



Children's Health
Insurance Program
Advisory Committee
of Virginia



MEETING MINUTES

Meeting Minutes – 12/5/19

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

The following CHIPAC members were present:

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| • Denise Daly Konrad | Virginia Health Care Foundation |
| • Michele Chesser | Joint Commission on Health Care |
| • Rachel Lynch | Partnership for Healthier Kids |
| • Dr. Tegwyn Brickhouse | VCU Health |
| • Carla Hegwood | Virginia Department of Health |
| • Christine McCormick | Virginia Association of Health Plans |
| • Dr. Nathan Webb | Medical Society of Virginia |
| • Michael Muse | Virginia League of Social Services Executives |
| • Lisa Specter-Dunaway | Families Forward Virginia |
| • Victor James | Virginia Chapter of the American Academy of Pediatrics |
| • Katharine Hunter | Department of Behavioral Health and Developmental Services |

The following CHIPAC members sent substitutes:

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| • Jay Speer sent Jill Hanken | Virginia Poverty Law Center |
| • Sherry Sinkler-Crawley sent Chartoya Aremu | Virginia Department of Social Services |
| • Dr. Karen Rheuban sent Dr. Raziuddin Ali | DMAS Board Member |
| • Shelby Gonzales sent Matthew Broaddus | Center on Budget and Policy Priorities |

The following CHIPAC members were not present:

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| • Lisa Dove | Virginia Community Healthcare Association |
| • Jennifer Wicker | Virginia Hospital and Healthcare Association |
| • Ashley Everette Airington | Voices for Virginia's Children |

The following DMAS staff members were in attendance:

- Janice Holmes, Operations Manager, Eligibility & Enrollment Services
- Shelagh Greenwood, Outreach and Consumer Communications Manager
- Will Frank, Senior Advisor for Legislative Affairs
- Rebecca Anderson, Manager, Policy Research and Analysis, Policy Planning & Innovation Division
- Hope Richardson, Senior Policy Analyst, Policy Planning & Innovation Division
- Dezari Alexander, Administrative Assistant, Policy Planning & Innovation Division

Meeting Minutes

Welcome

Denise Daly Konrad, CHIPAC Chair, called the meeting to order at 1:10 pm.

I. CHIPAC Business

- A. Review and Approval of Minutes** – Minutes from the September 5, 2019 quarterly meeting were reviewed and approved by the Committee.
- B. Membership Update and Discussion** – Konrad gave an update on committee membership. She announced that Rodney Willett of Impact Makers had resigned his position on CHIPAC given his election to the Virginia House of Delegates, and that the Committee therefore had one vacancy. In addition, she announced that Amy Edwards of the Virginia Department of Education had stepped down from her position on CHIPAC and VDOE would be nominating a new representative to the Committee effective with the March 2020 CHIPAC meeting. Konrad informed members that with Edwards' departure, there is a vacancy on the Executive Subcommittee and the CHIPAC Membership Chair position is unoccupied. She invited CHIPAC members to nominate themselves to fill these vacancies by notifying members of the Executive Subcommittee or DMAS staff. Konrad reminded members of the attendance provisions in CHIPAC's bylaws and requested that members let DMAS staff know if they will be unable to attend a meeting, send a substitute, and provide the name of the substitute in advance.

Konrad then presented recommendations from the Executive Subcommittee concerning CHIPAC leadership and bylaws. She stated that in reviewing the CHIPAC membership terms at the November 1 meeting, the Subcommittee identified that elections for both the CHIPAC Chair and Vice Chair are scheduled to occur biennially in December, with the last election occurring in 2017. She reported that the Executive Subcommittee discussed the benefit to the CHIPAC of staggering the terms for the Chair and Vice Chair, to reduce the likelihood that changes to both leadership positions occur simultaneously and to facilitate CHIPAC leadership continuity. Konrad stated that the Executive Subcommittee's recommendation was to amend the CHIPAC bylaws to adjust the Chair and Vice Chair election cycle so the Chair is elected to a two-year term in odd-numbered years and the Vice Chair is elected to a two-year term in even-numbered years. This way, it is less likely that there will be a new Chair and a new Vice Chair in the same year. This motion to amend the bylaws having been proposed by the Executive Subcommittee, the motion was seconded by Jill Hanken, Virginia Poverty Law Center, and unanimously passed by the Committee. The following changes were adopted to the bylaws:

In Article V, Section 2 (Selection of Officers), Subsection A, “in odd-numbered years” is inserted after “The Chairperson shall be elected by the Committee from among its membership.” In Subsection B, “in even-numbered years” is inserted after “The Vice-Chairperson shall be elected by the Committee from among its membership.” In Subsection C, the word “biannually” is deleted.

Hanken then moved to reelect Denise Daly Konrad to a second two-year term as CHIPAC Chair and for Michele Chesser to continue her current term as Vice Chair for an additional year, to December 2020. Dr. Tegwyn Brickhouse, VCU Health, seconded the motion. The Committee voted unanimously in favor.

II. CHIPAC Dashboard Review and DMAS Update

The Committee reviewed the December quarterly dashboard. Hope Richardson, DMAS, called members’ attention to sections that had been updated for the quarter. Richardson stated that the Enrollment sections had been updated as of the November enrollment report. She explained that the line graphs showing children’s monthly net enrollment had been reformatted in a “stacked” visualization so that they provide a year-over-year comparison for the past three years. The charts show a clear trend of growing enrollment in children’s programs (FAMIS and FAMIS Plus). Richardson noted that a new DSS dashboard is being developed and the Executive Subcommittee and DSS hope to pilot it in early 2020.

Richardson provided an update on DMAS initiatives and activities. She announced that as of November 29, more than 340,000 newly eligible adults are enrolled in Medicaid. Richardson explained that DMAS contracted with the VCU School of Medicine to conduct an evaluation of Medicaid expansion, which included a survey of new members, released in October. Through this report and other emerging data, DMAS is beginning to get a picture of how access to Medicaid coverage has changed members’ lives. Richardson presented survey findings about new enrollees’ health status, employment status, and access to medical care in the year prior to enrolling in Medicaid and after enrolling in Medicaid. She stated that more than two thirds of those surveyed are either working, in school, or retired. Some 66% had trouble paying medical bills in the year before they enrolled, one in four were facing considerable out of pocket medical expenses, and three quarters were worried about basic financial concerns like housing and food. Richardson reported that among new members, 80% have received at least one service; more than 60% have had an office visit; two thirds have filled a prescription; 10% received emergency dental services; and almost 4,000 individuals have been treated for cancer. She stated that the report is available on the DMAS website, along with updated enrollment numbers and the Medicaid Expansion Dashboard.

Richardson provided an update on the Healthy Birthdays project. The DMAS “Healthy Birthday, Virginia” goal is to ensure that by the year 2025, all Medicaid and FAMIS mothers and babies are able to celebrate a healthy first birthday together. Richardson stated that the Northam administration held ten maternal health listening sessions across the state aimed at learning about women’s pregnancy, birth, and postpartum experiences and identifying ways to address racial disparities in maternal mortality and morbidity rates. She described DMAS efforts to map a pregnant woman’s Medicaid journey to identify and better understand the member’s experience, from learning about available coverage and applying for prenatal care, to enrollment of her newborn, to postpartum care and ongoing access to family care. Richardson discussed several of the projects DMAS is working on to advance the Healthy Birthdays goal, including targeted outreach to pregnant women, revising all eligibility notices for readability and member understanding, streamlining enrollment of pregnant women and improving transition into continuing coverage postpartum, increasing access to targeted

interventions and treatments for high-risk mothers such as those with substance use disorder, and improving data-sharing and reporting with MCOs and other state agencies. Richardson gave an update on enrollment numbers for children and pregnant women and stated that FAMIS/CHIP children's and pregnant women's enrollment numbers continue to increase.

