CHIPAC

Children's Health Insurance Program Advisory Committee of Virginia

Quarterly Meeting

September 7, 2023

Real-time Remote Captioning

- For those joining via WebEx, remote conference captioning is being provided for this event.
- The link to view live captions for this event will be pasted in the chatbox.
- You can click on the link to open up a separate window with the live captioning.

Meeting Notice – Public Access

- This meeting is being held virtually.
- There will be a public comment period at the close of the meeting (~3:00 PM).
- The meeting is being recorded.

Roll Call

Organization	Name
Virginia Department of Social Services	Irma Blackwell
American Academy of Pediatrics – VA Chapter	Dr. Susan Brown
Virginia Hospital and Healthcare Association	Kelly Cannon
Virginia Poverty Law Center	Sara Cariano
Virginia Community Healthcare Association	Martha Crosby
Virginia Association of Health Plans	Heidi Dix
Center on Budget and Policy Priorities	Shelby Gonzales

Roll Call

Organization	Name
Virginia Department of Education	Alexandra Javna
Joint Commission on Health Care	Estella Obi-Tabot (sub)
Virginia Department of Health	Jennifer Macdonald
The Commonwealth Institute for Fiscal Analysis	Emily King (sub)
Virginia League of Social Services Executives	Michael Muse
Virginia Health Care Foundation	Emily Roller
Dept. of Behavioral Health and Developmental Services	Hanna Schweitzer
Medical Society of Virginia	Dr. Nathan Webb

Proposed 2024 Meeting Schedule

CHIPAC Full Committee Meetings

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

CHIPAC Executive Subcommittee Meetings

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

Nominee for Membership

Organization	Name
Voices for Virginia's Children	Emily Moore

Meeting Agenda

- CHIPAC Business
- Virginia Children's Health Coverage Programs in a National Context
  Tricia Brooks, Georgetown Center for Children and Families
- Committee Discussion of Legislative and Policy Priorities
- Virginia Medicaid Unwinding Update
  Jessica Annecchini, Senior Advisor for Administration, DMAS
- DMAS Foster Care Updates
  Christine Minnick, Child Welfare Program Specialist; Health Care Services Division, DMAS
- School Health Services Expansion Status Update
  Hope Richardson, PRME; Lynn Hamner, Program Operations, DMAS
- Agenda Items for December 7 CHIPAC Meeting
- Public Comment

Georgetown University
McCourt School *of* Public Policy
CENTER FOR CHILDREN
AND FAMILIES

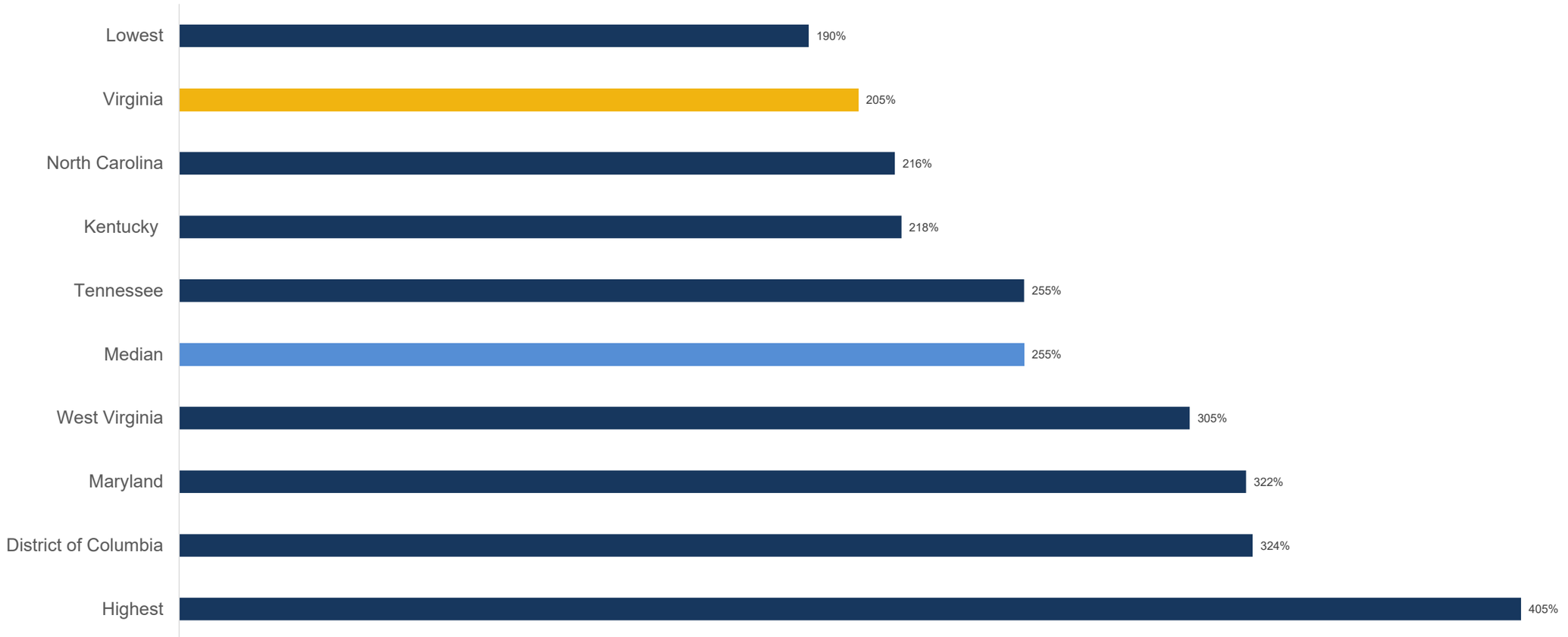
Opportunities to Improve Virginia's Medicaid and FAMIS Coverage for Children

Virginia CHIPAC
September 7, 2023
Tricia Brooks

Eligibility, Coverage, and Participation Rates

Source: Kaiser Family Foundation & Georgetown Center for Children and Families 2023 50-State Survey on Medicaid and CHIP Eligibility, Enrollment, and Cost-Sharing Policies.

Children’s Upper Income Eligibility

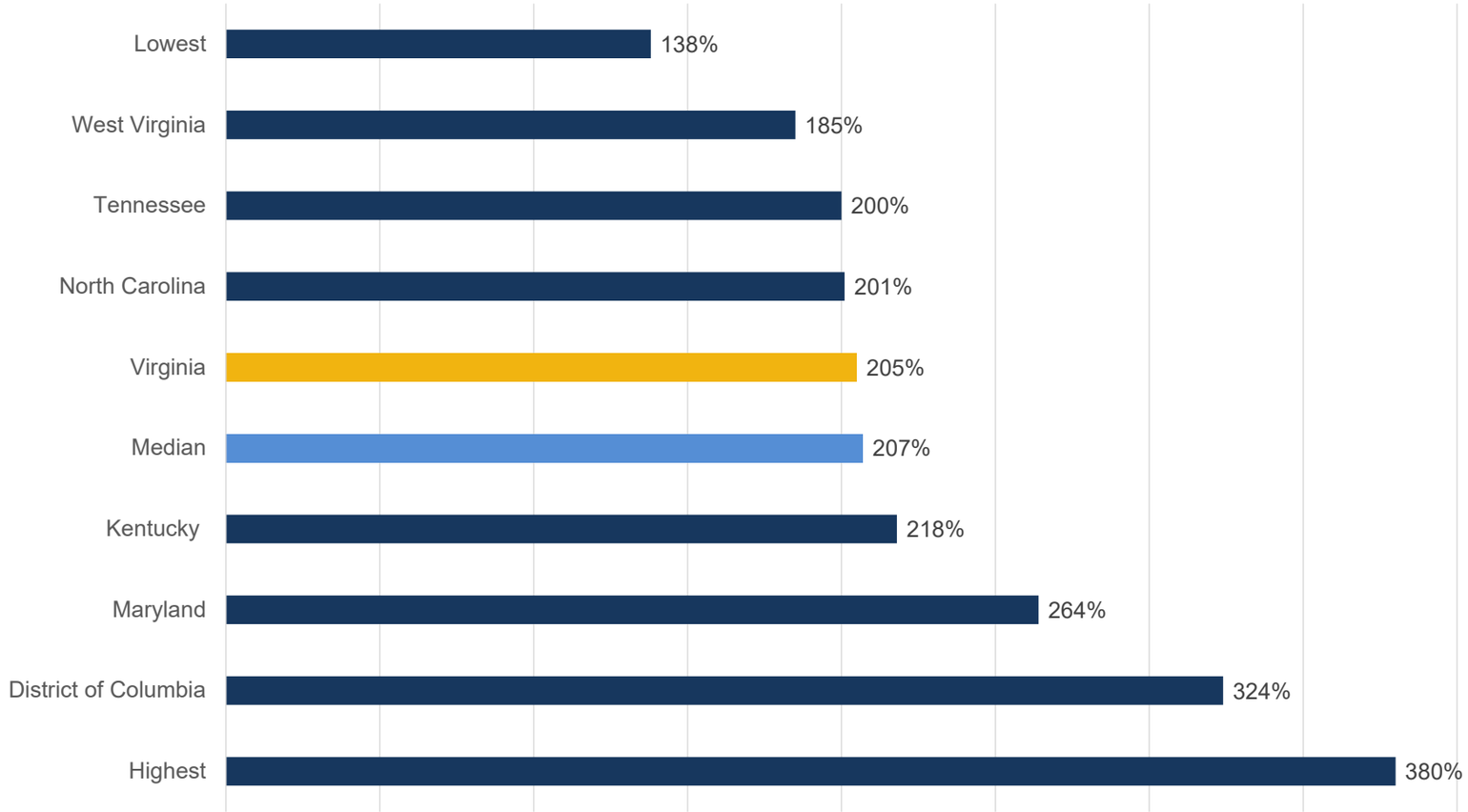


Pregnancy Upper Income Eligibility

Virginia is one of only 7 states using enhanced CHIP funding to cover pregnant adults

