CHIPAC

Children's Health Insurance Program Advisory Committee of Virginia

Quarterly Meeting

March 4, 2021

Virtual Meeting Notice

- CHIPAC is conducting this meeting electronically due to the COVID-19 emergency.
- This meeting will be recorded.

Roll Call – Instructions for Committee Members

- All participants are on mute.
- During roll call, please unmute yourself to verbally confirm you are present.
- If you are joining on Zoom, unmute yourself by clicking on the microphone icon.
- If you are joining by phone, unmute yourself by pressing *6.

Roll call

Organization	Name
Virginia Health Care Foundation	Denise Daly Konrad (Chair)
VCU Health	Dr. Tegwyn Brickhouse
Center on Budget and Policy Priorities	Shelby Gonzales
Virginia Department of Health	Jennifer Macdonald*
Dept. of Behavioral Health and Developmental Services	Bern'Nadette Knight
American Academy of Pediatrics, Virginia Chapter	Dr. Suzanne Brixey (attending as substitute for Victor James)
Virginia Association of Health Plans	Christine McCormick
Joint Commission on Health Care	Jeff Lunardi

* New member

Roll call, cont'd

Organization	Name
Virginia League of Social Services Executives	Michael Muse
Virginia Department of Social Services	Irma Blackwell*
Families Forward Virginia	Ali Faruk
The Commonwealth Institute for Fiscal Analysis	Freddy Mejia
Medical Society of Virginia	Dr. Nathan Webb
Virginia Hospital and Healthcare Association	Lanette Walker
Virginia Poverty Law Center	Sara Cariano
Board of Medical Assistance Services	Michael Cook
Virginia Department of Education	Quyen Duong

* New member

Meeting Agenda

- CHIPAC Business (including Orientation)
- CHIPAC-DMAS Collaboration: 12 month Postpartum Coverage waiver amendment and Public Comment
- DMAS Update
- VDSS Update
- Agenda for next CHIPAC Meeting
- Public Comment

CHIPAC Business - Voting Instructions

- All votes must be recorded. To facilitate this, there are two options for voting.
- If you are able, use the chatbox to write “yea,” “nay,” or “abstain.”
- There will also be an opportunity for members to declare a voice vote. When prompted:
  - Unmute yourself by clicking on the microphone icon in Zoom.
  - If you are joining by phone, unmute yourself by pressing *6.

CHIPAC Business

- Review minutes from December 3 meeting
- Review updated meeting dates (December date change)
- Membership update
- CHIPAC orientation

New Representatives

Organization	Name
Virginia Department of Health	Jennifer Macdonald
Virginia Department of Social Services	Irma Blackwell

Nominees for Membership

Organization	Name
Voices for Virginia's Children	Emily Griffey
Virginia Community Healthcare Association	Tracy Douglas-Wheeler

CHIPAC ORIENTATION

- CHIPAC History
- CHIPAC Charge
- Member Organizations
- What to Expect at a CHIPAC meeting
- Member Responsibilities
- Children's Medicaid and FAMIS *Who's Who?*

CHIPAC History

1997

Balanced Budget Act of 1997 creates the **Children's Health Insurance Program (CHIP)**

Virginia Coalition for Children's Health established, advocates for **CMSIP, Virginia's first CHIP program**

2000

Virginia General Assembly passes legislation establishing **Family Access to Medical Insurance Security (FAMIS)** program

Outreach Oversight Committee established to recommend strategies for improving outreach and application processes

2004

CHIP Advisory Committee (CHIPAC) established, replacing Outreach Oversight Committee

Committee's **scope is broadened** to include assessing policies, operations, and outreach efforts for both FAMIS and FAMIS Plus (children's Medicaid), and evaluating enrollment, utilization of services, and health outcomes

CHIPAC Charge

Code of Virginia, § 32.1-351.2. Children's Health Insurance Program Advisory Committee; purpose; membership; etc.

[DMAS] shall maintain a Children's Health Insurance Program Advisory Committee to ***assess the policies, operations, and outreach efforts*** *for FAMIS and FAMIS Plus and to* ***evaluate enrollment, utilization of services, and the health outcomes of children eligible for such programs****… The Committee may report on the current status of FAMIS and FAMIS Plus and make recommendations as deemed necessary to the Director of the Department of Medical Assistance Services and the Secretary of Health and Human Resources.*

Member Organizations

- Maximum of 20 members
- Required members:
  - Joint Commission on Health Care
  - Department of Social Services (VDSS)
  - Virginia Department of Health (VDH)
  - Department of Education (VDOE)
  - Dept of Behavioral Health and Developmental Services (DBHDS)
  - Virginia Health Care Foundation
- Other members: “various provider associations and children's advocacy groups, and other individuals with significant knowledge and interest in children's health insurance.”

What to Expect at a CHIPAC Meeting; Member Responsibilities

- CHIPAC's mission is to advise the DMAS Director and Secretary of Health and Human Resources on ways to **optimize the efficiency and effectiveness** of DMAS' children's programs.
- Attendance at quarterly meetings is required for members.
  - If unable to attend, please designate a substitute and notify DMAS staff with that person's contact information.

Children's Medicaid and FAMIS *Who's Who?*

DMAS	DSS	Cover VA
• "Single state agency" • Administers and supervises administration of Virginia's Medicaid and CHIP (FAMIS) programs.	• VDSS has supervision of 120 local agencies in determining eligibility for Medicaid and FAMIS. • Initial determinations of eligibility • Ongoing case maintenance; annual redeterminations	• Contractor • Statewide Call Center • Eligibility Central Processing Unit • CoverVA.org & CubreVirginia.org websites • Virginia Incarcerated Unit

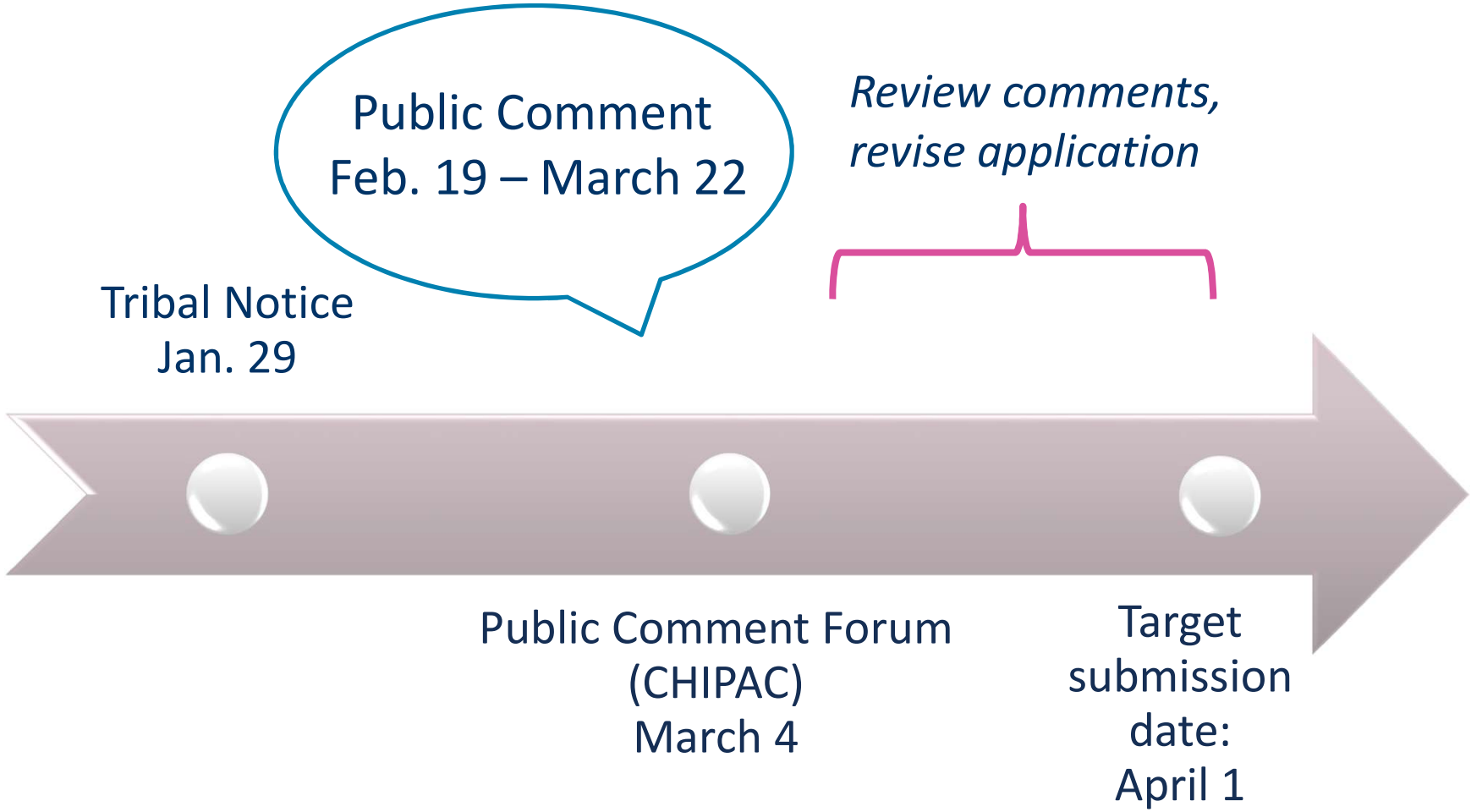
QUESTIONS?

