

CHIPAC

Children's Health
Insurance Program
Advisory Committee
of Virginia



Quarterly Meeting

December 8, 2022

Real-time Remote Captioning

- Remote conference captioning is being provided for this event.
- The link to view live captions for this event will be pasted in the chatbox.
- You can click on the link to open up a separate window with the live captioning.

Meeting Notice – Public Access

- This public meeting will be all-virtual.
- The meeting link is available to the public on the Virginia Regulatory Town Hall website.
- There will be a public comment period at the close of the meeting (~3:25 PM).
- The meeting is being recorded.

Roll Call

Organization	Name
Virginia Department of Social Services	Irma Blackwell
VCU Health	Dr. Tegwyn Brickhouse
American Academy of Pediatrics – VA Chapter	Dr. Susan Brown
Virginia Hospital and Healthcare Association	Kelly Cannon
Virginia Poverty Law Center	Sara Cariano
Board of Medical Assistance Services	Michael Cook
Virginia Association of Health Plans	Heidi Dix
Families Forward Virginia	Ali Faruk
Center on Budget and Policy Priorities	Shelby Gonzales

Roll Call

Organization	Name
Voices for Virginia's Children	Emily Griffey
Virginia Department of Education	Alexandra Javna
Joint Commission on Health Care	Jeff Lunardi
Virginia Department of Health	Dr. Vanessa Walker Harris (sub. for Jennifer Macdonald)
The Commonwealth Institute for Fiscal Analysis	Freddy Mejia
Virginia League of Social Services Executives	Michael Muse
Virginia Health Care Foundation	Emily Roller
Dept. of Behavioral Health and Developmental Services	Hanna Schweitzer
Medical Society of Virginia	Dr. Nathan Webb

Meeting Agenda

- ❑ CHIPAC Business (1:00-1:25)
- ❑ Managed Care Procurement Discussion (1:25-1:55)
- ❑ Data and Quality Updates: Vaccination and Preventive Health (1:55-2:35)
 - Updates from DMAS Health Economics and Economic Policy (HEEP) Division and Office of Quality and Population Health
 - Anthem HealthKeepers: *Strategies to Improve Well Visits and Vaccination Rates for our Members in VA*
- ❑ Maternal Health Updates (2:35-3:15)
 - Updates from DMAS Health Care Services Maternal-Child Health Unit
 - Virginia Premier: *Maternal and Child Health Programs*
- ❑ Agenda Items for March 2 CHIPAC Meeting (3:15-3:25)
- ❑ Public Comment (3:25-3:30)

CHIPAC Business

- ❑ Review and approve September 1 minutes
- ❑ Membership items
- ❑ Proposed technical amendments to bylaws
- ❑ CHIPAC meeting schedule for 2023

2023 Meeting Schedule

CHIPAC Full Committee Meetings

- **Thursday, March 2, 2023** (1:00–3:30 pm)
- **Thursday, June 1, 2023** (1:00–3:30 pm) *Virtual Meeting*
- **Thursday, September 7, 2023** (1:00–3:30 pm)
- **Thursday, December 7, 2023** (1:00–3:30 pm) *Virtual Meeting*

CHIPAC Executive Subcommittee Meetings

- **Friday, January 20, 2023** (1:00 pm–3:00 pm) *Virtual Meeting*
- **Friday, April 14, 2023** (10:00 am–12:00 pm)
- **Thursday, July 13, 2023** (10:00 am–12:00 pm) *Virtual Meeting*
- **Friday, October 13, 2023** (10:00 am–12:00 pm)

***New member orientation will take place immediately before the in-person meeting
Thursday, March 2, 2023 (12:00-1:00 pm)***

Managed Care Procurement Planning
Dan Plain, Director of Health Care Services

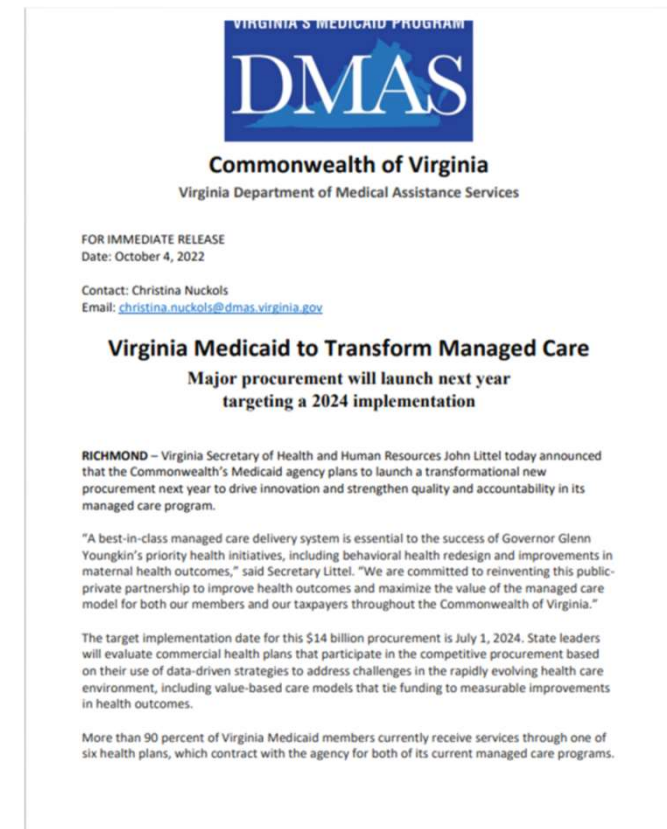
Reminders: Current State of Managed Care

- ✓ Through Cardinal Care Managed Care, our existing CCC Plus and Medallion programs will be unified under one contract in early 2023. Cardinal Care will include the same populations and services in managed care today and providers and members do not need to take any action to enroll in Cardinal Care; members in managed care can stay with their same managed care organization (MCO).
- ✓ Recent program enhancements and newer Medicaid benefits include evidence-based behavioral health services (Project BRAVO), an extended 12-month postpartum coverage period, a community doula benefit, and the elimination of copays.
- ✓ The end of the Public Health Emergency will impact both member eligibility and other flexibilities that are outside of our control and authority.

Pre-Procurement Planning Overview

10/4 Press Release Announces Plans

- ✓ On October 4th, Virginia Secretary of Health and Human Resources John Littel announced plans to launch a transformational managed care procurement
- ✓ Goal of procurement is to drive innovation, add value to the Commonwealth, and strengthen quality and accountability in the Department's managed care program



Press release- <https://dmas.virginia.gov/media/5116/10042022-press-release-virginia-medicaid-to-transform-managed-care-2.pdf>

Committee Input on Future Managed Care Program

CHIPAC Member Feedback Prompts

DMAS is committed to continuing to build and enhance its managed care program to meet the complex and evolving needs of its members through innovative practices that improve health care outcomes.



What are the strengths of the current Medicaid managed care delivery system that DMAS should maintain or build upon?



In what areas are there opportunities to enhance member and provider experiences, better collaborate with key partners, and enhance outcomes?



Is there anything that we are not currently doing that we should consider incorporating through this future procurement?

Additional Feedback

- Procurement-related feedback can be submitted to DMAS by committee members and affiliated networks through the following email address:
 - MCOProcurement@dmas.virginia.gov

The deadline for electronic feedback submissions is Friday, December 16th.

Questions on the Procurement Feedback Process?

CHIPAC

COVID-19 AND DATA UPDATES

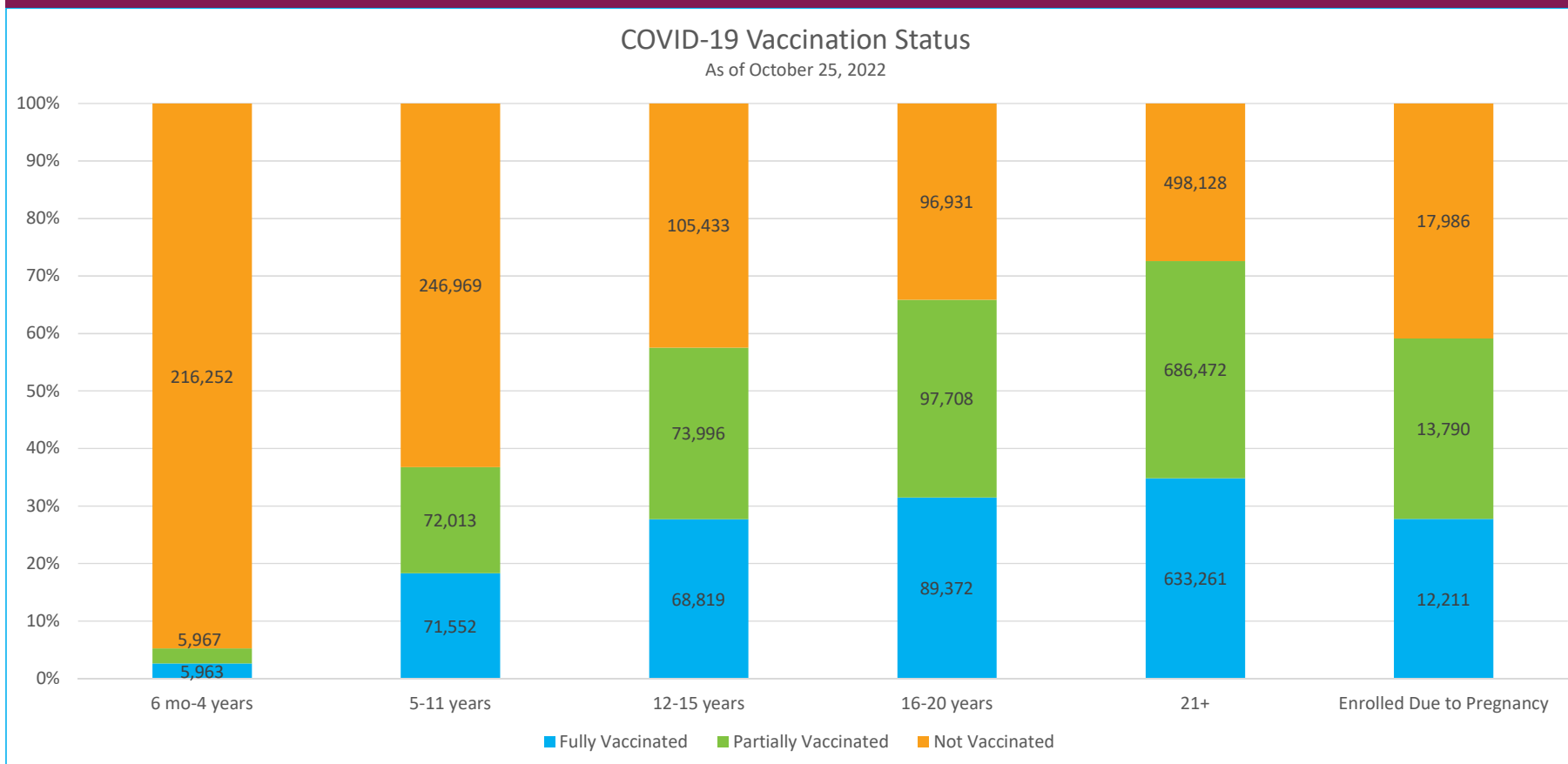
December 8, 2022

Health Economics & Economic Policy



COVID-19 Vaccinations

34% of eligible children under 16 have received at least one dose of a vaccine



COVID-19 vaccinations were authorized in Virginia on the following dates:

18+ years: December 10, 2020 (Pfizer & Moderna vaccines, Johnson & Johnson added as of February 26, 2020)

12-17 years: May 10, 2021 (Pfizer vaccine)

5-11 years: October 20, 2021 (Pfizer vaccine)

6 months-4 years: June 17, 2022 (Pfizer & Moderna vaccines)

Who is left to vaccinate?