Janice Holmes, Operations Manager in Eligibility & Enrollment, provided an update on Cover Virginia and application processing. She stated that Open Enrollment began November 1, and there was no backlog for the first time since Cover Virginia's inception. Applications were being processed within 8 business days. Self-direct applications increased from 1 percent to 23 percent in one month due to targeted efforts. Cover Virginia achieved all service-level agreements and increased Federally Facilitated Marketplace (FFM)-determined applications. Holmes stated that 12,519 enrollments had been completed through the incarcerated unit. In addition, since January, 18,954 deemed newborns were enrolled without a delay.

Shelagh Greenwood, DMAS Outreach and Consumer Communications Manager, gave an update from the Outreach and Consumer Communications unit. Greenwood announced that the Spanish-language website, CubreVirginia.org, went live on November 3. All pages and internal links on the site are available in Spanish, including a fully functional screening tool. External links point to Spanish equivalents of English-language links. Greenwood stated that the fall media outreach campaign is fully implemented in English and Spanish, including radio, search, display, social media, print and animated "How to Apply for Medicaid" videos.

III. VDSS Update

Chartoya Aremu, Medical Assistance Consultant at the home office of VDSS, gave the DSS update. Aremu discussed the increase in self-direct applications, explaining that with the October release, they allowed the system to start reading additional electronic sources for income information. These and other actions allowed for an increase in the volume of self-direct applications from 1 to 23% in one month. Aremu explained that there was also a policy change to update how "reasonable compatibility" is defined. Previously, the customer's income had to be within 10% of the income limit, but now reasonable compatibility takes into account whether a customer's income is under the income limit. That system update occurred the weekend of October 25. Aremu stated that going into 2020, DSS has another year of systems changes lined up to improve processing and simplify processes for workers. These improvements will lead to fewer applications that workers have to "touch," which will save time and speed processing. Aremu reported that DSS provided Medicaid trainings and presentations for the fall conference of the Virginia Benefit Programs Organization (BPRO).

Jill Hanken asked about the phenomenon of "bridging" in which people are found eligible and enrolled in MMIS but then upon visiting a provider are not showing up as enrolled. Aremu and Holmes explained that VaCMS transfers information to MMIS, and sometimes that transaction doesn't go through for various reasons and enrollment will be held up in order for it to go through a second review process before going into MMIS. Holmes explained that DMAS and DSS have been looking into these types of transactions to see what is causing the failures. As a result, trainings for eligibility workers emphasize that when manually processing a case, workers need to pay attention to whether they receive a system alert that the application failed to bridge, in which case, they need to go into the system and take action to address the error. Holmes encouraged Hanken and other CHIPAC members to inform DMAS/Cover Virginia of cases if they know of them so that they can be addressed. Michael Muse, Virginia League of Social Services Executives, stated that local DSS agencies used to have a person at each local agency who would check in the system and make sure everyone got into MMIS. This is no longer the case, and Muse stated that he believes this should be reinstated.

IV. Virginia Health Care Foundation, Medicaid/FAMIS Participation and a Profile of Virginia's Uninsured Children

Denise Daly Konrad of Virginia Health Care Foundation (VHCF) presented on the *Profile of the Uninsured* report. Konrad explained that VHCF collaborates with the Urban Institute on a periodic study of Medicaid and FAMIS participation rates in Virginia. She stated that coverage trends overall are positive for Virginia, especially in comparison to other states, with some areas of concern that she would highlight in the presentation. Konrad explained that the report is based on the most recent data from 2017. She stated that the Urban Institute's sources and methodology for their analysis differ from those used in another well-known analysis done by the Georgetown Center for Children and Families.

