Meeting Agenda

- Welcome; Overview of virtual meeting procedures
- Attendance - roll call
- CHIPAC Business
  - Review minutes from Dec. 5 meeting
  - Membership update and discussion
- DMAS Update
- VDSS Update
- Update on CHIPAC Strategic Planning survey responses
- Agenda for next CHIPAC meeting
- Public Comment
Virtual Meeting Notice

CHIPAC is conducting this meeting electronically via WebEx due to the declared emergency related to the COVID-19 pandemic.
Questions: chat box

Committee members - Please type questions into the chat box or “raise your hand” if you would like to comment. Presenters will take questions after each agenda item.

Members of the public - We will open up the lines and take questions from the public at the end of the meeting during the public comment period. Please hold your comments until this time.
## 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>Joint Commission on Health Care</td>
<td>Michele Chesser (Vice Chair)</td>
</tr>
<tr>
<td>Voices for Virginia’s Children</td>
<td>Ashley Everette Airington</td>
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<tr>
<td>VCU Health</td>
<td>Dr. Tegwyn Brickhouse</td>
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<tr>
<td>Virginia Community Healthcare Association</td>
<td>Lisa Dove</td>
</tr>
<tr>
<td>Center on Budget and Policy Priorities</td>
<td>Shelby Gonzales</td>
</tr>
<tr>
<td>Virginia Department of Health</td>
<td>Carla Hegwood</td>
</tr>
<tr>
<td>Dept. of Behavioral Health and Developmental Services</td>
<td>Katharine Hunter</td>
</tr>
<tr>
<td>American Academy of Pediatrics, Virginia Chapter</td>
<td>Victor James</td>
</tr>
<tr>
<td>Virginia Association of Health Plans</td>
<td>Christine McCormick</td>
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<tr>
<td>Organization</td>
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<tr>
<td>Virginia League of Social Services Executives</td>
<td>Michael Muse</td>
</tr>
<tr>
<td>Virginia Department of Social Services</td>
<td>Sherry Sinkler-Crawley</td>
</tr>
<tr>
<td>Families Forward Virginia</td>
<td>Ali Faruk (substitute for Lisa Specter-Dunaway)</td>
</tr>
<tr>
<td>Medical Society of Virginia</td>
<td>Dr. Nathan Webb</td>
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<tr>
<td>Virginia Hospital and Healthcare Association</td>
<td>Jennifer Wicker</td>
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<tr>
<td>Virginia Poverty Law Center</td>
<td>Sara Cariano</td>
</tr>
<tr>
<td>Board of Medical Assistance Services</td>
<td>Michael Cook</td>
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<tr>
<td>Virginia Department of Education</td>
<td>Quyen Duong</td>
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CHIPAC Business

- Review minutes from December 5 meeting
- Membership update and discussion/vote
DMAS Agency Update

CHIPAC Full Committee Meeting  July 20, 2020
Enrollment Update

Since the State of Emergency was declared, Medicaid has gained 110,678 new members:
- 48,549 are in Medicaid Expansion
- 38,665 are children
- On average, Medicaid gains 850 new members each day
Enrollment: Children and Pregnant Women

- Medicaid Children (incl. M-CHIP)
- FAMIS (Separate CHIP)
- Medicaid Pregnant Women
- FAMIS MOMS
The Value of Medicaid During COVID-19

We’ve got our members covered.

- **Access to Coverage**
  - 420,000+ newly eligible adults have coverage under Medicaid Expansion.

- **Access to Health Care**
  - No Medicaid members will lose coverage during the health emergency
  - Co-payments suspended
  - No pre-approvals needed and existing approvals automatically extended for many critical medical services
  - 90-day supply and early refills for many routine prescriptions
  - Telehealth is covered and encouraged

- **Health Equity and High Risk Populations**
  - Pursuing improvements in health equity through innovations in maternal and infant health, and behavioral health
  - Critical safety net for older adults
  - Addressing complex behavioral health needs and substance use disorders
We’ve got our health care providers covered.

- **Provider Retainer Payments and Rate Increases**
  - Retainer payments for adult day health centers and providers that offer day services
  - Increased nursing facility reimbursement rates
  - Medicaid continues to work closely with providers and their networks to identify unique needs and costs related to infections control and loss in revenue
  - Directed payments to primary care providers

- **New Staffing Flexibilities**
  - Emergency rules give home and community-based providers greater ability to sustain staffing capacity by giving them more flexibility with training, oversight and other requirements.
  - Spouses, parents of minor children, and legal guardians of a member can provide and receive reimbursement for personal care services.
The Value of Medicaid During COVID-19

We’ve got our Commonwealth covered.

