Quarterly Meeting
March 4, 2021
CHIPAC is conducting this meeting electronically due to the COVID-19 emergency.

This meeting will be recorded.
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

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

* New member
## Roll call, cont’d

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

* 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

<table>
<thead>
<tr>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Virginia Department of Health</td>
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</tr>
<tr>
<td>Virginia Department of Social Services</td>
<td>Irma Blackwell</td>
</tr>
</tbody>
</table>

## Nominees for Membership

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voices for Virginia’s Children</td>
<td>Emily Griffey</td>
</tr>
<tr>
<td>Virginia Community Healthcare Association</td>
<td>Tracy Douglas-Wheeler</td>
</tr>
</tbody>
</table>
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?
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
</table>
| 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?*

<table>
<thead>
<tr>
<th><strong>DMAS</strong></th>
<th><strong>DSS</strong></th>
<th><strong>Cover VA</strong></th>
</tr>
</thead>
</table>
| • “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

Tribal Notice
Jan. 29

Public Comment
Feb. 19 – March 22

Review comments, revise application

Public Comment Forum (CHIPAC)
March 4

Target submission date:
April 1
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

- Trusted provider
- Continuous coverage
- Dyadic care for mother and infant
- Care coordination
- Parent’s coverage increases infant’s access
- Screening and treatment for high risk conditions
### Proposed Evaluation

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

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Evaluation Approach</th>
<th>Data Sources</th>
</tr>
</thead>
</table>
| 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

E-mail: FAMISMOMS@dmas.virginia.gov

Virginia Regulatory Town Hall: www.townhall.virginia.gov

Voicemail: 804-225-3002

Deadline: Monday, March 22
More information and updates (including link to draft application):

https://www.dmas.virginia.gov/#/hifawaiver
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.
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
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

- At Least One Office Visit: 429,000
- At Least One Prescription: 434,700
- Treated for High Blood Pressure: 88,000
- Treated for Diabetes: 45,800
- Treated for Asthma: 21,450
- Treated for Cancer: 11,100
- Treated for COPD: 13,800
- Received ARTS: 43,900
New Initiatives for Members and Providers

For Our Members:
• Implemented measures to maintain coverage for our members throughout the public health 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

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

<table>
<thead>
<tr>
<th>Description</th>
<th>FY2021 GF</th>
<th>FY2021 NGF</th>
<th>FY2022 GF</th>
<th>FY2022 NGF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand Addiction Treatment Beyond Opioids (Item 313 PPPPP)</td>
<td>$0</td>
<td>$0</td>
<td>$881,306</td>
<td>$1,296,254</td>
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<tr>
<td>Affirm Medicaid Coverage of Gender Dysphoria Related Services (Item 313 ZZZZZ)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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</tr>
<tr>
<td>Fund Durable Medical Equipment (DME) Federal Mandate (Item 313 QQQQQ)</td>
<td>$68,014</td>
<td>$76,146</td>
<td>$272,050</td>
<td>$304,585</td>
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<tr>
<td>Authorize Post-Public Health Emergency Telehealth (Item 313 VVVVV)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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</table>
## Governor’s Introduced Budget

### Better Access to Coverage and Services

<table>
<thead>
<tr>
<th></th>
<th>FY2021 GF</th>
<th>FY2021 NGF</th>
<th>FY2022 GF</th>
<th>FY2022 NGF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move funds to cover the cost of implementing a live-in caretaker exemption (Item 313 HHH)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Authorize 12-month prescriptions of contraceptives for Medicaid Members (Item 313 YYYYY)</td>
<td>$0</td>
<td>$0</td>
<td>$136,533</td>
<td>$1,380,694</td>
</tr>
<tr>
<td>Fund COVID-19 Vaccine Coverage for Non-Expansion Medicaid Adults (Item 313 XXXXX)</td>
<td>$0</td>
<td>$0</td>
<td>$995,742</td>
<td>$995,742</td>
</tr>
<tr>
<td>Allow Pharmacy Immunizations for Covered Services (Item 313 UUUUUU)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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</tbody>
</table>
## Governor’s Introduced Budget

### Administrative and Technical Changes

<table>
<thead>
<tr>
<th>Description</th>
<th>FY2021 GF</th>
<th>FY2021 NGF</th>
<th>FY2022 GF</th>
<th>FY2022 NGF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement Federal Client Appeals Requirements (Item 317 GG 1)</td>
<td>$34,135</td>
<td>$34,135</td>
<td>$598,763</td>
<td>$823,476</td>
</tr>
<tr>
<td>Federally Mandated MCO Contract Changes (Item 313 E)</td>
<td>$0</td>
<td>$0</td>
<td>$2,196,012</td>
<td>$4,804,988</td>
</tr>
<tr>
<td>Increase Appropriation for Civil Monetary Penalty (CMP) Funds (Item 317 R1.,2. &amp; 7)</td>
<td>$0</td>
<td>$225,000</td>
<td>$0</td>
<td>$225,000</td>
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<tr>
<td>Provide support for federal interoperability and patient access requirements (Item 313 SSSSS)</td>
<td>$0</td>
<td>$0</td>
<td>$1,739,306</td>
<td>$3,805,694</td>
</tr>
</tbody>
</table>
### Governor’s Introduced Budget

