CHIPAC

Children's Health Insurance Program Advisory Committee of Virginia

Quarterly Meeting

March 3, 2022

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

- This meeting is being held in person as well as electronically via WebEx.
- A quorum must be physically present for the committee to vote or make recommendations.
- The 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 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
Families Forward Virginia	Ali Faruk
Center on Budget and Policy Priorities	Shelby Gonzales
Voices for Virginia's Children	Emily Griffey

Roll call

Organization	Name
Joint Commission on Health Care	Jeff Lunardi
Virginia Department of Health	Jennifer Macdonald
The Commonwealth Institute for Fiscal Analysis	Freddy Mejia
Virginia League of Social Services Executives	Michael Muse
Virginia Health Care Foundation	Emily Roller
Dept. of Behavioral Health and Developmental Services	Hanna Schweitzer
Virginia Hospital and Healthcare Association	Lanette Walker
Medical Society of Virginia	Dr. Nathan Webb

Meeting Agenda

- CHIPAC Business
- Evolution Initiative (VDSS)
- DMAS Director's Remarks
- General Assembly Update (DMAS)
- Unwinding from the Public Health Emergency (DMAS)
- COVID-19 Vaccination Rates and Data Update (DMAS)
- Agenda Items for June 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 and approve minutes from September 2 and December 9 meetings
- Committee membership and leadership update

Nominees for Membership

Organization	Name
American Academy of Pediatrics, Virginia Chapter	Dr. Susan Brown
Virginia Association of Health Plans	Heidi Dix

Evolution Presentation

Kristin Zagar
Deputy Commissioner of Human Services
Virginia Department of Social Services

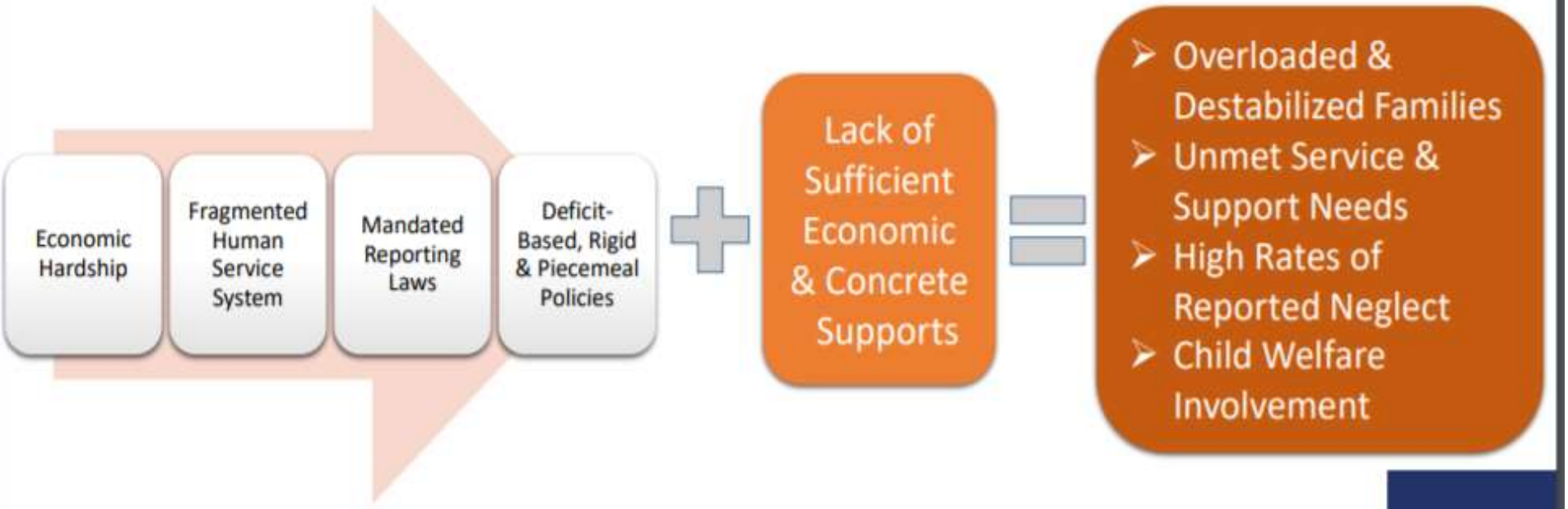
Evolution

Evolution

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

Evolution

U.S Historical Policy & Choice Points



Evolution

60%+

of substantiated CPS responses nationally involve neglect only

Intersection of Poverty & Neglect:

Expands Understanding of Poverty Adjacent Neglect and the Need to Understand More

Evolution

Family Economic Insecurity & Child Welfare Involvement

Most reliable economic predictors of **child welfare involvement**

- Income loss
- Cumulative material hardship
- Housing hardship

(Conrad-Hiebner, 2020)

Strongest predictors of **investigated neglect reports**

- Food pantry use
- Cutting meals
- Inability to receive medical care for sick family member
- Difficulty paying rent
- Short duration of residence
- Utility shutoffs
- Public benefit receipt

(Slack, 2011)

Evolution

How Does Economic & Material Hardship Impact Parenting and Child Well-Being?

Family Stress Model

(Conger, 1994) (Gennetian, 2021) (Duncan, 2014) (Mistry, 2002)

Evolution

Effect of Material Hardship on Child Welfare Involvement

Experiencing any type of material hardship *(food, housing, utilities or medical)* is **strongly associated with an elevated risk** for CPS involvement

If families experience **at least one** material hardship

- **Likelihood of being investigated for neglect increases nearly 3x**
- **Likelihood of being investigated for physical abuse increases nearly 4x**

If families experience **multiple types** of material hardship

- **Greater likelihood of being involved in a CPS investigation**
- *(compared to families who experience no material hardship or a single type of material hardship)*

If families experience multiple types of hardship **after** experiencing no hardships

- **Likelihood of being involved in a CPS investigation increases 4x**
- **Likelihood of being investigated for physical abuse increases 7x**

(Yang, 2015)

Evolution

Economic Shocks: Transitory & Turbulent

Poverty exhibits a cyclical pattern—**families transition in and out of poverty over time**

- Almost 50% of those who become poor are out of poverty a year later
  - ***But more than 50% of those who previously left poverty will return to poverty within 5 years***
- Job losses or pay cuts most often trigger poverty spells, while increased earnings or job gains most often lift households out of poverty
- The longer a person has been poor, the less likely it is that they will leave poverty
- Black Americans & female-headed households with children are particularly vulnerable to becoming poor and staying poor for longer periods of time

63% of TANF recipients are short-term (participate from 1-12 months) (2009-2012 data)

The **turbulence created by entering and leaving poverty may create serious stress for parents** that impacts parenting and children's well-being over time

(Cellini, 2008) (Mistry, 2002) (Irving, 2015)(Cai, 2021)

Evolution

Reduced Income

About 10% of low-income adults with children have experienced an economic shock resulting in a **50% income drop** over one year

For low-income families with recently closed CPS investigations:

- Experiencing a negative earnings shock *(reduction of quarterly earnings by 30% or more)* **increases their risk for subsequent CPS investigation by 18% & physical abuse investigation by 26%**
  - Each additional negative earnings shock is associated with a **15% greater likelihood** of CPS involvement
  - ➢ The association **diminishes** when an earnings shock is compensated by receipt of public benefits *(cash and in-kind support)*
    - ➢ For children under 5 years of age, a negative earnings shock offset by receipt of public benefits is associated with:
      - **12% decrease** in risk for CPS involvement
      - **50% decrease** in risk for physical abuse investigation
- Each consecutive quarter with stable income is associated with a **5% lower risk** of CPS investigation

(Cai, 2021, Wisconsin administrative data)

Evolution

Relationship Between Family Income & Time to Reunification

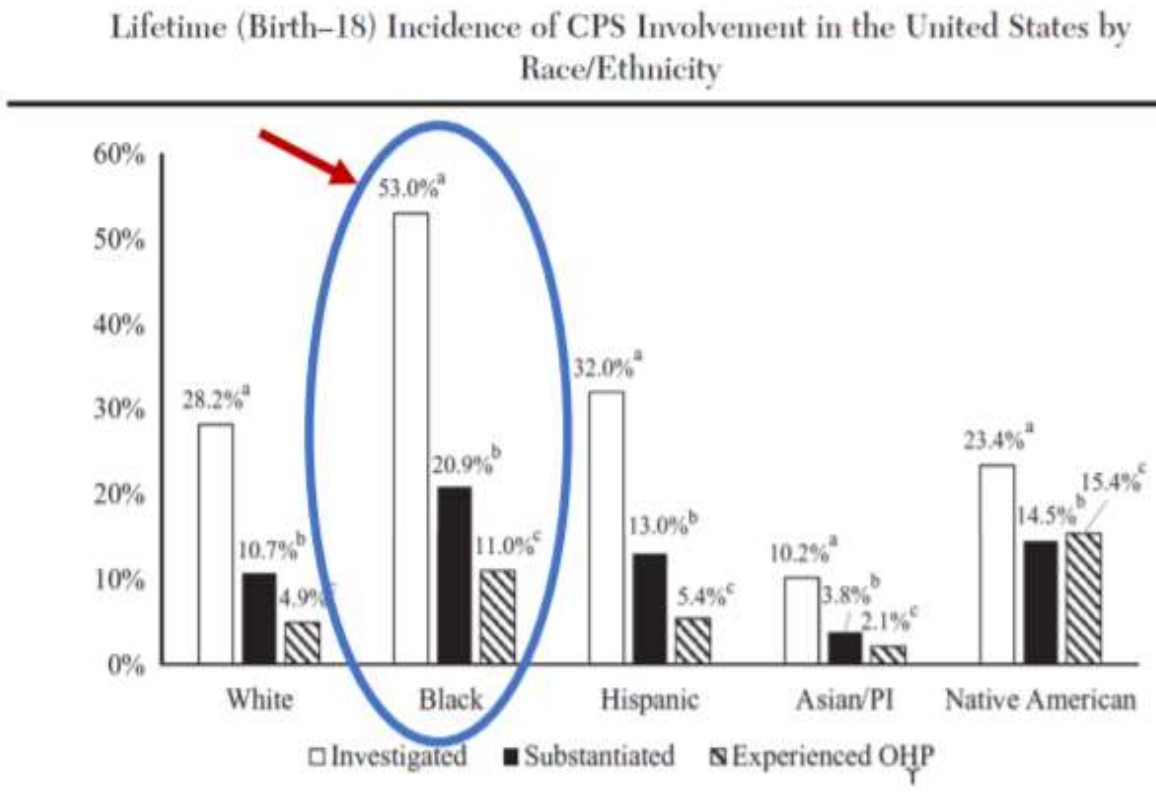
Children in foster care take longer to reunify with their families when:

- Their reason for placement is **neglect** *(compared to physical abuse)*
- Their mothers have **lower average monthly incomes** (cash assistance + earnings) post-placement
  - *Every $100 increase in a mother's post-placement income increases her child's speed of reunification by 6%*
- Their mothers **lose a significant amount of cash assistance** post-placement
  - *Percentage of children remaining in foster care after a year whose mothers lost a significant amount of income from cash assistance post-placement is more than double that of children whose mothers did not lose income from cash assistance post-placement (87% vs. 41%)*
- Their mothers must **pay child support to the state** to offset the costs of foster care
  - *A $100 increase in the monthly child support order amount is predicted to increase the months to reunification by 6.6 months*
- Their mothers had **lower earnings** prior to placement
  - *Children whose mothers earned up to $3,000 in the year prior to placement are associated with an estimated 1.4 month decrease in months to reunification*

(Wells, 2006) (Cancian, 2017)

Evolution

Lifetime Incidence of CPS Involvement by Race/Ethnicity: Over Half of all Black Children Experience Investigation



Annual Investigations

- **3.66 million children** received an investigation disposition in 2019

Lifetime Incidence of Investigation

- **37.4% of all children** experience at least one CPS investigation by age 18

(Berger, 2020)
(Kim, 2017)
(Child Maltreatment, 2019)

Evolution

Economic & Concrete Supports:

A Race Equity Strategy to Address Disparity & Disproportionality in Child Welfare

Children placed in foster care

- Black children: 14% of general child population but 23% of children in foster care
- AIAN children: 1% of general child population but 2% of children in foster care

Children who experience termination of parental rights

- Compared to white children, AIAN children are **2.7 times** more likely and Black children are **2.4 times** more likely to experience termination of both parents' rights

(Child Maltreatment, 2019) (Wildeman, 2020)

Evolution

Choice Point Virginia: Total Annual Public Expenditures on Child Welfare Systems in the U.S.

$33 billion = total direct public expenditures by state & local child welfare agencies in the US (SFY 2018)

(Child Trends, 2021)

Evolution

What does the evidence suggest
happens when
economic & concrete supports
or income are reduced?

Evolution

Increased Economic Hardship Associated with Child Welfare Involvement

Reduced TANF benefits

Reduced employment

Lack of child care

Increased gas prices

Housing instability

Increased child welfare involvement

(Ginther, 2017) (Beimers, 2011) (Paxson, 2003) (Yang, 2016) (Cash, 2003) (Klevens, 2015) (Weiner, 2020) (McLaughlin, 2017) (Bullinger, 2021) (Berger, 2015) (Frioux, 2014) (Wood, 2012)

Evolution

What does the evidence suggest happens when economic & concrete supports are increased?

