

CHIPAC

Children's Health
Insurance Program
Advisory Committee
of Virginia



Quarterly Meeting

September 2, 2021

Real-time Remote Captioning

- 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.

Virtual Meeting Notice

- With the expiration of the state emergency order, a quorum must be physically present for the committee to vote or make recommendations.
- As long as this requirement is met, some committee members may also attend electronically.
- Members of the public may also attend electronically.
- This meeting will be recorded.

Roll Call – Instructions for Committee Members Attending Remotely

- During roll call, please unmute yourself to verbally confirm you are present.
- If you are joining via video link, unmute yourself by clicking on the microphone icon.
- If you are joining by phone, unmute yourself by pressing *6.

Roll call

Organization	Name
Virginia Health Care Foundation	Denise Daly Konrad (Chair)
Virginia Department of Social Services	Irma Blackwell
VCU Health	Dr. Tegwyn Brickhouse
Virginia Poverty Law Center	Sara Cariano
Board of Medical Assistance Services	Michael Cook
Virginia Community Healthcare Association	Tracy Douglas-Wheeler
Virginia Department of Education	Quyen Duong
Families Forward Virginia	Ali Faruk
Center on Budget and Policy Priorities	Shelby Gonzales

Roll call

Organization	Name
Voices for Virginia's Children	Emily Griffey
American Academy of Pediatrics, Virginia Chapter	Victor James
Dept. of Behavioral Health and Developmental Services	Nina Marino*
Joint Commission on Health Care	Jeff Lunardi
Virginia Department of Health	Jennifer Macdonald
Virginia Association of Health Plans	Christine McCormick
The Commonwealth Institute for Fiscal Analysis	Freddy Mejia
Virginia League of Social Services Executives	Michael Muse
Virginia Hospital and Healthcare Association	Lanette Walker
Medical Society of Virginia	Dr. Nathan Webb

* Interim

Meeting Agenda

- ❑ CHIPAC Business
- ❑ Birth Outcomes Study Presentation & Discussion
- ❑ DMAS Update
- ❑ VDSS Update
- ❑ Agenda for December 9 CHIPAC Meeting
- ❑ Public Comment

CHIPAC Business - Voting Instructions for Members

Attending Remotely

- All votes must be recorded. To facilitate this, there are two options for voting.
- If you are able, use the chatbox to write “yea,” “nay,” or “abstain.”
- There will also be an opportunity for members to declare a voice vote. When prompted:
 - Unmute yourself by clicking on the microphone icon.
 - If you are joining by phone, unmute yourself by pressing *6.

CHIPAC Business

- Review minutes from June 3 meeting
- Review and approve 2022 meeting dates
- Membership update
- Dashboard update

Proposed 2022 Meeting Dates

CHIPAC Full Committee Meetings

- **Thursday, March 3, 2022** (1:00 – 3:30 pm)
- **Thursday, June 9, 2022** (1:00 – 3:30 pm)
- **Thursday, September 1, 2022** (1:00 – 3:30 pm)
- **Thursday, December 8, 2022** (1:00 – 3:30 pm)

CHIPAC Executive Subcommittee Meetings

- **Friday, February 4, 2022** (1:00 pm – 3:00 pm)
- **Friday, May 6, 2022** (10:00 am – 12:00 pm)
- **Friday, August 5, 2022** (10:00 am – 12:00 pm)
- **Friday, November 4, 2022** (10:00 am – 12:00 pm)



Dashboard Update

AUGUST 2021 ENROLLMENT REPORT

Table 1 - CHIP and Medicaid Child Enrollment

PROGRAM	INCOME	# Enrolled as of 7-01-21	# Enrolled as of 8-01-21	Net Increase This Month	% of Total Child Enrollment
FAMIS (separate CHIP program) <i>Children 0-18 years</i>	> 143% to 200% FPL	79,974	79,714	-260	10%
CHIP MEDICAID EXPANSION <i>Children 6-18 years</i>	> 100% to 143% FPL	79,717	80,221	504	10%
Total CHIP (Title XXI) Children		159,691	159,935	244	21%
FAMIS Plus* <i>Children 0-5 years</i> <i>Children 6-18 years</i>	≤ 143% FPL ≤ 100% FPL	594,369	598,894	4,525	77%
Adoption Assistance & Foster Care <i>Children < 21 years</i>	FPL N/A	14,568	14,659	91	2%
Other Medicaid Children** <i>Children < 21 years</i>	FPL N/A	42	44	2	0%
Total MEDICAID (Title XIX) Children		608,979	613,597	4,618	79%
TOTAL CHILDREN		768,670	773,532	4,862	100%

* Children under 19 enrolled in a Medicaid Families & Children Aid Category. This count does not include the CHIP Medicaid Expansion group.

** This includes children under 21 enrolled in Medicaid under the care of the Juvenile Justice Department or in an intermediate care facility (ICF-MR).

Table 2 - CHIP Premium Assistance Enrollment

PROGRAM	INCOME	# Enrolled as of 7-01-21	# Enrolled as of 8-01-21	Net Increase This Month
FAMIS Select FAMIS Children < 19 years	> 143% to 200% FPL	57	56	-1

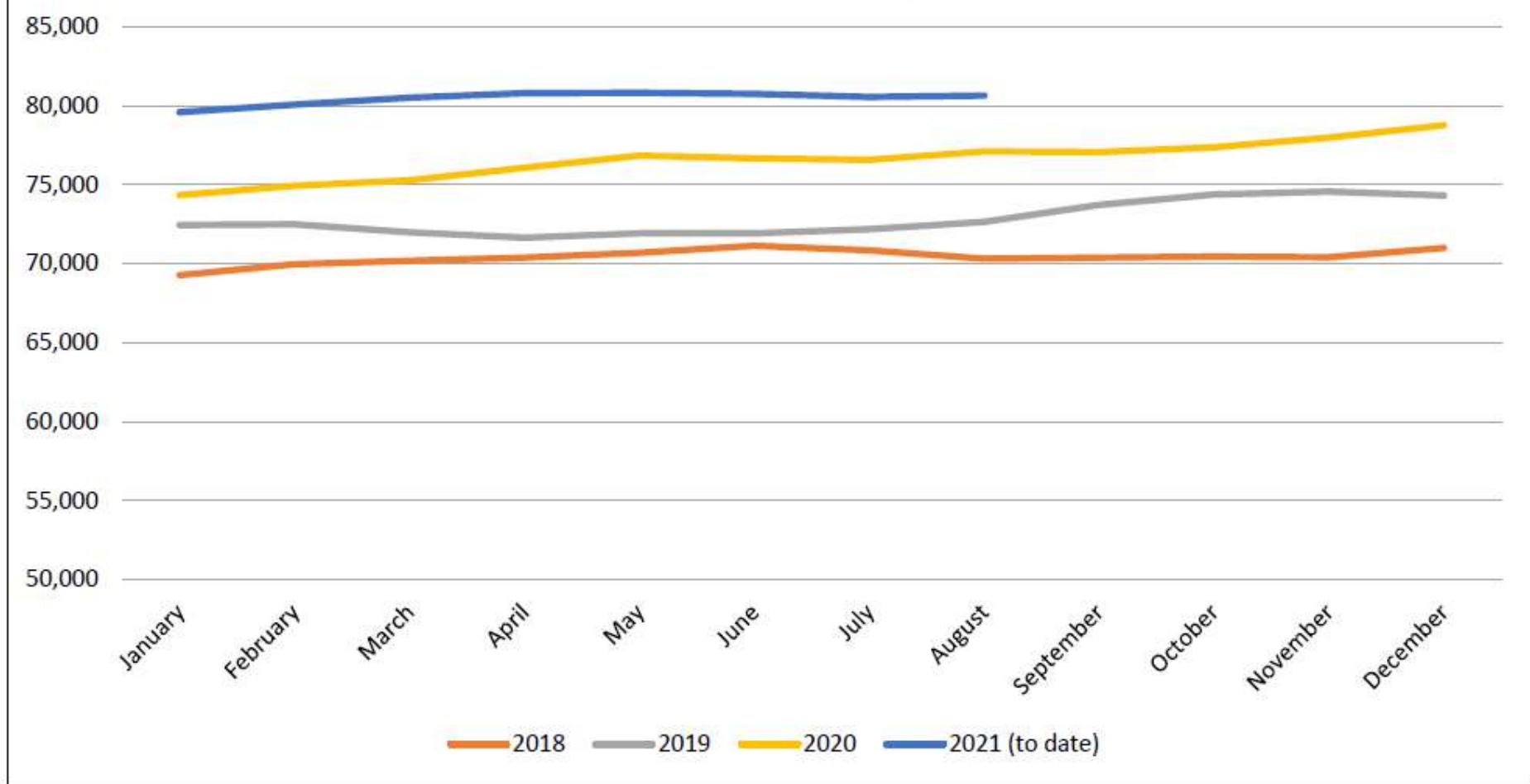
Table 3 - Pregnant Women's Enrollment

PROGRAM	INCOME	# Enrolled as of 7-01-21	# Enrolled as of 8-01-21	Net Increase This Month	% of Total Pregnant Women Enrollment
FAMIS MOMS (CHIP)	> 143% to 200% FPL	1,770	2,331	561	9%
Medicaid Pregnant Women	≤ 143% FPL	23,357	23,879	522	91%
TOTAL Pregnant Women		25,127	26,210	1,083	100%

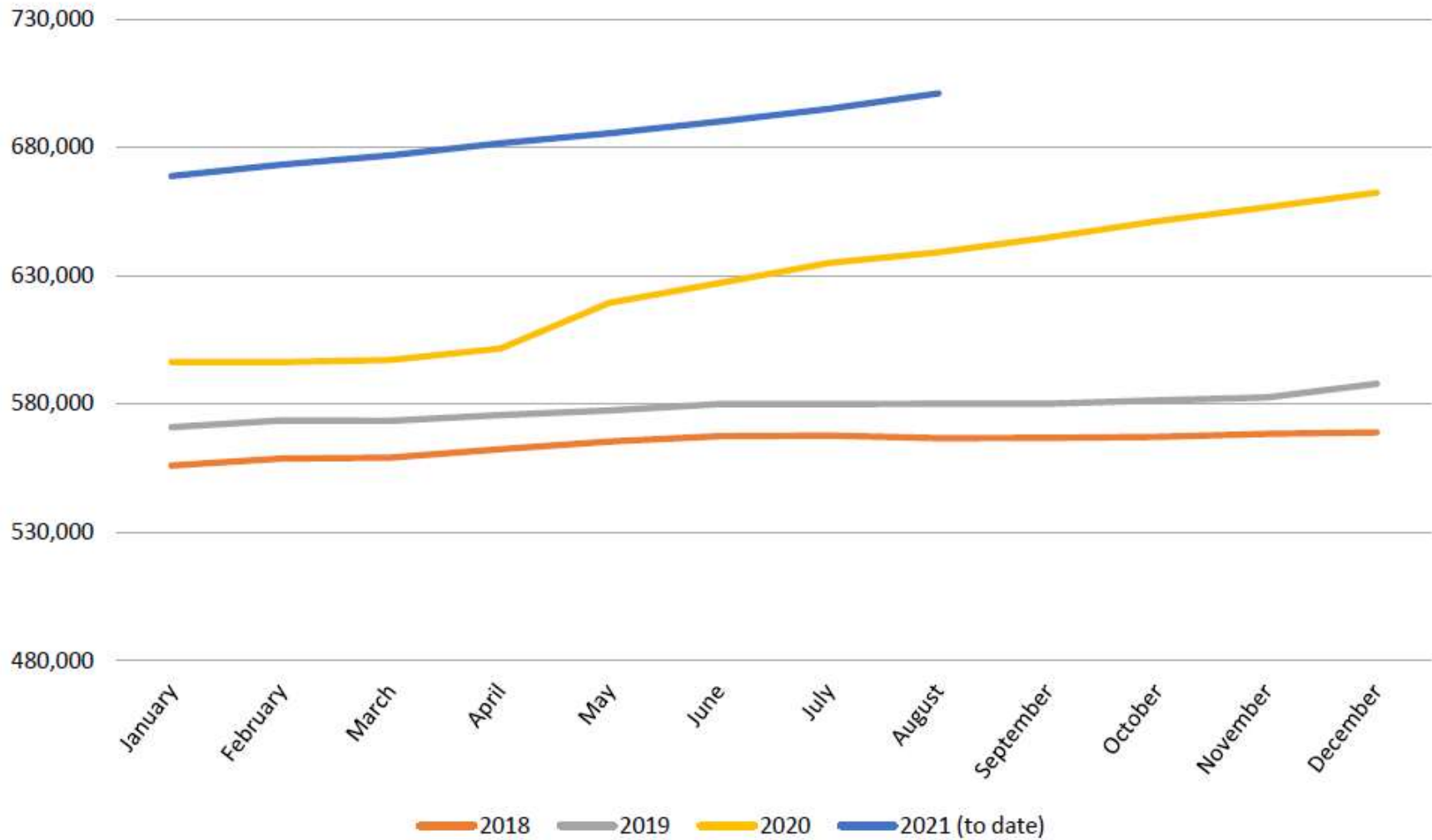
Table 4 - Family Planning Enrollment

PROGRAM	INCOME	# Enrolled as of 7-01-21	# Enrolled as of 8-01-21	Net Increase This Month
Plan First Men & Women	≤ 200% FPL	47,139	47,283	144

