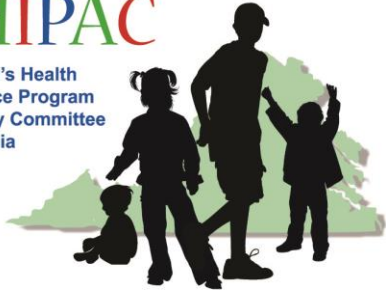




Children's Health  
Insurance Program  
Advisory Committee  
of Virginia



# MEETING MINUTES

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**Meeting Minutes – 6/6/19**

**Virginia Community Healthcare Association  
3831 Westerre Parkway  
Henrico, VA 23233  
1:00 – 4:30 p.m.**

**The following CHIPAC members were present:**

- |                       |   |
|-----------------------|---|
| • Denise Daly Konrad  | Virginia Health Care Foundation                               |
| • Michele Chesser     | Joint Commission on Health Care                               |
| • Amy Edwards         | Virginia Department of Education                              |
| • Dr. Karen Rheuban   | DMAS Board Member   |
| • Rachel Lynch        | Partnership for Healthier Kids                                |
| • Lisa Dove           | Virginia Community Healthcare Association                     |
| • Carla Hegwood       | Virginia Department of Health                                 |
| • Christine McCormick | Virginia Association of Health Plans                          |
| • Ashley Everette     | Voices for Virginia's Children                                |
| • Jennifer Wicker     | Virginia Hospital and Healthcare Association                  |
| • Katharine Hunter    | Department of Behavioral Health and<br>Developmental Services |
| • Rodney Willett      | Impact Makers   |

**The following CHIPAC members sent substitutes:**

- |  |  |
|--|--|
| • Jay Speer sent Jill Hanken                     | Virginia Poverty Law Center            |
| • Sherry Sinkler-Crawley sent<br>Chartoya Newton | Virginia Department of Social Services |
| • Shelby Gonzales sent Matt Broaddus             | Center on Budget and Policy Priorities |

**The following CHIPAC members were not present:**

- |                         |   |
|-------------------------|---|
| • Dr. Nathan Webb       | Medical Society of Virginia                   |
| • Dr. Tegwyn Brickhouse | VCU Health                                    |
| • Michael Muse          | Virginia League of Social Services Executives |

**The following DMAS staff members were in attendance:**

- Rachel Pryor, Deputy Director for Administration
- Brian McCormick, Director, Policy Planning and Innovation Division
- Adrienne Fegans, Senior Program Administrator, Health Care Services
- Janice Holmes, Operations Manager, Eligibility & Enrollment Services
- Shelagh Greenwood, Outreach and Consumer Communications Manager
- Rebecca Anderson, Manager, Policy Research and Analysis, Policy Planning and Innovation Division
- Hope Richardson, Senior Policy Analyst, Policy Planning and Innovation Division

**Meeting Minutes**

**Welcome**

Denise Daly Konrad, CHIPAC Chair, called the meeting to order at 1:10 pm. Daly Konrad welcomed everyone and outlined the agenda for the meeting.

**I. CHIPAC Business**

- A. Review and Approval of Minutes** – Minutes from the March 7, 2019 quarterly meeting were reviewed and approved.
- B. Membership Subcommittee Update** – Amy Edwards, CHIPAC Membership Chair, gave an update on committee membership. Edwards announced that both she and Rodney Willett of Impact Makers would be renewing their memberships for an additional term. Edwards also reported that Dr. Cornelia Deagle of Virginia Department of Health would be leaving her role at VDH to accept a faculty position at Virginia Tech and therefore had resigned her position on CHIPAC. Edwards explained that Carla Hegwood, Acting Director for the Title V Maternal and Child Health Services Block Grant, would be taking over Dr. Deagle's spot as VDH representative.
- C. CHIPAC Dashboard Review** – The Committee reviewed the June quarterly dashboard. Hope Richardson, DMAS, called members' attention to starred items that had been updated for that quarter's dashboard. Richardson stated that children's oral health (EPSDT) data had been updated, as well as data for the pregnant women's dental program. Richardson explained that based on the Committee's requests at previous meetings, DMAS has revised the way the pregnant women's dental data is presented. The new format of the table organizes the information by state fiscal year rather than aggregating all information for the history of the program to date. This will enable the Committee to better track the program's progress and changes in utilization and expenditures over time. Daly Konrad explained that the children's mental health data presented in the dashboard has not changed and that the mental health workgroup plans to meet with DMAS' data analytics staff in the coming months to better understand available data in the context of the Behavioral Health Redesign project. Chartoya Newton, DSS, reviewed the Enrollment and Applications Processing sections of the dashboard. Newton noted that there were modest increases in FAMIS and Medicaid children's enrollment from the previous month. FAMIS MOMS declined slightly, but there was an increase in enrollment for Medicaid pregnant women. Newton noted that Plan First enrollment is stable, with a slight decline from the previous month. Although newly eligible adults up to 138% FPL have access to Medicaid through expansion, there remains a population up to