Evolution

Economic & Concrete Supports As a Population-Level Strategy for Prevention of Child Maltreatment

Each additional $1,000 that states spend annually on public benefit programs per person living in poverty is associated with:

- 4.3% reduction in child maltreatment reports
- 4% reduction in substantiated child maltreatment
- 2.1% reduction in foster care placements
- 7.7% reduction in child fatalities due to maltreatment

In 2017, if all states had increased their investment in public benefit programs by 13.3%, it is estimated that there would have been:

- 181,850 fewer child maltreatment reports
- 28,575 fewer substantiations
- 4,168 fewer foster care placements
- 130 fewer child fatalities due to maltreatment

Each additional **13.3%** that states invest annually in public benefit programs (which would total $46.5 billion nationally) would save up to **$153 billion** in the long term *(due to reduced maltreatment-related costs)*

Public benefit programs included in this analysis:

- ✓ Cash, housing + in-kind assistance
- ✓ Low-income housing infrastructure development
- ✓ Child care assistance
- ✓ Refundable EITC
- ✓ Medical Assistance Programs (including Medicaid + CHIP)

(Puls, 2021, state-level data FFY 2010-2017)

Evolution

Child Welfare Interventions Augmented with Concrete Supports

- Differential Response
- Family Preservation

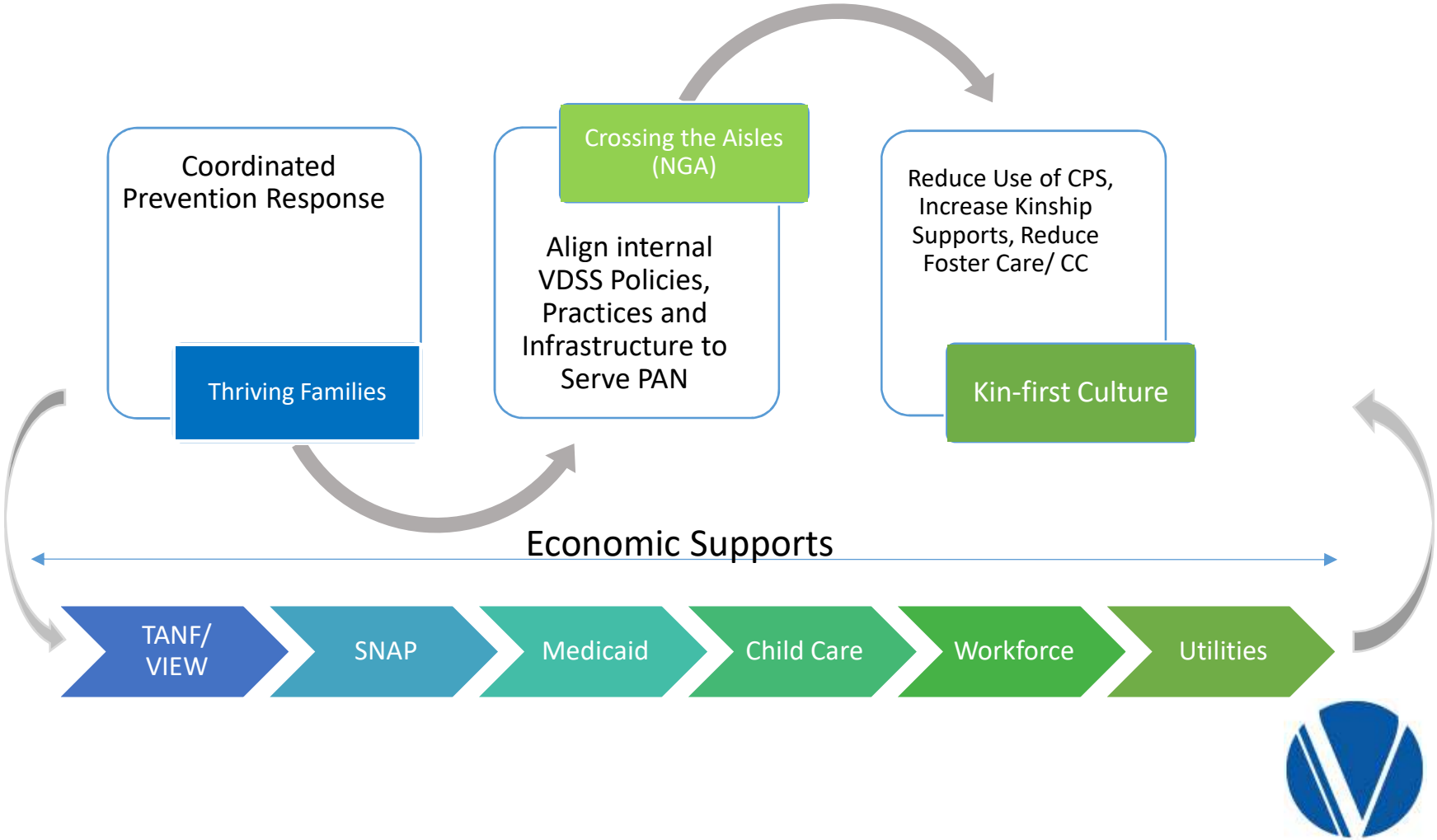
Concrete Supports

- Medicaid
- Supportive Housing
- Paid Family Leave
- Child Care
- SNAP & WIC
- Legal Support

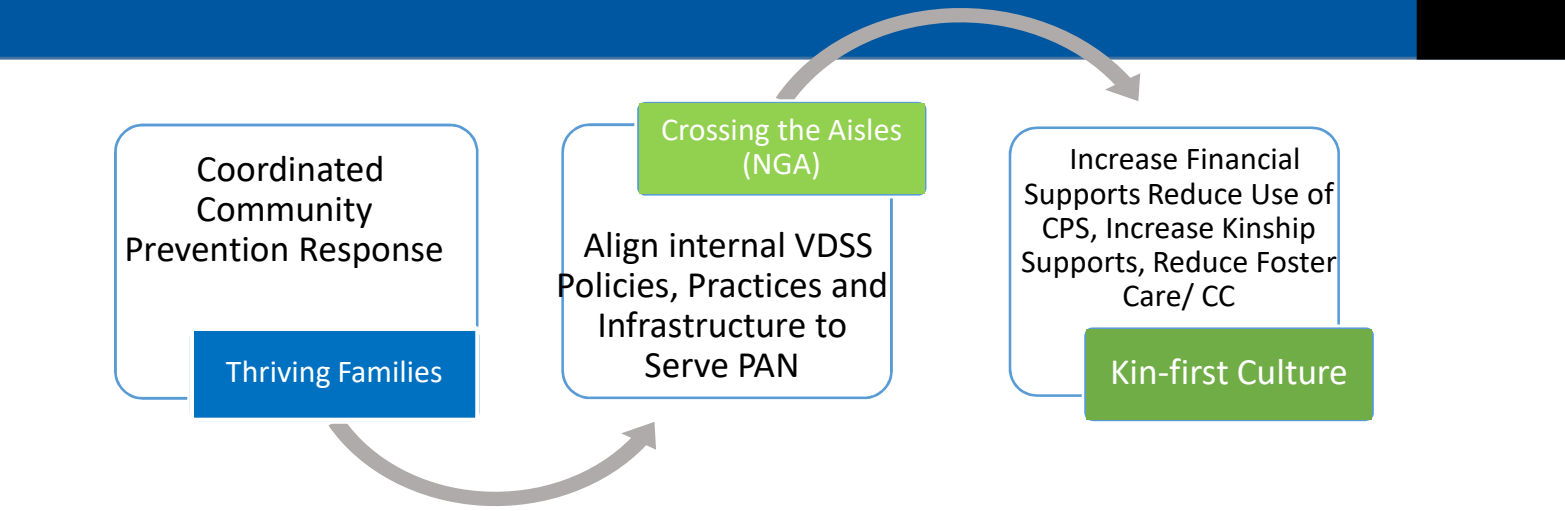
Economic Supports

- Minimum Wage Increase
- Employment
- Earned Income Tax Credit (EITC)
- Public Benefits (TANF)
- Child Support
- Sustained Income Support

Evolution


Coordinated Prevention Response
Thriving Families
Crossing the Aisles (NGA)
Align internal VDSS Policies, Practices and Infrastructure to Serve PAN
Reduce Use of CPS, Increase Kinship Supports, Reduce Foster Care/ CC
Kin-first Culture
Economic Supports
TANF/ VIEW
SNAP
Medicaid
Child Care
Workforce
Utilities

Evolution



TANF/ VIEW → SNAP → Medicaid → Child Care → Workforce → Utilities

Child Support

Stakeholder Systemic Shifts
- Primary Prevention?

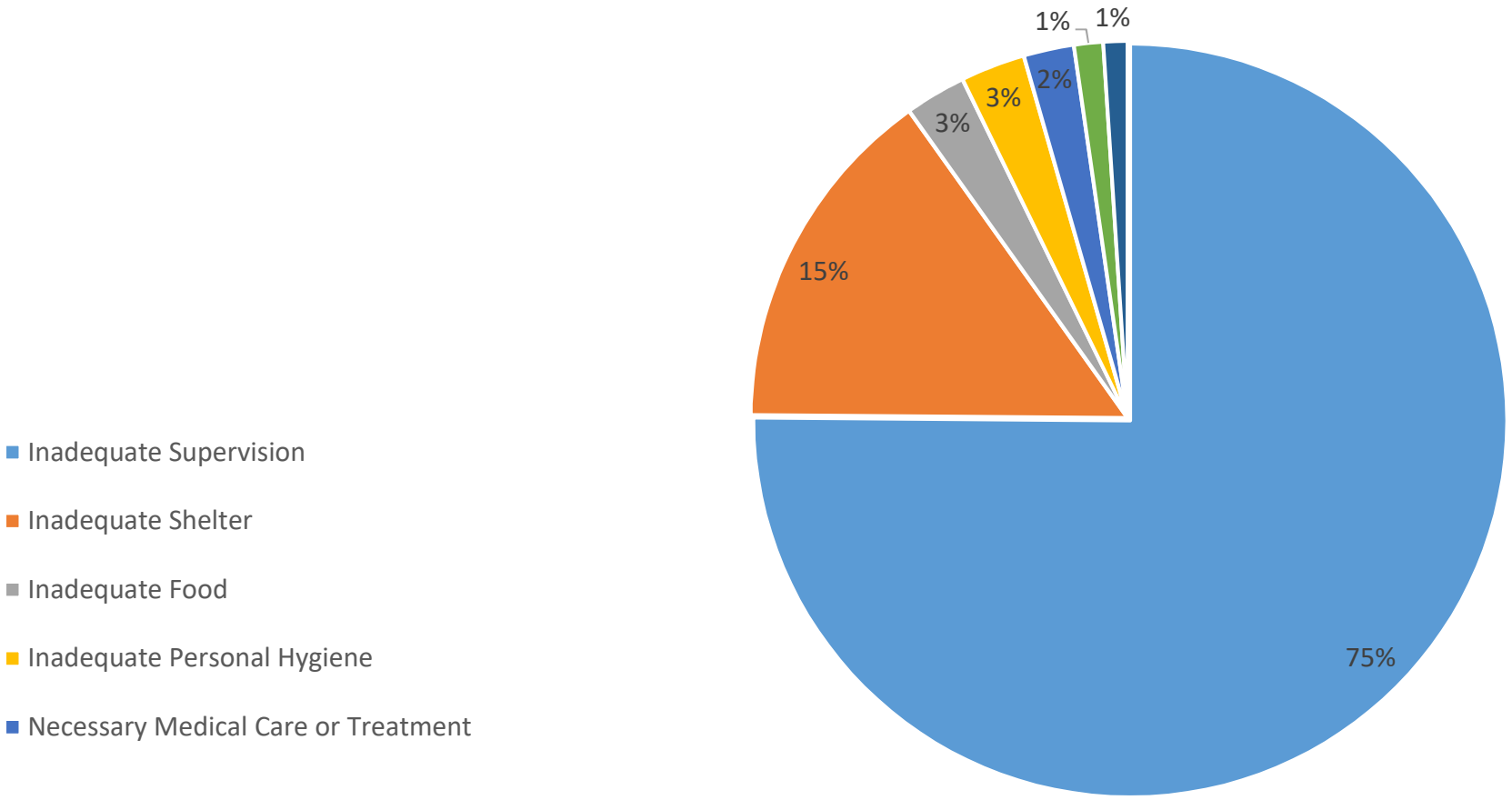
Re-imagine CPS Hotline
- Help Line?

Reduce Silos/ Inter-agency Alignments
- Economic Supports/ Whole Family Approach

Increase Kin-first culture and In-home Services
- Increase Kinship Engagement/ Reduce Foster Care

Defining Poverty-Adjacent Neglect

Poverty Adjacent Neglect Referrals for SFY 2021



PAN Referrals in SFY 2021

78,775 referrals received total

15,468 referrals involving poverty-adjacent neglect

33,800 (43%) of all referrals were accepted

13,866 (90%) of PAN referrals were accepted

41% of all accepted referrals involve PAN

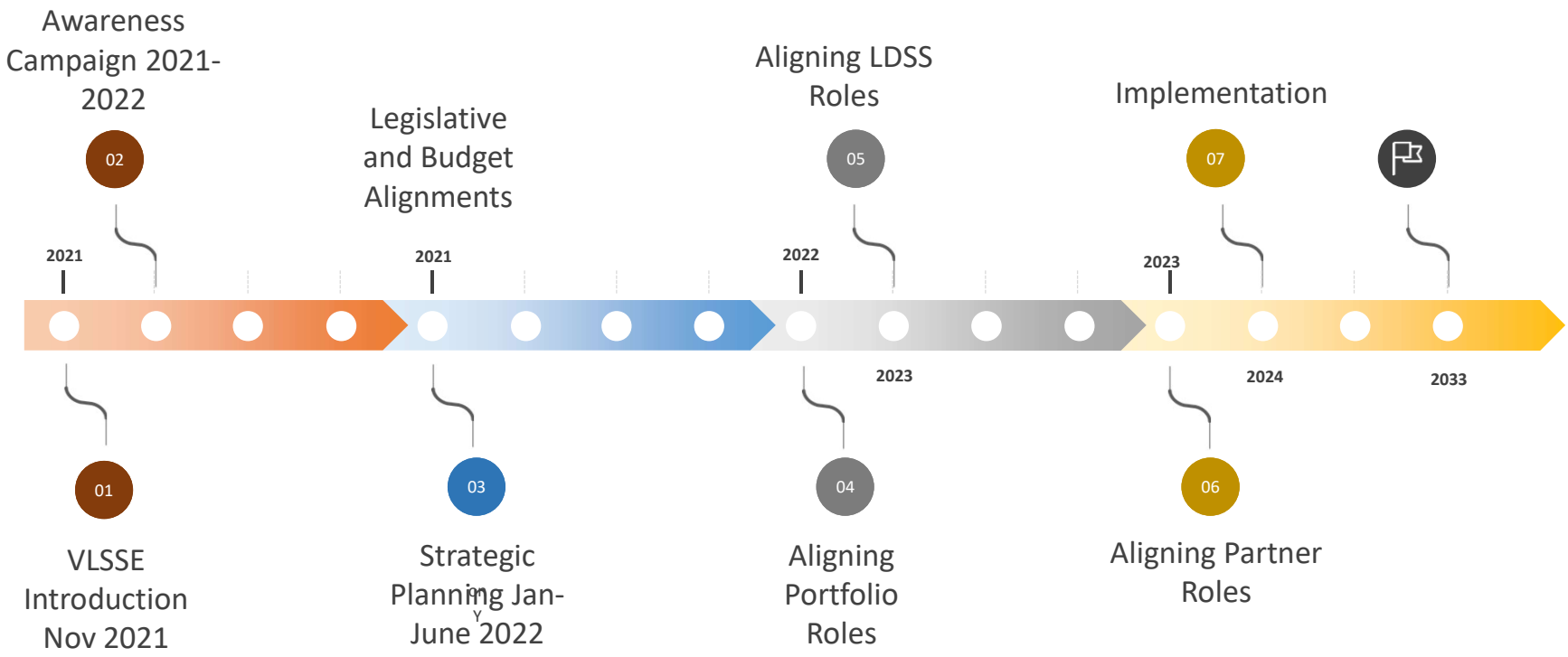
10,350 of accepted PAN referrals (75%) resulted in a family assessment, compared to 24,562 (73%) of all accepted referrals

5,234 (44%) of accepted PAN referrals involved documented parental substance use, compared to 11,092 (33%) of all accepted referrals.

