

HISTORY

Children's Health Insurance Program Advisory Committee of Virginia

In 1997, over 100 organizations came together to form the Virginia Coalition for Children's Health to ensure that Virginia would take full advantage of the newly established S-CHIP program, to provide health insurance for the uninsured children of lower income working families. The Coalition worked during the 1998 General Assembly Session to ensure that Virginia adopted a program that provided the best package of benefits for the greatest possible number of uninsured children. Recognizing that legislation alone would not ensure that children enrolled, the Coalition also launched the statewide *SignUpNow* outreach initiative.

At the initiation of the Governor, the 2000 Virginia General Assembly passed legislation that renamed and significantly reshaped the existing CMSIP (Children's Medical Security Insurance Program) into the FAMIS (Family Access to Medical Insurance Security) plan. This legislation required the Department of Medical Assistance Services (DMAS) to maintain an Outreach Oversight Committee composed of representatives from community-based organizations engaged in outreach activities (such as *SignUpNow*), social services eligibility workers, the provider community, health plans, and consumers. The Committee was tasked with recommending strategies to improve outreach activities and to streamline and simplify the application process.

In the 2004 session of the Virginia General Assembly, legislation was passed that eliminated the Outreach Oversight Committee and established the present-day Children's Health Insurance Program Advisory Committee – CHIPAC. The scope of CHIPAC was broadened significantly from that of the Outreach Oversight Committee. CHIPAC is now charged with assessing the policies, operations, and outreach efforts for both FAMIS and FAMIS Plus (children's Medicaid). In addition, the Committee evaluates enrollment, utilization of services, and the health outcomes of children eligible for these programs. CHIPAC has the authority to report on the current status of the programs and make recommendations to the Director of DMAS and the Secretary of Health and Human Resources.

§ 32.1-351.2. Children's Health Insurance Program Advisory Committee; purpose; membership; etc

The Department of Medical Assistance Services shall maintain a Children's Health Insurance Program Advisory Committee to assess the policies, operations, and outreach efforts for Family Access to Medical Insurance Security (FAMIS) and FAMIS Plus and to evaluate enrollment, utilization of services, and the health outcomes of children eligible for such programs. The Committee shall consist of no more than 20 members and shall include membership from appropriate entities, as follows: one representative of the Joint Commission on Health Care, the Department of Social Services, the Department of Health, the Department of Education, the Department of Behavioral Health and Developmental Services, the Virginia Health Care Foundation, various provider associations and children's advocacy groups; and other individuals with significant knowledge and interest in children's health insurance. The Committee may report on the current status of FAMIS and FAMIS Plus and make recommendations as deemed necessary to the Director of the Department of Medical Assistance Services and the Secretary of Health and Human Resources.

The Department of Medical Assistance Services shall enter into agreements with the Department of Education and the Department of Health to identify children who are eligible for free or reduced price school lunches or for services through the Women, Infants, and Children program (WIC) in order that the eligibility of such children for the Virginia Plan for Title XXI of the Social Security Act may be determined expeditiously.

2000, cc. [824](#), [848](#);2002, c. [329](#);2004, c. [301](#);2009, cc. [813](#), [840](#).

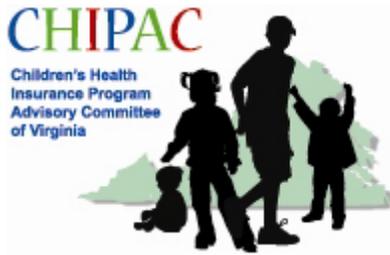
The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Children’s Health Insurance Program Advisory Committee (CHIPAC)

