CardinalCare
Virginia's Medicaid Program

chipac
Children's Health Insurance Program
Advisory Committee of Virginia

VIRGINIA'S MEDICAID PROGRAM
DMAS

Thursday, March 5, 2026
1:00 PM to 3:30 PM
Virginia Department of Medical Assistance Services (DMAS)
600 E. Broad Street
Richmond, VA 23219

To Join Meeting virtually: https://teams.microsoft.com/meet/28200101219352?p=JZ6EKCiYoPYtLp0yuc
Remote Conference Captioning Link: https://www.streamtext.net/player?event=HamiltonRelayRCC-0305-VA4443

AGENDA

#	Item	Approx. Time
I.	Welcome and Announcements	1:00 – 1:05 PM
II.	Director's Remarks *Steve Ford, Agency Director* *Virginia Department of Medical Assistance Services (DMAS)*	1:05 – 1:10 PM
III.	CHIPAC Business A. Review/approval of minutes from December 11, 2025 meeting B. Membership updates C. Officer Election: Vice Chair	1:10 – 1:25 PM
IV.	DMAS Dashboard: Member Disenrollment and Churn *Danielle Nowell, Operations Lead* *Director's Office, DMAS*	1:25 – 1:55 PM
V.	*H.R. 1* Medicaid Eligibility Impacts *Sara Cariano, Director* *Eligibility Policy Division, DMAS*	1:55 – 2:55 PM
VI.	Virginia General Assembly Session Updates *Will Frank, Senior Advisor for Legislative Affairs* *DMAS*	2:55 – 3:15 PM
VII.	Agenda for June 4, 2026 CHIPAC Meeting (all-virtual)	3:15 – 3:25 PM
VIII.	Public Comment	3:25 – 3:30 PM

Reasonable accommodations will be provided upon request for persons with disabilities or limited English proficiency. Please notify the DMAS Civil Rights Coordinator at (804) 482-7269, or civilrightscoordinator@dmas.virginia.gov, at least five (5) business days prior to the meeting to make arrangements.

Children's Health Insurance Program
Advisory Committee of Virginia

DRAFT
Meeting Minutes
December 11, 2025

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

The following CHIPAC members were present:

• **Freddy Mejia (*Chair*)**	The Commonwealth Institute
• **Jennifer Macdonald**	Virginia Department of Health
• **Alexandra Javna**	Virginia Department of Education
• **Hanna Schweitzer**	Virginia Department of Behavioral Health and Developmental Services
• **Joanna Fowler**	Virginia Health Care Foundation
• **Mary Brandenburg**	Virginia Hospital and Healthcare Association (*substitute*)
• **Emily Moore (*Vice Chair*)**	Voices for Virginia's Children
• **Heidi Dix**	Virginia Association of Health Plans
• **Dr. Susan Brown**	American Academy of Pediatrics – VA Chapter
• **Victoria Richardson, Esq.**	Virginia Poverty Law Center
• **Martha Crosby**	Virginia Community Healthcare Association
• **Dana Williams**	Birth in Color (*substitute*)
• **Laura Harker**	Center on Budget and Policy Priorities
• **Tiffany Gordon**	Virginia League of Social Services Executives

The following CHIPAC members did not attend:

• **Sarah Stanton**	Joint Commission on Health Care
• **Irma Blackwell**	Virginia Department of Social Services (VDSS)

I. **Welcome and Announcements.** CHIPAC Chair Freddy Mejia called the meeting to order at 1:01pm. Mejia welcomed CHIPAC members and members of the public, and noted that the meeting would include a special, separate public comment period as part of the annual post-award forum for Virginia's Maternal and Child Health 1115 Demonstration waiver (FAMIS MOMS, FAMIS *Select*, and the 12-month Postpartum Extension). Mejia welcomed DMAS Director Cheryl Roberts.

II. **DMAS Director's Remarks.** Director Roberts noted that like other Executive Branch agencies within the Commonwealth, DMAS is preparing for the transition in administration in January. In addition, DMAS recently welcomed two new executive

leadership team members: Dr. Greg Barabell, Chief Medical Officer, and Cheryl Gallon, Deputy for Programs. DMAS has also completed "part three" of Cardinal Care transition, to carve in Psychiatric Residential Treatment Facilities (PRTF) into managed care.

Like other states, DMAS is anticipating its award amount for the new federal Rural Health Transformation Program (at minimum, the state will be awarded $500 million over the 5-year project period). Roberts reminded the CHIPAC that these are not Medicaid dollars but may be of interest due to potential impacts to Maternal and Child Health.

DMAS is also hard at work preparing to implement other changes due to the federal *H.R. 1* legislation, including new work requirements and semi-annual eligibility redeterminations for Expansion members beginning in 2027. The state will seek input and assistance from community partners, including those represented on CHIPAC, as partnership is critical to success.

III. CHIPAC Business:

A. ***Review/Approval of minutes from September 4, 2025 meeting.*** Emily Moore introduced a motion to approve the minutes, which Joanna Fowler seconded. The minutes were approved at 1:18pm with Tiffany Gordon abstaining and all other members voting affirmatively.

B. ***Membership updates.*** Ben Barber has left his role at Virginia Health Catalyst, thus concluding his CHIPAC membership. CHIPAC will seek a potential new member with oral health (clinical or policy) experience.

C. ***Officer Election.*** Per CHIPAC bylaws the Chair shall be elected in odd-numbered years to serve a two-year term. Moore nominated Mejia to serve a second consecutive two-year term, and no other nominations were made. Mejia was unanimously re-elected for a second Chair term to begin in January 2026.

IV. Virginia's FY26 – FY30 Title V State Action Plan (Maternal and Child Health Services Block Grant). Cindy deSa, MPH, MSW, LCSW, Maternal and Child Health/Title V Director in the Virginia Department of Health Office of Family Health Services Division of Child and Family Health provided an update on Virginia's new State Action Plan. The Title V program is federally administered (HRSA Maternal and Child Health Bureau), via a funding formula based on state population and need.

States are required to create a five-year action plan. Virginia's includes six domains: Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, CYSHCN, and Cross-cutting/Systems-building. Each domain includes multiple initiatives that operate within VDH's Offices of Family Health Services, Population Health, and/or Prevention and Health Promotion, among others. Title V programs braid funding with other Federal and State health initiatives, including Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Care Connection for Children, Family Planning, and other key federal investments.

Virginia has adopted HRSA's four pillars for its Title V program, and aligned its seven priorities under them: access (improve access through system navigation and coordination; utilize comprehensive upstream systems approach to impact outcomes); optimal health (promote mental health across MCH populations; strengthen behaviors to improve MCH outcomes); impact (advance collaboration, partnership, and community engagement to build trust); and capacity (enhance state MCH data capacity; maintain a capable MCH workforce). The state is required to work toward one mandatory performance National Performance Measure and can create its own State Performance Measures as identified in its needs assessment.

Key roles of the Title V office include building out MCH strategic direction; catalyzing data collection; and convening, collaborating, and partnering with key groups and stakeholders.

Mejia congratulated deSa on a successful inaugural Title V Summit held the week prior to the meeting and invited questions. Moore asked whether VDH plans to publicize progress toward Title V State Action Plan goals. VDH plans to increase its visibility, to include a website revamp and rebrand and pursuit of structured opportunities to share key updates and improvements.

V. **Implementation Update: Federal Interoperability and Prior Authorization Final Rule.** Angie Ekdahl, DMAS Senior Policy Advisor for Complex Care, presented an update on the CMS Interoperability and Prior Authorization Final Rule, whose provisions are aimed at reducing burden for patients and providers. DMAS published a new provider bulletin in December 2025 referencing the changes. Additional provider and member outreach initiatives are underway.

