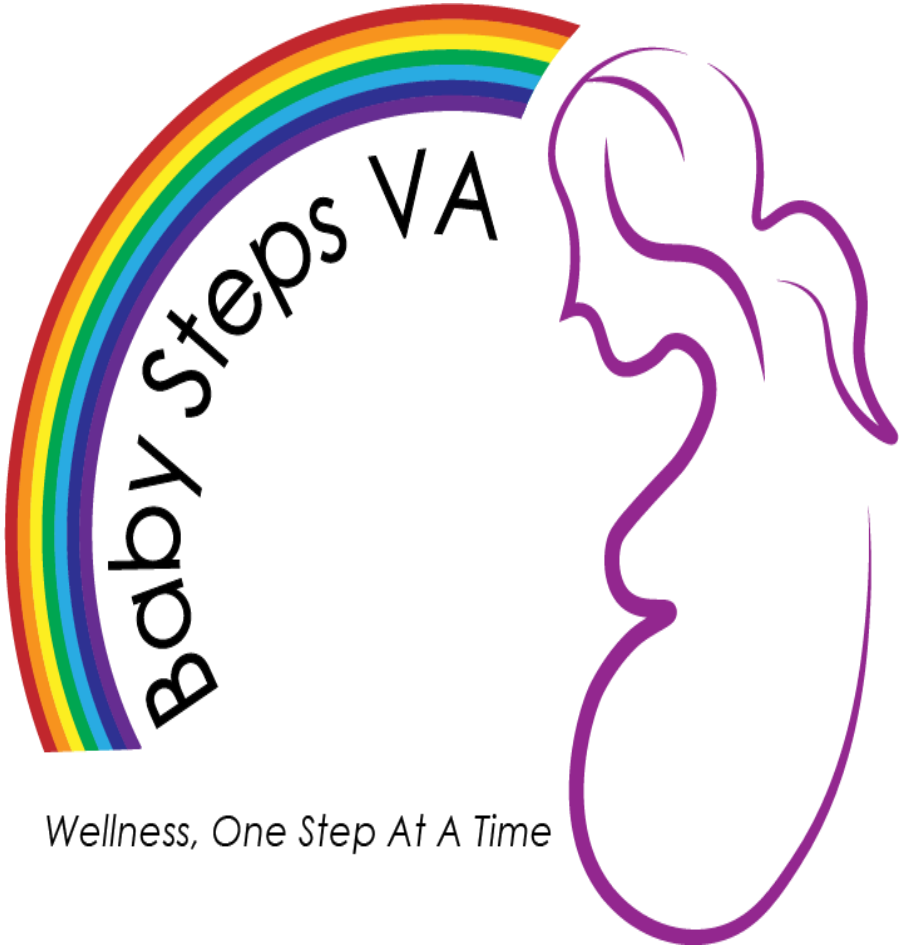


Maternal Health Annual Report 2021



BABY STEPS VA Department of Medical Assistance Services

VIRGINIA'S MEDICAID PROGRAM
DMAS *Improving the health and well-being
of Virginians through access to high
quality health care coverage*

SERVICE • COLLABORATION • TRUST • ADAPTABILITY • PROBLEM-SOLVING

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EXECUTIVE SUMMARY

Virginia continues to improve maternal health outcomes for all pregnant and postpartum women and in particular work to eliminate racial disparities and maternal mortality. The Department of Medical Assistance Services (DMAS) outlined strategies to acknowledge best practices to improve the wellbeing for all Medicaid members, from pregnancy to postpartum, and their babies. Virginia Medicaid covered approximately 37,000 birth in 2020 with enrollees being predominately White and African American.

Table 1-1—Overall Births Paid by Virginia Medicaid, CY 2018–CY 2020

Overall Births	CY 2018		CY 2019		CY 2020	
	Number	Percent	Number	Percent	Number	Percent
Overall Births						
Total Births	34,403	100.0%	38,317	100.0%	37,316	100.0%
<i>Multiple Gestation Births</i>	1,248	3.6%	1,350	3.5%	1,255	3.4%
<i>Singleton Births</i>	33,155	96.4%	36,967	96.5%	36,061	96.6%

DMAS’ Maternal Health Program -Baby Steps VA – addresses the needs of both members and providers through a comprehensive framework that includes five focus areas. In 2021, we accomplished the following in each of the focus areas. While this list is not all-inclusive, we would like to recognize some key highlights over the past year.

- 3rd state to receive federal approval to extend health coverage to 12 months following pregnancy for certain Medicaid members
- 4th state to receive state and federal approval to implement statewide doula benefit in collaboration with state partners
- Partnered with VDSS and VHHA to streamline enrollment processes for mom and newborns and created Newborn Enrollment Unit at DMAS
- Launched FAMIS Prenatal Coverage for uninsured pregnant women and reduce emergency delivery services
- Developed COVID-19 response for pregnant and postpartum members
- Implemented General Assembly directive to allow Medicaid members to receive up to 12 months prescription for birth control
- Developed maternity campaigns: pregnancy coverage & flu shot awareness

- Awarded a SUPPORT Act grant to continue to increase substance use disorder (SUD) provider
- Partnered with NASHP on Policy Innovation Program focused on doula and postpartum
- Deputy Director named chair of NASHP Child and Family Executive Committee
- Contracted with EQRO for focused study on pregnancy outcome
- Health and Human Services (HHS) and Centers for Medicare & Medicaid Services (CMS) met to approve Postpartum coverage for Medicaid members

Throughout this report, DMAS will highlight each of these accomplishments with continued support of various agencies, stakeholders, managed care organizations, and community partners.