Child Referrals by Race and Ethnicity
Poverty Adjacent Neglect SFY 2021

Race/Ethnicity	% of VA Child Population	% of VA Child Poverty Population	% of PAN Referrals	% of PAN Screen-ins	% of PAN Substance Use Cases
American Indian/Alaskan Native	0.3%	0.2%	0.3%	0.3%	0.1%
Asian	7.2%	2.6%	1.1%	1.2%	0.7%
Black	21.2%	38.0%	27.0%	26.2%	21.6%
Hispanic	15.0%	20.2%	11.1%	11.2%	7.9%
Multi-Race	6.5%	7.0%	6.4%	6.4%	6.5%
White	49.9%	32.0%	48.3%	49.3%	56.4%
Unknown	NA	NA	5.7%	5.4%	6.6%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

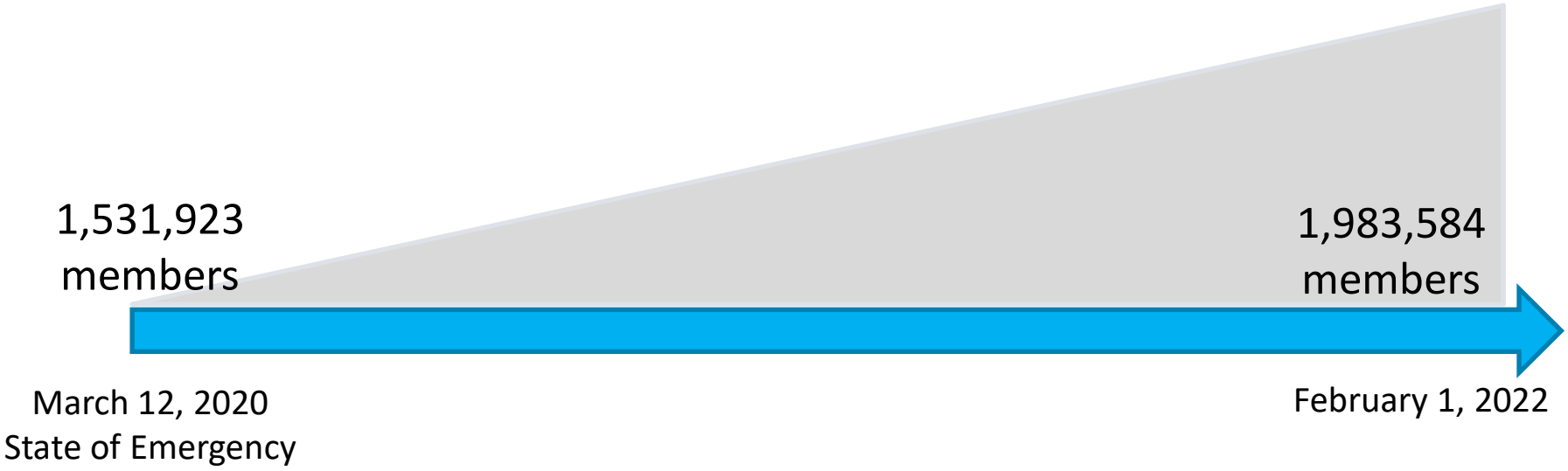
Evolution


Awareness Campaign 2021-2022
02
2021
01
VLSSE Introduction Nov 2021
Legislative and Budget Alignments
2021
03
Strategic Planning Jan-June 2022
Aligning LDSS Roles
05
2022
2023
04
Aligning Portfolio Roles
Implementation
07
2023
2024
06
Aligning Partner Roles
2033

DMAS DIRECTOR'S WELCOME

Karen Kimsey
DMAS Director

Medicaid Enrollment - Update



- Since the State of Emergency was declared, Medicaid has gained **451,661 new members**
  - 236,307 are in Medicaid Expansion
  - 132,513 are children

VIRGINIA GENERAL ASSEMBLY UPDATE

March 3, 2022

Will Frank

Senior Advisor for Legislative Affairs, Department of Medical Assistance Services

DMAS Legislative Role

- Monitor introduced legislation.
- Review legislation and budget language for Secretary and Governor.
- Make position recommendations to Secretary and Governor.
- Communicate Governor positions to General Assembly.
- Provide expert testimony and technical assistance to legislators on legislation.

2022 GA Session Stats

- 2,633 bills introduced.
- DMAS was assigned 21 bills.
- 12 bills are still alive.
- 9 bills failed.
  - These included bills with Amend, No Position, and Oppose positions.
- DMAS commented on another 23 bills assigned to other agencies.
- DMAS Tracked another 82 bills.

Key Bills 2022

HB241	• Requires DMAS to cover Medicaid durable medical equipment (DME) consisting of complex rehabilitative technology, including manual and power wheel chair bases and related accessories, for patients who reside in nursing facilities. This would make it easier for Medicaid members in a nursing facility to get complex rehab equipment such as custom wheelchairs.
HB680	• Requires DMAS to update the state plan for medical assistance services to include a provision for the payment of medical assistance for targeted case management services for individuals with severe traumatic brain injury.
HB800	• Requires DMAS to enroll eligible individual who is in the custody of a state correctional facility into limited coverage Medicaid. The bill also provides that when the person is released from custody, they will be reevaluated and if eligible, moved to full Medicaid coverage.

Key Bills 2022

HB987	• Directs DMAS to require every person that provides program information to Medicaid members or eligible individuals to ensure that this information is made accessible to (i) individuals with limited English proficiency, and (ii) individuals with disabilities through the provision of auxiliary aids services.
SB231	• DMAS shall amend the Family and Individual Supports, Community Living, CCC+, and Building Independence waivers and implement regulations to combine the maximum annual allowable amount for assistive technology, electronic home-based support services, and environmental modifications for an individual receiving waiver services.
SB426	• Requires DMAS provide for the payment of medical assistance for remote patient monitoring services provided via telemedicine (i) for patients who have experienced an acute health condition and for whom the use of remote patient monitoring may prevent readmission to a hospital or emergency department, (ii) for patient-initiated asynchronous consultations, and (iii) for provider-to-provider consultations.

Key Bills 2022

SB594

- Prohibits licensed providers from requiring payment from Medicaid participants for the prescription of an opioid for the management of pain or the prescription of buprenorphine-containing products, methadone, or other opioid replacements approved for the treatment of opioid addiction by the U.S. Food and Drug Administration for medication-assisted treatment of opioid addiction, regardless of whether the provider participates in the state plan for medical assistance.

SB663

- Establishes a payment provision ("originating site fee") for emergency medical service agencies to facilitate synchronous telehealth visits between a distant site provider and a Medicaid member at the location of the Medicaid member.

HB925 & SB405

- Requires coverage for medically necessary prosthetic devices, "including myoelectric, biomechanical, or microprocessor-controlled prosthetic devices which peer-reviewed medical literature has determined to be medical appropriate based on clinical assessment of the individual's rehabilitation potential."

Questions????

Thank you

Will Frank- will.frank@dmas.virginia.gov

MEDICAID CONTINUOUS ENROLLMENT AND RETURNING TO NORMAL OPERATIONS, AKA "UNWINDING"

Cindy Olson
Natalie Pennywell

VIRGINIA'S MEDICAID PROGRAM DMAS

COVER VIRGINIA

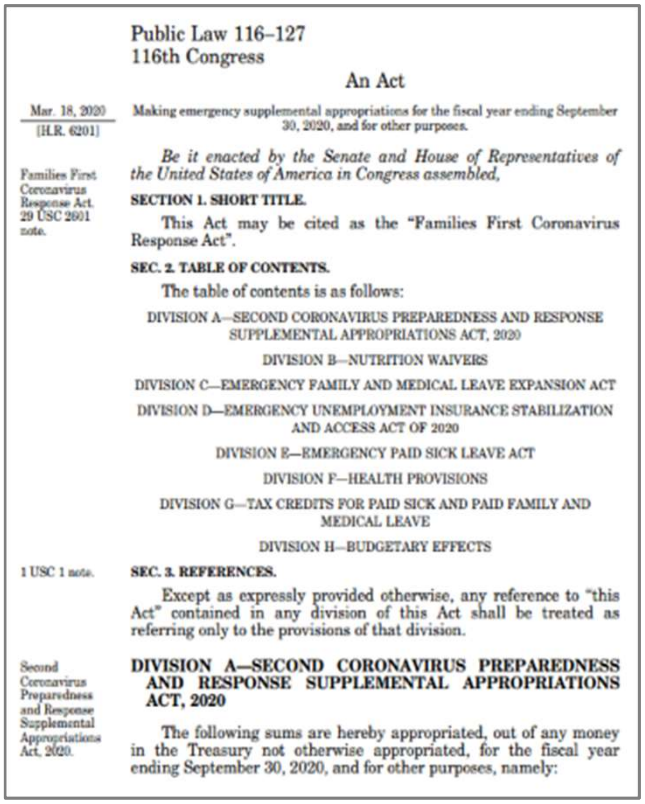
Background on Continuous Coverage and Federal Expectations of States Related to "Unwinding" Continuous Coverage

Medicaid Continuous Coverage Requirements Under the Families First Coronavirus Response Act (FFCRA)

To support states and promote stability of coverage during the COVID-19 pandemic, FFCRA provided a 6.2 percentage point increase in the regular Medicaid matching rate, tied to certain conditions that states must meet in order to access the enhanced funding.

- As one of several conditions of receiving the temporary Federal Medical Assistance Percentage (FMAP) increase under FFCRA, **states are required to maintain enrollment of individuals in Medicaid** until the end of the month in which the public health emergency (PHE) ends **(the "continuous coverage" requirement)**.
- The continuous coverage requirement **applies to individuals enrolled in Medicaid as of March 18, 2020 or who were determined eligible on or after that date**, and has allowed people to retain Medicaid coverage and get needed care during the pandemic.
- When continuous coverage is eventually discontinued–either following the end of the PHE or at a later date determined by federal legislation – **states will be required to redetermine eligibility for nearly all Medicaid enrollees**.

★ *The current federal Medicaid continuous coverage requirement ends on April 30, 2022.*



Public Law 116–127
116th Congress

An Act

Mar. 18, 2020
[H.R. 6201]

Making emergency supplemental appropriations for the fiscal year ending September 30, 2020, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Families First Coronavirus Response Act. 29 USC 2601 note.

SECTION 1. SHORT TITLE.

This Act may be cited as the "Families First Coronavirus Response Act".

SEC. 2. TABLE OF CONTENTS.

The table of contents is as follows:

DIVISION A—SECOND CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT, 2020

DIVISION B—NUTRITION WAIVERS

DIVISION C—EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT

DIVISION D—EMERGENCY UNEMPLOYMENT INSURANCE STABILIZATION AND ACCESS ACT OF 2020

DIVISION E—EMERGENCY PAID SICK LEAVE ACT

DIVISION F—HEALTH PROVISIONS

DIVISION G—TAX CREDITS FOR PAID SICK AND PAID FAMILY AND MEDICAL LEAVE

DIVISION H—BUDGETARY EFFECTS

1 USC 1 note.

SEC. 3. REFERENCES.

Except as expressly provided otherwise, any reference to "this Act" contained in any division of this Act shall be treated as referring only to the provisions of that division.

Second Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020.

DIVISION A—SECOND CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT, 2020

The following sums are hereby appropriated, out of any money in the Treasury not otherwise appropriated, for the fiscal year ending September 30, 2020, and for other purposes, namely:

 Source: FFCRA §6008(b)(3); SHVS, Federal Declarations and Flexibilities Supporting Medicaid and CHIP COVID-19 Response Efforts Effective and End Dates.

Resuming Normal Operations, AKA "Unwinding" Policies

- HHS Secretary Becerra has the authority to extend the federal Public Health Emergency (PHE).
- The current federal PHE expires **04/16/2022.**
- If unwinding is based around the PHE expiration, normal operations can resume in the month in which the PHE ends.
- The enhanced FMAP would end in the quarter in which the PHE ends.
- States have 12 months to complete all unwinding work and come into compliance with all timeliness standards, however no member can be terminated without a full re-determination.

Continuous Coverage in the Commonwealth

Medicaid Enrollment in the Commonwealth During the PHE

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

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

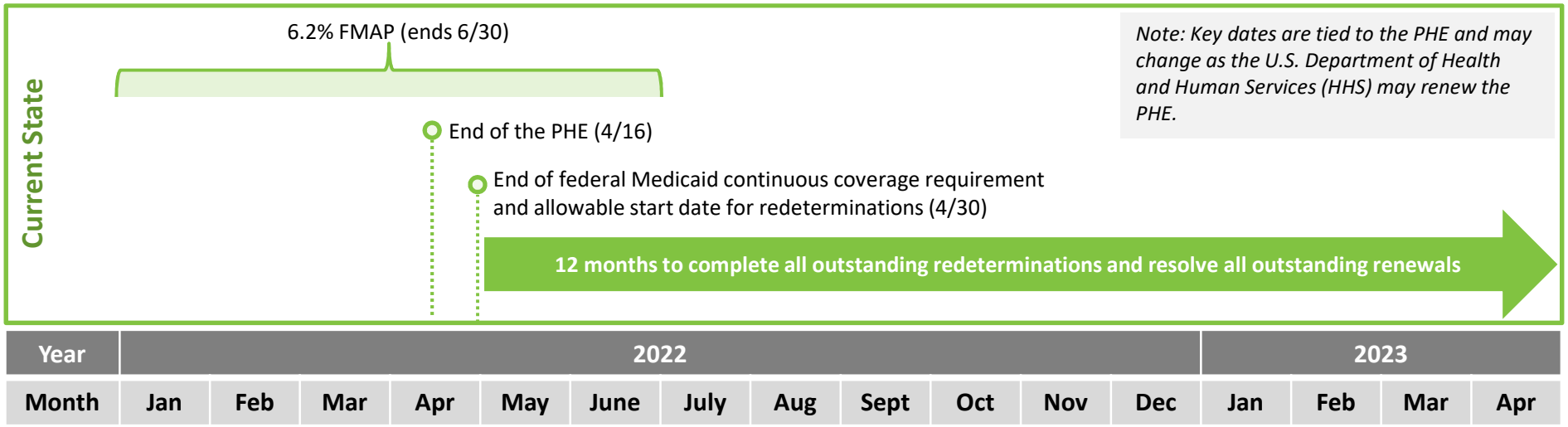
From March 2020 through February 2022, the Commonwealth experienced an **increase of nearly 456,206 enrollees (a 30% increase in enrollment growth).**

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

Post continuous coverage, **roughly 20% of the state's total Medicaid enrollees may lose coverage, which is in line with national averages.**

Pending Timeline Scenarios – Eligibility Redeterminations

The August 2021 guidance lays out a timeline of up to 12 months for states to unwind. Future Federal legislation, if passed, may change the timeline for when the federal continuous coverage requirements end and establish a fixed timeline, regardless of when the PHE expires.