In addition to the Final Rule's Interoperability-related requirements (including development of multiple Application Programming Interfaces, or APIs), it shortens existing timeframes for Prior Authorization (PA) requests from 14 days to seven (standard requests) and 72 hours for expedited requests. DMAS and its contracted MCOs will also be required to publicly report annual metrics on PA requests and timelines.

Mejia thanked Ekdahl and applauded DMAS's transparency in reporting data via its website dashboards, while noting a new dashboard addressing churn.

VI. **Virginia's Maternal and Child Health 1115 Demonstration (FAMIS MOMS, FAMIS Select, and Postpartum Extension) Post-Award Forum**. Emily Roller, Senior Management Analyst in the Policy Division, gave an overview of enrollment in FAMIS MOMS and FAMIS Select, and provided an update on Virginia's 12-Month Postpartum Extension, as part of an annual required Public Forum for this 1115 Demonstration Waiver. Public comment was invited but none was made.

VII. **Committee Discussion: "Who is CHIPAC" Document:** The CHIPAC Executive Subcommittee oversaw creation of this document to introduce CHIPAC's charge and membership to the new Governor and Administration, to be shared by the Chair

shortly after the inauguration. The Committee did not provide suggestions for comments or changes.

VIII. Agenda for March 5, 2026 CHIPAC meeting (in person at DMAS): Moore inquired whether the Virginia Health Care Foundation's annual *Profile of Virginia's Uninsured* might be available in time for a March presentation. Joanna Fowler relayed that the report has been delayed due to the federal government shutdown and won't be ready in time for the March meeting, but could be a June topic.

Mejia offered that updates from the General Assembly session and/or initiatives introduced by the new administration could serve as topics for March. Fowler suggested an update on DMAS planning efforts for the *H.R. 1* requirements for Medicaid Expansion members (work/community engagement and 6-month renewals, in particular).

IX. Public Comment: Mejia opened the floor for public comment at 2:52pm. No public comments were made. The meeting adjourned at 2:53pm.

Children's Health Insurance Program
Advisory Committee of Virginia

Biographical Sketch: Liz Nigro, Voices for Virginia's Children

Dr. Liz Nigro is a former special education teacher and the current Director of Research for Voices for Virginia's Children. She has experience in mixed-methods research from her time at UVA, where she earned her degree in Research, Statistics, and Evaluation from the School of Education and Human Development. Her dissertation focused on how to use participatory action research to create integrated schools that provide youth with the resources they need to succeed and become informed, democratic participants. She also worked on two youth participatory action projects around youth mental health, where she worked directly with healthcare professionals. She joined Voices due to their desire to support youth across multiple intersecting issue areas, including health equity. Since joining the team in June, she has worked to start updating their KIDSCOUNT data center with relevant health data, created a series of visualizations on H.R.1.'s impacts, and advocated at the GA for key health policies like paid family medical leave, universal school meals, and maternal health access.

Children's Health Insurance Program
Advisory Committee of Virginia

Candidate Questionnaire: Liz Nigro, Voices for Virginia's Children

The mission of Virginia's CHIP Advisory Committee (CHIPAC) is to advise the Director of DMAS and the Secretary of Health and Human Resources on ways to optimize the efficiency and effectiveness of DMAS' programs that address the health needs of children (FAMIS/CHIP and FAMIS Plus/Medicaid).

1. Please describe the experience and qualifications you will bring to the CHIPAC, including those specifically related to children's health/health insurance. Please also include examples of your commitment to supporting and improving public medical assistance programs.

I began my career as a public school teacher, where I witnessed education and health systems failing to meet youth's needs each day. This desire for systems-level change inspired me to pursue a PhD in research, statistics, and evaluation, from UVA's School of Education and Human Development. This experience prepared me for mixed-methods data analysis and gave me a deeper understanding of how to support youth's holistic thriving. Part of this support is ensuring youth have access to the health supports they need. As the Director of Research for Voices for Virginia's Children, I have worked closely with our previous health policy analyst to create relevant research projects and advocate for equitable health access for children. For instance, I created a series of data visualizations mapping the impact of H.R.1. on Medicaid and SNAP, strategized with our team on how to protect FAMIS with shifts at the federal level, and met with a neighboring state on how they merged CHIP with Medicaid. Finally, I lead our KIDSCOUNT's database work, which allows advocates and residents to access data around Medicaid enrollment, CHIP enrollment, maternal health outcomes, etc.

2. What motivates you to participate in CHIPAC? What are your goals and priorities as a member of the Committee?

Children's health is one of Voices for Virginia's Children's main advocacy and research issue areas. On a personal level, I believe high-quality healthcare and education are two of the most important public goods for youth to access. One of Voices' long-term goals is to provide universal healthcare to all children, which directly aligns with CHIPAC. In the short-term, we are working to prevent harm to children's health with the implementation of H.R.1., investigating what it would look like to merge Medicaid and CHIP, as well as working on issues of maternal health, mental health, and food access. Given these focus areas, we believe that Voices would be a helpful voice to have at the CHIPAC table.

Children's Health Insurance Program
Advisory Committee of Virginia

Biographical Sketch: Lauren Eggleton, Virginia Health Catalyst

Lauren Eggleton is the Senior Policy Manager at Virginia Health Catalyst. Lauren brings a strong background in health policy, research, and advocacy, with experience spanning clinical research, public health, and legislative analysis. She holds a Master of Public Health: Policy, Law, & Ethics from the University of Virginia and a Bachelor of Arts in Public Health Policy & Administration from Miami University.

Lauren has worked on critical public health initiatives, including researching rural telehealth access at the Virginia Department of Health and advocating for mental health policy reforms with Vocal Virginia. She has also contributed to pediatric oncology research at VCU Massey Cancer Center and supported COVID-19 response efforts with the Virginia Department of Health. At Catalyst, Lauren helps drive policy and advocacy strategies, track and analyze health policy developments, and support efforts to advance equitable health systems in Virginia.

Children's Health Insurance Program
Advisory Committee of Virginia

Candidate Questionnaire: Lauren Eggleton, Virginia Health Catalyst

The mission of Virginia's CHIP Advisory Committee (CHIPAC) is to advise the Director of DMAS and the Secretary of Health and Human Resources on ways to optimize the efficiency and effectiveness of DMAS' programs that address the health needs of children (FAMIS/CHIP and FAMIS Plus/Medicaid).

1. Please describe the experience and qualifications you will bring to the CHIPAC, including those specifically related to children's health/health insurance. Please also include examples of your commitment to supporting and improving public medical assistance programs.

I am the Senior Policy Manager at Virginia Health Catalyst working broadly in state-level health care access and workforce development connecting oral health to overall health. As an organization, we place emphasis on protecting and expanding accessible health care to Virginia's Medicaid patients, especially relating to the oral health benefit for children and the expansion to serving adults. Research, health communication, policy analysis, advocacy, and power building are skills central to my current work advancing comprehensive health care access.

