifer Macdonald Virginia Department of Health
- Michael Muse Virginia League of Social Services Executives
- Lanette Walker Virginia Hospital and Healthcare Association
- Christine McCormick Virginia Association of Health Plans
- Emily Griffey Voices for Virginia’s Children
- Quyen Duong Virginia Department of Education
- Irma Blackwell Virginia Department of Social Services
- Shelby Gonzales Center on Budget and Policy Priorities
- Victor James American Academy of Pediatrics, Virginia Chapter
- Nina Marino DBHDS
- Michael Cook Board of Medical Assistance Services

No vote was recorded for the following members: Dr. Nathan Webb, Medical Society of Virginia.

Meeting dates were approved by majority vote. Approved meeting dates for 2022 are as follows:

CHIPAC Full Committee Meetings

- **Thursday, March 3, 2022** (1:00 – 3:30 pm)
- **Thursday, June 9, 2022** (1:00 – 3:30 pm)
- **Thursday, September 1, 2022** (1:00 – 3:30 pm)
- **Thursday, December 8, 2022** (1:00 – 3:30 pm)

CHIPAC Executive Subcommittee Meetings

- **Friday, February 4, 2022** (1:00 pm – 3:00 pm)
- **Friday, May 6, 2022** (10:00 am – 12:00 pm)
- **Friday, August 5, 2022** (10:00 am – 12:00 pm)
- **Friday, November 4, 2022** (10:00 am – 12:00 pm)

C. Membership Update – Konrad gave an update on committee membership. She informed the Committee that the Executive Subcommittee nominated Sara Cariano of Virginia Poverty Law Center to be the next Vice Chair and a vote was needed to accept the Subcommittee’s recommendation. A vote was held to approve Cariano as the Committee’s Vice Chair. The following members voted in favor:

- Denise Daly Konrad Virginia Health Care Foundation
- Dr. Tegwyn Brickhouse VCU Health
- Sara Cariano Virginia Poverty Law Center
- Freddy Mejia The Commonwealth Institute for Fiscal Analysis
- Tracy Douglas-Wheeler Virginia Community Healthcare Association
- Jeff Lunardi Joint Commission on Health Care

- Jennifer Macdonald Virginia Department of Health
- Michael Muse Virginia League of Social Services Executives
- Lanette Walker Virginia Hospital and Healthcare Association
- Christine McCormick Virginia Association of Health Plans
- Emily Griffey Voices for Virginia’s Children
- Quyen Duong Virginia Department of Education
- Irma Blackwell Virginia Department of Social Services
- Shelby Gonzales Center on Budget and Policy Priorities
- Victor James American Academy of Pediatrics, Virginia Chapter
- Nina Marino DBHDS
- Michael Cook Board of Medical Assistance Services

No vote was recorded for the following members: Dr. Nathan Webb, Medical Society of Virginia. Cariano was approved as CHIPAC Vice Chair by a majority vote.

Konrad also informed the Committee that two additional members had joined the Executive Subcommittee. Emily Griffey of Voices for Virginia’s Children and Freddy Mejia of the Commonwealth Institute for Fiscal Analysis will join Konrad, Cariano, Walker, and Blackwell on the Executive Subcommittee.

Konrad provided additional membership updates to the Committee. She stated that Bern’Nadette Knight had departed her position at the Department of Behavioral Health and Developmental Services and Nina Marino, Director of the Office of Child and Family Services, would serve as the interim DBHDS representative until a new representative is identified. Konrad stated that Christine McCormick of Virginia Association of Health Plans (VAHP) agreed to renew her term for the next few months until her retirement in the spring. Konrad further reported that Dr. Nathan Webb, MSV, and Dr. Tegwyn Brickhouse, VCU Health, will renew their terms. Konrad stated that Victor James’ term would be ending as representative of American Academy of Pediatrics, Virginia Chapter, and AAP had identified another representative they planned to nominate for membership.