Organizations Represented by Current Membership

ADVOCACY ORGANIZATIONS	GOVERNMENTAL AGENCIES, BOARDS & ORGANIZATIONS	PROVIDERS & PROVIDER ASSOCIATIONS	OTHERS
<ul style="list-style-type: none"> ○ Virginia Poverty Law Center ○ Voices for Virginia’s Children ○ Families Forward Virginia ○ The Commonwealth Institute for Fiscal Analysis 	<ul style="list-style-type: none"> ○ Joint Commission on Health Care* ○ Department of Social Services* ○ Department of Health* ○ Department of Education* ○ Virginia Department of Behavioral Health and Developmental Services* ○ Virginia League of Social Services Executives ○ Board of Medical Assistance Services (DMAS Board) 	<ul style="list-style-type: none"> ○ Virginia Chapter of the American Academy of Pediatrics ○ VCU Health ○ Medical Society of Virginia (OB Physician) ○ Virginia Community Healthcare Association ○ Virginia Association of Health Plans ○ Virginia Hospital and Healthcare Association 	<ul style="list-style-type: none"> ○ Virginia Health Care Foundation* ○ Center on Budget and Policy Priorities

* Member organizations required per Code of Virginia



MEMBER RESPONSIBILITIES

MISSION OF THE COMMITTEE

The mission of the Children's Health Insurance Program Advisory Committee is to advise the Director of the Department of Medical Assistance Services (DMAS) and the Secretary of Health and Human Resources on ways to optimize the efficiency and effectiveness of DMAS programs to address the health needs of children.

COMMITTEE MEMBER RESPONSIBILITIES

- Attend all full committee and subcommittee meetings, retreats, and other CHIPAC functions.
- When an absence is unavoidable, it is expected that the member will authorize a knowledgeable substitute to attend and vote on his/her behalf. Please inform the chairperson and DMAS staff in advance of the meeting of the name of the person substituting on the member's behalf.
- Be informed about CHIPAC's mission, bylaws, policies, and projects.
- Review agenda and supporting materials prior to meetings.
- Serve on subcommittees or task forces; offer to take on special assignments and present at meetings.
- Suggest possible nominees to the committee who can make a significant contribution to the work of CHIPAC.
- Keep up to date on developments in CHIP and Medicaid and in the field of maternal and child health.
- Follow conflict-of-interest and Freedom of Information Act (FOIA) policies.

PERSONAL CHARACTERISTICS TO CONSIDER

- Ability to listen, analyze, think clearly and creatively, and collaborate with other committee members.
- Willingness to prepare for and attend all committee meetings, engage in committee discussion, and follow through on projects for the committee.
- Commitment to contributing to and advancing the mission, goals, and work of CHIPAC.



BYLAWS

CHIPAC Bylaws

ARTICLE I – NAME

The name of the committee is the Children’s Health Insurance Program Advisory Committee, hereinafter known as the Committee.

ARTICLE II – MISSION OF THE COMMITTEE

The mission of the Committee is to advise the Director of the Department of Medical Assistance Services (DMAS) and the Secretary of Health and Human Resources on ways to optimize the efficiency and effectiveness of DMAS programs to address the health needs of children.

ARTICLE III – LEGAL BASE AND POWERS AND DUTIES OF THE COMMITTEE

Legal Base: Code of Virginia, § 32.1-351.2:

The Department of Medical Assistance Services shall maintain a Children’s Health Insurance Program Advisory Committee to assess the policies, operations, and outreach efforts for Family Access to Medical Insurance Security (FAMIS) and FAMIS Plus and to evaluate enrollment, utilization of services, and the health outcomes of children eligible for such programs. The Committee shall consist of no more than 20 members and shall include membership from appropriate entities, as follows: one representative of the Joint Commission on Health Care, the Department of Social Services, the Department of Health, the Department of Education, the Department of Behavioral Health and Developmental Services, the Virginia Health Care Foundation, various provider associations and children’s advocacy groups; and other individuals with significant knowledge of and interest in children’s health insurance. The Committee may report on the current status of FAMIS and FAMIS Plus and make recommendations as deemed necessary to the Director of the Department of Medical Assistance Services and the Secretary of Health and Human Resources.