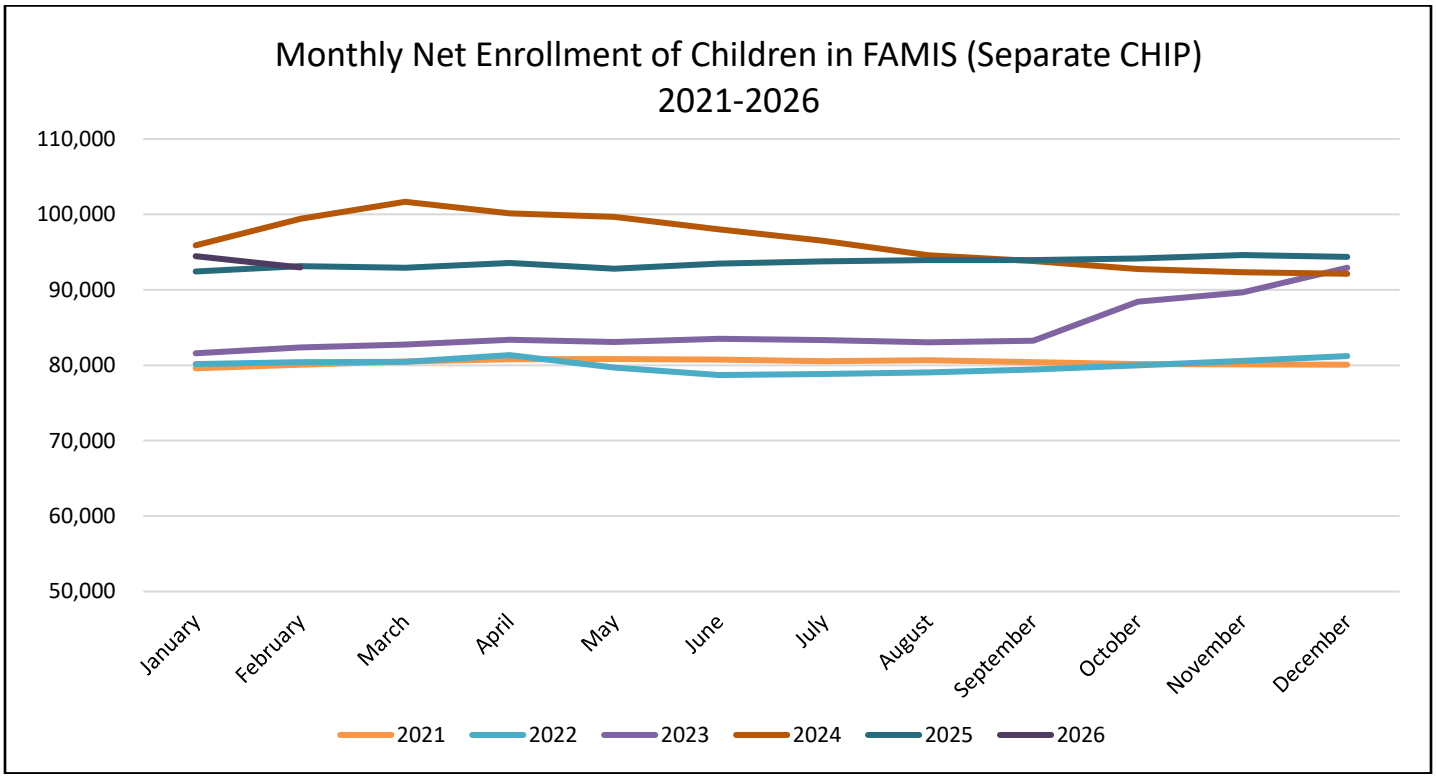
I come with a Bachelor's and Master's degree in Public Health specializing in policy administration, law, and ethics. My previous experiences across public health research and practice have included data management with the VCU Massey Cancer Center pediatric oncology clinical trial team and COVID-19 contact tracing across southside Virginia. In the public sector, I have had the opportunity to work with VDH and DPOR. I bring my background in research, data and policy analysis, health communication, and systems change advocacy to support CHIPAC's mission.

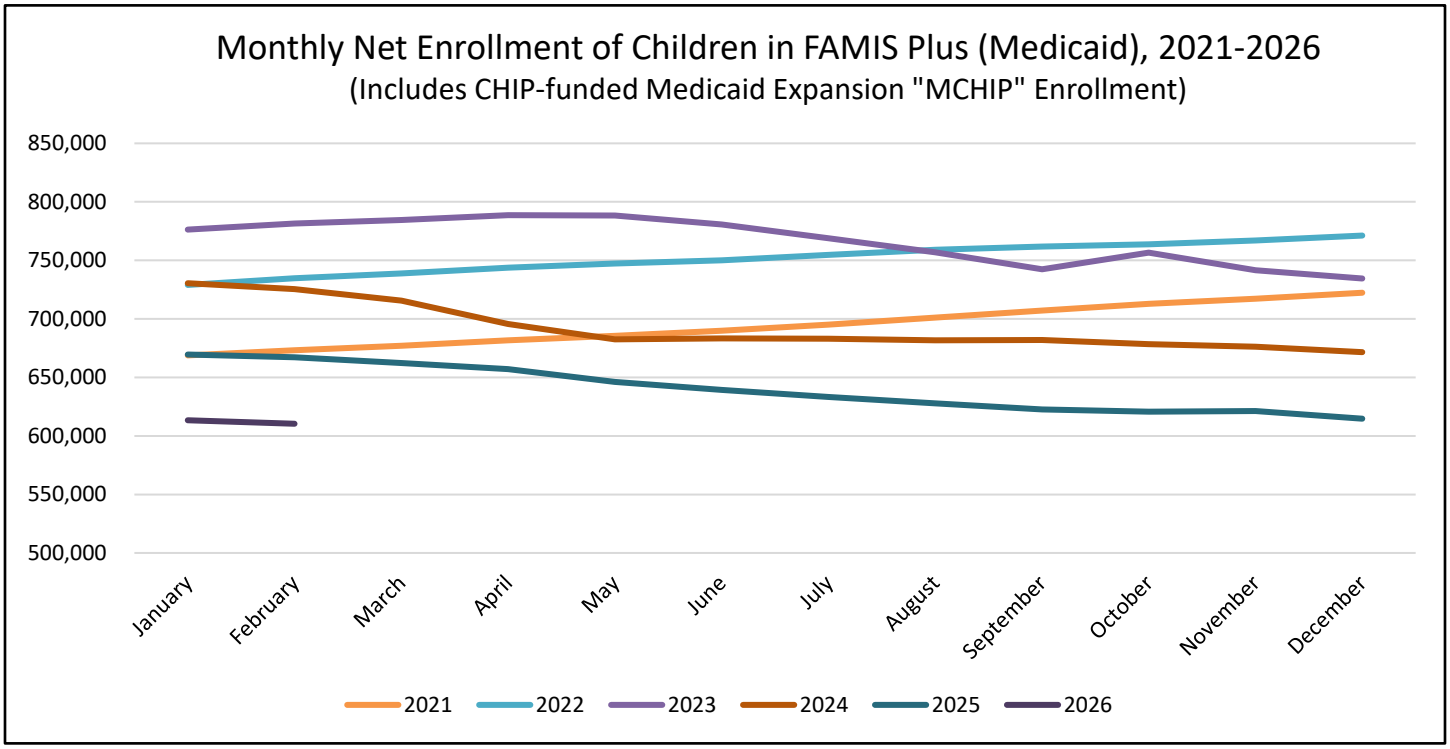
2. What motivates you to participate in CHIPAC? What are your goals and priorities as a member of the Committee?

