



MEETING MINUTES

Meeting Minutes December 8, 2022

A quorum of the full Committee attended the meeting virtually through WebEx. The WebEx link was also made available for members of the public to attend virtually.

The following CHIPAC members were present virtually:

- Sara Cariano Virginia Poverty Law Center
- Shelby Gonzales Center on Budget and Policy Priorities
- Emily Griffey Voices for Virginia's Children
- Freddy Mejia The Commonwealth Institute for Fiscal Analysis
- Dr. Susan Brown American Academy of Pediatrics, Virginia Chapter
- Heidi Dix Virginia Association of Health Plans
- Michael Muse Virginia League of Social Services Executives
- Emily Roller Virginia Health Care Foundation
- Hanna Schweitzer Dept. of Behavioral Health and Developmental Services

- Irma Blackwell Virginia Department of Social Services
- Kelly Cannon Virginia Hospital and Healthcare Association
- Dr. Nathan Webb Medical Society of Virginia
- Ali Faruk Families Forward Virginia
- Michael Cook Board of Medical Assistance Services
- Jeff Lunardi Joint Commission on Health Care

The following CHIPAC members sent a substitute:

- Jennifer Macdonald Virginia Department of Health
(Dr. Vanessa Walker Harris)

The following CHIPAC members were not present:

- Dr. Tegwyn Brickhouse VCU Health
- Alexandra Javna Virginia Department of Education

- 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 explained that the meeting would be all-virtual.

DMAS Director Cheryl Roberts welcomed committee members and gave opening remarks regarding the Governor’s behavioral health initiative. She explained that an additional priority for DMAS is preparing for the eventual end of the COVID-19 public health emergency (PHE) and unwinding process. She also highlighted the upcoming DMAS transition to the Cardinal Care managed care delivery system, including future re-procurement of the managed care contracts. Director Roberts encouraged CHIPAC members to share their feedback and opinions regarding procurement.

Attendance was taken by roll call.

II. **CHIPAC Business**

- A. **Membership items** – Cariano explained that Tracy Douglas-Wheeler from the Virginia Community Healthcare Association (VCHA) was stepping down from her position as CHIPAC representative and recommended Martha Crosby, VCHA Programs and Business Lead, to serve as representative. Cariano explained that, because VCHA is not a mandated member organization, a vote was required to approve Crosby as a member. She directed members to review Crosby’s bio and member questionnaire in the [meeting packet](#). Crosby introduced herself and summarized her professional background and interest in CHIPAC’s work. Kelly Cannon, Virginia Hospital and Healthcare Association (VHHA), moved to approve Crosby as a member of the Committee, Cariano seconded, and the committee voted unanimously to approve.
- B. **CHIPAC bylaws** – Hope Richardson, DMAS Division of Policy, Regulation, and Member Engagement, provided an explanation of proposed amendments to the CHIPAC bylaws to reflect the current practice of the committee. (The amendments to the bylaws are included in the publicly posted [12/8/22 meeting packet](#) on the DMAS website.) Cariano explained that the Executive Subcommittee voted at its October meeting to recommend approval of the changes. Cariano moved to accept the updates to the bylaws, Cannon seconded, and the committee voted unanimously to approve.
- C. **Review and approval of minutes from September 1 meeting** – Committee members reviewed draft minutes from the September 1 meeting. Cannon made a motion to approve the minutes, Cariano seconded, and the Committee voted unanimously to approve the September 1 meeting minutes.
- D. **CHIPAC meeting schedule for 2023** – Cariano explained that the approved schedule of meetings for 2023 was in the meeting packet. She stated that the Executive Subcommittee had voted to recommend making CHIPAC’s June and December meetings all-virtual as permitted under the Committee’s new remote participation policy. Emily Roller, Virginia Health Care Foundation, moved for the

full committee to approve June and December as the all-virtual meeting dates; Jeff Lunardi, Joint Commission on Health Care, seconded; and the committee voted unanimously to approve the virtual meeting schedule for 2023.

III. Managed Care Procurement Discussion

Cariano introduced Dan Plain, Director of the Health Care Services Division at DMAS, to discuss the transition to Cardinal Care and managed care re-procurement. Plain explained that Cardinal Care is a re-branding of the current programs and does not significantly change the delivery system, benefits, networks, or health plans, but will streamline the existing programs by combining the CCC Plus, Medallion, and fee for service programs into a unified Medicaid program. Cardinal Care will roll out in early 2023.