ARTICLE IV – MEMBERSHIP OF THE COMMITTEE OF THE DEPARTMENT

Section 1. Composition (as stipulated in the Code of Virginia):

The Committee shall consist of no more than 20 members and shall include a member from each of the following appropriate entities:

- The Joint Commission on Health Care,
- The Department of Social Services,
- The Department of Health,
- The Department of Education,
- The Department of Behavioral Health and Developmental Services, and
- The Virginia Health Care Foundation.

Other members may come from various provider associations and children’s advocacy groups or may be individuals with significant knowledge of and interest in children’s health insurance issues.

Section 2. Terms:

A. Appointments

1. Organizational Members Mandated in the Code of Virginia

Membership from six organizations is mandated in the Code of Virginia. A representative of a mandated member organization shall serve a term of three years. After three years, that representative may be reappointed at the discretion of the organization, or the organization may appoint another representative to serve on the Committee. If the representative leaves his/her position or can no longer serve on the Committee, the mandated member organization shall appoint another representative to complete his/her term.

2. All Other Committee Members

The Committee will make recommendations to the Director of DMAS to fill the other fourteen membership positions. The Director of DMAS maintains final authority to invite individuals or groups to serve on the Committee.

Committee members other than representatives of the mandated member organizations shall serve for a term of two years. Members may serve no more than four consecutive two-year terms. A person appointed to fill a vacancy during a term may serve three additional consecutive terms. If a person cannot complete his/her term, the Committee will recommend appointment of a replacement to the Director of DMAS.

B. Absences

1. Organizational Members Mandated in the Code of Virginia

If a mandated member organization’s representative misses two consecutive meetings of the Committee (without providing a substitute), inquiry shall be made of the organization to ascertain whether they desire to appoint another representative.

2. All Other Committee Members

For all other Committee members who miss two consecutive meetings (without providing a substitute), the Committee may ask the member to resign and recommend a replacement to serve the remainder of the member's term. If a person misses three or more meetings without providing a substitute during his/her term, he/she may be asked to resign and the Committee would then recommend a replacement to serve the remainder of the member's term.

C. Substitutes

1. If a person is unable to attend a meeting, they may send an appropriate substitute in their place. The member is responsible for letting the Chairperson or appropriate DMAS staff know of such substitution, if possible, in a reasonable time frame.
2. The substitute will be understood to have the authority to vote on behalf of the person/organization they are representing on matters before the Committee on the day of the meeting.

Section 3. Authority of Individual Members:

No member of the Committee shall at any time act or purport to act on behalf of or in the name of the Department or the Committee without prior authority from the Committee and the Department.

ARTICLE V – ORGANIZATION

Section 1. Officers of the Committee:

The officers of the Committee shall be a Chairperson and a Vice-Chairperson.

Section 2. Selection of Officers:

A. The Chairperson shall be elected by the Committee from among its membership in odd-numbered years. The Chairperson shall serve for a term of two years. The incumbent shall be eligible to serve an additional consecutive term of two years.

B. The Vice-Chairperson shall be elected by the Committee from among its membership in even-numbered years. She/he shall serve for a two-year term. The Vice-Chairperson shall also be eligible to serve an additional consecutive term of two years.

C. Elections for Chairperson and Vice-Chairperson shall be held in the month of December, with the term of office beginning at the start of the new calendar year. In the case of the Chair being vacant, the Vice-Chairperson shall serve as the temporary Chairperson until the next Committee meeting, at which time a new election shall be held to fulfill the remainder of the original term.

Section 3. Duties of Officers:

A. The Chairperson shall preside at all meetings of the Committee, shall be a member ex officio of all standing subcommittees, and shall perform such other duties as may be imposed by action of the Committee or as set forth in other sections of these policies and procedures.

B. The Vice-Chairperson shall serve in the absence of the Chairperson of the Committee and shall perform such other duties as may be imposed by action of the Committee or as set forth in other sections of these regulations.

