



MEETING MINUTES

May 7, 2021
10:00 AM - 12:00 PM

This meeting was held via teleconference due to the COVID-19 public health emergency.

The following CHIPAC Executive Subcommittee members were present:

- Denise Daly Konrad, Virginia Health Care Foundation Chair of CHIPAC
- Sara Cariano, Virginia Poverty Law Center Member at Large
- Irma Blackwell, Virginia Department of Social Services Member at Large
- Lanette Walker, Virginia Hospital & Healthcare Association Member at Large

The following CHIPAC members were present:

- Emily Griffey, Voices for Virginia's Children

The following DMAS staff members were present:

- Sarah Hatton, Deputy Director for Administration
- Jessica Anecchini, Senior Advisor for Administration
- Mariam Siddiqui, Senior Programs Advisor, Director's Office
- Hope Richardson, Senior Policy Analyst, Policy Planning and Innovation (PPI) Division
- Rebecca Anderson, Manager, Policy Research and Analysis, PPI Division

Minutes

Denise Daly Konrad, Chair of CHIPAC, called the meeting to order at 10:01 AM. Attendees introduced themselves and attendance was taken.

I. CHIPAC Business

- A. Review and approval of minutes from previous Executive Subcommittee meeting.** Executive Subcommittee members reviewed the minutes from the February 5 Executive Subcommittee meeting. Lanette Walker, Virginia Hospital & Healthcare Association, moved to accept the minutes. The minutes were unanimously approved with no changes.

B. Membership update and discussion. Daly Konrad introduced two new members of the subcommittee, Irma Blackwell of the Virginia Department of Social Services and Lanette Walker of the Virginia Hospital & Healthcare Association.

Hope Richardson, DMAS staff, gave a recap of member terms that will be up for renewal later in the year. Christine McCormick, Virginia Association of Health Plans, will be up for renewal in September 2021. The following members' terms will be up for renewal in December 2021: Dr. Nathan Webb, Medical Society of Virginia; Dr. Tegwyn Brickhouse, VCU Health; Victor James, Virginia Chapter of the American Academy of Pediatrics; and Ali Faruk, Families Forward Virginia (who recently assumed the remainder of former representative Lisa Specter-Dunaway's term). Richardson stated that since the committee's membership chair position is vacant at this time, DMAS staff or the CHIPAC chair will contact members regarding renewal. Richardson reminded the committee that there are currently 19 members and thus one vacancy on the committee, and that the CHIPAC Vice Chair position is also currently vacant.

Daly Konrad reminded the Executive Subcommittee members of the membership structure, including mandatory member organizations, and that the statutory maximum number of members is 20. She stated that towards the end of the year she will be rotating off the committee and will no longer be serving as Chair after the end of her current term in December. She described the roles of the Chair and Vice Chair and asked members to consider their capacity for taking on one of these positions.

Daly Konrad stated that the Executive Subcommittee is also seeking an additional member and asked those present to consider nominating other committee members who might be a good fit for this role. She asked members to consider these membership/committee leadership topics for further discussion at the August Executive Subcommittee meeting.

C. Meeting logistics/planning for fall and winter 2021-22. Richardson stated that DMAS and the Committee are beginning to plan for the eventual transition of meetings back to in-person as COVID-related restrictions on meetings are eased. She explained that DMAS has been in touch with the Westerre conference center where meetings were held prior to the public health emergency and has confirmed availability of the space for the December 9 meeting should a decision be made for the committee to meet in-person. She stated that the June 2 meeting will be virtual, and that a decision has not been made with regard to the September 2 meeting. She invited input from the subcommittee. The subcommittee discussed the possibility of "hybrid" meetings that would be combined live/remote. The committee determined that options depend in part upon requirements for state employees, since most of the CHIPAC's mandated member entities are state agencies. The Executive Subcommittee will assess the situation after the June meeting and make a decision for the August 6 Executive Subcommittee meeting and the September full committee meeting. An additional idea that was discussed

was to poll CHIPAC members to gauge the group's preference between in-person or virtual for the September 2 full committee meeting.