200% FPL that is not eligible for expansion but is eligible for Plan First, the family planning program open to both men and women. Rodney Willett asked whether it is possible to track the time it takes from application to determination. Newton stated that it is measured, but the requirements vary by program and based on whether income can be verified. Janice Holmes, DMAS, stated that at Cover Virginia, decisions are made within eight days if everything can be verified. Jill Hanken, VPLC, asked about the number of children receiving dental care and stated that every child is entitled to the full dental benefit but that utilization is low. Adrienne Fegans, DMAS, responded that DMAS is working with its dental vendor to increase utilization and doing outreach to increase the numbers. She stated that she would relay Hanken's concerns to the dental unit. Hanken asked why dental data for children under the age of 10 is not included in the CHIPAC dashboard. Richardson responded that she was not sure, but believes the dashboard data corresponds to a request in the past by CHIPAC. The children's dental section of the dashboard is within the adolescent health portion of the dashboard, which was created several years ago at the Committee's request. Richardson stated that DMAS can add dental data for all ages if CHIPAC wishes to review this data at future meetings.

## II. DMAS Update

Rachel Pryor, DMAS Deputy Director for Administration, gave the DMAS update. Pryor explained that she leads DMAS' Policy Planning and Innovation; Communications and Outreach; Eligibility and Enrollment; and Appeals Divisions. Pryor described the Governor's June 5 announcement of a goal to eliminate racial disparity in Virginia's maternal mortality rate by 2025. In support of this goal, DMAS has been charged with improving timely Medicaid enrollment for pregnant women. In addition, DMAS is committed to ensuring that mothers and babies have a healthy and happy start in life, and the agency is working to overcome barriers to children gaining needed coverage.

Pryor reported that as of May 1, children's enrollment is up compared to last year's average monthly enrollment numbers. She noted recent reports that have highlighted nationwide declines in children's insurance, after years of coverage gains. In Virginia, the child uninsurance rate held steady and tracked with the national average. However, Pryor noted concerning statistics from a recent SHADAC report, indicating that Virginia ranked 9<sup>th</sup> among states with the largest gaps in insuredness between Hispanic and white children. Virginia's uninsured rate for Hispanic children is significantly above the national average.

Pryor announced that Virginia has enrolled over 280,000 newly eligible adults in Medicaid expansion as of June 1, 2019. She described some of the preliminary data available concerning service utilization for new Medicaid members. Pryor stated that 64 percent of individuals in the expansion category have received a service – this reflects claims for January and February, but not past that time. Hanken asked how many members from the GAP population transferred to the expansion group. Janice Holmes responded that DMAS converted 15,000 individuals into expansion from the former GAP group.

Pryor stated that DMAS is taking steps toward the goal of making Virginia Medicaid the most member-centered Medicaid program in the nation. As part of this effort, DMAS is trying to identify policies that may be outdated and could be refined to deliver high quality, member focused care. Pryor provided an example in the area of Appeals, where it is very important for members to be able to understand why they were denied a service. Pryor reported that DMAS is undertaking a comprehensive overhaul of the communications that members receive. The agency is also working on language translation and ADA-related improvements so that access is facilitated for members who are not native English speakers or who are deaf, hard of hearing, or visually impaired.