12 Months Postpartum Coverage Discussion & Public Comment

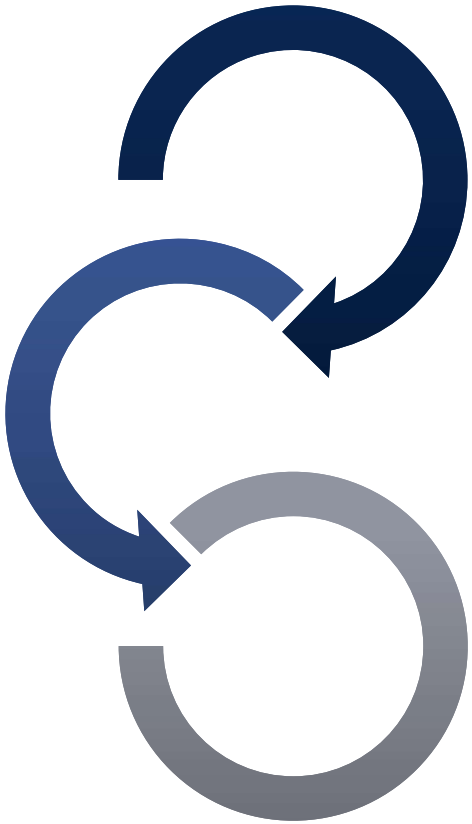
Background: 12 Months Postpartum Coverage

- Provision in Governor's Introduced Budget, 2020 Session
- Funds un-allotted when Budget was amended after onset of COVID-19 public health emergency (April 2020)
- Funds restored in 2020 Special Session, effective April 2021
- Next step: DMAS submits application for federal approval

Amendment Application & Public Comment Process



Demonstration Goals



- ✓ Provide coverage for 12 months post-partum for pregnant women whose coverage currently ends at 60 days
- ✓ Improve continuity of coverage and access to care during the critical postpartum period

- Reduce maternal and infant mortality and morbidity
- Improve health outcomes for mother and infant
- Advance health equity

Addressing Maternal Mortality and Racial Health Disparities

Key Findings from Virginia's Maternal Mortality Review Team

Black women more than 2x as likely to die from pregnancy-related causes as white women

Majority of pregnancy-associated deaths occurred 43 days+ after pregnancy

Significant differences by race in manner of death

Black women more likely to die of natural causes; chronic conditions more likely to contribute

Incomplete health care coverage a factor in maternal mortality

Lack of care coordination contributed to pregnancy-associated deaths

Benefits of 12-Month Postpartum Coverage

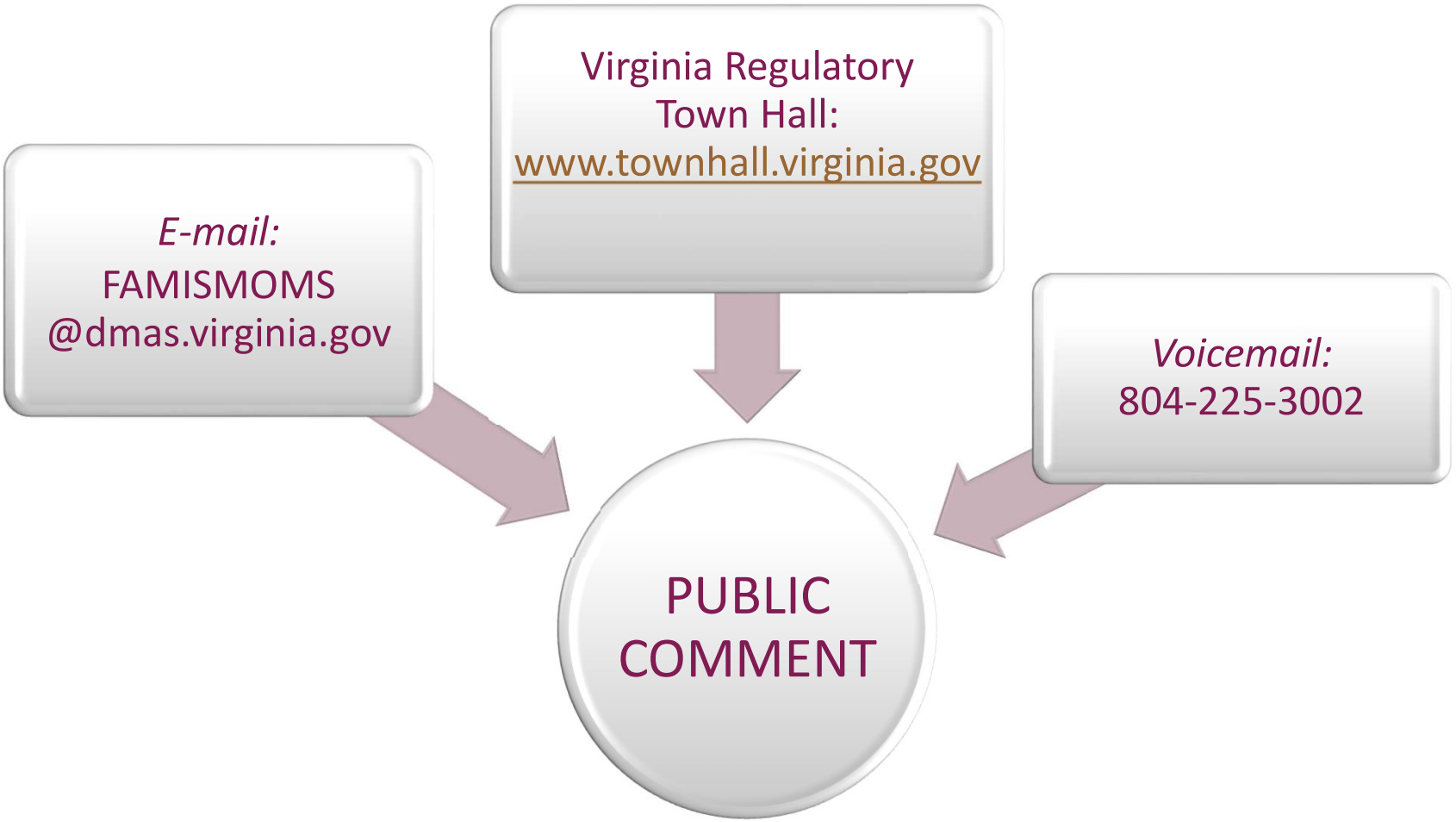
Proposed Evaluation

Hypothesis	Evaluation Approach	Data Sources
Extending postpartum coverage to 12 months in Medicaid and CHIP will **reduce disparities and advance health equity** for postpartum women and their infants.	Analyze coverage gaps and outcomes.	• Eligibility and enrollment data. • Statistics from the Commonwealth's Maternal Mortality Review Team and other sister agencies. • Member satisfaction surveys.
Extending postpartum coverage to 12 months in Medicaid and CHIP will **reduce the rate of maternal mortality and morbidity**.	Analyze the maternal mortality rate pre/post implementation. Analyze service utilization pre/post implementation.	• Eligibility and enrollment data. • MCO performance reporting metrics on care coordination. • Statistics from the Commonwealth's Maternal Mortality Review Team and other sister agencies. • Utilization and claims data.
Extending postpartum coverage to 12 months in Medicaid and CHIP **will increase family planning and birth spacing** for postpartum women.	Analyze utilization of family planning services.	• Utilization and claims data. • Member satisfaction surveys. • Eligibility and enrollment data.
Extending postpartum coverage to 12 months in Medicaid and CHIP **will improve health outcomes for infants** born to these women.	Analyze diagnoses and health outcomes for infants of postpartum women in the Demonstration.	• Utilization and diagnosis data. • Statistics from the Commonwealth's Maternal Mortality Review Team and other sister agencies.

Proposed Evaluation

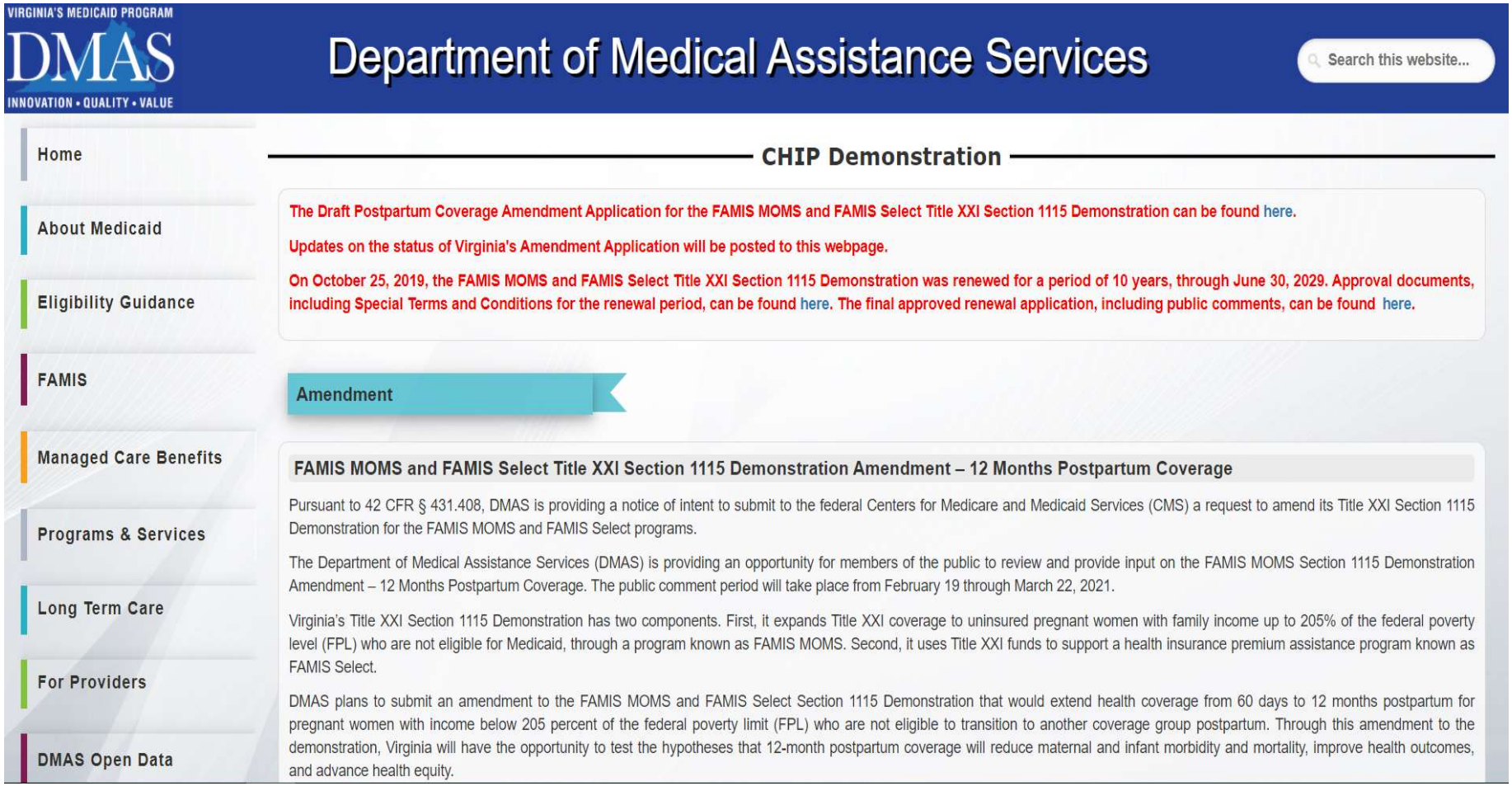
Hypothesis	Evaluation Approach	Data Sources
Extending postpartum coverage to 12 months in Medicaid and CHIP will **increase access to medical and behavioral health services and treatments** for postpartum women and their infants.	Analyze utilization of medical and behavioral health services and treatment.	• Utilization and claims data. • Addiction and Recovery Treatment Services (ARTS) data. • Provider billing data and data from MCOs. • Statistics from the Department of Behavioral Health and Developmental Services and other sister agencies.
Extending postpartum coverage to 12 months in Medicaid and CHIP will **promote continuous coverage and continuity of care** for postpartum women and their infants.	Analyze enrollment trends, coverage gaps, and utilization of services.	• Eligibility and enrollment data. • Evaluation survey data. • Utilization and diagnosis data. • MCO reporting.
Extending postpartum coverage to 12 months in Medicaid and CHIP will **improve care coordination** for postpartum women and their infants.	Analyze coverage outcomes and member utilization, diagnoses, and self-reported health.	• MCO performance reporting metrics on care coordination. • Eligibility and enrollment data. • State and national survey data. • Utilization and diagnosis data.
Extending postpartum coverage to 12 months in Medicaid and CHIP will **increase the rate of well-child visits and appropriate immunizations** among infants of postpartum women.	Analyze utilization of well-child visits and appropriate immunizations.	• Utilization and diagnosis data. • Healthcare Effectiveness Data and Information Set (HEDIS) reporting. • MCO and provider data/reporting.