Other states:

- Colorado
- Kentucky
- Missouri
- New Jersey
- Rhode Island
- West Virginia



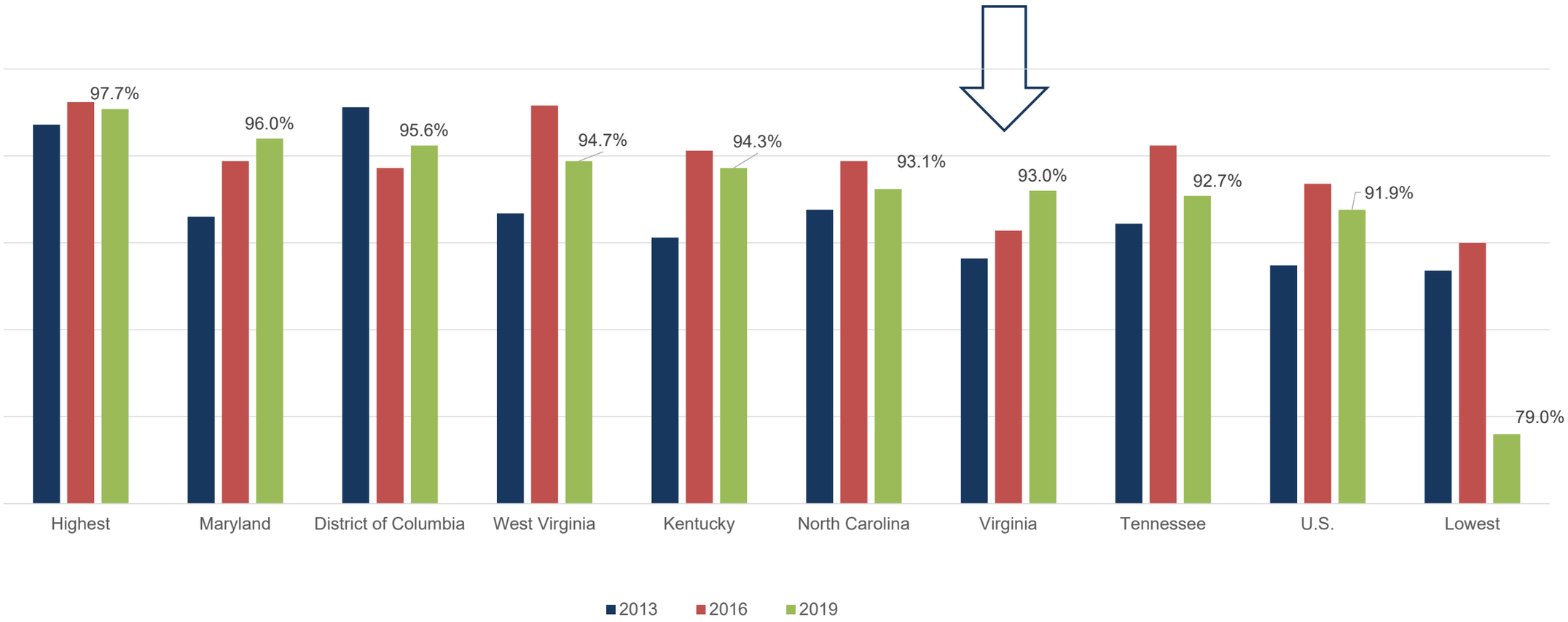
Georgetown University McCourt School of Public Policy CENTER FOR CHILDREN AND FAMILIES

Source: Kaiser Family Foundation & Georgetown Center for Children and Families 2023 50-State Survey on Medicaid and CHIP Eligibility, Enrollment, and Cost-Sharing Policies

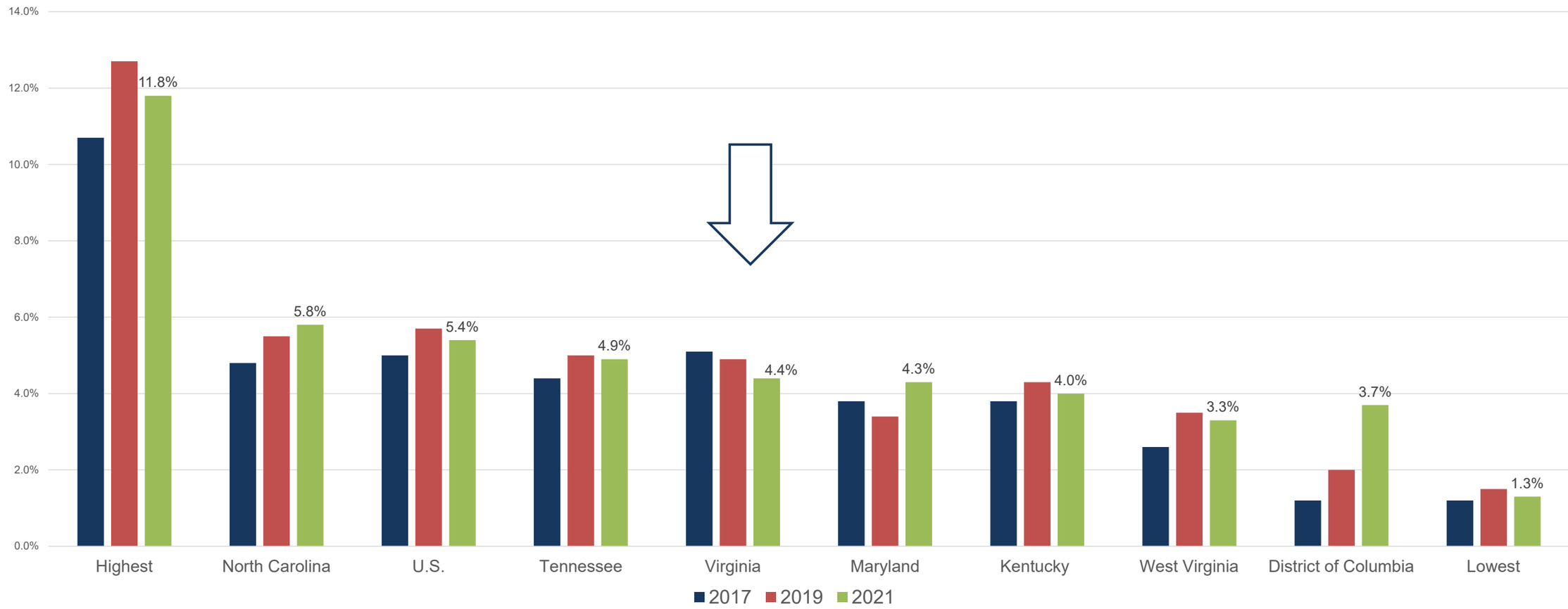
Virginia Has Maximized Federal Funding to Cover Immigrant Child and Maternal Populations

- Waived 5-year waiting period for children (35 states)
- Waived 5-year waiting period for pregnancy (26 states)
- Adopted unborn child option to cover pregnancy regardless of status (20 states)
- Other states are using state funds to expand immigrant coverage:
  - 12 states cover all children regardless of immigration status
  - 11 states cover targeted adult groups

Medicaid and CHIP Child Participation Rates



Child Uninsured Rates



Policies, Systems, and Services

Section Subheader

Continuous Eligibility Promotes Continuity of Care; Boosts Child and Maternal Health

- 12-month continuous eligibility for all children will be required as of January 1, 2024
  - VA is 1 of 24 states without 12-mo continuous eligibility
- OR, WA have been approved for continuous eligibility until age 6
  - Section 1115 waiver
  - 4-5 additional states are moving on similar action
- VA has implemented 12-month postpartum coverage
  - 37 states have implemented; 9 others have adopted
- Keeping parents enrolled improves children's participation