Unvaccinated 6 month - 15 Year Olds



- The Northern/Winchester region has the highest vaccination rate (30%)
- The Southwest region has the lowest vaccination rate (11%)

Updated as of October 25, 2022

OFFICE OF QUALITY AND POPULATION HEALTH: CHIPAC PRESENTATION

DECEMBER 8, 2022



Agenda

- Define Healthcare Effectiveness Data and Information Set (HEDIS)[®] measures
- HEDIS[®] MY2020 Measures
 - Coronavirus Disease 2019 (COVID-19) Impact
 - Measure results
- HEDIS[®] Dashboard Development
 - Dashboard Overview and Updates
 - Preview of drafted MY2020 updated dashboard
- Questions/Comments

What is HEDIS®?

Healthcare Effectiveness Data and Information Set (HEDIS)®:

- HEDIS® is one of the most widely used set of performance measures in the health care industry
 - Developed to address important health care topics and provide a standardized way to measure performance
- Measures are developed by and are owned by the National Committee for Quality Assurance (NCQA)
- Measure domains include prevention and screening, chronic conditions, behavioral health, overuse/appropriate care, and access/availability of care
- In Virginia Medicaid, the managed care organizations are required to be accredited by NCQA and therefore, report HEDIS® measures annually
- For Virginia Medicaid, the managed care organizations work with Certified HEDIS® Compliance Auditors (CHCA) to audit and verify the measures, then submit the audited measures in a locked file to both NCQA as well as to DMAS.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

HEDIS[®] MY2020 Measure Results

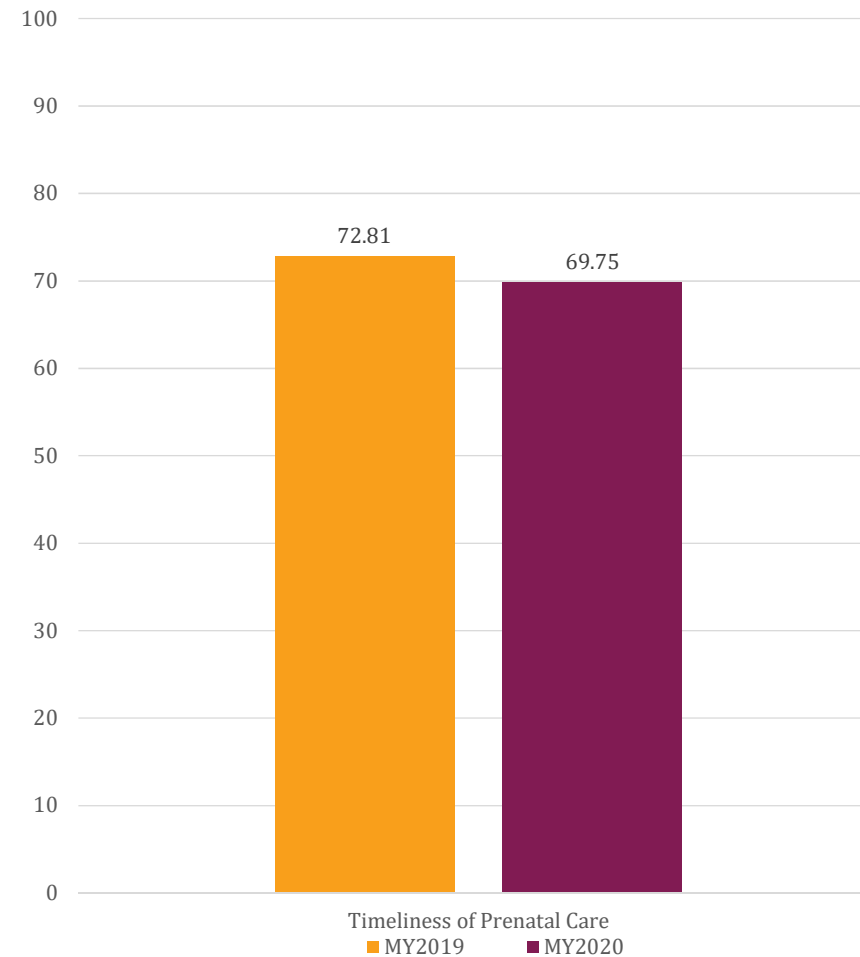
MY 2020 and COVID-19 Impact

- Due to the COVID_19 pandemic, there was decreased utilization of certain services seen across the country and while the impacts of the pandemic are being assessed, there are a few caveats for trending the data:
- NCQA gave MCOs flexibility with reporting the HEDIS® data in MY2019:
 - Due to COVID-19 impacts for HEDIS® 2020, plans reporting hybrid measures were given the option to report current year's (MY2019) or prior year's (MY2018) hybrid rates or report current year's (MY2019) administrative-only rates.
 - Trending between 2020 and prior years, or using data for improvement scoring should be considered with caution.
- Immunization data: there was a technology issue that prevented MCOs from accessing the full VDH Immunization Registry for reporting in MY2020 immunization rates. Trending should be done with caution.

Prenatal and Postpartum Care

Measure: Timeliness of Prenatal Care

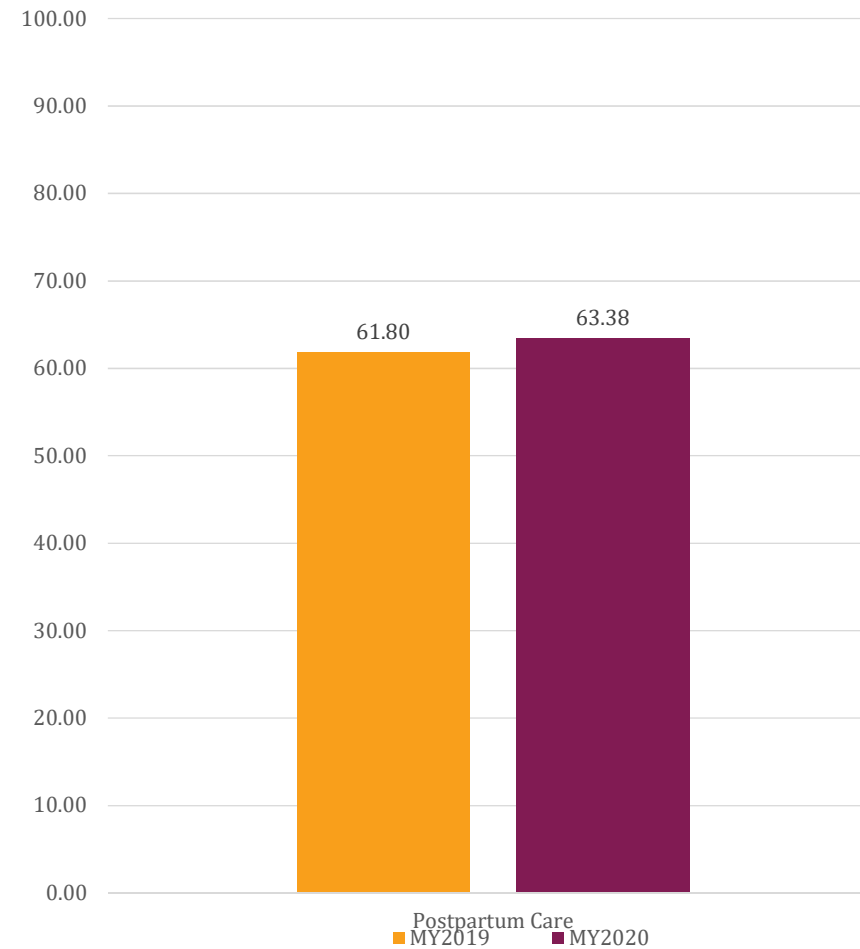
This HEDIS measure is the percentage of deliveries of live births that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.



Prenatal and Postpartum Care, Continued

Measure: Postpartum Care

This HEDIS measure is the percentage of deliveries of live births that had a postpartum visit on or between 7 and 84 days after delivery.

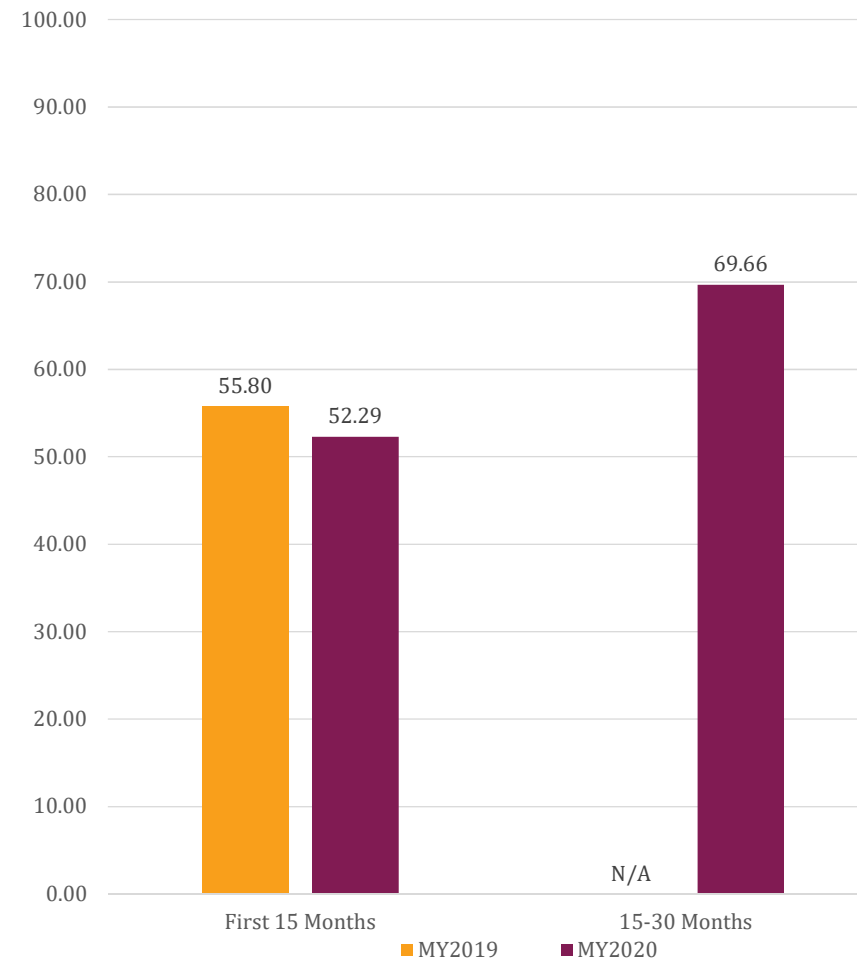


Measure: Well-Child Visits in the First 30 Months of Life

Two Part Measure:

1. This HEDIS measure estimates the percentage of children who had six or more well-child visits with a PCP during their first 15 months of life.
2. This HEDIS measure is the percentage of members who turned 30 months old during the measurement year and had two or more well-child visits with a PCP during the last 15 months.