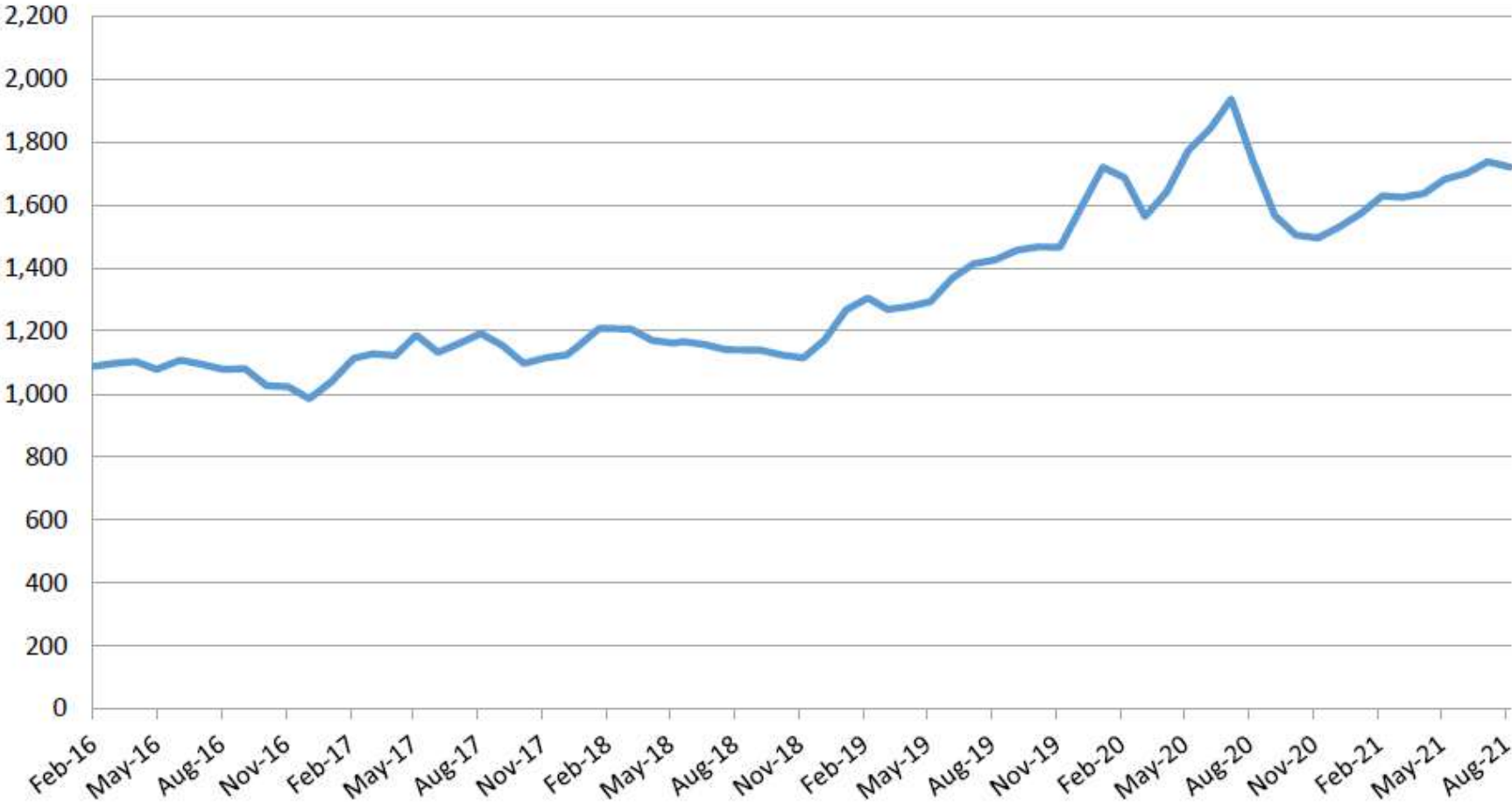
Monthly Net Enrollment of Children in FAMIS (Separate CHIP) 2018-2021



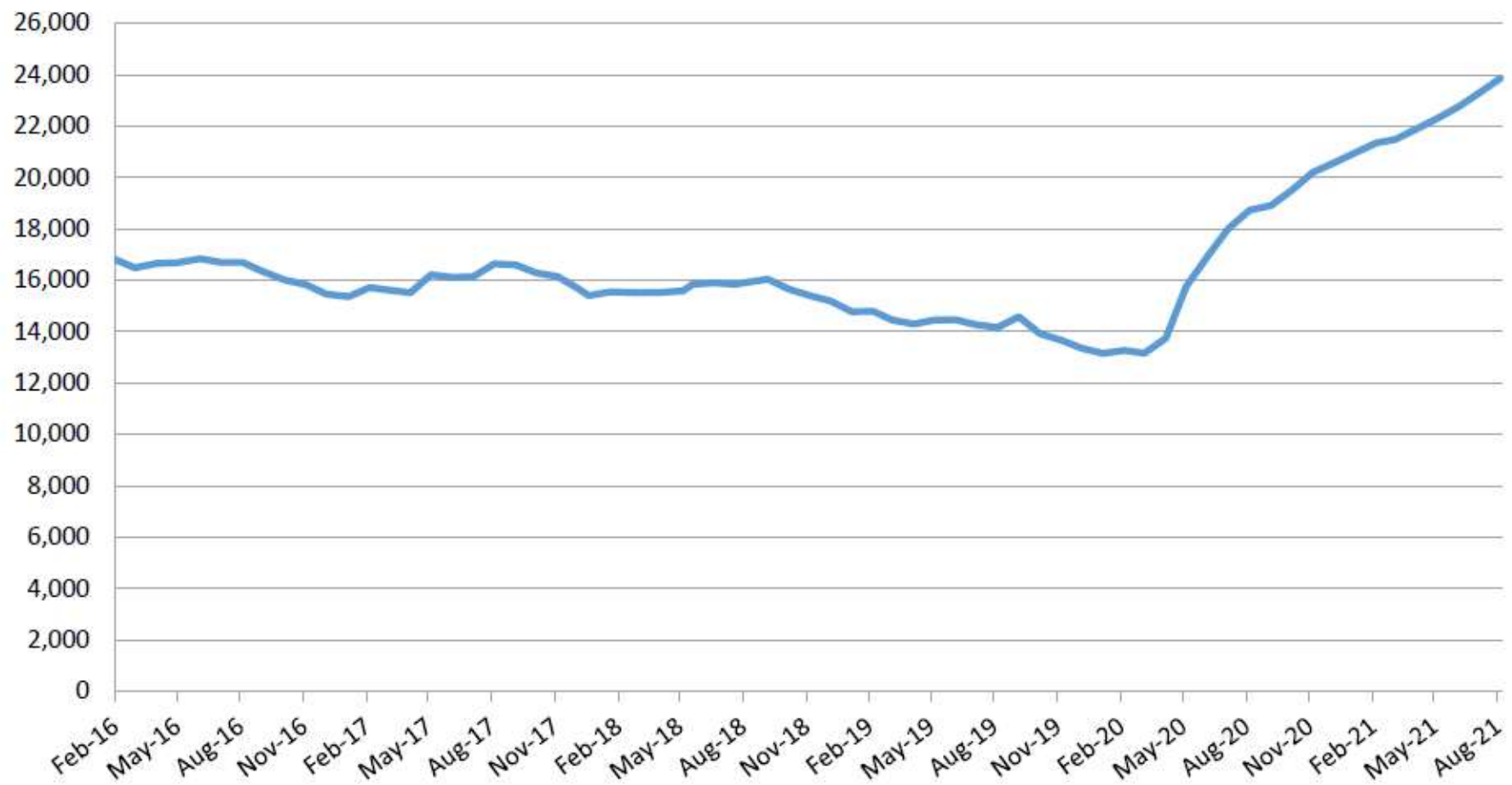
Monthly Net Enrollment of Children in FAMIS Plus (Medicaid), 2018-2021
(Includes CHIP-funded "Medicaid Crossover" enrollment)



Monthly Net Enrollment in FAMIS MOMS, 2016-2021



Monthly Net Enrollment of Pregnant Women in Medicaid, 2016-2021



2019–20 Birth Outcomes Focus Study

Considering Births During Calendar Year 2019

Sunny M. Bateman, MPH
September 2, 2021



Objectives

- Study purpose and methodology
- Findings
 - Demographic Findings
 - Study Indicator Results
- Conclusions and limitations
- Recommendations



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Background Information

- External Quality Review (EQR) Focus Study
 - Annual EQR study, with trends over three years
 - Current results for calendar year (CY) 2019 births
- Two 2019–20 study goals:
 - To what extent do women with births paid by Medicaid receive early and adequate prenatal care?
 - What clinical outcomes are associated with Medicaid-paid births?

Study Limitations

- Study indicator and stratification results may be influenced by the accuracy and timeliness of the birth registry data and administrative Medicaid eligibility, enrollment, and demographic data used for calculations.
- Study used the Healthy People 2030 goals, using data derived from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS), for the *Births with Early and Adequate Prenatal Care* and *Preterm Births (<37 Weeks Gestation)* study indicators. Federal Fiscal Year (FFY) 2019 Centers for Medicare & Medicaid Services (CMS) Core Set benchmarks were used for the *Newborns with Low Birth Weight (<2,500 grams)* study indicator.
- Presumptive eligibility timeframes in Virginia may result in delayed prenatal care (PNC) initiation.
 - Pregnant women new to Medicaid may not be covered by Title XIX or Title XXI benefits until the 2nd or 3rd trimester.
- Study results are not comparable to Healthcare Effectiveness Data and Information Set (HEDIS®)¹ indicator results due to differing methodologies.
- Medicaid Expansion started on January 1, 2019, which may have impacted the study indicator results for the Medicaid Expansion Program.

¹HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Study Indicators

Study Indicators



Births with Early and Adequate Prenatal Care



Preterm Births (<37 Weeks Gestation)



Newborns with Low Birth Weight (<2,500 grams)

Stratifications



Key Demographic Characteristics:
Race/ethnicity and managed care region of maternal residence



Medicaid Program Characteristics:
Medicaid delivery system, Managed Care Organization (MCO), and Medicaid Program

Singleton Births by Medicaid Program and Medicaid Delivery System, CY 2017–CY 2019

Overall Births	CY 2017		CY 2018		CY 2019	
	Number	Percent	Number	Percent	Number	Percent
Singleton Births	31,142	100.0%	33,726	100.0%	37,281	100.0%
Medicaid Program*						
FAMIS MOMS ¹	1,621	5.2%	1,771	5.3%	2,193	5.9%
Medicaid for Pregnant Women	23,618	75.8%	25,860	76.7%	27,071	72.6%
Medicaid Expansion	—	—	—	—	2,247	6.0%
Other Medicaid [†]	5,903	19.0%	6,095	18.1%	5,770	15.5%
Medicaid Delivery System						
FFS	7,887	25.3%	8,868	26.3%	8,663	23.2%
Managed Care	23,255	74.7%	24,856	73.7%	28,618	76.8%

*Due to rounding, the percentages for the CY 2018 Medicaid Program do not sum to 100 percent.

¹ FAMIS MOMS is the name of Virginia's program to provide healthcare coverage for uninsured pregnant women who may exceed the income limits for the Medicaid for Pregnant Women program.

— indicates Medicaid Expansion was not implemented until January 1, 2019; therefore, there were no births covered by the Medicaid Expansion program during CY 2017 or CY 2018.

[†] Other Medicaid includes births paid by Medicaid, but that do not fall into the FAMIS MOMS, Medicaid for Pregnant Women, and Medicaid Expansion programs.



Overall Study Indicator Results

Overall Study Indicator Findings Among Singleton Births, CY 2017–CY 2019

Overall Births	National Benchmark	CY 2017		CY 2018		CY 2019	
		Number	Percent	Number	Percent	Number	Percent
Births with Early and Adequate Prenatal Care	76.4%	21,853	72.4%	22,853	72.3%	25,263	72.5%
<i>Births with Inadequate Prenatal Care*</i>	NA	5,211	17.3%	5,368	17.0%	6,206	17.8%^
Preterm Births (<37 Weeks Gestation)*	9.4%	2,892	9.3%	3,168	9.4%	3,655	9.8%
Newborns with Low Birth Weight (<2,500g)*	9.5%	2,773	8.9%	3,084	9.1%	3,336	9.0%

*a lower rate indicates better performance for this indicator.

NA indicates there is not an applicable national benchmark for this indicator.

^indicates the CY 2019 rate is statistically different from the CY 2018 rate.

Overall Study Indicator Findings Among Singleton Births by Managed Care Region of Maternal Residence, CY 2019

Managed Care Region of Maternal Residence	Births with Early and Adequate Prenatal Care		Births with Inadequate Prenatal Care*		Preterm Births (<37 Weeks of Gestation)*		Newborns with Low Birthweight (<2,500g)*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Central	6,360	73.1%	1,280	14.7%	921	10.2%	881	9.7%
Charlottesville/Western	3,398	79.1%	664	15.5%	375	8.5%	376	8.5%
Northern & Winchester	6,377	67.2%	2,273	23.9%	915	9.0%	728	7.1%
Roanoke/Alleghany	2,321	74.0%	445	14.2%	286	8.6%	275	8.3%
Southwest	851	70.8%	205	17.1%	172	9.0%	168	8.8%
Tidewater	5,921	74.2%	1,330	16.7%	982	11.8%	904	10.9%
All Regions†	25,263	72.5%	6,206	17.8%	3,655	9.8%	3,336	9.0%

*a lower rate indicates better performance for this indicator.