Automated Renewals Support Retention

- Higher *ex parte* (automated) renewal rates:
  - Lower procedural disenrollments and less churn
  - Continuity of access to care to manage health
  - Greater administrative efficiency
- VA has above average rates of *ex parte* renewals
  - Reported 50-75% rate (one of 13 states in 2023 KFF survey)
  - With 2 months of unwinding data, VA is tied with MD for the second highest *ex parte* rate at 53%; behind only AZ at 65%
  - Continuing to improve *ex parte* rates will remove red tape, reduce churn, and increase administrative efficiency,

Online Accounts and Assister Portals

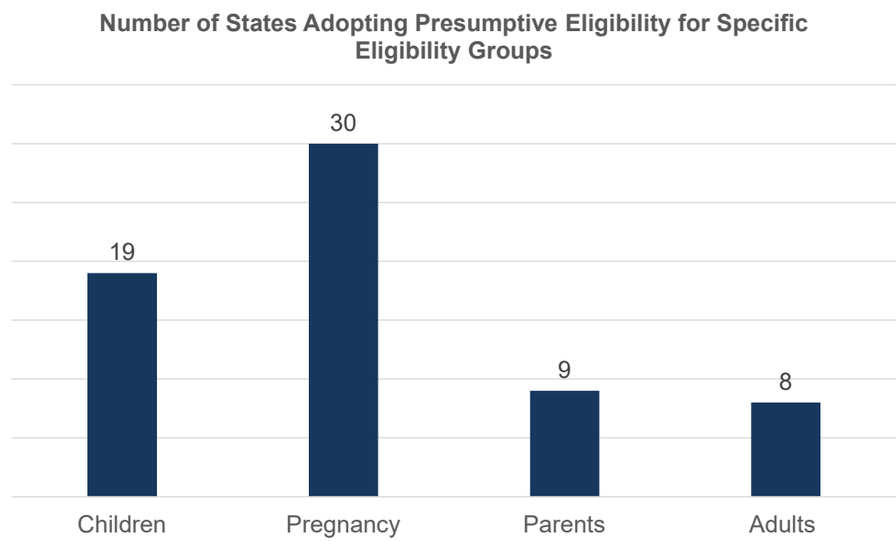
- VA's online Medicaid account offers broad functions
  - Consider adding functionality for Authorized Representatives
  - Ensure mobile friendliness of accounts (and applications)
- Portals allow navigators/assister to submit application and renewal data online
  - Create efficiencies for the state
  - Reduce manual entry errors
  - Promote enrollment and retention
- VA is one of 22 states without an online portal for assisters/community partners
  - Kentucky's assister portal has robust functionality (good model)

Cost-Sharing Policies

- VA charges no premiums for child coverage (24 states)
- Some states temporarily suspended premiums and/or cost-sharing during the unwinding.
- As of July 2022, Virginia discontinued copayments and cost-sharing for children (21 states)

Presumptive Eligibility

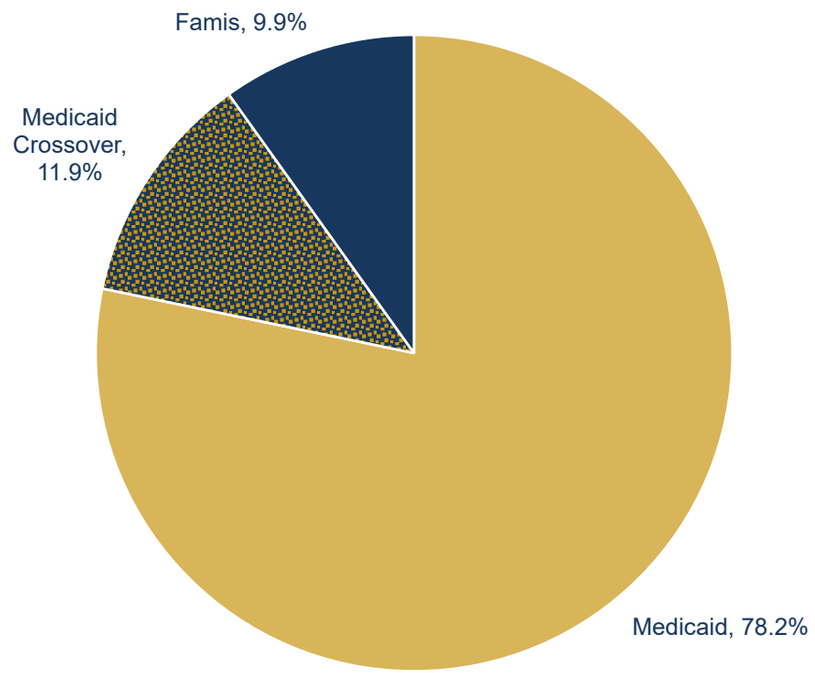
- VA has not adopted presumptive eligibility allowing specific qualified entities to temporarily enroll individuals who are screened as eligible.



EPSDT in Medicaid and CHIP

- FAMIS plan comparable to the state employee plan plus
- 35 states provide full EPSDT benefits to both Medicaid and CHIP (2020)
- Offering EPSDT streamlines:
  - Parent education
  - State and plan administration
  - Service delivery for MCOs and providers

FAMIS Enrollment is 9.9% of Total Child Enrollment



….Going One Step Further

- Merging FAMIS into the Medicaid crossover group has additional advantages:
  - Overall ease of administration
  - Access to drug rebates
  - Access to Vaccines for Children Program
  - Avoid funding cliffs associated with cap funding
  - Greater security of coverage for FAMIS families
- 19 States cover all children in Medicaid
  - Including IL, ME, NC the most recent states to transition to M-CHIP
- Still important to maintain outreach and keep focus on children

Youth Mental Health Crisis

- Requires a comprehensive, systemic approach
- Medicaid, CHIP, and schools important part of the solution
- Healthy Schools Campaign comprehensive tool kit
  - Makes policy recommendations
  - Distinguishes the various roles different leaders can play

CMS Guidance School-Based Services

- New flexibilities for billing and payment methodologies
- Streamlined processes for documenting claim.
- Revamped time study requirements
- Best practices for enrolling qualified providers
- New options around 3rd party liability when recovery is not cost effective.

Program Improvement

Section Subheader

Quality Improvement

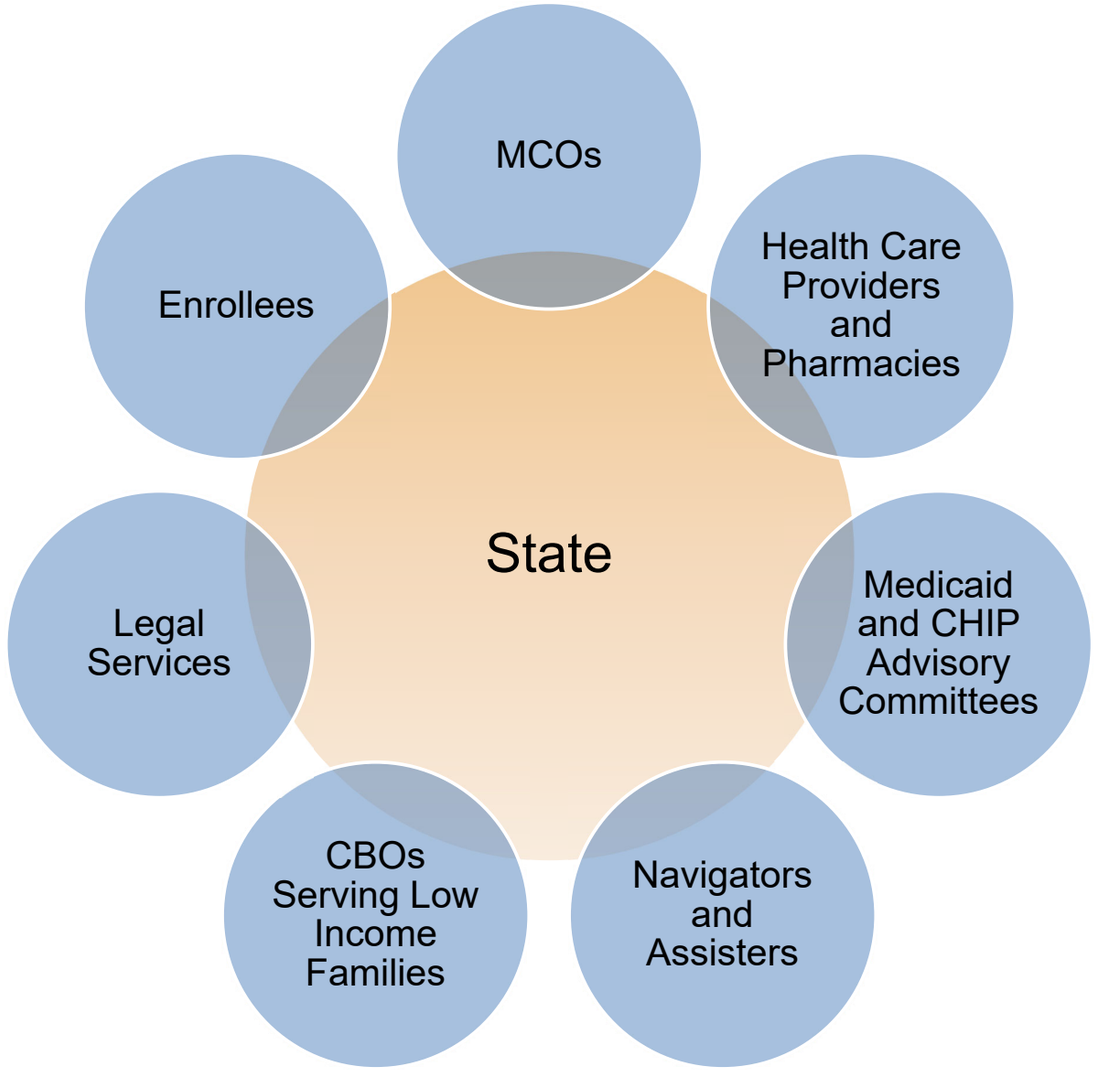
- Reporting all Child Core Set of Health Care Quality Measures in Medicaid and CHIP is mandatory in 2024
  - Disaggregate data based on a variety of factors (age, language, gender, race, ethnicity, health plan, etc.)
  - Track and trend the state's outcomes
  - Review the states quality improvement strategies
  - Ensure that quality improvement projects prioritize children and are enforced in state managed care contracts