New for MY2020

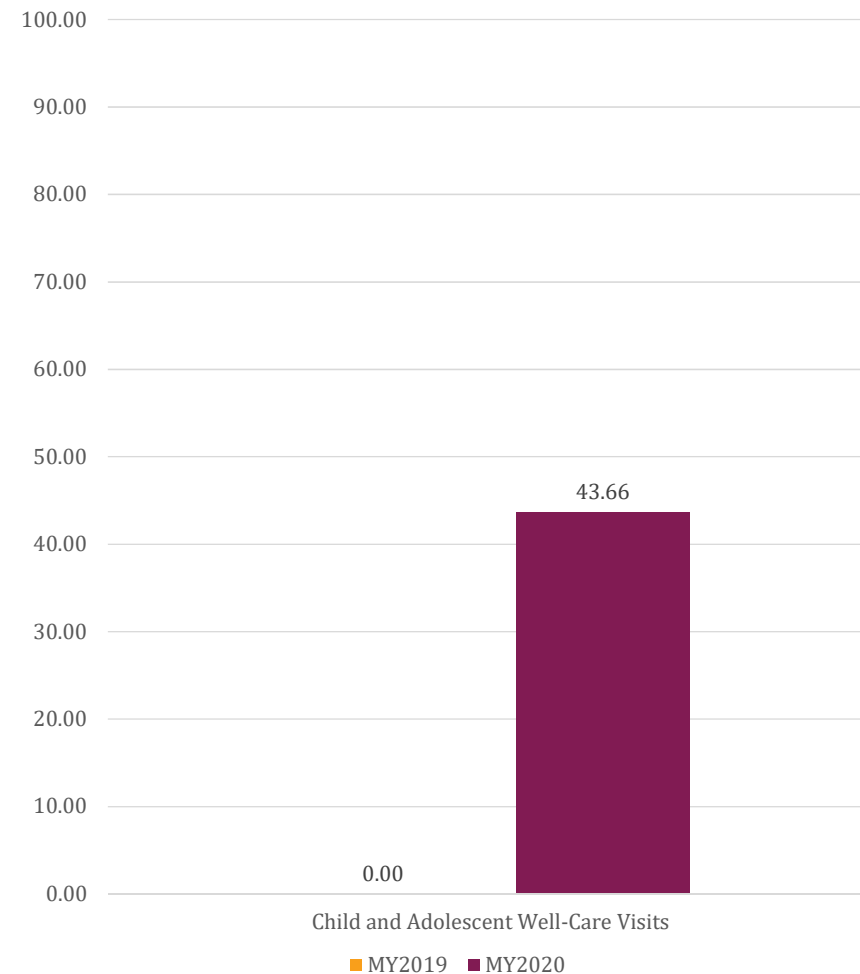


Preventative Care, Continued

Measure: Child and Adolescent Well-Care Visits (Total)

This HEDIS® measure is the percentage of members 3-21 years of age who had at least one comprehensive well care visit with a PCP or an OB/GYN practitioner during the measurement year.

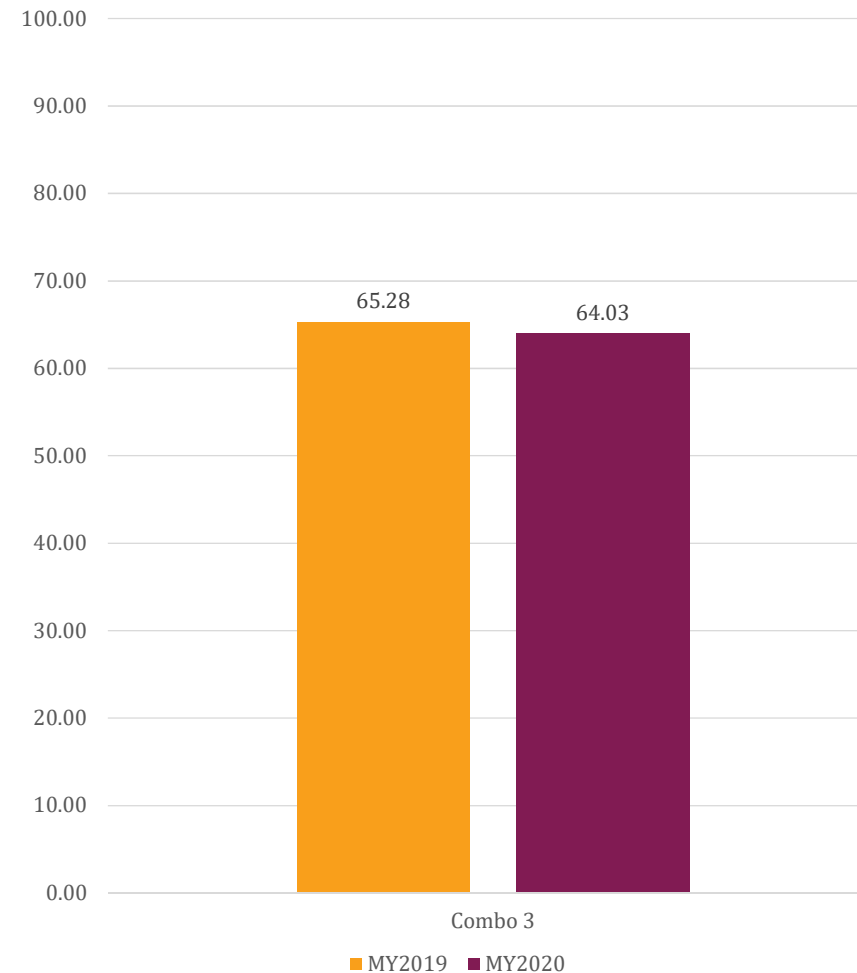
New Measure



Measure: Childhood Immunization Status-Combo 3

This HEDIS® measure is the percentage of children 2 years of age who received:

- 1) Four diphtheria/pertussis/tetanus (DTaP) vaccinations;
- 2) Three polio virus (IPV) vaccinations;
- 3) One mumps/measles/rubella (MMR) vaccination;
- 4) Three haemophilus influenza type B (HiB) vaccinations;
- 5) Three hepatitis B (Hep B) vaccinations;
- 6) At least one chicken pox (VZV) vaccination; and
- 7) At least four pneumococcal conjugate vaccinations on or before the child's second birthday.



Immunizations, Continued

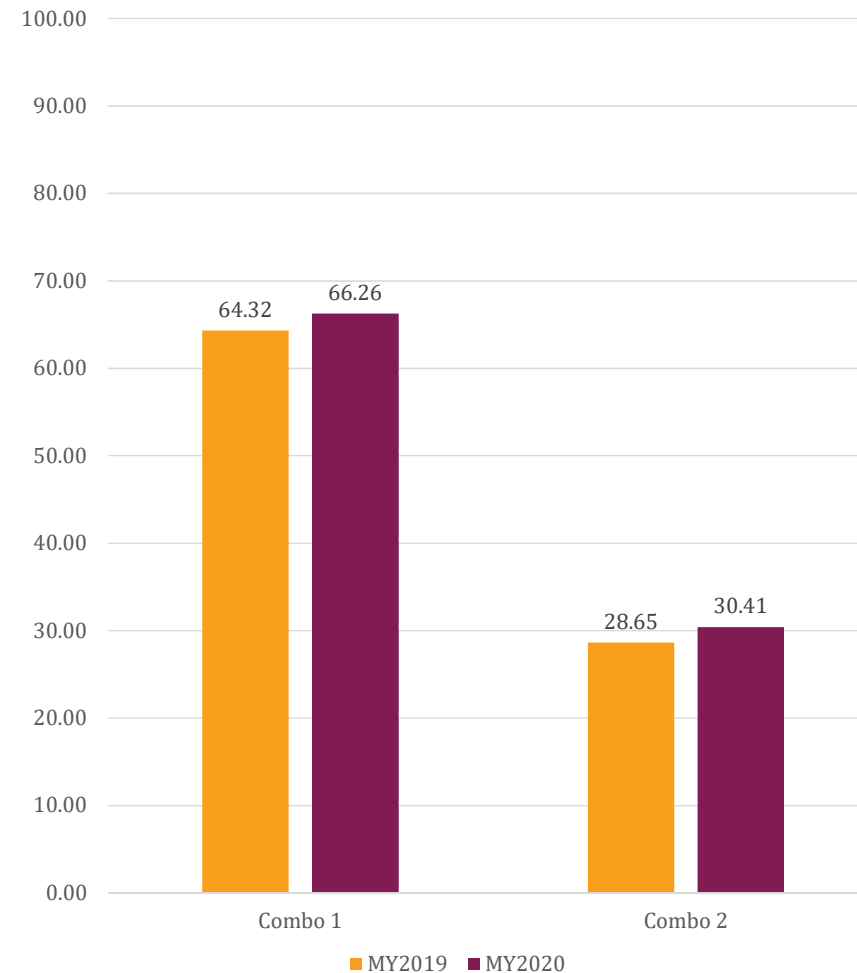
Measure: Immunizations for Adolescents

These HEDIS® measures are the percentage of adolescents 13 years of age who had at least one meningococcal vaccine on or between the member's 11th and 13th birthday, at least one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and have completed:

Combination 1: One Meningococcal Vaccine

OR

Combination 2: One Meningococcal Vaccine
AND HPV vaccine series



HEDIS[®] Dashboard Development

Purpose:

- To demonstrate the quality of care of Virginia Medicaid members
- To provide transparency to Virginia Medicaid members, stakeholders, and regulators
- To demonstrate accountability to our Virginia Medicaid members

HEDIS[®] Dashboard Overview/Updates

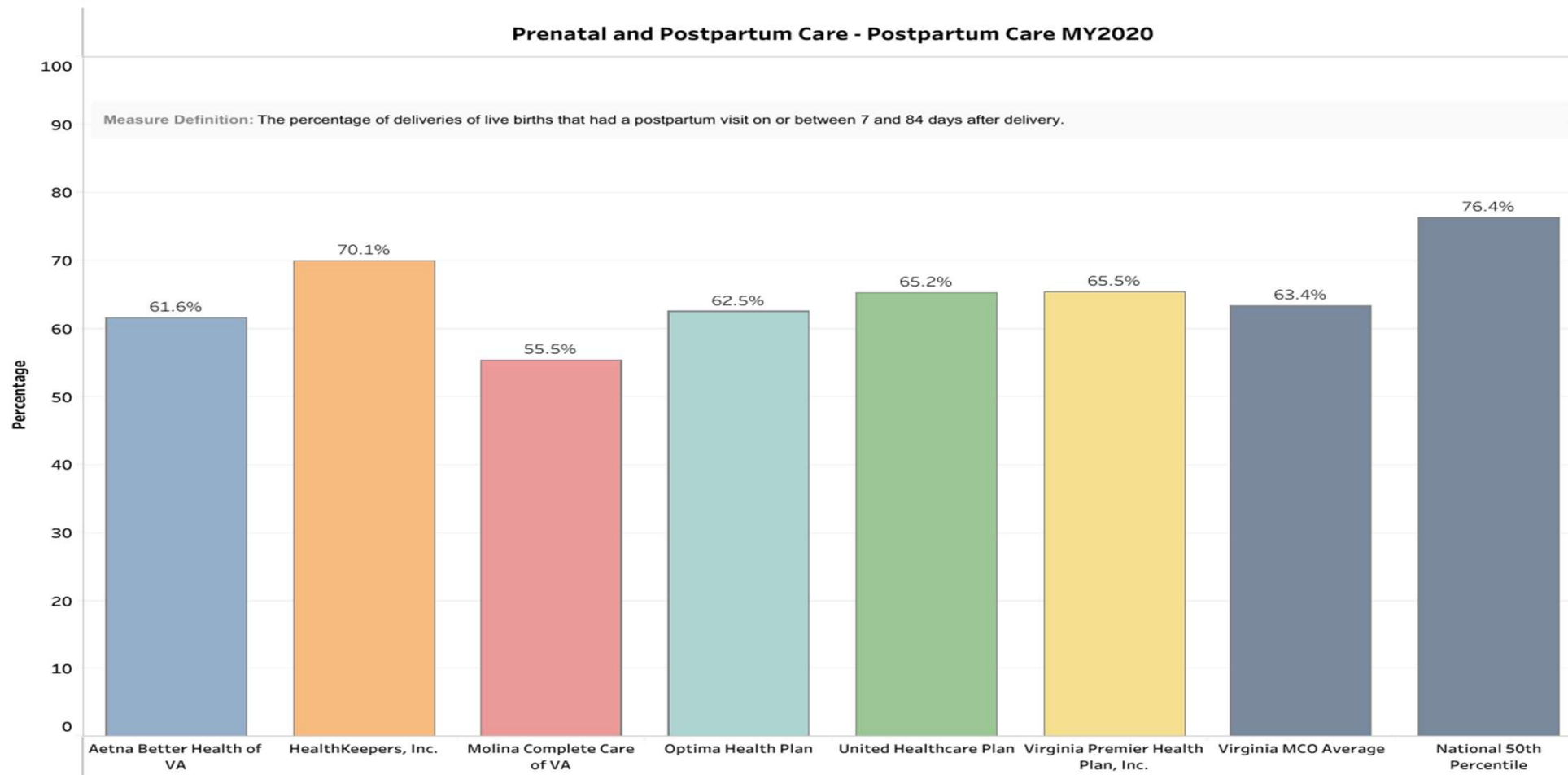
- DMAS developed and published a Managed Care HEDIS[®] dashboard in 2021 using MY2019 data as the baseline year.
 - The next release will be updated with MY2020 data, currently anticipated to go live in December 2022.
 - The HEDIS[®] dashboard will be updated with MY2021 data in early 2023 and will include trending (MY2019-MY2021).