Section 3. Executive Subcommittee:

A. The Executive Subcommittee shall consist of the Chairperson, the Vice-Chairperson, Chairpersons of any existing subcommittees, and one or more at-large CHIPAC members appointed at the discretion of the CHIPAC Chair.

B. The Executive Subcommittee shall carry out functions as assigned by the Committee in keeping with the purposes of the Committee. The Executive Subcommittee may assist Department staff in problem solving and decisions.

C. The Executive Subcommittee may be called to meet as needed and at the request of the Chairperson.

Section 4. All other subcommittees:

A. Subcommittees shall be appointed by the Chairperson whenever they are deemed necessary by the Committee. A subcommittee shall be restricted to its assigned task, shall report its recommendations to the Committee, and shall be dissolved when its report is complete and accepted by the Committee unless otherwise provided by the Committee.

B. Subcommittees may invite others with topic expertise who are not serving on the full Committee to participate as advisors or consultants in subcommittees. Only full Committee members or their substitutes will be counted in the quorum and can vote.

C. The chair of any subcommittee must be a member of the full Committee.

ARTICLE VI – MEETINGS OF THE COMMITTEE

Section 1. Regular Committee Meetings:

A. A gathering, whether physical or by electronic means, of three or more Committee members discussing or transacting Committee business is considered a meeting.

B. The Committee shall meet at the call of the Chairperson, but no less than four times a year.

C. Meetings will be held quarterly in March, June, September, and December.

Section 2. Special Meetings:

A. Special meetings may be called by the Chairperson, upon the written request of any three members of the Committee, or by the Director of the Department of Medical Assistance Services.

B. Notice to all Committee members stating the time, place and purpose of the special meeting shall be e-mailed as early as possible, but in no case less than five working days prior to the meeting.

Section 3. Agendas:

A. The agenda for each meeting of the Committee shall be prepared by the Department in consultation with the Chairperson. Copies of the tentative agenda shall be provided in hard copy or electronically to each member at least three working days prior to each regular meeting.

B. Copies of the agenda and materials provided to the Committee members shall be available to the public at the same time they are made available to the Committee members.

Section 4. Meetings to be Public:

A. All regular and special meetings of the Committee shall be open to the public, provided that the Committee may meet in Closed Meeting to consider matters as permitted by the Freedom of Information Act (Va. Code §2.2-3711). Such Closed Meetings shall be held when feasible after all items of business on the agenda have been conducted.

B. Notice of a regular Committee meeting shall be posted publicly at least three working days prior to the meeting.

Section 5. Citizen Participation:

A. Individuals or representatives of groups may speak on agenda topics at a publicly announced time on the agenda during each meeting, provided the Chairperson has approved this request prior to the meeting being called to order. Such individuals or group representatives will be allotted up to ten minutes to present their information to the Committee. At the discretion of the Chairperson or by majority vote of the Committee, such time limit may be extended as appropriate.

B. After the Committee has dispensed with items on the agenda, members of the public will be permitted to speak during a designated public comment period. Each individual/group shall be allotted up to two minutes to make their comment. At the discretion of the Chairperson or by majority vote of the Committee, such time limit may be extended as appropriate.

C. Except in emergencies, the Committee shall not attempt to decide upon any question before examining and evaluating the information any person requests the Committee to consider. The appropriate subcommittee of the Committee shall be given an opportunity to examine and to evaluate all such information and to recommend action before the Committee makes a decision.

Section 6. Quorum:

A majority of the filled Committee member positions shall constitute a quorum for the transaction of business at a full Committee meeting. For a subcommittee meeting, a quorum shall consist of at least half of the subcommittee membership.

Section 7. Voting:

If a quorum exists, an affirmative vote of a majority of the Committee members present is required for the Committee to act. All votes must be recorded and take place in an open meeting.