BABY STEPS VA- OVERVIEW

Baby Steps VA continues to address the needs of both our pregnant and parenting Medicaid members from preconception, pregnancy and parenting. This lifespan is imperative as we continue to focus on eliminating racial disparities in maternity outcomes. As we are committed to wellness one step at a time, we know we cannot do this work without the partnerships we have developed since our inception in 2019. DMAS' Baby Steps VA will continue to be our foundation of Maternal Health as we pursue new policies and initiatives to ensure optimal care for our members.

Baby Steps VA is committed to using both the member and provider voices, as we leverage each of our focus areas (listed below) to enhance services and care delivered daily. To ensure quality and improvement of services, Baby Steps VA hosts bi monthly meetings every second Friday. During these calls DMAS' Baby Steps VA is joined by our sister agencies, managed care organizations (MCOs), hospital systems, community stake holders and internal staff to collaborate to discuss the each of our focus areas around Maternal Health.

Baby Steps VA hopes to continue this work in 2022 and increase our partnerships on a state and national level!

For more information on Baby Steps VA please write to Babystepsva@dmas.virginia.gov

These five teams provide the foundations for Maternal Health with Baby Steps VA:

- **Eligibility and Enrollment**
 - Streamline enrollment for pregnant women and newborns
- **Outreach and Information**
 - Engage internal and external stakeholders and share information with members
- **Connections**
 - Engage providers, community stakeholders, hospitals and state agencies
- **New and Improved Services and Policies**
 - Collaborate on Virginia initiatives to enhance services
- **Oversight**
 - Utilize data and reports to evaluate and improve programs



2021 Bi Monthly Speakers and Topics

January

VDH - Emily Yeatts
DMAS LARC Coverage- Emily Creveling
Optima- Melanie Boyles

- With a focus on LARCs and Reproductive Health, VDH DMAS shared insight on the various contraceptive programs available for members and how providers utilize services for billing.

March

Office of the Secretary of Health and Human Resources- Rachel Becker
Healthy Hearts Plus- Dr. Alice Freeman
March of Dimes – Mallory Mpare
DMAS Maternal and Women’s Health Analyst- Maryssa Sadler

- State (HHS), regional (MOD) and local (Health Hearts Plus) representatives highlighted areas on racial disparities and addressed maternal mortality. Each of these collaborative efforts assisted in improvement of maternal health outcomes.

April

Virginia Neonatal Perinatal Collaborative- Shannon Pursell
Urban Baby Beginnings- Stephanie Spencer

- Urban Baby Beginnings and VNPC partnered together with Project ReByrth - Building Sustainable Community-Based Programs and Safer Childbirth Cities throughout Virginia. The goal of the project is to develop state level support for expectant and postpartum women to improve overall outcomes.

May

NASHP Fellow- Abena Asare
Aetna – Jerry Mammano and Alexa Pfaffenberger
The Motherhood Collective – Lauren Barnes

- MCO Aetna (Baby Matters Program) and The Motherhood Collective presented on their maternity programs. Each of these programs address the needs of care for Medicaid members along with highlighting case management services, mental health, incentives, and doula support.

September

Birth in Color RVA- Kenda Sutton

DMAS FAMIS Prenatal Coverage- Hope Richardson

- Birth in Color RVA supports pregnant persons utilizing four sectors of community based organizations (CBOs), nonprofits, advocacy, and awareness/education. Birth in Color continues to expand projects and locations, along with address maternal mental health and oral health programs.

November

DMAS Afghan Pregnancy Coverage – Mariam Siddiqui

DMAS Doula Implementation – Cartier Smith and Adrienne Fegans

DMAS HEDIS Birth Outcomes Study- Laura Boutwell

- DMAS continues to support and address policies and procedures to improve overall wellness from preconception to postpartum for enrolled Medicaid members.



As we continue to engage with stakeholders and managed care organizations, we would like to thank all of our speakers and attendees for taking the time to join us during our bi monthly calls. Since 2019, we've tremendously grown not only in capacity but topics shared during our calls. We are looking forward to continuing these partnerships in 2022!

JANUARY

Family Planning services available through VDH and utilization of LARCs with unbundling of services.

*** OVERSIGHT**

MARCH

Work towards eliminating Racial Disparities in maternity outcomes.

***CONNECTIONS**

APRIL

Recognition of Black Maternal Health Week and Minority Health Month

***OUTREACH & CONNECTIONS**

MAY

Recognition of National Women's Week (May 9-15) and MCO Support

***OUTREACH & CONNECTIONS**

SEPTEMBER

"Back to School and Back to the Baby Steps" with new policies for pregnant and parenting members

***NEW & IMPORVED SERVICES**

NOVEMBER

New services for the New Year, what to expect for providers and members

***ELIGIBILITY & ENROLLMENT**

ELIGIBILITY AND ENROLLMENT

Newborn Enrollment

DMAS continues to make strides in newborn enrollment. In CY 2020, 90.6 % of newborns were born to mothers enrolled in a Managed Care Organization (MCO). The chart below shows a steady increase in Managed Care births over a three year period.

Overall Births	CY 2018		CY 2019		CY 2020	
	Number	Percent	Number	Percent	Number	Percent
Medicaid Delivery System						
FFS	5,888	19.2%	3,827	11.8%	3,025	9.4%
Managed Care	24,858	80.8%	28,617	88.2%	29,205	90.6%

It is essential that newborns of mothers enrolled in Managed Care are correctly enrolled with their own Medicaid Identification number timely to ensure they receive their full program benefit.