Konrad announced that her term as Chair would be ending in December and asked Committee members to consider taking on a leadership position at that time.

D. Dashboard Update – Konrad directed members to the CHIPAC Enrollment Dashboard in their meeting packets and introduced Hope Richardson, DMAS Division of Policy, Regulation, and Member Engagement, to provide an overview of the updated Dashboard. Richardson reminded the Committee that the Dashboard is a first-of-the-month snapshot and reflects enrollment as of August 1. Richardson stated that between July 1 and August 1, overall enrollment in the CHIP programs (FAMIS and CHIP-funded children’s Medicaid) increased by a small amount, 244, with some reduction in FAMIS enrollment. Across the Medicaid and CHIP programs, the overall growth in Medicaid children’s enrollment resulted in a net increase of 4,862 in children’s enrollment.

For pregnant women’s enrollment, Richardson explained that growth was higher than usual due to the inclusion of the new FAMIS Prenatal Coverage group. In the first month of implementation (July), approximately 500 individuals enrolled, which

contributed to the increase in pregnant women's enrollment across the FAMIS programs.

Richardson provided an overview of children's enrollment over the past four years for both FAMIS and FAMIS Plus (Medicaid). It was noted that there is currently faster enrollment growth in children's Medicaid enrollment than FAMIS. Richardson reported that as the FAMIS Prenatal Coverage program grows, the charts will be updated to reflect enrollment for the pregnant women's coverage groups separately.

- II. **Birth Outcomes Study Presentation** – Sunny Bateman of Health Services Advisory Group (HSAG), DMAS' External Quality Review Organization (EQRO), presented to the Committee on the 2019-2020 Prenatal Care and Birth Outcomes Focus Study results. As an external quality review (EQR) task under the Center for Medicare and Medicaid Services (CMS) requirements, the Commonwealth contracted with HSAG to conduct an annual focus study that provides information about prenatal care and associated birth outcomes among women with births paid by Virginia Medicaid (Title XIX and Title XXI). The most recent study results cover births in calendar year 2019. Data from 2017 and 2018 are also included in the report for trending purposes. The study addresses two questions: 1) *To what extent do women with births paid by Medicaid receive early and adequate prenatal care;* and 2) *What clinical outcomes are associated with Medicaid-paid births.*

Bateman provided an overview of the study limitations. She explained that the study indicator and stratification results may be influenced by the accuracy and timeliness of the birth registry data, enrollment, and demographic data used for calculations. The study uses the national Healthy People 2030 goals as benchmarks for the *Births with early and adequate prenatal care* and *Preterm births less than 37 weeks gestation* study indicators. It was noted that caution should be taken when comparing the study results to national benchmarks since the benchmarks were derived from birth records for all payer types rather than limited to Medicaid. Bateman also explained that since women new to Medicaid may not be covered by Title XIX or Title XXI benefits until the second or third trimester, enrollment timeframes may reflect later initiation of prenatal care. She stated that study results are not comparable to the Healthcare Effectiveness Data and Information Set (HEDIS) prenatal and post-natal care measures due to differing measure specifications. Another limitation was that Medicaid Expansion began on January 1, 2019, which may have impacted the study indicator results for the Medicaid expansion program. Finally, Bateman reported that since calendar year 2019 was the first year the Medicaid expansion group was included in the study, the calendar 2019 results are considered baseline and DMAS will continue to closely monitor this population to assess changes in outcomes over time.