MY2020 HEDIS Dashboard (DRAFT*)

Measure Name (Select from the dropdown below)

Prenatal and Postpartum Care - Postpartum Care MY2020

Category: Maternal and Perinatal



HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

[Return to Previous Page](#)

Questions?

officeofquality@dmas.virginia.gov

For more information on the HEDIS® Dashboard, please visit:

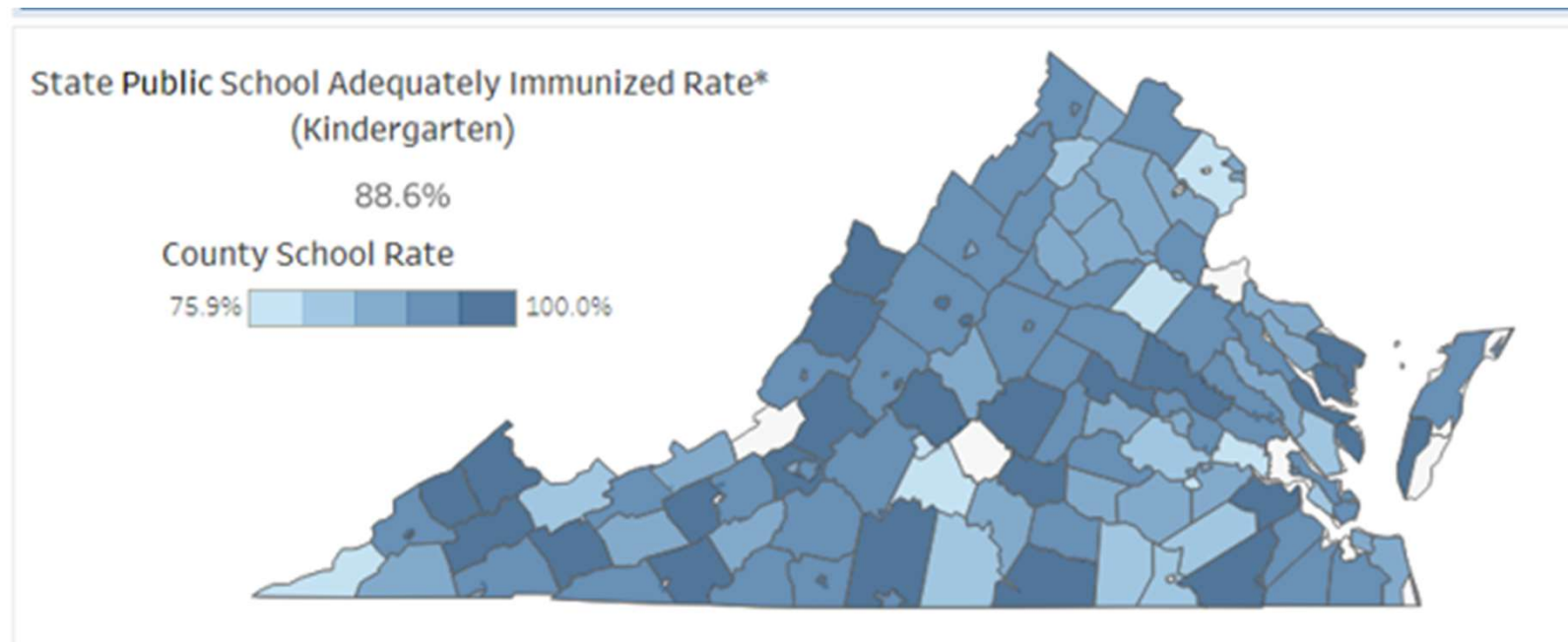
<https://dmas.virginia.gov/data/managed-care-hedis-dashboards/>

Anthem's Strategies to Improve Well Visits and Vaccination Rates for our Members in VA

December 8th, 2022



VA State Public School Immunization Status – Kindergarten

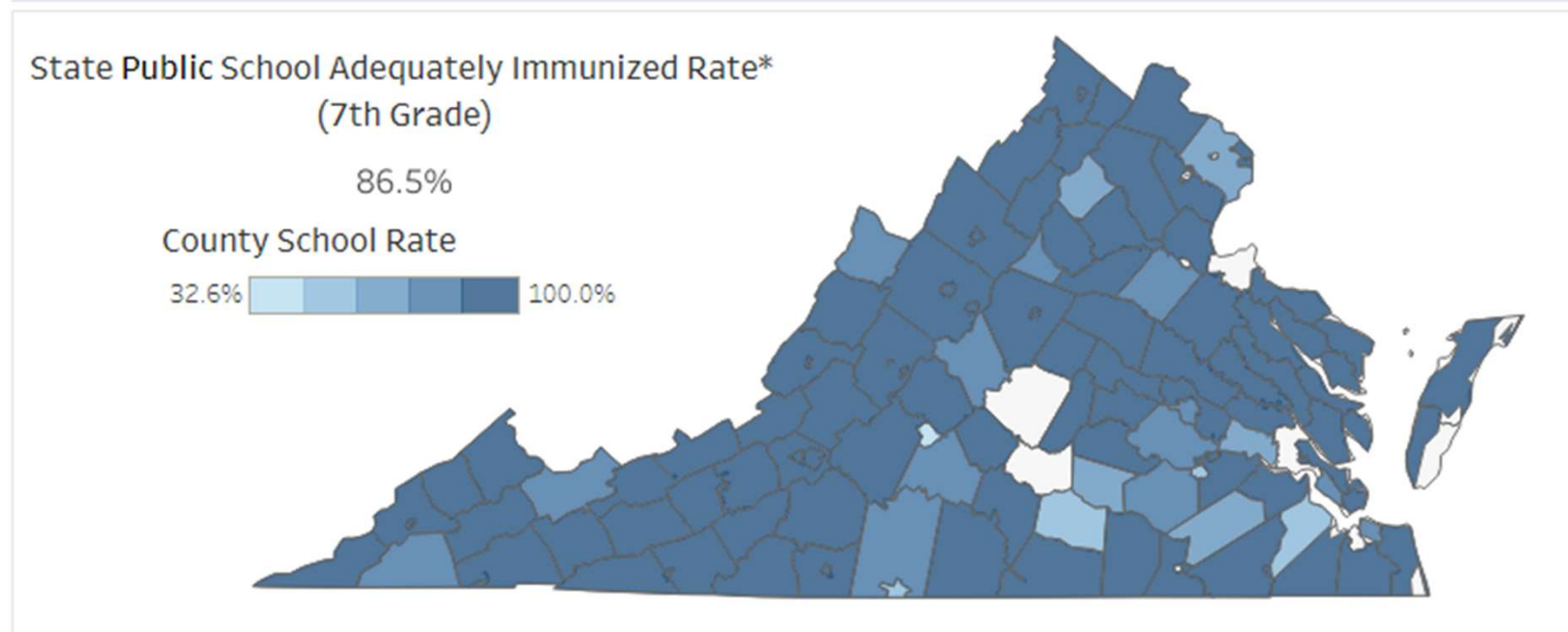


Counties with no color have no schools that have reported for the selected year.

* Adequately immunized rate equals the number of students with all of the required doses of all of the required vaccines.

As of August 24, 2022, the State Adequately Immunized Rate has been updated to reflect individual grade-level adequately immunized rates.

VA State Public School Immunization Status – 7th Grade

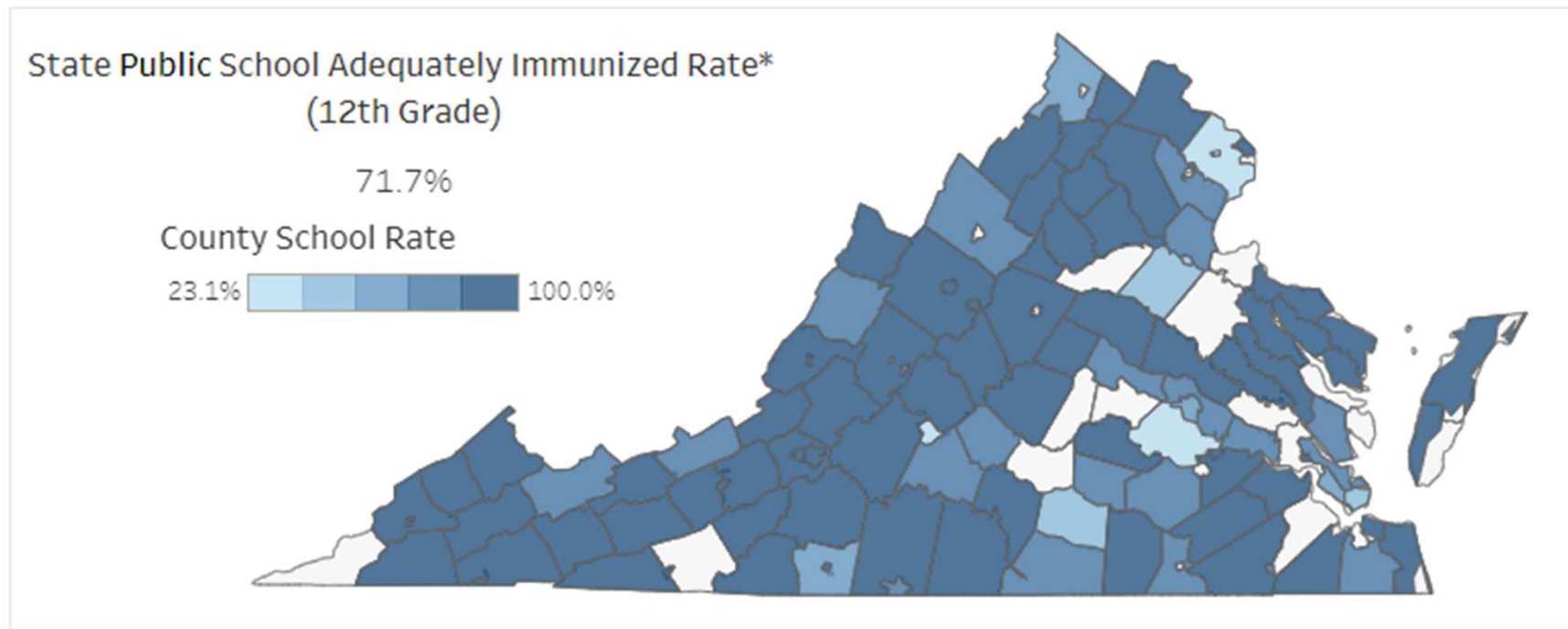


Counties with no color have no schools that have reported for the selected year.