Submitting Public Comment



Deadline: Monday, March 22

More information and updates (including link to draft application):
https://www.dmas.virginia.gov/#/hifawaiver



Public Comment

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- You may also submit comments in the chatbox if you wish to do so.

DMAS UPDATE

CHIP ADVISORY COMMITTEE QUARTERLY MEETING MARCH 4, 2021

KAREN KIMSEY

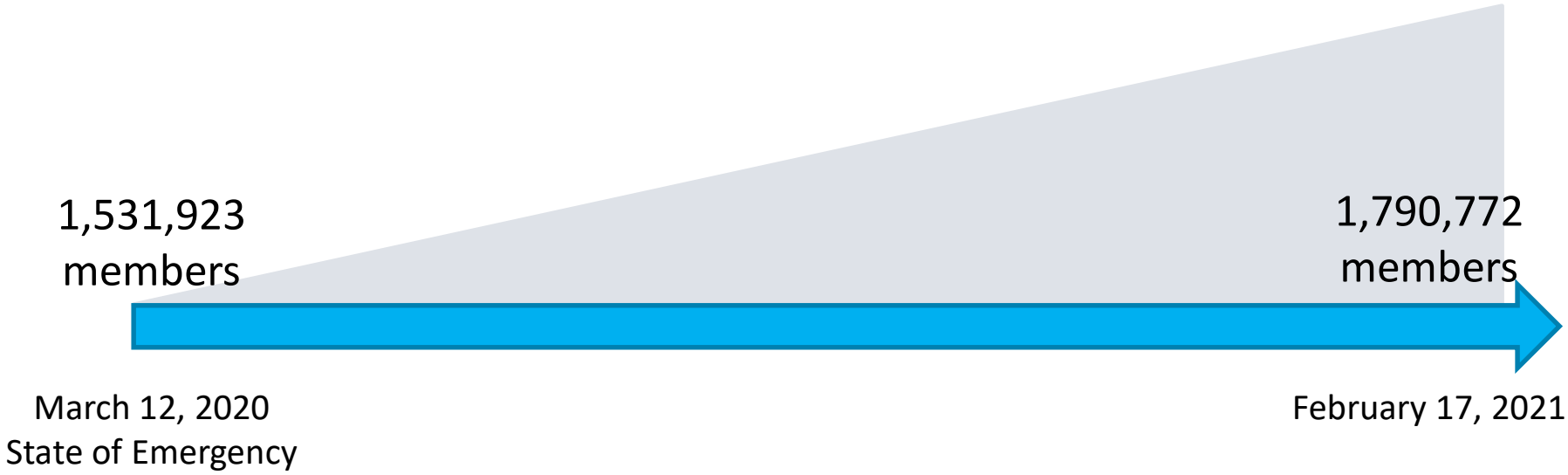
DIRECTOR,

Department of Medical Assistance Services

DMAS Update

- Enrollment and Expansion Updates
- CARES Act and COVID-19
- General Assembly Update
  - Governor's Introduced Budget
  - Key Bills and Budget Amendments
- Project Cardinal

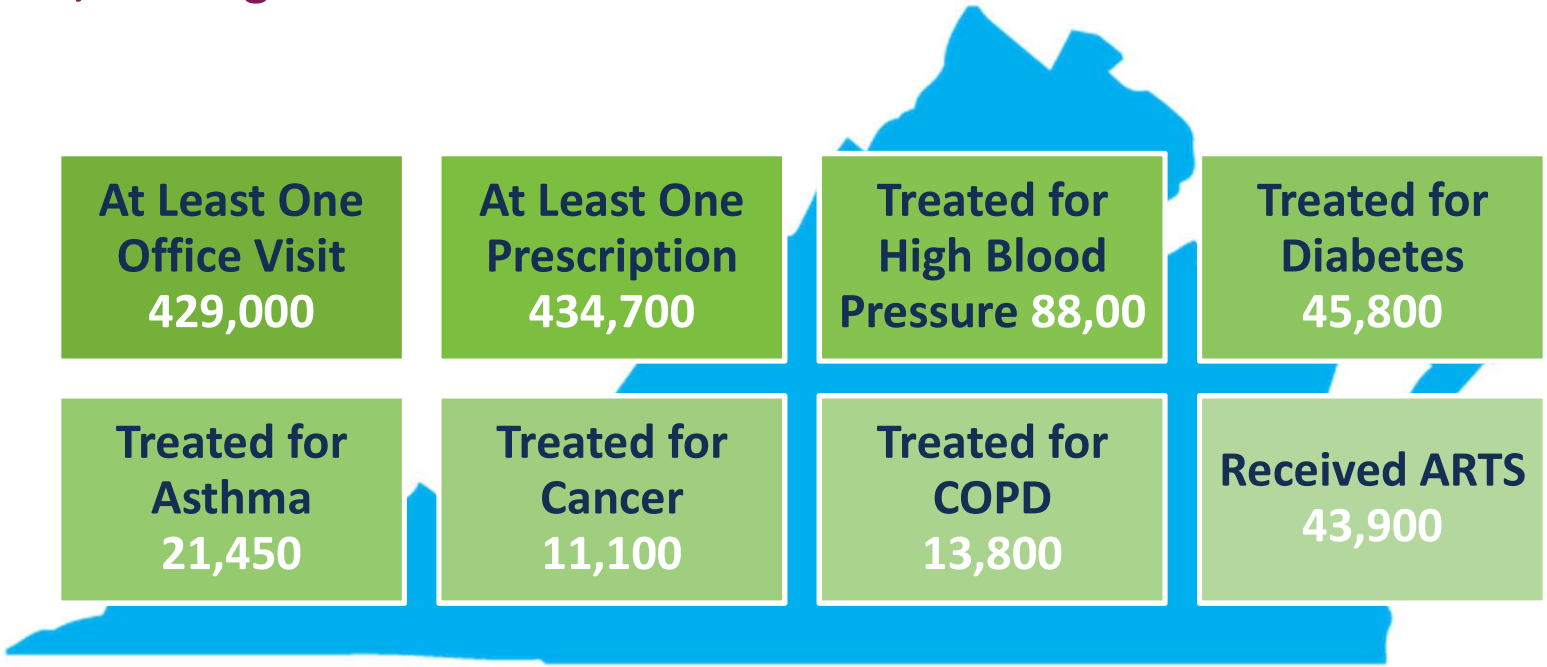
Medicaid Enrollment



- Since the State of Emergency was declared, Medicaid has gained **257,343 new members**
  - 134,167 are in Medicaid Expansion
  - 80,591 are children
- On average, Medicaid gains **4,700 new members each week**

Medicaid Expansion Update

- During the COVID-19 public health emergency, DMAS has implemented a number of policy and procedural changes to **improve coverage**, enable **new flexibilities to expedite enrollment**, ensure members **maintain health care coverage**, and to provide an even greater level of support.
- Medicaid expansion is providing health and economic security to **more than 528,700 Virginians**.



Data from DMAS online public dashboard

Virginia Medicaid's Response to COVID-19

New Initiatives for Members and Providers

For Our Members:

- Implemented measures to maintain coverage for our members throughout the public heath emergency
- Leveraged and improved telehealth- maintaining access to critical services, such as behavioral health
- Provided 90-day prescriptions
- Removed co-pays to ensure members accessed critical services such as COVID-19 tests

For Our Providers:

- Provided a 29% rate increase through directed payments to primary care providers
- Provided increased resources to nursing facilities to support COVID-19 response
- CARES Act funds used to stabilize at-risk providers, including hospitals, LTC providers, residential providers and DD waiver providers
- Opened reimbursement for new COVID-19 tests, treatment, and vaccinations

Nearly all policy modifications have been completed without any additional state funds

Governor's 2021 Budget Overview

Better Access to Coverage and Services

Administrative and Technical Changes

Governor's Introduced Budget

Better Access to Coverage and Services

	FY2021		FY2022	
	GF	NGF	GF	NGF
Implement the Virginia Facilitated Enrollment Program (Item 317 HH)	$0	$0	$1,166,180	$6,959,211
Allow FAMIS MOMS to utilize Substance Abuse Disorder Treatment (Item 312 G)	$0	$0	$13,497	$25,067
Fund Doula Services for Pregnant Moms (Item 313 WWWWW)	$0	$0	$1,168,371	$1,243,031

Doula Benefit

Reimbursements for up to 8 visits, attendance at birth, and up to 2 linkage-to-care payments

- $859 - $959 reimbursement for up to 8 visits and attendance at birth ($859 if all visits conducted) :
  - Initial visit (90 minutes): $89.92
  - Subsequent visit (60 minutes): $59.92
- Attendance at birth: $350
- Linkage to care incentive payment – mother postpartum visit: $50
- Linkage to care incentive payment – newborn visit: $50