Listening to Consumers and Partners

- Focus groups/surveys of new enrollees, established enrollees, and recent disenrollees
  - Use insight to supplement and enrich quantitative data
- Social listening and using social media to communicate with enrollees and people eligible but not enrolled
- Support feedback loops as two-way street to gather intel and impact while sharing information and collaborating on program improvements
  - Particularly important to stay in touch with navigators/assisters and community health centers

Working in Partnership Through Feedback Loops

- A collaborative effort between the state and stakeholders to identify opportunities for improvement
- Engagement will enlist a cadre of partners willing to help maximize coverage and troubleshoot
- Different roles for different stakeholders
- Particularly helpful when policy or system changes are implemented
- Communication is a two-way street
- Collaboration builds trust



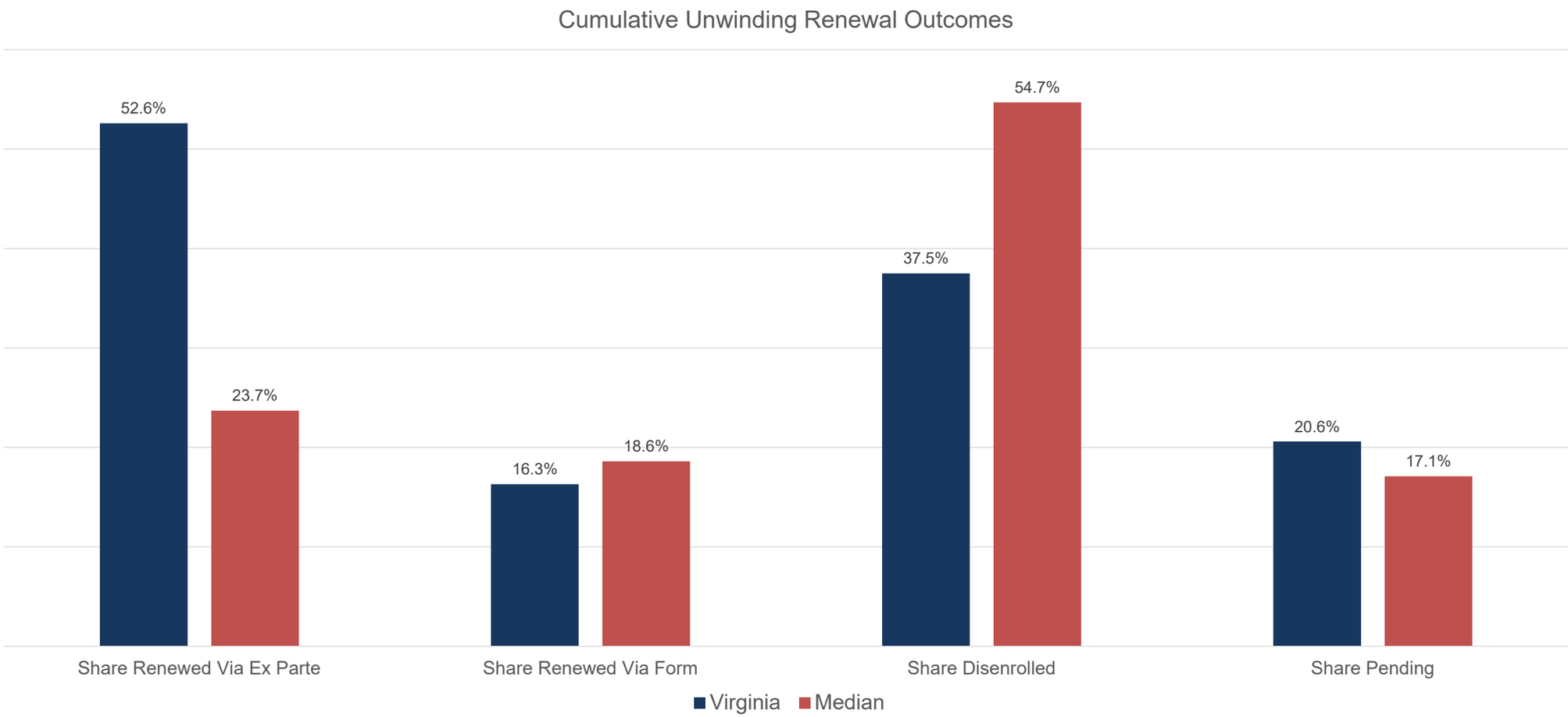
The Unwinding and Re-Connecting Eligible Children and Families with Coverage

Section Subheader

Unwinding: Vulnerable Time for Children's Coverage

- Eligible children are more likely to lose coverage at renewal than any other time
- ASPE estimated that 3 out of every 4 children (74.6%) who are disenrolled remain eligible
  - The risk is also higher for people of color
- Parents may not realize their children likely remain eligible, even if they are not
- Consider temporary unwinding strategies that should be institutionalized

VA's Outcomes More Positive than Other States



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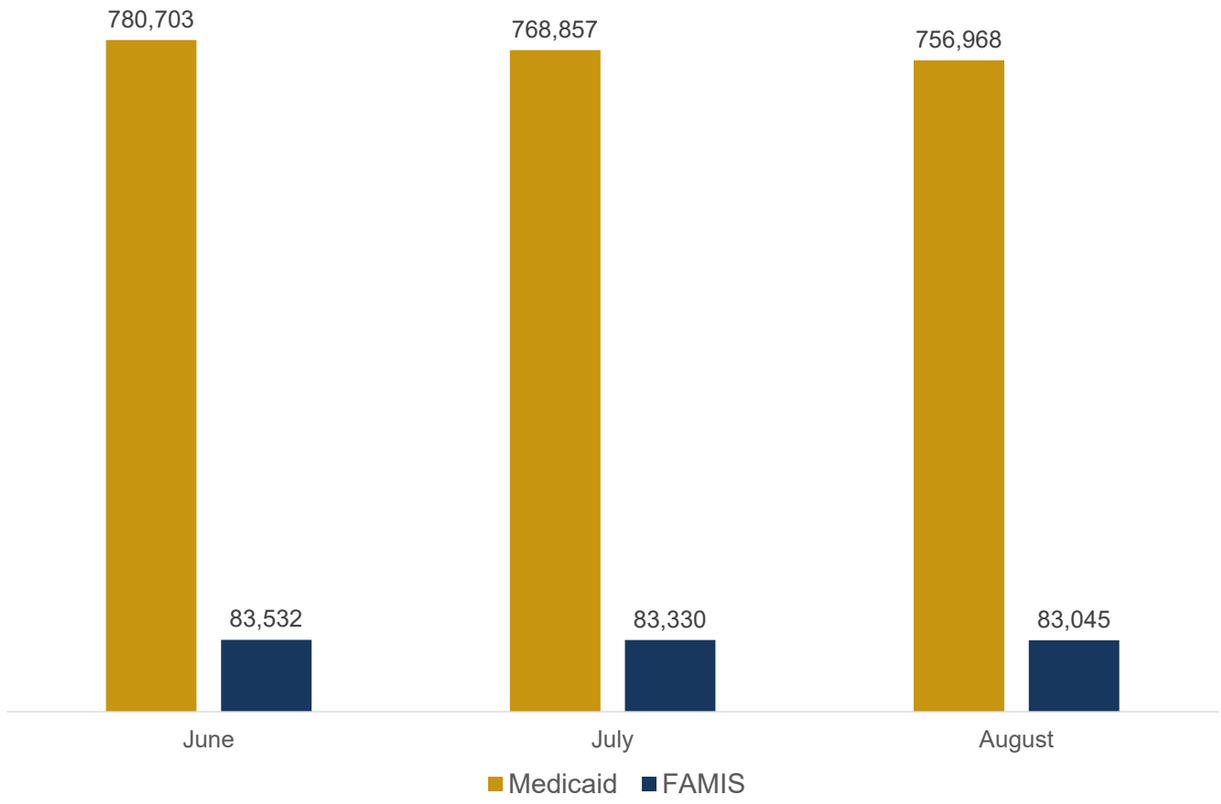
CENTER FOR CHILDREN AND FAMILIES

Source: Georgetown CCF Unwinding Renewal Data Tracker

Shouldn't FAMIS Enrollment Be Growing?