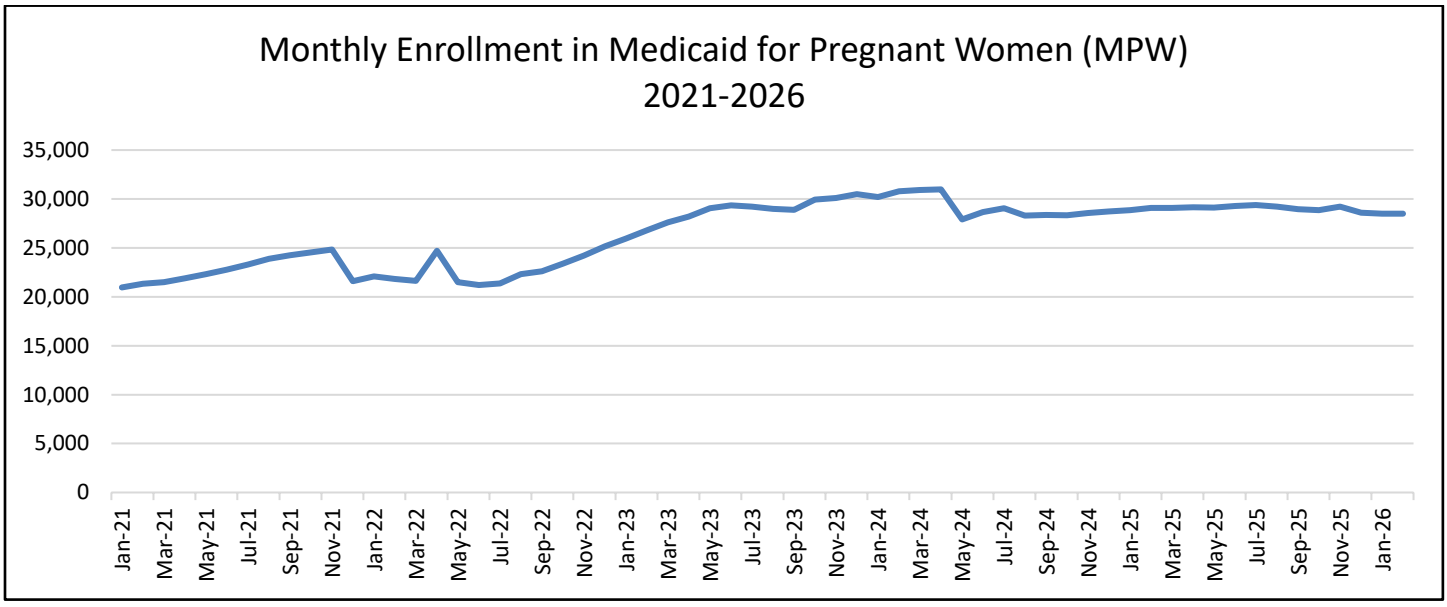
Oral health is essential to overall health and is especially important during childhood development, impacting health outcomes across the lifespan. Representing the oral health policy expertise at Virginia Health Catalyst, I would ensure oral health has a seat at the table in CHIPAC's work and make connections between silos in health systems and disciplines. I hope to bring my specialized working knowledge in changes to the Medicaid dental benefit and influencing factors to help provide a full picture of access challenges, workforce gaps, and barriers to care for Virginia's children. Participation as a member of the committee would also support my awareness of the Medicaid and FAMIS programs more broadly and related opportunities to advance our work for equitable health care access at Catalyst.

CHIPAC Quarterly Enrollment Dashboards

As of February 2026






Monthly Enrollment in Medicaid for Pregnant Women (MPW)
2021-2026
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
Jan-21
Mar-21
May-21
Jul-21
Sep-21
Nov-21
Jan-22
Mar-22
May-22
Jul-22
Sep-22
Nov-22
Jan-23
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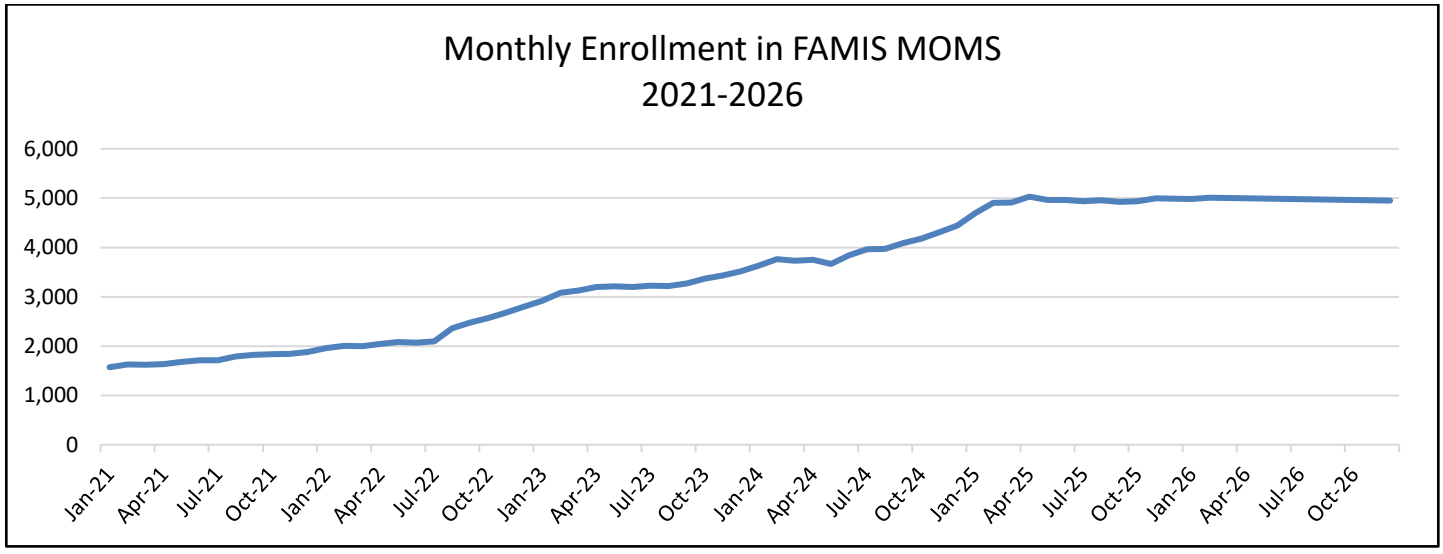
Monthly Enrollment in FAMIS MOMS
2021-2026
6,000
5,000
4,000
3,000
2,000
1,000
0
Jan-21
Apr-21
Jul-21
Oct-21
Jan-22
Apr-22
Jul-22
Oct-22
Jan-23
Apr-23
Jul-23
Oct-23
Jan-24
Apr-24
Jul-24
Oct-24
Jan-25
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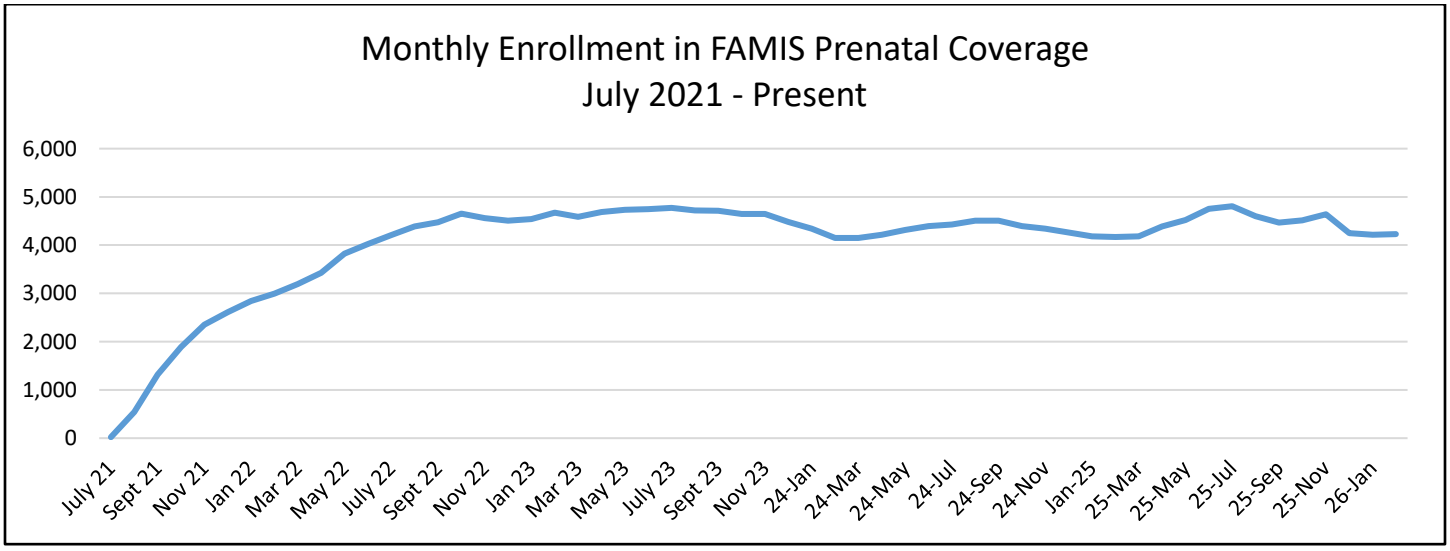
Jan-26
Apr-26
Jul-26
Oct-26