Governor's Introduced Budget

Better Access to Coverage and Services

	FY2021		FY2022	
	GF	NGF	GF	NGF
Expand Addiction Treatment Beyond Opioids (Item 313 PPPPP)	$0	$0	$881,306	$1,296,254
Affirm Medicaid Coverage of Gender Dysphoria Related Services (Item 313 ZZZZZ)	$0	$0	$0	$0
Fund Durable Medical Equipment (DME) Federal Mandate (Item 313 QQQQQ)	$68,014	$76,146	$272,050	$304,585
Authorize Post-Public Health Emergency Telehealth (Item 313 VVVVV)	$0	$0	$0	$0

Governor's Introduced Budget

Better Access to Coverage and Services

	FY2021		FY2022	
	GF	NGF	GF	NGF
Move funds to cover the cost of implementing a live-in caretaker exemption (Item 313 HHH)	$0	$0	$0	$0
Authorize 12-month prescriptions of contraceptives for Medicaid Members (Item 313 YYYYY)	$0	$0	$136,533	$1,380,694
Fund COVID-19 Vaccine Coverage for Non-Expansion Medicaid Adults (Item 313 XXXXX)	$0	$0	$995,742	$995,742
Allow Pharmacy Immunizations for Covered Services (Item 313 UUUUU)	$0	$0	$0	$0

Governor's Introduced Budget

Administrative and Technical Changes

	FY2021		FY2022	
	GF	NGF	GF	NGF
Implement Federal Client Appeals Requirements (Item 317 GG 1)	$34,135	$34,135	$598,763	$823,476
Federally Mandated MCO Contract Changes (Item 313 E)	$0	$0	$2,196,012	$4,804,988
Increase Appropriation for Civil Monetary Penalty (CMP) Funds (Item 317 R1.,2. & 7)	$0	$225,000	$0	$225,000
Provide support for federal interoperability and patient access requirements (Item 313 SSSSS)	$0	$0	$1,739,306	$3,805,694

Governor's Introduced Budget

Administrative and Technical Changes

	FY2021		FY2022	
	GF	NGF	GF	NGF
Account for third quarter of enhanced federal Medicaid match in facility budget (Item 313 A.)	-$808,764	$1,617,528	$0	$0
Authorize the transfer of funds between CCCA and DMAS to account for cost shifts (Item 313 A. 2.)	$0	$0	$0	$0
Make required adjustments to the graduate medical residency program (Item 313 BBB. 1.)	$0	$0	$0	$0
Increase Medicaid reimbursements for Veteran Care Centers (Item 313 RRRRR.)	$0	$0	$0	$0

Governor's Introduced Budget

Administrative and Technical Changes

	FY2021		FY2022	
	GF	NGF	GF	NGF
Move Reductions to Agency Budget (Various Items)	-$63,443,772	-$1,522,168	-$28,302,522	-$1,167,598
Transfer funds to cover Medicaid related system modifications	-$300,000	-$2,700,000	-$300,000	-$2,700,000
Transfer assisted living screening funds to DSS (DARS Item 344 F)	-$641,050	$0	-$641,050	$0
Add DBHDS licenses to ASAM Level 4.0 (Item 313 TTTTT.)	$0	$0	$0	$0

Key Bills

SB1307	•Directs DMAS to expand Medicaid coverage of school health services in public schools beyond special education services provided under a student's IEP
HB1987 and SB1338	•Mandates Medicaid coverage of remote patient monitoring through telehealth
SB1102	• Requires DMAS to establish an annual training and orientation program for all personal care aides who provide Medicaid self-directed services

Key Budget Amendments

- Prenatal Coverage for Undocumented Women
- Retainer payments for DD waiver day support providers
- Continuing telehealth services
- Child and maternal health initiatives
- Home visiting
- Mobile vision clinics for kids

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION • QUALITY • VALUE

Introducing Project Cardinal

Background: Managed Care in Virginia

- Consistent with national trends, capitated managed care is the dominant delivery system in Virginia
- Virginia's managed care system started in the 1990s, primarily serving pregnant women, children, low-income adults, and non-dual aged, blind, and disabled (ABD) individuals. Early programs excluded community behavioral health and long term services and supports. The CCC Plus program was implemented in summer 2017.
- Over the course of the last 25 years, DMAS has worked to incrementally expand managed care to new geographical areas and new populations, with over 90% of Medicaid members currently served through managed care

2020 Appropriations Act Language: Origin of Project Cardinal

HB 30 (Chapter 1289) Item 313.E.8: *"The Department of Medical Assistance Services shall develop a plan to merge the Commonwealth Coordinated Care Plus and Medallion 4.0 programs. The department shall submit the plan with a feasible timeline for such a merger to the Governor and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by November 15, 2020."*

The 2020 Appropriations Act also includes a requirement for a report on the costs and benefits of combining the medical loss ratios (MLRs) and underwriting gain provisions (Item 313.E.7):

"The department shall conduct an analysis and report on the costs and benefits to amending the Commonwealth Coordinated Care Plus and Medallion 4.0 contracts to combine any applicable medical loss ratios and underwriting gain provisions to ensure uniformity in the applicability of those provisions to the Joint Subcommittee for Health and Human Resources Oversight. The report shall be completed by November 15, 2020."

Project Cardinal: Value Proposition

The ultimate goal of Project Cardinal is to effectuate a single, streamlined managed care program that links seamlessly with our fee-for-service program, ensuring an efficient and well-coordinated Virginia Medicaid delivery system that provides high-quality care to our members and adds value for our providers and the Commonwealth

- **Adds value for members**
  - Moving to one managed care delivery system streamlines the process for members, eliminating the need for unnecessary transitions between the two managed care systems, avoids confusion for members with family members in both programs, and drives equity in a fully integrated, well-coordinated system of care
  - Allows for improved continuous care management and quality oversight based on population-specific needs
- **Adds value for providers**
  - Streamlines the contracting, credentialing, and billing processes for providers
- **Adds value for DMAS, its MCOs and the Commonwealth**
  - Merges the two managed care contracts, two managed care waivers, and streamlines the rate development and CMS approval processes. Moving to one streamlined contract, and combining our internal processes for contract oversight, will allow DMAS to operate with greater efficiency and effectiveness and provides enhanced opportunity for value-based payment activities to promote enhanced health outcomes

2021 Special Session Budget: Authorization for Project Cardinal

- *[DMAS] shall seek federal authority through the necessary waiver(s) and/or State Plan authorization under Titles XIX and XXI of the Social Security Act to merge the CCC Plus and Medallion 4.0 managed care programs, effective July 1, 2022, into a single, streamlined managed care program that links seamlessly with the fee-for-service program, ensuring an efficient and well-coordinated Virginia Medicaid delivery system that provides high-quality care to its members and adds value for providers and the Commonwealth.*

- Budget language also directs DMAS to:
  - Deliver legislative report on impact of merging the children's programs - FAMIS and children's Medicaid - by November 1.
  - Conduct analysis of current contracts and staffing and determine operational savings from merging the managed care programs. Report on administrative cost savings and merger-related costs by October 1.

Project Cardinal: Phases

July – Nov 2020
****Laying eggs****

Convened initial work groups to develop high-level implementation plan and report for the General Assembly: https://rga.lis.virginia.gov/Published/2020/RD567/PDF

Nov 2020 – Feb 2021
****Baby birds!****

Pre-implementation phase:

- **Contract alignment work begins**
- **Convening key work groups**
- **Rebranding planning work commences**
- **Calls with other states to gather best practices**

Feb – Apr 2021
****Leaving the nest****

Implementation planning phase so that by April 2021, full implementation structure is in place

Apr 2021 – July 2022
****Taking flight****

Project in full implementation mode, including stakeholder engagement, for July 1, 2022 implementation date

Key Focus Areas: Project Cardinal

- ✓ **Align MCO administrative tasks, such as reporting requirements and compliance and oversight responsibilities**
- ✓ **Strategically align care management and models of care**
  - ✓ Maintain high-touch care coordination, assessments, and interdisciplinary care planning for vulnerable/complex populations based on member need
- ✓ **Streamline managed care enrollment at initial enrollment, open enrollment and renewal**
  - ✓ Leverage upcoming systems updates and procurements to expedite initial managed care enrollment, keep eligible members enrolled with the health plan of their choice, and avoid disruptions in care management
- ✓ **Streamline benefit enrollment for all populations**
- ✓ **Implement MCO and provider-level quality and value based purchasing contract requirements that incentivize appropriate member health and program cost outcomes**
- ✓ **Set rates based on population characteristics as opposed to program**
- ✓ **Rebrand the fee-for-service and managed care programs under a single name: Cardinal Care Virginia to achieve a more cohesive agency voice and member experience**

Questions?

COVER VIRGINIA/MAXIMUS IMPLEMENTATION PROJECT

CHIPAC QUARTERLY MEETING
MARCH 4, 2021

Sarah Hatton
Acting Deputy Director of Administration

VIRGINIA'S MEDICAID PROGRAM DMAS

COVER VIRGINIA

Project Purpose

To ensure a smooth transition of responsibility of Cover Virginia systems and operations to Maximus Inc. while continuing to provide excellent service, without disruption, to better serve citizens of Virginia.