Year	2022												2023			
Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr

Source: Senate Health, Education, Labor, and Pension Committee (HELP) Committee, Title XII.

Eligibility and Enrollment

Renewal Unwinding by Month - Cases

The auto renewal process runs two months prior to the renewal due date. For example, the auto renewal process for renewals due in March runs in January. This is only overdue renewals, and does not include regularly scheduled renewal work.

Month	Unwinding Months:	Total Cases
1	Mar-Sept 20	44,303
2	Oct-Nov 20	60,804
3	Dec 20-Mar 21	64,356
4	Apr-May 21	34,985
5	Jun-21	9,449
6	July-Aug 21	15,755
7	Sep-21	38,047
8	Oct-21	53,157
9	Nov-21	50,445
10	Dec 21-Jan 22	77,447
11	Feb-Mar 22	98,162
12	Apr-May 22	74,404
	Total	621,314

**Adjustments will be needed as PHE continues. Current data as of 02/24/22.*

Renewal Unwinding by Month - Members

The auto renewal process runs two months prior to the renewal due date. For example, the auto renewal process for renewals due in March runs in January. This is only overdue renewals, and does not include regularly scheduled renewal work.

Month	Unwinding Month	Total Members	CCC+	Medallion 4	FFS
1	Mar-Sept 20	70,165	11,801	46,388	11,976
2	Oct-Nov 20	98,803	14,160	69,930	14,713
3	Dec 20-Mar 21	105,738	18,855	68,221	18,662
4	Apr-May 21	59,442	11,139	40,042	8,261
5	Jun-21	15,033	3,179	9,566	2,288
6	July-Aug 21	26,010	4,397	17,921	3,692
7	Sep-21	67,115	13,067	45,643	8,405
8	Oct-21	95,712	13,739	71,890	10,083
9	Nov-21	88,752	12,616	67,093	9,043
10	Dec 21-Jan 22	135,435	19,147	101,832	14,456
11	Feb-Mar 22	166,026	24,688	126,741	14,597
12	Apr-May 22	125,807	18,119	100,429	7,259
	Totals	1,054,038	164,907	765,696	123,435

**Adjustments will be needed as PHE continues. Current data as of 02/24/22.*

VIRGINIA'S MEDICAID PROGRAM DMAS

The Commonwealth's Unwinding Planning Efforts

DMAS and DSS will be faced with a significant backlog of cases that await redeterminations at the end of the continuous coverage requirement. To date, the Department has made great strides in preparing for the end of the federal continuous coverage requirement by:

Making systems updates (e.g., new VaCMS automation) to improve the efficiency of the renewal/redetermination process. This is expected to reduce the number of individuals that are inappropriately terminated following the PHE.

Developing a detailed plan to stage redeterminations, including spacing redeterminations to allow timely and expeditious evaluations and by identifying actions that will be required for each coverage group.

Collaborating with managed care organizations (MCOs) to provide information/education to members post-PHE; ensure up-to-date contact information (e.g., addresses, phone numbers); and remind members to complete their renewal.

Addressing returned mail by engaging with a dedicated team within the Central Eligibility Unit. When the Commonwealth receives returned mail after sending initial notices, the state will have better insight into which enrollees have outdated mailing addresses and can target additional outreach to those enrollees through alternate modes of communication.

Communications plan (e.g., direct member mailing, digital outreach, updates to the Cover Virginia website, eligibility worker reinforcement, application assistance) to ensure members understand the steps they need to take, when to act, and what to do to maintain coverage.

Coordinating language approval and scheduled delivery of mailings/digital/telephonic outreach in order to ensure consistent messaging to members and coordinate timing of any outreach.

Identifying which federal flexibilities the Commonwealth will maintain and new strategies that the Department may want to leverage in order to help with the unwinding process.

Outreach and Communications

Background on Continuous Coverage and Federal Expectations of States Related to "Unwinding" Continuous Coverage

Overview & Purpose of Information

The following information is intended to provide an overview of the background of the continuous coverage requirements, the current guidance available from federal partners, and work and plans as we move forward. DMAS will continue to provide updates as information becomes available.

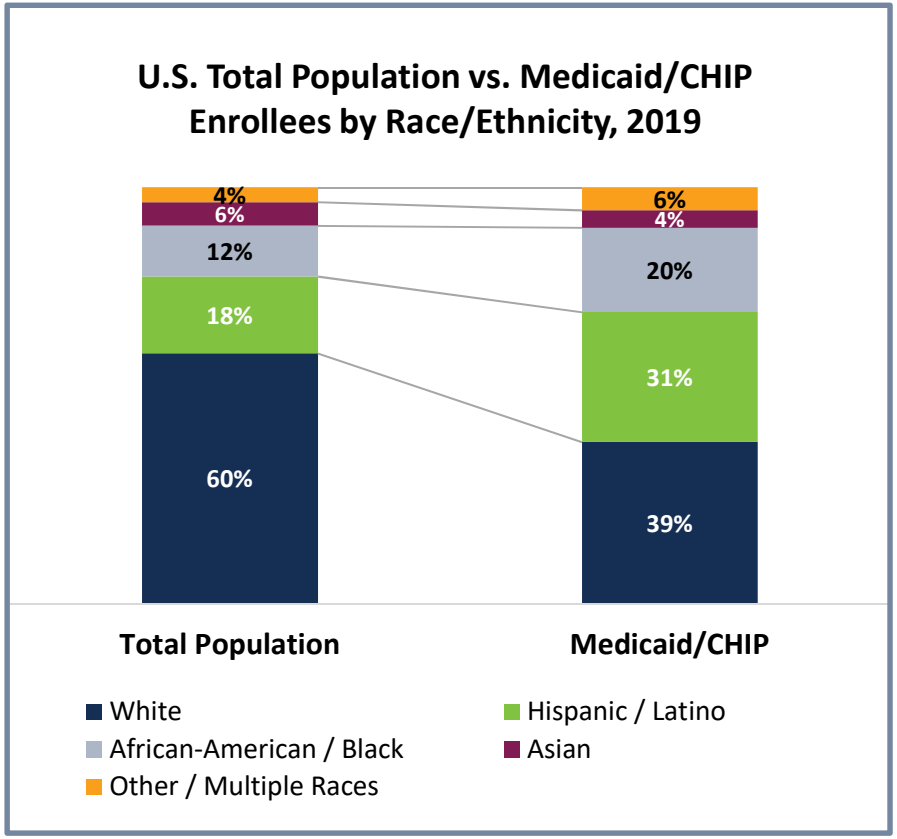
- The Department of Medical Assistance Services (DMAS) has begun work to transition Medicaid members back to normal operations once the continuous coverage requirements have ended.

- DMAS is collaborating with stakeholders across the Commonwealth to include sister agencies, health plans, advocates, application assisters, and providers to ensure a smooth transition for members and our partners.

Potential Coverage Losses and the Impact on Black, Latino(a) and Other Communities of Color

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

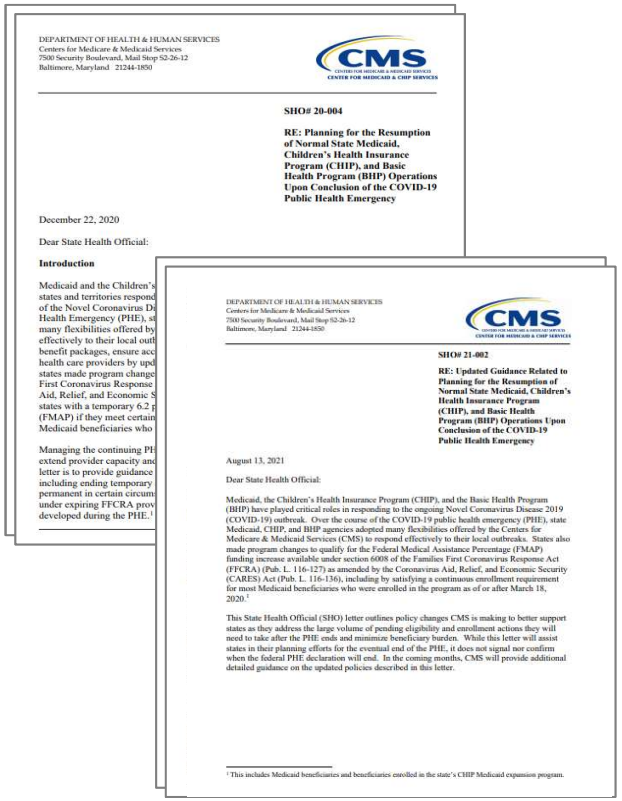
- When the continuous coverage requirement ends, **nearly all Medicaid enrollees will need to have their eligibility redetermined**.
- While **most people will continue to be eligible for Medicaid or Marketplace coverage** when the Commonwealth begins to redetermine eligibility again, the **potential for loss of coverage for thousands of residents due to administrative reasons** (e.g., failure to return the renewal form) is significant.
- **Black, Latino(a), and other people of color will be most at risk**, since they are significantly overrepresented in state Medicaid/Children's Health Insurance Program (CHIP) programs.



 Source: State Health Compare.

Overview of Federal Guidance on Planning for the End of the Continuous Coverage Requirement

The Centers for Medicare & Medicaid Services (CMS) released guidance that describes timelines and obligations for states to "unwind." The guidance sets out expectations related to:



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTER FOR MEDICAID & CHIP SERVICES

SHO# 20-004

RE: Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency

December 22, 2020

Dear State Health Official:

Introduction

Medicaid and the Children's
states and territories respond
of the Novel Coronavirus Di
Health Emergency (PHE), al
many flexibilities offered by
effectively to their local outl
benefit packages, ensure acc
health care providers by upd
states made program change
First Coronavirus Response
Aid, Relief, and Economic S
states with a temporary 6.2 p
(FMAP) if they meet certain
Medicaid beneficiaries who

Managing the continuing PH
extend provider capacity and
letter is to provide guidance
including ending temporary
permanent in certain circum
under expiring FFCRA prov
developed during the PHE.[1]

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTER FOR MEDICAID & CHIP SERVICES

SHO# 21-002

RE: Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency

August 13, 2021

Dear State Health Official:

Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program (BHP) have played critical roles in responding to the ongoing Novel Coronavirus Disease 2019 (COVID-19) outbreak. Over the course of the COVID-19 public health emergency (PHE), state Medicaid, CHIP, and BHP agencies adopted many flexibilities offered by the Centers for Medicare & Medicaid Services (CMS) to respond effectively to their local outbreaks. States also made program changes to qualify for the Federal Medical Assistance Percentage (FMAP) funding increase available under section 6008 of the Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127) as amended by the Coronavirus Aid, Relief, and Economic Security (CARES) Act (Pub. L. 116-136), including by satisfying a continuous enrollment requirement for most Medicaid beneficiaries who were enrolled in the program as of or after March 18, 2020.[1]

This State Health Official (SHO) letter outlines policy changes CMS is making to better support states as they address the large volume of pending eligibility and enrollment actions they will need to take after the PHE ends and minimize beneficiary burden. While this letter will assist states in their planning efforts for the eventual end of the PHE, it does not signal nor confirm when the federal PHE declaration will end. In the coming months, CMS will provide additional detailed guidance on the updated policies described in this letter.

[1] This includes Medicaid beneficiaries and beneficiaries enrolled in the state's CHIP Medicaid expansion program.

- **Timeliness and consumer communications for redetermining Medicaid coverage for those who had their coverage continuously maintained.**
- **Timeline for resolving all outstanding eligibility and enrollment (E&E) actions including applications, annual renewals, mid-year redeterminations, and verifications of eligibility.**
- **CMS Administrator, Chiquita Brooks-LaSure, continues to emphasize the administration's focus on ensuring that people remain insured—whether they are eligible for Medicaid/CHIP, Marketplace coverage or employer-sponsored coverage—when the PHE ends.**

 Source: CMS, SHO #20-004; CMS, SHO #201-004; InsideHealthPolicy, Brooks-LaSure: Don't Lose Medicaid, CHIP Enrollment Gains After PHE.

Outreach and Communications Plan and Example Documents/Toolkit Materials

Outreach & Communications Plan

Outreach & Communications Plan

- Outreach communications focus around three specific areas:
  - Updating contact information
  - Completing the renewal process
  - Losing coverage – next steps (the reconsideration period)
- Outreach will be performed by DMAS, MCOs/health plans, and community partners
  - Digitally (radio, social media, websites, videos)
  - Mail (member letters)
  - Paper (Toolkit materials)
  - Language is provided to ensure messaging is consistent
- Toolkits will be sent to stakeholders/advocates, legislators, providers, sister agencies (e.g. DSS), health plans, call centers, and schools
  - Materials sent will vary and may include:
    - Introductory letter
    - Information sheets and FAQs
    - Fliers and posters
    - Customizable templates
    - Communication language (scrips, social media, newsletters, etc.)
    - Additional Resources

Member Letter

COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Dear Medicaid/FAMIS Household,

During the COVID-19 emergency, we protected members' health care coverage to make sure they had access to care. We want to make sure you stay covered if you are still eligible for Medicaid/FAMIS!

Make sure we have your most current contact information for your household, such as:

- ✓ **Mailing Address**
- ✓ **Phone Number(s)**
- ✓ **Physical Address**
- ✓ **Email Address**

Your current contact information is important so your coverage can continue when we review your case. You can make updates to your contact information in the following ways:

- **Calling Cover Virginia at 1-855-242-8282 (TDD- 1-888-221-1590)**
- **Online at www.commonhelp.virginia.gov.** You will need to make an account and then link your account to your case ("Associate My Case"), using your case number and client ID (found on any Notice of Eligibility).
- **Calling your local Department of Social Services.** If you do not know your local office, you can visit **www.commonhelp.virginia.gov** and click on Find Local Office to enter your address, or you can go to **https://www.dss.virginia.gov/localagency/index.cgi** for a list of all local offices.