Pryor explained that Virginia is one of only six states that has a “40 quarter” work requirement for lawful permanent residents to receive Medicaid. These individuals must have resided in the United States for five years and also worked in the U.S. for 10 years. Individuals who do not meet these requirements are not even eligible to apply in Virginia. Pryor reported that, in conversation with free clinics that are assisting with enrollment efforts for the Medicaid expansion population, the 40 quarters requirement was identified by three different clinics as a significant barrier to enrollment of populations in need of health coverage.

Pryor described efforts to facilitate enrollment of pregnant women, including system changes to automatically move women at 138 percent of the FPL or below into the expansion population postpartum. She stressed the importance of this change in ensuring that these women do not experience a break in coverage.

Pryor reported on the second meeting of the recently formed Medicaid Member Advisory Committee (MAC). Pryor stated that the MAC is the anchor point of DMAS’ work toward becoming a more member-focused agency. Virginia is only the second state in the country with a committee made up entirely of Medicaid enrollees and their families. At the recent MAC meeting, DMAS presented their outreach and enrollment plan and asked for feedback from the committee. The agency also shared consumer resources available in managed care and requested feedback. Pryor stated that the MAC provided valuable insight that informed DMAS in ways no one at the agency had previously thought of.

Janice Holmes provided an update on DMAS enrollment efforts. She stated that Cover Virginia has been very busy over the last few months, aggressively tackling the backlog that arose as a result of expansion. She reported that Cover Virginia is currently in compliance and processing within 8 days after receipt of applications. Holmes explained that DMAS will hold the applications until the 45<sup>th</sup> day if information is missing. She stated that call volume continues to be extremely high, but it is leveling out now, and it is anticipated that June will be a little lower than it has been, but still an increase of 20 percent from last year. Holmes described DMAS’ efforts to create a new incarcerated unit that will centralize processing, intake, and case maintenance for individuals incarcerated through the Department of Corrections, the Department of Juvenile Justice, or regional and local jails. She stated that there are currently 4,774 incarcerated individuals whose cases are being maintained at Cover Virginia. Holmes also reported on the newborn enrollment unit. She explained that in the past, DMAS has heard from the provider community that they were having trouble timely enrolling newborns. Therefore, DMAS engaged with hospitals to train them, creating centralized processing for newborns. Notices are mailed from Cover Virginia, and then cases are transferred to the local departments of social services from that point.

Shelagh Greenwood, DMAS Outreach and Consumer Communications Manager, gave an update from the Outreach and Consumer Communications unit. Greenwood reported that the Cover Virginia website is receiving more than double the number of weekly visits as last year. Greenwood explained that many changes and updates have been made to the website content, and she provided a walk-through of the CoverVA website for the Committee. Greenwood described the 2019 Back to School Campaign, a partnership with the Department of Education that is now in its 18<sup>th</sup> year. As part of this effort, 1.5 million flyers will be mailed out during the first week of July. This year, information about new adult coverage will also be included to appeal to parents and other family members who may be eligible. Greenwood announced that a new bilingual Community Outreach Coordinator for northern Virginia on-boarded in May. There are now six DMAS outreach coordinators in the field.

### **III. DMAS Foster Care Initiatives Update**

Adrienne Fegans, Senior Program Administrator, DMAS, gave a presentation on DMAS foster care initiatives. Fegans began with an overview of Medicaid managed care in Virginia. She explained that the same six Medicaid managed care organizations participate in the Medallion 4.0 and Commonwealth Coordinated Care Plus programs, and all six MCOs are statewide. Fegans provided information about the history of foster care programs in Virginia's Medicaid managed care context. The Richmond Foster Care Pilot Program was a response to a request from the City of Richmond to provide more coordinated care for children in foster care. The transition began in 2011 with legislative support from the Governor and General Assembly. In 2012, the General Assembly endorsed the inclusion of children placed in foster care and those receiving adoption assistance into managed care. The goal was to provide improved access to preventive and coordinated health care. Thanks to partnership between VDSS, local DSS, DMAS, and the MCOs, more than 10,000 adoptive and foster care youth were moved into managed care statewide between 2013 and 2014.