Plain stated that the re-procurement is an opportunity to build on Virginia's managed care foundation through new requirements and program components in the health plans as well as updated evaluation criteria to reflect current priorities of Virginia Medicaid stakeholders and policymakers. Plain then went over the current status of the Medicaid delivery system and recent achievements including Cardinal Care, Project BRAVO, twelve-month postpartum coverage, the community doula benefit, mobile vision services, public health emergency flexibilities, and unwinding preparations. Re-procurement was announced in October and the agency and administration are targeting July 2024 for the implementation of the new program.

Plain invited CHIPAC members and meeting attendees to provide stakeholder input by Friday, December 16, based on three prompts: (1) What are the strengths of the current Medicaid managed care delivery system that DMAS should maintain or build upon? (2) Are there opportunities to enhance member and provider experience, better collaborate with key partners, and enhance outcomes? (3) Is there anything that DMAS is not currently doing that the agency should consider incorporating through this future procurement?

IV. Data & Quality Updates: Children's Vaccinations & Preventive Health

DMAS Division of Health Economics and Economic Policy (HEEP); Office of Quality and Population Health

Cariano introduced Rich Rosendahl, DMAS Chief Health Economist, to present on children's vaccination rates and preventative health measures. Rosendahl presented COVID-19 vaccination rates in Medicaid children with a full year of data on the child population ages 5-11 and six months of data on children under 5 years. He stated that 5 percent of eligible children in the 1-5 age group have received at least one dose; 37 percent of eligible children ages 5-11 have received at least one dose; 58 percent of children ages 12-15; 66% of children ages 16-20; and 73% of members 21 and older have received at least one dose. The older age groups have higher rates of vaccination as they have been eligible for vaccines longer. Vaccination among members enrolled due to pregnancy is 59%.

Rosendahl explained that regional vaccination data indicates the Northern/Winchester region has the highest vaccination rate and the Southwest region has the lowest rate. Cannon asked about vaccination rates for the Medicaid population versus statewide vaccination rates. Rosendahl explained that Medicaid rates have lagged behind state rates, especially when looking at younger populations. He stated that DMAS will continue to monitor vaccination rates and provide updates, and that managed care organizations are continuing efforts to increase vaccination rates.

Dr. Laura Boutwell, Division Director for the Office of Quality and Population Health, presented on HEDIS (Healthcare Effectiveness Data and Information Set) measures for maternal and child health for 2020. She explained that the HEDIS measures are developed and owned by the National Committee for Quality Assurance (NCQA). Virginia Medicaid managed care organizations are required to be accredited by NCQA and report HEDIS measures. Dr. Boutwell presented data for measurement year (MY) 2020 compared with MY2019 and explained that NCQA gave MCOs flexibility in reporting MY2019 data because of the pandemic and related data issues.

The maternal health HEDIS measures reported are timeliness of prenatal care and postpartum care. Timeliness of prenatal care is defined as the percentage of live births for which the mother received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment. There was a slight decline in this measure between 2019 and 2020. Postpartum care is defined as the percentage of live births for which the mother had a postpartum visit on or between seven and 84 days after delivery. For this measure there was a slight increase, potentially due to the public health emergency's continuous coverage requirement, which has led to Medicaid members maintaining stable enrollment for longer.

Next, Dr. Boutwell presented on children's preventative care HEDIS measures, including well child visits. Well Child Visits in the First 30 Months of Life is a two-part measure that first estimates the percentage of children who had six or more well child visits with a primary care provider (PCP) during the first 15 months of life, then estimates the percentage of members who turned 30 months old during the measurement year and had two or more well child visits with a PCP in the last 15 months. The 15-30 month measure is new for MY2020. The measure for well child visits during the first 15 months declined from 2019 to 2020, likely due to COVID.

Dr. Boutwell then presented the Child and Adolescent Well-Care Visits HEDIS measure, defined as the percentage of members 3-21 years of age who had at least one comprehensive well care visit with a PCP or OB/Gyn practitioner during the measurement year. This is a new measurement for MY2020.

The next preventative care measurement presented was Childhood Immunization Status – Combo 3. The classic HEDIS immunization measure is the percentage of children 2 years of age who received Combo 3 vaccines. This measure declined slightly during MY2020, likely due to COVID and data access issues. However, Immunizations for Adolescents increased, in contrast with national trends. This is the percentage of adolescents 13 years of age who had at least one meningococcal vaccine on or between the member's 11th and 13th birthday, at least one tetanus,

diphtheria toxoids and acellular pertussis vaccine (Tdap) and have completed Combo 1 or 2.

Dr. Boutwell gave an update on the development of the HEDIS dashboard and walked through the display of new data. The dashboard for MY2020 is now live on the DMAS website at <https://www.dmas.virginia.gov/data/managed-care-hedis-dashboards/>. Dr. Boutwell announced that the HEDIS dashboard will be updated with MY2021 data in early 2023 and will include trending (MY2019-MY2021).