Background: Operational Units

Cover Virginia is composed of four main operational units

Medicaid/FAMIS State-Wide Call Center
Receives and inputs telephonic applications, renewals, and status updates

Eligibility Central Processing Unit (CPU)
Initiates MAGI Medicaid/FAMIS eligibility determinations in the VaCMS system as well as Hospital Presumptive Eligibility (HPE) and hospital newborn enrollments

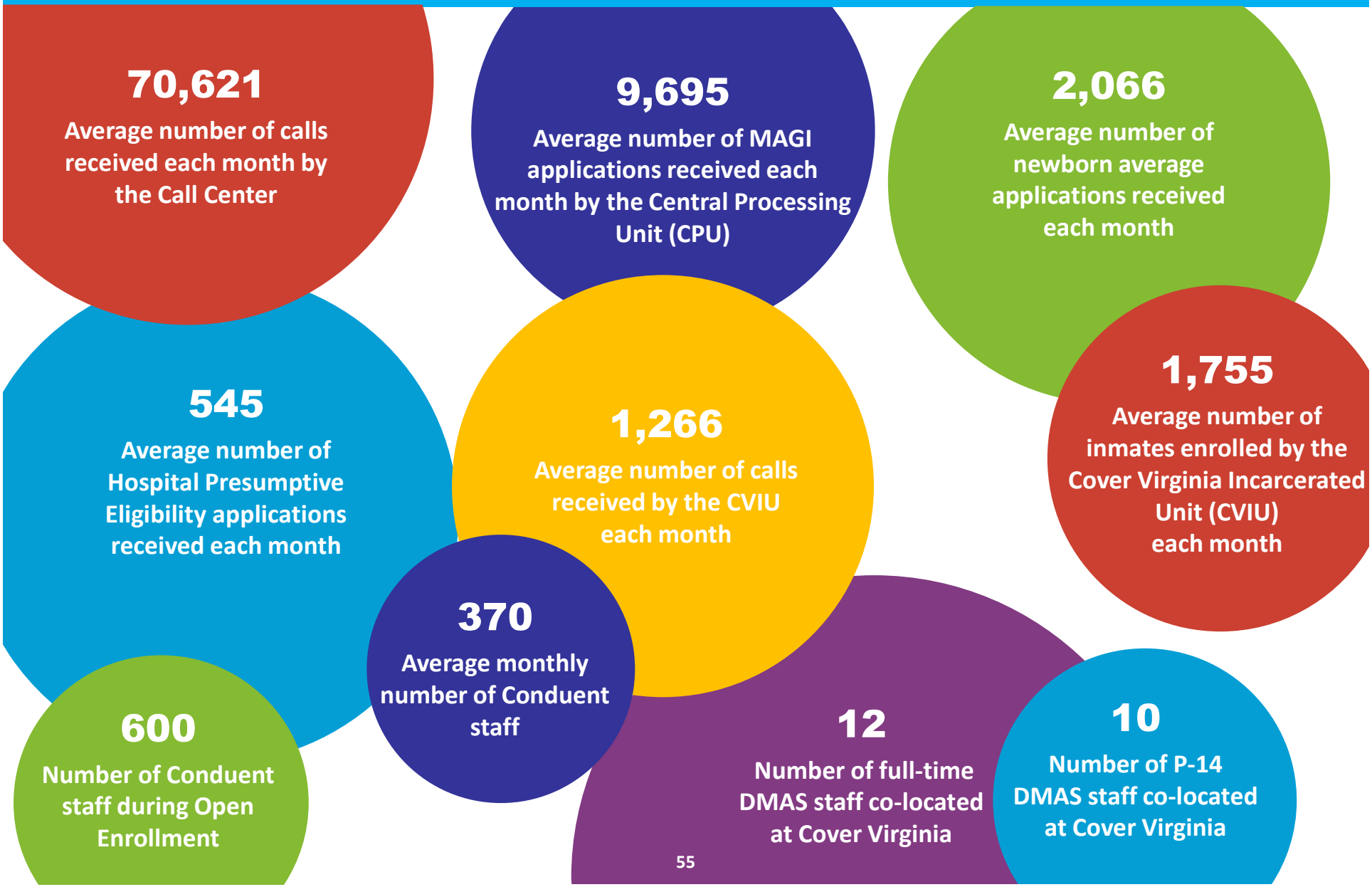
Virginia Incarcerated Unit (CVIU)
Performs eligibility determinations and enrollments for both incarcerated individuals and at release from correctional facilities and also houses a separate dedicated call center

Cover Virginia Website
Hosts and maintains website

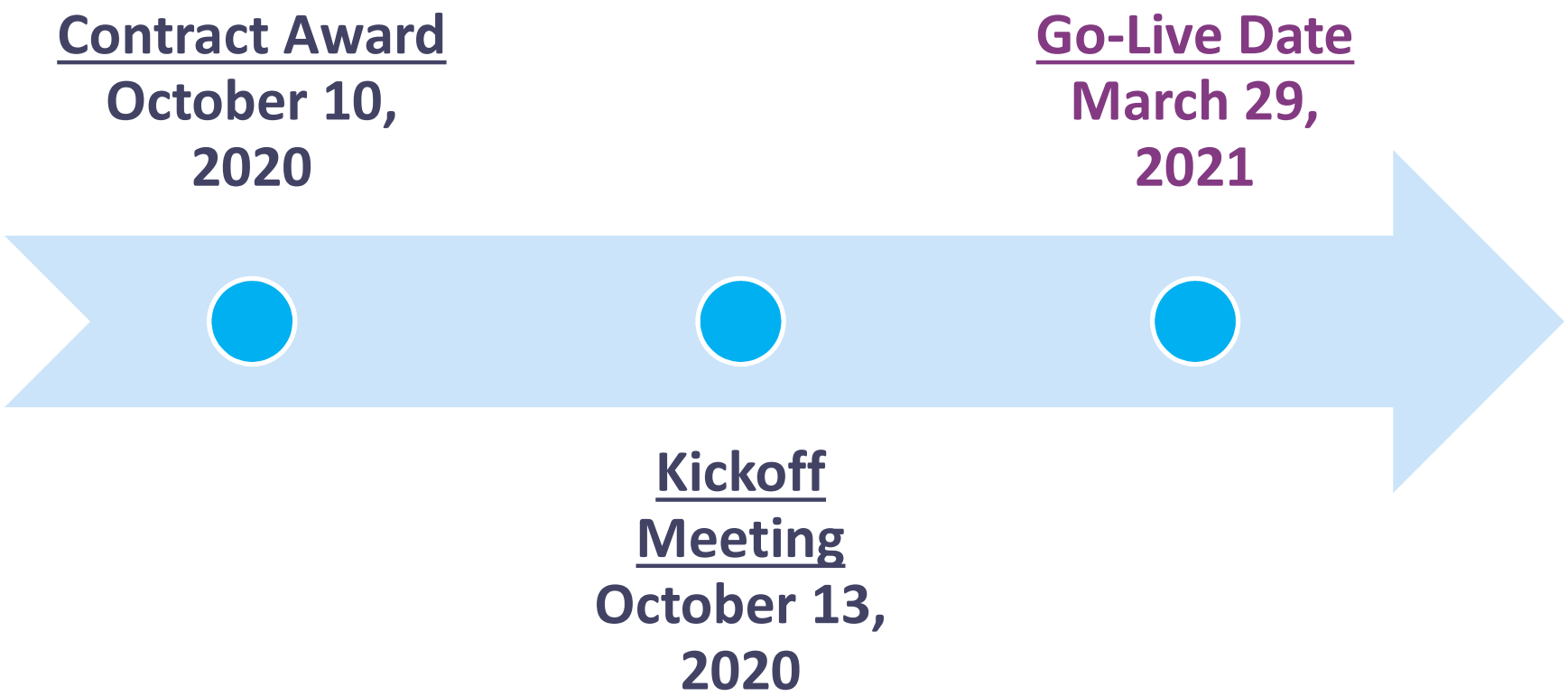
VIRGINIA'S MEDICAID PROGRAM DMAS

COVER VIRGINIA

Cover Virginia Snapshot (SFY 2020)



Maximus Implementation Timeline



Cover Virginia Innovation Highlights

DMAS and Cover Virginia are committed to provide best possible experience for applicants and members

A single statewide toll-free phone number for all social benefits (Enterprise Call Center and Cover Virginia).

Mobile software - to submit requested documentation, send notifications and reminders to potential members

E-Communication Unit - Web CHAT sessions; Email Responses; Text Messaging Service; after hours voicemail

Enhanced IVR interactive ability with caller

Telephonic Appeals Request Referral Service

Complete web-based systems for remote connectivity and work.

Automated Customer Service Satisfaction Survey

Application processing enhancements with reduced process time for pregnant women application (effective July 1, 2020)

Enhanced web forms for capturing information on Hospital Presumptive Eligibility and Deemed Newborns

VIRGINIA'S MEDICAID PROGRAM DMAS

COVER VIRGINIA

Cover Virginia: Call Center

It is critical for the applicants and members to have the best possible customer service.

Interactive Voice Response (IVR)	• The new Maximus IVR will have a streamlined call flow for quicker customer response
Translation Services	• Customers will now have the option to select translation and interpretation services at the beginning of the IVR
Customer Survey	• Enhancements include - automated customer service survey for customers and after hours voicemail
Single Statewide Number	• Implementation of a new single statewide toll free number for all benefits allowing callers to reach Cover Virginia or the DSS Enterprise Call Center (Effective July 2021)

Cover Virginia: Central Processing Unit

Cover Virginia is committed to accurate and timely Medicaid application processing.

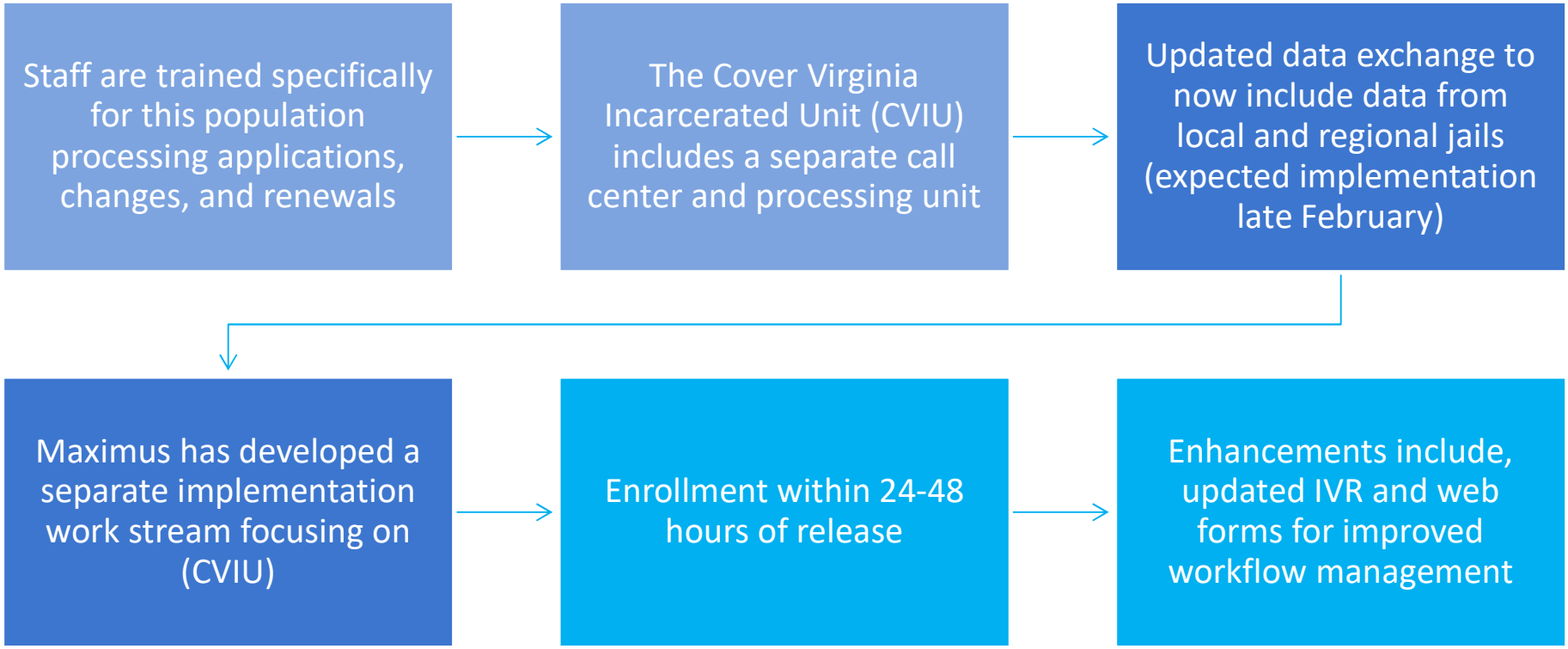
Shorter service level agreement (SLA) for application processing, moving from eight business days to five business days