Fegans explained that Virginia is one of 28 states that includes foster care as a mandatory population under managed care. While some states put foster care children in a separate special needs plan, Virginia has programs across all the plans. Approximately 93 percent of adoptive and foster youth in Virginia Medicaid are enrolled in managed care, and 99 percent of these children are in the Medallion 4.0 program. Fegans stated that DMAS is focused on increasing utilization and ensuring that foster children are accessing PCP visits and other preventive care, including dental care. She presented statistics from state fiscal year 2018 on foster care PCP visits and dental services under the previous Medallion program (Medallion 3.0).

Fegans described partnership initiatives that promote collaboration between DMAS and VDSS. These include monthly meetings with the Division of Family Services, participation in the Three Branch initiative and other planning related to the federal Family First Prevention Services Act, and work to implement the 2018 JLARC study recommendations. DMAS is working with DSS to get contact information for families transferred to the managed care plans from DSS's IT system; it does not always carry over. Another important step is foster children's auto-enrollment into former foster care when they transition so that they remain in Medicaid as long as they are categorically eligible, i.e., up to age 26. Fegans explained that DMAS holds training events for LDSS and LCPA staff, providers, and foster/adoptive parents, and that the Department is currently developing YouTube resources to assist in training. There is also a focused study conducted by DMAS' external quality review organization.

Fegans explained that the 2019 managed care contracts implemented a number of contract changes to support health care for foster youth, including transition planning, contract deliverables such as ensuring PCP and dental visits within 30 days of managed care enrollment, a focus on trauma-informed care, a targeted project with DentaQuest, which currently administers the dental program, and MCO liaisons at each health plan specifically for foster care, to provide assistance to LDSS and parents with questions and concerns.

### **IV. VDSS Update**

Chartoya Newton, Medical Assistance Consultant at the home office of VDSS, gave the VDSS update. Newton stated that DSS is working with DMAS and the division of enterprise systems on several projects. They are working to ensure auto-enrollment of foster care children as they age out, as well as pregnant women as they come to the end of pregnancy eligibility, to auto-enroll them into continued coverage. They are also continuing to improve the "self-direct"

process in which the system automates the eligibility determination when individuals are applying using CommonHelp or the call center to submit their application. Newton stated that the changes made a few years ago to automate the ex parte renewal process continue to work very well, with a 70 percent success rate. Newton described the central unit of application processors, which consists of approximately 20 individuals who process applications to reduce the time frame for applications that are pending. That unit has been able to approve 4,572 applications since they began in March. The local departments of social services currently have about 20,000 applications pending and are hoping to reduce that number.

#### **V. Agenda for the next CHIPAC meeting**

The Committee discussed agenda items for the September 5 CHIPAC meeting. Daly Konrad restated the Committee's interest in reviewing dental data for children younger than age 10, and said that the mental health workgroup will update the Committee on its meeting with DMAS to discuss children's behavioral health data. Hanken stated that the September meeting occurs during a time when the Governor is developing his agenda for the budget in January. She recommended that CHIPAC communicate with DMAS' Director and the Secretary of Health and Human Resources to convey the Committee's policy priorities. She reminded the group that CHIPAC has done this in the past and stated that the upcoming legislative session would be a good time to do this again. Hanken suggested policies supporting the maternal health initiative, the 40 quarters policy change, and the "unborn child coverage option" for expanding access to prenatal coverage as possibilities. The group discussed options for drafting a letter to DMAS' Director and the Secretary of Health and Human Resources to express the Committee's legislative priorities and/or to request data from DMAS for use in better understanding key issues such as utilization of emergency Medicaid. The Committee approved a motion to write a letter to the DMAS Director and the Secretary to request data to inform the committee's potential planning regarding the upcoming legislative session.

#### **VI. Public Comment**

Public comment was invited, but there were no comments.

#### **VII. September 5, 2019 CHIPAC Meeting**

Daly Konrad reminded members that the next CHIPAC meeting will take place on September 5 from 1:00 to 4:30 pm.

#### **Closing**

The meeting adjourned at 3:15 p.m.