Section 8. Closed Meetings:

A. A closed meeting may be held within an open meeting under certain conditions. There must be an affirmative vote during an open meeting to hold a closed meeting. The motion to approve the closed meeting must include the following: (1) the subject of the closed meeting, (2) the purpose of the closed meeting, and (3) the reference to the applicable exemption from the open meeting requirements.

B. Following the closed meeting, the Committee must reconvene an open meeting and take a vote to affirm that they restricted their discussion during the closed meeting to only those items specifically mentioned in the closed meeting motion. A decision made during a closed meeting only becomes official once the Committee reconvenes an open meeting and votes on the decision.

Section 9. Remote Participation and All-Virtual Meetings:

A. Remote Participation of Individual Members

Consistent with § 2.2-3708.3 of the Code of Virginia, effective September 1, 2022, an individual member of the Committee may participate remotely instead of attending a meeting in person if, in advance of the public meeting, the member notifies the CHIPAC Chair and DMAS staff of the following:

1. The member has a temporary or permanent disability or other medical condition that prevents the member's physical attendance;
2. A family member's medical condition requires the member to provide care for such family member, thereby preventing the member's physical attendance; or
3. The member's principal residence is more than 60 miles from the meeting location identified in the required notice for the meeting.

The member and the Committee must follow the Procedure for Remote Participation Approval outlined below. When an individual member participates remotely under this process, the Code of Virginia requires that a quorum of the Committee be physically assembled at the primary or central meeting location. Members participating remotely may participate in discussions, make motions, vote, join in closed meetings, and otherwise participate fully as if they were physically present. A separate set of requirements apply to all-virtual meetings, described below under All-Virtual Meetings Policy.

B. Procedure for Remote Participation Approval

1. Request: The member requesting to participate remotely must notify the Chair and DMAS staff on or before the day of the meeting. The member must include the reason for the request for remote participation, citing one of the specific reasons listed above.
2. Approval: Approval shall be granted unless a member's participation would violate this policy or the provisions of § 2.2-3708.3. If a member's participation from a remote location is challenged, then the Committee shall vote whether to allow such participation.
3. Documentation: The following information must be included in the meeting minutes:

- a. The fact that the member participated through electronic communication means and the reason as listed in A.1, 2, or 3 above.
 - b. Notwithstanding the disclosure requirement, the specific medical condition(s) or related clinical information affecting the member requesting remote participation shall not be publicly disclosed.
 - c. If a member's participation from a remote location is disapproved because such participation would violate this policy, such disapproval shall be recorded in the minutes with specificity.
4. Limitation: There is no limit on the number of times per calendar year an individual member may participate remotely.
 5. Consistent Application of Policy: In accordance with § 2.2-3708.3 of the Code of Virginia, this policy shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting.

The policy for remote participation and procedures for approval shall also apply to meetings of any subcommittee designated by the Committee to perform delegated functions or to advise the Committee.

C. All-Virtual Meetings Policy

Consistent with § 2.2-3708.3 of the Code of Virginia, effective September 1, 2022, the following policy defines the circumstances under which an all-virtual public meeting of the CHIPAC will be allowed. All-virtual meetings may be held at the option of the Chair or by vote of the full Committee. No more than two (2) all-virtual meetings shall be held per calendar year, such meetings must be non-consecutive, and the following requirements must be met.

1. An indication of whether the meeting will be in-person or all-virtual shall be included in the required meeting notice along with a statement notifying the public that the method by which the Committee chooses to meet shall not be changed unless the Committee provides a new meeting notice in accordance with the provisions of § 2.2-3707.
2. Public access to the all-virtual public meeting shall be provided via electronic communication means.
3. The electronic communication means used shall allow the public to hear all members of the Committee participating in the all-virtual meeting and, when audio-visual technology is available, to see the members as well.
4. A phone number or other live contact information shall be provided to alert the Committee if the audio or video transmission of the meeting provided fails. Committee staff shall monitor such designated means of communication during the meeting, and the Committee shall take a recess until public access is restored if the transmission fails for the public.