Bateman explained the study's indicators, including 1) births with early and adequate prenatal care, 2) preterm births (< 37 weeks gestation), and 3) newborns with low birth weight (< 2,500 grams), and noted that the indicators were stratified by key demographic characteristics such as race and ethnicity, age, and region of residence, as well as Medicaid program characteristics, such as Medicaid program, managed care organization, and delivery system. Bateman discussed the study's findings. She explained that there was an increase in the number of singleton births during calendar

year 2019 paid by Virginia Medicaid. This was partly due to Medicaid expansion in January 2019. Approximately 2,200 births in 2019 were to women enrolled in Medicaid expansion coverage. Bateman stated that the percentage of CY 2019 births with early and adequate prenatal care was consistent with prior years. The CY 2019 percentage of low birth weight births (< 2,500 grams), for which a lower rate indicates better performance, outperformed the national benchmark, demonstrating strength for Virginia Medicaid.

Bateman stated that the FAMIS MOMS population continued to outperform other enrolled populations across all study metrics. In the FAMIS MOMS program, approximately 78% of FAMIS MOMS enrollees had births with early and adequate prenatal care in CY 2019, which exceeded the national benchmark for this measure. FAMIS MOMS enrollees also had the lowest rates of preterm birth and low birth weight births and exceeded the national benchmarks for all three measurement periods. Bateman noted that women enrolled in FAMIS MOMS have different income eligibility limits compared to other pregnant women. FAMIS MOMS covers women up to 205% of the federal poverty limit (FPL). She explained that it is beyond the scope of the current study to assess how and whether the study indicator results for FAMIS MOMS differ from results for women enrolled in other Medicaid programs due to income-based eligibility requirements.

Bateman explained that HSAG made the following recommendations to DMAS: 1) continue to work with the MCOs to ensure robust utilization of tobacco cessation services available to pregnant women, 2) specifically target Medicaid Expansion-eligible women of childbearing age to enroll in Medicaid prior to them becoming pregnant to help improve the health of the woman prior to conception, 3) evaluate if providers are offering family planning services to all Medicaid women of childbearing age, and 4) consider leveraging additional data fields from the vital statistics data to better understand the factors contributing to poor birth outcomes in Virginia. Bateman explained that these fields include risk factors such as pre-pregnancy and gestational diabetes and hypertension, previous preterm births, mother's substance use, and mother's BMI before pregnancy and at delivery.

Following the presentation, the meeting opened to questions from the Committee. Konrad asked what DMAS is doing to encourage managed care organizations with poor performance or that are not meeting the study benchmarks to focus on improving outcomes for pregnant people. Dr. Laura Boutwell, Director of the DMAS Office of Quality and Population Health, responded that whenever results are received that indicate the need for improvement, DMAS staff follow up with the MCOs to outline action steps. She stated that some of the measures related to prenatal and maternal health, specifically the HEDIS measures, are included in the managed care performance withhold program, which ties financial incentives to performance improvement. Dr. Boutwell explained that DMAS is also building out additional data visualization work to help increase overall transparency and MCO accountability in the area of maternal health. Adrienne Fegans, Senior Program Administrator, DMAS Health Care Services Division, added that MCOs have monthly deliverables that they have to report. DMAS tracks deliverables and contacts MCOs if any deliverables are

trending down. Fegans stated that recommendations from the HSAG report are reviewed to see if program improvements are needed.

Freddy Mejia with the Commonwealth Institute asked whether there were any notable trends or outcomes based on race/ethnicity. Ray Berens of HSAG explained that study results by racial/ethnic group remained relatively steady over the three years of the study. Within the most recent year of the report, there was an increase in the rate of early and adequate prenatal care for Black (non-Hispanic) enrollees. There was a slight uptick in the rate of preterm births and low birth weight births over the past three years across all racial/ethnic groups. In terms of performance across regions, it was reported that a higher performing geographic region tends to see higher performance across all racial and ethnic groups.

