CHIPAC ORIENTATION

March 2, 2023



Agenda

- CHIPAC History
- CHIPAC Charge
- Member Organizations
- Member Responsibilities; Electronic Meetings and Remote Participation
- CHIPAC's Mission and Advisory Role
- Medicaid and CHIP Children's Policy 101

CHIPAC History

2004 2000 1997 Balanced Budget Act Virginia General **CHIP Advisory** of 1997 creates the Assembly passes **Committee (CHIPAC)** legislation establishing **Children's Health** established, replacing **Family Access to Outreach Oversight Insurance Program** (CHIP) **Medical Insurance** Committee **Security (FAMIS)** program **Virginia Coalition for** Committee's scope is **Children's Health broadened** to include established, advocates assessing policies, **Outreach Oversight** for CMSIP, Virginia's Committee operations, and first CHIP program established to outreach efforts for recommend strategies both FAMIS and FAMIS Plus (children's for improving outreach and Medicaid), and application processes evaluating enrollment, utilization of services, and health outcomes



CHIPAC Charge

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

[DMAS] shall maintain a Children's Health Insurance Program Advisory Committee to <u>assess the policies</u>, <u>operations</u>, and outreach efforts for FAMIS and FAMIS Plus and to <u>evaluate enrollment</u>, <u>utilization of services</u>, <u>and the health outcomes of children eligible for such programs</u>... 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.

Member Organizations

- Maximum of 20 members
- Required members:
 - Joint Commission on Health Care
 - Department of Social Services (VDSS)
 - Virginia Department of Health (VDH)
 - Department of Education (VDOE)
 - Dept of Behavioral Health and Developmental Services (DBHDS)
 - Virginia Health Care Foundation
- Other members: "various provider associations and children's advocacy groups, and other individuals with significant knowledge and interest in children's health insurance."

Member Responsibilities, Electronic Meetings and Remote Participation Policy

- Attendance at quarterly meetings is required for members.
 - If unable to attend, please **designate** a **substitute** and notify DMAS staff with that person's contact information.
- Two meetings a year are all-virtual meetings. These meetings are held in June and December.
- The other two meetings—March and September—are
 in-person meetings. Members may participate remotely under
 certain circumstances; permission to attend remotely must be
 requested in advance.

CHIPAC's Mission and Advisory Role

- CHIPAC's mission is to advise the DMAS Director and Secretary
 of Health and Human Resources on ways to optimize the
 efficiency and effectiveness of DMAS' children's programs.
- CHIPAC strives to make timely, actionable recommendations, and works with DMAS to ensure meeting content is geared towards providing the Committee the opportunity to help shape the agency's decision-making.

QUESTIONS?



Spring 2023

Virginia's Medicaid/ FAMIS Programs









These slides are provided to the Children's Health Insurance Program Advisory Committee (CHIPAC) as an overview of the Medicaid/FAMIS programs.

CHIPAC members are welcome to learn more about Medicaid/FAMIS via:

- •A **SignUpNow workshop** (<u>vhcf.org/workshops/</u>). Workshops are available live or on-demand.
- •The SignUpNow Tool Kit and related handouts at whcf.org/workshops.

Questions?

Contact Emily Roller
Director of Health Insurance Initiatives
Virginia Health Care Foundation
Emily@vhcf.org, or 804-828-5976.

Programs for Children

Program	Who's Covered	Income Eligibility	Benefits
FAMIS Plus* *aka Children's Medicaid	Children aged 0-18	0 – 148% FPL	Full-benefit Coverage
FAMIS		149 – 205% FPL	

Programs for Pregnant Virginians

Program	Who's Covered	Income Eligibility	Benefits	
Medicaid for Pregnant Women (<i>MPW</i>)	Legally-Residing Pregnant People	0 – 148% FPL	Full-benefit Coverage (<i>for</i>	
FAMIS MOMS	Legally-Residing Pregnant People	149 – 205% FPL	duration of pregnancy and 12 months postpartum)	
FAMIS Prenatal	Pregnant People without Legal Immigration Status	0 – 205% FPL	Full-benefit Coverage (for duration of pregnancy and 60 days postpartum)	

Eligibility Basics

2023 Income Guidelines

	FAMIS Plus & Medicaid for Pregnant Women up to 148% FPL*		FAMIS, FAMIS MOMS, FAMIS Prenatal, & Plan First up to 205% FPL*	
Household Size	Monthly	Yearly	Monthly	Yearly
1	\$1,799	\$21,579	\$2,491	\$29,889
2	\$2,433	\$29,186	\$3,369	\$40,426
3	\$3,067	\$36,793	\$4,247	\$50,963
4	\$3,700	\$44,400	\$5,125	\$61,500
5	\$4,334	\$52,008	\$6,004	\$72,037
6	\$4,968	\$59,615	\$6,882	\$82,574
7	\$5,602	\$67,222	\$7,760	\$93,111
8	\$6,236	\$74,829	\$8,638	\$103,648
Additional person add	\$634	\$7,608	\$879	\$10,537

^{*}These figures include the 5% FPL Standard Disregard.