Pregnant women application SLAs have been moved from seven business days to five days

Implementation of Panviva – a specialized knowledge based system that provides process and policy information and workers fingertips.

Cover Virginia: Incarcerated Unit

Collaboration with the Department of Corrections, local and regional jails, and the Department of Juvenile Justice is integral for a successful implementation

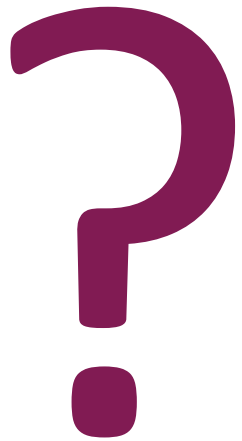


Cover Virginia: Digital

New digital solutions will include added functionality and a redesign of websites along with features to allow customers to self-services through automated responses

- Cover Virginia and Cubre Virginia websites will have a new look and new functionality for improved user experience
- Both websites will now offer a secure web chat feature, knowledge base, and updated frequently asked questions. The web chat feature and Knowledge Base will allow consumers to speak to a live agent for added assistance.
- In Phase II of implementation a mobile application will be available for consumer to upload documents and/or check the status of their application/benefits.
- Hospital Presumptive Eligibility and Newborn Enrollment through hospitals will remain; new auto-bots under development to ensure a smooth transition of services

Questions



VIRGINIA'S MEDICAID PROGRAM
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Cover Virginia

COVER VIRGINIA
Connecting Virginians to Affordable Health Insurance

Cover Virginia Highlights

Cover Virginia Call Center

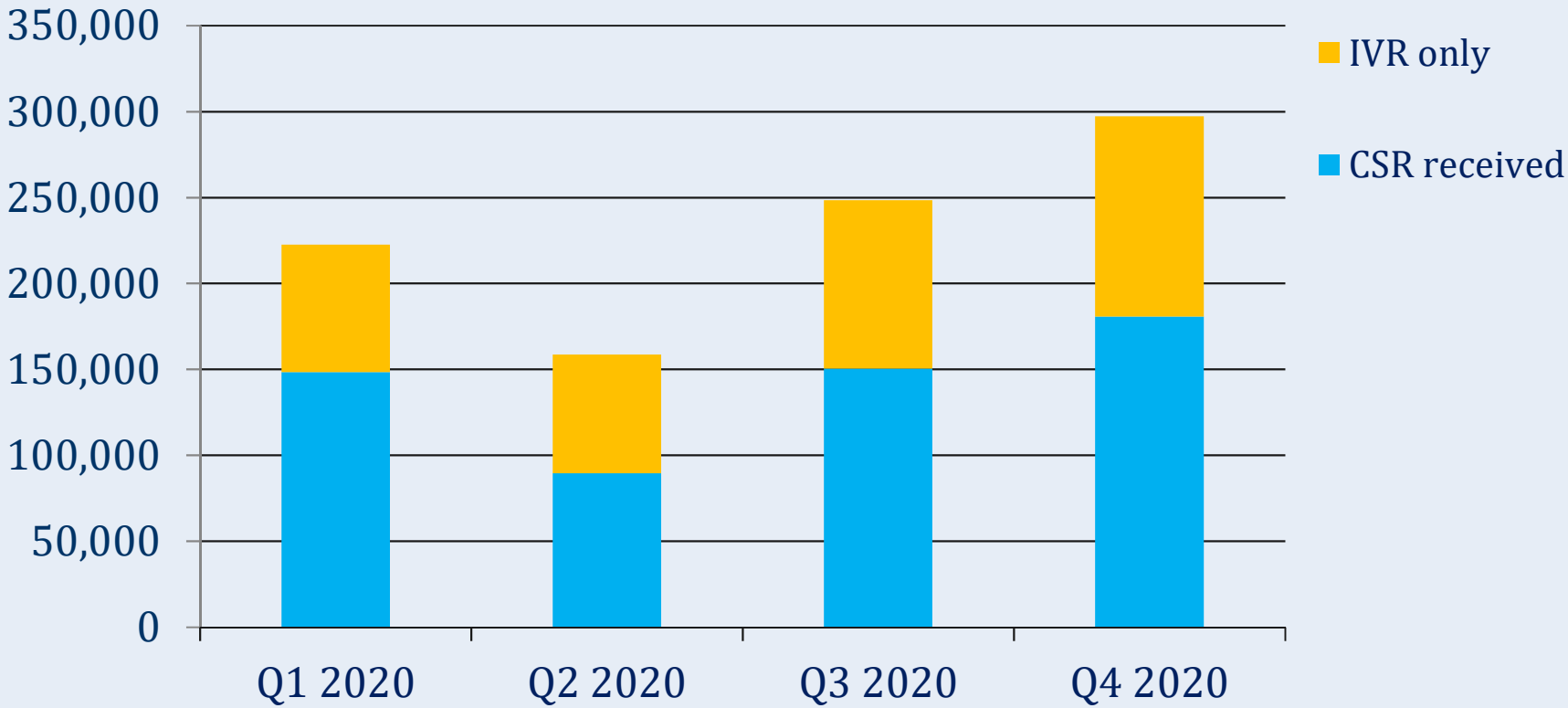
- **Excessive wait times continue**
- **Messages taken upon request and calls returned within 24 hours**
- **90% of staff teleworking from home**
- **Continued quality assurance monitoring**
- **Increased staffing and Corporate resources engaged to address performance concerns**

Cover Virginia Highlights

Cover Virginia Central Processing

- **Excessive volumes during open enrollment**
- **Numerous duplicates identified from the FFM**
- **Overtime and additional resources engaged**
- **Projecting completion of December and January reviews this month**
- **State staff also engaged to assist with processing after-working hours**

Cover Virginia Call Volume

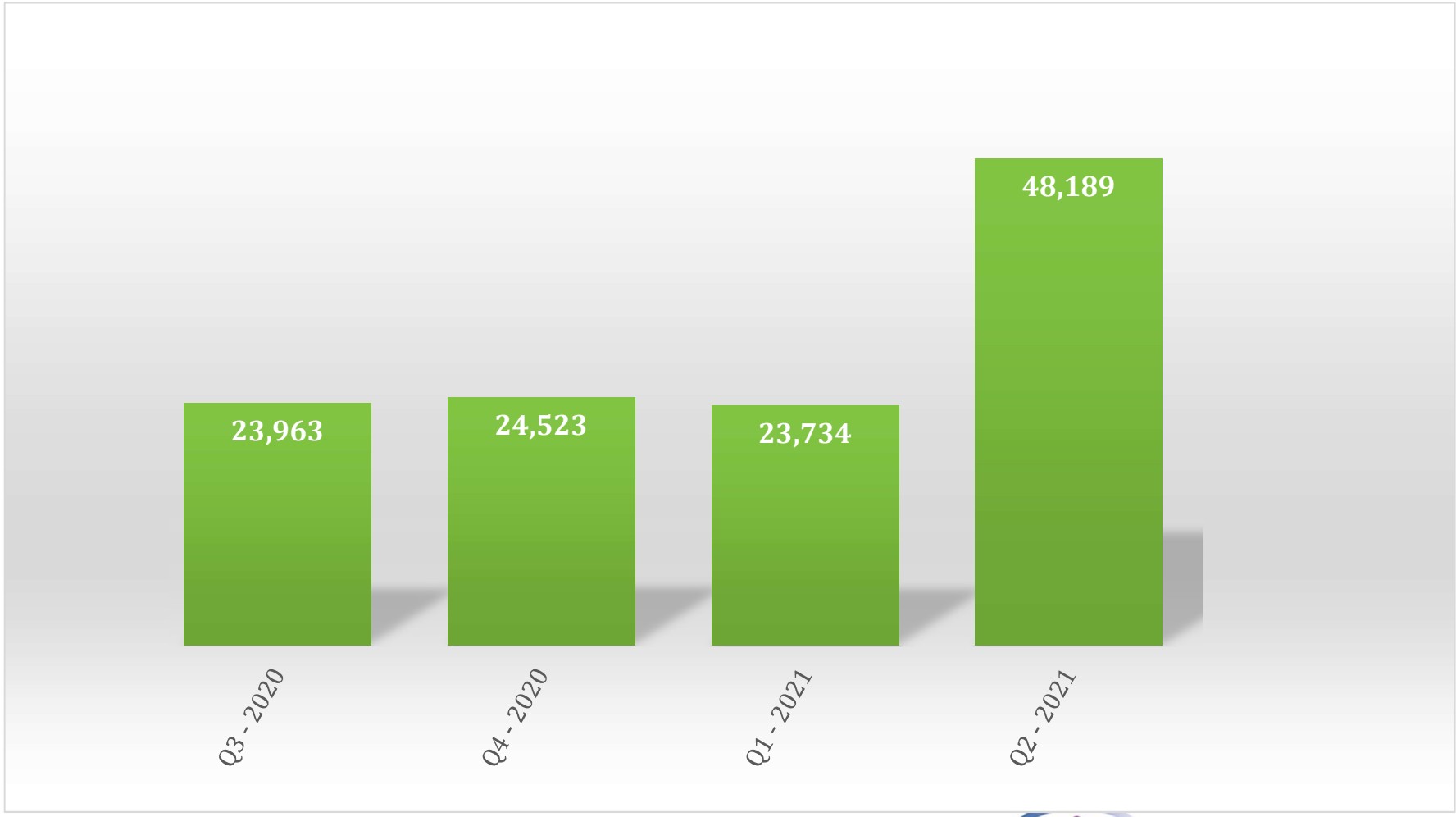


** Fourth Quarter only contains data from October 2020*

COVER VIRGINIA
Connecting Virginians to Affordable Health Insurance

DMAS

Cover Virginia CPU Application Volume



COVER VIRGINIA
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VIRGINIA'S MEDICAID PROGRAM
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DASHBOARD REVIEW