• Like many states, Virginia is facing a sudden, unprecedented budget impact due to COVID-19.

• DMAS is working closely with the Centers for Medicare and Medicaid Services to secure increased federal flexibilities through emergency waivers and other opportunities to support our providers and reduce strain on the state budget.

• Virginia is committed to ensuring that these federal provider funds are used to prepare for, prevent the spread of, and respond to COVID-19 in communities that are most at risk for the spread of infection.
Healthy Birthdays Initiative

- The health of mothers and their children is essential to the mission of DMAS as DMAS delivers 39,000 newborns a year.
- Governor Northam made it a top priority to end racial disparities that threaten the health of pregnant and postpartum women.
- By 2025, we want all of our mothers and their babies to celebrate their child’s first birthday together, healthy and happy.
- The Healthy Birthday Virginia team is focusing on:
  - Targeted outreach on eligibility and delivery systems via Instagram, YouTube, and updated communications to provide education and information that will be helpful in improving services and outcomes.
  - Disparities, care coordination, special conditions, targeted projects, state agency collaborations, and General Assembly initiatives.
HAVING A BABY?

During your pregnancy, and even after your baby is born, we've got you covered.

- Prenatal and postpartum care
- Emergency services
- Behavioral health services
- Increased access to telehealth
- 90-day supply of most prescriptions
- No copays
- Transportation services
- Dental care

For more information, visit https://coverva.org/covid19/
Pregnant Women’s Applications

- As of July 1, pregnant women applying for medical assistance will only have to wait a maximum of seven calendar days to receive a full determination into Medicaid or FAMIS MOMS, or referral to the Marketplace if they are not eligible.
- Previously, the time frame for a determination for a pregnant applicant was 10 business days.
- Aligns processing period with expedited SNAP timeliness requirements.
- No cost associated with this change.
DMAS Update: Policy Updates

Rachel Pryor, Deputy Director of Administration    CHIPAC    July 20, 2020
**HB30, FY21/22 Unallotted Items**

<table>
<thead>
<tr>
<th>Item Description (Includes Admin and Medical)</th>
<th>FY2021</th>
<th>FY2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Payments for Children's National Medical Centers</td>
<td>($354,766)</td>
<td>($354,766)</td>
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<tr>
<td>Fund Managed Care Contract Changes</td>
<td>($812,600)</td>
<td>($1,014,350)</td>
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<tr>
<td>Increase Medicaid Rates for Anesthesiologists</td>
<td>($253,376)</td>
<td>($262,491)</td>
</tr>
<tr>
<td>Increase payment rate by 9.5% for Nursing Homes with special population</td>
<td>($493,097)</td>
<td>($506,903)</td>
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<tr>
<td>Increase mental health provider rates</td>
<td>($2,374,698)</td>
<td>($2,458,479)</td>
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<tr>
<td>Add 500 DD Waiver Slots in FY 2022</td>
<td>$0</td>
<td>($4,133,500)</td>
</tr>
<tr>
<td>Modify Nursing Facility Operating Rates at Four Facilities</td>
<td>($733,303)</td>
<td>($754,247)</td>
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<tr>
<td>Modify Medicaid Nursing Facility Reimbursement</td>
<td>($6,794,541)</td>
<td>($6,984,788)</td>
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<tr>
<td>Increase DD waiver provider rates using updated data</td>
<td>($21,395,221)</td>
<td>($22,037,077)</td>
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<tr>
<td>Increase Developmental Disability (DD) waiver rates</td>
<td>($3,639,663)</td>
<td>($3,748,853)</td>
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<tr>
<td>Increase Rates for Skilled and Private Duty Nursing Services</td>
<td>($6,245,286)</td>
<td>($6,245,286)</td>
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<tr>
<td>Provide care coordination prior to release from incarceration*</td>
<td>($252,104)</td>
<td>($369,741)</td>
</tr>
<tr>
<td>Residential Psychiatric Facility Rates</td>
<td>($7,599,696)</td>
<td>($7,599,696)</td>
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### HB30, FY21/22 Unallotted Items, continued