Konrad presented information on sources of health insurance for Virginia's children in 2017. Most children (55%) were covered through a parent's employer. Twenty-seven percent were covered by Medicaid or FAMIS, 8% reported that they were covered by other public insurance, 6% had direct purchase private insurance such as Exchange-based insurance, and 5% were uninsured. Konrad stated that somewhere between one-third and half of all births in Virginia are to women on Medicaid or FAMIS MOMS. She explained that the participation rate is the number of children eligible for public health insurance such as Medicaid and FAMIS who are also enrolled, and that the participation rate in Virginia is trending upwards but still remains below the national average, so there is room for growth. In 2017, 92.6% of eligible children in Virginia were enrolled, compared to 93.1% of children nationwide. The nationwide number trended downward for the first time in years in 2017 while Virginia's continued to trend upward. Konrad presented the finding that 719,000 Virginians lacked health insurance in 2017, and 89,000 of these individuals were children. Konrad stated that uninsurance decreased among Virginia children from 2009 to 2017, and that declines in uninsurance for children as well as for non-elderly adults from 2009 to 2017 were statistically significant.

Konrad stated that in recent years, Virginia has seen significant, steep drops in children's uninsurance. Efforts such as former Governor McAuliffe's Healthy Virginia initiative, using SNAP data for overdue renewals, and newborn deeming have contributed to gains in Virginia children's enrollment in public health insurance. However, the Commonwealth still ranks in the bottom half of states in terms of children who are uninsured, so even though trends are positive there is room for improvement. Konrad presented data that as of 2017, 45,000 uninsured children in Virginia in households below 200% of the federal poverty level were potentially eligible for Medicaid or FAMIS but unenrolled. In 2010, there were 80,000 children in this category. Konrad stated that we don't know what percentage of these children are eligible, as some portion may be undocumented children who qualify only for Emergency Medicaid. Konrad stated that more than 75% of uninsured Virginia children lived with at least one working parent. About half of the uninsured children are below 200% of the FPL and would thus meet the income criteria for public health insurance coverage. Only 11% of uninsured Virginia children are receiving SNAP, which Konrad noted was a somewhat surprising statistic. As of 2017, about half of uninsured adults in Virginia also met the income criteria for Medicaid expansion; however, we will not have a full analysis of the impact of expansion on uninsuredness for some time since it was implemented in early 2019.

V. FAMIS in Context: Overview of eligibility policy and State Plan options

Hope Richardson, Senior Policy Analyst, DMAS, gave a presentation on Virginia's FAMIS program, how it compares to other states' CHIP programs, and what federal options Virginia utilizes. Richardson stated that DMAS organized the presentation in response to CHIPAC

members' questions at previous meetings about (1) how Virginia's eligibility and enrollment rules and other program design features compare to those of other states and (2) what policy options to improve access, affordability, and quality are available to Virginia under federal law, and which of these options the Commonwealth has adopted.

Richardson explained that the income eligibility range for FAMIS, Virginia's CHIP program, layers on top of the income eligibility range for Medicaid children. Children in Virginia are eligible for FAMIS Plus (children's Medicaid) in families with income from 0-148% of the federal poverty level (FPL), or are eligible for FAMIS up to 205% FPL. The income eligibility ranges for pregnant women in Medicaid and FAMIS MOMS parallel these (FAMIS MOMS is authorized through a federal CHIP 1115 waiver). Richardson provided information about how Virginia's income eligibility limits compare to those of other states. According to January 2019 comparative state data from the Kaiser Family Foundation, Virginia's upper income eligibility limit for children of 205% FPL is tied with four other states for the second-lowest income limit for children in the nation. The median of all states is 255% FPL and the mean is 262% FPL. The highest income ceiling is New York, at 405% FPL, and 18 states are above 300% FPL. For pregnant women, Virginia is at the national median of 205% FPL, with a large number of states in a comparable range. Richardson noted that under federal law, a state's income eligibility limits for adult populations cannot be higher than those for children.

Richardson explained that states have a lot of flexibility in how they design their CHIP programs and what those programs look like in comparison to children's Medicaid. States can have a "standalone CHIP" program, a CHIP-Medicaid expansion program, or a combination of the two. Virginia's Title XXI-funded program is a "combination" CHIP program, like the vast majority of states: Part of Virginia's Title XXI funds go toward funding our standalone CHIP program, FAMIS, and part of those funds go toward coverage for children in the state's Medicaid program, FAMIS Plus.

