



Children's Health
Insurance Program
Advisory Committee
of Virginia



MEETING MINUTES

Meeting Minutes
March 3, 2022
1:00-3:00 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. A WebEx option was also available to allow Committee members and the public to attend virtually.

The following CHIPAC members were present in person:

- Sara Cariano Virginia Poverty Law Center
- Ali Faruk Families Forward Virginia
- Shelby Gonzales Center on Budget and Policy Priorities
- Emily Griffey Voices for Virginia's Children
- Jeff Lunardi Joint Commission on Health Care
- Jennifer Macdonald Virginia Department of Health
- Freddy Mejia The Commonwealth Institute for Fiscal Analysis

The following CHIPAC members sent a substitute:

- Denise Daly Konrad Virginia Health Care Foundation
(Emily Roller)

The following CHIPAC members attended virtually:

- Irma Blackwell Virginia Department of Social Services
- Michael Cook Board of Medical Assistance Services
- Lanette Walker Virginia Hospital and Healthcare Association
- Dr. Nathan Webb Medical Society of Virginia

The following CHIPAC members were not present:

- Dr. Tegwyn Brickhouse VCU Health
- Tracy Douglas-Wheeler Virginia Community Healthcare Association
- Michael Muse Virginia League of Social Services Executives
- Hanna Schweitzer Dept. of Behavioral Health & Developmental Services

Welcome – Sara Cariano, CHIPAC Vice Chair, standing in as Chair in Denise Daly Konrad’s absence, called the meeting to order at 1:04 p.m. Cariano 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. A brief overview of the electronic meeting format and procedures were provided to the attendees, then attendance was taken by roll call.

I. CHIPAC Business

A. Review and Approval of Minutes – Minutes from both the September 2, 2021 and December 9, 2021 meetings were reviewed. Freddy Mejia, The Commonwealth Institute, made a motion to approve both sets of minutes. Cariano seconded, and the Committee voted unanimously to approve.

B. Membership Update – Cariano provided an update on committee membership. She informed the Committee that Denise Daly Konrad was stepping down as representative from Virginia Health Care Foundation and Emily Roller would be succeeding her as VHCF’s CHIPAC representative. As VHCF is a Code-mandated member organization, a vote was not required. Cariano also announced that Quyen Duong, the Department of Education’s CHIPAC representative, had retired, and DOE has not yet appointed a new representative, although Joseph Wharff, Associate Director of Student Services, was in attendance. Cariano stated that several members’ terms would be ending in the next few months and Committee leadership or DMAS staff would be reaching out to ask members whether they would like to renew their membership.

Cariano informed the Committee that two new candidates for membership had been recommended by the Executive Subcommittee: Dr. Susan Brown of the Virginia Chapter of the American Academy of Pediatrics and Heidi Dix of the Virginia Association of Health Plans. (VAHP’s previous representative, Christine McCormick, has retired.) Cariano directed members to information about the two candidates in the meeting packets. Following the introductions of Dr. Brown and Ms. Dix, the Committee voted unanimously to approve both as members.

Cariano then explained proposed changes in leadership for the Committee’s approval. She stated that with Konrad’s departure as Chair, the Executive Subcommittee had voted to nominate Cariano as the new CHIPAC Chair and Lanette Walker, Virginia Hospital and Healthcare Association, as Vice Chair.

The nominations were then put to a vote. By unanimous vote, Cariano was confirmed as Chair and Walker was confirmed as Vice Chair.

II. Evolution Initiative (VDSS)

Kristin Zagar, Deputy Commissioner of Human Services at the Virginia Department of Social Services (VDSS), provided the Committee with an overview of VDSS's Evolution Initiative. Zagar explained the importance of partnership between local departments of social services and VDSS, as well as partnership between VDSS and sister agencies such as DMAS. She explained that VDSS has been reviewing how best to serve families across all programs, including both public benefit programs and child welfare programs. As part of this process, VDSS has been working with Chapin Hall at the University of Chicago to develop a policy framework that is more nuanced and tackles the reasons why families may become involved with the child welfare system in order to shift toward a prevention focus.