<table>
<thead>
<tr>
<th>Item</th>
<th>FY2021</th>
<th>FY2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Adult Dental Benefit to Medicaid</td>
<td>($8,743,420)</td>
<td>($25,304,935)</td>
</tr>
<tr>
<td>Allow Overtime for Personal Care Attendants</td>
<td>($9,609,223)</td>
<td>($9,609,223)</td>
</tr>
<tr>
<td>Expand opioid treatment services</td>
<td>($421,476)</td>
<td>($1,273,633)</td>
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<tr>
<td>Medicaid MCO Reimbursement for Durable Medical Equipment</td>
<td>($345,621)</td>
<td>($352,534)</td>
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<tr>
<td>Modify Capital Reimbursement for Certain Nursing Facilities</td>
<td>($119,955)</td>
<td>($119,955)</td>
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<tr>
<td>Allow FAMIS MOMS to access substance use disorder treatment</td>
<td>($307,500)</td>
<td>($356,775)</td>
</tr>
<tr>
<td>in an institution for mental disease</td>
<td></td>
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<tr>
<td>Fund home visiting services</td>
<td>$0</td>
<td>($11,750,159)</td>
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<tr>
<td>Fund costs of Medicaid-reimbursable STEP-VA services</td>
<td>($486,951)</td>
<td>($2,293,826)</td>
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<td>Extend FAMIS MOMS' postpartum coverage to 12 months</td>
<td>($1,114,936)</td>
<td>($2,116,376)</td>
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<tr>
<td>Enhance behavioral health services</td>
<td>($3,028,038)</td>
<td>($369,741)</td>
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<tr>
<td>Medicaid Works for Individuals with Disabilities</td>
<td>($114,419)</td>
<td>($7,599,696)</td>
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<tr>
<td>Expand Tobacco Cessation Coverage in Medicaid</td>
<td>($34,718)</td>
<td>($25,304,935)</td>
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<td>Fully Fund Medicaid Graduate Medical Residency Slots</td>
<td>($1,350,000)</td>
<td>($9,609,223)</td>
</tr>
<tr>
<td>Description</td>
<td>FY2021 GF</td>
<td>FY2022 GF</td>
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<tr>
<td>----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Increase Rates for Adult Day Health Care</td>
<td>($796,755)</td>
<td>($1,273,633)</td>
</tr>
<tr>
<td>Eliminate 40 quarter work requirement for legal permanent residents (medical costs)</td>
<td>($1,002,169)</td>
<td>($352,534)</td>
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<tr>
<td>Eliminate 40 quarter work requirement for legal permanent residents (admin costs)</td>
<td>($169,922)</td>
<td>($94,667)</td>
</tr>
<tr>
<td>Provide care coordination prior to release from incarceration</td>
<td>($95,699)</td>
<td>($95,699)</td>
</tr>
<tr>
<td>Medicaid Provider Rates Analysis</td>
<td>($300,000)</td>
<td></td>
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<tr>
<td>Administrative Costs to Implement Live-In Caretaker Exemption</td>
<td>($507,500)</td>
<td>($373,000)</td>
</tr>
<tr>
<td><strong>Total Unallotted Items</strong></td>
<td>($78,539,655)</td>
<td>($127,501,107)</td>
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Virginia’s COVID-19 Policy Strategy

Since the declaration of the public health emergency, DMAS has taken actions to extend flexibilities which impact members, providers, and other stakeholders to mitigate the impact of COVID-19.

- Two Executive Orders issued pertaining to Medicaid

- 86 provisions of state regulation waived

- Six provider memos have been issued

- Nine federal regulatory waivers filed

- COVID-19 landing page added to DMAS and Cover VA websites to include resources for advocates, providers and members
COVID-19 Related Eligibility & Enrollment Changes

Teams moved aggressively to assist members during the COVID-19 crisis.

<table>
<thead>
<tr>
<th>Continuation of Coverage</th>
<th>Additional Member Flexibilities</th>
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<tbody>
<tr>
<td>✓ Delayed acting on changes affecting eligibility</td>
<td>✓ Waive public notice and comment period requirements related to SPAs and modify tribal consultation timeframes.</td>
</tr>
<tr>
<td>✓ Expanded redetermination timelines</td>
<td>✓ Suspend integration requirement for incarcerated individuals</td>
</tr>
<tr>
<td>✓ Continuation of coverage for all Medicaid and CHIP members</td>
<td>✓ Consider Medicaid beneficiaries displaced temporarily absent &amp; maintain enrollment</td>
</tr>
<tr>
<td>✓ Waive out-of-pocket costs to member for duration of state emergency</td>
<td>✓ Accept attestation of medical expenses</td>
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</table>
## COVID-19 Related Appeals Changes

### Member Appeals

For appeals filed during the state of emergency, Medicaid members will automatically keep their coverage (i.e. Medicaid eligibility or an appealed existing medical service) while the appeal is proceeding. Medicaid managed health plans will also approve continued coverage while their internal appeal process is underway.

The timeframe to file an appeal is extended during the period of emergency.

DMAS will hold all hearings by telephone, but if the member is unable to participate at the scheduled time, DMAS will reschedule the hearing to a later date.

### Provider Appeals

Providers affected by the COVID-19 emergency can request a hardship exemption to the normal deadline to file an appeal.

