



Children's Health Insurance Program
Advisory Committee of Virginia

Meeting Minutes
June 5, 2025

A quorum of the full Committee attended the virtual meeting. The Microsoft Teams link was made available for members of the public to attend.

The following CHIPAC members were present at this virtual meeting:

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| • Freddy Mejia (Chair) | The Commonwealth Institute |
| • Sarah Stanton | Joint Commission on Health Care |
| • Jennifer Macdonald | Virginia Department of Health |
| • Alexandra Javna | Virginia Department of Education (DOE) |
| • Hanna Schweitzer | Virginia Department of Behavioral Health and Developmental Services (DBHDS) |
| • Melissa Terrell (substitute) | Virginia Department of Social Services (VDSS) |
| • Joanna Fowler | Virginia Health Care Foundation |
| • Kelly Cannon | Virginia Hospital and Healthcare Association |
| • Emily Moore (Vice Chair) | Voices for Virginia's Children |
| • Heidi Dix | Virginia Association of Health Plans |
| • Dr. Susan Brown | American Academy of Pediatrics (VA Chapter) |
| • Victoria Richardson | Virginia Poverty Law Center |
| • Tiffany Gordon | Virginia League of Social Services Executives |

The following CHIPAC members were not present:

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| • Laura Harker | Center on Budget and Policy Priorities |
| • Kenda Sutton-EL | Birth in Color |
| • Martha Crosby | Virginia Community Healthcare Association |

- I. **Welcome and Announcements.** Freddy Mejia, CHIPAC Chair, called the meeting to order at 1:01pm. Mejia welcomed Committee members and members of the public and introduced DMAS Director Cheryl Roberts. Roberts shared that the 2025 General Assembly work has been completed, and the Governor has signed the budget, giving DMAS 52 items to implement.

The new Cardinal Care Managed Care (CCMC) contract period will go live on July 1, only 25 days away. Molina, which was not selected to continue as a CCMC managed care organization (MCO), has withdrawn its lawsuit, and Humana Healthy Horizons will go live as a CCMC plan. Former Molina enrollees will be given the option to select a

new plan, and will be enrolled with Humana if they do not select otherwise. Anthem HealthKeepers Plus will run the foster care specialty plan. Beginning next week, one million communications about these changes will be sent to members and providers.

DMAS celebrates improvements in Virginia's maternal and postpartum outcomes. Petersburg exemplifies these positive developments. DMAS has revamped its website, including data dashboards, and its social media presence.

II. CHIPAC Business

A. Review/Approval of Minutes from March 6, 2025 Meeting. Emily Moore introduced a motion to approve, and Kelly Cannon seconded. Minutes were approved unanimously.

B. Membership Updates. Alex Javna, VDOE, has agreed to renew her membership for another 3-year term.

With Sarah Bedard Holland's departure from Virginia Health Catalyst, the Committee invited Catalyst's Policy Director/interim CEO, Ben Barber, to continue representing Catalyst on CHIPAC. The Committee reviewed Barber's completed candidate materials, and Emily Moore introduced a motion to approve membership. Martha Crosby seconded the motion, and the Committee voted unanimously in approval.

III. Presentation on Federal Changes Impacting Children's Services. Tricia Brooks, Research Professor, Georgetown Center for Children and Families, gave an overview of the federal budget reconciliation process and the state-of-play of the *One Big Beautiful Bill Act* (BBB) under consideration by the U.S. Senate after having passed the House.

The House-passed version of the BBB includes multiple Medicaid/CHIP provisions, including a 10-year moratorium on Eligibility and Enrollment Final Rules finalized under the Biden Administration, prohibitions on Medicaid coverage for certain benefits and providers, freezes on provider assessments, and limitations on state-directed payments. Additional provisions specifically targeting the Medicaid Expansion covered group include work reporting requirements, mandatory cost-sharing, more frequent eligibility redeterminations, and reductions in Federal Matching Assistance Percentage (FMAP) for states that provide coverage to certain immigrant populations.

New administrative changes for state Medicaid agencies are also included: states would be required to regularly check the "Death Master File" (both for provider network accuracy and program enrollment integrity), and certain existing "good-faith waiver" provisions that protect states against penalties for exceeding improper payments thresholds would be eliminated. Additional impacts to children's health within the bill include \$300 billion in reductions to federal SNAP funding over 10 years.

IV. Biennial Budget Updates and Federal Budget Monitoring. Truman Horwitz, DMAS Budget Division Director, shared highlights from Virginia's signed biennial budget, to include a study to move to a single Pharmacy Benefit Manager, clarification of tribal

reimbursement rules, and authorization for DMAS to pursue an 1115 Demonstration waiver to enhance services for individuals with Serious Mental Illness.

Medicaid spending is on track with the forecast. The DMAS Budget Division is closely monitoring and analyzing potential Congressional action.

- V. Title V Maternal and Child Health Needs Assessment Results.** Cindy deSa, Title V Director at the Office of Family Services at the Virginia Department of Health, shared that Title V's purpose is to "provide and to assure mothers and children (particularly those with low income or with limited availability of health services) access to quality maternal and child health services. Its priorities can transition based on state needs. In Virginia, Title V sustains VDH's maternal and child health workforce, including in all 35 local health districts. It includes six domains: Women's and Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children and Youth with Special Health Care Needs, and Care Coordination/Systems-Building.

States are required to conduct a statewide needs assessment every five years. Virginia is finalizing a new five-year action plan based on this assessment, which included both qualitative (stakeholder interviews and community focus groups) and quantitative (survey instrument) components. Emerging pillars in 2024-25 were: 1) access, 2) capacity, 3) impact, and 4) optimal health. Underneath these pillars lie 7 priorities: 1) Utilize comprehensive upstream systems approach to impact Maternal and Child Health (MCH) outcomes, and improve access to care through system coordination and navigation;* 2) Strengthen preventive behaviors to improve outcomes, and promote mental health across MCH populations;* 3) Enhance state MCH data capacity, and increase workforce capacity among MCH professionals; and 4) Advance collaboration, partnership, and community engagement to build local trust.

**Priority required by the Health Resources and Services Administration for all states.*

VDH will launch the new State Action Plan at a Title V summit this fall (date TBD).

- VI. Agenda for September 4, 2025 CHIPAC Meeting (In-Person).** Possible topics include potential changes stemming from the December 2024 Evaluation of Medicaid Eligibility Determinations comprehensive study, and an update on this work; an annual update on school-related activities, including Medicaid School Based Services, back to school outreach, and/or children's vaccination updates/progress; and updates on the Cardinal Care Correspondence Center (DMAS centralized mail room).
- VII. Public Comment.** At 2:55pm, Mejia opened the floor for public comment. None was given. The meeting adjourned at 2:57pm.