Using Chapin Hall's research, the initiative will address how VDSS can better align its model so that families who meet the criteria for public benefit programs can be connected with those services early on, potentially averting child welfare involvement. Zagar explained that many families served in the child welfare system lack economic support, and the current system is not set up in a way to meet their needs, which in turn leads to repeated child welfare involvement and children ending up in foster care. Zagar reported that many of the child welfare cases involving neglect have economic underpinnings such as income loss, cumulative material hardship, and housing hardship. Additionally, she noted that the strongest predictors of investigated neglect reports are food pantry use, cutting meals, utility shutoffs, public benefit receipt, difficulty paying rent, short duration of residence, and inability to receive medical care for a sick family member. The impact of economic and material hardship on parenting and child well-being was also discussed. Zagar reported that experiencing any type of material hardship, whether related to food, housing, utilities, or medical needs, is strongly associated with an elevated risk of Child Protective Services (CPS) involvement. She stated that VDSS investigations have shown an increase in physical abuse during the pandemic. Zagar cited research indicating that while experiencing a negative earnings shock (defined as a reduction of quarterly earnings by 30% or more) increases a family's risk of subsequent CPS investigation by 18%, this association diminishes when an earnings shock is compensated by receipt of public benefits (both cash and in-kind support). For children under 5 years old, a negative earnings shock offset by receipt of public benefits is associated with a 12% decrease in risk for CPS involvement and a 50% decrease in risk for a physical abuse investigation.

Zagar described disparities in incidence of CPS involvement by race/ethnicity at both the state and national levels. She explained that over half of all Black children experience a CPS investigation in their lifetime. Nationally, Black children represent 14% of the general population, but make up 23% of children placed in foster care. American Indian and Alaska Native (AI/AN) children represent 1% of the general population, but 2% of those in foster care. Zagar noted that families of children of color are also more likely to experience a termination of parental rights than families with white children—AI/AN children are 2.7 times more likely and Black children are 2.4 times more likely.

Zagar outlined preventive strategies, explaining that risks are reduced when families receive economic and other concrete supports. These supports include SNAP, WIC, Medicaid, supportive housing, legal support, employment, minimum wage increases, and child support. She also noted that each additional \$1,000 that states spend annually on public benefit programs (e.g., childcare and housing assistance, cash, Medicaid and CHIP benefits), per person that lives in poverty, is associated with a 4.3% reduction in child maltreatment reports, 2.1% reduction in foster care placements, and 7.7% reduction in child fatalities due to maltreatment.

Zagar concluded her presentation to the Committee by stating that Virginia has created an approach called “Thriving Families,” which is a coordinated prevention response that will allow families to be served in a holistic manner. The initiative will allow VDSS to reduce CPS intervention and foster care placements moving forward. Examples of this holistic approach include reimagining the CPS hotline as a helpline, reducing silos in interagency alignments to strengthen economic supports for families, and increasing kinship engagement and in-home services.

Michael Cook, Board of Medical Assistance Services, asked whether VDSS has plans to ask the state legislature for funding for a pilot program, since the research notes that additional funds per child would produce meaningful results. Zagar commented that the agency is looking into the possibility since there is promising research in some states where direct cash assistance has been distributed to families, and there may be potential to leverage federal funding.

III. DMAS Director’s Remarks

Karen Kimsey, DMAS Director, welcomed CHIPAC members and thanked them for their service to the Committee. She provided a Medicaid enrollment update, stating that since the public health emergency was declared, Virginia Medicaid has gained 451,661 new members, of which 236,307 are in Medicaid Expansion and 132,513 are children. Director Kimsey reported that as of February 1, 2022, Virginia’s Medicaid enrollment was at 1,983,584 members.

Director Kimsey introduced Chris Gordon, DMAS Chief Financial Officer, and Will Frank, DMAS Senior Advisor for Legislative Affairs, to provide an update on the current status of the state Budget and the ongoing General Assembly Session.

IV. General Assembly Session Update

Chris Gordon, DMAS Chief Financial Officer, explained several key state budget amendments affecting Medicaid and CHIP/FAMIS that had been approved by the House and Senate Finance and Appropriations Committees. Gordon reported that there were a total of 37 DMAS-related budget amendments from the money committees and highlighted several, including a traumatic brain injury waiver; coverage of dental anesthesia for children ages 5-11; coverage for parents to serve as caregivers of eligible minors; an increase in personal care rates; the addition of 10 psychiatric residency spots; coverage of human donor breast milk; coverage of

school-based mobile clinics providing vision services; and an increase in Medicaid dental provider rates.

Will Frank, DMAS Senior Advisor for Legislative Affairs, gave an update on the 2022 General Assembly session, which was in its final week. Frank provided a brief overview of DMAS' role in the legislative process, which includes monitoring introduced legislation, reviewing legislation and budget language for the Governor and Secretary of Health and Human Resources, making position recommendations to the Governor and the Secretary, and communicating the Governor's positions to the GA.

Frank stated that there have been 2,633 bills introduced during the session, with DMAS taking the lead on 21 bills. Out of the 21 bills, 12 are still "alive" while nine bills have failed. DMAS commented on another 23 bills assigned to other agencies and tracked another 82 bills. He highlighted several of the key bills DMAS reviewed, including House Bills (HB) 241, 680, 800, 925, 987, and Senate Bills (SB) 231, 426, 594, 663, and 405.

