CHIPAC
Children's Health Insurance Program Advisory Committee of Virginia

# AGENDA

December 7, 2023, 1:00-3:30 PM

*This meeting will be held virtually via WebEx.*

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| Click Here to Join Meeting Remotely via WebEx |
| Meeting # (Access Code): 2434 130 8076 Meeting Password: BMvxmMsY532 |
| Dial in (Phone): +1 517-466-2023 (US Toll) +1 866-692-4530 (US Toll Free) |
| Remote Conference Captioning Link: https://www.streamtext.net/player?event=HamiltonRelayRCC-1207-VA4070 |

I. Welcome and Announcements 1:00

II. CHIPAC Business 1:05-1:15

A. Review/approval of minutes from September 7 meeting
B. Committee membership and leadership updates and actions

III. Virginia Medicaid Unwinding Update 1:15-1:40
*Jessica Annecchini, DMAS Senior Policy Advisor for Administration*

IV. DMAS Policy and Eligibility Updates 1:40-1:50
*Sara Cariano, Director, DMAS Division of Eligibility Policy and Outreach*

V. Cardinal Care Update 1:50-2:20
*Jeannette Abelson & Lynne Vest, DMAS Integrated Care Division*

VI. DBHDS Update – School Mental Health Pilots 2:20-2:50
*Katharine Hunter & Bern'Nadette Knight, Dept. of Behavioral Health & Developmental Services*

VII. Agenda for March 7, 2024 CHIPAC Meeting 2:50-2:55

VIII. Public Comment 2:55-3:00

***Reasonable accommodations will be provided upon request for persons with disabilities or limited English proficiency. Please notify the DMAS Civil Rights Coordinator at (804) 482-7269, or at civilrightscoordinator@dmas.virginia.gov, at least five (5) business days prior to the meeting to make arrangements.***

CHIPAC
Children's Health Insurance Program Advisory Committee of Virginia

# MEETING MINUTES

**DRAFT**
**Meeting Minutes**
**September 7, 2023**

*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 for members of the public to attend virtually.*

**The following CHIPAC members were present in person:**

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| • Sara Cariano, Chair | Virginia Poverty Law Center |
| • Shelby Gonzales | Center on Budget and Policy Priorities |
| • Dr. Susan Brown | American Academy of Pediatrics, Virginia Chapter |
| • Heidi Dix | Virginia Association of Health Plans |
| • Emily Roller | Virginia Health Care Foundation |
| • Irma Blackwell | Virginia Department of Social Services |
| • Kelly Cannon | Virginia Hospital and Healthcare Association |
| • Alexandra Javna | Virginia Department of Education |
| • Estella Obi-Tabot (interim) | Joint Commission on Health Care |
| • Jennifer Macdonald | Virginia Department of Health |
| • Martha Crosby | Virginia Community Healthcare Association |

**The following CHIPAC members sent a substitute to attend in person:**

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| • Freddy Mejia (Emily King) | The Commonwealth Institute for Fiscal Analysis |

**The following CHIPAC members attended virtually in accordance with the committee's remote participation policy** (Bylaws A3: principal residence more than 60 miles from the meeting location):

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| • Hanna Schweitzer | Dept. of Behavioral Health and Developmental Services |

**The following CHIPAC members were not present:**

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| • Dr. Nathan Webb | Medical Society of Virginia |
| • Michael Muse | League of Social Services Executives |

I. **Welcome** – Sara Cariano, CHIPAC Chair, called the meeting to order at 1:03 p.m. Cariano welcomed committee members and members of the public and announced that the meeting was being recorded. Attendance was taken by roll call.

## II. CHIPAC Business

**A. Review and approval of minutes from June 1 meeting** – Committee members reviewed draft minutes from the June 1, 2023 meeting. Kelly Cannon (Virginia Hospital and Healthcare Association) made a motion to approve the minutes, Emily Roller (Virginia Health Care Foundation) seconded, and the Committee voted unanimously to approve the June 1 meeting minutes.

**B. 2024 Meeting Schedule** – Hope Richardson (DMAS Policy, Regulation, and Member Engagement Division) presented the following proposed 2024 CHIPAC meeting schedule:

Full Committee Meetings (1:00-3:30 pm)
Thursday, March 7, 2024
Thursday, June 6, 2024 (Virtual Meeting)
Thursday, September 5, 2024
Thursday, December 12, 2024 (Virtual Meeting)

Executive Subcommittee Meetings (10 am-12 pm)
Friday, January 12, 2024 (Virtual Meeting)
Friday, April 19, 2024
Friday, July 19, 2024 (Virtual Meeting)
Friday, October 18, 2024

Emily Roller made a motion to approve the meeting schedule, Heidi Dix (Virginia Association of Health Plans) seconded, and the Committee voted unanimously to approve the meeting schedule for 2024.

**C. Membership Update** – Cariano provided an update on committee leadership and membership.

She announced that Jeff Lunardi has departed his position at the Joint Commission on Health Care (JCHC) to accept the role of Chief Deputy Director at DMAS. JCHC is a mandated CHIPAC member organization in the Code of Virginia. Cariano explained that Estella Obi-Tabot was representing JCHC at the meeting and the Commission would continue to send alternates to CHIPAC while a hiring search is conducted for the new permanent director.

Cariano stated that Ali Faruk, Families Forward Virginia, has departed his position at Families Forward to accept a position at DMAS. Cariano also announced that Emily Griffey has departed Voices for Virginia's Children for a new role. Cariano explained that the Executive Subcommittee is nominating Emily Moore to serve as the new representative for Voices for Virginia's Children and directed committee members to Moore's bio and member questionnaire in the meeting packet. Kelly Cannon made a motion to approve Moore for membership, Emily Roller seconded, and the committee voted unanimously to approve.

Finally, Cariano announced that she will be stepping down from her role as CHIPAC chair. Cariano is departing her position at Virginia Poverty Law Center and starting a position as director of the DMAS Eligibility Policy and Outreach division. Cariano stated that the Executive Subcommittee will meet in October to discuss committee leadership and membership and will bring recommendations to the December CHIPAC meeting for committee approval.

**III. Virginia Children's Health Coverage Programs in a National Context** (Tricia Brooks, Georgetown University Center for Children and Families)

Cariano introduced Tricia Brooks, Research Professor at the Georgetown Center for Children and Families, to present on opportunities to improve Virginia's Medicaid and FAMIS coverage for children. Brooks began with a comparison of children's Medicaid and CHIP upper income eligibility limits by state, presenting data from the Kaiser Family Foundation & Georgetown Center for Children and Families 2023 50-State Survey on Medicaid and CHIP Eligibility, Enrollment, and Cost-Sharing Policies. She explained that Virginia's upper income eligibility limit of 205% of the federal poverty limit (FPL) for eligibility in Medicaid and FAMIS is on the low end compared to other states, even though the cost of living is high in Virginia. The lowest upper income eligibility limit for a state is 190% FPL. Virginia's neighboring states all have higher income limits, ranging from 218% FPL to 324% FPL. More than a third of states have children's upper income eligibility limits at or above 300% FPL. The median upper income limit is 255% FPL and the highest state upper income limit is 405% FPL.

Brooks explained that Virginia is more in line with nationwide averages in its income eligibility limit for pregnant women. Virginia's limit of 205% FPL is only slightly below the national median of 207% FPL. However, Maryland's upper income limit for pregnant women is 264% FPL and Washington, DC's is 324% FPL. The highest state income limit for pregnant women is 380% FPL and the lowest is 138% FPL. Virginia is one of only seven states that use enhanced CHIP funding to cover pregnant adults (Colorado, Kentucky, Missouri, New Jersey, Rhode Island, Virginia, and West Virginia).