II. DMAS and VDSS Updates

DMAS staff provided an update on the agency's current projects relevant to the Committee. Richardson announced that DMAS has launched a new and improved website. Efforts to provide data and dashboards for the public on the website continue; the latest enrollment numbers and other reports remain available by clicking the "Open Data" tab at the top of the homepage. Richardson stated that DMAS continues to work to ensure that the website is accessible to persons with disabilities and provides useful data to members, providers, and the public.

Richardson provided an enrollment update for the children's and pregnant women's programs. As of May 1, monthly enrollment was 159,164 in the CHIP children's programs: 80,274 in FAMIS and 78,890 in CHIP-Medicaid expansion (CHIP-funded Medicaid). Additionally, there were 600,293 children enrolled in Medicaid. For the pregnant women's programs: FAMIS MOMS (CHIP-funded) enrollment was 1,682; Medicaid pregnant women's enrollment was 22,308.

Richardson stated that the waiver amendment application for the FAMIS MOMS 12-month postpartum coverage extension was submitted to the federal government on March 31, and the federal public comment period for the amendment was held from April 7 through May 7. During the public comment period, there was a strong showing of letters and comments in support from Virginia-based as well as national organizations. The next step in the waiver approval process will be for DMAS and the Centers for Medicare and Medicaid Services (CMS) to negotiate the special terms and conditions for the waiver. Richardson explained that Virginia pursued the Section 1115 waiver amendment because the FAMIS MOMS program has been authorized under a waiver since its creation in 2005. It was also hoped that the amendment process would lead to faster approval than the new 12-month postpartum coverage state plan amendment (SPA) option created by the American Rescue Plan Act, for which states' effective dates can be no sooner than April 2022. Richardson explained that DMAS believes there may be additional flexibilities offered through the 1115 waiver route that are not available with a SPA.

Richardson explained that the recently passed state budget directed DMAS to submit a CHIP SPA to offer prenatal coverage to pregnant individuals who would qualify for Medicaid or FAMIS MOMS but for their citizenship or immigration status. Richardson stated that DMAS is in discussions with CMS regarding the details and how the postpartum transition will be handled. DMAS is also making the necessary systems changes, working with the MCOs, and working with local departments of social services and Cover Virginia in preparation to implement the new coverage.

Mariam Siddiqui, DMAS, provided an update on Cover Virginia operations and the transition to a new vendor. Siddiqui explained that the new vendor took over on

March 29. She stated that transitioning in a fully virtual environment has presented challenges, but that DMAS expects call wait times and other measures to significantly improve over the next month. Siddiqui described measures being taken to reduce hold times and speed application processing, including an additional application processing team and the use of overflow call centers. DMAS and the vendor are in daily meetings to discuss progress, and senior management at DMAS meets with senior management for the vendor on a weekly basis. Both parties are closely monitoring all service levels to ensure all customers receive the best experience possible.

Richardson asked the Executive Subcommittee if there were requests for DMAS updates for the upcoming full committee meeting. Daly Konrad stated that one area of interest would be the recruitment of dental providers and the establishment of the new dental benefit that comes online July 1. She said another topic for which an update would be helpful is the upcoming increase in behavioral health reimbursement rates and whether there is any work to try to get more behavioral health providers to take Medicaid now that the rates are set to improve.

Daly Konrad stated that the Committee is also following DMAS' work to expand the program of federal Medicaid reimbursement of school-based health services. Rebecca Anderson, DMAS, provided a brief update. She said that the agency is currently drafting the state plan amendment (SPA) pages, which will be submitted to CMS this fall. The SPA will provide the federal authority to provide covered services to enrolled students, including those who do not have a special education plan in place. DMAS has worked with the Virginia Department of Education and school districts to identify services for reimbursement, establish provider qualifications, and address operational aspects of the program such as provider enrollment processes. The target date to "go live" and launch the new reimbursement program is July 1, 2022. The additional year will allow for training and preparation for implementation.