† Unknown managed care regions of maternal residence are included in the All Regions Totals.

Overall Study Indicator Findings Among Singleton Births by Medicaid Delivery System and MCO, CY 2019

	Births with Early and Adequate Prenatal Care		Births with Inadequate Prenatal Care*		Preterm Births (<37 Weeks of Gestation)*		Newborns with Low Birthweight (<2,500g)*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Delivery System								
FFS	5,227	65.4%	1,856	23.2%	880	10.2%	723	8.3%
Managed Care	20,036	74.6%	4,350	16.2%	2,775	9.7%	2,613	9.1%
Total	25,263	72.5%	6,206	17.8%	3,655	9.8%	3,336	9.0%
MCO								
Aetna	2,363	74.1%	522	16.4%	337	9.8%	343	10.0%
HealthKeepers	6,175	75.0%	1,290	15.7%	875	10.0%	755	8.6%
Magellan	1,330	71.6%	344	18.5%	186	9.4%	189	9.6%
Optima	4,438	76.9%	855	14.8%	609	10.1%	598	9.9%
UnitedHealthcare	1,778	71.8%	447	18.1%	231	8.7%	234	8.8%
VA Premier	3,952	73.9%	892	16.7%	537	9.3%	494	8.6%

*a lower rate indicates better performance for this indicator.



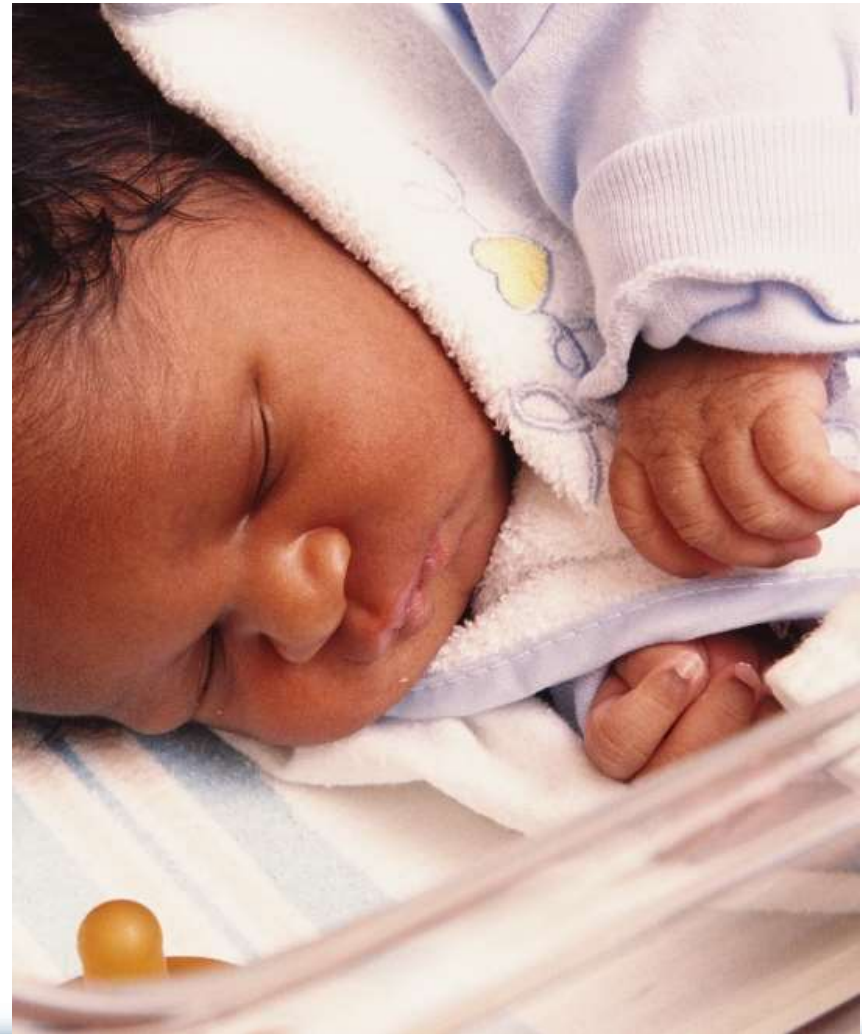
FAMIS MOMS Program

Distribution of Singleton Births Among Women in FAMIS MOMS by Medicaid Delivery System, CY 2017–CY 2019

Overall Births	CY 2017		CY 2018		CY 2019	
	Number	Percent	Number	Percent	Number	Percent
FFS	353	21.8%	353	19.9%	375	17.1%
Managed Care	1,268	78.2%	1,418	80.1%	1,818	82.9%
Total FAMIS MOMS Singleton Births	1,621	100.0%	1,771	100.0%	2,193	100.0%

FAMIS MOMS Study Findings

- Among the three programs, births to women in FAMIS MOMS had:
 - The highest rate of births with early & adequate prenatal care.
 - The lowest rates of preterm birth or low birth weight.



Overall Study Indicator Findings Among Singleton Births by FAMIS MOMS, CY 2017–CY 2019

FAMIS MOMS Study Indicator	National Benchmark	CY 2017		CY 2018		CY 2019	
		Number	Percent	Number	Percent	Number	Percent
Births with Early and Adequate Prenatal Care	76.4%	1,233	78.3%	1,312	77.5%	1,626	78.3%
<i>Births with Inadequate Prenatal Care*</i>	NA	212	13.5%	228	13.5%	292	14.1%
Preterm Births (<37 Weeks Gestation)*	9.4%	121	7.5%	136	7.7%	168	7.7%
Newborns with Low Birth Weight (<2,500g)*	9.5%	125	7.7%	131	7.4%	158	7.2%

*a lower rate indicates better performance for this indicator.

NA indicates there is not an applicable national benchmark for this indicator.

FAMIS MOMS Study Groups

Study Population

Women covered by FAMIS MOMS on the date of delivery with continuous enrollment in any Medicaid program for a minimum of 90 days prior to, and including, the date of delivery.

Comparison Group

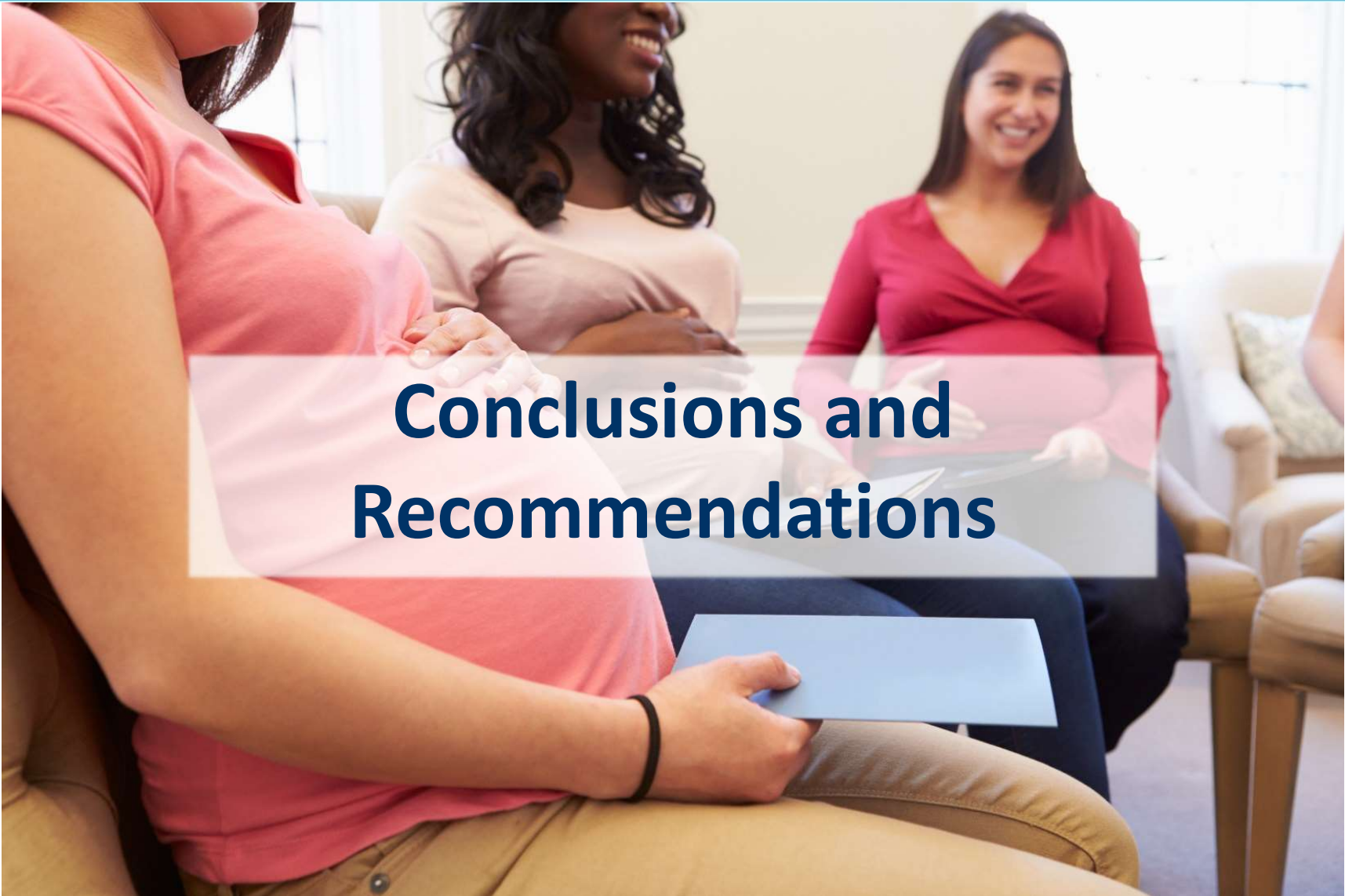
Women covered by FAMIS MOMS on the date of delivery but with less than 90 days of continuous enrollment in any Medicaid program prior to the date of delivery.

FAMIS MOMS Findings by Comparison Group and Study Population, CY 2019

Overall Births (FAMIS MOMS) ¹	National Benchmark	Comparison Group		Study Population	
		Number	Percent	Number	Percent
Births with Early and Adequate Prenatal Care	76.4%	297	75.0%	1,329	79.1%
<i>Births with Inadequate Prenatal Care*</i>	NA	67	16.9%	225	13.4%
Preterm Births (<37 Weeks Gestation)*	9.4%	36	8.5%	132	7.5%
Newborns with Low Birth Weight (<2,500g)*	9.5%	37	8.7%	121	6.8%

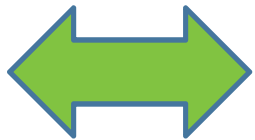
¹ The total population size is 1,769 for the Study Population and 424 for the Comparison Group.

*a lower rate indicates better performance for this indicator.



Conclusions and Recommendations

Conclusions



Stable rates of births with early and adequate PNC and infants with low birthweight



Preterm birth rates have been declining since CY 2017



FAMIS MOMS demonstrated better outcomes than other programs



Variation in study indicator results by geographic location, race/ethnicity, and Medicaid program

Recommendations

- DMAS should continue to work with the MCOs to ensure robust utilization of tobacco cessation services available to pregnant women.
- DMAS should specifically target Medicaid Expansion-eligible women of childbearing age to enroll in Medicaid prior to them becoming pregnant to help improve the health of the woman prior to conception.
- DMAS should evaluate if providers are offering family planning services to all Medicaid women of childbearing age.
- DMAS should consider leveraging additional data fields from the vital statistics data to better understand the factors contributing to poor birth outcomes in Virginia.

Past and Current DMAS Activities (Part 1)

- DMAS is committed to providing access to comprehensive care for pregnant and postpartum women and their babies enrolled in any one of Virginia Medicaid's health coverage programs. In order to address this goal and address maternal disparities as it relates to Governor Northam's 2025 initiative, DMAS revamped the Healthy Birthday Virginia initiative to Baby Steps Virginia.
- Under Medicaid expansion, more women have sustained health coverage before, during and after pregnancy. The expanded coverage allows parenting women to continue Medicaid coverage past 60 days.
- Partnered with the Virginia Department of Social Services (VDSS) to streamline the enrollment process and give pregnant women near real time eligibility determinations so they are connected with doctors and other medical care without delay. DMAS will partner with VDSS and the Virginia Hospital and Healthcare Association (VHHA) to investigate ways to quickly enroll newborns before the mother is discharged from the hospital.
- Collaborated with stakeholders on a variety of projects supporting pregnant and parenting people. Collaboration was geared towards furthering maternity program quality outcomes and engagement with a variety of partners such the Virginia Department of Health (VDH), VDSS, the Virginia Department of Behavioral Health and Developmental Services (DBHDS), VHHA, and the Virginia Neonatal Perinatal Collaborative (VNPC).
- Increased the percentage of pregnant and parenting Medicaid members with substance use disorder (SUD) who are receiving treatment. The DMAS Addiction and Recovery Treatment Services (ARTS) team partnered with VDH to facilitate a training needed to obtain a waiver to prescribe buprenorphine. Forty-three providers utilized this training across the commonwealth including obstetrician-gynecologist (OB/GYN) providers, a target group for the series.
- Partnered with the Early Impact Virginia Leadership Council to determine how to implement a home visiting benefit into Virginia Medicaid. The program was funded through the Governor's budget; however, the funds were unallotted due to the coronavirus disease 2019 (COVID-19) public health emergency.