V. Unwinding from the Public Health Emergency

Cindy Olson, Director of DMAS' Eligibility and Enrollment Services Division, provided an update on Medicaid continuous enrollment and plans for the eventual return to normal operations, known as "unwinding." Olson provided background on Medicaid continuous coverage requirements that are currently in place. DMAS must maintain enrollment of individuals in Medicaid until the federally declared COVID-19 public health emergency (PHE) ends. Complying with this provision of federal coronavirus response legislation, called the maintenance of effort (MOE), is required in order for Virginia to receive the enhanced COVID-19 federal funding match rate. Olson reported that during this time a member's coverage cannot be closed unless the individual requests to be closed, the individual passes away, or the individual moves out of state. This requires DMAS to work closely with VDSS to ensure that members' coverage is maintained.

Olson stated that when the federal continuous coverage requirement is eventually discontinued at the end of the PHE, states will be required to redetermine eligibility for nearly every Medicaid member in the Commonwealth. She explained that staff have been working tirelessly since the beginning of the federal PHE to plan for this process. It is not currently known whether the PHE will be renewed again; however, HHS has assured states that they will be given a minimum of 60 days notice prior to the end date if the PHE is not going to be renewed. Olson explained that normal operations in a state can resume the month the PHE ends and the enhanced federal match will end in the quarter that the PHE ends. States have 12 months from the end of the PHE to complete all outstanding redeterminations and renewals, but no member's coverage can be terminated without a full redetermination.

Olson stated that the end of the PHE and the unwinding of the continuous coverage requirement will be the single largest health coverage event in the Commonwealth since the first open enrollment of the Affordable Care Act (ACA). Between March 2020 and February 2022, there has been a 30% increase in Virginia Medicaid enrollment

with approximately 456,206 individuals newly enrolled. Enrollment has increased faster among the non-elderly and non-disabled populations compared to enrollment growth for children and the aged/blind/disabled (ABD) eligibility groups during this time period. Olson explained that roughly 20% of current Virginia Medicaid enrollees could potentially lose coverage after the PHE, which is in line with other states' projections.

Olson reported on planning efforts underway that could help reduce churn and inappropriate loss of coverage, including systems updates (automated processes in VaCMS to improve the efficiency of coverage renewals/redeterminations), developing a detailed plan to stage redeterminations by month, collaborating with managed care organizations (MCOs), addressing returned mail/member address updates, identifying which federal flexibilities the Commonwealth will maintain or extend, and developing a communications and outreach plan.

Natalie Pennywell, Outreach and Community Engagement Manager, described DMAS' communications and outreach plans for unwinding. Pennywell explained that the Community Outreach and Member Engagement Team's plan is to focus on three specific areas in phases: 1) updating member contact information, 2) completing the renewal process, and 3) next steps if a member does lose coverage (including understanding the reconsideration period). She stated that the agency's priority is ensuring that partners, stakeholders, and advocates have the necessary resources and tools to be prepared during the unwinding process. Some of these resources include digital materials, print documents, and talking points to ensure the message to members is consistent across all organizations and communication channels. Toolkit materials will be provided for stakeholders, which may include information sheets and FAQs, fliers and posters, customizable templates, and communication language for social media and newsletters.

Pennywell shared a sample member letter that will be sent out to Medicaid members across the Commonwealth. The letter requests that members ensure that DMAS has their most recent contact information and provides the Cover Virginia information for updating purposes. Pennywell noted that all member-facing materials will be available in the top five languages for stakeholders to distribute. She asked that stakeholders avoid changing the DMAS standard language, such as the DMAS contact instructions, so that messaging remains consistent.

Following the presentation, Ali Faruk, Families Forward Virginia, asked if there was a rough estimate of the number of members that will need to be reached during unwinding. Cindy Olson advised that currently there are 1.9 million members and 621,000 overdue cases that have not been renewed within the last 12 months. However, Olson stated that she could not provide a definitive number since the case numbers change every month as the PHE goes on. Staff will need to redetermine eligibility for everyone who does not have a current, up-to-date renewal at the start of the unwinding.