5. A copy of the proposed agenda and all agenda packets and, unless exempt, all materials furnished to members shall be made available to the public in electronic format at the same time that such materials are provided to members.
6. The public shall be afforded the opportunity to comment through electronic means, including by way of written comments, when public comment is customarily received.
7. No more than two members of the Committee shall be together in any one remote location unless that remote location is open to the public to physically access it.
8. If a closed session is held during an all-virtual public meeting, transmission of the meeting to the public shall resume before the Committee votes to certify the closed meeting as required by subsection D of § 2.2-3712.
9. Minutes shall be taken as required by § 2.2-3707 and shall include the fact that the meeting was held by electronic communication means and the type of electronic communication means by which the meeting was held.

Section 10. Recordings of the Meeting:

A. Typed minutes of each meeting shall be maintained as a public record in the custody of the Department of Medical Assistance Services. These minutes shall be sent to each Committee member and approved at the next full Committee meeting.

B. Draft minutes will be posted on the Department of Medical Assistance Services web site and on a central electronic calendar maintained by the Commonwealth within ten days of the meeting. Approved minutes will be posted within three days of the meeting at which they were approved.

Section 11. Adjourned Meetings:

Meetings may be adjourned as the business of the Committee requires. At the time of adjournment, the time, date, and place of the continuation of the meeting or next meeting shall be determined and announced.

Section 12. Parliamentary Procedure:

Robert's Rules of Order shall prevail except as otherwise provided herein.

ARTICLE VII – REPORTING

The Committee shall, at its discretion, report on the current status of the FAMIS programs and submit recommendations to the Director of the Department of Medical Assistance Services and the Secretary of Health and Human Resources.

ARTICLE VIII – AMENDMENTS

These bylaws, except those quoted from the enabling statute, may be amended at any meeting of the

Committee by a simple majority.

ADOPTED by the Committee December 8, 2022.



July 15, 2022

The Honorable John Littel
Secretary of Health and Human Resources
1111 East Broad Street, 4th Floor
Richmond, VA 23219
john.littel@governor.virginia.gov

Cheryl Roberts, JD
Acting Director, Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219
cheryl.roberts@dmas.virginia.gov

Dear Secretary Littel and Acting Director Roberts:

We, the members of the Children's Health Insurance Program Advisory Committee (CHIPAC), are writing to recommend the below measures for inclusion in the Department of Medical Assistance Services' upcoming budget request package and Governor's 2023 budget. *

CHIPAC is made up of a diverse group of stakeholders committed to promoting maternal and child health in Virginia. Established in 2004 by the General Assembly, CHIPAC's charge includes assessing the policies, operations, and outreach efforts for both FAMIS and FAMIS Plus and evaluating enrollment, utilization of services, and the health outcomes of children eligible for such programs (Code of Virginia §32.1-351.2). Our mission states that we shall advise "on ways to optimize the efficiency and effectiveness of DMAS' programs that address the health needs of children."

The four recommendations below align with this mission by streamlining the administration of the FAMIS Plus and FAMIS programs, reducing the administrative complexities families encounter when applying for and renewing coverage, and expanding coverage to children who currently have no access to affordable and comprehensive health coverage, including a robust mental health benefit package. These steps are even more crucial as Virginia and other states prepare to return to normal Medicaid operations at the conclusion of the federal Public Health Emergency (*PHE*). We encourage the Commonwealth to adopt these recommendations.