Monthly Enrollment in FAMIS Prenatal Coverage
July 2021 - Present
6,000
5,000
4,000
3,000
2,000
1,000
0
July 21
Sept 21
Nov 21
Jan 22
Mar 22
May 22
July 22
Sept 22
Nov 22
Jan 23
Mar 23
May 23
July 23
Sept 23
Nov 23
24-Jan
24-Mar
24-May
24-Jul
24-Sep
24-Nov
Jan-25
25-Mar
25-May
25-Jul
25-Sep
25-Nov
26-Jan

CHIPAC MEMBER CONTACT LIST: March 2026

	Organization	Representative	Contact info
1.	Joint Commission on Health Care*	Sarah Stanton Executive Director 3-year term: March 2024 – March 2027	Joint Commission on Health Care P.O. Box 1322 Richmond, VA 23218 (804) 371-2591 SStanton@jchc.virginia.gov
2.	Department of Health*	Jennifer O. Macdonald Director, Division of Child and Family Health 3-year term: March 2024 – March 2027	Virginia Department of Health 109 Governor Street Richmond, VA 23219 (804) 864-7729 Jennifer.Macdonald@vdh.virginia.gov
3.	Department of Education*	Alexandra Javna Student Services Specialist, Office of Student Services 3-year term: Sept. 2025 – Sept. 2028	Virginia Department of Education P.O. Box 2120 Richmond, VA 23218 (804) 786-0720 alexandra.javna@doe.virginia.gov
4.	Virginia Department of Behavioral Health and Developmental Services*	Hanna Schweitzer VMAP Program Administrator Office of Child and Family Services 3-year term: Dec. 2024 – Nov. 2027	Virginia Department of Behavioral Health and Developmental Services P.O. Box 1797 Richmond, VA 23218 hanna.schweitzer@dbhds.virginia.gov
5.	Virginia Health Care Foundation*	Joanna Fowler Director of Health Insurance Initiatives 3-year term: September 2024 – September 2027	Virginia Health Care Foundation 6806 Paragon Place, Suite 250 Richmond, VA 23230 (804) 828-5804 joanna@vhcf.org

** Member organizations required per Code of Virginia*

03-05-26

6.	Virginia Department of Social Services*	Irma Blackwell Medical Assistance Program Manager 3-year term: March 2024– March 2027	Division of Benefit Programs Virginia Department of Social Services 801 East Main Street, Richmond, VA 23219 (804) 584-6763 i.blackwell@dss.virginia.gov
7.	Center on Budget and Policy Priorities	Laura Harker 2-year term: June 2024 – June 2026	Center on Budget and Policy Priorities 1125 1st Street NE Washington, DC 20002 (202) 325-8713 lharker@cbpp.org
8.	Virginia League of Social Services Executives	Tiffany Gordon, MSW 2-year term: June 2024 – June 2026	 T.Gordon@dss.virginia.gov
9.	The Commonwealth Institute for Fiscal Analysis	Freddy Mejia Director of Policy *Chair* 2-year term: June 2024 – May 2026	The Commonwealth Institute for Fiscal Analysis 1329 E. Cary St. #200 Richmond, VA 23219 (804) 396-2051 x106 freddy@thecommonwealthinstitute.org
10.	Virginia Association of Health Plans	Heidi Dix Senior Vice President of Policy 2-year term: March 2026 – March 2028	Virginia Association of Health Plans 1111 E. Main Street, Suite 910 Richmond, VA 23219 (804) 648-8466 heidi@vahp.org

11.	Virginia Chapter of the American Academy of Pediatrics	Dr. Susan Brown *Executive Subcommittee Member* 2-year term: March 2026 – March 2028	(804) 363-7732 Gollobrown@gmail.com
12.	Virginia Hospital and Healthcare Association	Kelly Cannon CEO, VHHA Foundation *Executive Subcommittee Member* 2-year term: June 2024 – June 2026	Virginia Hospital and Healthcare Association 4200 Innslake Drive, Suite 203 Glen Allen, VA 23060 (804) 212-8721 kcannon@vhha.com
13.	Virginia Community Healthcare Association	Martha Crosby Programs and Business Lead 2-year term: December 2024 – December 2026	Virginia Community Healthcare Association 3831 Westerre Parkway, Suite 2 Henrico, VA 23233-1330 (804) 237-7677 mcrosby@vcha.org
14.	Birth in Color	Kenda Sutton-EL Executive Director 2-year term: March 2026 – March 2028	Birth in Color RVA 115 E. Broad Street, Unit 1A Richmond, Virginia 23219 (804) 840-6435 kenda@birthincolorrva.org
15.	Virginia Poverty Law Center	Victoria Richardson, Esq. Staff Attorney, Healthcare & Public Benefits 2-year term: June 2024 – June 2026	Virginia Poverty Law Center 919 E Main St #610 Richmond, VA 23219 (804) 332-1432 victoria@vplc.org

Children's Health Insurance Program Advisory Committee of Virginia

Quarterly Meeting

March 5, 2026

CardinalCare
Virginia's Medicaid Program

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 chat.
- Those attending virtually can click on the link to open up a separate window with the live captioning.

Meeting Notice – Public Access

- There will be a public comment period at the close of the meeting.
- This meeting is being recorded. Recording will be posted to Virginia Town Hall, and on the Virginia Department of Medical Assistance Services (DMAS) website.

Meeting Agenda

- Welcome and Announcements
- DMAS Director's Remarks
- CHIPAC Business
- Disenrollment and Churn Dashboard
- *H.R. 1* Eligibility and Implementation Updates
- Planning for June 4, 2026 meeting (*virtual*)
- Public Comment

Roll Call

Organization	Name
Virginia Department of Behavioral Health and Developmental Services*	Hanna Schweitzer
Virginia Health Care Foundation*	Joanna Fowler
Virginia Department of Health*	Cindy deSa (substitute for Jen Macdonald)
Virginia Department of Social Services*	Irma Blackwell
Joint Commission on Health Care*	Sarah Stanton
Virginia League of Social Services Executives	Tiffany Gordon

** Member organizations required per Code of Virginia*

Roll Call

Organization	Name
Virginia Chapter of the American Academy of Pediatrics	Dr. Susan Brown
Birth in Color	Kenda Sutton-EL
Virginia Association of Health Plans	Heidi Dix (attending virtually)
Virginia Poverty Law Center	Victoria Richardson
Virginia Community Healthcare Association	Martha Crosby
The Commonwealth Institute for Fiscal Analysis	Freddy Mejia, *Chair*
Center on Budget and Policy Priorities	Laura Harker
Virginia Hospital and Healthcare Association	Kelly Cannon

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Virginia's Medicaid Program

DMAS Director's Remarks

Steve Ford
Agency Director

DMAS

CHIPAC Business Items

- Review/approval of minutes from December 11, 2025 meeting
- Membership updates
- Officer election: Vice Chair

Children's Health Insurance Program Advisory Committee of Virginia

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Virginia's Medicaid Program

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Disenrollment and Churn Dashboard

DMAS

Overview

The Disenrollment and Churn Dashboard was published in December 2025 to provide an in-depth view of Medical Assistance disenrollments (closures) and data around those who are re-enrolled within six months of their closure. Also referred to as “Churn”.