After the question and answer period, Fegans provided the Committee with an update on the Baby Steps Virginia initiative. Fegans explained that the program was previously called “Healthy Birthday Virginia” and has been renamed Baby Steps Virginia. The goal in relaunching the initiative was to move from an episodic approach to more of a continuum-of-care approach to meet the needs of both mom and baby beyond the baby's first birthday. Baby Steps Virginia involves staff from multiple divisions at DMAS, sister agencies across the Commonwealth, and also from DMAS’ managed care plans and advocates. A key goal is to align the activities that staff are currently working on with the Governor’s maternal health strategic plan that was released in April. Fegans noted that meetings are held on the second Friday of each month and guests have included VDH, providers, and representatives from the health plans. National health campaigns are recognized, such as National Breastfeeding Month and Immunization Month, and maternal and child health success stories are shared during these meetings. In terms of communications, weekly informational emails and a monthly Baby Steps VA newsletter are sent out to keep the agency and external partners abreast of activities.

Fegans stated that there are five focus areas: 1) eligibility and enrollment, 2) outreach and information 3) connections 4) new and improved services and policies, and 5) program oversight. Following the discussion of each focus area, Fegans acknowledged another program called the Maternal and Child Health Policy Innovation program, or MCH PIP. She explained that Virginia was one of eight states to participate in this two-year policy academy through the National Academy for State Health Policy (NASHP) that addresses maternal mortality for Medicaid-eligible pregnant and parenting women, with the goal of improving access to quality care. The eight participating states will identify, develop, and implement policy changes or develop specific plans for policy changes to improve maternal health outcomes, with a focus on improving racial disparities in maternal mortality. In Virginia, the core team includes DMAS staff, VDH, the Petersburg Crater Health District and the MCOs. The program will be targeting Petersburg, with the team focusing on pregnant women, teen engagement, and postpartum engagement.

III. **DMAS Update**

Sarah Hatton, DMAS Deputy of Administration, provided a DMAS update. She began with an enrollment update. She stated that since the state of emergency was declared, Virginia Medicaid has gained over 350,000 new members and is steadily climbing to a total of 1.9 million members enrolled.

Hatton explained that DMAS received guidance from the Centers for Medicare and Medicaid Services (CMS) on August 13 that describes new timelines and obligations for “unwinding” the federal Public Health Emergency (PHE) flexibilities and coverage requirements. States were given an extended timeframe—extended from six months to 12 months—to complete eligibility and enrollment redeterminations. Hatton explained that CMS clarified states must complete a new redetermination for individuals who were determined ineligible during the PHE prior to taking any adverse action on their enrollment. Hatton stated that the federal PHE is currently set to expire October 18, but DMAS is working under the assumption that it will be extended through the end of the year. Coordination is needed with the Department of Social Services and a phased approach will be planned to tackle the unwinding, including developing an outreach plan that will ensure members are provided with the necessary information to prevent unnecessary coverage closures. It is estimated that over 300,000 overdue cases will require a renewal. In the event that the PHE does not end at the end of 2021, DMAS is ready to shift dates and planning efforts accordingly. Hatton noted that the federal government has advised they will give at least 60 days notice prior to the end of the PHE.

Jessica Anecchini, Senior Advisor for Administration, provided an update on DMAS efforts to ensure that recent Afghan evacuees who are eligible for Medicaid coverage are enrolled timely and receive needed care. Anecchini explained that DMAS’ eligibility systems are already designed to handle refugees, especially those with Special Immigrant Visas (SIVs). Afghan refugees and those with certain other immigration statuses are eligible for seven years of full Medicaid coverage, even if they later become lawful permanent residents. There may be issues with individuals gaining their proof of application for a Social Security number due to limited access to offices, for example. In these cases, they can be enrolled in Refugee Medical Assistance (RMA), which does not have a Social Security number requirement. Additionally, individuals who do not meet financial criteria would still qualify for RMA. Anecchini explained that typically, RMA is limited to the first eight months after an individual’s arrival in the United States; however, these individuals would fall under the Maintenance of Effort (MOE) during the federal public health emergency (PHE). As a result, their coverage will be protected while they are obtaining a Social Security number. They are protected by the MOE whether they are enrolled in any Medicaid eligibility group or through RMA.