Since Virginia began disenrollment in June:

- Medicaid and Medicaid Crossover child enrollment has declined by 23,735
- FAMIS enrollment has declined by 487
- Difference in upper income is $14,170 (57% FPL)
- Most kids losing Medicaid should be CHIP eligible

CHIP Outreach Expenditures

- Virginia is one of only ~10 states consistently reporting outreach expenditures under CHIP
  - Outreach is a required activity in CHIP
- Outreach investment almost doubled between from $766k in 2018 to $1.34m in 2021
  - Outreach as a share of administrative expenses is ~2.5%, below most other states reporting
  - Total CHIP administrative expenses are running 5-6%, well under 10% cap

Promote Coverage Not Programs

- Listing separate income levels for different eligibility groups or programs is confusing
- Help families understand they are eligible with messages like “children in a family of four earning up to $XX” may qualify for coverage.
- Ensure that transitions from Medicaid to CHIP are seamless for families

Insurance for Children

Family Access To Health Insurance (FAMIS), Medicaid For Children And Back To School

There are two health coverage programs for children in Virginia who qualify. Both programs have full benefits. There are no enrollment costs or monthly premiums. Medicaid for Children and the FAMIS program are for children up to age 19 whose household income is within the limits. Children under age 21 who are in foster care or subsidized adoptions may qualify. Newborns of mothers who are enrolled in Medicaid or FAMIS MOMS qualify for coverage for the first year.

For information on the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, visit **the DMAS EPSDT page**.

FAMIS

FAMIS, or Family Access to Medical Insurance Security Plan, is Virginia's health insurance program for children.

Medicaid for children

Learn more about what services are covered by Medicaid for children.

Back to School

The Department of Medical Assistance Services (DMAS) is sponsoring the annual Back to School campaign..

Key Opportunities

Section Subheader

Opportunities to Improve Coverage!

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

Committee Discussion of Legislative and Policy Priorities

VIRGINIA MEDICAID UNWINDING:
ENDING CONTINUOUS COVERAGE REQUIREMENTS AND THE RETURN TO NORMAL ENROLLMENT

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

VIRGINIA'S MEDICAID PROGRAM DMAS

CardinalCare Virginia's Medicaid Program

COVER VIRGINIA

Medicaid Enrollment in the Commonwealth

The end of the continuous coverage requirement in the Commonwealth will present the single largest health coverage event since the first open enrollment of the Affordable Care Act (ACA). This event is also known as unwinding.

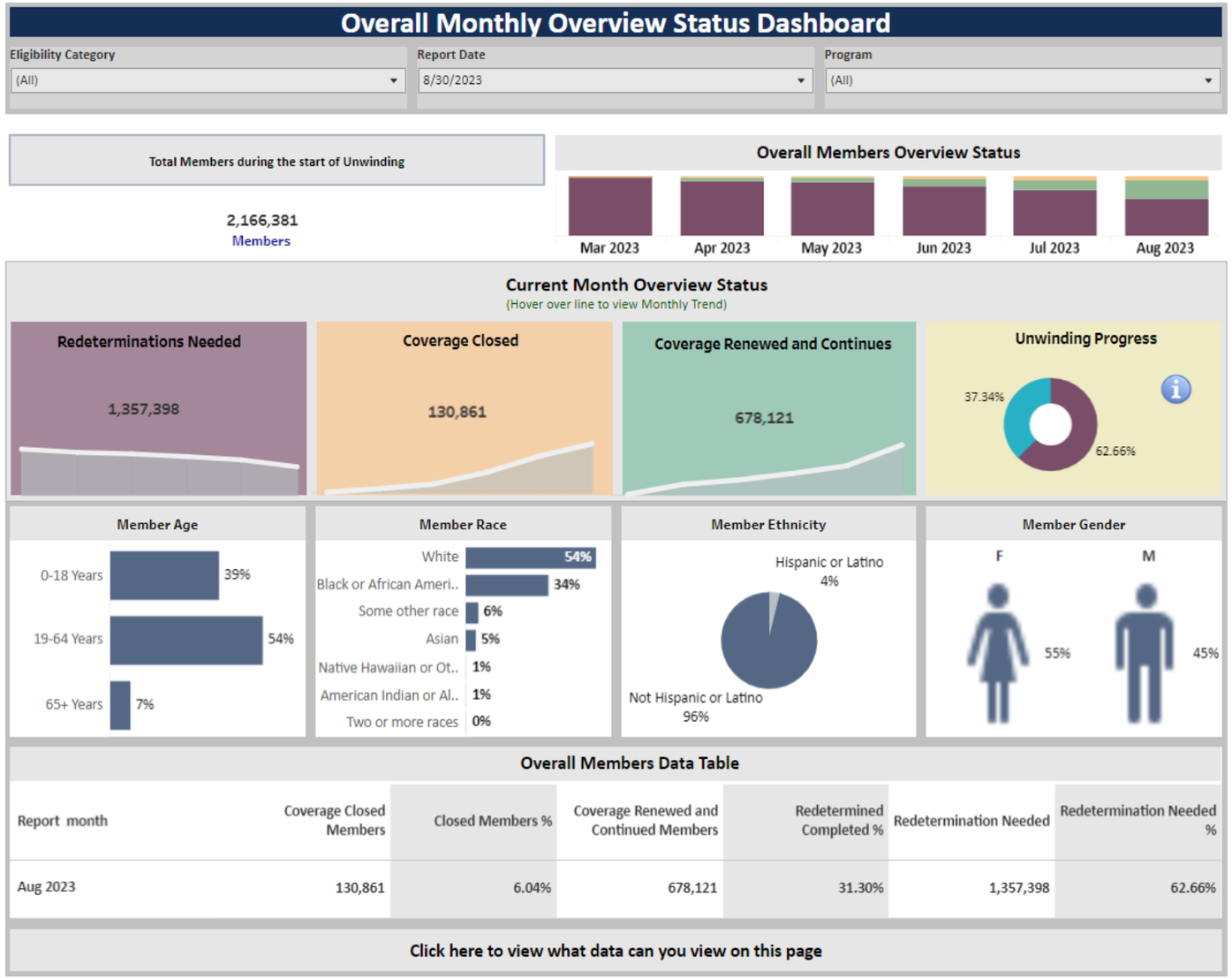
Historically, the Commonwealth has experienced **churn, which is enrollees who reapply and re-gain coverage shortly after being terminated**.

From March 2020 through March 1, 2023, the Commonwealth experienced an **increase of over 630,000 enrollees (a 41% increase in enrollment growth).**

Enrollment growth has been the **fastest among non-elderly, non-disabled adults**, and slower among children and aged, blind, and disabled (ABD) eligibility groups.

Post continuous coverage, **roughly 14% of the state's total Medicaid enrollees may lose coverage, and up to 4% of members may lose and regain coverage within 1-6 months of closure. The national average for loss is around 20%.**