Visit **https://coverva.org/en/phe-planning** for important information about your health care coverage now and in the future. Please spread the word to anyone you know who might be enrolled in Medicaid/FAMIS health care coverage to update their contact information, too!

Sincerely,
The Department of Medical Assistance Services

For Amharic, Arabic, Vietnamese, and Urdu translations of this letter, go to **https://coverva.org/en/phe-planning**.

Community Partner/Stakeholder Outreach Materials

Help Us Return to Normal Medicaid Enrollment Processes

Since the start of the COVID-19 pandemic, Medicaid members have been able to keep their health coverage even if their eligibility status changed. Soon Virginia and all other states will begin re-evaluating eligibility for Medicaid members. This process will be a heavy lift, and the Virginia Medicaid agency is committed to working in partnership with community partners to ensure our members have the information they need to complete their renewal documents. We need to prepare now!

Federal officials plan to give states 12 months to review Medicaid coverage for all members, but they have not yet announced the start date for this process. We want all eligible Virginians to keep their health coverage. We will need the support of our health care advocates and stakeholders to achieve this goal.

What Stakeholders/Advocates/Partners Can Do:

- Get as much information as possible on Virginia's plan for re-evaluating and renewing coverage.
- https://coverva.org/en/phe-planningEngage in Virginia's planning process
  - Sign up to receive current information on Virginia's planning process via the Medicaid Outreach team's Bi-Monthly Stakeholder Meeting and our Partner Points newsletter.
  - Identify Medicaid members and partners in your existing system, coalitions or networks, encourage them to access our resources, and invite them to join informational sessions.

COVER VIRGINIA — *Improving the health and well-being of Virginians through access to high-quality health care coverage.* — DMAS

Frequently Asked Questions for Stakeholders and Advocates

What is the federal public health emergency and how does it affect members?

The federal government declared a public health emergency when the COVID-19 pandemic began in March 2020. Since then, state Medicaid agencies have continued health care coverage for all medical assistance programs, even if an individual's eligibility changed.

When will normal Medicaid enrollment requirements resume?

We do not know exactly when federal officials will instruct states to return to normal enrollment practices, but we need to prepare now. Here is what we know now:

- States must re-determine coverage for all Medicaid members over a 12-month period, although we do not yet have a start date for this process.
- Virginia will not take any negative action to cancel or reduce coverage for our members without completing a full redetermination of benefits.

What if members lose their coverage?

We want all eligible Virginians to get and stay covered. If a member no longer qualifies for health coverage from Virginia Medicaid, they will get:

- Notice of when their Medicaid coverage will end,
- Information on how to file an appeal if the member thinks the cancellation decision was incorrect,
- A referral to the Federal Marketplace and information about buying other health care coverage.

What can members do now?

Members can:

- Update their contact information by calling Cover Virginia at 1 -855-242-8282 or online at commonhelp.virginia.gov. We must have current contact information on file, such as a mailing address and phone number(s), so members receive important notices and so we can reach out if we need more information.
- Sign up for our electronic newsletter and follow us on social media to get updates.
- **Watch for and respond quickly to notices about their coverage.**

We will post information, resources and tools online:

- For members, partners, and stakeholders at coverva.org and facebook.com/coverva/
- For providers at dmas.virginia.gov/covid-19-response/

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Normal Medicaid enrollment processes will return soon, and we want all eligible Virginians to keep their health coverage.

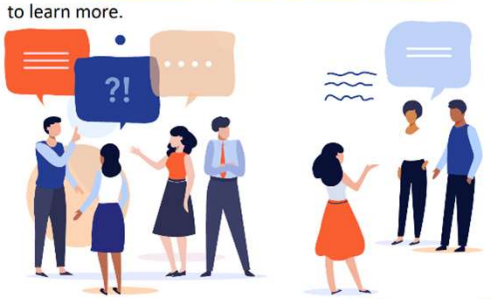
We need the most up-to-date mailing address and phone number to make sure members receive important paperwork.

Members can make updates:

- Online at commonhelp.virginia.gov
- By calling their local Department of Social Services, or
- By calling Cover Virginia at 1-855-242-8282

Spread the word to community members, patients, family, friends, neighbors and anyone else who might be enrolled in Medicaid to keep our communities covered!

Visit the Cover Virginia and DMAS COVID-19 Response websites to learn more.



COVER VIRGINIA — DMAS

VIRGINIA'S MEDICAID PROGRAM DMAS

Member Outreach Materials

Normal Medicaid Enrollment Processes Will Start Soon

Virginia and other states will soon start to review Medicaid members' health coverage. We will not cancel or reduce coverage for our members without asking for updated information, but we need your help to make this a smooth process. **You can take steps now to make sure you receive information you will need to renew your coverage.**

What Medicaid Members Can Do:

- Update your contact information. You can make updates:
  - Online at commonhelp.virginia.gov
  - By calling your local Department of Social Services, **or**
  - By calling Cover Virginia at 1-855-242-8282
- Take action when you get official notices from Virginia Medicaid, other state agencies, community groups, and health care providers asking you to:
  - Update contact information (mailing addresses and phone numbers)
  - Respond to notices/renewals to confirm that you are eligible
  - Use your coverage to catch up on preventive or delayed care
- Learn more about Virginia's plans
  - Visit the Cover Virginia website for updates
- Read the Medicaid Members Frequently Asked Questions and updated COVID-19 Medicaid Information Eligibility, Enrollment, and Appeals fact sheets.
  - Sign up for email and text updates, and follow us on social media.

Visit the Cover Virginia website for more information

Improving the health and well-being of Virginians through access to high-quality health care coverage.

Frequently Asked Questions for Medicaid Members

What is the federal public health emergency and how does it affect Medicaid members?

The federal government declared a public health emergency when the COVID-19 pandemic began. Since then, state agencies have continued health care coverage for all medical assistance programs, even for people who are no longer eligible.

When will normal Medicaid processes begin again?

- States will have 12 months to make sure Medicaid members are still eligible for coverage. We do not yet know when this process will start. We will not cancel or reduce coverage for our members without asking them for updated information.

What if members lose their coverage?

We want all eligible Virginians to get and stay covered. If a member no longer qualifies for health coverage from Virginia Medicaid, they will get:

- Notice of when their Medicaid coverage will end,
- Information on how to file an appeal if the member thinks the cancellation decision was incorrect, **and**
- A referral to the Federal Marketplace and information about buying other health care coverage.

What can members do now?

Members can:

- Update their contact information by calling Cover Virginia at 1-855-242-8282 or online at commonhelp.virginia.gov. We must have current contact information on file, such as a mailing address and phone number(s), so members receive important notices and so we can reach out if we need more information.
- Watch for and respond quickly to notices about their coverage.
- Sign up for email and text updates, follow us on social media and visit us at coverva.org and facebook.com/coverva/

- Continued on other side -

Normal processes for enrolling in Medicaid will start soon, and we want all eligible Virginians to stay covered.

We need to prepare now!

We need the most up-to-date *mailing address and phone number* to make sure Medicaid members get important paperwork. Members can make updates:

- Online at commonhelp.virginia.gov
- By calling their local Department of Social Services,
- By calling Cover Virginia at 1-855-242-8282

Take action quickly when you get a notice from the Virginia Department of Medical Assistance Services (Medicaid), other state agencies, community groups, and health care providers to:

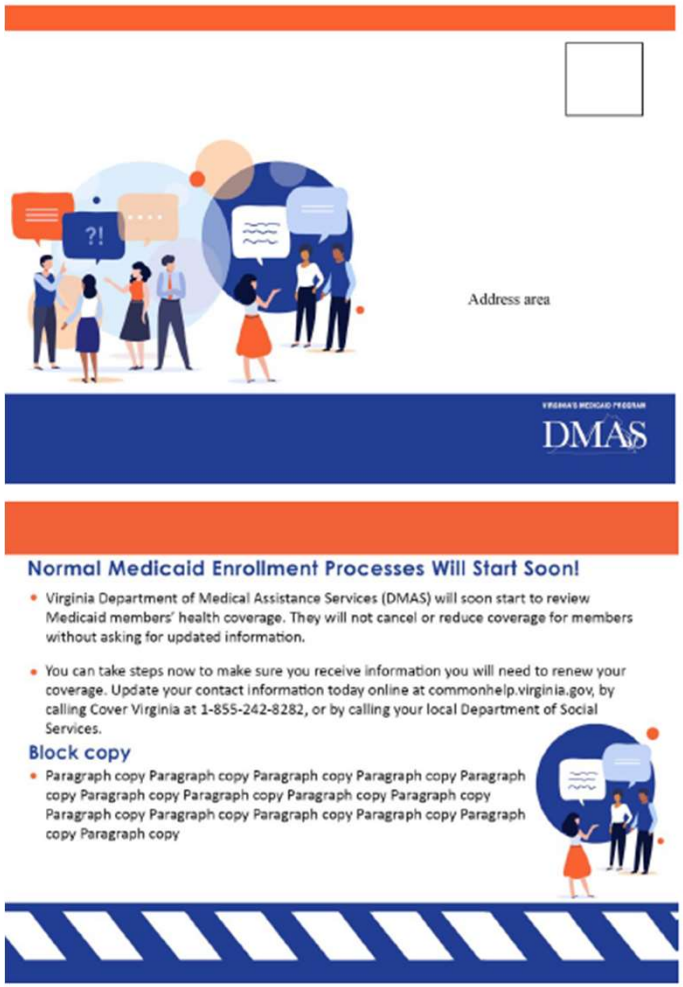
- Update contact information
- Respond to renewals and send information to confirm you are eligible
- Use your coverage to catch up on preventive or delayed care

Help us spread the word to family, friends, neighbors and anyone else who might be enrolled in Medicaid to keep everyone covered!

Visit the Cover Virginia website for more information.

Outreach Templates

PHE 5x7 Post Card

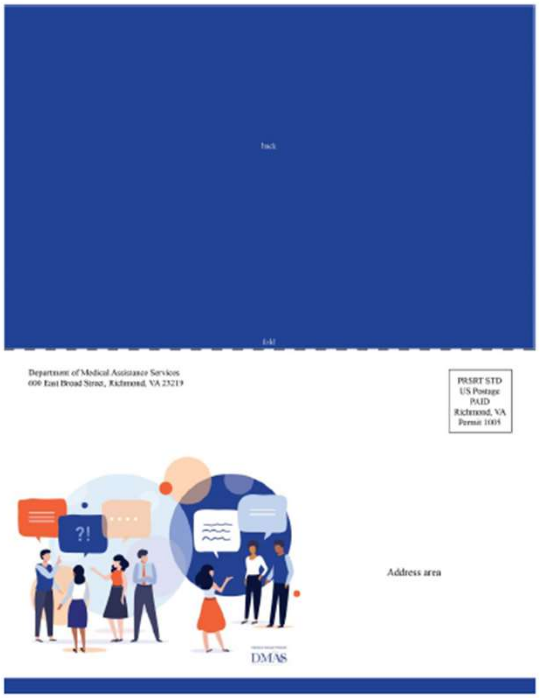


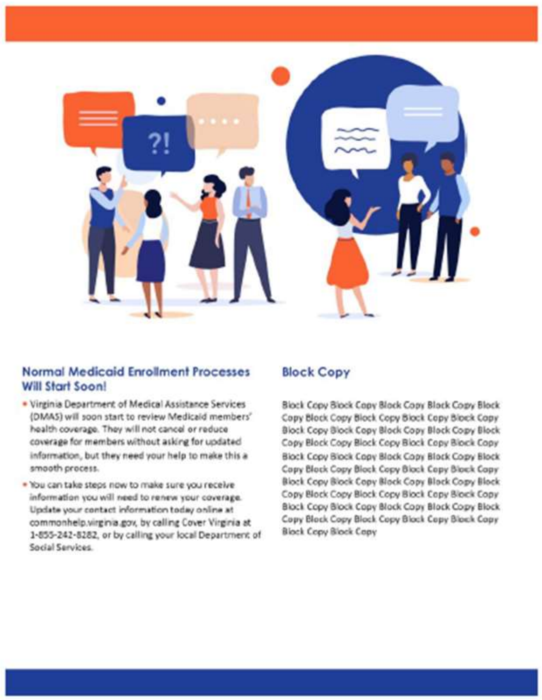
PHE Window Cling 5 x 7

PHE Rack Card

Outreach Templates

PHE Folded Mailer





PHE A-Frame

Open Discussion/Questions

The Department of Medical Assistance Services (DMAS) will update this resource and add materials as new federal guidance and additional insights are available. Information about the federal public health emergency can be found on the Cover Virginia website. Reach out to us at covervirginia@dmas.virginia.gov if you have any questions.