Past and Current DMAS Activities (Part 2)

- Launched a targeted outreach initiative to educate women about coverage and benefits through radio spots, and digital and social media. Increased utilization of social media platforms to share photos and videos that will raise awareness about various initiatives and campaigns related to maternal and infant health.
- Established a workgroup to explore Medicaid reimbursement for doula support services by reviewing federal requirements and permissibility, commonwealth regulations, and determining estimated cost to the commonwealth for the next six years. DMAS submitted the report in December 2020.
- Participating in the monthly Center for Health Care Strategies, Inc. (CHCS) Leveraging Midwifery-Led Care to Address Disparities and Equity in Medicaid Learning series.
- Hosting monthly meetings with external speakers to learn about programs available. Developed monthly Baby Steps VA newsletter to keep agency and external partners abreast of activities.
- Continuing participation in the National Academy for State Health Policy (NASHP) Maternal and Child Health Policy Innovation Program (MCH PIP) policy academy that will help to identify, promote, and advance innovative, state-level policy initiatives to improve access to care for Medicaid-eligible pregnant and parenting women with or at risk of SUD through health care delivery system transformation. Focus is on two pilot sites; one in the Southwest region with Ballad Health and one in Richmond City with Virginia Commonwealth University (VCU) Health, to gain information on best practices that can be applied to programs throughout the commonwealth.

Questions?

Thank you!

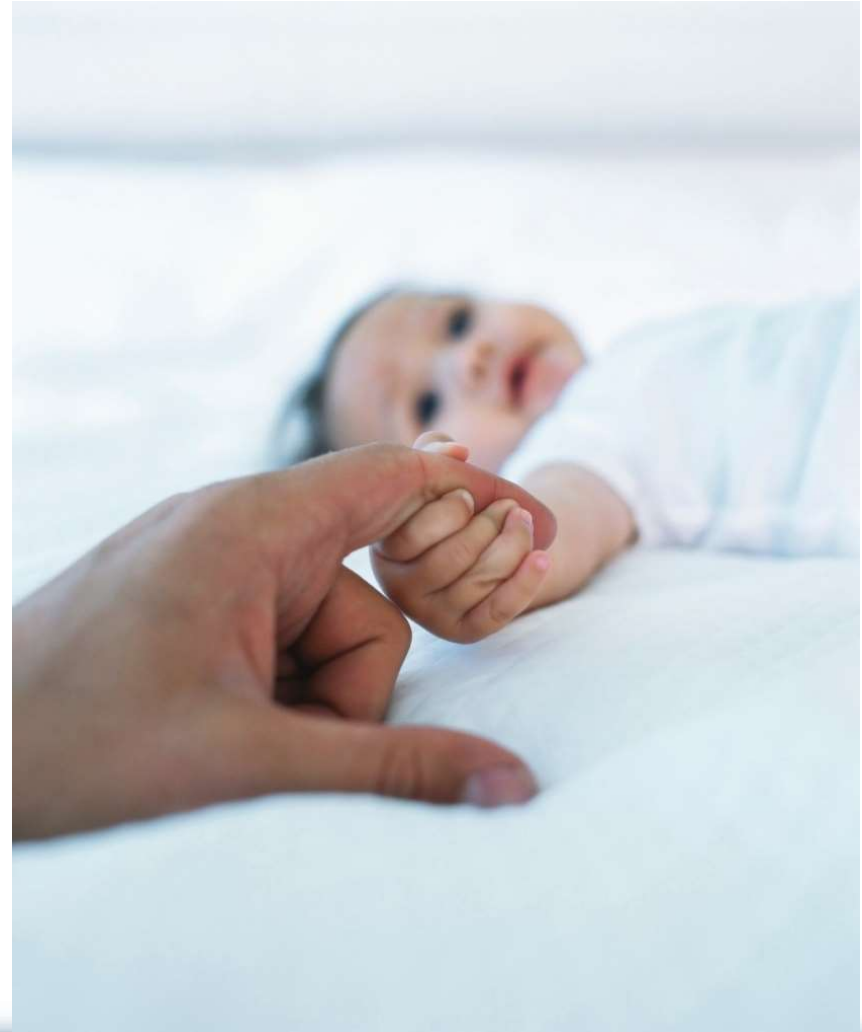
Sunny M. Bateman, MPH

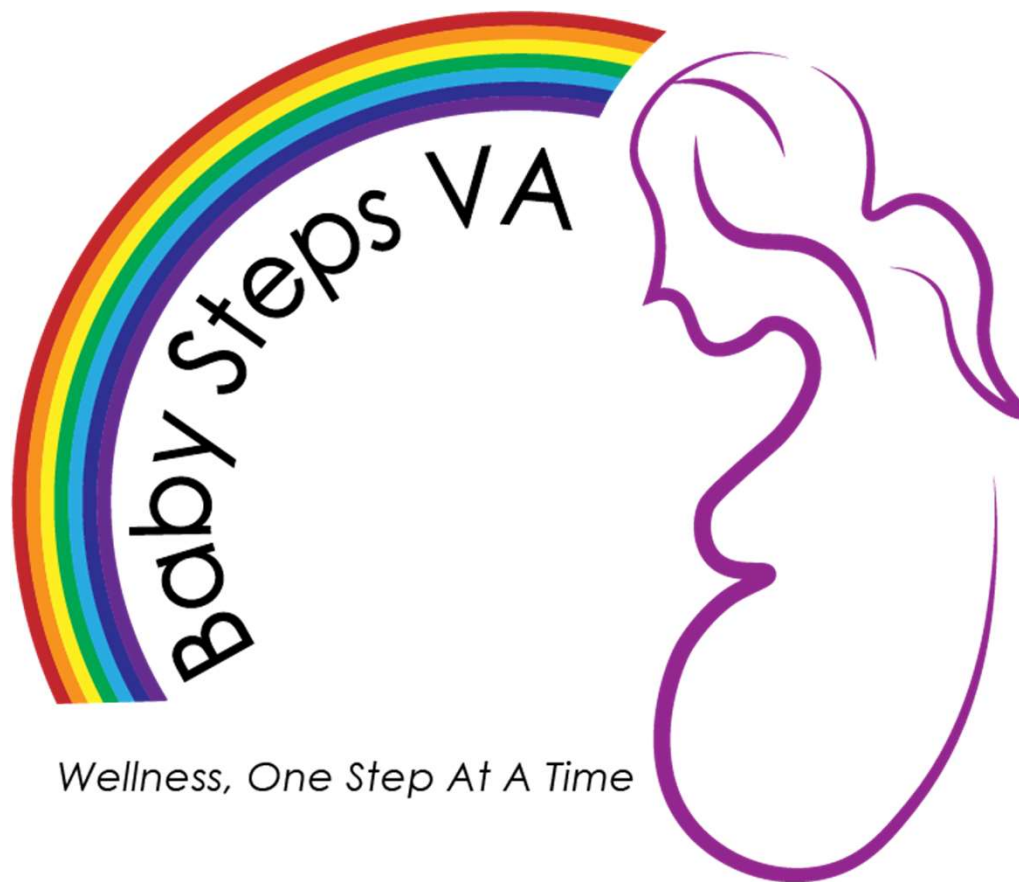
Analytics Manager

Data Science & Advanced Analytics

Health Services Advisory Group, Inc.

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Baby Steps VA

- Baby Steps VA is consistent with Governor Northam's commitment to improve maternal health
- Baby Steps VA includes five areas that focus on strategies to access and utilize available services, while addressing health disparities
- The teams work with various agencies, stakeholders, managed care organizations, and community partners
- We host monthly meetings with external speakers to learn about programs available, send a weekly informational email, and have a monthly Baby Steps VA newsletter to keep the agency and external partners abreast of activities
- Next meeting is Friday September 10, 2021 at 10:00 am

Baby Steps VA Focus Areas

Eligibility and Enrollment

- Increasing maternity enrollment and streamlining newborn enrollment

Outreach and Information

- Engaging with internal and external stakeholders and sharing information with members



Connections

- Engaging with providers, community stakeholders, hospitals and state agencies

New and Improved Services and Policies

- Collaborating with VA projects to enhance services

Program Oversight

- Utilizing data and reports to monitor and improve programs

Maternal and Child Health Policy Innovation Program (MCH PIP)

The National Academy for State Health Policy (NASHP) has a two-year policy academy to address maternal mortality for Medicaid-eligible pregnant and parenting women, with the goal of improving access to quality care

Through the MCH PIP eight state teams (GA, ID, IL, IA, LA, PA, SD, and VA) will identify, develop, and implement policy changes or develop specific plans for policy changes to improve maternal health outcomes, with a specific focus on improving racial disparities in maternal mortality

Team representatives include DMAS, VDH, MCOs, local health district

The project will focus on two key project areas for pregnant women in the Petersburg area: Teen Engagement and Postpartum Engagement



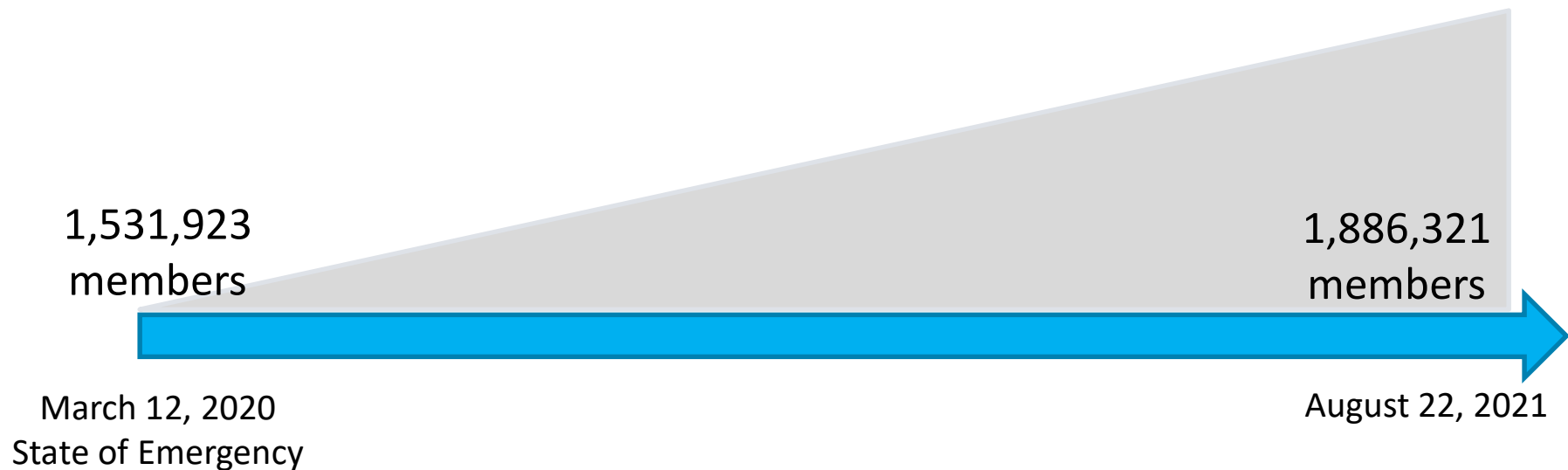
DMAS UPDATE



CHIPAC Quarterly Meeting
September 2, 2021



Medicaid Enrollment - Update



- Since the State of Emergency was declared, Medicaid has gained **352,093 new members**
 - 185,204 are in Medicaid Expansion
 - 110,622 are children
- Medicaid gained more than 5,176 new members this week

New Federal Policy Updates

On August 13, the Centers for Medicare and Medicaid Services (CMS) provided updated guidance to support states for the eventual end of the Federal Public Health Emergency (PHE). The guidance is intended to minimize burdens for Medicaid beneficiaries and limit coverage disruptions.

- While CMS initially issued guidance in December 2020, the August 13 State Health Official letter outlines updated policies, but signals that more detailed guidance will be available in the future.
- The August 13 updates did not indicate if the federal PHE will be extended.
 - The Department of Health and Human Services (HHS) previously indicated that it expects the PHE to continue through the end of 2021; the most recent renewal of the PHE is scheduled to expire on October 18.

New Federal Policy Updates

- Major updates to policies for unwinding federal Medicaid continuous coverage requirements include:
 - An Extended timeframe to complete pending eligibility and enrollment redeterminations from six months to 12 months
 - States must complete a new redetermination for individuals who were determined ineligible during the PHE prior to the termination of eligibility.