To help facilitate this, in January 2020, the Managed Care Program Administration team along with the Systems and Reporting (SRU) team, Office of Data Analytics (ODA), Cover Virginia and the DMAS Eligibility and Enrollment Newborn Unit worked together to devise an internal operational process called the DMAS Newborn Enrollment Enhancement- E213 LIVE Birth Report. The teams worked to ensure that the MCOs reported all live births from enrolled mothers. The DMAS Eligibility and Enrollment Newborn Unit works to ensure that all E213s that are submitted by the MCOs are entered correctly and that all newborns and moms demographic information is correct. In addition, the Eligibility and Enrollment Newborn Unit works with external partners such as the Local Department of Social Services (DSS) to verify that all newborns are tied to the correct mother. The DMAS Enrollment Enhancement E213 process has maintained a 99% entry success rate.

TOTAL NEWBORNS RECEIVED MEDICAID ID FROM DMAS NEWBORN ENROLLMENT ENHANCEMENT (E213 LIVE BIRTHS REPORT PROJECT) BY FILE SENT MONTH FOR 2021

MCO	JAN '21	FEB '21	MAR '21	APR '21	MAY '21	JUN '21	JUL '21	MCO Submitted	% Entry Success
MCO1	16	15	7	16	16	14	18	102	99.5%
MCO2	24	28	22	17	12	14	14	131	99.7%
MCO3	8	5	5	7	11	7	3	46	100%
MCO4	34	31	14	11	20	20	37	167	100%
MCO5	5	15	4	12	14	12	14	76	99.3%
MCO6	26	27	21	25	36	27	29	191	99.7%
Total	113	121	73	88	109	94	115	713	

[Afghan Evacuees Medicaid Eligibility](#)

During the fall and winter of 2021, DMAS worked closely with the State Department, the Department of Health and Human Services, and the Centers and Medicare and Medicaid Services (CMS) to coordinate application events for the thousands of Afghan evacuees housed at the three safe haven sites in Virginia located at Quantico (Prince William County), Fort Lee (Prince George County) and Fort Pickett (Nottoway County).

In partnership with the Virginia Health Care Foundation and the Virginia Poverty Law Center, DMAS scheduled application events to assist with expediting access to full healthcare coverage.

Application assistance was prioritized in two phases:

- Phase I: Pregnant women, newborns, medically frail/immediate medical need
- Phase II: All other individuals permanently settling in Virginia

With the assistance of interpreters, paper applications were completed, scanned, and sent to the Division of Eligibility and Enrollment Services (EES) for processing. The chart below provides outcome details for those served in this effort.

Total Applicants	2,605
Number of Pregnant Women approved for Medicaid	326
Number of Adults (age 19 +) approved for Medicaid	758
Number of Children (under age 19) approved for Medicaid	1,521

OUTREACH AND INFORMATION

The Outreach and Information team is member focused to educate and address health disparities amongst preconception, pregnancy, postpartum and parenting Medicaid populations. In continued support of Baby Steps VA initiatives, the Outreach and Information team partnered with several external maternal health focused groups to discuss actions items for training opportunities, outreach services, and community partnerships. The team will continue to assist in project/initiatives to support the agency, specifically the NASHP Project and Communications website development. DMAS continued to ensure both members and partners were updated with the latest COVID-19 awareness campaigns with our MCOs and the Centers for Disease (CDC).



Virginia Medicaid uses four social media accounts (two Twitter accounts, Instagram and Facebook) to promote maternal and child health information.

Topics shared via these platforms include:

- COVID-19 vaccine information specific to pregnant individuals and children
- Education about children's vaccines, including celebration of National Immunization Awareness Month in August
- Education about the flu shot for pregnant individuals and children
- Explanation of Plan First Benefits
- Tips on child wellness habits
- How to enroll your newborn in Medicaid coverage
- Information about breast cancer coverage and prevention
- Celebration of National Breast Cancer Awareness Month in October
- Recognition of Black Maternal Health Week in April
- Breastfeeding resources available to Medicaid members and celebration of National Breastfeeding Month in August
- Outreach to immigrants after the 40-quarter work requirement was dropped
- Outreach to immigrants about the new FAMIS MOMS eligibility

VIRGINIA MEDICAID COVERS FAMILY PLANNING

Men and women who do not qualify for full-benefit Medicaid may be eligible to receive family planning services through Plan First.

Learn more at coverva.org

Don't forget your vaccines!

Getting a yearly physical helps adults and children stay on top of their vaccines.

Need health coverage? Visit coverva.org

PLAN FIRST: WHAT'S COVERED?

- Yearly physical exams for family planning purposes
- Birth control
- Regular PAP exams
- STI testing
- Sterilization
- Transportation

Learn more at coverva.org

DOES MEDICAID COVER BIRTH CONTROL?

YES!

Virginia Medicaid covers birth control methods provided by a doctor or obtained with a prescription such as contraceptive implants, ring, patch, IUDs, birth control pills, diaphragms, Depo Provera, and condoms

Black Maternal Health Week

April 11 - April 17

#BMHW21

Well-Child Visits

- Virginia Medicaid covers one well-child visit per year for children 0-18 years old.

Why?

Yearly check-ups reduce the risk for disease and ensure you're on the right track towards a healthy life!

Learn more at coverva.org

The Medicaid New Mom Letter was redesigned for new M4.0 and FFS birthing/moms. This resource guide will assist members with vital tips as they transition from before to after pregnancy care. Updates included new policy services, social media platforms, and action items for pregnancy coverage. As DMAS is committed to using innovative ways to reach members, the new mom letter also includes a QR codes for members to have direct access to CoverVA coverage services.

Welcome MOM!