Cariano asked about the collapsed measurement of well child visits for all children aged 3-20 and expressed concern that this may make it difficult to target interventions by age group. Dr. Boutwell responded that while the new NCQA collapsed measure does significantly broaden ages, DMAS has the potential to look back at the data using older specifications for those measures for internal monitoring. Cariano asked about reasons for lower rates of well child visits and whether members are seeing their doctor but the visit may not meet criteria to be classified as a well child visit, or if members are potentially receiving care in other settings rather than seeing a Medicaid-enrolled provider/pediatrician. Dr. Boutwell answered that she was not sure about what was driving the visit rates but that they were seeing an increase for MY2021 and targeted outreach to parents of young children may be an effective intervention option.

Dr. Vanessa Walker-Harris, VDH, asked if, when looking at the dashboard data, there was a way to understand what actions were being driven by that data. Dr. Boutwell recommended reviewing the annual technical report that summarizes the interventions being made in response to the data. Ali Faruk, Families Forward Virginia, asked if there was a national goal or standard for youth vaccinations. Rosendahl responded that he would reach out to the Office of the Chief Medical Officer for further information. Cariano brought up a question from the chat asking if the low COVID vaccination rates could lead to long-term health issues for Medicaid children considering emerging research about long COVID symptoms. Rosendahl acknowledged recommendations for receiving COVID vaccination and opportunities for increasing vaccination status of Medicaid members.

Cariano asked if there were any specific pushes for Medicaid members to get the flu vaccine given the early onset of the flu season this year. Plain responded that DMAS could poll MCOs and follow up with additional information. Michael Cook, Board of Medical Assistance Services (BMAS), asked if there were plans to approach trusted partners within communities with low vaccination uptake rates, such as faith-based organizations, to increase these rates. Plain answered that health plans have been working with community partners as part of their vaccination strategy. Heidi Dix, Virginia Association of Health Plans, commented that the health plans have been especially focusing on these types of community connections in Petersburg and are starting to see success as a result of that work.

Anthem HealthKeepers: Strategies to Improve Well Visits and Vaccination Rates

Cariano introduced Kimberly White, Director of Whole Health at Anthem HealthKeepers Plus, a Virginia Medicaid managed care plan, to present vaccination

data and strategies to improve rates. White reported that vaccination of kindergarteners with Dtap, polio, MMR, and chickenpox is at 88.6% across the state and new data from fall 2022 shows a rate of 89.3%. Vaccination of seventh graders with Dtap, Hep B, MMR, and HPV and meningitis is at 86.5% with fall 2022 data. The lowest vaccination rate is usually HPV and the second dose of meningitis. Vaccination of 12th graders with meningitis and HPV declines with older ages and one of the lowest areas has only a 23.1% rate. White presented vaccine exemption data from 2009 to 2020 showing a rise in religious exemptions that has remained fairly high. Nationwide vaccination data of ages 13-17 by race showed that overall vaccination rates are lowest for HPV and second doses of meningitis. Vaccination rates by insurance coverage and public vs. private schools show similar trends with low meningitis and HPV rates. To look more into HPV vaccination rates, Virginia data was compared with national data. White explained that national rates are increasing, and Virginia rates are following that increase and, in some cases, exceeding it.

Next, White presented nationwide COVID-19 data showing that Black and Hispanic children had lower rates of testing but were significantly more likely to be infected and hospitalized and have a higher number of deaths. Barriers to vaccination and preventive care could be a reason for these disparities. At the state level, barriers to access include lack of transportation, misinformation, and lack of education from providers leading to an increased likelihood of serious illness.

Anthem's efforts to improve well child visits and immunizations involve a multifaceted approach with member and provider initiatives. Member initiatives include care coordinator outreach leveraging HEDIS Gap in Care reports; texting campaigns; mailings, including birthday reminders to complete well child visits; age-out immunization outreach targeting members who need immunizations who are about to age out to get immunized in a timely manner; and partnerships with DSS offices across the state to ensure new foster care members complete a doctor's visit within 60 days of enrollment. Provider initiatives include education through HEDIS booklets and quick reference guides, provider quality incentive programs for key preventive measures, supplemental data reporting, and targeted partnerships with providers. White stated that Anthem has partnered with multiple providers over the last several years to support vaccination clinics and well-child visits in an effort to get more members vaccinated, including assisting with scheduling, identification and outreach to members, transportation coordination, member education, and PPE donations to providers. Anthem has also partnered with communities through churches and schools to improve COVID vaccination rates.