Anecchini stated that between October 2020 and August 31, 2021, the state received roughly 1,090 Afghan immigrants with SIV status. For Fiscal Year 2021, DMAS estimates another 1,830 will arrive in Virginia. The overwhelming majority of the evacuees will be resettled in Northern Virginia. Anecchini stated that a large

number of refugees come through Virginia for processing, but may ultimately move to other states.

Shelby Gonzales, Center on Budget and Policy Priorities, asked for clarification whether or not individuals with humanitarian parole are subject to the five-year residency bar, and whether that policy is being applied consistently throughout the Commonwealth. DMAS provided the following clarification after the meeting: *Refugees, Asylees, Deportees, Cuban or Haitian Entrants, Victims of a severe form of trafficking, and Afghan or Iraqi immigrants admitted on a Special Immigrant Visa that arrived on or after 8/22/96 are eligible for the first seven years. For parolees, those that entered before the 8/22/96 date are eligible immediately; other parolees, if they do not have special immigrant visa status, are generally only eligible for payment of emergency services. Note that all children and pregnant women with any parole status are eligible for Medicaid under the lawfully residing standard.* DMAS staff plan to provide an update with additional information at the December 9 CHIPAC meeting.

Lauryn Walker, Acting Chief Health Economist, provided a brief update on COVID-19 vaccination data for Medicaid and FAMIS populations. She reported that 29% of eligible children aged 12-16 have received at least one dose of a vaccine and 35% of eligible 16-18-year olds. For the adult Medicaid population, 45% have been vaccinated. The Northern/Winchester region has the highest vaccination rate of Medicaid and FAMIS 12-15 year olds, at 42%, and the Southwest region has the lowest vaccination rate, at 18 percent. Staff have deployed a number of campaigns through DMAS' fee-for-service and managed care programs to improve vaccination rates. Walker reported while the Virginia's Medicaid vaccination rate of 45% is lower than the state's overall 70% vaccination rate, Virginia's Medicaid program is well above other Medicaid programs in the country. DMAS has participated in several calls with other programs across the country to develop strategies for boosting vaccination rates.

Walker discussed outreach efforts to boost vaccination rates. Efforts with primary care providers and care coordinators have helped, especially with the developmental disability and waiver populations. Additional outreach efforts include working with YMCAs and other local organizations, in addition to working with the Virginia Department of Health to set up clinics and help identify members who are homebound. Walker noted that health clinics have reported vaccination hesitancy being a concern, especially in the Southwest region.

Cheryl Roberts, Deputy Director of Programs and Operations, reported that her team has been working on back-to-school vaccination efforts and hopes that the rates will increase as children return to school for the new academic year.

Walker provided the Committee with a behavioral health (BH) dashboard update. On the new BH page on the DMAS website, plans are underway to develop a series of reports and dashboards that will be accessible to the public. The mental health services dashboard will provide information on BH service utilization. Visitors to the website will be able to search by service type and member's age. Walker stated that every year, HEDIS quality measures are collected from the MCOs. These results and

other quality metrics will be provided on the BH webpage. Behavioral Health within the foster care system is another area that the BH team will provide data. DMAS holds its managed care organizations accountable under the performance withhold program for a variety of quality metrics, and three of those are behavioral health related. Those scores will be available on the website. Another dashboard is the Network Adequacy Report, which allows users to look at specific counties and pinpoint where various types of behavioral health providers are located.

Following the COVID-19 vaccination and behavioral health updates, Walker also discussed the enrollment and eligibility dashboards, specifically the added features. Several features have been added, including 1) trends in enrollment by eligibility group, 2) enrollment and trends by health plan, 3) enrollment by race/ethnicity, and 4) managed care expenditures by health services area.

