Form: TH-07 August 2022



townhall.virginia.gov

Periodic Review and Small Business Impact Review Report of Findings

Agency name	DEPT OF MEDICAL ASSISTANCE SERVICES
Virginia Administrative Code (VAC) Chapter citation(s)	12 VAC 30-141
VAC Chapter title(s)	Family Access to Medical Insurance Security (FAMIS) Plan
Date this document prepared	2/10/2023

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code.

Acronyms and Definitions

Define all acronyms used in this Report, and any technical terms that are not also defined in the "Definitions" section of the regulation.

CHIP = Children's Health Insurance Program

DMAS = Department of Medical Assistance Services

FAMIS = Family Access to Medical Insurance Security Plan

MCO = Managed Care Organization

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia or Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

The Code of Virginia § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance and directs that such Plan include a provision for the Family Access to Medical Insurance Security (FAMIS) program. The Code of Virginia § 32.1-324, authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance when the Board is not in session, subject to such rules and regulations as may be prescribed by the Board. The Code of Virginia § 32.1-351, authorizes DMAS, or the Director, to develop and submit to the federal Secretary of Health and Human Services an amended Title XXI plan for FAMIS, to revise such plan, and to promulgate regulations as may be necessary.

Form: TH-07

Section 1115 of the Social Security Act [42 U.S.C. 1315] provides states with the opportunity to implement demonstration projects that extend benefits to additional population groups with the intent of promoting program objectives, including those of Title XXI. Virginia implements the FAMIS MOMS and FAMIS Select programs through a Section 1115 Demonstration.

Alternatives to Regulation

Describe any viable alternatives for achieving the purpose of the regulation that were considered as part of the periodic review. Include an explanation of why such alternatives were rejected and why this regulation is the least burdensome alternative available for achieving its purpose.

This periodic review focuses on DMAS regulations related to the oversight of the state's Children's Health Insurance Program (CHIP), known in Virginia as the Family Access to Medical Insurance Security (FAMIS) Plan; the CHIP waiver program for pregnant women known as FAMIS MOMS; and the CHIP premium assistance waiver program known as FAMIS Select. The proposed changes remove unnecessary and obsolete regulatory language and reduce the overall regulatory burden on the public in accordance with Executive Order 19.

These regulations are essential because they ensure that individuals have access to covered programs and services, with comprehensive health care delivery. There are no viable alternatives for achieving the purpose of the regulations.

Public Comment

<u>Summarize</u> all comments received during the public comment period following the publication of the Notice of Periodic Review, and provide the agency's response. Be sure to include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. Indicate if an informal advisory group was formed for purposes of assisting in the periodic review.

DMAS submitted its Periodic Review Report of Findings to the Town Hall on December 14, 2022. The comment period began on January 16, 2023 and ended on February 6, 2023. No public comments were received.

Effectiveness

Form: TH-07

Pursuant to § 2.2-4017 of the Code of Virginia, indicate whether the regulation meets the criteria set out in the ORM procedures, including why the regulation is (a) necessary for the protection of public health, safety, and welfare, and (b) is clearly written and easily understandable.

The proposed regulatory changes clarify that appeals of adverse benefit determinations by a Managed Care Organization (MCO) may be made in accordance with 12 VAC 30-120-420, and appeals of adverse actions or an MCO's internal appeal decision of an adverse benefit determination may be made in accordance with 12 VAC 30-110-10 through 12 VAC 30-110-370. The proposed changes repeal sections 12 VAC 30-141-50 through 12 VAC 30-141-70 and 12 VAC 30-141-710 through 12 VAC 30-141-730, regarding appeals, as unnecessary and duplicative. The changes remove obsolete and/or outdated language referencing copayments in 12 VAC 30-141-50 and 12 VAC 30-141-175 and prior authorization in 12 VAC 30-141-500 and 12 VAC 30-141-830. The changes also repeal 12 VAC 30-141-670 as duplicative, merging chapter definitions into a single section at 12 VAC 30-141-10.

These regulatory changes are intended to reduce the overall regulatory burden on the public in accordance with Executive Order 19. The regulations are necessary for the protection of public health, safety, and welfare of Medicaid members. The regulation is clearly written and easily understandable.

Decision

Explain the basis for the promulgating agency's decision (retain the regulation as is without making changes, amend the regulation, or repeal the regulation).

DMAS is recommending these changes to remove language that is unnecessary, duplicative, or obsolete in order to reduce the overall regulatory burden on the public in accordance with Executive Order 19.

Small Business Impact

As required by § 2.2-4007.1 E and F of the Code of Virginia, discuss the agency's consideration of: (1) the continued need for the regulation; (2) the nature of complaints or comments received concerning the regulation; (3) the complexity of the regulation; (4) the extent to the which the regulation overlaps, duplicates, or conflicts with federal or state law or regulation; and (5) the length of time since the regulation has been evaluated or the degree to which technology, economic conditions, or other factors have changed in the area affected by the regulation. Also, discuss why the agency's decision, consistent with applicable law, will minimize the economic impact of regulations on small businesses.

The regulations are not anticipated to have an adverse impact on small businesses.