Sara Cariano, Virginia Poverty Law Center, asked about plans related to "unwinding" after the COVID-19 public health emergency and associated maintenance of effort requirements end. Sarah Hatton, DMAS Deputy Director of Administration, responded that the federal public health emergency is now expected to be extended through the end of the calendar year, and that CMS will be releasing additional guidance on unwinding. DMAS has plans in place and is working closely with VDSS to ensure preparation for the end of the PHE. New automated processes have been established that will ease the transition post-PHE. For example, there will be a new auto batch-run that will automatically reevaluate enrollees who have turned 19 for the adult Medicaid expansion group based on the information on file. Previously these individuals were required to reapply and were closed out when they turned 19, but DMAS has received updated guidance from CMS that the new process is allowable, enabling improved retention of enrollees. Similarly, for members turning 65, additional automation will identify individuals in advance whose cases need to be reviewed so that processes will be completed in time to ensure smooth coverage transitions. These processes have been implemented but turned off so that at the end of the PHE, DMAS and VDSS will

be able to quickly enable automation to assist local agencies with the large amount of work facing them post-PHE.

Emily Griffey, Voices for Virginia’s Children, asked whether foster children aging out of foster care will be included in the automated evaluation processes. Jessica Anecchini, DMAS, responded that there are processes to identify these individuals and initiate evaluation for the appropriate eligibility categories and that there is a high rate of successful *ex parte* renewals (renewals conducted through verification of income and other information using electronic data sources without needing to contact the applicant directly) for this population. These processes are still occurring during the PHE, however, no negative actions to reduce or terminate are occurring.

Hatton added that DMAS and VDSS have suspended paper renewal mailings during the PHE, but the *ex parte* renewal process continues to run and there is a very high rate of success for these renewals – each month, between 70 and 80 percent of cases that go through the *ex parte* process are renewed. Because of the maintenance of effort requirement during the PHE, no action is taken and no correspondence is sent to members who do not successfully renew. Coverage is maintained for these members. Continuing the *ex parte* renewals throughout the PHE, however, will reduce the amount of backlog when the PHE comes to an end.

Irma Blackwell, Medical Assistance Program Manager, VDSS Division of Benefit Programs, provided an update about a new project VDSS will be coordinating pursuant to HB 2065, the “Produce Rx” bill. The legislation directs VDSS to lead a workgroup to develop a plan for a three-year pilot program to incentivize consumption of fruits and vegetables by eligible individuals when recommended by a qualified provider. VDSS will report on the activities of the workgroup and the elements of the plan by Oct. 1. VDSS and DMAS will be working together closely on this project.

Blackwell asked the subcommittee for suggestions of topics that would be of interest for the VDSS update at the full committee meeting in June. Cariano stated that there may be committee interest in the topic of broad-based categorical eligibility and how many more children in FAMIS and FAMIS Plus will now be in SNAP-eligible families. Daly Konrad stated that at past CHIPAC meetings, VDSS has presented enrollment updates as well as information on new training initiatives and special broadcasts from the central office to the local departments of social services (LDSS) related to Medicaid and FAMIS application processing. Cariano stated that the Committee might also be interested in return-to-office plans for VDSS and LDSS as they develop. Lanette Walker, VHHA, stated that it would be helpful to receive more information about application processing backlogs by region.

III. Discussion: CHIPAC Dashboard

The Executive Subcommittee discussed potential updates and improvements to the CHIPAC dashboard. Daly Konrad explained that the dashboard is updated for each quarterly meeting by DMAS staff, and that the content of the dashboard has evolved

over time in response to requests from CHIPAC's members. She stated that the dashboard is geared toward the Committee's interests and goals and can be changed to adapt to shifting priorities and areas of interest.