Unwinding Data



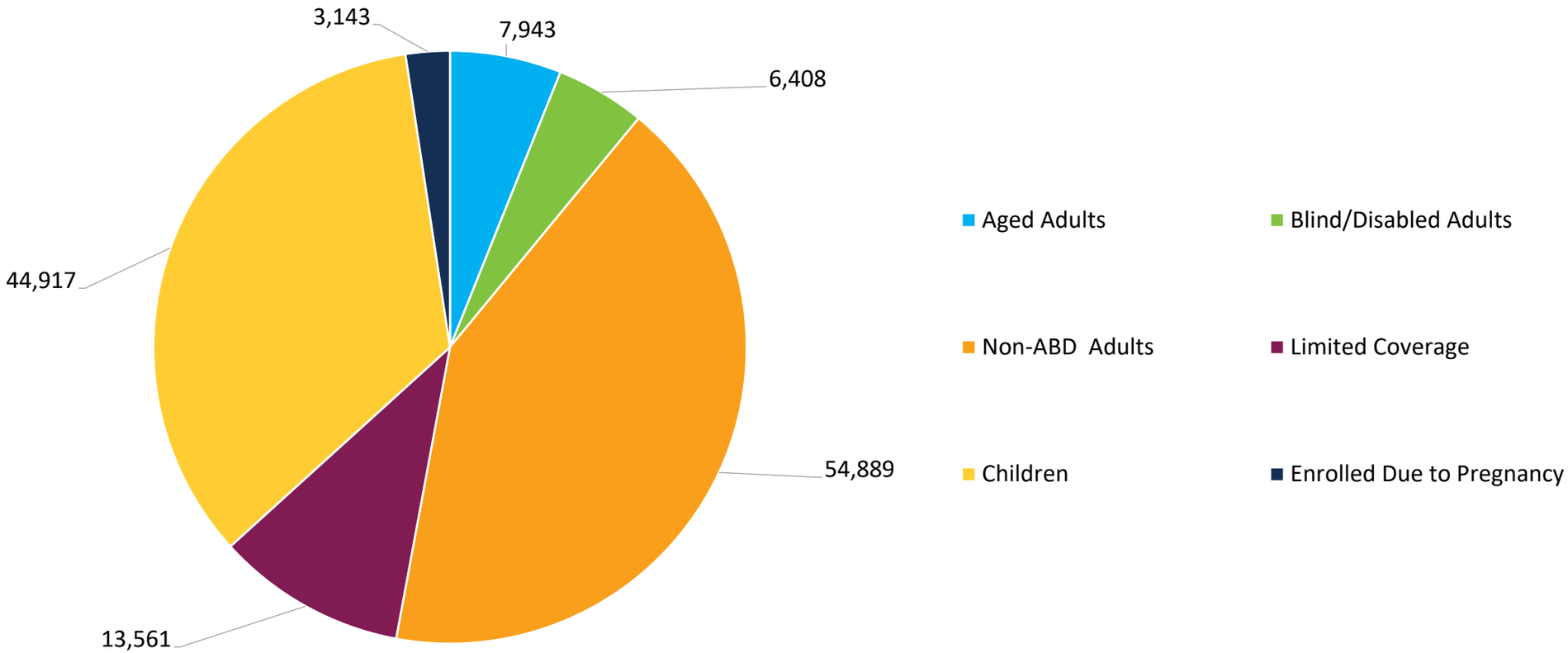
* The dashboard was refreshed on 08/30/2023 – 130,861 members were closed, and 678,121 members were renewed with ongoing coverage as of 08/30/2023.

808,982 Members Determined as of 08/30/2023*

Completed by Member
2,166,831
2,000,000
1,900,000
1,800,000
1,700,000
1,600,000
1,500,000
1,400,000
1,300,000
1,200,000
1,000,000
900,000
808,982
700,000
600,000
500,000
400,000
300,000
200,000
100,000

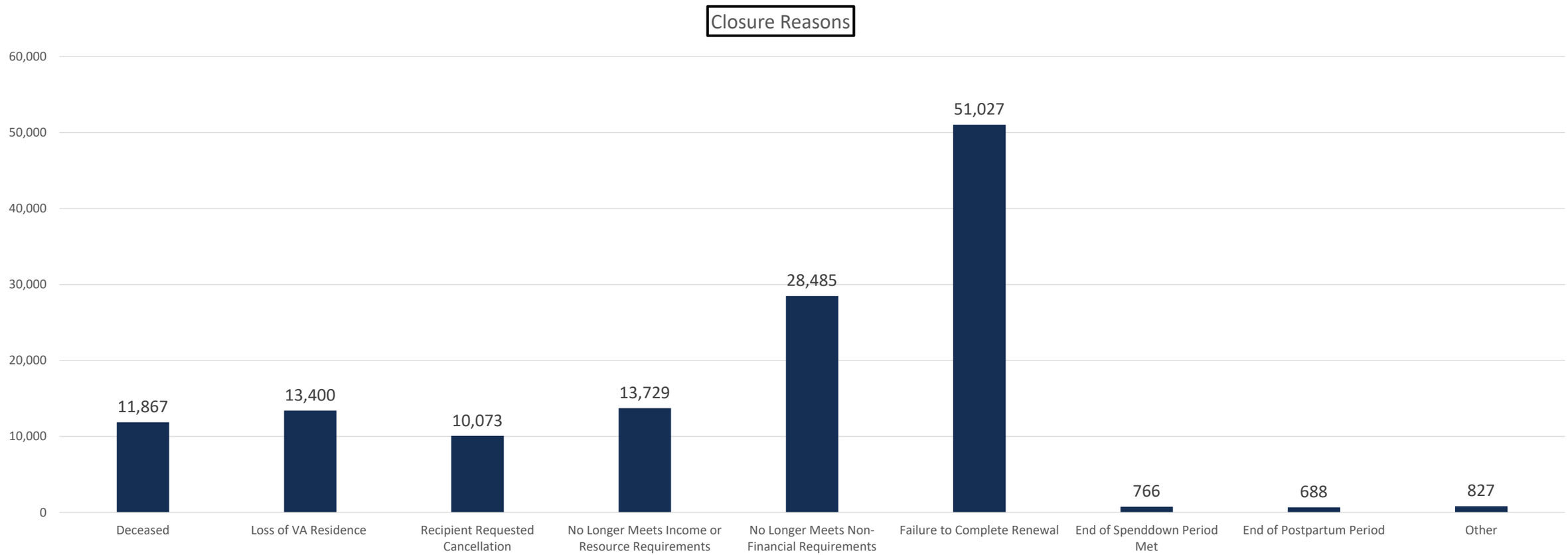
Top Closures by Eligibility Grouping: Closures through 08/30/2023

The highest closures happened among non-ABD adults (LIFC/Expansion), followed by children, and then those in limited coverage (MSP/Plan First/Incarcerated Coverage/Emergency Medicaid).



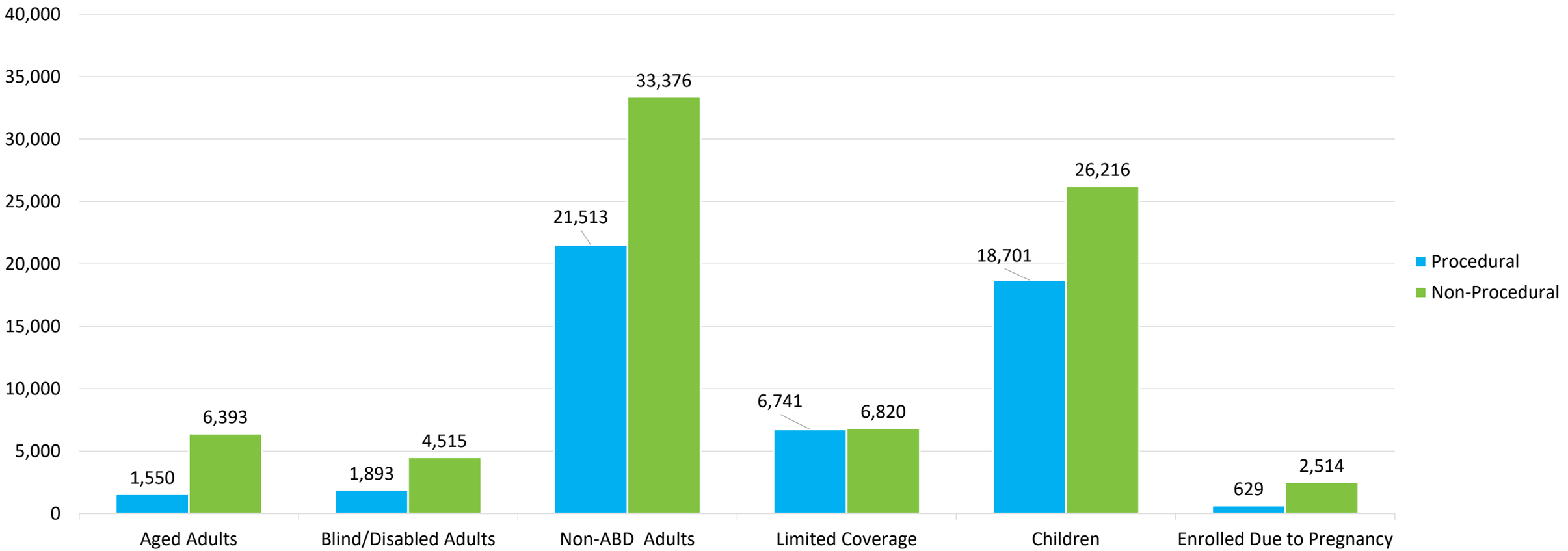
Top Closure Reasons – Closures through 08/30/2023

While August marks the sixth month of unwinding, the first month renewals were due in Virginia was May 2023. Redeterminations that were received in April were processed, however, April did not include closures for failure to return Medicaid renewal packets. As of 08/30/2023, 79,835 members were closed for non-procedural reasons (ineligible) and 51,027 members were closed for procedural reasons (did not return a renewal form or verifications needed to determine eligibility). This total is through unwinding out of the 2,166,381 members identified in the unwinding cohort.