CHIPAC

COVID-19 VACCINATION RATES AND DATA UPDATE

March 3, 2022

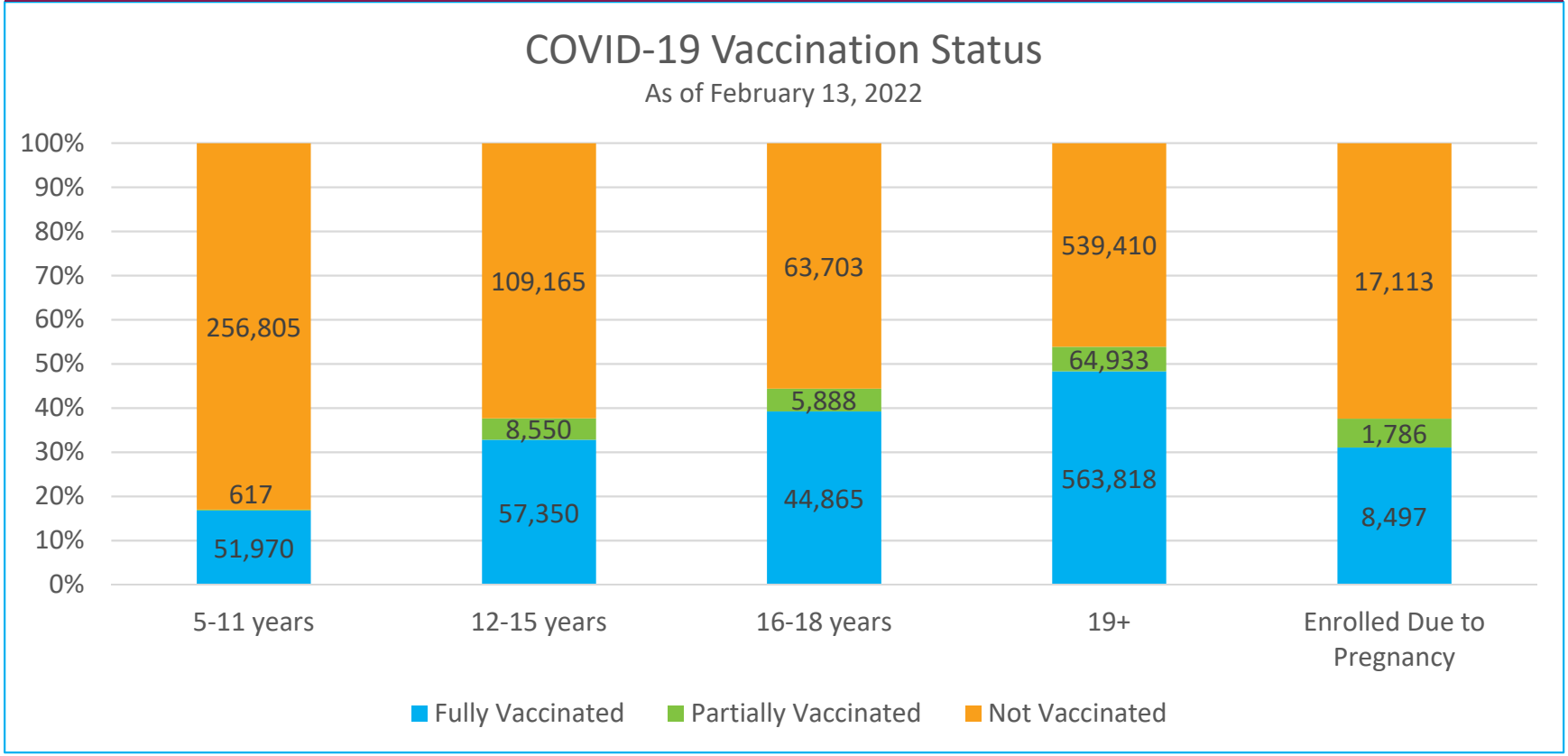
Richard Rosendahl
Chief Health Economist

Overview

- COVID-19 Vaccination Updates
- Dashboards available on DMAS website Overview
  - Enrollment
  - Expenditures
  - HEDIS (Healthcare Effectiveness Data and Information Set)
  - Behavioral Health outcomes
- Quality update

COVID-19 Vaccinations

25% of eligible children under 16 have received at least one dose of a vaccine



COVID-19 vaccinations were authorized in Virginia on the following dates:

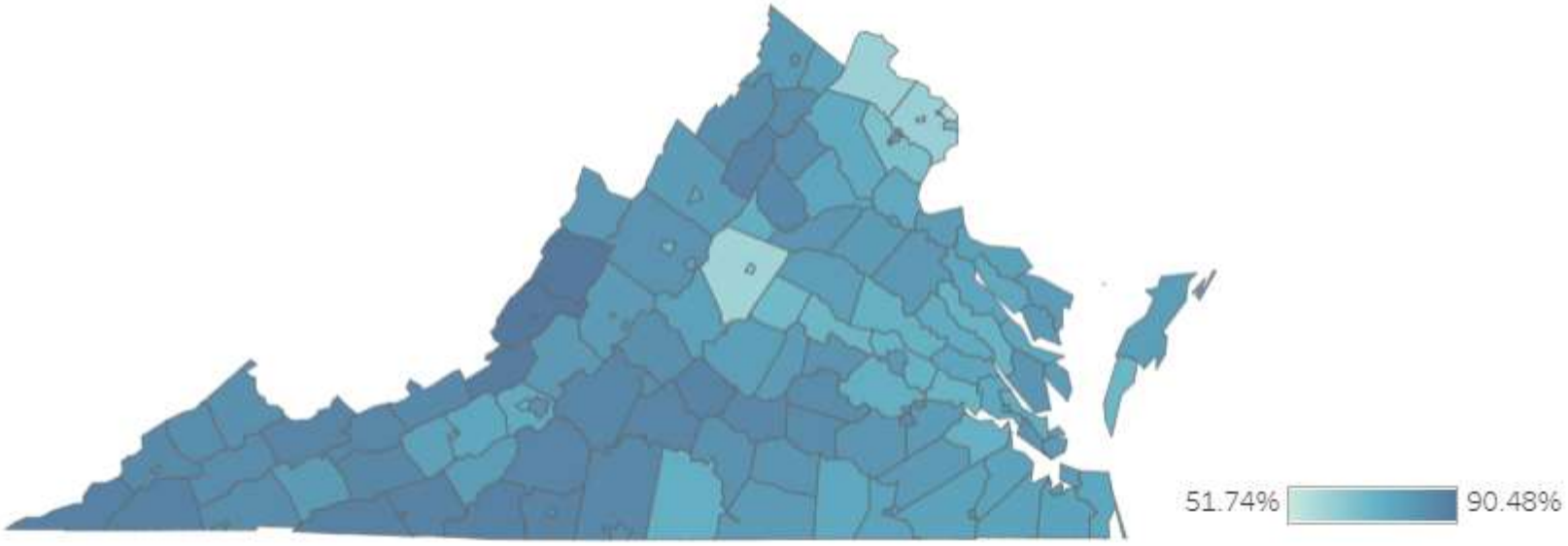
18+ years: December 10, 2020 (Pfizer & Moderna vaccines, Johnson & Johnson added as of February 26, 2020)

12-17 years: May 10, 2021 (Pfizer vaccine)

5-11 years: October 20, 2021 (Pfizer vaccine)

Who is left to vaccinate?

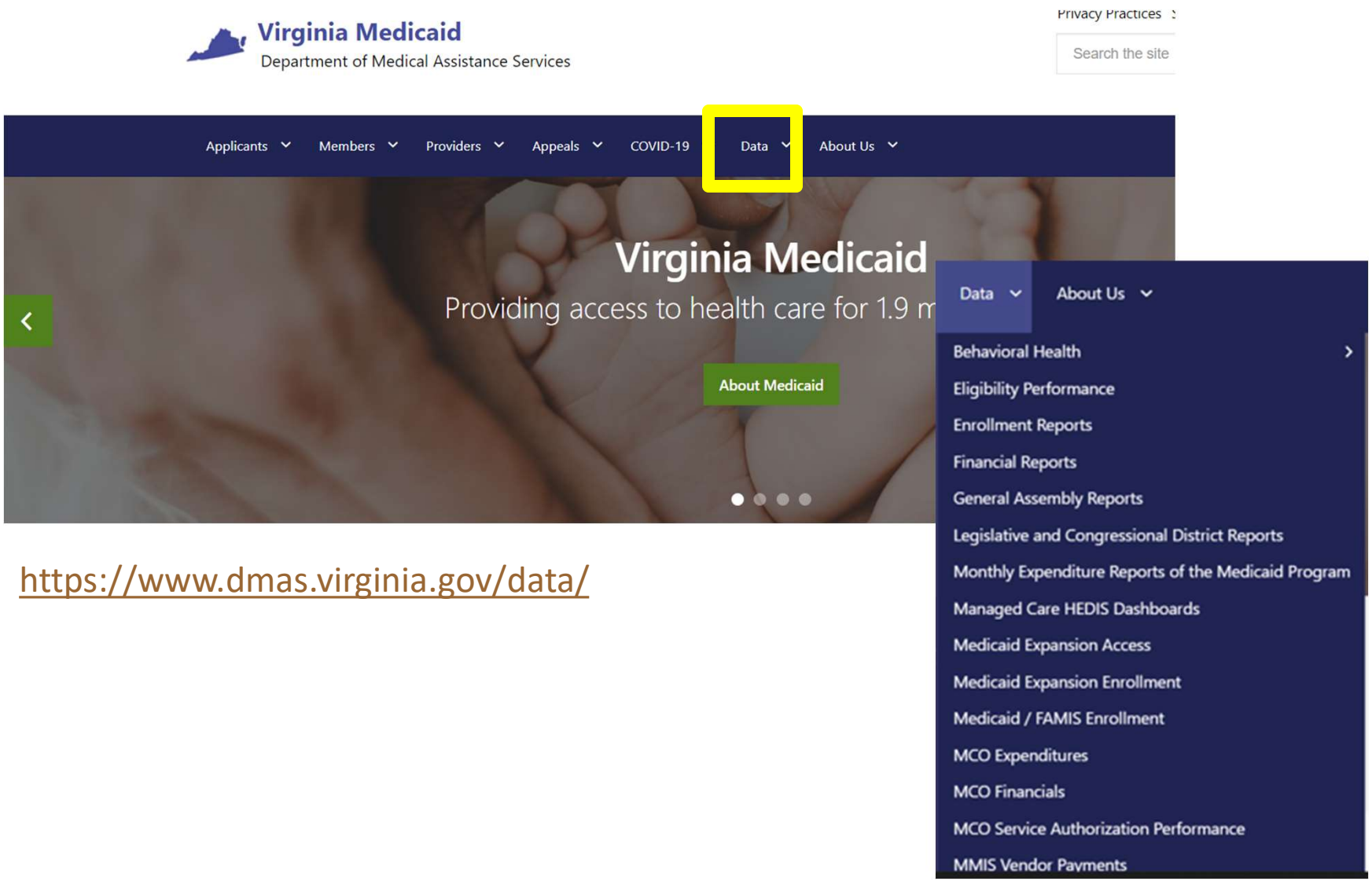
Unvaccinated 5 -15 Year Olds



- The Northern/Winchester region has the highest vaccination rate (34%)
- The Southwest region has the lowest vaccination rate (15%)