The Dashboard allows you to filter based on the program, closure month, reinstated period and eligibility category. In addition to closures and churn, it captures things like the top cancel reasons, top re-instated aid categories, shows a monthly churn rate, captures demographic information for closures and churn, etc.

Definitions

- **Closed members** – A member is considered closed or disenrolled when their Medicaid coverage has ended.

- **Churn** – Occurs when a Medicaid member is closed/ disenrolled and re-enrolls within six months of the disenrollment date. Churn data shown on the dashboard is captured with the closure month. For example, if the closure month is March and the member re-enrolls in April, the churn data will still be captured with March considering that is the month the initial closure occurred.

- **Procedural Closure** – Members that did not return their renewal form or needed verifications to determine eligibility.

- **Non-Procedural Closure** – Members closed for any reason other than a procedural closure reason. Exclusions include cancellation of limited coverage, cancellation of coverage due to continued coverage in a new aid category, and closure due to eligibility in another assistance program or aid category with no break in coverage.

Overview

The Dashboard is accessible on the DMAS website under the Data & Reports section. It is updated by the 10th of each month to capture data for the two months prior. This delay is to ensure the closure volume is accurate.

This presentation will walk through the details of the dashboard.

https://dmas.virginia.gov/data-reporting/eligibility-enrollment/disenrollment-and-churn-tracker/

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Questions?

DMAS

Children's Health Insurance Program Advisory Committee of Virginia

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HR1 – Medicaid Eligibility Impacts

March 5, 2026

DMAS

H.R. 1 Made Changes to Medicaid That States Must Begin Implementing Immediately

Impact of H.R. 1

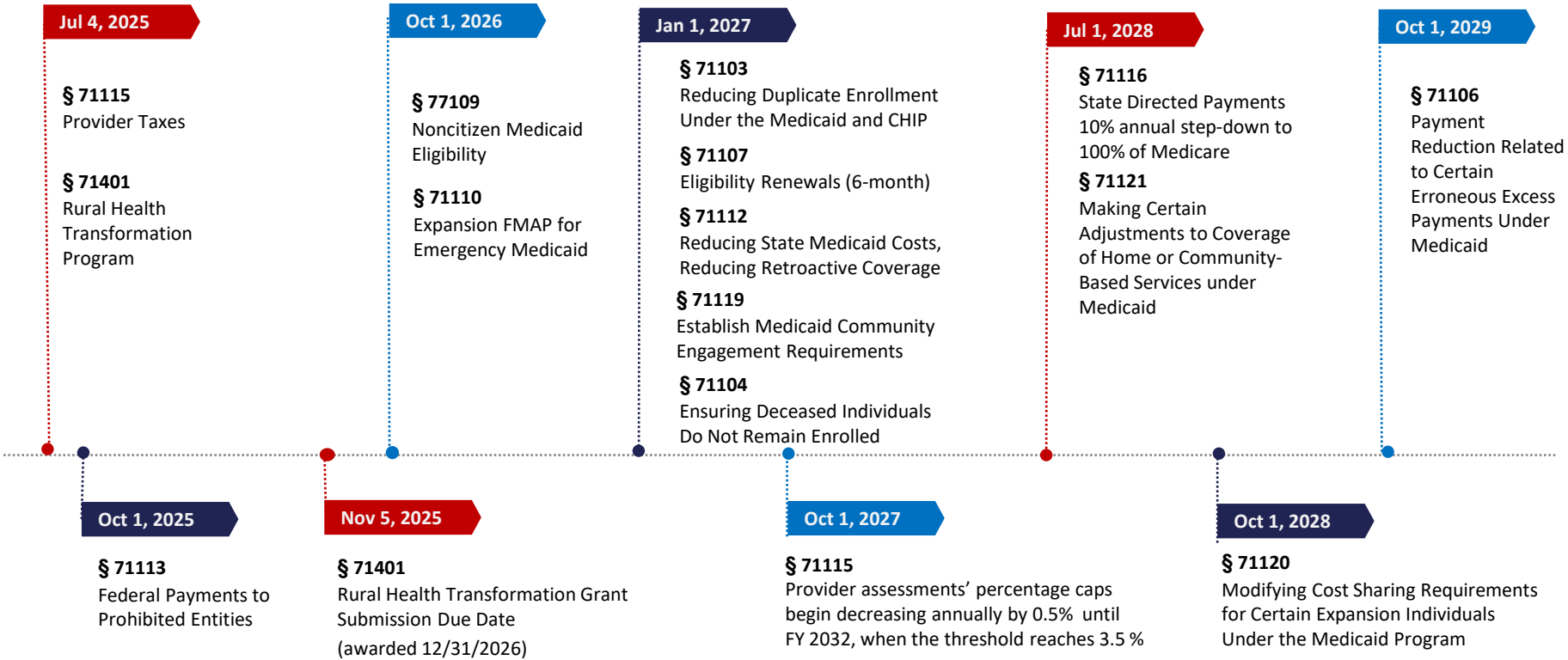
Enacted on July 4, 2025, the H.R 1 made major changes to Medicaid eligibility and financing.

- These changes include, in part:
  - **New eligibility requirements**, including work & community engagements, more frequent eligibility renewals for the Medicaid expansion population and eligibility changes for lawfully present non-citizens.
  - **Changes to how states can finance their share** of Medicaid costs including copayments and reimburse health providers.
- H.R. 1's new policies will require states to modify their systems and undertake significant changes to Medicaid operations. Virginia has begun implementation to meet the deadlines outlined in H.R. 1.
- #1 priority for CMS; CMS has released some embargoed guidance; final rules are expected to released in **June 2026**.

Medicaid Footprint

About **1.8 million Virginians** count on Medicaid for their health coverage (**22%** of the state's population).

H.R. 1 Requirements & Implementation Dates



H.R.1 - Eligibility & Enrollment Changes

Not Including Work & Community Engagement & Six-Months Redetermination

Requirements	Effective Date
Non-citizen definition changes/enrollment changes – Amends the definition of qualified alien to include “aliens lawfully admitted for permanent residence as an immigrant”	October 1, 2026
Reducing duplicate enrollment under Medicaid and CHIP programs – States must use data sources to identify potential out of state individuals (including but not limited to the National Change of Address files and Managed Care data), and in the future, utilize a federal system implemented by HHS.	January 1, 2027 October 1, 2029 HHS system available

H.R.1 - Eligibility & Enrollment Changes

Not Including Work & Community Engagement & Six-Months Redetermination

Requirements	Effective Date
Reducing retroactive coverage – Reduction of retroactive coverage for Medicaid to two months with an exception of one month for members enrolled in Medicaid expansion. Inclusion of state option for retroactive coverage for up to two months for CHIP.	January 1, 2027
Ensuring deceased individuals do not remain enrolled – States must utilize the quarterly Death Master File (DMF) provided by the Social Security Administration (SSA) in addition to state files.	January 1, 2028
Payment reduction related to certain erroneous excess payments (PERM) – Expands definition of erroneous excess payment, state fiscal impacts for error rate >3%.	October 1, 2029

Eligibility Redetermination - Six Months

Effective date: January 1, 2027

- Medicaid agencies to conduct eligibility redetermination for adult expansion group once every six months (increase from today, which is every 12 months).
- Members of Tribes are exempt (they will still renew every 12 months).
- CMS guidance expected by December 31,2025 – has not been released as of February 17th.