* Adequately immunized rate equals the number of students with all of the required doses of all of the required vaccines.

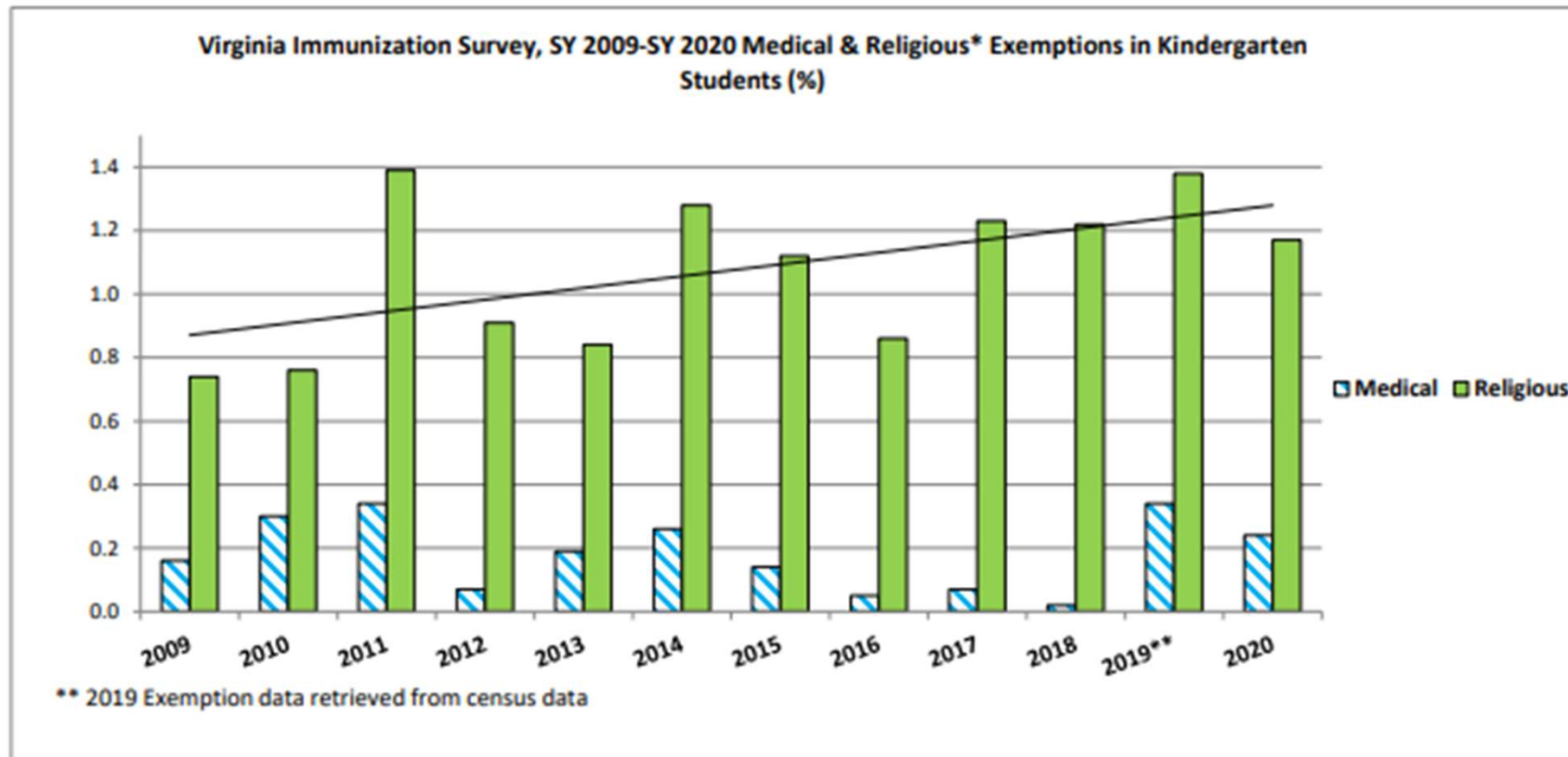
As of August 24, 2022, the State Adequately Immunized Rate has been updated to reflect individual grade-level adequately immunized rates.

VA State Public School Immunization Status – 12th Grade



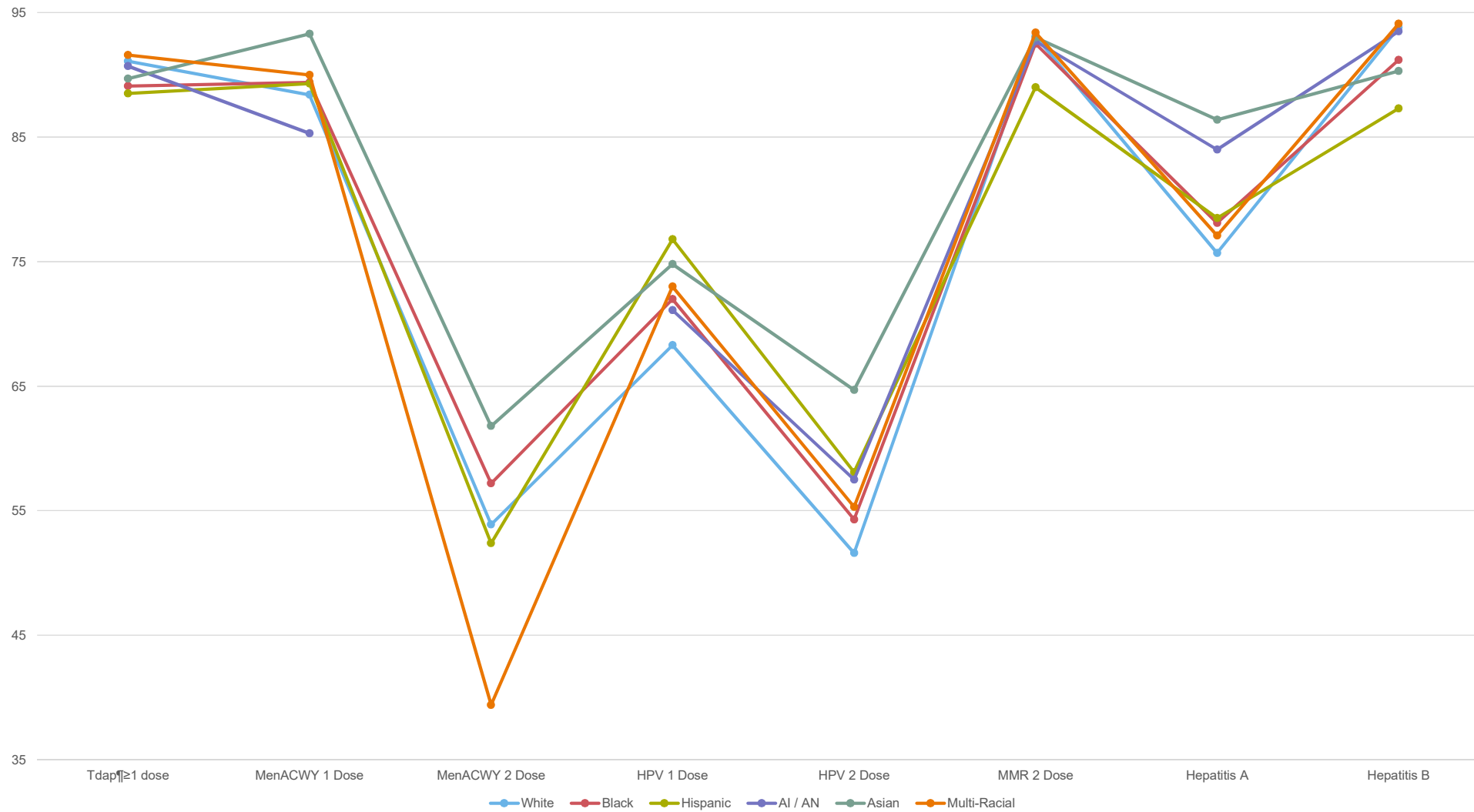
Counties with no color have no schools that have reported for the selected year.
* Adequately immunized rate equals the number of students with all of the required doses of all of the required vaccines.
As of August 24, 2022, the State Adequately Immunized Rate has been updated to reflect individual grade-level adequately immunized rates.

Medical and Religious Immunization Exemptions



Exemption	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019**	2020
Medical	0.16	0.30	0.34	0.07	0.19	0.26	0.14	0.05	0.07	0.02	0.34	0.24
Religious	0.74	0.76	1.39	0.91	0.84	1.28	1.12	0.86	1.23	1.22	1.38	1.17