#### Administrative and Technical Changes

<table>
<thead>
<tr>
<th>Account for third quarter of enhanced federal Medicaid match in facility budget (Item 313 A.)</th>
<th>FY2021</th>
<th>FY2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-$808,764</td>
<td>$1,617,528</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorize the transfer of funds between CCCA and DMAS to account for cost shifts (Item 313 A. 2.)</th>
<th>FY2021</th>
<th>FY2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Make required adjustments to the graduate medical residency program (Item 313 BBB. 1.)</th>
<th>FY2021</th>
<th>FY2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Increase Medicaid reimbursements for Veteran Care Centers (Item 313 RRRRR.)</th>
<th>FY2021</th>
<th>FY2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
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<th>FY2022 GF</th>
<th>FY2022 NGF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move Reductions to Agency Budget (Various Items)</td>
<td>-$63,443,772</td>
<td>-$1,522,168</td>
<td>-$28,302,522</td>
<td>-$1,167,598</td>
</tr>
<tr>
<td>Transfer funds to cover Medicaid related system modifications</td>
<td>-$300,000</td>
<td>-$2,700,000</td>
<td>-$300,000</td>
<td>-$2,700,000</td>
</tr>
<tr>
<td>Transfer assisted living screening funds to DSS (DARS Item 344 F)</td>
<td>-$641,050</td>
<td>$0</td>
<td>-$641,050</td>
<td>$0</td>
</tr>
<tr>
<td>Add DBHDS licenses to ASAM Level 4.0 (Item 313 TTTTT.)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
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
Introducing Project Cardinal
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.
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.”
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](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?
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.
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
Cover Virginia Snapshot (SFY 2020)

- **70,621**: Average number of calls received each month by the Call Center.
- **545**: Average number of Hospital Presumptive Eligibility applications received each month.
- **9,695**: Average number of MAGI applications received each month by the Central Processing Unit (CPU).
- **12**: Number of full-time DMAS staff co-located at Cover Virginia.
- **10**: Number of P-14 DMAS staff co-located at Cover Virginia.
- **2,066**: Average number of newborn average applications received each month.
- **1,755**: Average number of inmates enrolled by the Cover Virginia Incarcerated Unit (CVIU) each month.
- **1,266**: Average number of calls received by the CVIU each month.
- **370**: Average monthly number of Conduent staff.
- **600**: Number of Conduent staff during Open Enrollment.
Maximus Implementation Timeline

**Contract Award**
October 10, 2020

**Kickoff Meeting**
October 13, 2020

**Go-Live Date**
March 29, 2021
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.
- 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.

Cover Virginia Innovation Highlights
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 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

Staff are trained specifically for this population processing applications, changes, and renewals

The Cover Virginia Incarcerated Unit (CVIU) includes a separate call center and processing unit

Updated data exchange to now include data from local and regional jails (expected implementation late February)

Maximus has developed a separate implementation work stream focusing on (CVIU)

Enrollment within 24-48 hours of release

Enhancements include, updated IVR and web forms for improved workflow management
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.
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 CPU Application Volume

Q3 - 2020: 23,963
Q4 - 2020: 24,523
Q1 - 2021: 23,734
Q2 - 2021: 48,189
DASHBOARD REVIEW
## DENTAL BENEFITS FOR PREGNANT WOMEN, ACTIVITY AND OUTCOMES*

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Total # of Pregnant Enrollees Receiving Dental Services</th>
<th>Total Dollars Paid for Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015(^1)</td>
<td>2,320</td>
<td>$0.54 million</td>
</tr>
<tr>
<td>2016</td>
<td>6,550</td>
<td>$4.12 million</td>
</tr>
<tr>
<td>2017</td>
<td>7,234</td>
<td>$5.78 million</td>
</tr>
<tr>
<td>2018</td>
<td>7,366</td>
<td>$6.68 million</td>
</tr>
<tr>
<td>2019</td>
<td>6,900</td>
<td>$5.56 million</td>
</tr>
<tr>
<td>2020</td>
<td>5,704</td>
<td>$4.19 million</td>
</tr>
<tr>
<td>2021 to date(^2)</td>
<td>3,511</td>
<td>$2.27 million</td>
</tr>
</tbody>
</table>

## ENROLLMENT*

**FEBRUARY 2021 ENROLLMENT REPORT**

### Table 1 - CHIP and Medicaid Child Enrollment

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

*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

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INCOME</th>
<th># Enrolled as of 1-01-21</th>
<th># Enrolled as of 2-01-21</th>
<th>Net Increase This Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMIS Select</td>
<td>&gt; 143% to 200% FPL</td>
<td>56</td>
<td>56</td>
<td>0</td>
</tr>
<tr>
<td>FAMIS Children &lt; 19 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 3 - Pregnant Women’s Enrollment

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INCOME</th>
<th># Enrolled as of 1-01-21</th>
<th># Enrolled as of 2-01-21</th>
<th>Net Increase This Month</th>
<th>% of Total Pregnant Women Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMIS MOMS (CHIP)</td>
<td>&gt; 143% to 200% FPL</td>
<td>1,659</td>
<td>1,726</td>
<td>67</td>
<td>7%</td>
</tr>
<tr>
<td>Medicaid Pregnant Women</td>
<td>≤ 143% FPL</td>
<td>21,521</td>
<td>21,968</td>
<td>447</td>
<td>93%</td>
</tr>
<tr>
<td>TOTAL Pregnant Women</td>
<td></td>
<td>23,180</td>
<td>23,694</td>
<td>514</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Table 4 - Family Planning Enrollment

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INCOME</th>
<th># Enrolled as of 1-01-21</th>
<th># Enrolled as of 2-01-21</th>
<th>Net Increase This Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan First</td>
<td>Men &amp; Women</td>
<td>45,978</td>
<td>46,262</td>
<td>284</td>
</tr>
</tbody>
</table>
Monthly Net Enrollment of Children in FAMIS Plus (Medicaid), 2018-2021
(Includes CHIP-funded "Medicaid Crossover" enrollment)
Monthly Net Enrollment in FAMIS MOMS, 2016-2021
Monthly Net Enrollment of Pregnant Women in Medicaid, 2016-2021
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.