Brooks stated that Virginia has maximized the use of federal funding to cover immigrant child and maternal populations. Virginia is among 35 states that have waived the 5-year waiting period for immigrant children and 26 states that have waived the 5-year waiting period for pregnant women. Virginia is also one of 20 states that have adopted the "unborn child" option, allowing coverage of pregnancy regardless of status. Other states are using state funds to expand immigrant coverage: 12 states cover all children regardless of immigration status; 11 states cover targeted adult groups.

Brooks then reviewed Medicaid and CHIP child participation rates. She stated that Virginia's rate has increased from 89% in 2013 to 90.7% in 2016 to 93% in 2019. However, compared to neighboring states, participation in most states dropped between 2016 and 2019. Brooks stated that she would attribute the growth trend in Virginia to the state's 2019 Medicaid expansion, as it is well documented that

expanding coverage for parents frequently leads to enrollment growth for children. Brooks explained that Virginia's child uninsured rate also declined between 2017 and 2021, and that the Medicaid continuous coverage requirement during the COVID-19 public health emergency likely contributed to this recent decline.

Brooks then discussed continuous eligibility for children. She stated that the continuous coverage requirement during the COVID-19 public health emergency demonstrated that stable coverage reduces churn and lowers uninsurance rates. She explained that household income fluctuates more for low-income earners than for higher income earners, which can cause children in low-income households to cycle on and off health insurance coverage. Lack of stable coverage for children can lead to increased emergency room utilization and poor access to preventive care, which can impact health and development of children. Brooks explained that the Consolidated Appropriations Act (CAA) requires states to implement 12-month continuous eligibility for children in Medicaid and CHIP effective January 1, 2024. Before implementation of the CAA, Virginia is one of 24 states without continuous eligibility. Brooks explained that Oregon and Washington have been approved by CMS to offer multi-year continuous eligibility for children up until age 6, through Section 1115 waiver authority. Several additional states are moving on similar action. Brooks commended Virginia on its implementation of 12 months postpartum continuous coverage for pregnant women.

Brooks explained that research has shown annual renewals are the time when children are most likely to lose Medicaid and CHIP coverage, often for procedural reasons, even though they may still be eligible. She explained that states with higher *ex parte* (automated) renewal rates have lower procedural disenrollments and less churn, as well as greater administrative efficiency. Brooks stated that Virginia has above average rates of ex parte renewals and is one of 13 states in the 2023 KFF survey that reported a 50-75% success rate. Brooks explained that with two months of unwinding data available, Virginia is tied with Maryland for the second highest ex parte rate at 53%, behind only Arizona at 65%.

Brooks stated that Virginia is one of 27 states that has SNAP and TANF integrated with their Medicaid system, and one of only 14 states with integrated childcare assistance, an approach she considered preferable. She said that as Virginia moves to a state-based exchange, integrating Medicaid onto the state-based platform has proved challenging for many states. Brooks stated that Virginia's online Medicaid account offers broad functions. She recommended that Virginia consider adding functionality for authorized representatives. She also recommended that Virginia ensure mobile friendliness of accounts and applications. Finally, she recommended Virginia consider creation of a portal for navigators and assisters, explaining that portals allow navigators/assisters to submit the application and renewal data online. This creates efficiencies for the state, reduces manual entry errors, and promotes enrollment and retention. Brooks stated that Virginia is one of 22 states without an online portal for assisters/community partners. She pointed to Kentucky as an example of an assister portal with robust functionality that provides a good model for other states.

Brooks stated that Virginia gets an "A+" for its cost-sharing policies for Medicaid and

CHIP. She explained that many years ago, Virginia dropped its premiums for child coverage and is now one of 24 states that do not charge CHIP premiums or enrollment fees. Brooks said that a number of states temporarily suspended cost-sharing during the unwinding, but Virginia took this a step further and effective July 2022 became one of 21 states to discontinue copayments and cost-sharing for children. Brooks stated that Virginia has not adopted presumptive eligibility allowing specific qualified entities to temporarily enroll individuals who are screened as eligible.

Brooks then discussed Early and Periodic Screening, Diagnosis and Treatment (EPSDT). She explained that in Virginia, the FAMIS plan provides preventive care and screenings, but does not provide the full EPSDT benefit. Some thirty-five states do provide full EPSDT benefits to both Medicaid and CHIP children. Brooks stated that offering EPSDT streamlines parent education, state plan administration, and service delivery for Medicaid and CHIP managed care organizations and providers. Brooks explained that merging FAMIS into the Medicaid crossover group would have many advantages, including providing EPSDT for all enrolled children. It would improve overall ease of administration, enable the state to access federal drug rebate dollars for FAMIS children, enable FAMIS children to access Vaccines for Children, avoid funding cliffs associated with capped federal funding, and provide greater security of coverage for all enrolled families. Brooks stated that 19 states cover all children in Medicaid, including Illinois, Maine, and North Carolina that most recently transitioned their “separate CHIP” children to Medicaid.

Brooks then discussed quality improvement. She reminded the Committee that reporting all Child Core Set Quality Measures in Medicaid and CHIP will be mandatory in 2024. States will be required to disaggregate data based on a variety of factors (age, language, gender, race, ethnicity, health plan, etc.). Brooks recommended that the state track and trend outcomes, review quality improvement strategies, and ensure that quality improvement projects prioritize children and are enforced in the managed care contracts.

Brooks highlighted important points to keep in mind during the unwinding period. She stated that careful and well-planned unwinding implementation is of critical importance because eligible children are more likely to lose coverage at renewal than any other time. She explained that parents may not realize their children likely remain eligible even if adults in the family are not. Brooks also recommended that Virginia and other states consider making permanent some of the temporary unwinding strategies that have shown success. Brooks commended Virginia on its outstanding performance in ex parte rates during unwinding. She highlighted the fact that Virginia’s share disenrolled is much lower than the national median (37.5% versus 54.75%). Brooks posed the question of why FAMIS and other states’ CHIP programs are not growing during the unwinding period.

Brooks commended Virginia for being one of only about 10 states consistently reporting outreach expenditures under CHIP. Outreach is a required activity in CHIP.

Brooks concluded by recommending that Virginia consider the following opportunities to improve children’s coverage:

- Multi-year continuous eligibility for young children
- Cover ALL children
- Raise income eligibility for children (Median of states = 255% FPL)
- Brand and market programs as continuum of coverage options
- Develop and launch an assister portal
- Offer EPSDT services for all children, or merge FAMIS into the Medicaid crossover group
- Improve quality through ongoing consumer research and engagement in review of quality metrics and improvement plans
- Pay attention to unwinding outcomes, boosting outreach and assistance will likely be needed to reconnect kids to coverage

**IV. Virginia Medicaid Unwinding Update** (Jessica Annecchini, Senior Policy Advisor for Administration, DMAS)

Jessica Annecchini, DMAS Senior Policy Advisor for Administration, provided an update on Virginia's unwinding from the continuous coverage requirement. Annecchini presented a snapshot of DMAS's unwinding dashboard as of August 30. (The dashboard is updated weekly.) As of August 30, 130,861 members were closed and 678,121 members were renewed with ongoing coverage. Annecchini explained that the dashboard recently received a refresh led by Virginia's Healthcare Analytics Division. She explained that Virginia has retained the flexibility that a pending appeal automatically grants the individual reinstated coverage. She stated that almost all closures occur at the end of the month except for reasons such as a member's death.