** CHIPAC members who are staff of the Joint Commission on Health Care, the Virginia Health Care Foundation, and state agencies provided technical expertise on the options below. They did not support or oppose any specific recommendation.*

12 Month Continuous Eligibility for Children in FAMIS and FAMIS Plus

Continuous eligibility will benefit the state by reducing the administrative complexity and cost associated with the disenrollment and reenrollment process.ⁱ Many children lose coverage due to a modest increase in household income or for administrative reasons. Often, they are still eligible or regain eligibility within a few months and must reapply. As we anticipate the end of the federal PHE and associated Medicaid Maintenance of Effort requirement, Virginia should take all available steps to ease administrative burden and ensure a smooth transition back to normal operations.

Providing 12 months of continuous eligibility to FAMIS Plus and FAMIS enrolled children also results in better health outcomes due to uninterrupted access to preventative services, primary care, and

treatment. It fosters the development of a patient-physician relationship, allowing the child's health and development to be tracked and medical needs to be identified and addressed earlier.ⁱⁱ

Twenty-four states have adopted this option for all Medicaid- and CHIP-enrolled children. An additional nine states have continuous eligibility for a subset of these children.ⁱⁱⁱ Virginia currently provides continuous eligibility to pregnant women through 12 months postpartum and to children born to Medicaid/CHIP enrolled individuals until age 1.

Create a State-funded Program to Cover Income-Eligible Children Regardless of Immigration Status

Virginia has adopted the federal option to cover legally residing children in FAMIS and FAMIS Plus. However, per federal rules, children without legally residing status are only eligible for Emergency Medicaid, which covers emergency services only. These children are also prohibited from purchasing private insurance through the Marketplace, even at full cost, and many do not have access to employer plans.^{iv} It is estimated that 48% of FAMIS and FAMIS Plus income eligible children in this category are uninsured.^v As a result, many struggle to access preventative and ongoing health care, leading to long-term negative health outcomes. Conversely, the provision of medical assistance has been shown to decrease infant mortality, improve childhood health, decrease Emergency Department visits and hospitalizations as adults, increase economic security, and improve school attendance and educational achievement.^{vi}

Further, only 62% of FAMIS and FAMIS Plus eligible legally residing immigrant children are enrolled, versus 90% of eligible U.S. born children.^{vii} Recent analysis of the uninsured by the Virginia Health Care Foundation shows that the uninsured rate among non-citizens ages 0-64 is 26.6%, compared to 5% for citizens. Creating a program for children regardless of immigration status would provide coverage to children with no current option and create a welcome mat for those currently eligible and not enrolled.

The program would also support Virginia's health care safety net, which is currently providing care to ineligible and eligible but unenrolled children through Federally Qualified Health Centers, emergency departments and school divisions. General relief and CSA funds are also used to provide mandatory health care to children without legal status in foster care. A state-funded program covering these children would provide comprehensive coverage and offset the costs currently being absorbed by these other entities.

Merge FAMIS Program with Children's Medicaid, retaining higher CHIP federal match

Virginia currently operates a children's Medicaid program (covering children 0-5 years with income < 143% FPL and 6-21 years with income < 100% FPL); a CHIP-funded Medicaid program ("MCHIP," covering children 6-18 years with income >100% and <143% FPL); and a separate CHIP program called FAMIS ("SCHIP," covering children 0-18 years with income >143% and <200% FPL).

Moving the FAMIS children into MCHIP would reduce the burden of administering separate programs and alleviate compliance challenges associated with administering SCHIP, such as tracking out-of-pocket limits and ensuring compliance with federal mental health parity law. It would also: ensure that all children enrolled in Virginia's medical assistance programs have equal access to benefits, such as non-emergency medical transportation, Early Periodic Screening Diagnosis and Treatment, and complex care services; transition children in FAMIS Select to the more robust premium assistance program available for Medicaid children.; and allow Virginia to collect significant federal drug rebates that are only available under Medicaid.^{viii}

Increase Income Limit for FAMIS and FAMIS MOMS (Virginia's CHIP Programs)

Virginia's current income limit for FAMIS and FAMIS MOMS is 205% FPL. Only 2 states, Idaho and North Dakota, have lower limits for children's CHIP coverage. The national median upper income limit for children's CHIP coverage is 255% FPL, 266% FPL in Medicaid Expansion states. More than a third of states, including neighboring states Maryland and West Virginia, cover children at or above 300% FPL.^{ix} The Affordable Care Act's Health Insurance Marketplaces offer less robust cost-sharing subsidies for those with incomes $\geq 200\%$ FPL, resulting in significantly higher deductibles and out-of-pocket maximums. Increasing the FAMIS and FAMIS MOMS income eligibility limits would cover more Virginians and smooth the transition between these coverage types and Marketplace coverage.