Enrollment by Covered Group

Group	End of SFY 2020 (6/30/2020)	End of SFY 2021 (6/30/2021)	SFY 2022 to Date (As of 8/15/2022)
Aged Individuals (65 or Older)	78,968	80,810	81,347
Caretaker Individuals	121,484	142,128	144,899
Expansion Individuals	435,995	562,530	575,546
Pregnant Individuals	20,258	25,558	26,977
Children	712,836	777,727	785,747
Disabled or Blind Individuals	149,178	152,487	152,774

Expected Redeterminations

Group	# of Members Impacted (as of 08/24/21)
Manual Annual Renewals (those who did not successfully complete the ex parte renewal process)	Overdue Cases: 325,001
Individuals who Turned Age 19/21/26	21,927 (21,543 turned 19)
Individuals who Turned Age 65	8,805
Pregnant Individuals who Reached the End of Postpartum Period	16,538 (978 FAMIS MOMS)
Individuals in Breast & Cervical Cancer Protection Treatment Act (BCCPTA) or Expansion Coverage who Began Receiving Medicare Coverage	13,081 (13,003 in Expansion)
Individuals who Reported a Change in Circumstances Requiring a Redetermination	Unknown

Next Steps/Considerations

- DMAS is planning a phased approach to tackle unwinding, including developing an outreach plan to ensure members are provided with information, next steps, and needed actions to prevent unnecessary coverage closures
 - Planned outreach action includes direct member mailing and updates to the CoverVA/DMAS websites
 - Staffing increases to handle increased processing workloads
- While official unwinding guidance from CMS has not been received, the team has worked on bucketing populations effected so the timeline can be built around the populations and focuses on using existing automated processes to assist with work volume
 - As staff are brought on board, outreach will begin with collaborating with health plans and other stakeholders to ensure members are verifying and/or updating their current address
- Public Health Emergency may not end on 12/31/2021
 - CMS has stated they will give 60 days notice when the PHE is scheduled to end
 - If staff have come on board DMAS will continue to focus on outreach and assisting with application backlogs until redeterminations resume

Afghan Refugees

- While a majority of refugees are processed through Virginia, current estimates show about 10% may remain in Virginia
 - Most are processed through Ft. Lee/Ft. Pickett
- These individuals with Special Immigrant Visas (SIV) will be eligible for full coverage Medicaid, however if they are unable to provide proof of application for SSN, they can be enrolled in Refugee Medical Assistance (RMA)
 - Delay in application for SSN may be due to office closures
- Individuals in this status are also eligible for RMA if they do not meet financial requirements; RMA is usually limited to the first eight months after arrival however these individuals do fall under the Maintenance of Effort (MOE) so their coverage will be protected through the end of the federal Public Health Emergency (PHE)

Dental Coverage - Materials

New Adult Dental Coverage



Starting July 1, 2021, adults 21 and older enrolled in Medicaid or FAMIS will receive comprehensive dental coverage. View the [Guide to Dental Coverage](#).

Virginia Medicaid Dental Coverage



Smiles For Children
Improving Dental Care for Children and Adults

WHAT IS SMILES FOR CHILDREN?

Smiles For Children (SFC) is Virginia's Medicaid and FAMIS dental program for adults and children. The SFC program is managed by DentaQuest.

HOW DO I FIND A DENTIST?

Contact DentaQuest at 1-888-912-3456 or [search the DentaQuest website](#) to find a listing of dentists who accept Medicaid in your zip code.

Already have a dentist? Call and make sure that your provider accepts Medicaid coverage so you can receive quality services at no cost.

HOW DO I USE SMILES FOR CHILDREN INSURANCE?

There are no costs or co-payments for dental care services in the SFC program. On the day of the appointment, be sure to bring your Virginia Medicaid card and your managed care organization ID card (if you are enrolled in a health plan).

CHILDREN

- Regular dental checkups
- X-rays
- Cleaning and fluoride
- Sealants
- Space maintainers
- Braces
- Anesthesia
- Extractions
- Root canal treatment
- Crowns

PREGNANT MEMBERS

- X-rays
- Exams
- Cleanings
- Fillings
- Root canals
- Gum related treatment
- Crowns
- Partial and Dentures
- Extractions and other oral surgeries

ADULTS

- X-rays
- Exams
- Cleanings
- Fillings
- Root canals
- Gum related treatment
- Dentures
- Extractions and other oral surgeries

Need a ride? Transportation services are available to Medicaid members for their dentist appointments. Visit the [Virginia Medicaid website](#) or [contact your health plan](#) for contact information to make a reservation.





COVID-19 and Data Updates

Lauryn Walker
Acting Chief Health Economist

Overview

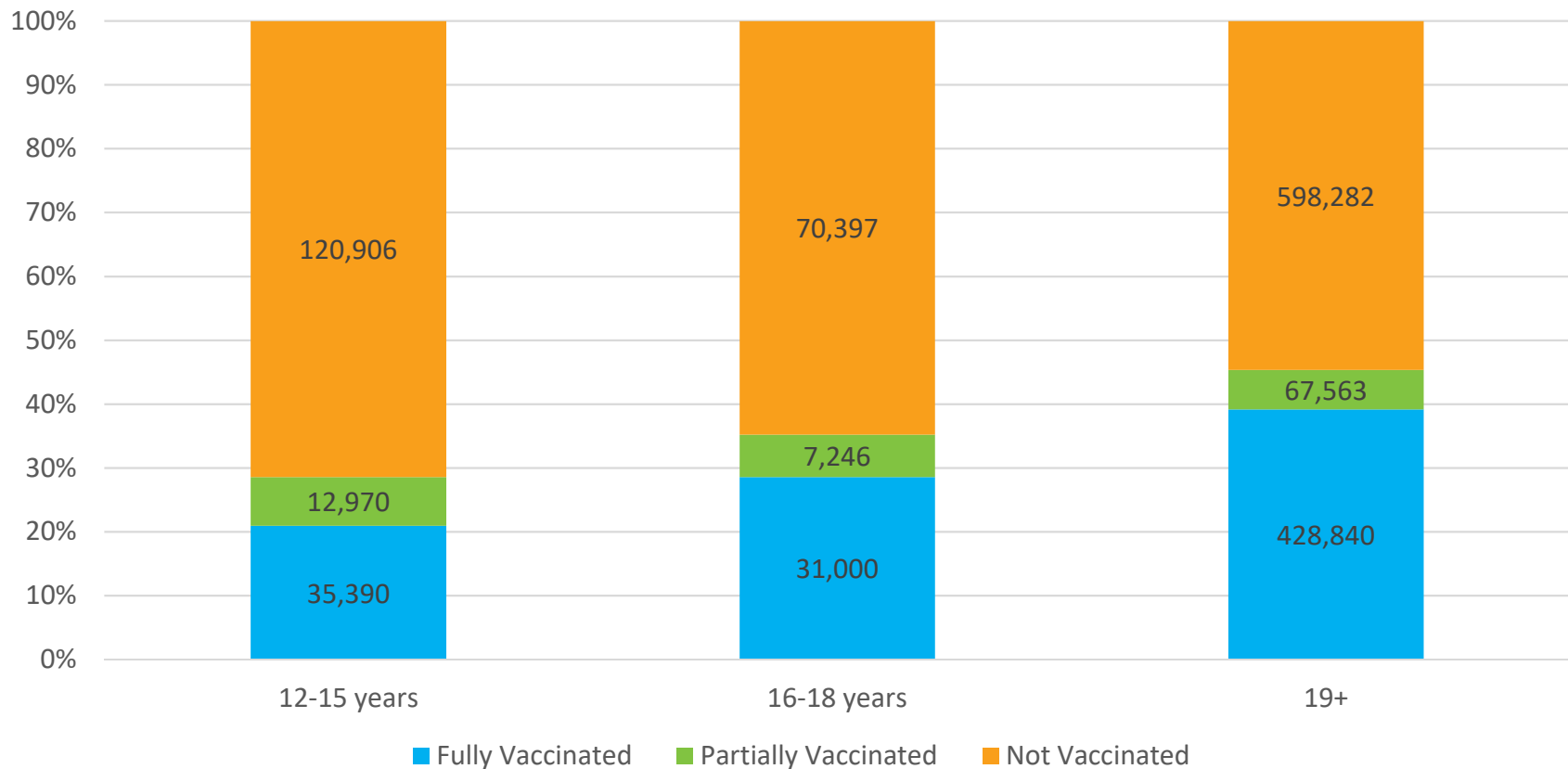
- COVID-19 Vaccination Updates
- Behavioral Health Data Updates
- Enrollment and Expenditures Dashboards

COVID-19 Vaccinations

29% of eligible children under 16 have received at least one dose of a vaccine

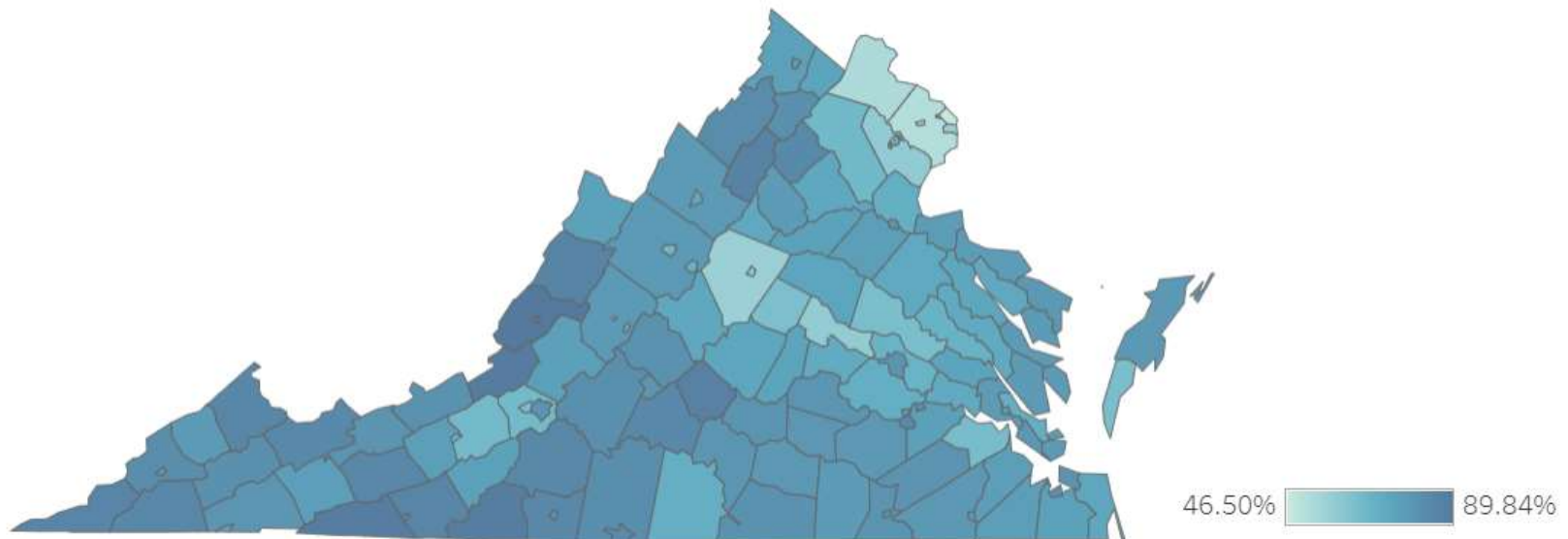
COVID-19 Vaccination Status

As of August 26, 2021



Who is left to vaccinate?

Unvaccinated 12-15 Year Olds



- The Northern/Winchester region has the highest vaccination rate (42%)
- The Southwest region has the lowest vaccination rate (18%)

Behavioral Health

NEW WEBPAGE ON BEHAVIORAL HEALTH!



[Privacy Practices](#) [Sitemap](#) [MES Portal Login](#) [🔗](#)

Search the site



[Applicants](#) [Members](#) [Providers](#) [Appeals](#) [COVID-19](#) [Data](#) [About Us](#)

[Home](#) [Data](#) [Behavioral Health](#)

Behavioral Health

Overview

Virginia Medicaid provides an array of behavioral health and addiction and recovery treatment services through Managed Care Organizations (MCOs) (through CCC Plus and Medallion 4.0), and through the Behavioral Health Services Administrator, which are contracted by DMAS. Virginia Medicaid's mission is to improve the health and well-being of Virginians through access to quality health care coverage. The Commonwealth dedicates significant resources to achieving that mission, and this webpage is a part of our effort to be good stewards of those resources and transparent about how we use them. The Mental Health Services Dashboard (coming soon!) is designed to provide helpful information on service utilization and high-level demographic information about individuals that participate in behavioral health services.

Thank you for taking a moment to browse our site. If you have any questions or need more information, don't hesitate to reach out to enhancedbh@dmas.virginia.gov.