Andrew Mitchell, DMAS Senior Program Advisor to the Chief Medical Officer, provided an update on the doula benefit and remaining steps to implement. He acknowledged and thanked the stakeholders who are involved in the process for their continued participation. Mitchell explained that since this is a new provider type, there is work to be done to ensure the benefit is successful when it goes live and members can receive the services. Virginia's Office of the Secretary of Health and Human Resources continues to facilitate the doula implementation workgroup. DMAS staff are in the process of obtaining CMS approval for this benefit and the state plan amendment is currently under review. DMAS staff are also working to finalize individual and group provider applications, which are expected to be available on the DMAS portal in early 2022. The federal CURES Act requires that all Medicaid providers be screened and meet additional requirements. Mitchell noted that there are a number of different steps that must be put in place and requirements that doulas will have to meet before rendering services, specifically in the case of entering members' homes. DMAS staff are working to set up the necessary systems to ensure that can happen. Before contracting with a managed care organization, doulas will need to obtain VDH certification and complete the DMAS provider enrollment process. Doula services must be recommended by a licensed provider to be reimbursed. Mitchell explained that to facilitate that recommendation/referral process, prior to initiating services, doulas are expected to submit a standardized Doula Care Recommendation Form to a MCO. MCOs in turn will be responsible for developing orientation/onboarding materials for doulas.

Hope Richardson, Senior Policy Analyst, DMAS PRME Division, provided an overview of the new FAMIS Prenatal Coverage that launched July 1. FAMIS Prenatal provides comprehensive prenatal and postpartum care for individuals who previously would not have qualified for full-benefit Medicaid or FAMIS because of their immigration status. Richardson noted that the program fills a critical coverage gap for these individuals who are often uninsured, and will allow them to receive consistent care starting earlier in their pregnancies to support improved outcomes, in alignment with DMAS' and the Northam administration's maternal health equity goals. Individuals in FAMIS Prenatal are enrolled in the Medallion 4.0 managed care program and access the same benefits and provider networks as FAMIS MOMS. Richardson acknowledged and thanked stakeholders for their support in spreading the news about the new coverage,

which has helped drive robust enrollment in the program. Yolanda Chandler, Assistant Division Director, DMAS Eligibility and Enrollment Services, provided the Committee with implementation and enrollment updates on FAMIS Prenatal. Chandler stated that as of August 18, more than 1,000 individuals were enrolled in FAMIS Prenatal and at least 170 newborns are now receiving Medicaid or FAMIS coverage as a result of a parent receiving FAMIS Prenatal. FAMIS Prenatal Coverage members range from age 14 to 44, and the northern region has more than half of the Commonwealth's current enrollment of FAMIS Prenatal. Chandler reported that the majority of the FAMIS Prenatal population began receiving coverage in their third trimester of pregnancy while under 10% are still in their first trimester. In the month of August, there was an average of 35 new enrollments daily and numbers are steadily growing.

Rachel Beckner, DMAS Strategic Initiatives Specialist, provided an update on the Back-to-School 2021 Outreach initiative. Beckner reported that it is DMAS' 20th year working with the Department of Education on the campaign. Similar to last year's campaign, the Outreach team created Back to School flyers (dual-sided English-Spanish) and asked all 1,800+ public schools in Virginia to assist with disseminating 1.5 million flyers to parents/guardians, providing PDF versions in e-mails, etc. Outreach coordinators are attending virtual back-to-school events, speaking with community partners, and working to get information out to parents and students. A blurb regarding adult health coverage and the new adult dental coverage was included on the flyer. The flyer is also available on the materials page of the Cover Virginia website and can be ordered at any time. Beckner reported that the free and reduced-price lunch campaign was paused due to all children receiving free and reduced lunch at this time. As a result, a communication was sent out by the Department of Education letting school nutritionists and coordinators know that they would not be receiving the inserts that DMAS has sent in years past.