Updated as of February 13, 2022

Dashboards available on DMAS Website

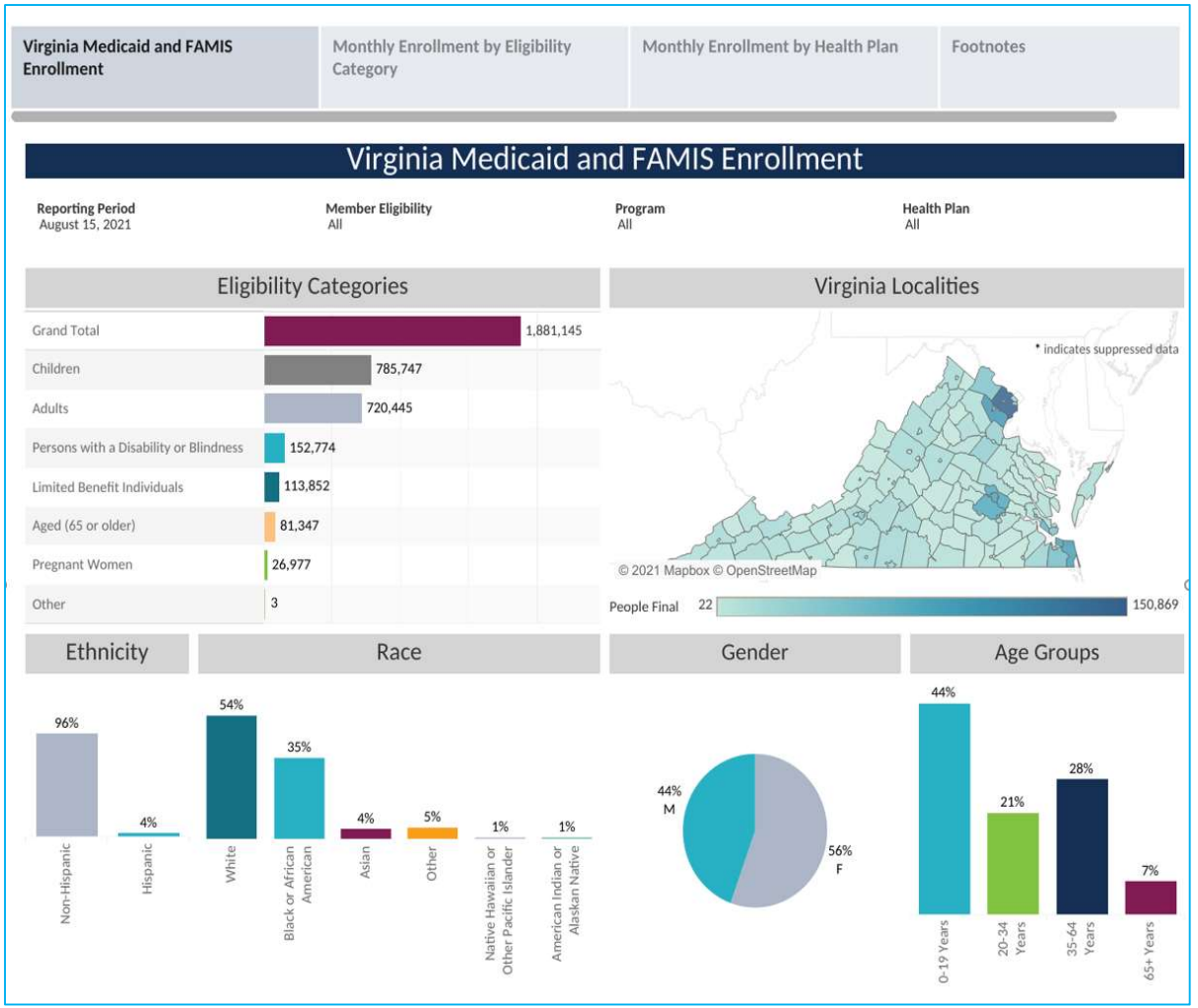


https://www.dmas.virginia.gov/data/

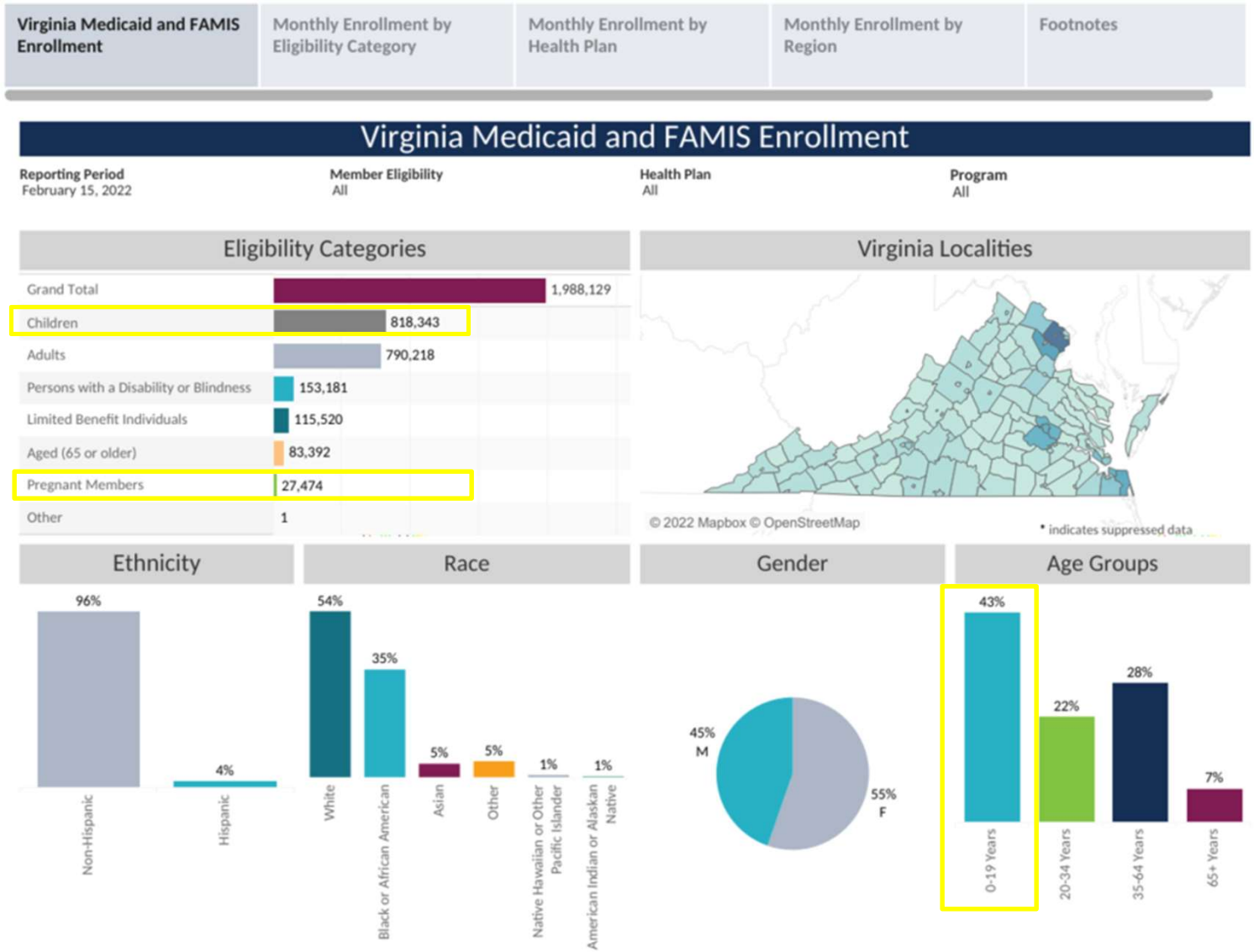
Enrollment and Expenditures

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



Enrollment


Virginia Medicaid and FAMIS Enrollment
Monthly Enrollment by Eligibility Category
Monthly Enrollment by Health Plan
Monthly Enrollment by Region
Footnotes
Virginia Medicaid and FAMIS Enrollment
Reporting Period
February 15, 2022
Member Eligibility
All
Health Plan
All
Program
All
Eligibility Categories
Grand Total 1,988,129
Children 818,343
Adults 790,218
Persons with a Disability or Blindness 153,181
Limited Benefit Individuals 115,520
Aged (65 or older) 83,392
Pregnant Members 27,474
Other 1
Virginia Localities
© 2022 Mapbox © OpenStreetMap
* indicates suppressed data
Ethnicity
96%
4%
Non-Hispanic
Hispanic
Race
54%
35%
5%
5%
1%
1%
White
Black or African American
Asian
Other
Native Hawaiian or Other Pacific Islander
American Indian or Alaskan Native
Gender
45% M
55% F
Age Groups
43%
22%
28%
7%
0-19 Years
20-34 Years
35-64 Years
65+ Years

Expenditures - Children

Expenditures by Program | Expenditures by Service Category | Per Capita Spending | Detailed Data | Footnotes and Definitions

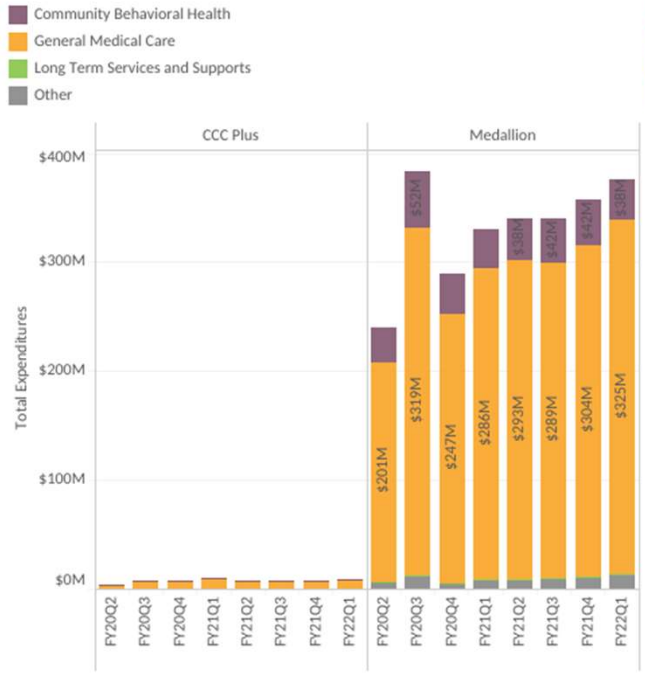
Medicaid and FAMIS Managed Care Healthcare Expenditures by Service Category

Program: All

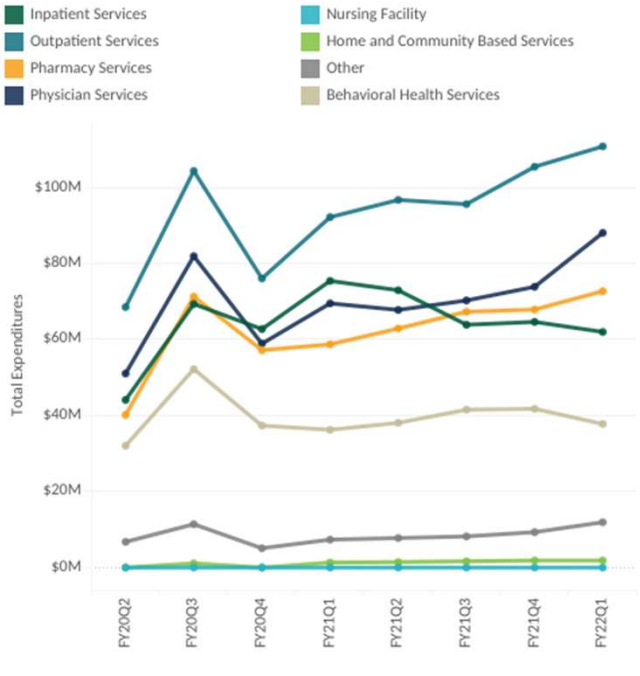
Member Eligibility Category: Children

Service Category: All

By Overall Service Category



By Detailed Service Category



Expenditures - Children

Expenditures by Program | Expenditures by Service Category | **Per Capita Spending** | Detailed Data | Footnotes and Definitions

Medicaid and FAMIS Managed Care Healthcare Expenditures Per Capita Spending

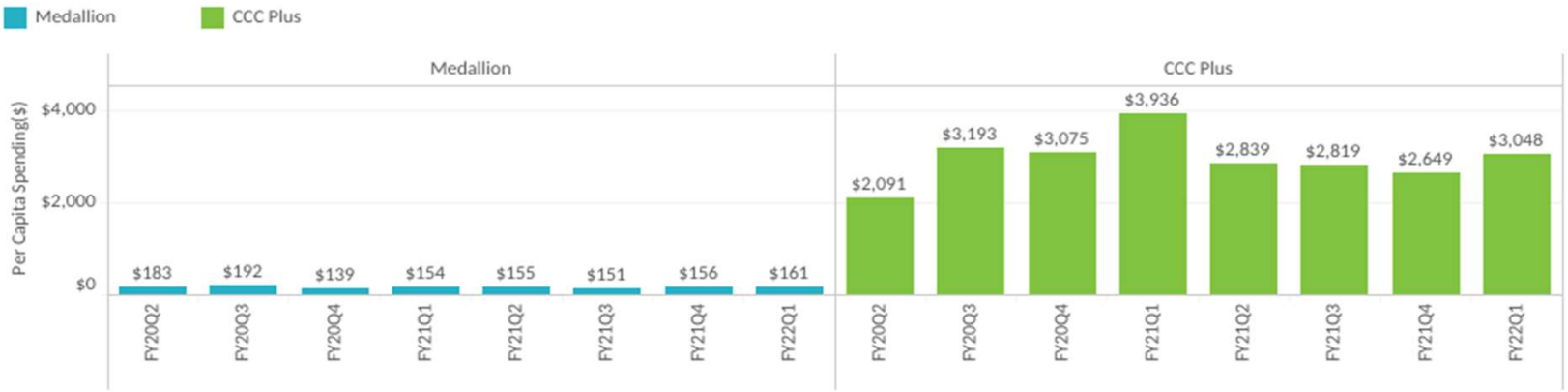
Select a Program or Member Eligibility Category filter to see details for the selected group:

Program
All

Member Eligibility Category
Children

Managed Care Program Per Capita Spending

Click on a Program in the chart below to display Service Category Per Capita Spending for that selection:



Service Category Per Capita Spending

Expenditures – Pregnant Members

Expenditures by Program | **Expenditures by Service Category** | Per Capita Spending | Detailed Data | Footnotes and Definitions

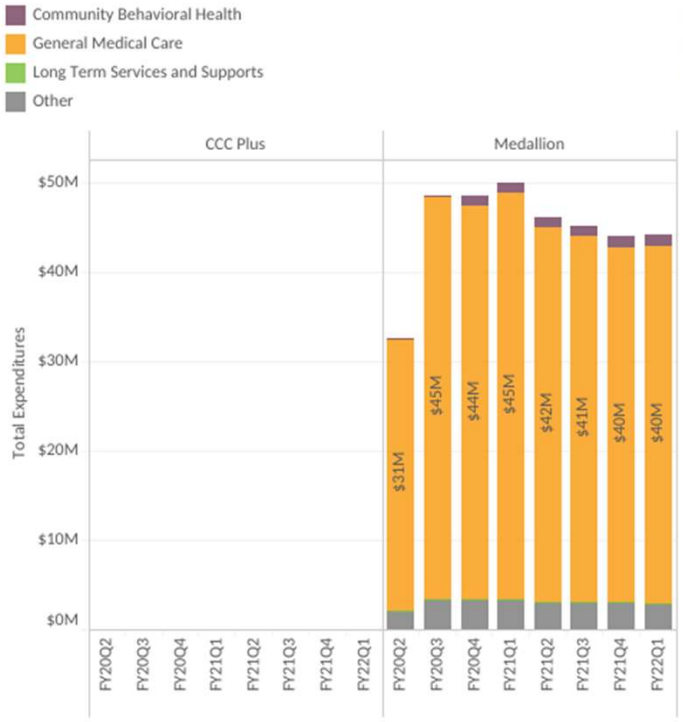
Medicaid and FAMIS Managed Care Healthcare Expenditures by Service Category

Program: All

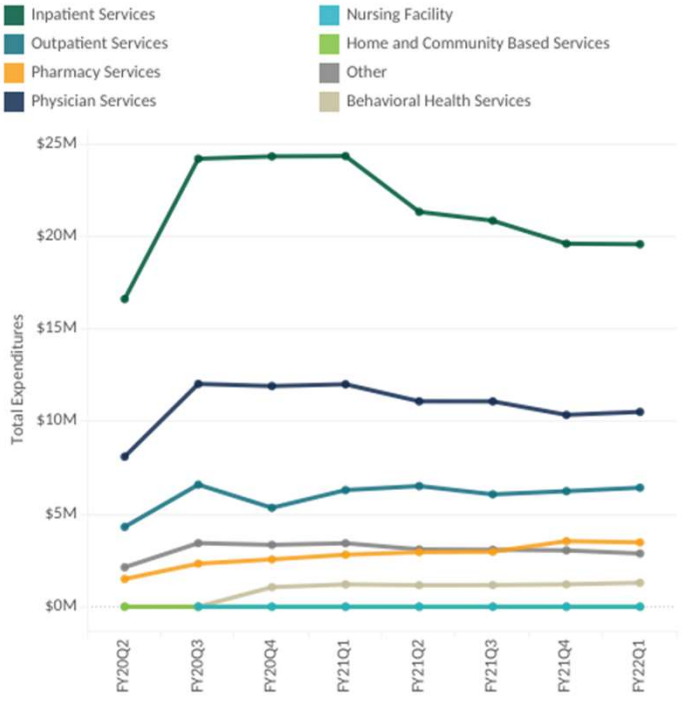
Member Eligibility Category: Pregnant Members

Service Category: All

By Overall Service Category



By Detailed Service Category



Expenditures – Pregnant Members

Expenditures by Program | Expenditures by Service Category | **Per Capita Spending** | Detailed Data | Footnotes and Definitions

Medicaid and FAMIS Managed Care Healthcare Expenditures
Per Capita Spending

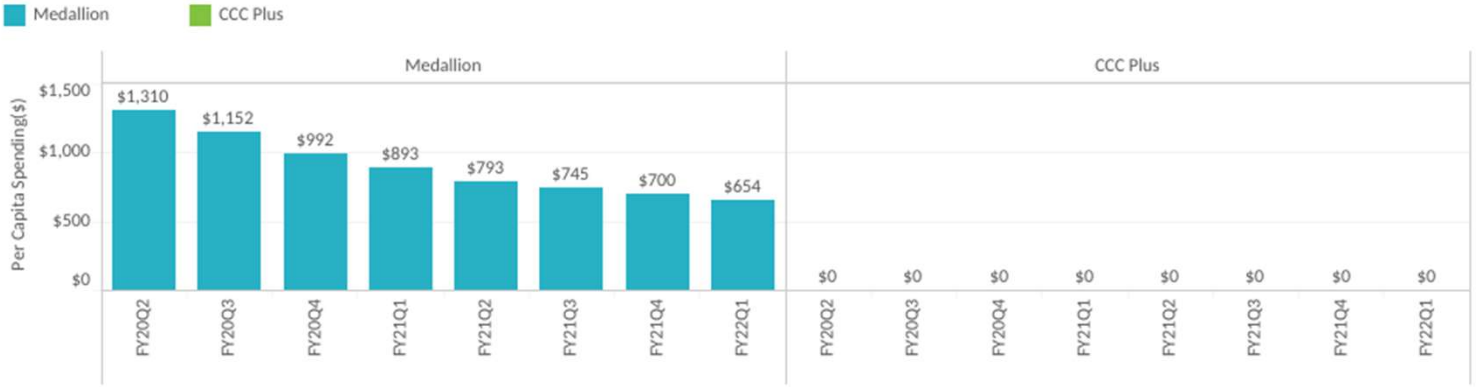
Select a Program or Member Eligibility Category filter to see details for the selected group:

Program
All

Member Eligibility Category
Pregnant Members

Managed Care Program Per Capita Spending

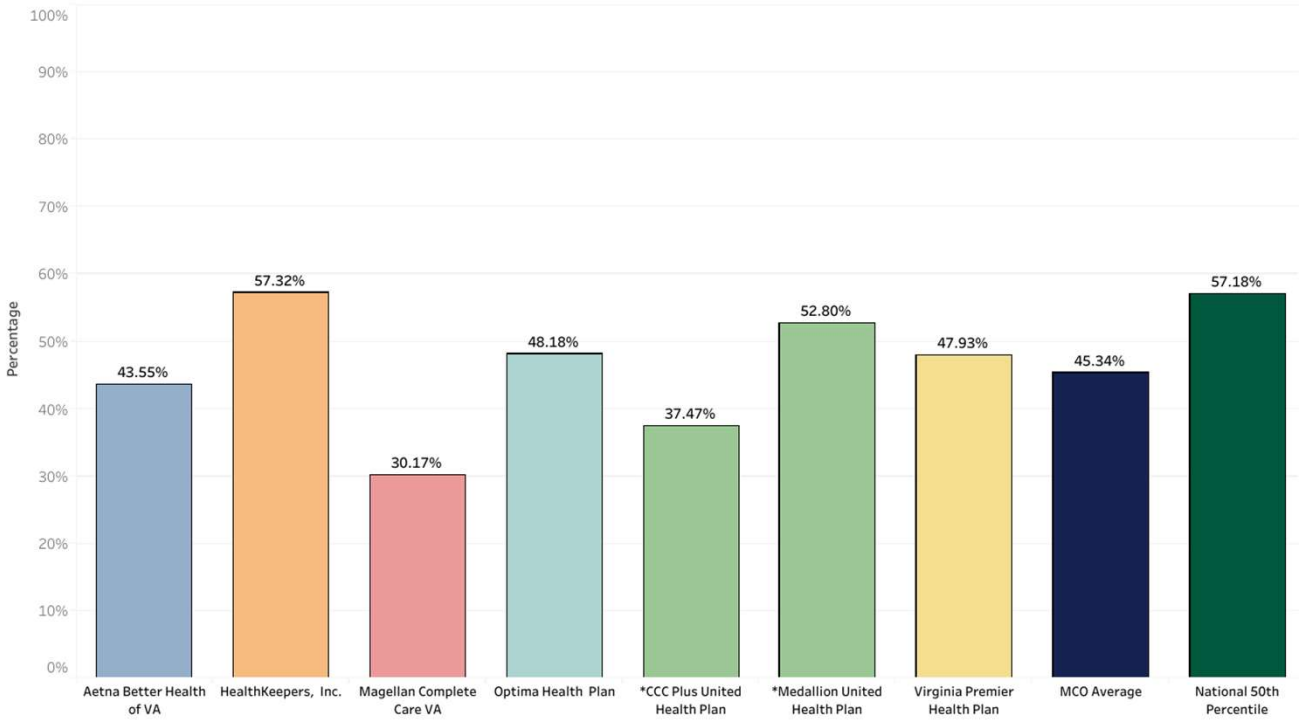
Click on a Program in the chart below to display Service Category Per Capita Spending for that selection:



Service Category Per Capita Spending

HEDIS Dashboard

Care for Children and Adolescents
Adolescent Well-Care Visits
HEDIS 2020



* United Health Plan reported HEDIS 2020 measures by line of business (LOB).

Measure Definition

This HEDIS measure is the percentage of enrolled members 12–21 years of age who had at least one comprehensive well–care visit with a primary care (PCP) or an OB/GYN practitioner during the measurement year.

<< Back

Behavioral Health Services

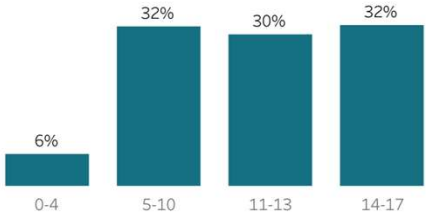
Click to View Member Profile | Click to View Virginia Map | Click to View Expenditures

Profile of Medicaid Members Receiving Behavioral Health Services

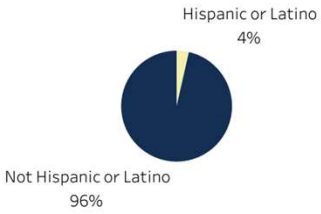
Select Period of Service: State Fiscal Year 2021
Select Program: All
Select Behavioral Health Service: All
Select Member Age Group: Multiple values

Total Members Receiving Services in State Fiscal Year 2021	Total Amount Paid	Average Amount Paid Per Member Receiving Services
33,913	$288,725,938	$8,514

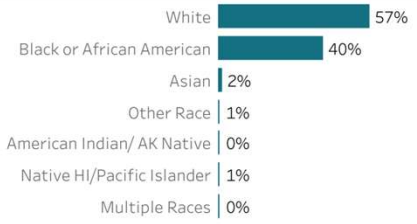
Percent of Members Receiving Services by Age Group



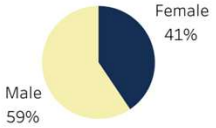
Percent of Members Receiving Services by Ethnicity



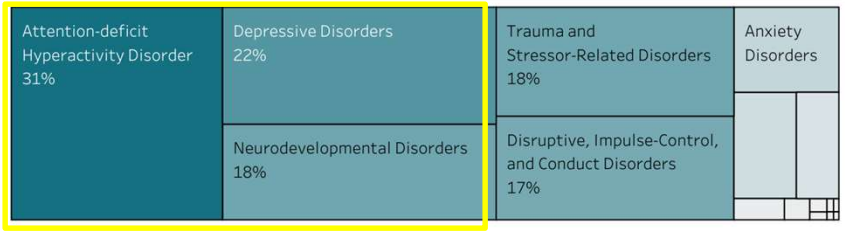
Percent of Members Receiving Services by Race



Percent of Members Receiving Services by Gender



Percent of Members Receiving Services by Primary Diagnosis



Note: Data is suppressed for values where member count is less than 10. Suppressed data will appear as 'Null', or blank, in this visualization. Data is suppressed to protect Member confidentiality and privacy. Data is current as of January 14, 2022.

Managed Care in HEDIS 2020 (Measurement Year (MY) 2019)

- DMAS is using this data as a baseline for the evaluation of the 2020-2022 DMAS Quality Strategy
  - Medallion 4.0 and CCC Plus programs fully implemented and running
    - No changes in MCO participation in Virginia Managed Care
  - DMAS is working to evaluate impact of COVID-19 on HEDIS rates in this evaluation, in conjunction with our External Quality Review Organization (EQRO)
- DMAS will be updating the DMAS Quality Strategy for 2023-2025, with a public comment period open later this year (date TBD)

Prenatal and Postpartum Care - Postpartum Care (11.84% increase from HEDIS 2019)

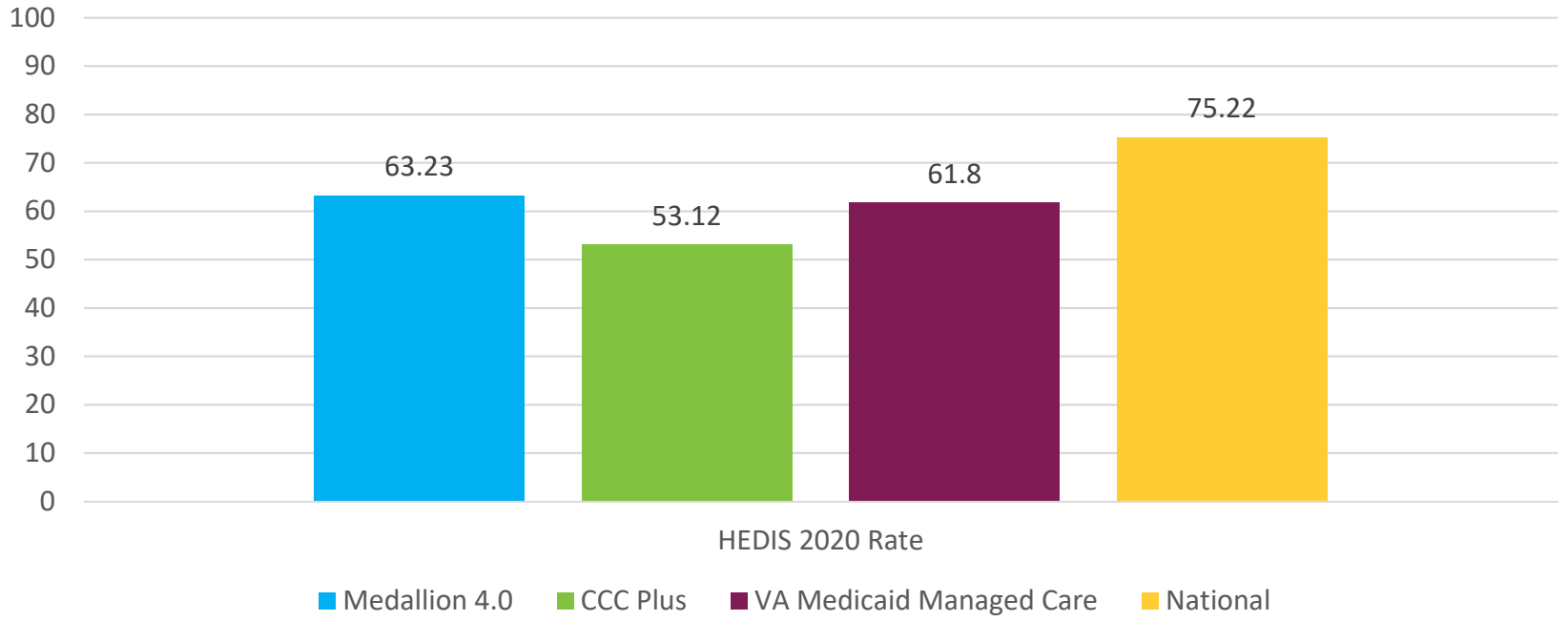
This HEDIS measure is the percentage of deliveries of live births that had a postpartum visit on or between 21 and 56 days after delivery.

National Avg. Rate: 75.22

Medallion 4.0 Avg. Rate: 63.23

Virginia Avg. Rate: 61.80

CCC Plus Avg. Rate: 53.12

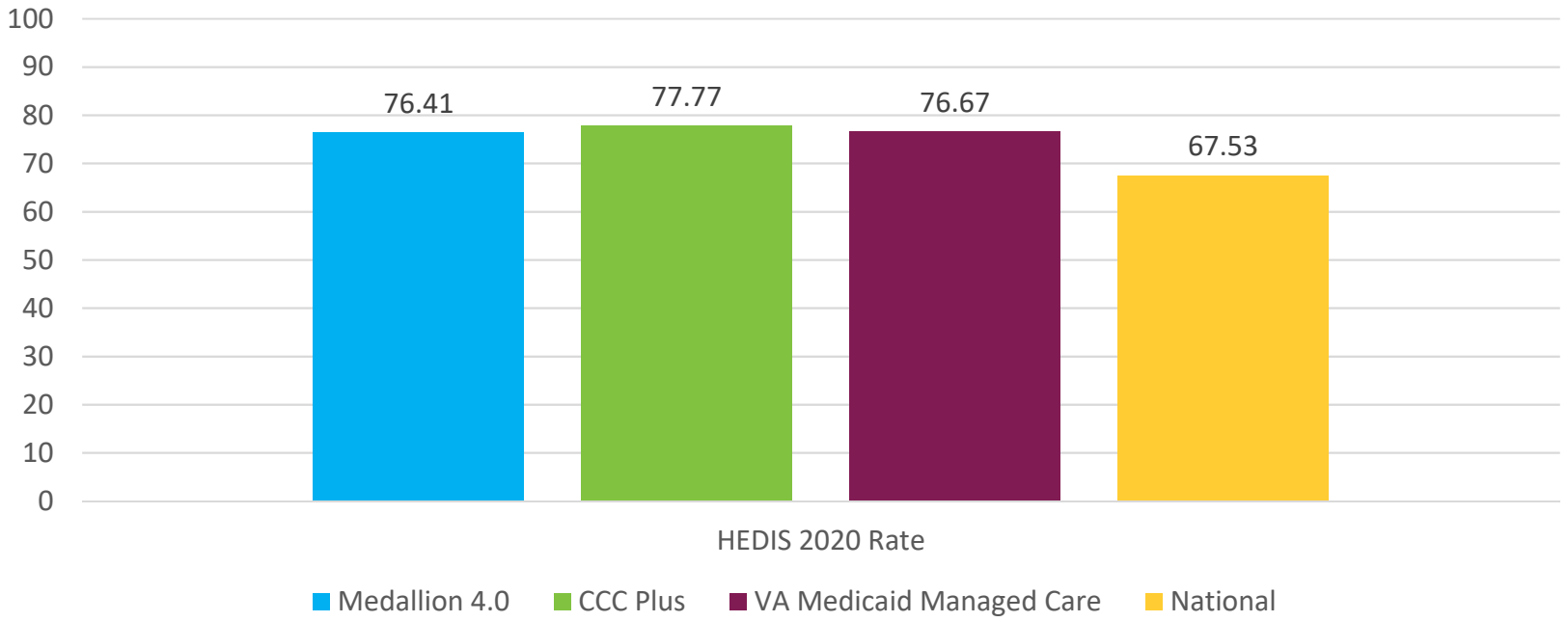


Follow-Up After Hospitalization for Mental Illness: 30 days (7.25% Increase from HEDIS 2019)

This HEDIS measure assesses children 6 years of age to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm and had an outpatient visit, an intensive outpatient encounter or a partial hospitalization with a mental health practitioner. The measure identifies the percentage of members who received follow-up within 30 days of discharge.

National Avg. Rate: 67.53
Medallion 4.0 Avg. Rate: 76.41

Virginia Avg. Rate: 76.67
CCC Plus Avg. Rate: 77.77



DMAS Reporting: HEDIS 2020 Rate Overall Trend Summary

- As a whole, Virginia's HEDIS 2020 rates for Medicaid generally stayed similar to HEDIS 2019, with those few noted changes
- Impact by program is nuanced and depends on the measure
  - Direct comparison of Medallion 4.0 and CCC Plus programs should not be done given the differences in the populations served
- HEDIS results demonstrate areas both where Virginia Medicaid Managed Care is doing well nationally, as well as areas for continued improvement

Discussion of Agenda Topics For Next CHIPAC Meeting

June 9, 2022

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.