Annecchini explained that "completed" means one of two things has occurred: either the member's coverage was closed or they were renewed and their coverage continues. She stated that even though there have been only four months of renewals due, DMAS has now completed renewals for almost 40 percent of the entire Medicaid population, for a total of 808,982 members determined as of August 30.

Annecchini reviewed information on the top closures by eligibility grouping. She explained that the highest closures happened among non- aged/blind/disabled (ABD) adults (LIFC/expansion), followed by children, and then those in limited coverage groups (MSP/Plan First/Incarcerated Coverage/Emergency Medicaid). Annecchini summarized top closure reasons. 79,835 members were closed for non-procedural reasons (ineligible) and 51,027 members were closed for procedural reasons (did not return a renewal form or verifications needed to determine eligibility). This total is through unwinding out of the 2,166,381 members identified in the unwinding cohort. Annecchini stated that the ex parte baseline before March 2020 was around 50% for both cases and members.

Annecchini shared data related to member appeals. She stated that there are still zero client appeals overdue and applauded the Appeals division's work. She summarized requests for information, including FOIA, constituent, and legislator requests.

## V. DMAS Foster Care Update (Christine Minnick, Child Welfare Program Specialist, DMAS Health Care Services Division)

Christine Minnick, Child Welfare Program Specialist in the Maternal-Child Health Unit of DMAS' Health Care Services Division, provided an update on DMAS activities to strengthen health care support for foster children and youth. She announced that last month DMAS concluded a two-year quality improvement project with CMS that was focused on improving timely access to health care services for youth in foster care in Virginia.

Minnick began by providing background on Medicaid coverage for foster youth. She stated that according to Virginia Administrative Code (VAC), foster care is defined as 24-hour substitute care for children placed away from their parents or guardians for whom the Title IV-E agency has placement and care responsibility. Children in foster care placement are eligible for Medicaid unless they are not Virginia residents or they have income or other financial resources that make them ineligible. For eligibility and identification purposes, foster care children are assigned to the aid category 076: this is how DMAS and the MCOs know they are in foster care. Minnick reported that, according to August enrollment data, there were 6,136 children enrolled in Medicaid through foster care, with approximately 95% at any given time enrolled in managed care.

Minnick explained that children in foster care have higher rates of physical and behavioral health care needs compared to those without a history of foster care involvement, and have higher utilization of certain categories of health care services than the non-foster care population. She stated that because of these complex health care needs, it is important for children in foster care and entering foster care to receive timely initial medical assessments so they can be connected to services. Moreover, Virginia DSS foster care regulations and the VAC state that the service worker shall ensure that the child receives a medical examination no later than 30 days after initial placement.

From July 2021 through July 2023, DMAS participated in a quality improvement affinity group convened by CMS, along with representatives from the Virginia Department of Social Services and the Medicaid MCOs, to drive measurable improvements and help expand the agency's understanding of data-driven quality improvement and tests of change. The team developed and implemented pilot tests to gather data and test the success of interventions. The Virginia team's AIM statement was that by December 2023 they would increase the rate of children entering foster care who received an initial medical exam within the first 30 days.

Minnick shared information about the affinity group's process and a sample of the data they collected and tracked. She explained that in order to develop intervention and improvement strategies, the team engaged system experts and stakeholders to gather baseline data and to "process map" the general steps that take place in the transfer of information when a child enters foster care, from the time that custody is transferred to

local DSS to when the foster care worker and eligibility workers complete the Medicaid application and the MCO is notified of the child's eligibility.

Minnick explained that one of the first findings of the Virginia team was that close to three-quarters of the youths entering foster care were already enrolled in Medicaid managed care, just in another eligibility category. Because of this, and because the team wanted to leverage MCO care coordination as part of their quality improvement strategy, they decided to focus the project only on that approximately 75 percent of youth who were already enrolled in Medicaid and in an MCO when they entered foster care.

The Virginia team also found that because of the way the system is set up, the process of MCO outreach is often occurring too late and without all the information needed to make an impact on the first 30 days of custody. DMAS decided the focus needed to be timely notification of the assigned MCO when a youth enters foster care.

As part of the project, DMAS and its MCO partners developed pilot tests of "warm hand-offs" of foster care information to avoid the delay in the system. Under this process, information is exchanged between local DSS agencies or VDSS and DMAS; DMAS identifies the assigned MCO to notify them that a youth has entered foster care and needs assistance scheduling their initial medical examination; and the MCO begins care coordination and outreach, then reports back their outcome data.

Minnick explained that Bedford County DSS shared its intake process, which already involved a secure email handoff of information to CSA and between the foster care unit and the benefits or eligibility unit. Minnick shared data from the warm handoff pilot test conducted in Bedford County, in which DMAS tracked timeliness of notification and timeliness of MCO contact with member. Over time, the data showed that the warm handoff test was consistently successful in decreasing the number of days between MCO notification and successful contact with the member. Since January 2023, 100 percent of exams were completed within 30 days in Bedford.

Minnick shared several reflections on the project. She stated that process flow mapping helped the team realize that timeliness of Medicaid enrollment and MCO notification of new foster care members was an important factor in making improvement toward the AIM statement. The warm handoffs removed information silos and improved coordination. The project allowed MCOs to collaborate directly with the local DSS agency around a common member goal. The project also improved the local DSS agency's understanding of care coordination, and it supported participating MCOs in developing relationships, identifying barriers to successful care coordination, and brainstorming possible solutions.

Minnick stated that DMAS and partners plan to continue discussing and testing current and new ideas for reducing enrollment and/or MCO notification time when a member enters custody of DSS. The team also plans to use interagency work groups through the Foster Care Partnership to continue quality improvement projects around appropriate and timely medical care for youth in DSS custody.

**VI. Medicaid School Health Services Expansion Status Update** (Hope Richardson, DMAS Policy, Regulation & Member Engagement Division; Lynn Hamner, DMAS Program Operations Division)

Hope Richardson, DMAS PRME Division, introduced DMAS' new school services lead, Lynn Hamner. Richardson provided an overview and status update on expanded Medicaid reimbursement of school-based health services. First, she explained that under the Medicaid school-based services program, DMAS reimburses with federal Medicaid dollars the state and local expenditures incurred by school divisions, also called local education agencies (LEAs), in providing health services to Medicaid/FAMIS-enrolled students. Richardson stated that the LEAs' spending constitutes the state share that draws down federal Medicaid dollars. Richardson described the cost-based reimbursement formula used to reimburse schools for these services. First, the school spends money providing student health and support services. A statewide random moment time study (RMTS) is conducted to determine the percentage of staff time spent directly with students providing services. The proportion of students with medical assistance (Medicaid or FAMIS) is also factored into the formula. This formula determines the allowable expenditures.

Richardson then explained the changes underway for school services. She stated that pursuant to legislation passed in 2021 General Assembly session, DMAS is working with the Centers for Medicare and Medicare Services (CMS) to expand the options for schools to receive federal Medicaid and CHIP cost-based reimbursement. Whereas reimbursement was previously limited to special education services provided to students with an Individualized Education Program (IEP), with SPA approval, Medicaid reimbursement is now available for the costs of providing covered services to all Medicaid and FAMIS enrolled students – not just those with an IEP, and for services outside of the IEP. Richardson explained that there is significant potential for increased Medicaid reimbursement to schools through this expansion. FY22, Virginia schools were reimbursed by Medicaid for providing direct services to 50,000 students enrolled in Medicaid/FAMIS with an IEP. However, statewide, more than 850,000 Virginia children are currently enrolled in Medicaid and FAMIS. Although these children are not all enrolled in public schools, the scale of the Medicaid and FAMIS child population provides increased potential for the schools to receive reimbursement for services to many more children outside the IEP.