<https://www.dmas.virginia.gov/data/behavioral-health/>

NAVIGATE

Behavioral Health

[Mental Health Services Dashboard](#)

[HEDIS Measures](#)

[Foster Care Reports](#)

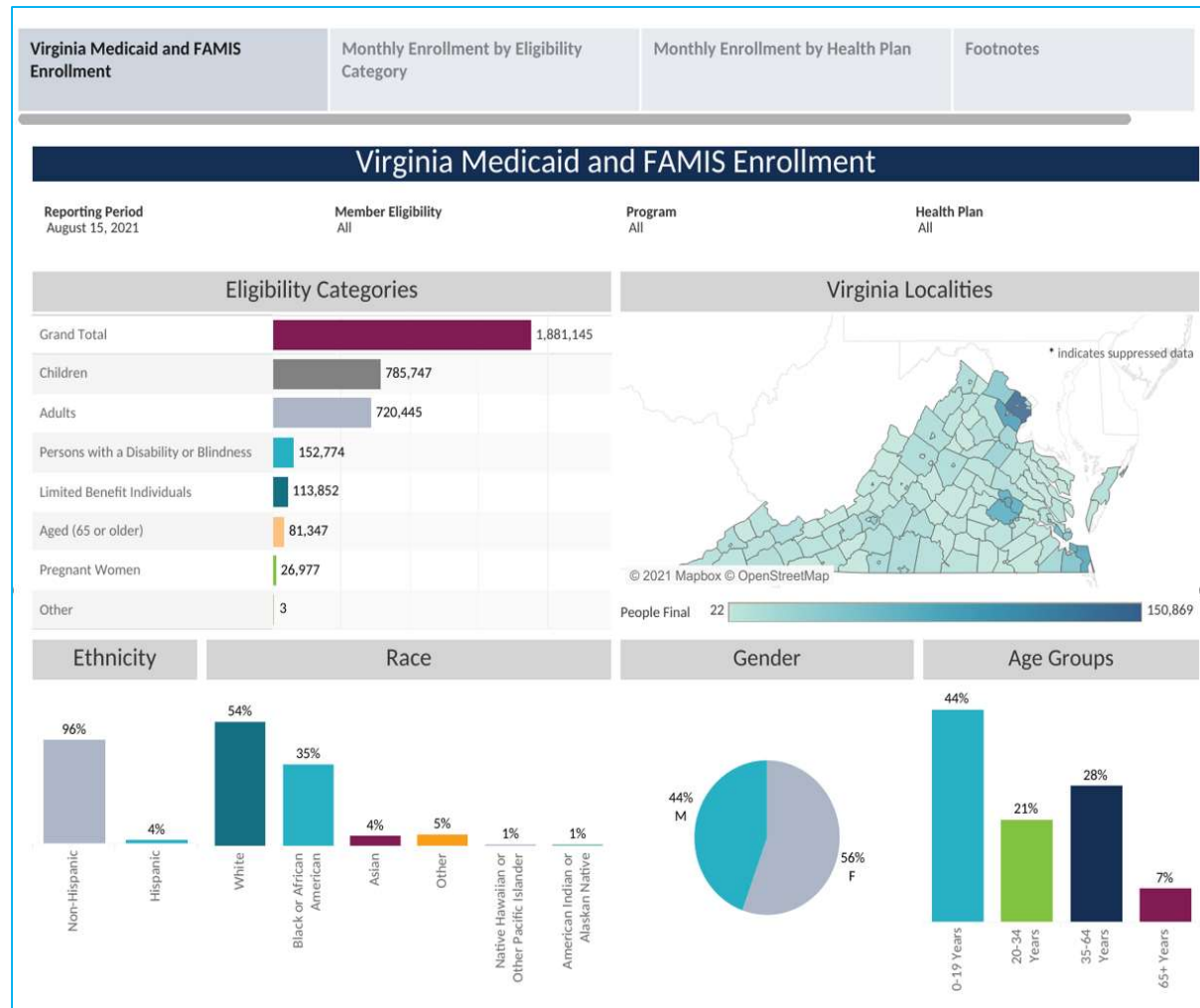
[Performance Withhold Program](#)

[Network Adequacy Report](#)

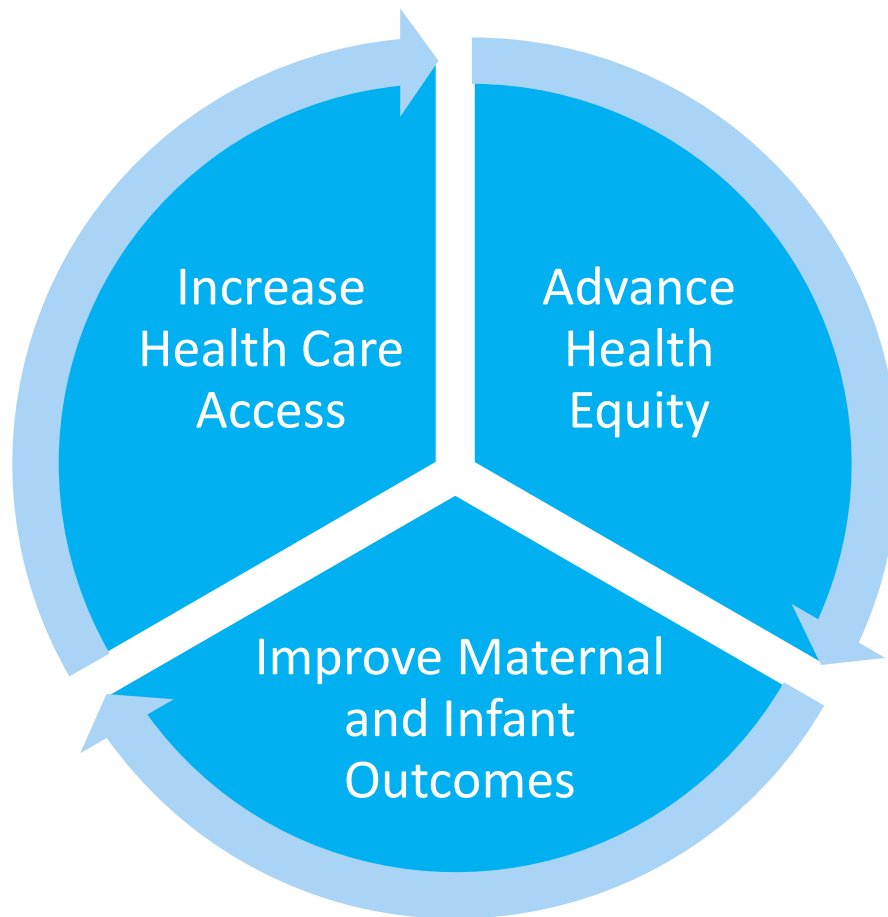
Enrollment and Expenditures

Additional resources on enrollment and expenditures

- Trends in enrollment by eligibility group
- Enrollment and trends by health plan
- Enrollment by race/ethnicity
- Managed care expenditures by health services area



New FAMIS Prenatal Coverage – Program Launched July 1!



- ***Comprehensive prenatal coverage for pregnant individuals regardless of immigration status***

Key Features of FAMIS Prenatal Coverage

Eligible for managed care through Medallion 4.0 provider network

Comprehensive coverage, not limited to pregnancy-related benefits

No premiums, co-pays, deductibles or other cost-sharing for FAMIS Prenatal Coverage enrollees

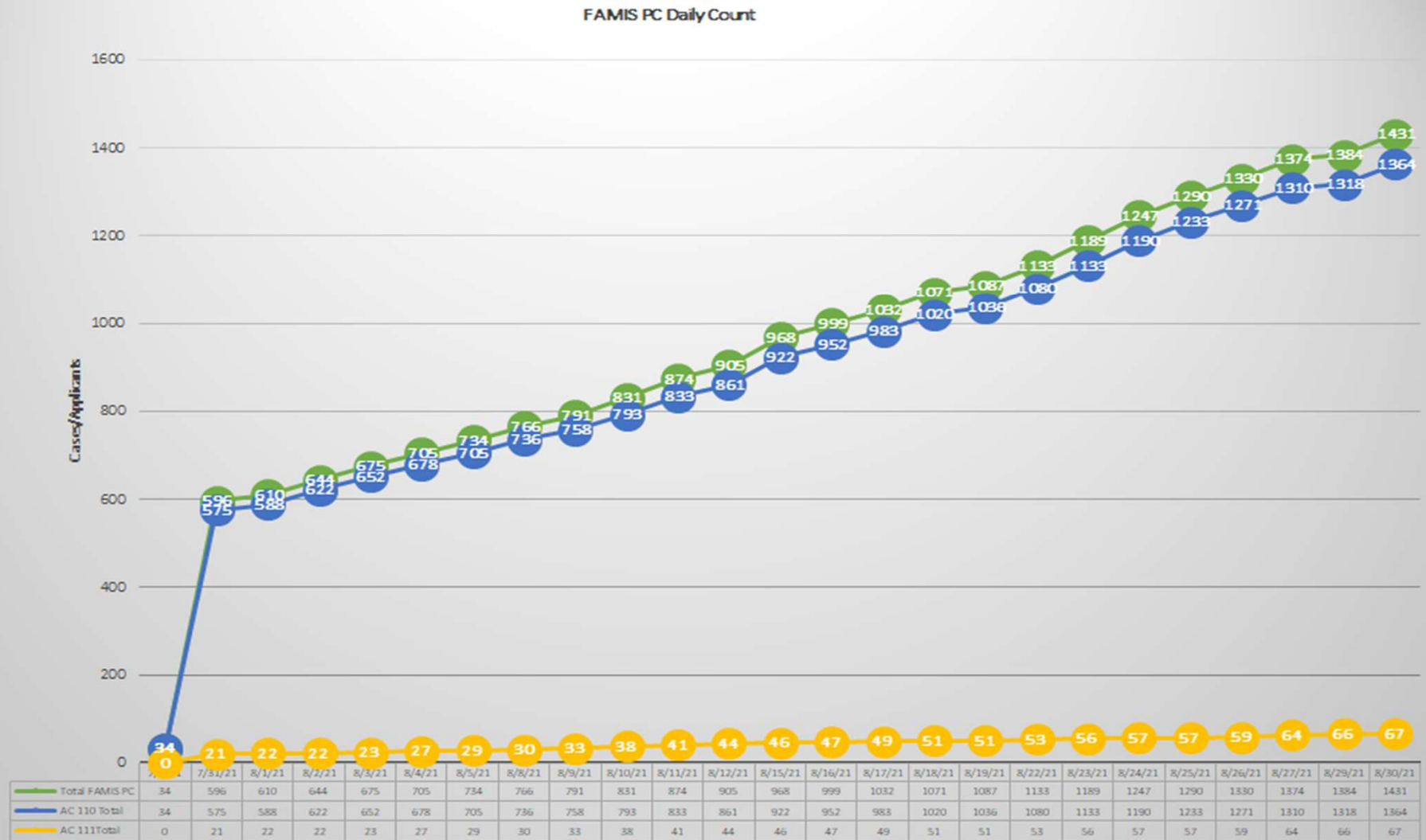
Coverage lasts through the end of the month in which the 60th postpartum day occurs

What Is Covered?

Covered benefits include, but are not limited to:

- ✓ Prenatal checkups
- ✓ Prenatal screening and testing
- ✓ Labor and delivery, including inpatient hospital stay
- ✓ General and specialty care for other health concerns
- ✓ Prescription medication
- ✓ Dental coverage
- ✓ Behavioral health care, including screening and treatment for mental health conditions, tobacco cessation, and substance use disorders

Enrollment Data as of 08/30/2021



Consumer and Provider Fact Sheets Available

Cobertura prenatal de FAMIS



La cobertura prenatal de FAMIS es una cobertura completa para las personas embarazadas que no cumplen con las reglas de estatus migratorio para otra cobertura. Ahora **no** necesita cumplir con las reglas del estatus migratorio, proporcionar documentos de inmigración o tener un número de Seguro Social para ser elegible para la cobertura prenatal de FAMIS. **Sí** necesita cumplir con las reglas de ingresos.

¿Qué está cubierto?

Cobertura médica integral que incluye, pero no se limita a:

- Visitas al médico (chequeos prenatales, atención general y especializada)
- Recetas médicas
- Pruebas y exámenes prenatales
- Su estancia en el hospital para el nacimiento
- Beneficios dentales
- Beneficios para la salud del comportamiento, como terapia y tratamiento para la depresión o la ansiedad, o ayuda para dejar de fumar o consumir alcohol u otras drogas.

Su cobertura puede empezar tan pronto como el mes en que presenta la solicitud y dura hasta dos meses después del parto. No hay copagos, primas, ni otros costos.

¿Quién es elegible?

Para ser elegible para la cobertura, debe:

- Proporcionar la fecha estimada de su parto y cuántos hijos espera
- Vivir en Virginia
- Cumplir con las reglas de ingresos
- No estar asegurado

Ingreso máximo para calificar		
Tamaño del hogar*	Mensual	Anual
2	\$2,976	\$35,711
3	\$3,752	\$45,018
4	\$4,528	\$54,325
5	\$5,303	\$63,632
6	\$6,079	\$72,939
7	\$6,854	\$82,246
8	\$7,630	\$91,553
Cada persona adicional	+ \$776	+ \$9,307

*Nota: El tamaño del hogar incluye a la persona embarazada y al (los) niño (s) por nacer

Para inscribir a su recién nacido

¡Su bebé puede ser elegible para recibir atención médica a través de los programas para niños de Medicaid o FAMIS! Después de que nazca su bebé, llame a Cubre Virginia (1-855-242-8282), su trabajador local del Departamento de Servicios Sociales (www.dss.virginia.gov/localagency/), o vaya en línea a CommonHelp (www.commonhelp.virginia.gov) para informarnos sobre su recién nacido para que podamos ver si su bebé es elegible. ¡También puede pedirle al personal de su hospital que le envíe esa información!

Cómo presentar una solicitud

Solicite en línea en www.commonhelp.virginia.gov

Llame al Centro de Llamadas de Cubre Virginia al 1-855-242-8282 (TDD: 1-888-221-1590). Servicios de interpretación y traducción están disponibles en todos los idiomas.

Envíe por correo postal, entregue en persona o envíe por fax una solicitud impresa a su Departamento Local de Servicios Sociales. Encuentre su departamento local de servicios sociales más cercano visitando: www.dss.virginia.gov/localagency/



Provider Fact Sheet: FAMIS Prenatal Coverage (FAMIS PC) Available July 1st



What Is It?

FAMIS Prenatal Coverage is full coverage for pregnant individuals who do not meet eligibility criteria for other covered groups (with the exception of Emergency Medicaid) because of their immigration status.¹ Starting July 1, these individuals, including those who are undocumented, will be eligible for comprehensive coverage during their pregnancy and postpartum. Applicants will **not** need to demonstrate "lawfully residing" immigration status or provide immigration documents or a Social Security number to be eligible for the new FAMIS Prenatal Coverage. Applicants will still need to meet other eligibility criteria, including income requirements.

Who Is Eligible?

To be eligible for FAMIS Prenatal Coverage, applicants must:

- Provide the estimated delivery date and how many children they are expecting
- Live in Virginia
- Meet income rules
- Be uninsured

What Services Are Covered?