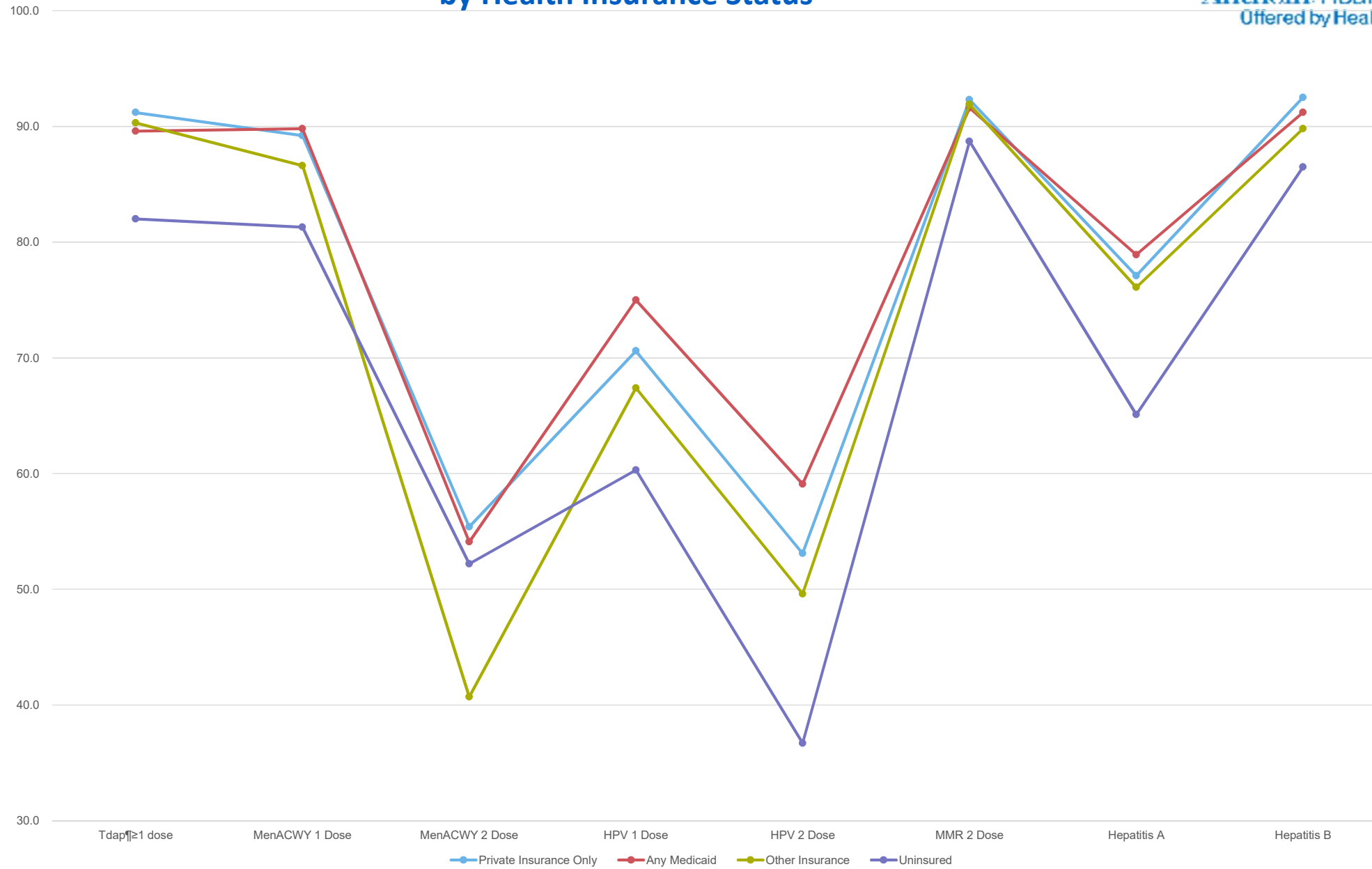
Adolescents aged 13–17 years by Race



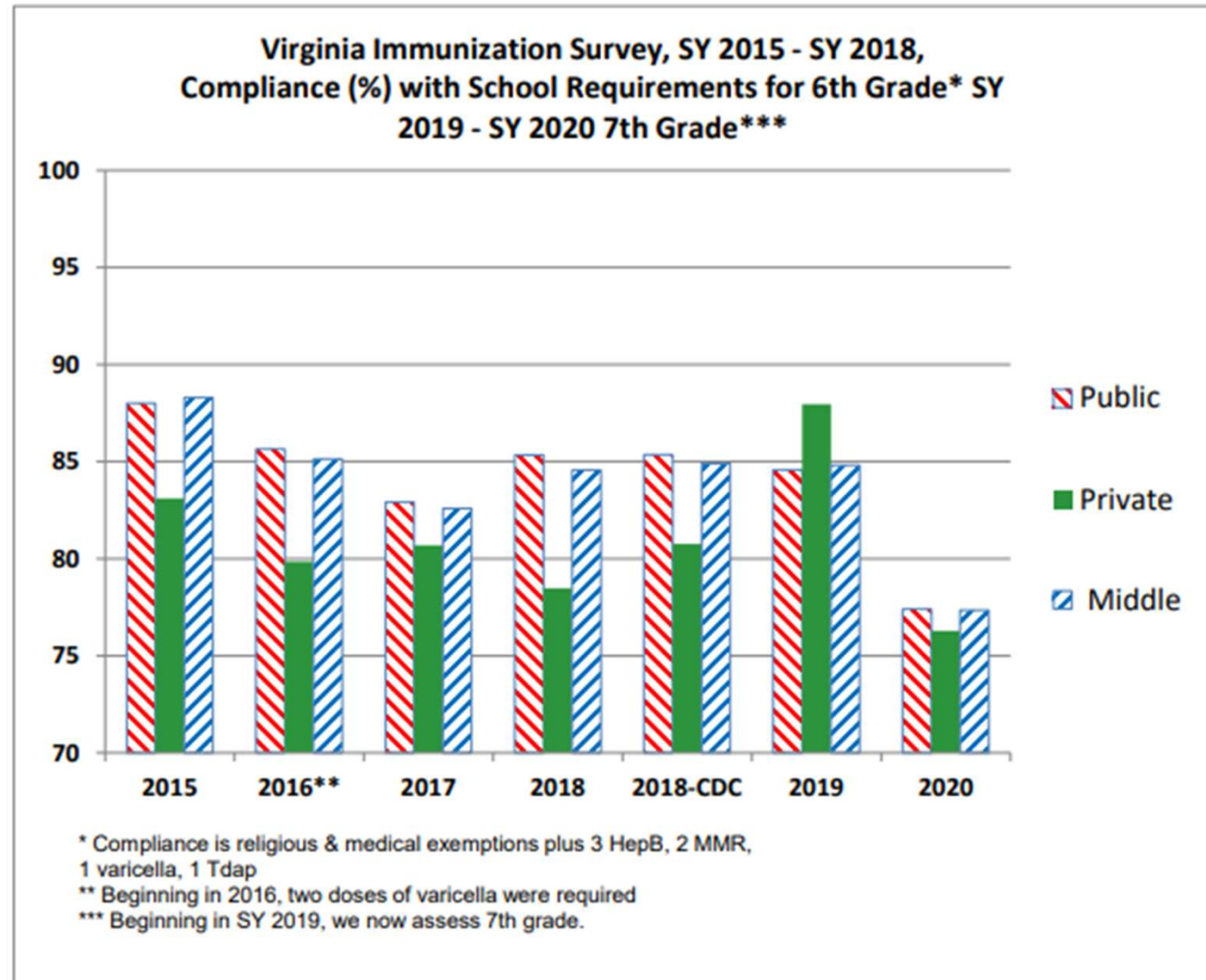
Note: No data for MENACWY for AI / AN

<https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/pubs-presentations/NIS-teen-vac-coverage-estimates-2019-tables.html>

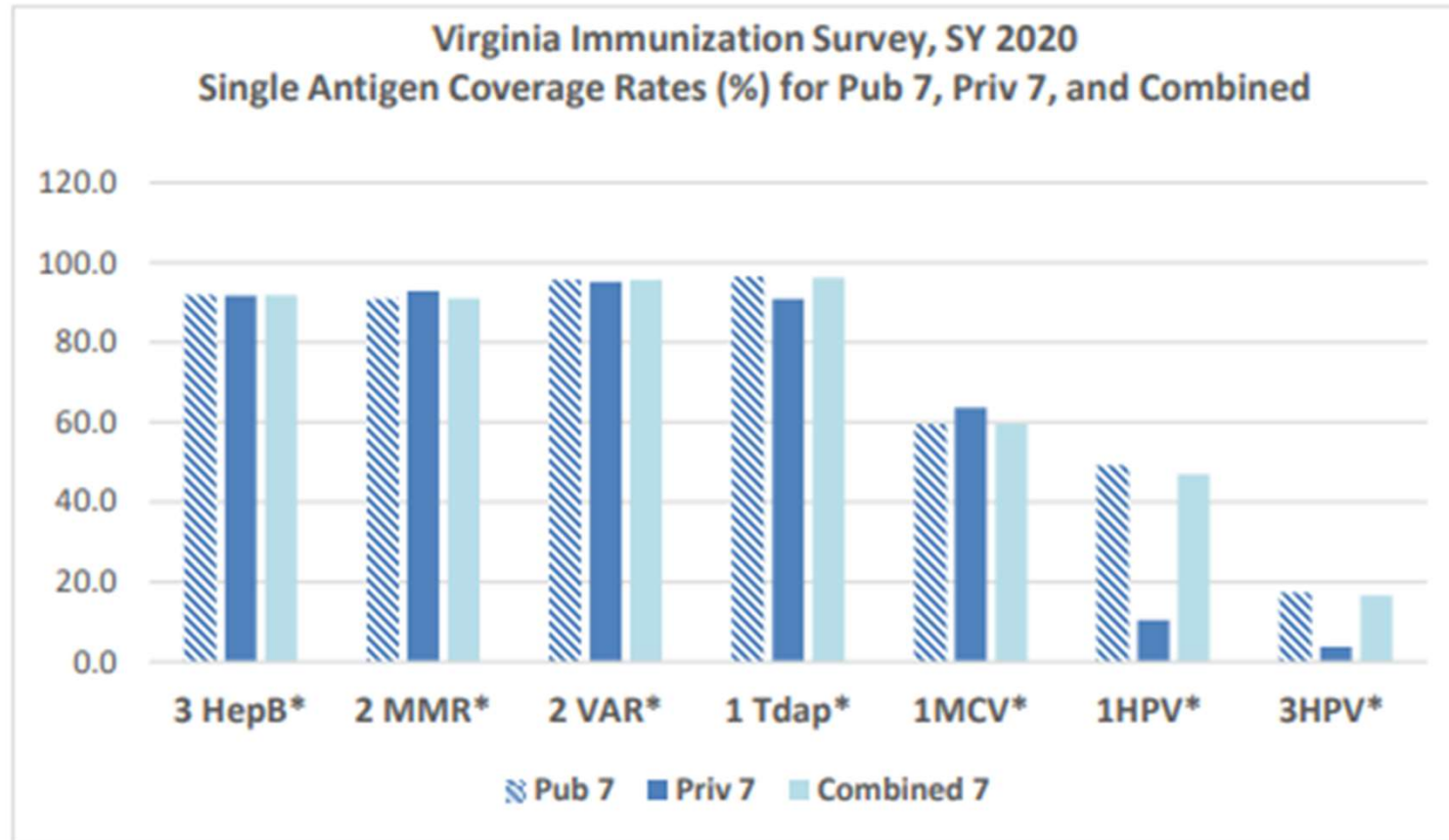
Adolescents aged 13–17 years by Health Insurance Status



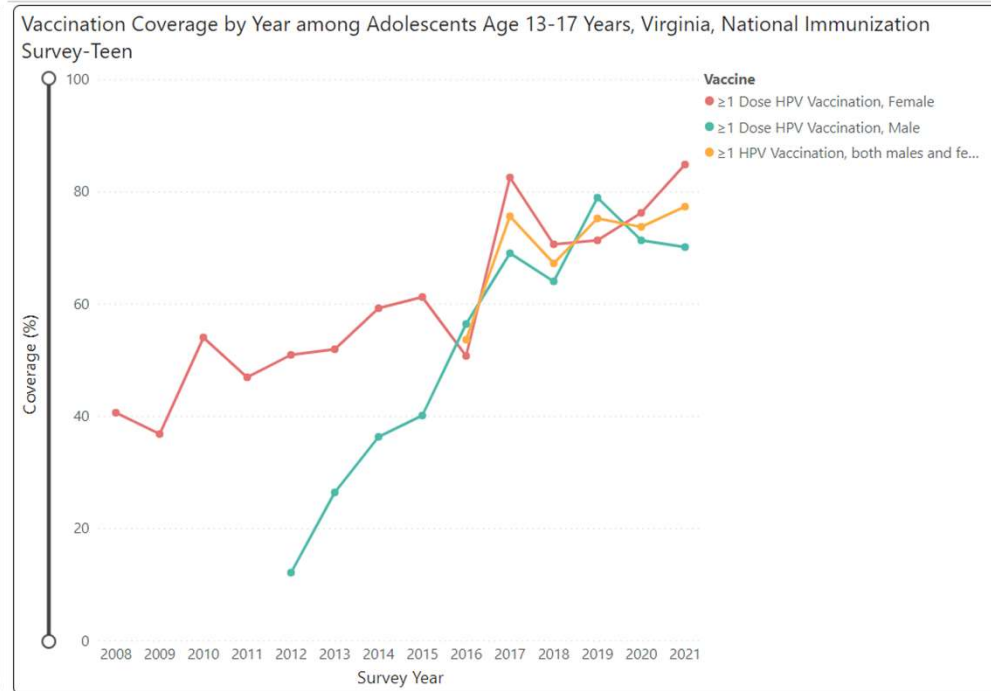
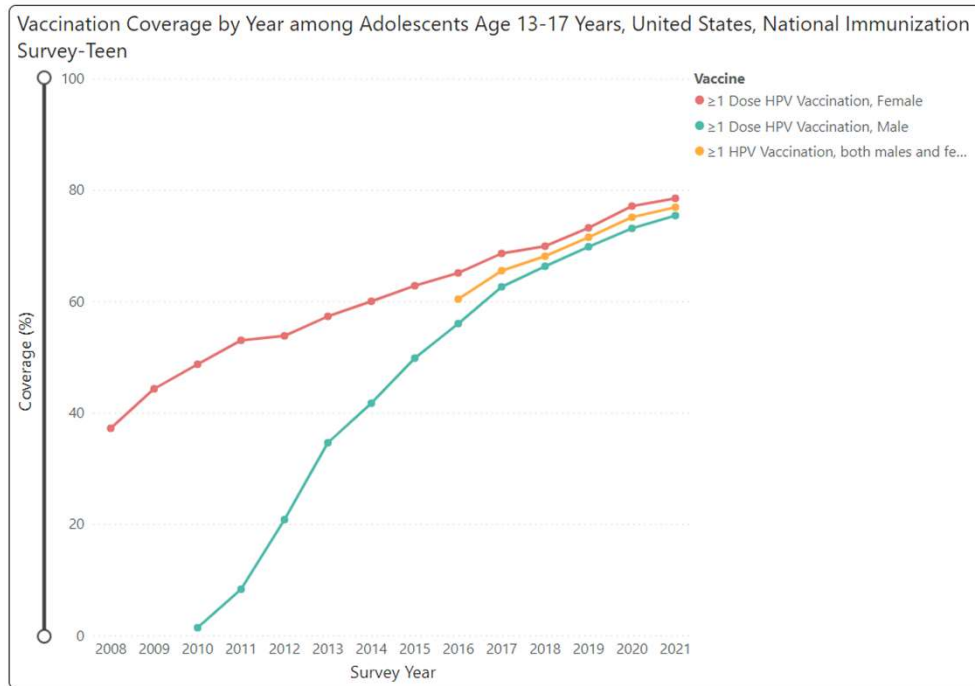
Immunization Survey YoY for 6th and 7th Grade