Virginia's School Services State Plan Amendment (SPA) adds licensed school counselors and substance use treatment practitioners, and licensed behavior analysts and assistant behavior analysts to the list of professionals whose time spent providing services may be eligible for reimbursement. The SPA allows schools to include the costs associated with adaptive behavior therapy (ABA) and substance use treatment services in cost settlement. Existing services currently allowed (for cost reporting) for students with an IEP will be allowed for all general education students (speech, occupational therapy, physical therapy, audiology, behavioral health, nursing, personal care, physician/PA/NP services). The SPA also revises Virginia's reimbursement methodology for specialized transportation to reduce administrative burden for LEAs.

Richardson stated that these changes allow schools to be reimbursed for services they

are already providing to Medicaid/FAMIS enrolled students and have the potential to assist schools reinvest state and local funding into other activities to support student health. She explained that CMS recently issued extensive new guidance on Medicaid school services that provides additional flexibilities and steps states can take to streamline processes and ease administrative burden for schools, and that DMAS is still reviewing this federal guidance and determining next steps.

## VII. Agenda for December 7, 2023 CHIPAC Meeting

Cariano invited members to submit ideas and requests for the agenda for the December 7 CHIPAC meeting to the executive subcommittee, for discussion at their October 13 subcommittee meeting.

## VIII. Public Comment

Cariano invited public comment. LeVar Bowers submitted a comment via the chat, asking how school-based services would impact MCO capitation rates. Richardson responded that the school-based services DMAS described during the meeting are a fee-for-service carve-out and do not factor into the capitation rates. She stated that there are some services children receive in schools that are covered by the Medicaid managed care organizations (MCOs), but these have a different reimbursement and delivery model.

## IX. Closing

The meeting adjourned at 3:01 p.m.

CHIPAC
Children's Health Insurance Program Advisory Committee of Virginia

# CHIPAC Candidate Questionnaire - Kenda Sutton-EL

*The mission of Virginia's CHIP Advisory Committee (CHIPAC) is to advise the Director of DMAS and the Secretary of Health and Human Resources on ways to optimize the efficiency and effectiveness of DMAS' programs that address the health needs of children (FAMIS/CHIP and FAMIS Plus/Medicaid).*

1. Please describe the experience and qualifications you will bring to the CHIPAC, including those specifically related to children's health/health insurance. Please also include examples of your commitment to supporting and improving public medical assistance programs.

As a seasoned professional in the field of healthcare, particularly in maternal and infant health, I bring a wealth of experience and qualifications that align seamlessly with the objectives of CHIPAC. My commitment to supporting and improving public medical assistance programs is underscored by a proven track record of advocacy, strategic planning, and implementation of initiatives that directly impact children's well-being.

- I played a pivotal role in developing and implementing programs aimed at enhancing Medicaid reimbursement for doulas and addressing maternal mortality in underserved communities.

- I possess in-depth knowledge of health insurance systems, particularly as they relate to children, through continuous professional development and staying abreast of industry trends.

- I actively contributed to fetal and infant mortality review board that aimed to address gaps in pediatric care accessibility.

- I have been an advocate for the enhancement of public medical assistance programs throughout my career, consistently seeking opportunities to collaborate with governmental agencies and community organizations.

- I spearheaded a community outreach campaign that resulted in increased enrollment in public medical assistance programs, ensuring that more children had access to essential healthcare services.

2. What motivates you to participate in CHIPAC? What are your goals and priorities as a member of the Committee?

   I am enthusiastic about bringing my unique blend of experience, expertise, and commitment to the table. I am confident that my strategic insights and dedication to advancing the health and well-being of children will contribute significantly to the committee's mission. I look forward to the opportunity to further discuss how my background aligns with the goals of CHIPAC and how I can contribute to its ongoing success.

Kenda Sutton-EL is the Founder and Executive Director of Birth In Color. A native of rural Virginia, Kenda focuses on Reproductive Sexual Justice, Birth Justice, Black maternal Health, Structural Racism, and organizes for Incarcerated pregnant people and human rights violations.  An Activist that trains people of color to become doulas, Trains healthcare systems and workers in racial bias training.

Kenda Sutton-EL a true leader who started raising awareness and creating initiatives for Black Maternal Health In Virginia. Birth In Color VA is the leading organization that focuses on the care of people of color and the implementation of doulas into the workforce. Kenda holds a Bachelor's in Health Science and is also a Doula Trainer, Diversity Equity Inclusion Consultant, and Policy Analyst, amongst other things.

Kenda had the pleasure of sitting on Vice President Kamala Harris's roundtable discussion on Reproductive Health and currently serves as the Chair of the Virginia Doula Taskforce Chair, the Chair of Greater Richmond Regional Maternal Child Health Taskforce, a member of the Virginia Maternal and Data Outcomes Taskforce, and Pregnancy Services for Incarceration Workgroup.

In 2019, Kenda Sutton-EL helped establish "Black Maternal Health Week"  and also led the campaign for Doula Medicaid Reimbursement for the state of Virginia. Her passion for reproductive justice has led her to relentlessly pursue methods of improving maternal health for women of color. She firmly believes that until every woman is safe before, during, and after childbirth, we have not done our job as a society. In 2020 Sutton-EL was the creator of Herstory in partnership with Urban One Radio centering Maternal Health. In 2021, Kenda was the recipient of the "Women of the Year' ACHI Magazine Award and Urban One Hometown Hero Award.

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# CHIPAC Candidate Questionnaire – Sarah Bedard Holland

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1. Please describe the experience and qualifications you will bring to the CHIPAC, including those specifically related to children's health/health insurance. Please also include examples of your commitment to supporting and improving public medical assistance programs.

For most of my career, I have been working to forward public health initiatives and improve access to health and social services for children (and people across the lifespan). Virginia Health Catalyst was created to ensure everyone in the commonwealth has equitable access to health care – and that oral health is always part of the total health. As the CEO, I have led multiple efforts to realize this mission. Notably,

- Catalyst successfully advocated for the inclusion of dental coverage for pregnant Medicaid members, understanding that good oral health during pregnancy is vital for a healthy delivery and that pregnancy is an optimal time to begin talking with a parent about the importance of oral hygiene for their child. Coverage was rolled out in 2015
- In 2015, Catalyst joined other state and national partners to successfully advocate to ensure CHIP (FAMIS) funding was continued when funding for the program was not secure, despite bi-partisan support for the program.
- Catalyst championed an advocacy initiative culminating in comprehensive dental coverage for all adults enrolled in Virginia's Medicaid program, which rolled out in 2021. Data shows that when parents have dental coverage, their children are far more likely to visit a dentist.
- Fluoride varnish is one of the most effective, least expensive modalities to prevent cavities. Virginia Medicaid currently reimburses medical providers for applying fluoride varnish to children through age three. Recent legislation championed by Catalyst will increase the age limit to five. To support the adoption of varnish in medical practices, Catalyst routinely offers training and education to pediatric offices, focusing on offices that care for Medicaid members. Clinicians and administrative staff are trained to incorporate fluoride varnish application and referral to a dental home into well visits for children through age five (as recommended by Bright Futures).

2. What motivates you to participate in CHIPAC? What are your goals and priorities as a member of the Committee?

I care deeply about the health of Virginia's Medicaid members and appreciate the emphasis on the health of children enrolled in the program. I respect the strong focus CHIPAC gives to evaluation and metrics and the group's commitment to transparency. As a committee member, I will stress the importance of access to and utilization of comprehensive healthcare services, with an eye toward medical and dental integration. For example:

- I believe there is a lot of opportunity for Virginia's MCOs to work collaboratively with the dental benefit administrator to improve the utilization of prevention services;
- I think the new regulations enabling schools to bill Medicaid beyond the more restrictive previous structure opens up opportunities for more school-based health programs that offer comprehensive services;
- I think a focus on increasing fluoride varnish application by medical providers (currently, 1% of eligible providers are applying varnish to eligible children) will improve the utilization of preventive dental services for young children and ultimately improve health outcomes.