Dr. Walker-Harris asked if Anthem has partnered with any local health district for the school-based clinics. White answered that Anthem has utilized existing relationships within communities and local school systems, and that more partnership data needs to be gathered and shared to enable a more targeted focus and public health strategy. Cannon asked how care coordinators could help members access medications for flu and RSV considering current localized shortages. White explained that care coordinators and clinical teams could work with the member's parent or guardian to locate pharmacies with a supply of needed medications.

Cariano brought up a question from the chat regarding the efficacy of giving gift cards to members as an incentive for getting vaccinated. White answered that gift cards were provided as an incentive but that data is not yet available about the effectiveness of this approach.

V. Maternal Health Updates

DMAS Health Care Services Maternal-Child Health Unit

Natasha Turner, DMAS Doula Program Analyst, shared updates on the implementation of the Medicaid doula benefit. Turner explained that community doulas are non-medical professionals who provide continuous physical, emotional, and informational support to pregnant women prenatally, throughout pregnancy, during labor and delivery, and in the postpartum period. Research has shown that pregnant individuals who receive doula care are more likely to have a healthy birth outcome, a positive birth experience, and a higher likelihood of vaginal birth and breastfeeding initiation.

Turner explained that the Medicaid doula benefit provides four prenatal visits, four postpartum visits, attendance at labor and delivery, and “linkage to care” incentives. She stated that currently there are 65 state certified doulas and 37 Medicaid doula providers. The first doula services were provided in August and the first births were in October. Currently there are 90 Medicaid members receiving doula services and there have been 10 babies born with the support of a doula. Goals to improve the doula benefit include infrastructure and support to engage doulas and build a network of providers. The second goal is focused on collaboration, partnership, and buy-in between MCOs, state agencies, providers, and community stakeholders. Turner said that all six Medicaid health plans have been supportive and engaged in the doula program and some have provided scholarships for training and conducted outreach within their network. Finally, she introduced Medicaid’s first two community doulas, Sequoi Phipps-Hawkins and Larissa Joos.

Maryssa Sadler, DMAS Maternal Health Operations Analyst, presented current agency initiatives to support parenting and postpartum Medicaid members through Baby Steps Virginia. Baby Steps Virginia addresses the five focus areas of eligibility and enrollment, outreach and information, connections, new and improved services and policies, and oversight. Since 2021, DMAS has been involved in the National Academy for State Health Policy (NASHP) Maternal and Child Health Policy Innovation Program (MCH PIP) focusing on racial disparities in maternal mortality. The MCH PIP is currently focused on provider and member outreach through collaboration with sister agencies and MCOs to increase awareness of the new benefits. Cariano brought up a question from the chat asking which division the Baby Steps program was a part of. Sadler answered that it is a part of the Maternal Health Unit within the Health Care Services division.

Virginia Premier: Maternal and Child Health Programs

Cariano introduced Chantel Neece, Director for Member Outreach, Social Determinants of Health, and Community Benefits, from Virginia Premier Medicaid

managed care plan. Neece presented on Virginia Premier's current maternal and child health outreach programs and initiatives. Healthy Heartbeats is an outreach initiative for members with low-risk pregnancies, utilizing 17 dedicated staff who are certified community health workers. High risk pregnancies are engaged through a specialized case management team. The Watch Me Grow program supports a continuum of care from the postpartum period on to ensure the new baby and other children in the household remain connected with managed care, medical services, and social services. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services are being shared through community partnerships. Data collection efforts are in place to help identify pregnant individuals as early as possible in the pregnancy so there can be a greater impact on care and birth outcomes. Other components include behavioral health, access to community and government services, continuity of care, long-acting reversible contraceptives (LARC), baby showers, preferred partnerships for education and support, and home visits.

Dr. Walker-Harris asked about care management and referrals for pregnant members with chronic disease and comorbidities. Neece answered that high-risk individuals receive education and care specific to their needs. Faruk asked if there has been an increase in WIC participation due to MCO efforts to connect members with resources. Neece explained the assessment process in which members are identified as needing WIC and other services or benefits.

VI. Agenda for March 2, 2023 CHIPAC Meeting

Cariano announced that the March 2, 2023 meeting will be an in-person meeting. A new member orientation will take place directly before the meeting to provide an overview of the purpose, scope, and history of the committee for members who have joined recently.

Cariano invited discussion about the agenda for the March CHIPAC meeting. Freddy Mejia brought up the topic of targeted outreach and engagement for children who are at risk of being disenrolled and losing health coverage after the end of the PHE. Heidi Dix requested an overview of any developments from the legislative session. Cariano suggested reviewing school-based services and WIC.

VII. Public Comment

Cariano invited public comment but none was made.

VIII. Closing

The meeting was adjourned at 3:30 p.m.