We are thrilled to be a part of this journey with you and want to share the free services we offer to help you have a healthy pregnancy and healthy baby! To get more information about what is covered, visit www.coverva.org

Free Pregnancy services, as a Medicaid member, include:

- Prenatal Care - Care while you are pregnant
- Labor and Delivery - Care to deliver your baby
- Postpartum Care - Care after your baby is born
- Dental/Oral Care - Dental care received before and after your pregnancy
 - Call Smiles for Children at 1-888-912-3456 to schedule a dental appointment or visit www.dentaquest.com
- Transportation - Non-emergency transportation to your visits
 - Call 1-888-336-8331 or your managed care plan to arrange for transportation to medical appointments
 - Book your transportation the same day you book your doctor's appointment to make sure you have a ride

Once enrolled in Medicaid, you will receive your health coverage through a managed care health plan. To find out which health plan works best for your providers, or to choose your health plan:

- Download the free Virginia Managed Care App on your Android or iPhone
- Visit <https://virginiamanagedcare.com>
- Call the Managed Care Helpline at 1-800-643-2273

DURING your Pregnancy

- Make an appointment with your doctor as soon as possible, and ask if they accept Medicaid, FAMIS Moms or your Managed Care Plan
- Reach out to your health plan about available care coordination services during your pregnancy
- Text **BABY** to **511411** or go to www.text4baby.org to receive free text messages that provide support to pregnant women and new moms
- Talk to your doctor about your diet and any medicine or drugs you are taking or if you smoke or drink
- Call **Quit Now Virginia** at 1-800-784-8669 to get help to quit smoking and free text messages from **Text2Quit**
- Choose a pediatrician so your baby can begin receiving well child checkups in the first year
- Contact the **WIC Program** at 888-942-3663

Give your baby time to develop and grow!
As long as your pregnancy is healthy, it is best to allow for labor to begin on its own.


Continuing your care after you deliver is essential to a healthy recovery!

AFTER your Delivery

- **How to Ensure BABY is Covered:** Immediately call **Cover Virginia** at **1-855-242-8282** (toll free) or your eligibility worker at your local Department of Social Services to inform them of the birth of your child. Coverage is only effective after you have received a **confirmed Medicaid number for your newborn baby.**
- Make an appointment with your baby's doctor for a well-child visit once you get home. Well baby exams are an important way to monitor you baby's growth and development and check for serious problems.
- **Schedule your postpartum appointment to see your doctor 6 to 8 weeks after you have your baby.**
- Your health coverage may be extended beyond 60 days after you deliver!
 - Call Cover Virginia at 1-855-242-8282 (toll free) or your eligibility worker at your local Department of Social Services
 - Look for a Notice of Action letter from your local department of social services that will let you know if you qualify for continued coverage under the Medicaid Expansion program.

Follow us on social media!

Instagram: @cover_va
Facebook: @Cover Virginia
Twitter: @CoverVA



Follow us on social media!



CONNECTIONS

SUPPORT Act Grant

In 2019, DMAS was awarded the SUPPORT Act grant. The goal of the SUPPORT Act Section 1003 Grant is to continue to increase substance use disorder (SUD) provider capacity in Virginia. One sub-population of focus are pregnant and parenting members who are also diagnosed with a substance use disorder (SUD). In 2021, the grant team and the Addiction and Recovery Treatment Services (ARTS) team worked on several projects to increase access to SUD treatment for this sub-population. These projects include:

- Gender-specific treatment options operationalized with Peer Recovery Support Specialist (PRSS) who are also mothers in recovery can be the link and safety net needed to support mothers with a substance use disorder (SUD) through a trauma-informed lens utilizing a whole person-centered approach beyond symptom management as a specialty treatment and recovery collaborative model. Research suggests a significant difference in participant outcomes between a trained PRSS (who is also a mother in recovery) compared to women who are peers through lived experience with pregnancy and parenting but lack lived experience with substance use or mental health challenges.
- Throughout 2021, the SUPPORT Act grant team provided guidance and support to the Department of Social Services (DSS) as they draft and conceptualize developing a PRSS Child Protective Services (CPS) pilot program. Nationally, only a handful of states are employing mothers in recovery who are also certified as PRSS to combat this service gap, aiding prenatal and postpartum teams supporting mothers affected by SUD. Virginia Department of Behavioral Health and Developmental Services (DBHDS) and several Community Service Boards (CSB) have been successful employing PRSS in this service capacity as part of their interdisciplinary treatment teams supporting pregnant and parenting women. The SUPPORT Act Team also compiled and revised several DMAS resource documents that were disseminated across the Commonwealth, including one brief specifically focused on this population. Peer Recovery Specialist Who Are Also Mothers: An Overview
- Awarded one of seven grant funded sub-awards to the Virginia Commonwealth University (VCU) OB MOTIVATE clinic in order to expand access to treatment in a co-located OB-GYN and addiction care clinic. Grant funds were spent on the establishment of a Clinical Coordinator role, support and supplies to carry out health system navigation procedures by staff, and trauma-informed training for staff. To learn more about the impact the VCU OB MOTIVATE Clinic has on patients' lives: Nichole Hollie's Story, VC Health OB MOTIVATE Clinic

This is Nichole's story:

<https://www.youtube.com/watch?v=zrjhqcw3URY>

- Expansion of FAMIS MOMS to ARTS residential: In accordance with Item 312.G of the 2021 Special Session I Appropriations Act, as of July 1, 2021, FAMIS MOMS enrollees will have access to medically necessary treatment for substance use disorder (SUD) in an Institution for Mental Diseases (IMD), equivalent to such benefits offered to pregnant women under the Medicaid state plan and Medicaid Section 1115 demonstration waiver. This coverage includes the following settings: American Society of Addiction Medicine (ASAM) Levels 3.3, 3.5, and 3.7 in residential treatment settings, psychiatric units and free-standing psychiatric hospitals.