Virginia has made great progress toward improving child health since the inception of CHIPAC, much thanks to the efforts of DMAS and the Virginia Department of Social Services. We thank you for your consideration of these items to continue this great work and look forward to our continued partnership with the Administration.

Please don't hesitate to reach out to discuss these recommendations, or any other ways in which CHIPAC can support your work, by contacting Sara Cariano, CHIPAC Chairperson (sara@vplc.org or 804-332-1432).

Sincerely,

Children's Health Insurance Program Advisory Committee (CHIPAC) Members:

Center on Budget and Policy Priorities
Families Forward Virginia
Medical Society of Virginia
The Commonwealth Institute for Fiscal Analysis
VCU Health
Virginia Association of Health Plans
Virginia Chapter of the American Academy of Pediatrics
Virginia Community Healthcare Association
Virginia Hospital and Healthcare Association
Virginia League of Social Services Executives
Virginia Poverty Law Center
Voices for Virginia's Children

ⁱ "DMAS Decision Package: Ensure Continuous Eligibility for Children in Medicaid and FAMIS." *Virginia Department of Medical Assistance Services*, Oct. 2021,

http://publicreports.dpb.virginia.gov/rdPage.aspx?rdReport=OB_DocView&Param1=72839288

ⁱⁱ "Continuous Eligibility for Medicaid and Chip Coverage." *Centers for Medicare and Medicaid Services*, Sep. 2021

<https://www.medicaid.gov/medicaid/enrollment-strategies/continuous-eligibility-medicaid-and-chip-coverage/index.html>

ⁱⁱⁱ Brooks, Trisha and Gardner, Alexa. "Continuous Coverage in Medicaid and CHIP." Jul. 2021,

<https://ccf.georgetown.edu/wp-content/uploads/2012/03/CE-program-snapshot.pdf>

^{iv} Artiga, Samantha and Diaz, Maria. "Health Coverage and Care of Undocumented Immigrants." Jul. 2019,

<https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-and-care-of-undocumented-immigrants/>

^v Mejia, Freddy. "Covering All Kids in 2022: 13,000 Children Shouldn't Have to Wait Another Year." Jan. 2022,

<https://thecommonwealthinstitute.org/the-half-sheet/covering-all-kids-in-2022-13000-children-shouldnt-have-to-wait-another-year/>

^{vi} Cohodes, Sarah, et al. "The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions." May 2014. https://www.nber.org/system/files/working_papers/w20178/w20178.pdf

^{vii} LaCarte, Valerie. "Immigrant Children's Medicaid and CHIP Access and Participation: A Data Profile." Jun. 2022, https://www.migrationpolicy.org/sites/default/files/publications/mpi_chip-immigrants-brief_final.pdf

^{viii} "DMAS Decision Package: Migrate Virginia's Children's Program into MCHIP." *Virginia Department of Medical Assistance Services*, Oct. 2021, http://publicreports.dpb.virginia.gov/rdPage.aspx?rdReport=OB_DocView&Param1=72840520

^{ix} Mejia, Freddy. "Covering All Kids in 2022: 13,000 Children Shouldn't Have to Wait Another Year." Jan. 2022, <https://thecommonwealthinstitute.org/the-half-sheet/covering-all-kids-in-2022-13000-children-shouldnt-have-to-wait-another-year/>