Cindy Olson, Director of DMAS' Eligibility and Enrollment Services Division, provided an update on Cover Virginia, the call center and application processing. Olson explained that since Cover Virginia transitioned to a new vendor, Maximus, at the end of March, the call centers are answering calls within 10 seconds with a less than one-half percent abandonment rate. There are customer satisfaction surveys at the end of every call, and currently the customer satisfaction rate is 95.8%. Olson noted that the focus for the call center is on quality improvement, escalations that need to be moved on for resolution, and planning and getting everyone ready for Open Enrollment, which starts in November. Olson explained that there is a continued backlog in processing, but it has been greatly reduced from last month and previously. The vendor is in a corrective action plan for compliance. DMAS has daily calls and DMAS staff are performing daily monitoring of their progress.

Olson reported that Maximus has developed a pregnant woman task force for compliance in processing pregnant women's applications. DMAS staff are also monitoring the compliance with their task force for getting those applications processed timely and accurately. Maximus has instituted overtime for their staff and has engaged additional resources to help with the backlog and to get the staff into compliance with timely processing of applications. DMAS staff has also engaged with state and local Department of Social Services (DSS) staff to assist with processing

applications after normal working hours. Olson stated that DSS staff have been a tremendous help in processing overdue applications and getting the numbers down. The compliance target date for having the applications completed is no later than the end of October.

Olson explained that in the second quarter of the 2021, Cover Virginia received 20,735 applications.

IV. VDSS Update

Irma Blackwell, VDSS Medical Assistance Program Manager, provided an update from the Virginia Department of Social Services. Blackwell explained that for House Bill 2065, the “Produce Rx” bill, the legislative report has been submitted by the workgroup to internal leadership at VDSS and it has been approved for submission to the General Assembly by October 1. Blackwell stated that HB 2065 directed the workgroup to explore options for federal funding to allow this effort to become a Medicaid-covered service; however, Blackwell noted that CMS typically does not pay for food-related services at this time. She explained that it will be necessary to identify other federal partners or private funding streams instead, unless this policy changes in the future.

Blackwell also discussed the DMAS dashboard and VDSS opportunities to develop ad hoc reports. She explained that in response to requests from the CHIPAC Executive Subcommittee, VDSS is exploring ways to provide additional data and visualizations related to enrollment, application processing times, processing delay indicators, and other data on populations including pregnant women, children, and Medicaid Expansion adults.

Blackwell provided information to the Committee on the upcoming Virginia Benefit Programs Organization (BPRO) Conference, a virtual training event for benefit and eligibility professionals. Blackwell explained that the Committee has shown an interest in hearing about DSS workforce training efforts such as the BPRO Conference.

Blackwell reported on recent ex-parte batch runs. She stated that for September 2021, 73% of cases were picked for ex parte and 63% of cases completed ex parte successfully.

V. Agenda for December 9 CHIPAC Meeting

Konrad informed the Committee that one potential December agenda item will be the upcoming General Assembly session. She stated that any additional ideas or requests for the agenda should be forwarded to Hope Richardson so they can be taken into consideration at the November Subcommittee meeting.

VI. Public Comment

Public comment was invited, but there was no verbal public comment.

LeVar Bowers submitted the following written comment in the chat:

I wanted to take the time to thank Laura Reed and DMAS for their response and work as it relates to my previous CHIPAC meeting question(s). (See below.) Laura's response was prompt and her follow up has been consistent and engaging. As a result there has been positive movement in addressing those highlighted questions, and their (DMAS Team/Leadership) hard work and dedication on these issues have been extraordinary. I look forward as a State to our continued work and progress in these areas.

“Has there been any discussion/strategic planning around provider deficits and the qualified clinician deficits in our workforce, and how those deficits impact minority, rural and or lower income communities' ability to access quality services? Is that something we're tracking? If not, will there be any disparity/health equity initiatives to address these issues?”

Finally, I would like to commend this committee's leadership and support team as it relates to your rollout out of your hybrid in-person and virtual meeting format. It's been very well executed.

Closing

The meeting was adjourned at 3:25 pm.