FAMIS Prenatal Coverage is comprehensive medical coverage that starts in the month the individual applies and continues through the end of the month in which the 60th postpartum day falls. Enrollees will receive the same benefits as FAMIS MOMS members and will be served through the Medallion 4.0 managed care program and provider network.

Benefits are not limited to pregnancy-related coverage. There are no premiums, co-payments, or other cost sharing for FAMIS Prenatal enrollees.

Covered benefits include but are not limited to:

- Prenatal checkups
- Prenatal screening and testing
- Labor and delivery, including inpatient hospital stay
- General and specialty care for other health concerns
- Prescription medication
- Dental coverage
- Non-emergency medical transportation
- Behavioral health care, including screening and treatment for mental health conditions, tobacco cessation, and substance use disorders

¹ FAMIS Prenatal Coverage is established pursuant to legislative mandate in the 2021 Special Session I Appropriations Act, Item 312H.

Doula Benefit - Remaining steps before implementation

- HHR
 - Continued facilitation of doula implementation group
- DMAS
 - CMS approval (State Plan Amendment currently under review)
 - Finalize individual/group provider applications
- VDH/Board of Certification
 - Finalize certification regulations
 - Process certification applications
- MCOs
 - Disseminate doula orientation materials
 - Contract with doulas
- Doulas
 - Submit licensed provider recommendation notice to MCOs to provide doula services

Anticipated go-live date: Spring, 2022

Doula Care Recommendation Form



Virginia Medicaid

Department of Medical Assistance Services

DOULA CARE RECOMMENDATION FORM

If you are a Virginia Medicaid member and are pregnant or have given birth within the last six months

You are eligible for community doula care to provide you physical, emotional, and informational support before, during and after you give birth. Your doula must get a licensed practitioner's recommendation to provide this care under the VA Medicaid program. You can request a recommendation (for example, from a doctor/midwife/nurse¹) and give it to your doula. You can ask for a recommendation even if you don't know who your doula will be yet.

If you are a doula....

You must secure and retain the record of a licensed practitioner's recommendation for each member prior to initiation of their doula care, storing the record in a manner consistent with HIPAA requirements. A copy of this form must be provided to the Managed Care Organization in which the member is enrolled (for managed care members) or the Department of Medical Assistance Services (for Fee-for-Service members) prior to initiating services.

If you are a licensed practitioner²....

By filling out this recommendation form, you are enabling this individual to access non-clinical community doula services². A recommendation is not the same as a prescription/medical order.

Licensed Practitioner's Recommendation for Doula Care

VA Medicaid member full legal name (first, middle, last):	<input type="text"/>
VA Medicaid member DOB or ID #:	<input type="text"/>
Licensed Practitioner's Signature:	<input type="text"/>
Licensed Practitioner's full legal name (first, middle, last):	<input type="text"/>
Licensed Practitioner's NPI number:	<input type="text"/>
Date of recommendation (MM-DD-YYYY):	<input type="text"/>
Name of doula (if known):	<input type="text"/>
Name/address of member's ob/gyn provider (if known):	<input type="text"/>

For more information, visit [DMAS WEBSITE URL]

¹ For the doula benefit, VA Medicaid defines a "licensed practitioner" as licensed clinicians, including physicians, licensed midwives, nurse practitioners, physician assistants, and other Licensed Mental Health Professionals (Virginia Administrative Code 12VAC35-105-10 defines a Licensed Mental Health Professional as a: physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or certified psychiatric clinical nurse specialist). Recommendations from licensed, non-clinical providers will not be accepted. The recommending clinician need not be a VA Medicaid provider.

² VA Medicaid's doula services are provided as a preventive service. Federal Medicaid law (42 C.F.R. Section 440.130(c)) indicates: "Preventive services" means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to - (1) Prevent disease, disability, and other health conditions or their progression; (2) Prolong life; and (3) Promote physical and mental health and efficiency.

Back-To-School 2021

What are we doing?

- Back To Schools flyers have been mailed out to all Virginia public schools
- Over 1.5 million Back To School flyers to 1,800+ public schools
- Schools plan to distribute flyers in Back To School packets, at Back To School Night, on school websites, and throughout the school year
- Our outreach coordinators are attending Back To School events (currently virtual), speaking with community partners, and working to get information out to parents and students

Back-To-School 2021

Updates

- A blurb regarding the new adult dental coverage has been added!
- Finalized the new webpage and will have be on Cover Virginia website in the next few weeks
- Flyer can be ordered on the [Materials page](#) of the Cover Virginia website
- Free and Reduced Lunch insert is no longer being sent out due to all children receiving free and reduced lunches

Back To School 2021

WE'VE GOT YOUR BACK TO SCHOOL HEALTH COVERAGE!



A family of four can make as much as \$54,325 a year and still qualify!

QUALITY LOW-COST OR NO-COST HEALTH INSURANCE FOR KIDS THAT COVERS:

- ✓ Annual well checkups for babies, kids, and teens
- ✓ Prescription drugs
- ✓ Shots
- ✓ Doctor visits
- ✓ Dental care
- ✓ Mental health care
- ✓ ER care
- ✓ Vision care and glasses
- ✓ Tests and X-rays
- ✓ Hospital stays
- ...and much more!

Apply at commonhelp.virginia.gov or call toll free 1-855-242-8282 (TTY: 1-888-221-1590)

For more information about Virginia's health coverage through Medicaid and FAMIS, go to coverva.org or contact your local Department of Social Services.

FAMIS and Medicaid are renewed every 12 months.

Text **SCHOOL** to **268782** to sign up for updates
Message and data rates may apply. Message frequency varies.
Reply **HELP** for help or **STOP** to cancel.
Visit <http://bit.ly/vawireless> for more info.

MEDICAID NOW INCLUDES DENTAL COVERAGE FOR ADULTS!
Already a Medicaid member? Call DentaQuest at 888-912-3456 to sign up or for more information

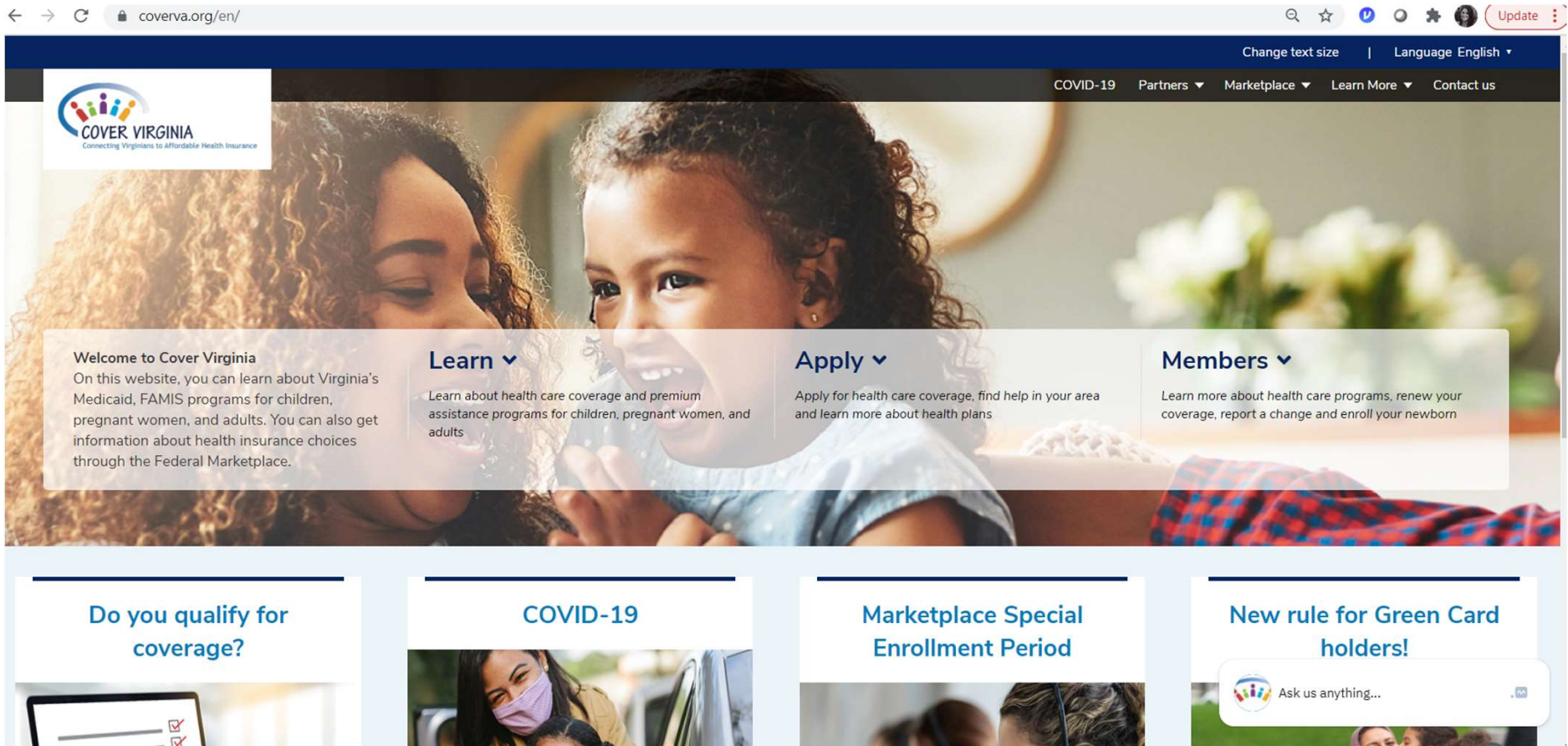
  

FAMS-000X-0721

This entity does not discriminate on the basis of race, color, national origin, sex, age, or disability in its programs and services. See [fadae equalit](#). 우리는 인종을 할당 수있다

A program of the Commonwealth of Virginia.

For Up To Date Information, visit our new website! coverva.org/en






Cover Virginia



Cover Virginia Highlights

Cover Virginia Call Center

- Call Center answering within 10 seconds
- Less than .5% abandon
- Customer Satisfaction Survey - 95.8% 
- Focus:
 - Quality improvement
 - Escalations
 - Open Enrollment

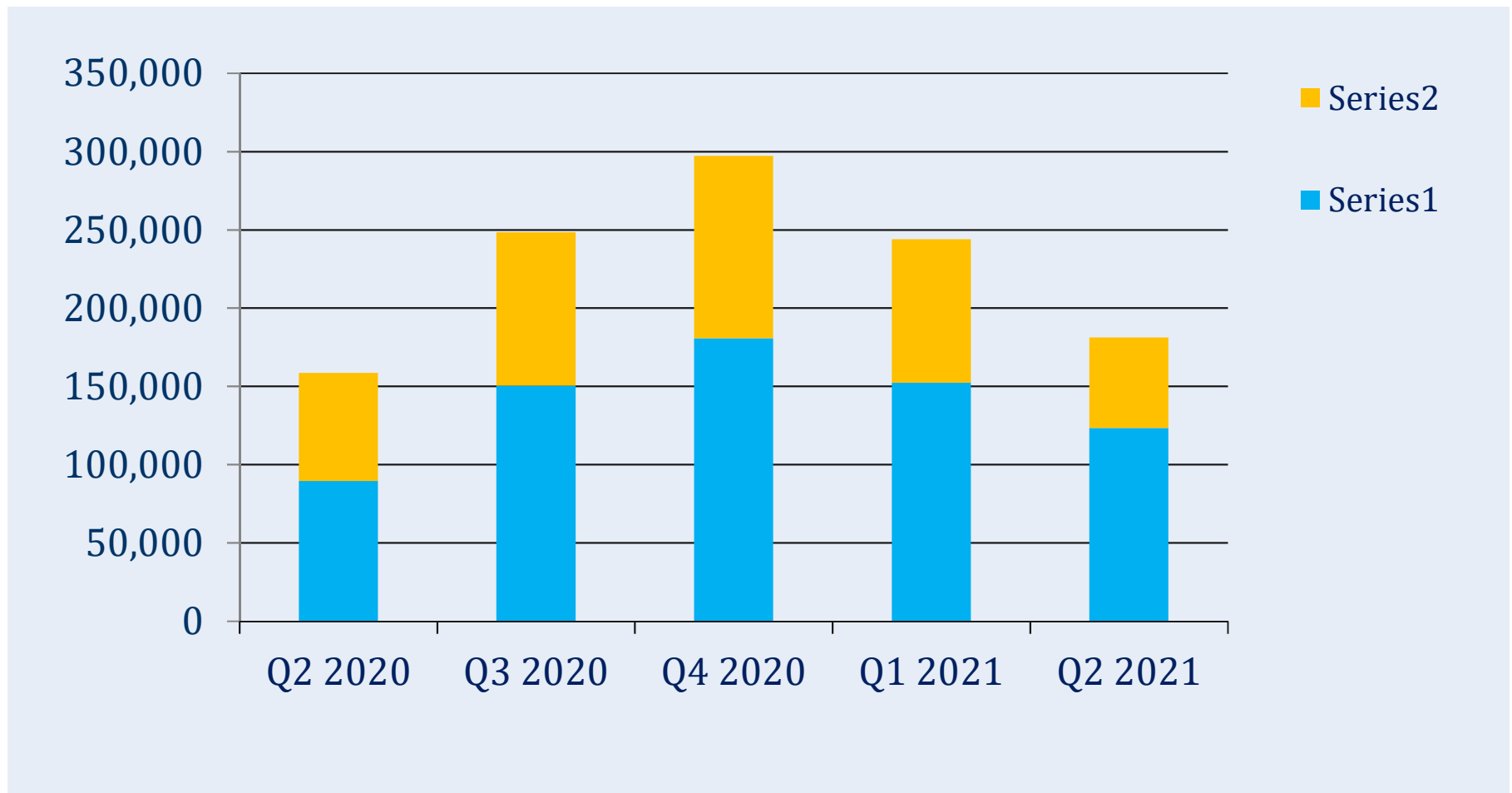
This CSR did a good job on this call! She was very polite, delightful and sounded professional with a great tone. The client complimented her at the end and couldn't wait to take the after-call survey. The client stated - "I will give you 4 stars and 4 A pluses"!