Projected Impact: Medicaid Expansion members (~500,000) will go through the renewal process every six months.

General Assembly: Need funding and authority to implement the changes (GIB).

State Implications: System changes, eligibility policy updates, staff training, VDSS/LDSS workload impacts/staff training, possible contract modifications for eligibility and outreach support.

Coordination: DMAS/VDSS/LDSS coordination on workload management, system changes and trainings.

Communication: Communication plan to ensure member, providers, MCOs and other state agencies are aware of the changes.

Virginia Medicaid – Work & Community Engagement Program

- Promote Work by Removing Barriers, Not Removing Coverage
- Member Centric
- Keep Administrative Burden Low
- Build with Community Input
- Ensure Fiscal Responsibility
- Focus on Health as a Pathway to Community Engagement
- Alignment with SNAP
- Contractor Support

Under H.R. 1, Virginia Must Implement Work & Community Engagement by January 1, 2027

Impacted Population

Work & community engagement requirements will apply to people seeking coverage through **Medicaid expansion programs**

- **Expansion adults** are individuals ages 19-64 years old, with income at or under 138% of the federal poverty level (about $21,597/year for an individual).
- There are ~500,000 individuals in expansion adult coverage in Virginia.

Requirement

To receive coverage, individuals must report either:

- 80 hours of work, community service, or participation in a work program per month (some combinations are allowed);
- Enrollment in an educational program part-time; or
- A certain minimum monthly income of $580 (federal minimum wage x 80 hours/month).

Exemptions

Key exemptions apply to certain individuals, such as:

- Pregnant and postpartum women
- People with special medical needs, including substance use disorders, serious or complex medical conditions, or disabilities
- Disabled veterans
- Parents, guardians, or family caregivers for children under 14 or people with disabilities
- American Indians and Alaska Natives
- People recently released from incarceration

Applicants must demonstrate compliance or exemption prior to enrollment, and continued compliance or exemption must be determined at each renewal.

What This Means for Virginians

Approximately 500,000 individuals in Virginia's Medicaid expansion population will be subject to work & community engagement requirements beginning January 1, 2027.

Impact to Virginians

- New reporting requirements could present **significant challenges to Virginians' ability to access and maintain Medicaid coverage.**
- Virginians will be required to navigate **new systems and potentially submit new information** in order to demonstrate compliance or exemptions.
- New administrative requirements could lead eligible individuals to lose coverage, **making successful, streamlined implementation a crucial priority**.

Impact to the State

- The Department of Medical Assistance Services (DMAS) will need to **change Medicaid's eligibility and reporting systems** to identify compliant and exempt individuals using an **automated, data-driven processes** as much as possible. DMAS will need **authority, funding and staff allocated** by the General Assembly.
- **To be successful, efforts to implement new requirements will occur in partnership** with the Virginia Department of Social Services (VDSS), Department of Behavioral Health and Developmental Services (DBHDS), the Governor's Office, health care providers, managed care plans, and other stakeholders.
- This work will occur **alongside other changes required by H.R. 1,** including more frequent eligibility renewals, changes to noncitizen coverage, and new financing requirements – increasing the operational complexity.

H.R. 1 Implementation Goals

Virginia is committed to minimizing loss of coverage while maintaining compliance with federal requirements. A strong emphasis has been and will continue to be placed on collaboration with state agency partners and stakeholders, communicating clearly and transparently, and leveraging technology to streamline processes.

Ensure that **eligible** Virginians maintain **coverage and** access to the care and services they need.

Promote efficiency, effectiveness, and sustainability.

Ensure that our initiatives, programs, and systems promote economic mobility and **connect** those who require additional support to achieve economic mobility **to appropriate resources**.

Communication Strategy

To ensure clear, consistent, and proactive communication with Medicaid members, providers, health plans, policymakers, advocacy groups, vendors/contractors and the public regarding the implementation of the HR 1 mandate. The purpose is to build trust, reduce confusion, and promote smooth adoption of new policies and changes in the program. Early messaging and outreach will begin Spring 2026.

Direct Member Outreach	Provider & Partner Engagement	Public Information
• Mailings • Phone/Text Messages • Website	• Community Engagement Ambassador Workgroup • Stakeholder Workgroup • Provider Bulletin • Toolkit	• Website Hub • Social Media Campaign • Apps

Operational Strategy

- Module System Investment – Streamline the Work & Community Engagement requirements evaluation, minimizing extra work on Local Department of Social Services (LDSS) and as streamlined as possible for applicants/members.
- Staffing Investment – Reduce LDSS burden and intense training for staff. The dedicated DMAS staff would focus on work and community engagement policies and operations.
- Cover Virginia Investment – Enable Cover Virginia vendor to do renewals for Medicaid Expansion members only.

Work & Community Engagement Requirements – State Options

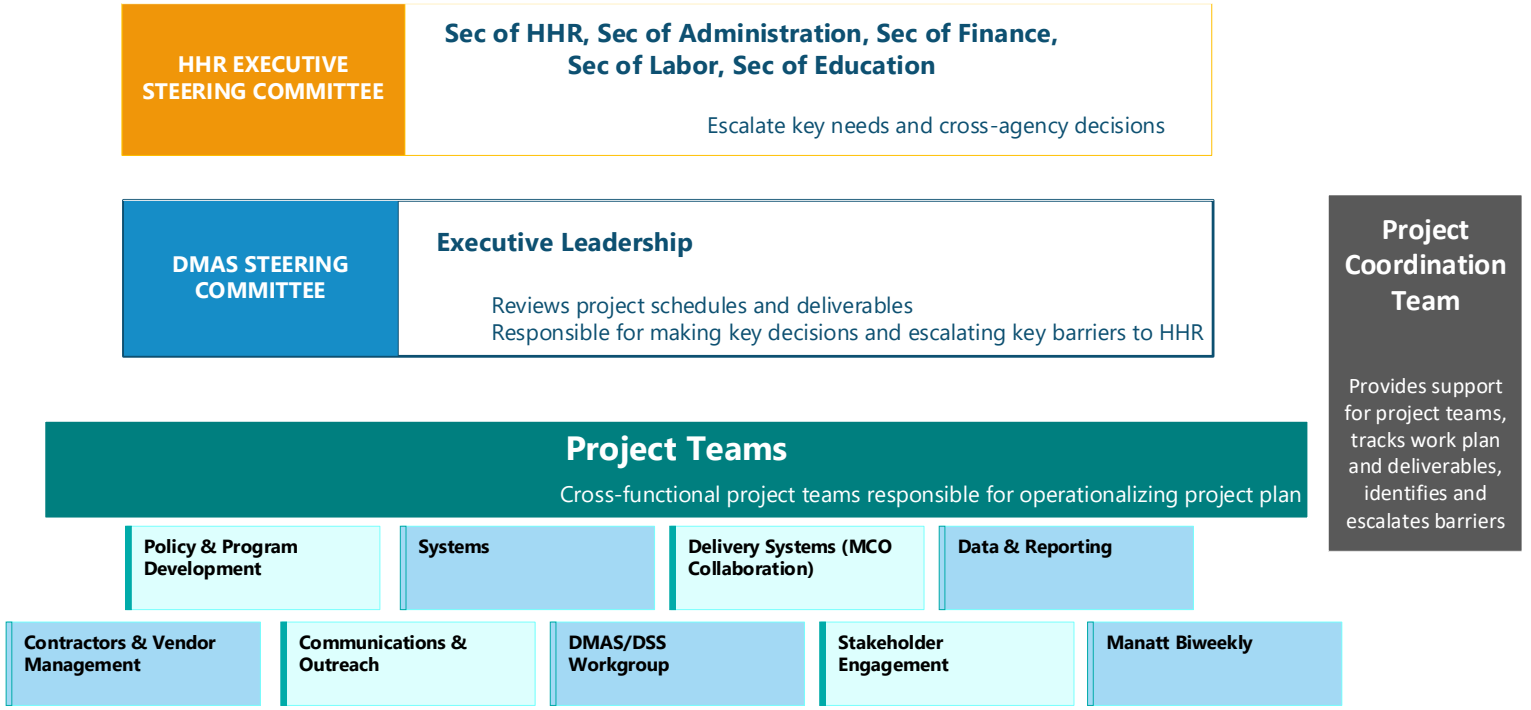
1. Medically frail definition – Medical condition that can exempt members from work requirement reporting, as defined by the state and approved by HHS.
2. Self-attestation – States may elect not to require an individual to verify information resulting in deeming an individual exempt from the requirement (*pending CMS guidance*)
3. Compliance – No less frequent than one-month preceding enrollment, or at the states option up to three months.
4. Verification - May occur more frequently than at initial eligibility determination and at redetermination.