Richardson explained that separate CHIP programs were originally designed to be more like commercial insurance than Medicaid, and that Virginia's separate CHIP population has different benefits and their plan has different features from those available to Medicaid/FAMIS Plus children. Key differences include the following:

- EPSDT coverage: Medicaid children receive the full EPSDT benefit (Early and Periodic Screening, Diagnosis, and Treatment) while FAMIS children do not. FAMIS children receive EPSDT-like comprehensive well child visits and screenings, but not the full EPSDT. CHIP State Plans can offer EPSDT, and some states do, but Virginia does not.
- Cost sharing: FAMIS children have copays for most services, subject to annual out-of-pocket limits that ensure cost-sharing is minimal. Medicaid children do not have any cost-sharing.
- Eligibility: Children must be uninsured to enroll in FAMIS (but there is no waiting period).

Richardson described several CHIP State Plan options available to states to streamline and improve eligibility processes, including Continuous Eligibility (CE), Presumptive Eligibility (PE), and Express Lane Eligibility (ELE). Richardson also spoke about the FAMIS MOMS program. She stated that pregnant women's benefits in Medicaid and FAMIS MOMS are mostly the same. Both programs include comprehensive benefits, not just prenatal services, and cover the mother up to 60 days postpartum. Dental benefits are included. Richardson explained that with Medicaid expansion, Virginia now is able to cover many more women before their pregnancy begins and after their pregnancy ends. Richardson stated that DMAS is exploring options for also extending coverage for FAMIS MOMS to 1 year postpartum. She explained

that the federal authority for Virginia’s FAMIS MOMS program is through a CHIP 1115 waiver, and that Virginia recently was granted a 10-year renewal of this waiver, through June 2029.

Richardson gave an overview of CHIP financing and stated that Virginia’s federal CHIP allotment for FFY2019 was \$378 million. Virginia’s federal match rate for FFY2019 was the “super-enhanced” 88%, meaning that the federal government provided matching funds for 88% of Virginia’s CHIP expenditures. For FFY2020, this rate steps down to 76.5%, then to 65% in FFY2021 and thereafter. Finally, Richardson explained that the state budget sets a narrow pathway for DMAS to amend the Medicaid and CHIP state plans and waivers, with steps that must occur at the state level in addition to the federal approval process. As of the 2018 Special Session I, oversight by the Department of Planning and Budget and the General Assembly was extended to any change in MCO contracts that “may impact the capitation rates.” For this reason, there are limits on the changes DMAS alone can make independently and quickly. Richardson explained that it is important for advocates and CHIPAC members to be aware that the state budget process and the General Assembly’s approval are critical to any effort to make substantive changes to Medicaid and CHIP state plans, waivers, or managed care contract provisions.

VI. General Assembly Session discussion

Will Frank, Senior Advisor for Legislative Affairs at DMAS, and Jill Hanken, Director of the Center for Healthy Communities and *ENROLL Virginia!* at the Virginia Poverty Law Center, led a discussion about the upcoming General Assembly Session. Will Frank gave an update from DMAS. He stated that because of election turnover, all of the committees in both chambers of the General Assembly will have new chairpersons. He explained that state agencies submit budget packages to the Governor for consideration, and these are posted publicly on the Department of Planning and Budget’s website. Frank stated that DMAS did not submit any legislative proposals this year; however, the Agency submitted a number of budget proposals, and DMAS, like the general public, will not know what is in the Governor’s budget until it is announced on December 17. Possible budget items include the following: extending FAMIS MOMS coverage from 60 days to 12 months postpartum; funding for home visiting for women and children in Medicaid; funding for Medicaid community doula services; coverage for stays in an institution for mental diseases (IMD) for FAMIS MOMS with substance use disorders; elimination of the “40 quarters” work requirement for lawful permanent residents (LPRs) for Medicaid eligibility; extending dental, vision and preventive services to all adult Medicaid populations; and provisions related to the behavioral health redesign, including rate provisions. Frank reminded the Committee that the GA Session would begin on January 8.