Cover Virginia Highlights

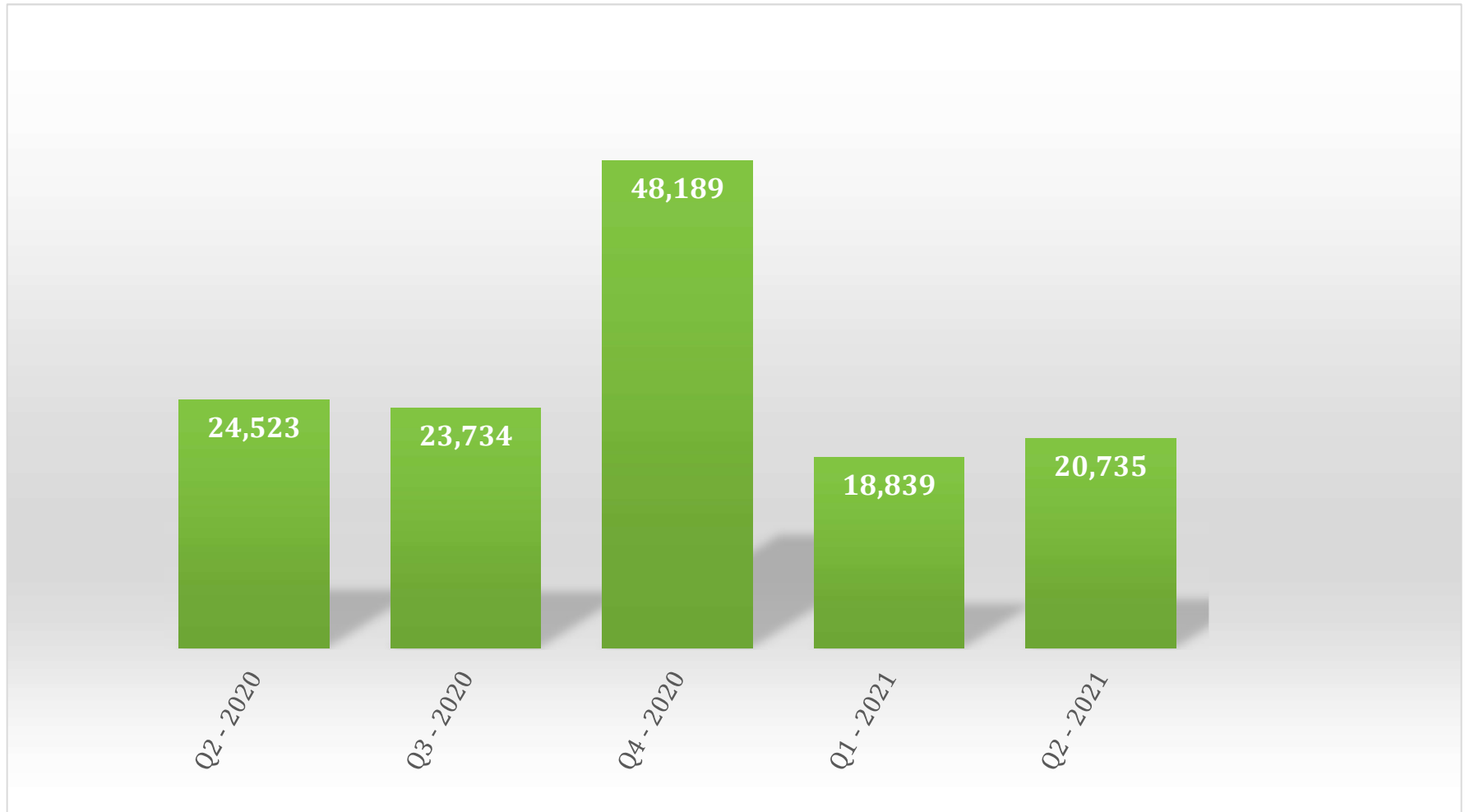
Cover Virginia Central Processing

- **Continued backlog in processing**
 - **Corrective Action Plan for compliance**
 - **Daily monitoring of progress by DMAS**
- **Pregnant Woman Task Force for compliance**
- **Overtime and additional resources engaged**
- **State staff also engaged to assist with processing after normal working hours**
- **Compliance target date – NLT end of October**

Cover Virginia Call Volume

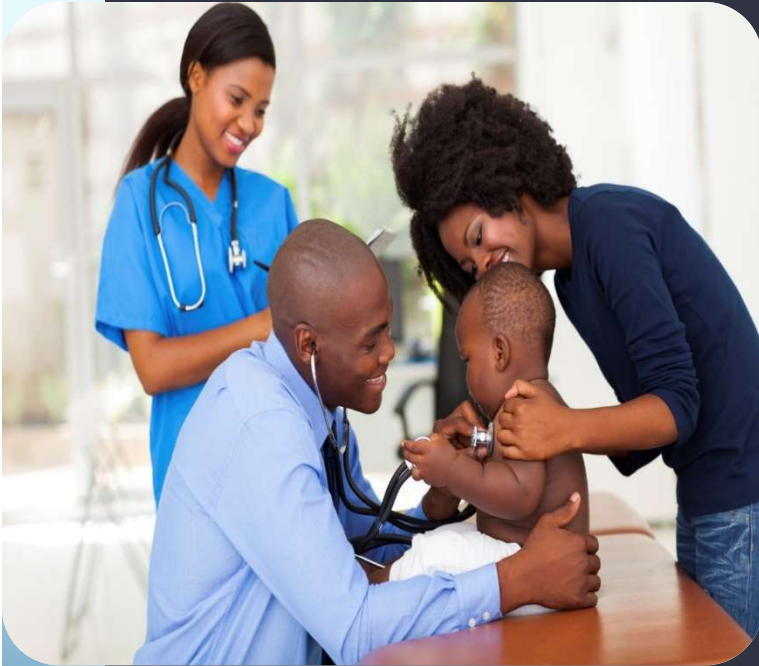


Cover Virginia CPU Application Volume



VDSS UPDATE

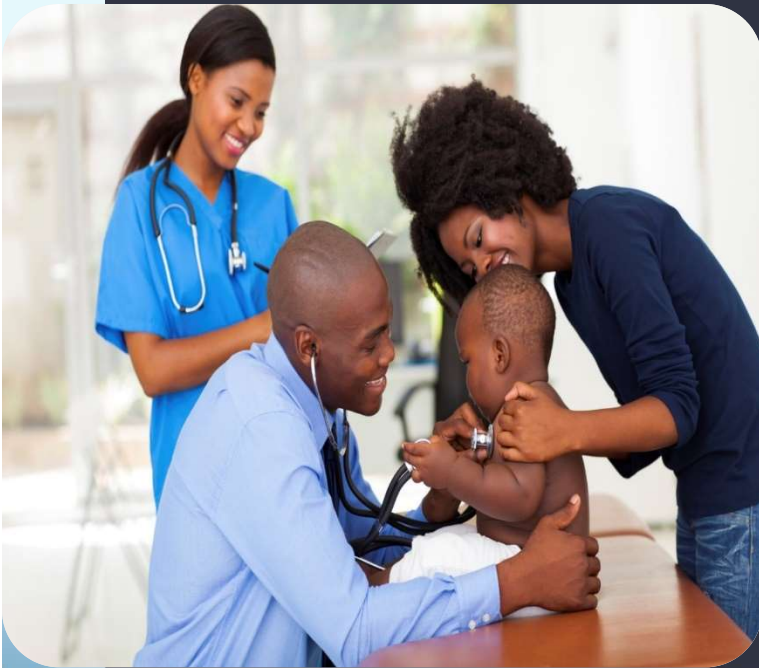
Irma Blackwell
Medical Assistance Program Manager
Division of Benefit Programs



VDSS UPDATE

HB2065- Produce Rx Program

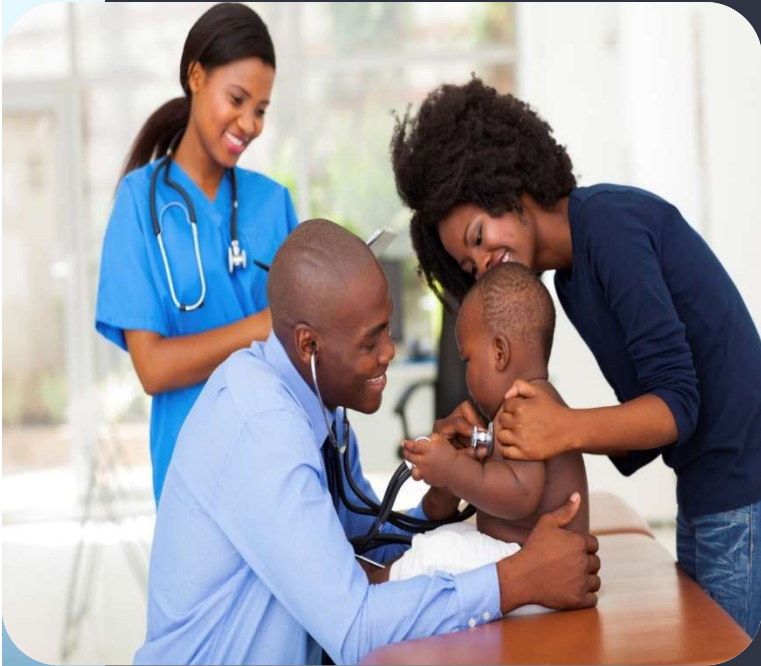
Legislative Report has been submitted to internal leadership at VDSS, and approved for submission to General Assembly by October 1st



DASHBOARD REPORTING

Opportunities to Develop Ad Hoc Reports

- Enrollment Data
- Application Processing Time Measurements
- Data to Specifically Include:
 - Pregnant Women
 - Children
 - Medicaid Expansion
- Application Submission Method Data
- Processing Delays & Delay Indicators*
- % of Applications Reviewed/Approved via Ex Parte
- Enrollment/Application Processing for Special Populations:
 - FAMIS Prenatal
 - Pregnant Women
 - Children
 - Medicaid Expansion



FALL BPRO CONFERENCE

The Virginia Benefit Programs Organization, otherwise known as BPRO, is Virginia's voice for Benefit Programs professionals, and the populations that are served by local agencies and affiliates of the Virginia Department of Social Services (VDSS)

Fall Medical Assistance Workshops

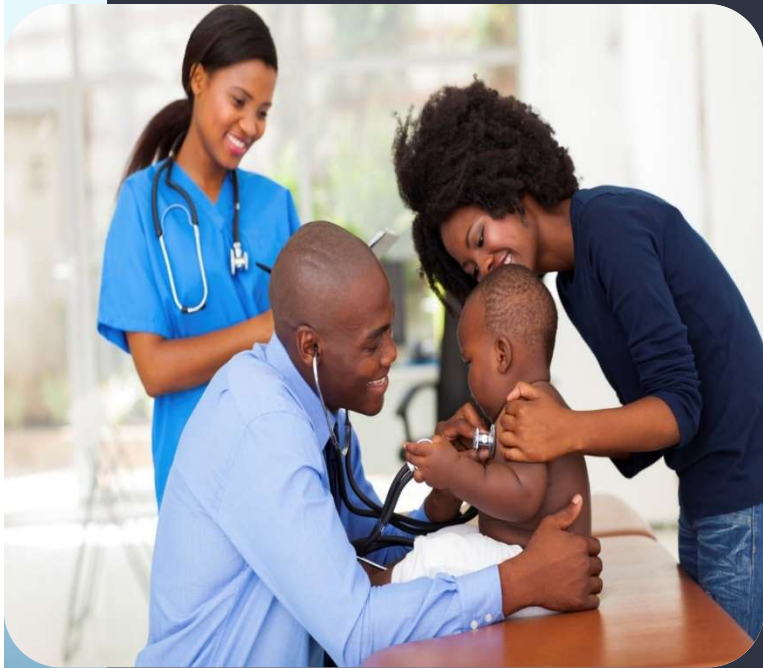
- Best Practices to Prevent Enrollment Errors/Corrections
- Case Documentation Essentials for Case Reading/Audit
- Fundamentals for Immigrant Populations Case Processing
- Processing MA Renewal vs Processing MA Intake



Automated Ex Parte Batch Run

Renewal Month	# of cases that were picked for Ex Parte	% of cases that were picked for Ex Parte	# of cases that completed Ex Parte Successfully	% of cases that completed Ex Parte Successfully
September 2021	78,511	73%	49,153	63%
August 2021	15,974	69%	12,524	78%
July 2021	16,131	69%	12,758	79%





CONTACT INFO

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Division of Benefit Programs

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804.584.6763

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Discussion of Agenda Topics For Next CHIPAC Meeting

December 9, 2021

Public Comment

- Unmute yourself by clicking on the microphone icon.
- If you are joining by phone, unmute yourself by pressing *6.
- You may also submit comments in the chatbox if you wish to do so.