I would be honored to serve as a member of CHIPAC. I believe I can add value to the group. Conversely, I think my participation will strengthen Catalyst's work. Please feel free to reach out with questions or for additional information.

## Sarah Bedard Holland, Virginia Health Catalyst

As the CEO of Virginia Health Catalyst, Sarah draws on her nearly twenty years of experience in state and federal policy, clinical care infrastructure, and health equity to improve health and advance equity across the commonwealth. Notably, under Sarah's leadership, Catalyst led a successful advocacy campaign to add an adult dental benefit to Virginia's Medicaid program – paving the way for nearly a million adults to access covered oral health services and for safety-net clinics to offer comprehensive, integrated care for their patients.

In 2021, Sarah was named the first COVID-19 Response Warrior by the National Network for Oral Health Access, an association of dental safety-net health centers committed to oral health integration and access.

Sarah received her undergraduate degree from Virginia Tech and a Master of Science degree from Simmons University. She is a proud alumnus of both Richmond Memorial Health Foundation's Equity and Health Fellowship and Lead Virginia and serves on numerous boards. She is also fiercely proud of her family of four.

# CHIPAC Quarterly Enrollment Dashboard

*Table 1 - CHIP and Medicaid Child Enrollment*

| PROGRAM | INCOME | # Enrolled as of 10-01-23 | # Enrolled as of 11-01-23 | Net Increase This Month | % of Total Child Enrollment |
|---|---|---|---|---|---|
| FAMIS (separate CHIP program)<br>*Children 0-18 years* | > 143% to 200% FPL | 84,521 | 86,017 | 1,496 | 11% |
| CHIP-Medicaid Expansion<br>*Children 6-18 years* | > 100% to 143% FPL | 99,872 | 97,823 | -2,049 | 13% |
| **Total CHIP (Title XXI) Children** | | **184,393** | **183,840** | **-553** | **24%** |
| FAMIS Plus*<br>*Children 0-5 years*<br>*Children 6-18 years* | ≤ 143% FPL<br>≤ 100% FPL | 571,480 | 561,475 | -10,005 | 74% |
| Adoption Assistance & Foster Care<br>*Children < 21 years* | FPL N/A | 15,759 | 15,675 | -84 | 2% |
| Other Medicaid Children**<br>*Children < 21 years* | FPL N/A | 44 | 42 | -2 | 0% |
| **Total MEDICAID (Title XIX) Children** | | **587,283** | **577,192** | **-10,091** | **76%** |
| **TOTAL CHILDREN** | | **771,676** | **761,032** | **-10,644** | **100%** |

***** *Children under 19 enrolled in a Medicaid Families & Children Aid Category. This count does not include the CHIP Medicaid Expansion group.*
****** *This includes children under 21 enrolled in Medicaid under the care of the Juvenile Justice Department or in an intermediate care facility (ICF-MR).*

*Table 2 - CHIP Premium Assistance Enrollment*

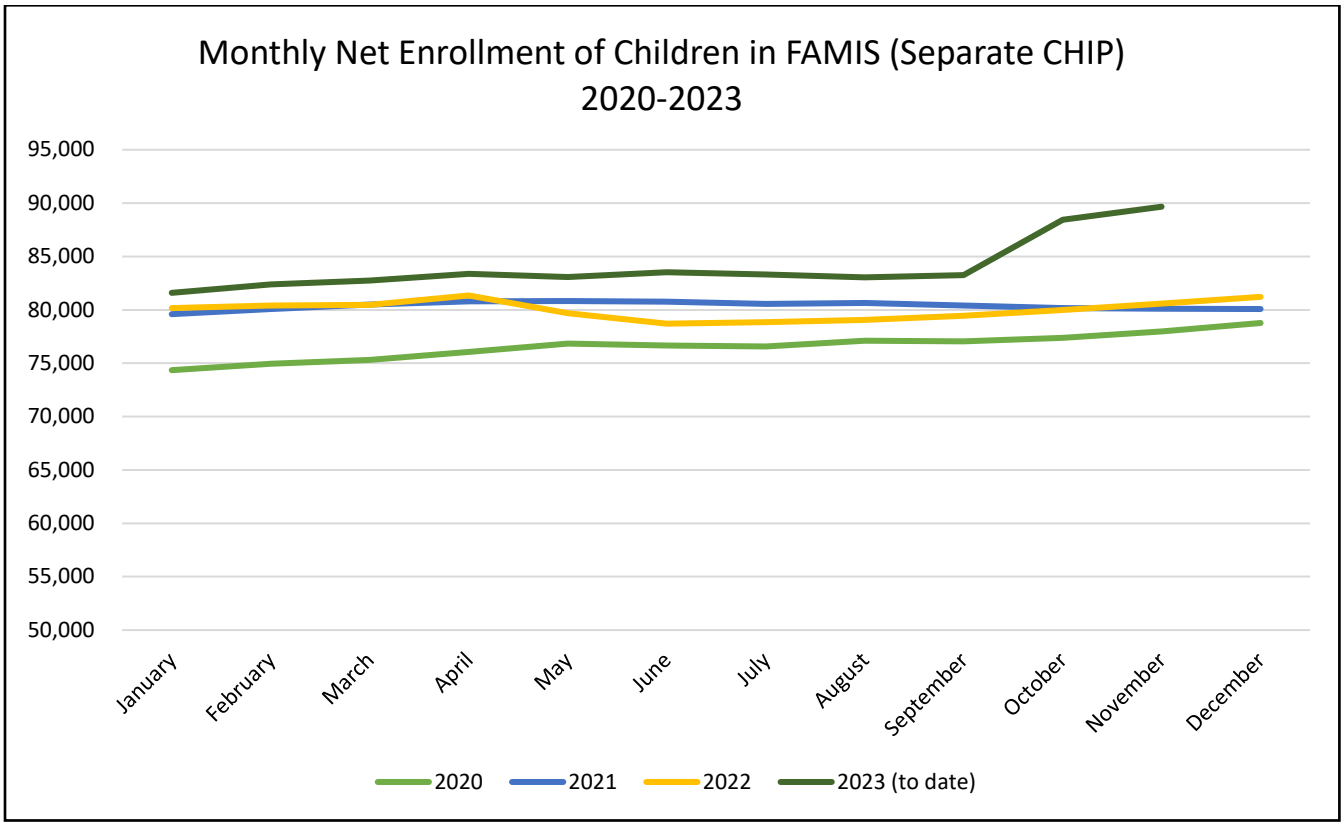
| PROGRAM | INCOME | # Enrolled as of 10-01-23 | # Enrolled as of 11-01-23 | Net Increase This Month |
|---|---|---|---|---|
| FAMIS *Select*<br>*FAMIS Children < 19 years* | > 143% to 200% FPL | 30 | 26 | -4 |