Modified Adjusted Gross Income (MAGI)

- Rules for determining household size and income
- Income includes:
 - Gross earnings from jobs (cash, wages, salaries, commissions/tips)
 - Unemployment
 - Pensions and annuities
 - Rents and royalties received
 - Self-employment income (allow for deductions for depreciation and capital losses to determine profit)
 - Alimony received*
 - Social Security income
 - Foreign-earned income
 - Tax-exempt interest

What is **Not** Counted?

- Supplemental Security Income (SSI) payments
- Temporary Assistance to Needy Family (TANF) payments
- Assets or resources (not considered for eligibility)
- Child Support received
- Alimony received*
- Certain Veterans Administration benefits
- Workers compensation
- Educational grants, loans, scholarship or fellowship income
- Gifts and inheritances
- Certain Native American and Alaska Native payments
- Income of a dependent†
- Social Security income of a dependent (except in limited circumstances)

†Unless the dependent has a filing requirement (annual earned income over \$12,950, or unearned income over \$1,150).

^{*}Only for divorce decrees filed after January 1, 2019

Virginia Residency

Applicants must live in Virginia

Self-declaration on the application. No proof of residency is required.



Citizenship or Immigration Status

- U.S. Citizen or lawfully-residing <u>children</u> who meet Medicaid/FAMIS income guidelines can qualify for coverage.
- Pregnant Individuals
 - Pregnant people <u>without lawful immigration status</u> (including DACA) who meet the income guidelines may qualify for FAMIS Prenatal.
 - Lawfully-residing pregnant people may qualify for FAMIS MOMS or MPW.
- For non-pregnant adults, immigration criteria is more stringent.

Special Rules: FAMIS, FAMIS MOMS, and FAMIS Prenatal

- The applicant cannot have current "creditable" health insurance
 - "Creditable" health insurance includes most group and individual insurance plans. It does not include very limited policies such as accident-only, canceronly, or dental-only plans.
- 3 months' retroactive coverage not available (Medicaid allows for this).

Key Recent Changes/Expansions

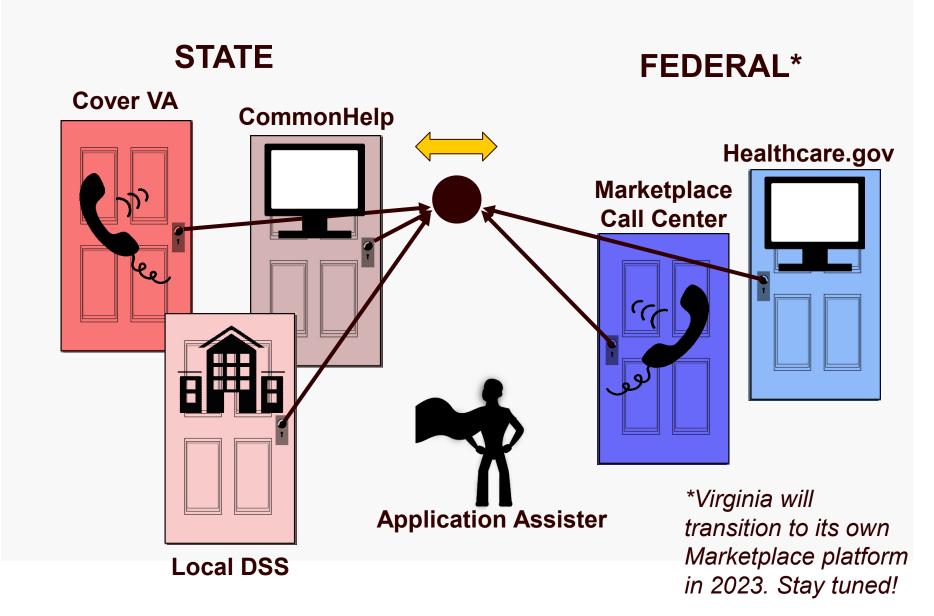
- Medicaid Expansion (January 2019)
 - Expanded eligibility for nonelderly, non-pregnant adults to 138% FPL
 - Currently covers more than 700,000
- Addition of **FAMIS Prenatal Coverage** for pregnant Virginians regardless of immigration status (*July 2021*)
- ♦ Addition of Adult Dental Benefit (July 2021)
 - Comprehensive
 - Similar in scope to that available to pregnant Virginians since 2015
- Removal of **FAMIS copays** (*April 2022*)
- Extension of postpartum coverage to **12 months** (*July 2022*)
- Addition of community doula benefit (July 2022)
- Cardinal Care (January 2023)
 - Re-branding of Virginia's Medicaid/FAMIS program
 - Merger of Commonwealth Coordinated Care Plus and Medallion 4.0

The Application Process

Ways to Apply: "No Wrong Door"

- There is one streamlined application for all of Virginia's Medicaid/FAMIS programs and Marketplace coverage.
- The application can be completed online, by phone, or on paper.
- If a person applies at one of Virginia's portals and is not eligible for Medicaid/FAMIS, the application will be automatically forwarded to the Health Insurance Marketplace to be evaluated for eligibility.