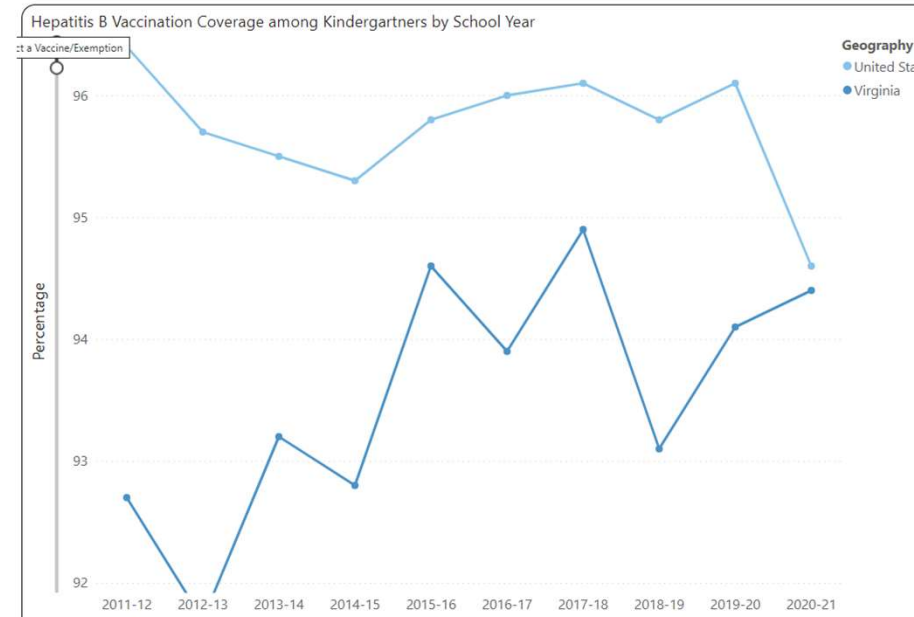
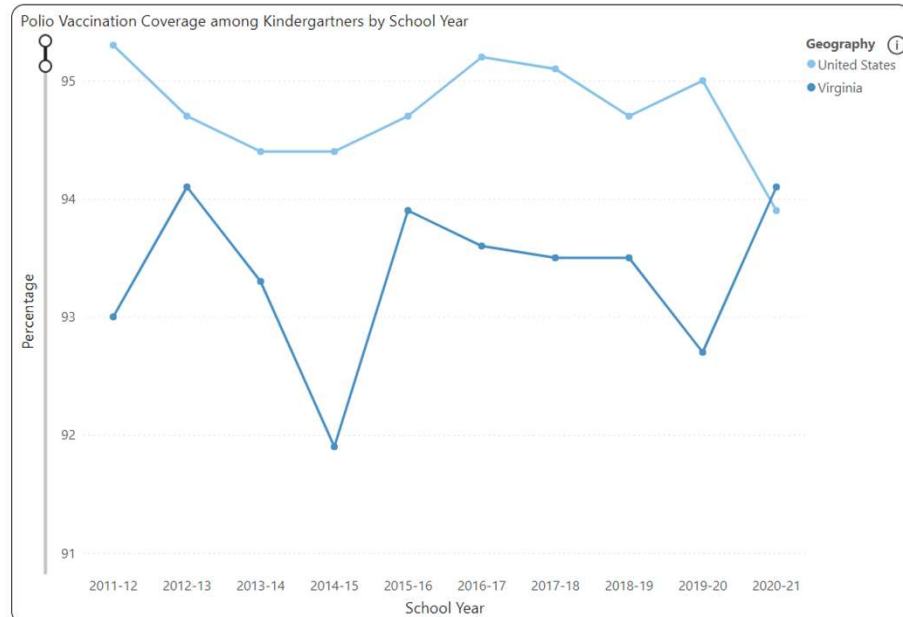
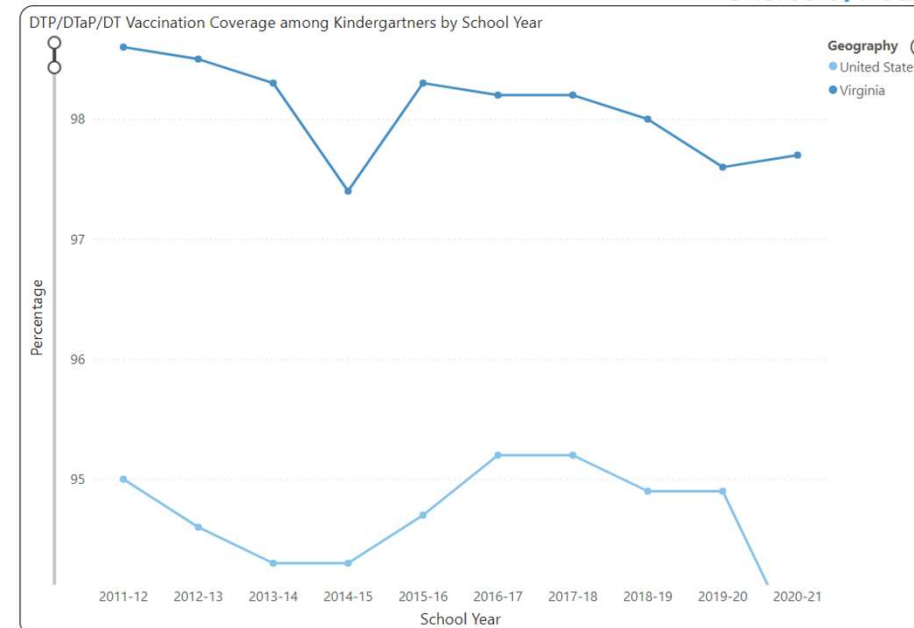
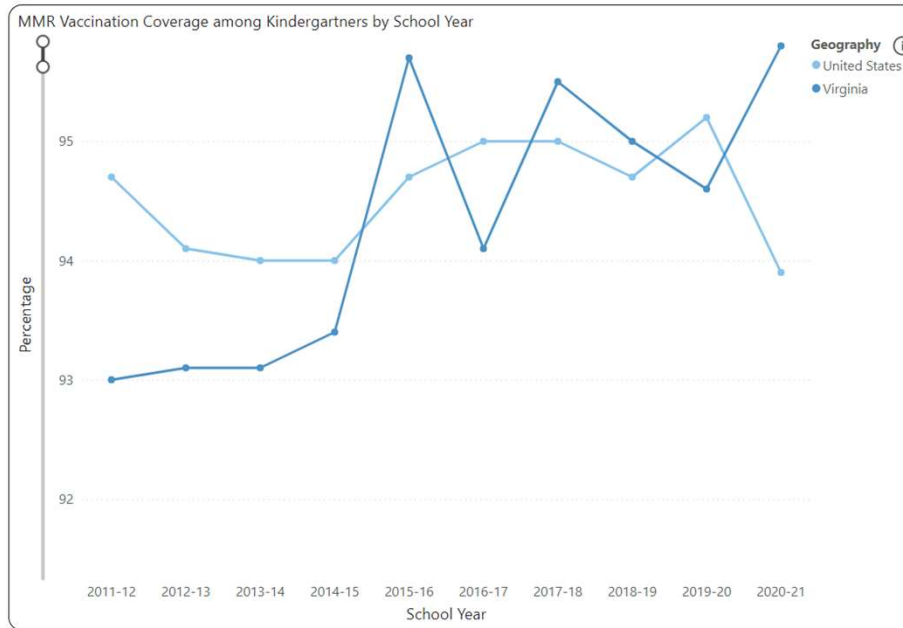
Current VA Immunizations by Disease for 7th Grade



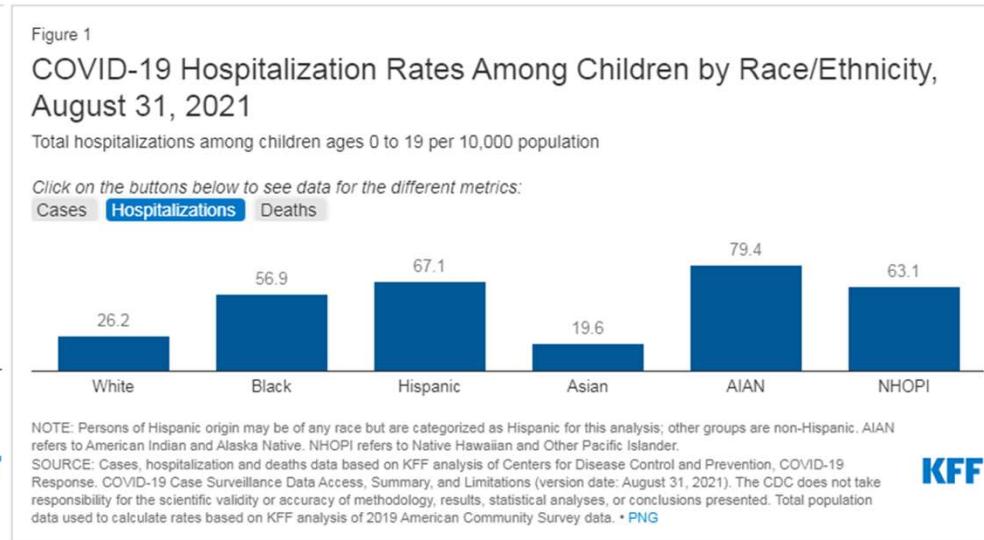
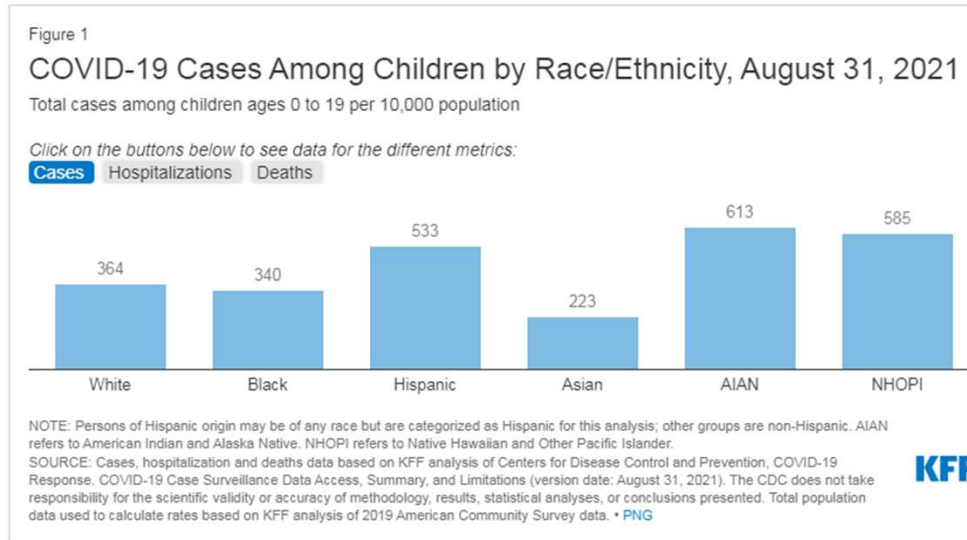
HPV Immunizations for US vs. VA



