



*Commonwealth of Virginia*  
*Virginia Department of Medical Assistance Services*

**FOR IMMEDIATE RELEASE**

Date: July 1, 2019

Contact: Christina Nuckols

Email: christina.nuckols@dmas.virginia.gov

## **Virginia Medicaid Announces Strategies to End Maternal and Infant Mortality Among Members**

*~ Healthy Birthday Virginia initiative supports health equity goals ~*

**Richmond** – The Virginia Medicaid agency announced a series of strategies Monday to end maternal and infant mortality among its members by 2025.

Governor Ralph Northam last month directed state agencies, including the Virginia Department of Medical Assistance Services (DMAS), to implement policy and program improvements to streamline enrollment of pregnant women. DMAS leaders announced additional plans Monday that include increasing access to treatment for expecting mothers with substance use disorder, and strengthening accountability for prenatal and postpartum managed care services.

“Today is the 50<sup>th</sup> birthday of the Virginia Medicaid program, and we celebrate this milestone by committing ourselves to furthering health equity in our Commonwealth,” said Dr. Jennifer S. Lee, DMAS Director. “There can be no greater goal than making sure our mothers and their infants are able to celebrate the child’s first birthday together. Healthy Birthday Virginia will lay the foundation for a healthy future for our families and the next generation of Virginians.”

The Virginia Medicaid program serves nearly 1.4 million state residents and covers one in three births in the Commonwealth. More than 296,000 Virginia adults are enrolled and receiving health coverage under new eligibility rules that took effect January 1. Sixty percent of those new members are women.

“Medicaid expansion opens the door to greatly improve access to care for low-income pregnant women in our Commonwealth,” said Secretary of Health and Human Resources Daniel Carey,

MD. “It is imperative that we continue to build on expansion as a means to achieve better health outcomes for Virginians, including mothers and infants.”

Under previous eligibility rules, most women had access to Medicaid coverage for only a narrow window of time during their pregnancy and for 60 days postpartum. Medicaid expansion enables more low-income women to receive quality health care before, during and after their pregnancy.

“Research shows maternal mortality rates for Black women have been two to three times the rate for White women,” said Dr. Norman Oliver, Commissioner of the Virginia Department of Health (VDH). “By partnering together, we can address this inequity.”

The Virginia Medicaid agency has adopted the following strategies to improve maternal and infant health outcomes:

### **Access**

**Streamlined enrollment:** DMAS and the Virginia Department of Social Services (DSS) are collaborating on improved policies and system upgrades to ensure pregnant women receive near real-time eligibility determinations to eliminate delays in access to medical care.

**Continuity of coverage:** Technology upgrades will enable women to automatically transition between Medicaid eligibility categories to ensure there are no interruptions in health care access.

**Education and outreach:** DMAS will launch a targeted outreach campaign this fall to educate women about the new Medicaid eligibility rules and the importance of prenatal and postpartum health care.

### **Special Populations**

**Substance use disorder (SUD) treatment:** DMAS is seeking to increase the percentage of pregnant and postpartum members with SUD who are receiving treatment. The goal was identified when Virginia was selected as one of eight states to participate in the National Academy for State Health Policy’s Maternal and Child Health Policy Innovations Academy.

### **Accountability**

**Performance measures:** DMAS strengthened reporting requirements and financial accountability for performance measures under new contracts with Medicaid managed health care plans. The new requirements include performance measures for prenatal and postpartum care; child and adolescent access to primary care providers; childhood immunizations; and reductions in tobacco use among pregnant women. DMAS will continue to drive accountability for outcomes in future contracts.

**Transparency:** DMAS will develop online dashboards that will be publicly available on the agency website to document progress on maternal and infant health goals.

## **Partnerships**

Tobacco and asthma: DMAS is partnering with VDH on maternal interventions to decrease tobacco use and reduce the incidence of childhood asthma.

Early childhood interventions: DMAS is partnering with the Virginia Department of Behavioral Health and Developmental Services to strengthen early childhood interventions.

Data-sharing: DMAS is partnering with VDH and DSS to share data in order to better drive and evaluate health outcomes, including those for mothers and infants.

###