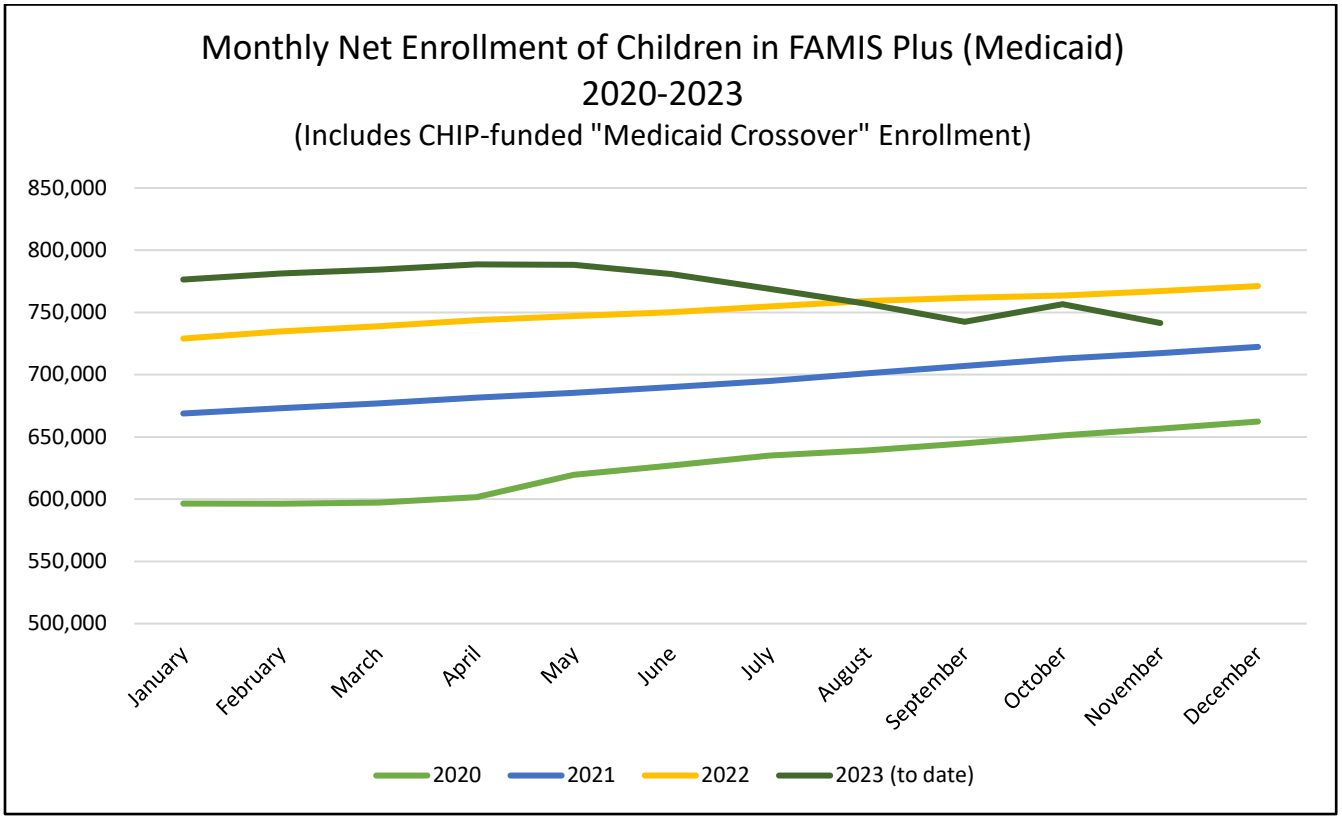
*Table 3 - Pregnant & Postpartum Members Enrollment*

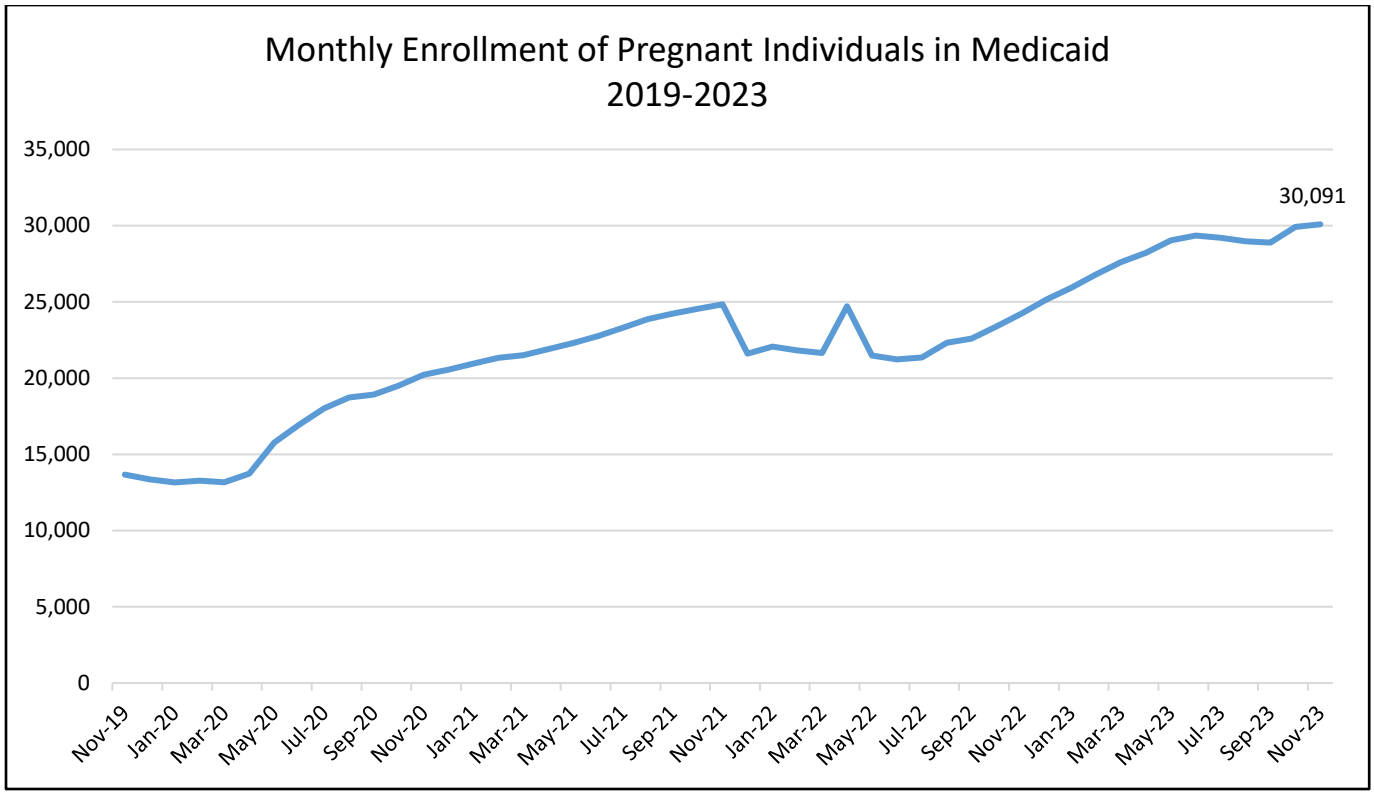
| PROGRAM | INCOME | # Enrolled as of 10-01-23 | # Enrolled as of 11-01-23 | Net Increase This Month | % of Total Pg Enrollment |
|---|---|---|---|---|---|
| CHIP Pregnant & Postpartum *(Total Includes FAMIS MOMS & FAMIS Prenatal Coverage)* | > 143% to 200% FPL | 8,014 | 8,081 | 67 | 21% |
| Medicaid Pregnant & Postpartum | ≤ 143% FPL | 29,896 | 30,080 | 184 | 79% |
| **TOTAL Pregnant & Postpartum Members** | | **37,910** | **38,161** | **251** | **100%** |