Richardson explained that much of the information in the current dashboard is updated on an annual basis rather than quarterly. Items that are updated quarterly include the table showing utilization and claims for pregnant women's dental benefits and the enrollment table and graphs. Richardson stated that the enrollment data is the most readily adaptable to a quarterly update, whereas there is a delay with claims and encounter data. She explained that much of the quality measures reporting is on an annual cycle, and key reports on maternal-child health such as the Birth Outcomes Study are released once a year. Richardson explained that annually updated data in the current dashboard includes HEDIS data on children's well visits and immunizations, EPSDT data on children's oral health, and measures from the annual Birth Outcomes Study.

Daly Konrad explained that shortly before the onset of the public health emergency, the Committee had been in conversation with VDSS regarding adding data/charts showing application processing times back into the dashboard, but that the conversation was put on hold due to the PHE. She stated that it would be helpful to resume this conversation and explore adding a VDSS/applications processing component back into the dashboard.

Daly Konrad provided information about the development of the behavioral health chart that is currently in the dashboard. She stated that the committee worked with DMAS to develop the chart and members were specifically interested in children's mental health data. Daly Konrad directed subcommittee members to a report that Emily Griffey of Voices for Virginia's Children had shared analyzing state Medicaid behavioral health data from Ohio.

Griffey explained that there is an interest in health equity data as well as data to shed light on children's access to behavioral health care during the pandemic, and that it would be helpful to take another look at DMAS behavioral health data with a focus on these two areas of interest. Sara Cariano stated that behavioral health screening is another important component of the data. Lanette Walker stated that much of the information will come from managed care encounters and there is a time lag for encounter data. She stated that it might be helpful to discuss with DMAS what would be possible based on the data available.

Hatton responded that DMAS can work with its data teams to develop an update for the fall. Anecchini suggested that the Committee might identify its top three to five goals related to behavioral health in order to shape the data request for the dashboard. Richardson suggested that including the DMAS Behavioral Health team in the planning process might be helpful because there may be analysis they have done in the course of the behavioral health enhancement work. Daly Konrad suggested a preliminary presentation at the executive subcommittee in August. The group

discussed organizing a small-group meeting to take a look at available behavioral health data and discuss options for data analysis and dashboard updates. Griffey, Cariano, and Walker expressed an interest in participating in the small group discussion.

Executive Subcommittee members provided additional recommendations regarding improving and streamlining the dashboard. The group discussed that it would be helpful to track on an annual basis what data and reports are available from DMAS at various times of year, to help plan presentations for the quarterly meetings. Members agreed that data that gets updated once a year rather than quarterly does not need to remain in the dashboard year-round but rather could be presented and/or distributed at meetings when the data is released. Richardson stated that DMAS could also utilize e-mail communication with the committee as a way to circulate new data and reports between quarterly meetings; then committee members could request follow-up information on reports/data/topics of interest.

IV. Agenda items for the June 3, 2021 Full Committee Meeting

The Subcommittee agreed on the following draft agenda for the June 3 Full Committee Meeting:

- 1) Welcome and brief overview of electronic meeting format and procedures**
- 2) CHIPAC Business**
 - a. Review/approval of minutes from prior meeting**
 - b. Membership update**
- 3) DMAS Update**
- 4) VDSS Update**
- 5) Agenda for next CHIPAC Meeting**
- 6) Public Comment**

IV. Public Comment

LeVar A. Bowers submitted the following written public comment:

Has Cover VA ever considered partnering with DOE (school-based site locations), local housing authorities, public libraries etc. to establish designated remote satellite locations? This wouldn't be a daily site, but maybe a scheduled rotation where the surrounding communities' residents would know which day(s) of the month their satellite office would have a representative. It may help to reduce some of the common access barriers where there is a higher percentage of demographic, who may benefit from the services of this type of location.

Finally, will there be a defined health equity goal/objective/strategy through this committee that would allow for measurable outcomes? I would also like to include that question for the behavioral health division representatives, if they are in attendance during the full committee meeting to discuss Enhancement/Bravo. To not only include initial access, but the full scope of treatment/services for recipients.

The Executive Subcommittee and DMAS staff corresponded with Mr. Bowers after the meeting to follow up on these comments.

Closing

The meeting was adjourned at 12:01 PM.