Additional Options - Hardship Waivers

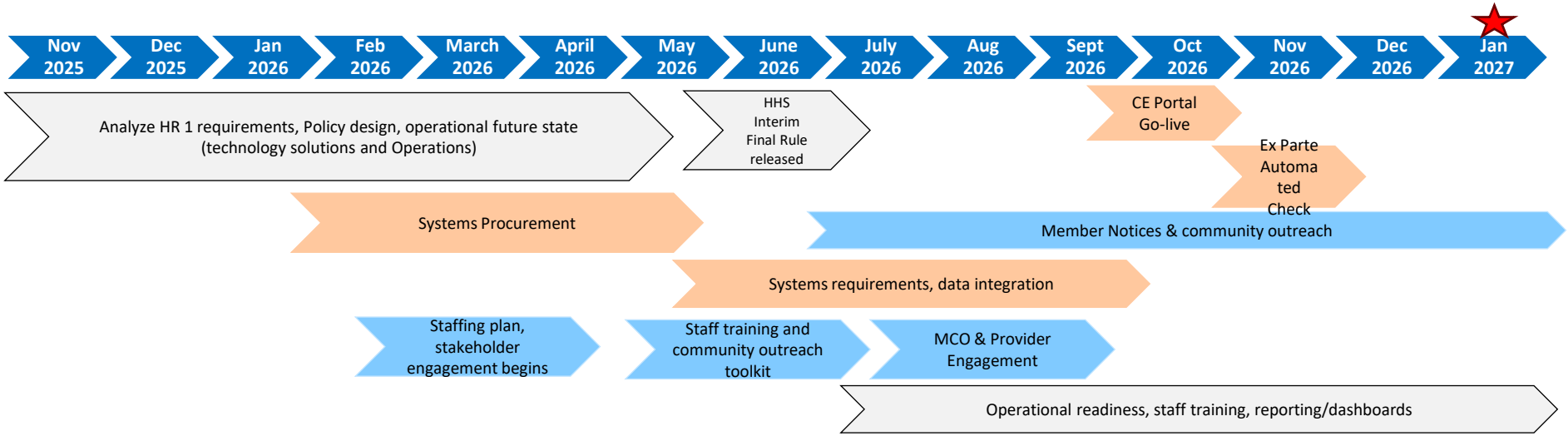
Awaiting Additional CMS Guidance

- Individuals who are receiving inpatient hospital, SNF, ICF-IID, inpatient psychiatric hospital or other services of similar acuity, including outpatient care related to relating to other services specified here, as determined by the Secretary;
- Natural disasters;
- Counties in which the unemployment rate is greater than 8% or greater than 150% of the national average; and
- Individuals (or their dependents) who must travel outside of their community for an extended period of time to receive medical services necessary to treat a serious or complex medical condition that are not available within their community of residence

Virginia Medicaid –
Work & Community Engagement Requirements Program



H.R.1 – Work and Community Engagement
Overall Implementation Timeline
Effective Date – January 1, 2027



Thank You!

Children's Health Insurance Program Advisory Committee of Virginia

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Virginia's Medicaid Program

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Virginia's Medicaid Program

Virginia General Assembly Update

Will Frank
Senior Advisor for Legislative,
Department of Medical
Assistance Services

DMAS

DMAS Legislative Role

1. Monitor introduced legislation
2. Review legislation and budget language for Secretary and Governor
3. Make position recommendations to Secretary and Governor
4. Communicate Governor’s positions to General Assembly
5. Provide expert testimony and technical assistance to legislators on legislation

2026 GA Session Stats

- 2,864 bills introduced.
- DMAS was assigned 38 lead bills plus took an active role in key legislation led by other agencies.
- DMAS also had 5 bills introduced on behalf of the agency.
- Major topics include:
  - Maternal Health
  - Waiver Issues
  - Pharmacy benefit changes

Maternal Health

- DMAS related maternal health bills included:
  - Remote Patient Monitoring for Pregnant and Postpartum Patients
  - Codifying existing Doula services for Pregnant and Postpartum Patients
- Policies were introduced as both legislation and budget language.

Pharmacy Legislation

- Legislation and Budget Amendments were introduced dealing with Pharmacy Benefits Manager.
- DMAS worked with the Secretary's Office, patrons, and stakeholders to provide technical assistance.
- Legislation impacting DMAS implementation of single PBM failed.
- Language and funding were also included in the budget.

Waiver Services

- Legislation to make changes to consumer directed services to individual receiving services to serve as the employer of record (EOR).
- Legislation to provide oversight of service facilitators.
- Legislation to remove the sunset clause for the SSDI disregard from 2025.

Agency Legislation

- DMAS worked with the Governor's Office to introduce legislation this session.
  - Legislation to remove requirement that guardianship documents are sent to DMAS.
  - Legislation to amend how report on State and Local Hospitalization Program is submitted.
  - Legislation to streamline the Facilitated Enrollment process.

Other Legislation

- Medicaid billing trainings for school districts.
- Expedited review process for Medicaid service authorization requests.
- Changes to the Medicaid Estate Recovery Process.
- Updating the Administrative Process Act dealing with Medicaid appeals.

What's Next

- GA finalizing legislation and budget before the March 13th adjournment date.
- Governor will then review legislation and budget to sign, amend, or veto.
- General Assembly scheduled to return on April 22nd for the Reconvened Session.
- Unless stated otherwise, legislation and budget go into effect July 1.

Questions?

Thank you

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

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Virginia's Medicaid Program

Planning for June 4, 2026 CHIPAC Meeting

DMAS

Public Comment

REMINDER: 2026 Meeting Dates

CHIPAC Full Committee Meetings

- ~~**Thursday, March 5, 2026** (1:00–3:30 pm)~~
- **Thursday, June 4, 2026** (1:00–3:30 pm) *Virtual Meeting*
- **Thursday, September 10, 2026** (1:00–3:30 pm)
- **Thursday, December 10, 2026** (1:00–3:30 pm) *Virtual Meeting*

CHIPAC Executive Subcommittee Meetings

- ~~**Friday, January 16, 2026** (10:00–11:00 am) *Virtual Meeting*~~
- **Friday, April 17, 2026** (10:00–11:00 am)
- **Friday, July 17, 2026** (10:00–11:00 am) *Virtual Meeting*
- **Friday, October 16, 2026** (10:00–11:00 am)

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