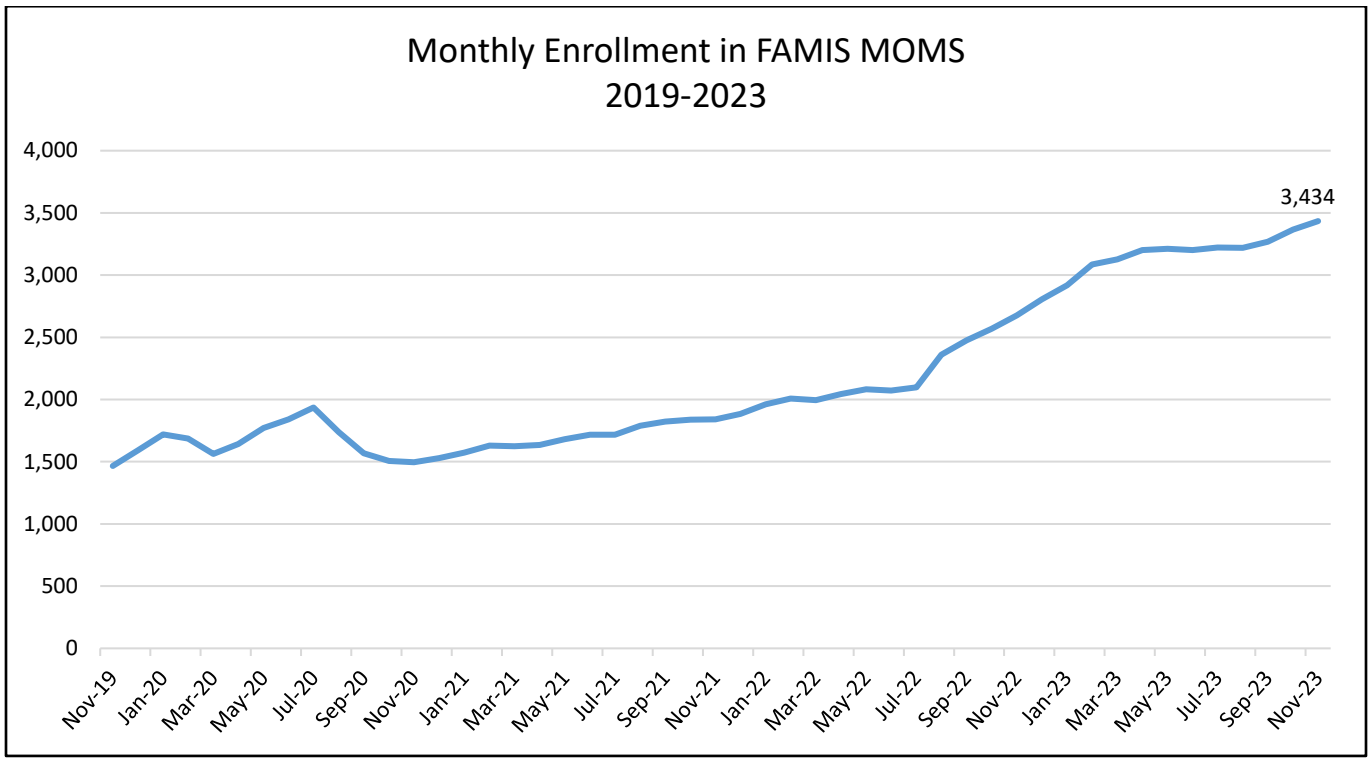
*Table 4 - Family Planning Enrollment*

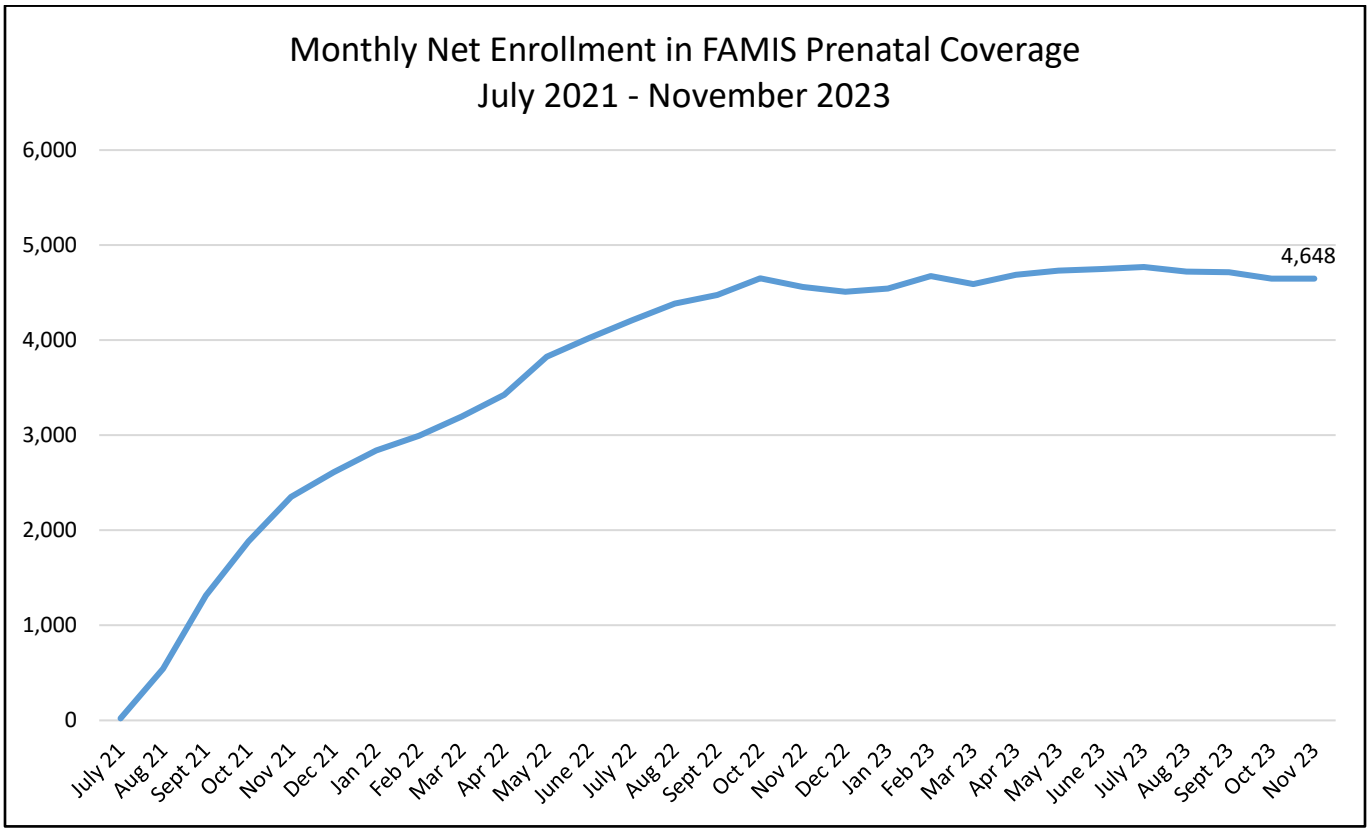
| PROGRAM | INCOME | # Enrolled as of 10-01-23 | # Enrolled as of 11-01-23 | Net Increase This Month |
|---|---|---|---|---|
| Plan First<br>*Men & Women* | ≤ 200% FPL | 53,235 | 54,097 | 862 |


Monthly Net Enrollment of Children in FAMIS (Separate CHIP)
2020-2023
95,000
90,000
85,000
80,000
75,000
70,000
65,000
60,000
55,000
50,000
January
February
March
April
May
June
July
August
September
October
November
December
2020
2021
2022
2023 (to date)