40 Quarters

On April 1, 2021, Virginia welcomed a new state policy that removed restrictions to access to health coverage for thousands of lawful permanent residents. The so-called 40 Quarters Rule required green card holders to produce proof that they or members of their household had a work history totaling 10 years, or 40 quarters, in order to qualify for Medicaid health care coverage. Virginia previously was one of only six states requiring this additional step for Medicaid eligibility.

A provision in the state budget passed by the General Assembly during 2020 special session ended the work requirement. DMAS implemented a multi-prong approach to reach Virginians who may be newly eligible for coverage due to this policy change. We partnered with community-based organizations, created focus groups on messaging and hosted webinars. We also launched a paid digital campaign that included social media, programmatic static and search ads.

Maternal Statewide Strategic Plan

The United States ranks last among industrialized countries with a maternal mortality rate of 17.4 per 100,000 pregnancies. Virginia largely mirrors the national statistics. Virginia's maternal mortality rate is 15.6 per 100,000 pregnancies and impacts women of all backgrounds. While women of color are at increased risk for poor outcomes, particularly in Native American and some Latina communities, the racial disparities for Black women are most significant. The maternal mortality rate of Black women (47.2) is over two times higher than that for white women (18.1). Former Governor Northam made improving maternal health outcomes a top priority during his administration, and because Virginia Medicaid covers one in three births, we became a great partner in this effort.

In April 2021, the Office of the Secretary of Health and Human Resource presented the statewide strategic plan for Maternal Health. The Virginia Council for Women and former First Lady Northam emphasized the importance of Maternal Health initiatives across Virginia and the outcomes of the 2019 listening session that took place to develop this strategic plan.

The plan identified six focus areas of improvement for maternal health based on feedback and input received from stakeholders who participated in the listening sessions and statewide strategic planning session:

1. Insurance coverage
 - a. The strategy and recommendations for this focus area are aimed at improving maternal health through Virginia's Medicaid program and the private insurance market.
2. Healthcare environment
 - a. The strategy and recommendations of this focus area address improvements to maternal healthcare environments.
3. Criminal justice and child welfare response
 - a. The strategy and recommendations of this focus area are intended to promote trauma-informed policies and response protocols for law enforcement, prosecutors, child welfare staff, judges, domestic violence advocates, first responders, and healthcare providers when responding to pregnant and postpartum women interacting with the criminal justice and child welfare systems.
4. Community-based services
 - a. The strategy and recommendations of this focus area are aimed at increasing the capacity of community based services and resources serving pregnant and postpartum women.
5. Contraception
 - a. The strategy and recommendations of this focus area address increasing access to contraception and reproductive health literacy
6. Data collection
 - a. The strategy and recommendations of this focus area highlight the need for more available standardized health data.

Each of these focus areas will be a continuum of all state agencies as we continue to address and improve maternal health across the commonwealth. Throughout this report, you can see the benefits these initiatives have had on our Medicaid members and their families.

Links-

<https://www.governor.virginia.gov/newsroom/all-releases/2021/april/headline-894750-en.html>

[National Academy for State Health Policy \(NASHP\) Fellowship](#)

NASHP launched a new fellowship program designed to provide up to five early-career individuals from communities of color an opportunity to: learn about state health policy from a state leader of color; develop a project with that leader; engage in educational and professional development; and cultivate support within the state health policy community. The Emerging Leaders of Color (ELC) virtual fellowship aims to advance health equity through the active empowerment of emerging and aspiring state health policy leaders from communities of color, particularly Black communities. Fellow Abena Asare was paired with DMAS where she focused on Maternal, Child, and Adolescent Health (MCAH), racial disparities, health equity, Medicaid innovation/reform (healthcare access and quality), Doula Implementation and Population Health (SDOH).

[NASHP - Maternal and Child Health Policy Innovation Program \(MCH PIP\)](#)

In April 2021, Virginia was selected as one of eight U.S. states (GA, ID, IL, LA, PA, SD and VA) to participate in the National Academy for State Health Policy (NASHP) Maternal and Child Health Policy Innovation Program (MCH PIP) policy academy that will help to identify, develop, and implement policy changes or develop specific plans for policy changes to improve maternal health outcomes, with a specific focus on improving racial disparities in maternal mortality. This two-year policy academy will work to advance innovative policy initiatives that build state capacity to address maternal mortality for Medicaid eligible pregnant and parenting women.

Project Focus Areas

1. Community Doula Implementation
2. Postpartum 12-month coverage extension

Links-

<https://www.nashp.org/eight-states-join-nashps-maternal-and-child-health-policy-innovation-program-policy-academy-to-address-maternal-mortality/>

Member Success Story

OB Case Manager (CM) supported member, Kia, through the birth of two healthy babies spanning 2019 to present. Kia was a first-time mother at the point of initial contact.

During the member's initial encounter in 2019 she disclosed, "I never thought I would have so much support from an insurance company. You have been such a great support, and I hate that it is time for my case to close." Kia selected her Managed Care Organization in 2021 with her second pregnancy. The member received case management services with the same CM through both pregnancies! Kia stated with elation, "I was hoping I would get to work with you again."

During the member's initial case the CM was able to connect the member to parenting classes and other resources for new mothers. Throughout both episodes of case management, the member was educated on the importance of prenatal care to promote a healthy stable pregnancy, postpartum depression, as well as the importance of self-care. The member was able to utilize this information to lovingly care for herself and her sons. Within the member's most recent follow-up she reported that both babies are doing well. "My two-year-old is counting to 30 and knows how to operate an iPad" which he uses to play educational games. Both the oldest son and the 2-month-old are up to date on immunizations, and Kia reports that the pediatrician is pleased with childhood growth and development. Managed Care OB Case Manager successfully provided interventions and member support through the birth of two healthy babies.