Jessica Anecchini, DMAS Senior Advisor for Administration, explained that since the unwinding process will be spread out over the course of 12 months, the process of

catching up with overdue renewals will overlap with the normal annual renewal process for the majority of members. This is why DMAS believes that essentially every single member will be affected during the unwinding process. It will also be important to consider that renewal dates during unwinding will be mirrored in the following year, and it will be critical to spread the process out to avoid future bottlenecks and allow for even distribution of renewals and corresponding workforce needs over the course of the year. Cariano noted that Virginia's ex-parte renewal success rate is higher than most states and commended DMAS on their work. Anecchini explained that Virginia currently has an ex-parte renewal rate of 53% overall, and for the specific categories of renewals that go through the ex-parte process, the success rate is 74%.

Shelby Gonzales, Center on Budget and Policy Priorities, also commended DMAS for the agency's work on unwinding plans. Gonzales asked whether members who have been successfully renewed through the ex-parte process will receive a letter requesting updated contact information. She asked if these letters and the options for member follow-up will be available in multiple languages. Anecchini confirmed that the letter requesting updated contact information will go out to all households with active Medicaid coverage, including members who have been successfully renewed through the ex-parte process. Letters will be printed in English and Spanish (front/back), but the electronic version will be pre-translated in multiple languages on the Cover Virginia website. Callers will also have language access.

Cariano recommended that, in the interest of time, additional questions regarding the unwinding process be sent to her after the meeting to be addressed by DMAS at a later date.

VI. COVID-19 Vaccination Rates and Data Update

Richard Rosendahl, DMAS Chief Health Economist, presented information on COVID-19 vaccination rates for Medicaid children and pregnant individuals. The rates were compared to Virginia Department of Health (VDH) statewide vaccination rates by age group. Rosendahl reported that, for children enrolled in Virginia's Medicaid and FAMIS programs, 25% of eligible children under age 16 had received at least one dose of a COVID-19 vaccine as of February 2022. For members ages five to 11, the COVID-19 vaccination rate was 17%. (This rate was 41% for Virginia's broader population in this age group.) Rosendahl noted that the rate for this group is lower in comparison to other age groups since they recently became eligible in the fall. Among 12 to 15 year olds, the Medicaid rate was 38% (statewide 74%) and among 16 to 18 year olds, the Medicaid rate was 44% (statewide 76.5%). For members 19 and older, the Medicaid rate was 54% (statewide 92%). Medicaid members who were enrolled due to pregnancy had a 38% vaccination rate.

Rosendahl stated that for vaccine-eligible children and youth, the Northern/Winchester region had the highest vaccination rate of 34%, while the rural Southwest region had the lowest at 15%. This rural/urban trend is in line with national trends for all individuals, not just Medicaid members. Rosendahl explained that DMAS is working with the Secretary of Health and Human Resources and the Medicaid managed care

organizations to find new ways to engage with Medicaid and FAMIS populations to increase vaccination rates.

Rosendahl provided information about the dashboards available on the DMAS website. He explained that DMAS plans to add enhancements to these dashboards continuously. Rosendahl gave an overview of the Medicaid and FAMIS enrollment dashboard, explaining that visitors to the site can look up enrollment numbers by eligibility category, health plan, race, gender, and age. Rosendahl then gave an overview of Medicaid expenditures by service category for children 0-18 years old. Rosendahl reported that over the last six quarters, aggregate costs have increased due to the increase in children's enrollment. Increases have been focused in the physician, outpatient, and pharmacy categories, while other cost categories have remained mostly stable. Rosendahl noted that this is a good sign and indicative of enrollees receiving preventative care and following treatment plans for their health conditions (such as taking prescribed medication). On a per-capita basis, expenditures have remained fairly flat over the past six quarters.

Rosendahl gave an overview of the HEDIS (Healthcare Effectiveness Data and Information Set) Dashboard, which provides information about MCO performance on HEDIS quality measures, including rates of well child visits and immunizations. Rosendahl explained that for adolescent well care visits in 2020, all of the health plans were below the national 50th percentile, with the exception of Anthem. Rosendahl explained that utilization was low across the board during this timeframe due to COVID, as many people did not visit their primary care physician. He stated that DMAS is working with the External Quality Review Organization (EQRO) on how to account for the impact of COVID-19 on HEDIS measures. Rosendahl shared that DMAS will be updating the Quality Strategy for 2023-2025, with a public comment period open later this year.

Rosendahl then gave an overview of the Behavioral Health Dashboard. He explained that the dashboard provides the ability to see the number of members receiving behavioral health services, the cost of providing those services, and the cost per member. The dashboard also includes demographic information and the ability to view the percent of members receiving services by primary diagnosis.

VII. Agenda for June 9 CHIPAC Meeting

To allow sufficient time for public comment, Cariano invited members to send suggestions of agenda topics for the next meeting to her or to DMAS staff after the meeting.

VIII. Public Comment

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

Closing

The meeting was adjourned at 3:03 p.m.