DENTAL BENEFITS FOR PREGNANT WOMEN, ACTIVITY AND OUTCOMES*

State Fiscal Year	Total # of Pregnant Enrollees Receiving Dental Services	Total Dollars Paid for Claims
2015[1]	2,320	$0.54 million
2016	6,550	$4.12 million
2017	7,234	$5.78 million
2018	7,366	$6.68 million
2019	6,900	$5.56 million
2020	5,704	$4.19 million
2021 to date[2]	3,511	$2.27 million

1. Benefits began March 1, 2015.
2. As of February 13, 2021.

ENROLLMENT*

FEBRUARY 2021 ENROLLMENT REPORT

Table 1 - CHIP and Medicaid Child Enrollment

PROGRAM	INCOME	# Enrolled as of 1-01-21	# Enrolled as of 2-01-21	Net Increase This Month	% of Total Child Enrollment
FAMIS (separate CHIP program) *Children 0-18 years*	> 143% to 200% FPL	79,912	80,285	373	11%
CHIP MEDICAID EXPANSION *Children 6-18 years*	> 100% to 143% FPL	78,061	78,255	194	10%
Total CHIP (Title XXI) Children		**157,973**	**158,540**	**567**	**21%**
FAMIS Plus* *Children 0-5 years* *Children 6-18 years*	≤ 143% FPL ≤ 100% FPL	576,661	578,782	2,121	77%
Adoption Assistance & Foster Care *Children < 21 years*	FPL N/A	14,352	14,375	23	2%
Other Medicaid Children** *Children < 21 years*	FPL N/A	36	36	0	0%
Total MEDICAID (Title XIX) Children		**591,049**	**593,193**	**2,144**	**79%**
TOTAL CHILDREN		**749,022**	**751,733**	**2,711**	**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

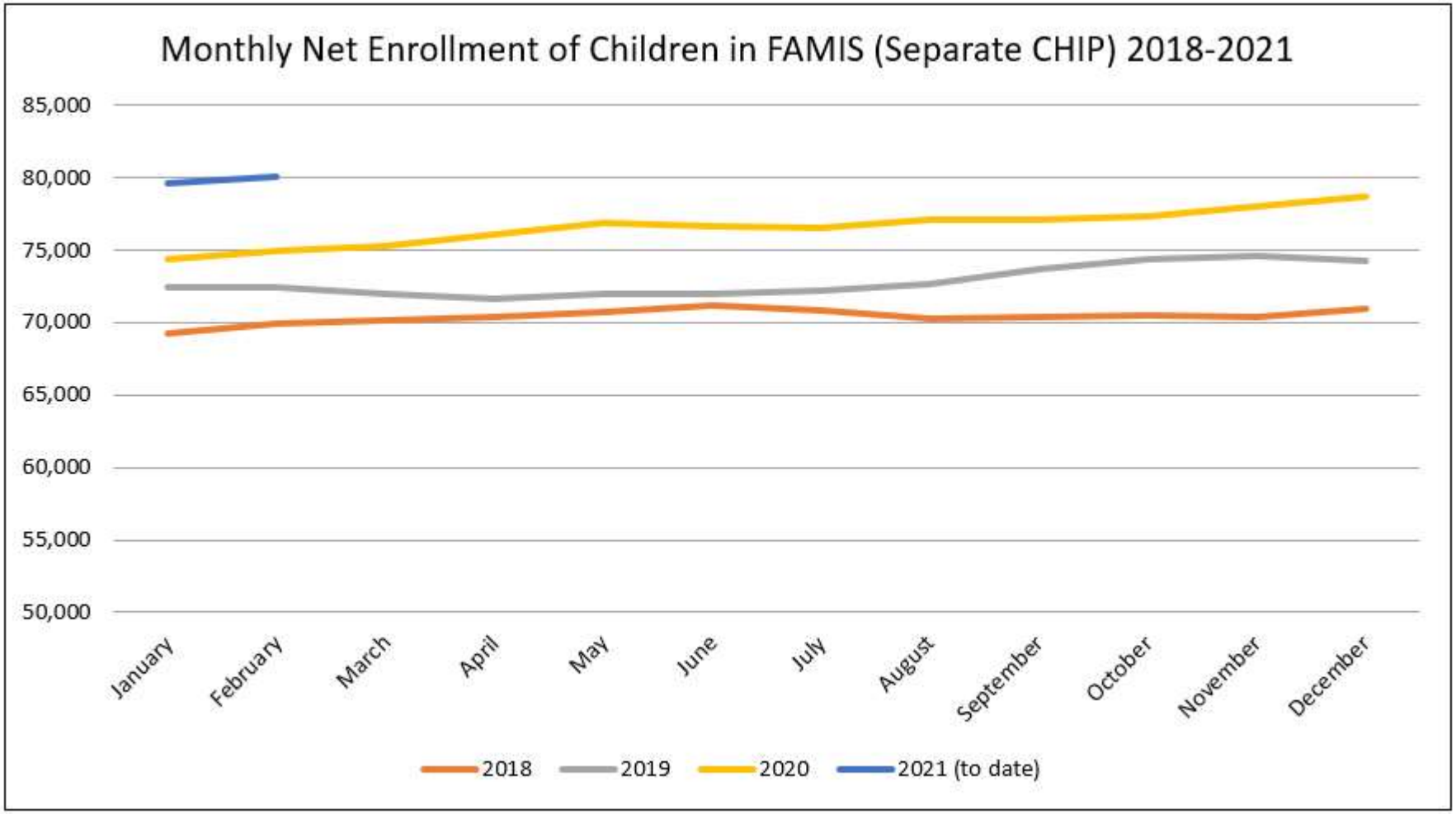
PROGRAM	INCOME	# Enrolled as of 1-01-21	# Enrolled as of 2-01-21	Net Increase This Month
FAMIS *Select* *FAMIS Children < 19 years*	> 143% to 200% FPL	56	56	0