Procedural vs. Non-Procedural Closures by Eligibility Grouping: Closures through 08/30/2023

The highest closures happened among non-ABD adults (LIFC/Expansion), followed by children, and then those in limited coverage (MSP/Plan First/Incarcerated Coverage/Emergency Medicaid).



Additional Unwinding Data – Automated Ex Parte Rates

Baseline numbers are pre-March 2020.

	Baseline		March 2023		April 2023		May 2023		June 2023	
	Cases	Members	Cases	Members	Cases	Members	Cases	Members	Cases	Members
Number Picked Up	64,000	80,000	121,604	210,145	96,521	168,173	115,260	200,604	119,444	218,310
Number Successful	32,000	40,000	83,776	135,402	25,541	44,931	29,493	52,438	32,549	57,641
Percent Successful	50%	50%	68.9%	64.4%	26.5%	26.7%	25.6%	26.1%	27.3%	26.4%
Packets Sent*	32,000		36,488		68,377		82,872		83,669	

	July 2023		August 2023		September 2023		October 2023		November 2023	
	Cases	Members	Cases	Members	Cases	Members	Cases	Members	Cases	Members
Number Picked Up	113,542	205,374	110,909	181,751						
Number Successful	47,747	78,786	61,040	94,139						
Percent Successful	42%	37.8%	55%	51.8%						
Packets Sent*	63,802		47,968							

*One packet is sent per household including all members.

Additional Unwinding Data

Baseline numbers are pre-March 2020.

Member Appeals Updates						
	Baseline	March 2023	April 2023	May 2023	June 2023	July 2023
Total Client Appeals Received	623	439	370	621	844	947
Total Client Appeals Closed	727	485	348	441	578	621
Total Client Appeals Open	1281	545	522	678	927	1239
Total Client Appeals Overdue	5	0	0	0	0	0

Requests for Information												
	Baseline		March 2023		April 2023		May 2023		June 2023		July 2023	
	Total	Unwinding	Total	Unwinding	Total	Unwinding	Total	Unwinding	Total	Unwinding	Total	Unwinding
FOIA	22	N/A	23	0	8	0	19	1	14	3	10	0
Constituent	81	N/A	79	2	68	1	77	1	86	0	87	0
Legislator	22	N/A	16	0	15	9	20	0	17	0	18	0

Thank you to all partners across the Commonwealth who are working to support the efforts to ensure a smooth transition back to normal processing.

DMAS FOSTER CARE UPDATES

Christine Minnick, MSW
Child Welfare Program Specialist

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION • QUALITY • VALUE

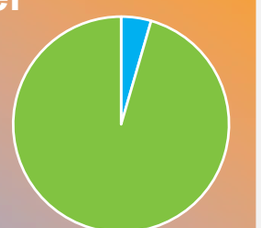
Foster Care in Virginia

6,136

Children enrolled in Medicaid through foster care*

Delivery System

95% of children in foster care are enrolled in managed care, while 5% remain in FFS due to new enrollment status or placement in psychiatric residential treatment facility (PRTF).



- Children who have been removed from their birth family homes for reasons of neglect, abuse, abandonment, or other issues endangering their health and/or safety.
- A vulnerable population whose safety and well-being are the legal responsibility of the state, specifically the Medicaid and Child Welfare (DSS) agencies.
- Children in foster care have higher rates of physical and behavioral health needs, and use more of certain categories of health care services than the non-foster care population

* DMAS enrollment data as of 8/1/23

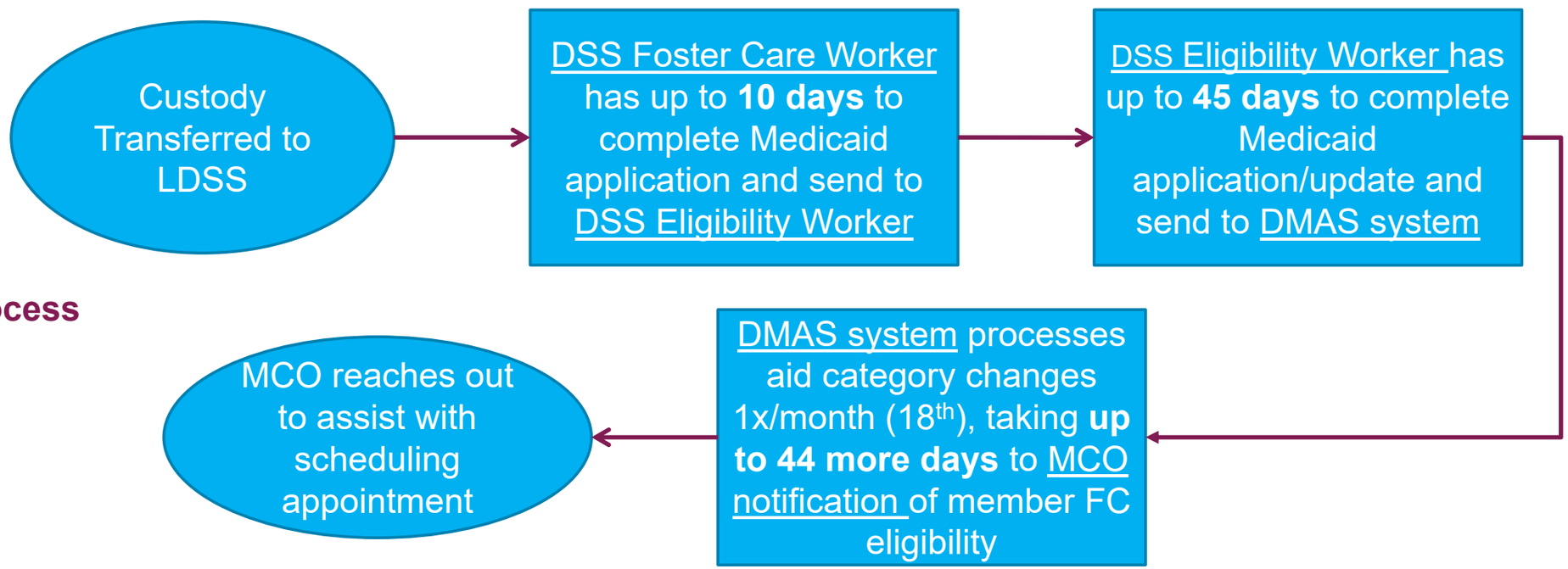
Improving Timely Health Care for Children and Youth in Foster Care Affinity Group, July 2021-July 2023

- **Aim statement:** By December 2023, the Virginia Affinity Group Team will increase the percentage of children entering foster care who receive an initial medical exam within 30 days from 89% to 94%.
- Peer community of 12 state Medicaid and child welfare teams
- Monthly meetings: peer learning workshops, one-on-one state coaching calls, learning from QI advisors and subject matter experts
- Data flow process mapping to identify barriers and improve capacity to share data across agencies
- Use shared data to ensure timely identification of children in foster care and drive improvement in care
- Identify effective approaches to coordinating care for children in foster care that can be implemented

Improvement Strategies/Interventions

- Data showed significant time to complete Medicaid eligibility process
- ~75% of children entering foster care already enrolled in Medicaid/MCO
- Indicated potential area of QI focus – **timely notification to MCO** of custody transfer/entry into care to begin coordinating health care needs