NEW AND IMPROVED SERVICES

New FAMIS Prenatal Coverage

Starting July 1, 2021, Virginia offers comprehensive prenatal coverage through FAMIS for pregnant women who meet all other eligibility criteria, regardless of immigration status.

Since 2012, Virginia has provided Medicaid and CHIP/FAMIS coverage of pregnant women and children who meet “lawfully residing” immigration status and other eligibility criteria for Medicaid and CHIP. However, individuals who do not meet these immigration status requirements, including pregnant women, are excluded from these provisions, and very limited coverage is available for these populations under federal law.

[Item 312.H](#) of the 2021 Special Session Appropriations Act directed DMAS to amend the CHIP/FAMIS State Plan to allow payment for prenatal care regardless of the expectant mother's immigration or citizenship status. The federal authority for this coverage is the CHIP State Plan “unborn child” or fetal coverage option, which permits states to consider the fetus a “targeted low-income child” for purposes of CHIP coverage and to receive federal reimbursement for prenatal care at the enhanced CHIP/Title XXI match rate. Seventeen other states provide coverage through this option, which has been available since 2002. Under current federal law, it is the only option other than Emergency Medicaid that enables federal financial participation for Medicaid/CHIP coverage of populations that are not lawfully residing.

Effective July 1, 2021, uninsured pregnant individuals with income below 200% FPL, the income ceiling for FAMIS MOMS, now qualify for coverage regardless of immigration status. FAMIS Prenatal Coverage participants are enrolled in the Medallion 4.0 managed care program and receive the same coverage as FAMIS MOMS; comprehensive coverage, including doctor visits, prescription medication, prenatal screening and testing, dental care, behavioral health services, and more. Coverage spans prenatal, labor and delivery, and postpartum services, and is effective through the end of the month in which the 60th postpartum day occurs.

12 Months Postpartum Coverage

Virginia's 2019 Medicaid Expansion enabled more women to benefit from continuous Medicaid coverage before and after pregnancy; however, a coverage gap continued to exist for women who were not eligible to transition into the new adult coverage at the end of their 60 days postpartum, including FAMIS MOMS and women above income for Medicaid expansion. In 2020, Virginia policymakers took action to address this coverage gap with a provision in the state budget directing DMAS to seek federal authority to extend postpartum coverage from 60 days to 12 months for women who do not meet criteria to transition to another Medicaid covered group, up to 200% of the federal poverty limit.

DMAS' 1115 waiver amendment to extend 12 months postpartum coverage was approved by the federal government in November 2021. U.S. Secretary of Health and Human Services Xavier Becerra and Chiquita Brooks-LaSure, administrator of the Centers for Medicare and Medicaid Services, announced federal approval of the policy change during a visit to Richmond that also included an event highlighting pediatric vaccination efforts and a roundtable on maternal health.

In 2022, Virginia will become one of the first states to provide continuous full-benefit coverage across eligibility categories for a full 12 months postpartum. The expanded coverage will enable Medicaid and FAMIS MOMS members to receive critical postpartum care for a full year postpartum, an important step in improving health outcomes for both women and their newborns.



*Image CMS, HHS, and VA officials during approval of postpartum coverage in VA from 60 days to 12 months postpartum.

12 Month Contraceptive Coverage

In 2021, the Virginia Department of Medical Assistance Services began covering a 12-month supply of contraception for Medicaid members. Under this law, Medicaid members may pick up a full year's supply of contraception at a single visit to their pharmacy. Virginia law already granted this option to private insurance holders, and this new law made the option available to Medicaid members as well. Contraception is most effective when used consistently and correctly. For patients using contraceptive pills, patches, rings, and self-administered injections, delays in prescription refills may result in missing doses, thus increasing the chance of pregnancy. A variety of barriers can prevent patients from routinely visiting their pharmacy, including having limited access to transportation, inflexible work schedules, and disruptions in childcare. When Medicaid members have the option to receive a 12-month supply of contraception, they are more likely to have access to the supplies they need to carry out their reproductive life plans.

Link-

<https://www.dmas.virginia.gov/media/3779/press-release-virginia-medicaid-announces-12-month-supply-of-contraceptives.pdf>

Dental Coverage

Oral diseases, ranging from dental caries (cavities) to oral cancers, continue to cause pain and discomfort for millions of Americans. A growing body of evidence has linked oral health to several chronic diseases, including heart disease, endocarditis and diabetes. DMAS understands the need for comprehensive dental benefits for all members program in the Commonwealth.

Prior to July 1, 2021, Virginians, age 21 years and older, who were enrolled in Medicaid had limited dental benefits, covering medically necessary services only, e.g. extractions. With limited dental coverage, our adult members lacked access to much needed preventative and diagnostic care. There have been various studies done linking a decrease in access to care to an increase in emergency department utilization. According to the Virginia Health Catalyst, in 2018, Virginia spent \$3.31 million on 12,617 visits to the emergency department for dental related pain and infection; however, no treatment is provided in the emergency department.

The Adult Dental Benefit became effective July 1, 2021. More than 750,000 now have access to comprehensive dental benefits that make available each of the dental specialties. It was established on the premise that the dental treatment procedures would be prevention and control to keep the mouth disease free, and then restore to healthy function. Beginning with preventive services will aid in improving systemic health concerns that may be in existence and prepare the patient for success with additional treatment that may be needed. The goal of additional treatment would focus on removing what cannot be helpful, restoring what can be built around, therefore increasing longevity for any prosthetic appliances that may be in order. The adult dental plan also allows for up to three cleanings in a twelve-month period by medical necessity and dentures for adults that are edentulous. Benefits also include cleanings, exams, fillings, crowns, root canals, x-rays, and anesthesia.

There is no waiting period, no annual maximums and no deductibles for covered adult procedures as a part of the comprehensive adult dental benefit.