Monthly Net Enrollment of Children in FAMIS Plus (Medicaid)
2020-2023
(Includes CHIP-funded "Medicaid Crossover" Enrollment)
850,000
800,000
750,000
700,000
650,000
600,000
550,000
500,000
January
February
March
April
May
June
July
August
September
October
November
December
2020
2021
2022
2023 (to date)


Monthly Enrollment of Pregnant Individuals in Medicaid
2019-2023
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
30,091
Nov-19
Jan-20
Mar-20
May-20
Jul-20
Sep-20
Nov-20
Jan-21
Mar-21
May-21
Jul-21
Sep-21
Nov-21
Jan-22
Mar-22
May-22
Jul-22
Sep-22
Nov-22
Jan-23
Mar-23
May-23
Jul-23
Sep-23
Nov-23


Monthly Enrollment in FAMIS MOMS
2019-2023
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
3,434
Nov-19
Jan-20
Mar-20
May-20
Jul-20
Sep-20
Nov-20
Jan-21
Mar-21
May-21
Jul-21
Sep-21
Nov-21
Jan-22
Mar-22
May-22
Jul-22
Sep-22
Nov-22
Jan-23
Mar-23
May-23
Jul-23
Sep-23
Nov-23


Monthly Net Enrollment in FAMIS Prenatal Coverage
July 2021 - November 2023
6,000
5,000
4,000
3,000
2,000
1,000
0
4,648
July 21
Aug 21
Sept 21
Oct 21
Nov 21
Dec 21
Jan 22
Feb 22
Mar 22
Apr 22
May 22
June 22
July 22
Aug 22
Sept 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
June 23
July 23
Aug 23
Sept 23
Oct 23
Nov 23

# CHIPAC MEMBER CONTACT LIST 2023

| | Organization | Representative | Contact info |
|---|---|---|---|
| 1. | Joint Commission on Health Care* | Vacant<br><br>3-year term | Joint Commission on Health Care<br>P.O. Box 1322<br>Richmond, VA 23218 |
| 2. | Department of Health* | Jennifer O. Macdonald<br>Director, Division of Child and Family Health<br><br>3-year term: March 2021 – March 2024 | Virginia Department of Health<br>109 Governor Street<br>Richmond, VA 23219<br><br>(804) 864-7729<br>Jennifer.Macdonald@vdh.virginia.gov |
| 3. | Department of Education* | Alexandra Javna<br>Student Services Specialist, Office of Student Services<br><br>3-year term: Sept. 2022 – Sept. 2025 | Virginia Department of Education<br>Office of Student Services<br>P.O. Box 2120<br>Richmond, VA 23218<br><br>(804) 786-0720<br>alexandra.javna@doe.virginia.gov |
| 4. | Virginia Department of Behavioral Health and Developmental Services* | Hanna Schweitzer<br>VMAP Program Administrator<br>Office of Child and Family Services<br><br>3-year term: Dec. 2021 – Dec. 2024 | Virginia Department of Behavioral Health and Developmental Services<br>P.O. Box 1797<br>Richmond, VA 23218<br><br>hanna.schweitzer@dbhds.virginia.gov |
| 5. | Virginia Health Care Foundation* | Emily Roller<br>Director, Health Insurance Initiatives<br><br>3-year term: Dec. 2021 – Dec. 2024 | Virginia Health Care Foundation<br>707 East Main Street, Suite 1350<br>Richmond, VA 23219<br><br>(804) 828-5804<br>emily@vhcf.org |

** Member organizations required per Code of Virginia*

12-7-23

| | | | |
|---|---|---|---|
| 6. | Virginia Department of Social Services* | Irma Blackwell<br>Medical Assistance Program Manager<br><br>3-year term: March 2021 – March 2024 | Division of Benefit Programs<br>Virginia Department of Social Services<br>801 East Main Street, Richmond, VA 23219<br><br>(804) 584-6763<br>i.blackwell@dss.virginia.gov |
| 7. | Medical Society of Virginia | Dr. Nathan Webb, MD, MS, FACOG<br>Assistant Professor, Department of Obstetrics & Gynecology<br><br>2 year term: Dec. 2021 – Dec. 2023 | VCU Health<br>P.O. Box 980034<br>Richmond, VA 23298<br><br>(804) 828-1809<br>Charles.webb@vcuhealth.org |
| 8. | Center on Budget and Policy Priorities | Shelby Gonzales<br>Director, Enrollment and Outreach<br><br>2-year term: March 2022 – March 2024 | Center on Budget and Policy Priorities<br>1125 1st Street NE<br>Washington, DC 20002<br><br>(202) 408-1080<br>gonzales@cbpp.org |
| 9. | Virginia League of Social Services Executives | Michael J. Muse<br>Director<br><br>2-year term: March 2022 – March 2024 | Stafford County Social Services<br>P.O. Box 7<br>Stafford, VA 22555<br><br>(540) 658-8744<br>Michael.muse@dss.virginia.gov |
| 10. | The Commonwealth Institute for Fiscal Analysis | Freddy Mejia<br>Deputy Director of Policy<br><br>*Vice Chair*<br><br>2-year term: June 2022 – June 2024 | The Commonwealth Institute for Fiscal Analysis<br>1329 E. Cary St. #200<br>Richmond, VA 23219<br><br>(804) 396-2051 x106<br>freddy@thecommonwealthinstitute.org |

| | | | |
|---|---|---|---|
| 11. | Voices for Virginia's Children | Emily Moore<br>Policy Analyst<br><br>2-year term: December 2023 – December 2025 | Voices for Virginia's Children<br>1606 Santa Rosa Road, Suite 109<br>Henrico, VA 23229<br><br>(804) 659-0184<br>emoore@vakids.org |
| 12. | Virginia Association of Health Plans | Heidi Dix<br>Senior Vice President of Policy<br><br>2-year term: March 2022 – March 2024 | Virginia Association of Health Plans<br>1111 E. Main Street, Suite 910<br>Richmond, VA 23219<br><br>(804) 648-8466<br>heidi@vahp.org |
| 13. | Virginia Chapter of the American Academy of Pediatrics | Dr. Susan Brown<br><br>2-year term: March 2022 – March 2024 | (804) 363-7732<br>Gollobrown@gmail.com |
| 14. | Virginia Hospital and Healthcare Association | Kelly Cannon<br>Senior Director, VHHA Foundation<br><br>2-year term: June 2022 – June 2024 | Virginia Hospital and Healthcare Association<br>4200 Innslake Drive, Suite 203<br>Glen Allen, VA 23060<br><br>(804) 212-8721<br>kcannon@vhha.com |
| 15. | Virginia Community Healthcare Association | Martha Crosby<br>Programs and Business Lead<br><br>2-year term: December 2022 – December 2024 | Virginia Community Healthcare Association<br>3831 Westerre Parkway, Suite 2<br>Henrico, VA 23233-1330<br><br>(804) 237-7677<br>mcrosby@vcha.org |


# 2024 CHIPAC Meeting Dates

## CHIPAC Full Committee Meetings

- **Thursday, March 7, 2024** (1:00–3:30 pm)
- **Thursday, June 6, 2024** (1:00–3:30 pm) *Virtual Meeting*
- **Thursday, September 5, 2024** (1:00–3:30 pm)
- **Thursday, December 12, 2024** (1:00–3:30 pm) *Virtual Meeting*

## CHIPAC Executive Subcommittee Meetings

- **Friday, January 12, 2024** (10:00 am–12:00 pm) *Virtual Meeting*
- **Friday, April 19, 2024** (10:00 am–12:00 pm)
- **Friday, July 19, 2024** (10:00 am–12:00 pm) *Virtual Meeting*
- **Friday, October 18, 2024** (10:00 am–12:00 pm)