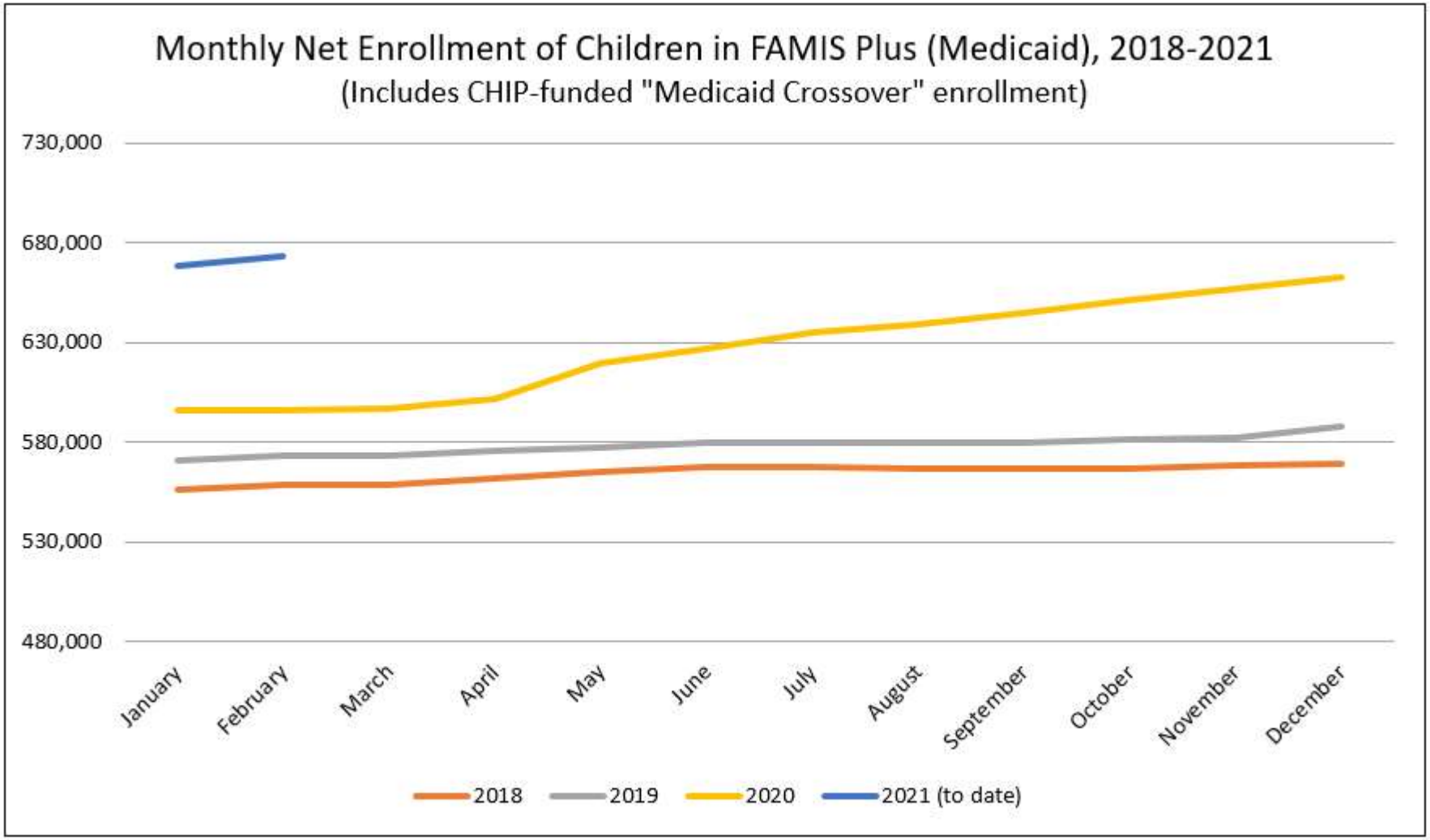
Table 3 - Pregnant Women's Enrollment

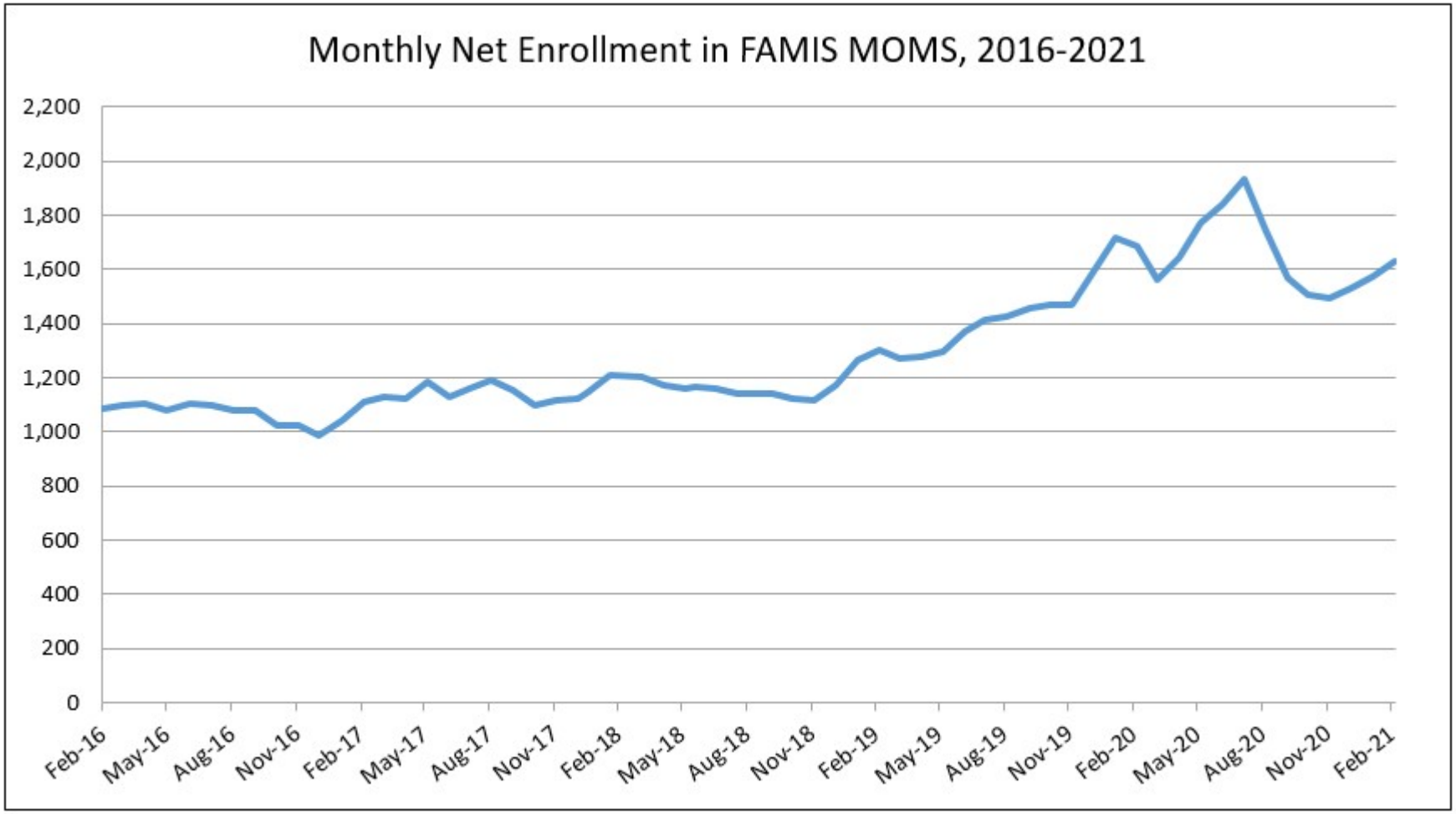
PROGRAM	INCOME	# Enrolled as of 1-01-21	# Enrolled as of 2-01-21	Net Increase This Month	% of Total Pregnant Women Enrollment
FAMIS MOMS (CHIP)	> 143% to 200% FPL	1,659	1,726	67	7%
Medicaid Pregnant Women	≤ 143% FPL	21,521	21,968	447	93%
TOTAL Pregnant Women		**23,180**	**23,694**	**514**	**100%**

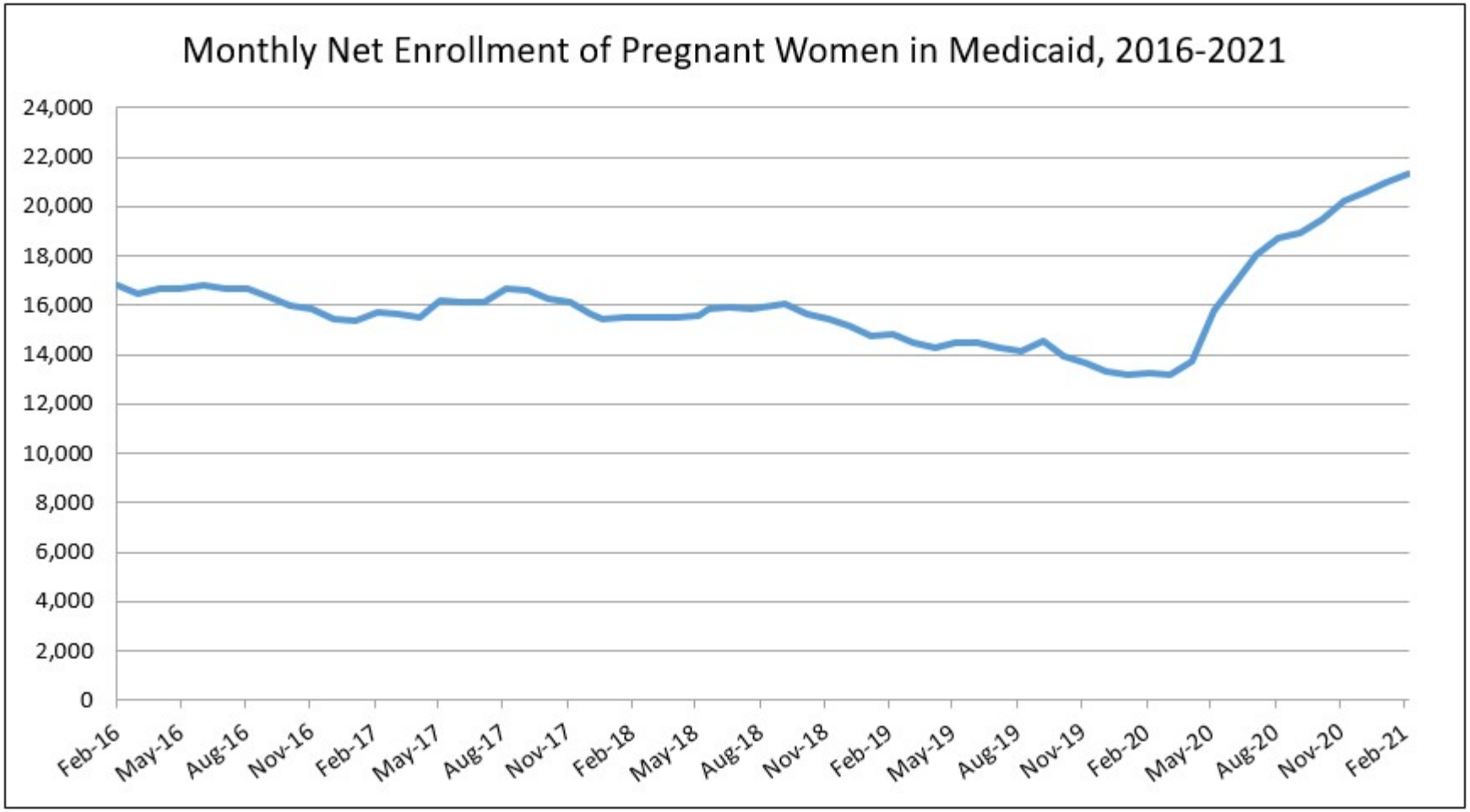
Table 4 - Family Planning Enrollment

PROGRAM	INCOME	# Enrolled as of 1-01-21	# Enrolled as of 2-01-21	Net Increase This Month
Plan First *Men & Women*	≤ 200% FPL	45,978	46,262	284


Monthly Net Enrollment of Children in FAMIS (Separate CHIP) 2018-2021
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
2018
2019
2020
2021 (to date)


Monthly Net Enrollment of Children in FAMIS Plus (Medicaid), 2018-2021
(Includes CHIP-funded "Medicaid Crossover" enrollment)
730,000
680,000
630,000
580,000
530,000
480,000
January
February
March
April
May
June
July
August
September
October
November
December
2018
2019
2020
2021 (to date)


Monthly Net Enrollment in FAMIS MOMS, 2016-2021
2,200
2,000
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
Feb-16
May-16
Aug-16
Nov-16
Feb-17
May-17
Aug-17
Nov-17
Feb-18
May-18
Aug-18
Nov-18
Feb-19
May-19
Aug-19
Nov-19
Feb-20
May-20
Aug-20
Nov-20
Feb-21


Monthly Net Enrollment of Pregnant Women in Medicaid, 2016-2021
24,000
22,000
20,000
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
Feb-16
May-16
Aug-16
Nov-16
Feb-17
May-17
Aug-17
Nov-17
Feb-18
May-18
Aug-18
Nov-18
Feb-19
May-19
Aug-19
Nov-19
Feb-20
May-20
Aug-20
Nov-20
Feb-21

VDSS Update

Irma D. Blackwell
Medical Assistance Program Manager
Division of Benefit Programs

Discussion of Agenda Topics For Next CHIPAC Meeting

June 3, 2021

Public Comment

- Unmute yourself by clicking on the microphone icon in Zoom.
- If you are joining by phone, unmute yourself by pressing *6.
- You may also submit comments in the chatbox if you wish to do so.