[Home Visiting](#)

The 2021 Appropriation Act established a workgroup to assess home visiting models and make recommendations for a Medicaid home-visiting benefit to support member's health, access to care and health equity. Over several months, the workgroup reviewed home visiting strategies and benefits in other state Medicaid programs and corresponding federal and state regulations. In addition, the workgroup reviewed funding mechanisms for existing home visiting programs in Virginia and funding approaches utilized across the nation. In the

report submitted to the general assembly (GA), the following home visiting service delivery models - all of which meet the US Department of Health and Human Services (HHS) criteria as evidence-based - were recommended to be included in a Virginia Medicaid home visiting benefit:

- Nurse-Family Partnership
- Family Spirit
- Healthy Families America
- Early Head Start Home-based Option

Based on the report, DMAS submitted an agency decision package for consideration by the Administration for the GA 2022 session. Funding for a Medicaid Home Visiting benefit was not included in the Governor's Introduced Budget.

Links-

<https://rga.lis.virginia.gov/Published/2021/RD834/PDF>

Doula Project

At 17.4 deaths per 100,000 live births, our nation suffers from a higher rate of maternal mortality than any other developed country. Regardless of their income or education levels, America's maternal mortality rates are among the highest among Black women and Native American women. According to the Center for Disease Control, approximately 60 percent of these deaths are preventable. To combat maternal morbidity and unintended consequences of pregnancy that result in life-altering health challenges, the Department placed emphasis on the need for community doula care for women during the perinatal period, at labor and delivery, and during the postpartum period. According to the American Pregnancy Foundation, doulas serve to reduce the number of Cesarean sections, which increase the risk of maternal death by infection and hemorrhage, and reduce the duration of labor by a quarter. Virginia Medicaid introduced a model of care to include Doula services as a cost-saving measure and an effective way to improve health outcomes. With the approval of its State Plan Amendment in October 2021, Virginia became the fourth state in the country to roll out a doula Medicaid benefit.

The Virginia Department of Health (VDH), through collaboration with the Department and the Virginia Doula Task Force, established the minimum requirements to be a state-certified community doula in Virginia based on the core

competencies for doula certification used by national organizations and community based organizations in Virginia. These regulations were effective as of January 6, 2022. As defined by VDH, a “community-based doula” means a doula who often has shared lived experiences and is trained to provide extended, culturally congruent support to families throughout pregnancy to include antepartum, intrapartum, during labor and birth, and up to one year postpartum.

A state-certified community doula is a trained, community-based nonmedical professional who provides continuous physical, emotional, and informational support to a pregnant person during the antepartum or intrapartum period or during the period up to one year postpartum who has been certified by an approved entity recognized by the Board of Health and Virginia Certification Board. Community doulas will provide the member with continuous physical, emotional, and support services. These support services are nonclinical, peer-to-peer activities that engage, educate, and support an individual's prenatal, antenatal, and postpartum self-care to improve the individual’s health and wellness.

Any person seeking to be a state-certified doula must meet the following qualifications and education requirements required by the Virginia Department of Health: hold a certification as a certified doula from a certifying body approved by the State Board of Health, and complete at least 60 hours of doula training.

A standard episode of care includes nine touchpoints for a Doula-Member pair. Virginia Medicaid reimburses \$859 for eight prenatal or postpartum visits and attendance at delivery, as well as up to \$100 in linkage-to-care incentive payments. Certified Community Doula services are reimbursable from the date doula care is initiated for a member, through 180 days (six months) after delivery. A licensed practitioner’s recommendation for a community doula to provide care under the Virginia Medicaid program is required. A recommendation is not the same as a prescription, medical order, or prior authorization. The OBGYN provider community and community doulas will collaborate to ensure members have access to doula support services.

The Department is proactively engaging with other Medicaid state agencies, VDH, practicing doulas, and constituents of the community during this implementation. As part of implementation, Virginia collaborated with New Jersey Medicaid on

best practices, lessons learned, challenges, and areas of opportunity for policy advancement. Each of the managed care organizations are actively engaged in this implementation effort to ensure members have full access to doula care. Upon successful implementation, state-certified community doulas will begin to enroll into Virginia Medicaid spring 2022.

OVERSIGHT

External Quality Review Organization (EQRO) Oversight

DMAS collaborates with an External Quality Review Organization (EQRO), currently Health Services Advisory Group (HSAG), to produce the Prenatal Care and Birth Outcomes Study. The study consists of quantitative information regarding prenatal care and associated birth outcomes among women with births paid by Medicaid, Family Access to Medical Insurance Security (FAMIS), and FAMIS MOMS programs.

The Prenatal Care and Birth Outcomes Study includes: outcomes for births with early and adequate prenatal care, births with inadequate care births with no prenatal care, preterm births and newborns with low birth weight for Medicaid programs, delivery systems and emergency benefits. The study helped drive and improve the quality of service for member health outcomes and yield transparency for members, potential members, and external stakeholders.

Births in each measurement period were stratified into five Medicaid programs (i.e., Medicaid for Pregnant Women, Medicaid Expansion, FAMIS MOMS, LIFC, and Other Medicaid) and two Medicaid delivery systems (i.e., Fee-for-Service [FFS] and managed care). Table 1-2 presents the overall number and percentage of singleton births for each of these Medicaid programs and delivery systems.