Existing process



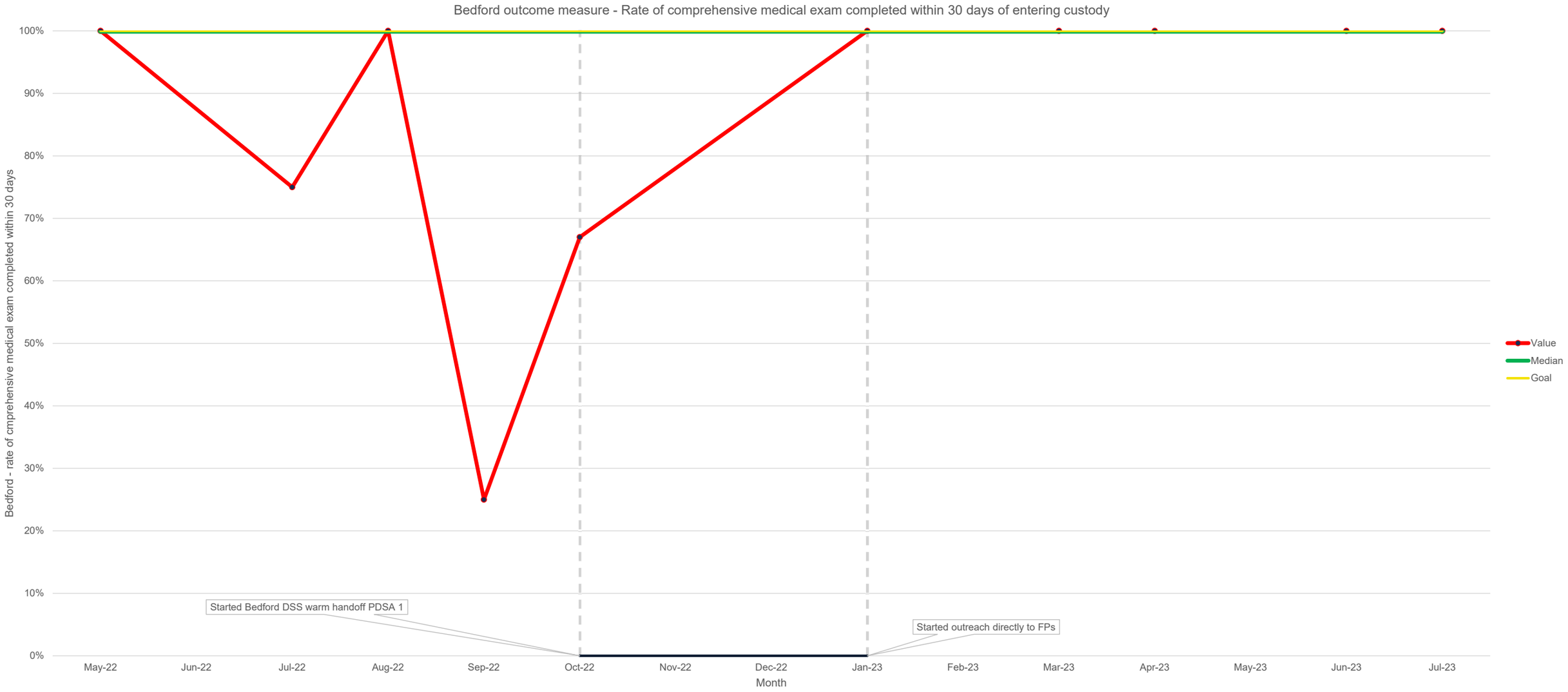
Improvement Strategies/Interventions

- Change idea
  - Warm handoffs of information between local DSS agencies or VDSS and DMAS
    - DMAS identifies the assigned MCO to notify that youth has entered foster care and needs assistance scheduling initial medical examination within 30 days
    - MCO begins care coordination and outreach, reports back with outcome data
- Warm hand-off Tests

Warm Handoff – Bedford	Warm Handoff – VDSS
• Bedford DSS Foster Care Supervisor sends secure email to DMAS on date of custody for all new foster care admissions in their locality with necessary information about the child	• VDSS sends report to DMAS twice per month with necessary information about all Medicaid-eligible youth who have entered foster care custody

Bedford Test – Improvement Data

Bedford Test – Improvement Data



Reflections

- **Process flow mapping** helped us realize that **timeliness** of Medicaid enrollment and MCO notification of new foster care members was an important factor in making improvement toward our aim statement.

- The **warm handoffs** removed information silos and improved coordination/collaboration
  - Allowed MCOs to collaborate directly with local DSS agency around a common member goal
  - Improved local DSS agency's understanding of care coordination
  - Supported participating MCOs in developing relationships, sharing ideas, identifying barriers to successful care coordination, and brainstorming possible solutions

Next Steps – Foster Care Partnership

- Continue discussing and testing current and new ideas for reducing enrollment and/or MCO notification time when a member enters custody of DSS

- Use inter-agency work group(s) through **Foster Care Partnership** to continue quality improvement projects around appropriate and timely medical care for youth in DSS custody.

- DMAS Foster Care Partnership
  - Statewide stakeholder collaborative to improve services & outcomes for youth in foster care
  - Virtual monthly trainings and work groups to share information and develop actionable ideas, projects, and resources
  - Next meeting - Trauma-Informed Care Coordination: What does it look like in practice? (Anthem)

QUESTIONS?

Email us at
fostercare@dmas.virginia.gov

STATUS UPDATE:
EXPANDED MEDICAID REIMBURSEMENT OF SCHOOL-BASED HEALTH SERVICES

What are Medicaid School-Based Services?

- Local Education Agencies are reimbursed for a portion of their expenditures related to providing certain health services to students in Medicaid and FAMIS.
- What is reimbursed?
  - A portion of:
    - Salaries and benefits of professionals that render or administratively support school health/student support services to students with Medicaid or FAMIS benefits.
    - Specialized transportation when needed to access services.
    - Materials and supplies used in providing services to these students.

* Local Education Agency is defined in the Virginia Administrative Code (8VAC20-81-10)

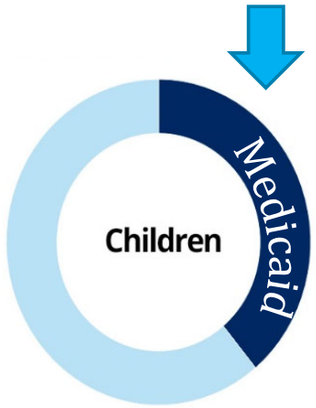
How Schools are Reimbursed

School spends $ providing student health and support services

×

The percentage of staff time spent directly with students providing services

×



The proportion of students with medical assistance (Medicaid or FAMIS)

=

Allowable expenditures

What changes are underway for school-based services?

Currently, DMAS can only reimburse schools for costs of providing services to eligible students with a special education IEP.

Under this expansion, divisions will have the option to also include costs of providing services to general education students.

Expanding options for schools

Virginia's School Services State Plan Amendment (SPA)

- Adds licensed school counselors and substance use treatment practitioners, and licensed behavior analysts and assistant behavior analysts to the list of professionals whose time spent providing services may be eligible for reimbursement.
- Allows schools to include the costs associated with adaptive behavior therapy and substance use treatment services in cost settlement.
- Existing services currently allowed (for cost reporting) for students with an IEP will be allowed for all general education students. (Speech, OT, PT, Audiology, Behavioral Health, Nursing, Personal Care, Physician/PA/NP services.)

Discussion of Agenda Topics For Next CHIPAC Meeting (Virtual)

December 7, 2023

Public Comment

- For those attending virtually, if you wish to submit a public comment, you can unmute yourself by clicking on the microphone icon.
- If you are joining by phone, unmute yourself by pressing *6.
- You may also submit written comments in the chatbox if you wish to do so.

APPENDIX:
ADDITIONAL UNWINDING INFORMATION

Language and Disability Access:
Effective Communication During Medicaid Unwinding

- Unwinding online toolkits and materials
  - Available in English, Spanish, Arabic, Amharic, Urdu, Vietnamese, Dari, Pashto
  - Accessible to screen readers
  - Include notices informing individuals of the availability of free language assistance services and auxiliary aids and services, and how to request those services
- Return to Normal Enrollment Town Halls / Listening Sessions
  - Communication Access Real-Time Translation (CART) services available
  - Include notices informing individuals of the availability of free language assistance services and auxiliary aids and services, and how to request those services

Language and Disability Access:
Effective Communication During Medicaid Unwinding

- Call Centers
  - Equipped to take teletypewriters (TTY) calls
  - Interpreting services available in all languages
- Fee for service renewal reminders messaging
  - Through text messages, emails, and robocalls
  - Available in non-English languages
- Recently updated eligibility notices
  - Automated translation into top five languages spoken by Medicaid recipients accounting for 99.2% of members
  - Available in non-English languages: Spanish, Arabic, Amharic, Urdu, Vietnamese
  - Include a notice supplement with language taglines accounting for top 17 languages spoken in the Commonwealth and a non-discrimination notice

Information and Resources

- **Member and Stakeholder Resources and Material** can be found on the Cover Virginia, Cubre Virginia, and DMAS websites. The Return to Normal Enrollment page on each site contains toolkits, information, and resources for members, providers, and other stakeholders. to learn more about Virginia's preparation and important updates.
  - DMAS Website: https://www.dmas.virginia.gov/covid-19-response/
  - Cover Virginia Website: https://coverva.dmas.virginia.gov/return-to-normal-enrollment/
  - Cubre Virginia Website: https://cubrevirginia.dmas.virginia.gov/return-to-normal-enrollment/
- **Virginia's Unwinding Plan** can be found on the DMAS site on the COVID-19 page, describing the collaboration with internal and external stakeholders to cover all areas in preparation to return to normal enrollment.
  - The plan can be found at: https://www.dmas.virginia.gov/media/5948/dmas-unwinding-operational-plan.pdf
- **The Renewal Status Dashboard** can be found on the DMAS site under the Data tab that tracks the progress toward redetermining Virginia's Medicaid population on a monthly basis.
  - The dashboard can be found at https://www.dmas.virginia.gov/data/return-to-normal-enrollment/eligibility-redetermination-tracker/
- **Legislator Resources and Information** can be found on the DMAS website at: https://www.dmas.virginia.gov/about-us/legislative-office-resources/
  - New dashboards are available which provide enrollment data by Virginia State House and Senate districts as well as Congressional districts.