All deadlines after an appeal has been filed are extended for the period of the declaration of emergency.

All informal fact-finding conferences and formal hearings will be conducted by telephone during the period of emergency.
Additional Member Improvements

- **Authorization for Verbal Consent**: allows an individual to grant verbal consent to an application assister such as a navigator or Certified Application Counselor to file an application on the individual’s behalf by paper, telephonically, or electronically.

- **Cover Virginia Consumer Inbox**: A new inbox, covervadocs@conduent.com, has been added to allow members and applicants to submit verifications that have been requested at application, renewal, or when a change is reported. Created in response to the emergency, this inbox will remain a permanent option for consumers.
Questions?
VDSS Update

Sherry Sinkler-Crawley, VDSS
CHIPAC Strategic Planning Survey Responses

Denise Daly Konrad, CHIPAC Chair
Purpose of Strategic Conversation

- Help prioritize what is achievable and important for the CHIPAC in 2020 and beyond to support its ability to provide meaningful feedback to DMAS and the Secretary of Health and Human Resources.
CHIPAC’s Charge in Code of Virginia

- § 32.1-351.2. Children's Health Insurance Program Advisory Committee; purpose; membership; etc.
- ...[To] assess the policies, operations, and outreach efforts for Family Access to Medical Insurance Security (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 DMAS and the Secretary of Health and Human Resources.
Survey Overview

In February 2020, the Executive Subcommittee surveyed CHIPAC members about the Committee’s priorities. Topics included:

- What do you see as the role of the CHIPAC?
- What motivates you to attend CHIPAC meetings?
- Top priorities for members in the following areas:
  - State/Federal Policy
  - Operations and Contracts
  - Outreach and Member Communications
- Goals for Quarterly CHIPAC meetings
- Preferred Topics/Presentations for CHIPAC meetings
- Preferred Content for CHIPAC Dashboard
Summary

Committee members’ responses suggest:

- Interest in monitoring quality, utilization and health outcomes, with an eye towards Medicaid/FAMIS program enhancement/improvement.

- Desire to expand coverage to more children and pregnant women and implement strategies to make it easier to get and stay enrolled.

- Concern about network adequacy (including elements that are important to recruit and retain providers, like sufficient reimbursement).
Survey Responses

CHIPAC Role
- Stimulate Medicaid/FAMIS program enhancements or improvements (46%).
- Provide feedback related to current Medicaid/FAMIS programs (38%).
- Committee members also expressed interest in the CHIPAC serving as an accountability mechanism.

Motivation to Attend CHIPAC Meetings
- To share my expertise to ensure Virginia’s children and pregnant women receive the care they need via Medicaid/FAMIS (85%).
- To learn more about Medicaid/FAMIS programs for children and pregnant women and related initiatives (62%).
- Members also indicate the meetings are an opportunity to learn about new agency initiatives, share ideas and learn from others.
CHIPAC Priorities

State/Federal Policy:
- Upper income eligibility limit for children and PW (82%)
- Continuous eligibility for children (65%)

Operations and Contracts:
- Quality, utilization and health outcomes (92%)
- Systems to streamline enrollment and/or renewal (73%)

Outreach and Member Communications:
- Process to ensure member contact information is current to maintain enrollment (73%)
- Improve readability and accessibility of member letters and correspondence (64%)
- Educate individuals and employers about Medicaid/FAMIS premium assistance programs for adults and children (64%)
Top 3 Goals for Quarterly Meetings

1. Providing information/updates about the status and performance of the Medicaid/FAMIS programs for children and families (e.g., enrollment, utilization, health outcomes) and special initiatives, projects, and plans related to Medicaid/FAMIS programs for children and families.

2. Providing a venue for members to share ideas and engage in open-ended conversation about Medicaid/FAMIS or other initiatives related to Virginia’s children.

3. Providing structured opportunities for decision-making, to include developing recommendations to DMAS leadership and SHHR.
Top Priorities for Meeting Updates/Topics

1. Network adequacy (primary care, obstetrics, behavioral health and dental care) (67%)
2. Quality measures (enrollment, utilization, outcomes for children and pregnant women) (67%)
3. Children’s behavioral health issues (56%)
4. Racial disparities in maternal and infant mortality in Virginia (44%)
5. Child-focused updates on the Medallion 4.0 and CCC+ managed care programs (33%)
6. Waivers for new methods to deliver and pay for Medicaid/CHIP-funded health care services in Virginia (33%)
7. Medicaid/CHIP-funded school-based services (preK-12) (33%)
Discussion of Agenda Topics for next CHIPAC meeting, September 10, 2020
PUBLIC COMMENT