Figure 1: Table 1 2—Singleton Births by Medicaid Program and Medicaid Delivery System, CY 2018–CY 2020

Overall Births	CY 2018		CY 2019		CY 2020	
	Number	Percent	Number	Percent	Number	Percent
Singleton Births	30,746	100.0%	32,444	100.0%	32,230	100.0%
Medicaid Program						
Medicaid for Pregnant Women	23,607	76.8%	22,978	70.8%	19,772	61.3%

Overall Births	CY 2018		CY 2019		CY 2020	
	Number	Percent	Number	Percent	Number	Percent
Medicaid Expansion	—	—	2,152	6.6%	4,576	14.2%
FAMIS MOMS	1,771	5.8%	2,193	6.8%	2,091	6.5%
LIFC	2,566	8.3%	2,500	7.7%	2,989	9.3%
Other Medicaid†	2,802	9.1%	2,621	8.1%	2,802	8.7%
Medicaid Delivery System						
FFS	5,888	19.2%	3,827	11.8%	3,025	9.4%
Managed Care	24,858	80.8%	28,617	88.2%	29,205	90.6%

—indicates that Medicaid Expansion was not implemented until January 1, 2019; therefore, there were no births covered by the Medicaid Expansion program during CY 2018.

Study Indicator	National Benchmark	CY 2018		CY 2019		CY 2020	
		Number	Percent	Number	Percent	Number	Percent
Births with Early and Adequate Prenatal Care	76.4%	20,976	71.5%	22,392	72.3%	22,245	71.9%

<i>Births with Inadequate Prenatal Care*</i>	NA	4,830	16.5%	5,043	16.3%	4,651	15.0%
<i>Births with No Prenatal Care*</i>	NA	558	1.9%	688	2.2%	534	1.7%
Preterm Births (<37 Weeks Gestation)*	9.4%	2,942	9.6%	3,263	10.1%	3,168	9.8%
Newborns with Low Birth Weight (<2,500g)*	9.7%	2,901	9.4%	3,070	9.5%	2,979	9.2%

† Other Medicaid includes births paid by Medicaid, but that do not fall into the Medicaid for Pregnant Women, Medicaid Expansion, FAMIS MOMS, and LIFC programs.

While the majority of Medicaid program births across all three measurement periods were to women in the Medicaid for Pregnant Women program, there was a decline in births for this program for CY 2020. This decrease is expected due to the implementation of Medicaid Expansion on January 1, 2019, which provided coverage to women who were previously only eligible for Medicaid if they became pregnant. As a result, the number of births to women in Medicaid Expansion more than doubled between CY 2019 and CY 2020.

Figure 2: Overall Study Indicator Findings Among Singleton Births, CY 2018–CY 2020

**a lower rate indicates better performance for this indicator.*

NA indicates there is not an applicable national benchmark for this indicator.

The percentage of CY 2020 *Births with Early and Adequate Prenatal Care* was consistent with prior years and continues to fall below the national benchmark. The rates for the *Newborns with Low Birth Weight (<2,500g)* indicator outperformed the national benchmark for all three measurement periods, demonstrating

strength for Virginia Medicaid. While the rates of *Births with Early and Adequate Prenatal Care* is consistent across all years, it should be noted that the coronavirus disease 2019 (COVID-19) may have impacted CY 2020 study indicator results due to the public health efforts put in place during CY 2020 to mitigate the spread of COVID-19 (e.g., social distancing, stay at home orders).

** Additional details related to the Prenatal Care and Birth Outcomes Focus Study, including additional data stratifications, study limitations, recommendations, and conclusions, will be available in the full study on the DMAS website in Spring 2022.*



Upcoming - 2022 Focus Areas and Opportunities for Medicaid Pregnant and Parenting Members

In 2022, the Department is taking strategically aligned steps to improve health outcomes across different programmatic areas: eligibility and enrollment, outreach, healthcare connections, policy, and program oversight.

Eligibility and Enrollment - Streamlining Newborn and Maternity Enrollment

- Postpartum 12-month coverage extension implementation (FAMIS and Medicaid),
- Systems improvement of care for newborn enrollment,

- 3 Increase enrollment for eligible pregnant women earlier in their pregnancies for access to prenatal coverage.

Outreach and Information – Engaging with internal and external stakeholders and sharing information with members

- Social Media – Instagram, Twitter, Facebook,
- New mom/birthing individual education (New Mom Letter),
- Postpartum 12-month coverage extension education and outreach,
- Eligibility and coverage education, with a special focus on the FAMIS Prenatal Coverage program
- Host quarterly meetings with the Managed Care Organizations (MCOs) to discuss member services, available programs, resources, education and information such as baby showers and support services,
- Develop a comprehensive pregnancy package for members and providers to share, detailed information on pregnancy and parenting services through Care Coordination.

Connections - Engaging With Providers, Community Stakeholders, Hospital and State Agencies

- Realign connection efforts for members, MCOs and the provider communities with a focus on the following:
 - Connection efforts with OBGYN associations,
 - FQHC education and funding,
 - Extended services.
- Continue to share initiatives related to Baby Steps VA with members, stakeholders, MCOs and state agencies, including VDH and DHBDS.
- Improve support work with Virginia Department of Health (VDH) for new services
- Virginia Neonatal Perinatal Collaborative (VNPC)

New and Improved Services and Policies - Collaborating With State Projects to Enhance Services

- Community doula program implementation
- The National Academy for State Health Policy (NASHP) and the Maternal and Child Health Policy Innovation Project (MCH PIP) will be comprised of two project areas:
 1. Community Doula Implementation

2. Postpartum 12-month coverage extension.
- Explore:
 - Recruitment for a Maternal Child Health (MCH) Manager and Doula Analyst

Oversight: Utilization and Evaluation - Utilizing data and reports to monitor and improve programs

- Utilize Healthcare Effectiveness Data and Information Set (HEDIS) data to evaluate birth outcome studies and data around maternity services,
- External Quality Review Organization (EQRO) - Health Services Advisory Group (HSAG)
- Continue to track and trend maternity data.