Ways to Apply: "No Wrong Door"



Apply by Phone at the Cover Virginia Call Center

(855) 242-8282

- Open 8am 7pm weekdays; 9am 12pm Saturdays.
- English/Spanish Customer Service Representatives (CSRs) and access to language line.
- Applicant completes the application with a CSR, and "signs" it by agreeing to Rights & Responsibilities and attesting that all information s/he provided is true.
 - The call is recorded.
 - Applicant gets an application Tracking Number ("T-Number").
 - Application date is date of telephonic signature.
 - Follow-up mail (including requests for additional documentation) comes from Cover Virginia.

Apply Online with Common Help a partnership with the Virginia Department of Social Services

- https://commonhelp.virginia.gov/
- Available 24/7
- Offers the option to apply for "Health Care Benefits" only, or for "All Benefit Programs" simultaneously
 - "Health Care only" includes Medicaid (including the New Health Coverage for Adults), FAMIS Plus, FAMIS, FAMIS MOMS, LIFC, and Plan First.
 - "All Benefit Programs" includes SNAP, TANF, energy assistance, and/or child care subsidies in addition to Medicaid/FAMIS coverage.

Apply at the Health Insurance Marketplace

(800) 318-2596*

- Via phone at number above; available 24/7
- Online (www.healthcare.gov)*; available 24/7
- The Marketplace can determine if an applicant is eligible for Medicaid/FAMIS or Marketplace coverage.
- An application that requires additional verifications will be forwarded from the Marketplace to the Cover Virginia CPU for follow-up and processing, unless the applicant has an open SNAP/TANF case (then application goes to local DSS).

*Virginia will transition to its own Marketplace platform and call center in 2023. Stay tuned!

Application Assistance



There are several different groups that offer **one-to-one application assistance**:

- Project Connect Outreach Workers: Northern Virginia, Richmond, Tidewater, Roanoke, Southside, Far Southwest
- Navigators & Certified Application Counselors (CACs):
 Statewide; specially-trained to help with Marketplace applications, and can also help with Medicaid/FAMIS applications
 - <u>coverva.org/en/find-help-in-your-area</u>

Benefits

Children's Benefits: FAMIS & FAMIS Plus

- Doctor/Clinic Visits
- Hospitalizations
- Prescription Drugs
- Dental and Vision Care
- Medically-Necessary Orthodontia
- Mental Health Services
- Substance Abuse Services (ARTS)
- School-Based Services (OT, speech)
- Well-Child Checkups (EPSDT** in FAMIS Plus), and other preventive care (including immunizations)
- Non-Emergency Transportation**

^{**} Not covered for FAMIS enrollees after they are enrolled in managed care.

Benefits for Pregnant Individuals: MPW, FAMIS MOMS & FAMIS Prenatal

- Doctor/Clinic Visits
- Hospitalizations
- Prescription Drugs
- Dental Care
- Vision Care
- Mental Health Services
- Substance Abuse Services (ARTS)
- Tobacco Cessation Services
- Breast pumps and lactation consultant services
- Non-Emergency Transportation
- Doula services (New!)

If under 21:

EPSDT benefits, eyeglasses/contacts and braces also covered

If over 21:

No coverage for eyeglasses/ contacts* or braces

*Unless these benefits are offered as a "value add" benefit of the MCO

Dental Benefits

- Virginians enrolled in Medicaid/FAMIS receive dental services via the Smiles For Children program, administered by DentaQuest www.dentaquest.com
- Central Call Center: (888) 912-3456
 - Monday Friday from 8am 6pm
 - Clients may call to:
 - Verify eligibility and benefits
 - Access lists of dental providers
 - Get help finding a dentist and making an appointment
 - Report problems
- Note: Even though its name is Smiles For Children, this program also administers Medicaid dental benefits for adults too.



Annual Renewal

Medicaid/FAMIS Renewals Resume in 2023!

- During the pandemic, most Medicaid members did not need to renew their eligibility annually. The state kept them covered.
- Renewals will resume, beginning in late March 2023!
- Members may not realize they need to renew. They may need help!
- DMAS needs help to ensure that Medicaid/FAMIS members' contact information is up-to-date, so that they can receive communication about renewals at the appropriate time.
- If a member has moved or changed phone numbers in the last 3 years, s/he should report this important change:
 - By contacting his/her Medicaid Managed Care Organization (MCO)
 - Online at commonhelp.virginia.gov,
 - By calling Cover Virginia, or
 - By calling the local Department of Social Services

Annual Renewal of Coverage

- Annual renewal of coverage is required
- DSS will attempt a renewal without contacting the enrollee (called an ex parte or "administrative" renewal).



- DSS will check electronic sources to see if current income information is available. If it is, the eligibility worker will determine whether the enrollee still qualifies.
- If the enrollee is able to be renewed ex parte, the state will send a Notice of Action with new coverage dates.
- If the state <u>cannot</u> verify information electronically to complete the *ex parte* renewal, the enrollee will receive a pre-populated, paper renewal form.