Jill Hanken spoke about what health care advocates will be watching in the upcoming session. She stated that the Governor is very interested in addressing maternal mortality, including options such as funding doula services for pregnant women in Medicaid. She reiterated that advocates are interested in ending the 40-quarter rule that requires many otherwise-eligible immigrants to have a 10-year work history in order to qualify for Medicaid. Hanken stated that this issue is relevant to the maternal mortality crisis because, while pregnant women who are LPRs can qualify for Medicaid during their pregnancy, they often cannot qualify after they give birth or before they become pregnant due to the 40-quarter rule. This results in a lack of continuity of coverage and potentially in uninsuredness. Hanken explained that Virginia is one of only six states that requires 40 quarters of employment. She stated that another potential way to improve coverage for immigrant populations is through the “unborn child option” employed by many states, which can provide prenatal coverage when a child will be born a US citizen. Hanken stated that dental care for all Medicaid adults is another important priority for the upcoming session. She stated that it was exciting that this proposal is part of DMAS’s

budget requests. Hanken reviewed some of the issues likely to be covered in the upcoming session related to the private health insurance market. She said that the Governor is interested in moving Virginia from a federally based insurance exchange to a state-based exchange in an effort to reduce private insurance premiums. Finally, Hanken reported that during the upcoming session, legislators will likely tackle the issue of aggressive collection of medical debt from the teaching hospitals.

VII. CHIPAC Recommendations Discussion

CHIPAC members discussed the upcoming legislative session and priorities that they would like to see CHIPAC address. Victor James of the Virginia Chapter of the American Academy of Pediatrics commented regarding Medicaid reimbursement rates for pediatricians. He stated that Virginia is going to face a crisis in the near future due to low reimbursement rates for pediatricians, and that many practices already won't accept Medicaid. James stated that a major goal he observes of CHIPAC is expanding Medicaid eligibility, but that equally important is ensuring there are enough doctors to see children in Medicaid, which is difficult to sustain when pediatric practices' costs continue to rise but Medicaid reimbursements do not increase.

Konrad circulated a draft letter to DMAS Director Karen Kimsey requesting consideration of ideas to enhance enrollment. Konrad reminded members that the Committee decided to make the recommendations in the letter at the prior CHIPAC meeting. She requested that Committee members forward any recommended changes to her by close of business on the following day. The Committee also reviewed considerations on the topic of supporting removal of the "40 quarters" work requirement rule, as discussed in previous meetings. Jill Hanken moved that CHIPAC submit a letter of support for removing the 40 quarters rule to Secretary Cary and Director Kimsey. Lisa Specter-Dunaway of Families Forward seconded the motion, and the Committee voted in favor. Members determined that a draft letter would be circulated for members to review, with the understanding that some state agency and organizational members will be unable to sign on behalf of the entity they represent, and others would need to secure their organization's approval prior to signing.

VIII. Agenda for the next CHIPAC meeting

The Committee discussed agenda items for the March 19, 2020 CHIPAC meeting. Konrad recommended that time be dedicated at the March meeting to strategic planning for the committee, determining priorities and identifying ways for the committee to harness its resources and focus on a few topics or goals to be most impactful. Konrad stated that the committee may invite DMAS staff to discuss updates and improvements to member communications. In addition, VDSS is working on an updated enrollment dashboard that they hope to pilot at the March meeting. Konrad requested additional input on agenda items. She reminded members of the Executive Subcommittee meeting in February and stated that members of the full committee are encouraged to attend.

IX. Public Comment

Public comment was invited. LeVar Bowers of Civitas Health Services commented that he supports the need to balance the goal of access to care with increasing resources and provider reimbursement to support quality of services. He stated that in health care we need to ensure quality is maintained even as we expand access. Bowers commended CHIPAC members for their efforts and involvement.

X. Next CHIPAC Meeting

Konrad reminded members that the next CHIPAC meeting would take place on March 19, 2020 from 1:00 to 4:30 pm.

Closing

The meeting was adjourned at 3:58 p.m.