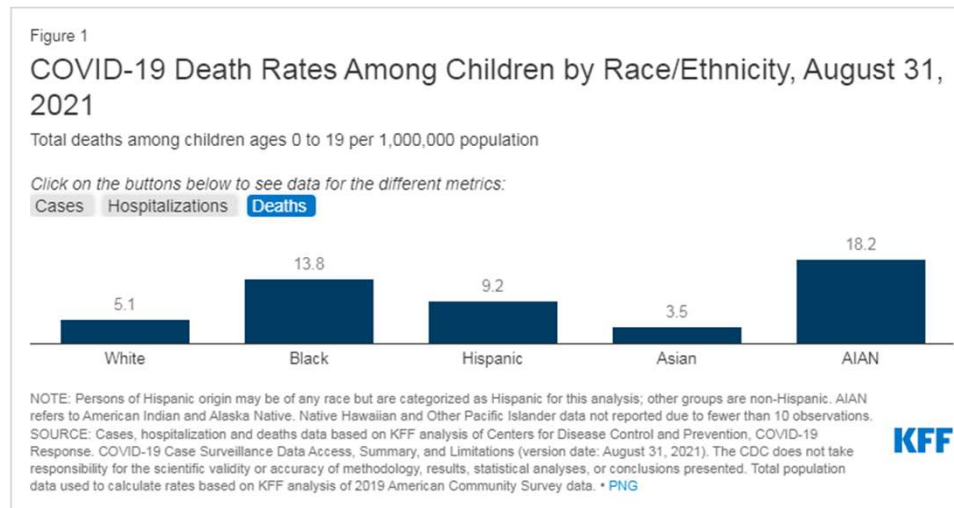
VA vs. US Vaccination Coverage by Vaccine



COVID-19 has disproportionately affected the health of children of color (nationwide data)



Compared to their White counterparts, Black, Hispanic, and Asian children had lower rates of [testing](#) but were significantly more likely to be [infected](#); Black and Hispanic children were more likely to be [hospitalized](#) and more likely to have [multisystem inflammatory syndrome](#) (MIS-C)



Barriers and Consequences to not getting Immunized

- Statewide barriers
 - Access
 - Transportation
 - Misinformation
 - Mistrust in health care system
 - Fear
 - Believed to be unnecessary
 - Promotion of sexual activity (HPV)
 - Lack of education from providers to their patient
- Consequences
 - Increased likelihood of getting serious illnesses
 - Other family members are also more likely to get seriously ill
 - You may contribute to a disease outbreak in the community
 - Can impact school enrollment and attendance

https://www.pfizer.com/news/articles/addressing_disproportionate_childhood_vaccination#:~:text=Just%2066.5%25%20of%20Black%20children,to%2071.5%25%20of%20white%20children.&text=Immunization%20rates%20for%20Asian%2DAmerican,%25%2C%20and%2071.5%25%20respectively.

<https://www.unicef.org/indonesia/stories/7-consequences-and-risks-not-getting-your-child-routinely-vaccinated>

Anthem's Efforts to Improve Well-Child Visits and Immunizations



Anthem uses a multi-faceted approach to improve Well-Child and Immunization Rates across the state:

Member Initiatives:

- Care Coordinator outreach leveraging our HEDIS Gap in Care reports monthly
- Texting campaigns for members with Gaps in Care
- Mailings:
 - Birthday reminders to complete well-child visits
 - Letters that are co-branded from their PCP and Anthem
- Age Out Immunization Outreach
 - Targets members who need immunizations who have aged out AND members who are about to age out to get immunized in a timely manner
- Partners with DSS offices across the state to ensure new Foster Care members complete a doctor's visit within 60 days of enrollment

Anthem's Efforts to Improve Well-Child Visits and Immunizations (cont.)

Provider Initiatives:

- Provider education including HEDIS booklets and Quick Reference Guides
- Provider Quality Incentive Program for the following measures:
 - CISQ - Childhood Immunizations - Combo 10
 - WCV - Child and Adolescent Well-Care Visits
 - IMA - Immunizations for Adolescents - Combo 2
- Incentive opportunity for providers to close immunization-only gaps. (Note: These providers do not participate in our PQIP programs).
- CPT Category II code reimbursement Provider Incentive Program
- Secure File Transfer Process for providers to submit data feeds for supplemental data
- Offer provider education webinars while offering continuing education credits
- Lastly, we have partnered with multiple providers over the last several years to support vaccination clinic and well-child visits in an effort to get more of our members vaccinated.
 - Support includes: Scheduling, identifying and outreach to members, transportation coordination, member education, and PPE donations.





MATERNAL HEALTH UPDATES: VIRGINIA MEDICAID DOULA BENEFIT

Natasha Turner, Doula Program Analyst,
Virginia Department of Medical Assistance Services
December 08, 2022

Community Doula Overview

What is a Community Doula?

A Community Doula:



- Non-medical professional who provides continuous physical, emotional, and information support to pregnant women prenatally, throughout pregnancy, during labor and delivery, and the postpartum period.
- Serves families in under-resourced communities
- Focuses on health equity and the social determinants of health
- Provides referrals and connections to critical community resources
- Partners with the birthing parents and their medical care team to:
 - facilitate communication
 - help members feel empowered to navigate their medical care and make choices that align with their birthing plan.

Doula Services Health Benefits

Why Doulas?

Member Benefits:

- ✓ Continuous support to pregnant women throughout pregnancy.
- ✓ Greater understanding of pregnancy and the birthing process
- ✓ Willingness to continue care
- ✓ Can be cost-effective approach to improving maternal and child health among Virginia Medicaid members.



The Report of the Virginia Medicaid Benefit for Community Doula Services Work Group, published in December 2020 found evidence that pregnant individuals, who receive doula care, are more likely to have a healthy birth outcome and a positive birth experience.

<https://rga.lis.virginia.gov/Published/2020/RD669>

Doula Support Services increase:

- likelihood of vaginal birth
- higher five-minute newborn Apgar scores
- likelihood of breastfeeding initiation

Doula Support Services reduce:

- Delivery by C-section
- Use of epidural pain relief
- Pre-term births
- Instrument-assisted birth

VA Medicaid Doula Benefit - Overview

Benefit Overview

In one full episode of care, a member is eligible to receive nine (9) visits:

- One (1) Initial prenatal visit and up to
- Three (3) Additional prenatal visits (max)
- Four (4) Postpartum visits (max)
- Attendance during labor and delivery

To be eligible to receive doula services, one must:

- Be a Virginia Medicaid member **and**
- Currently be pregnant **or** has given birth within the last six months (180 days)
- Obtain a licensed practitioner's recommendation for doula care **prior to initiating services.**

Linkage to Care Incentives



To improve continuity of care for mothers **and** their newborns during the postpartum period, doulas are eligible to receive **two linkage to care incentives.**



One incentive payment can be received by the doula if the member attends one postpartum visit with an obstetric clinician.



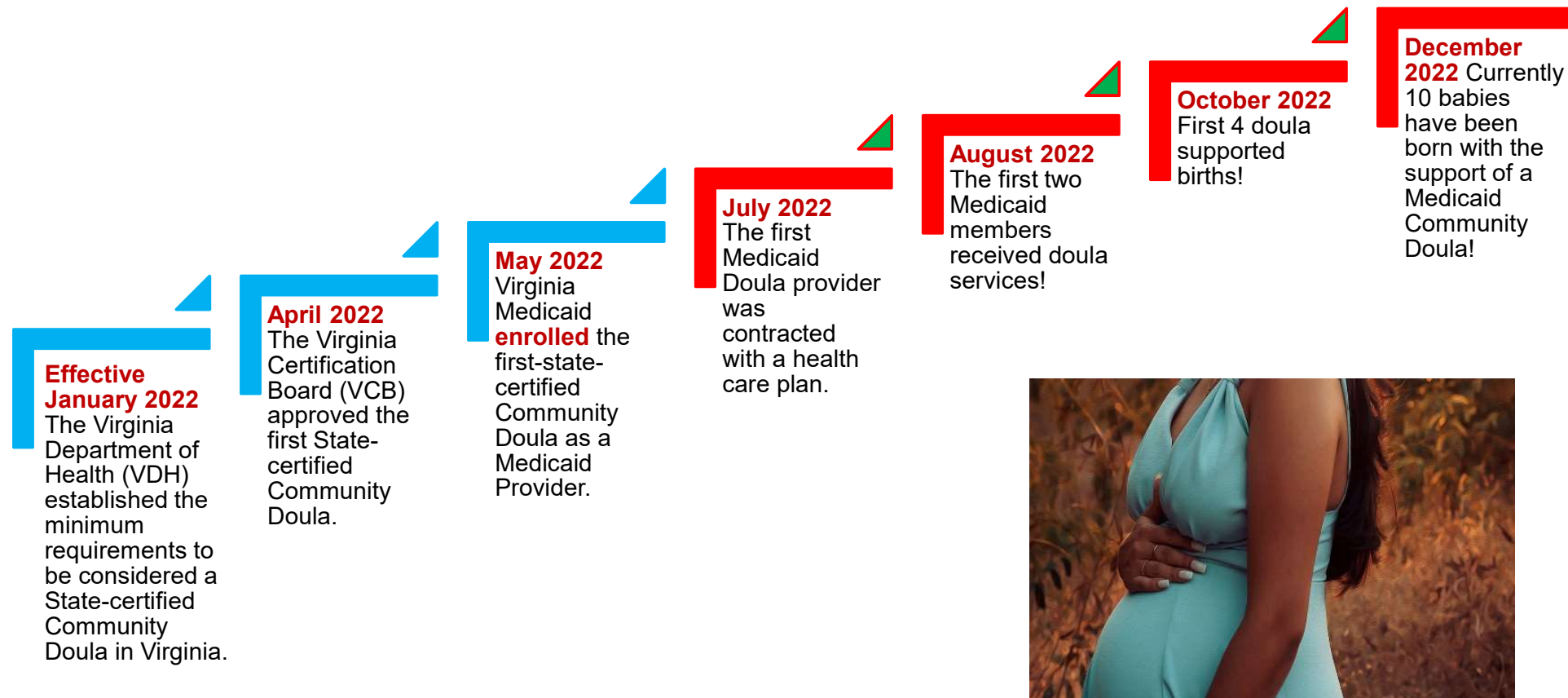
Second incentive payment can be received by the doula if the newborn attends one visit to a pediatric provider after birth.



Linkage-to-care incentive payments strengthen our **collective** efforts to ensure mom and baby receive the necessary follow-up care after birth.

Community Doula Benefit Implementation

Virginia Medicaid is the 4th state in the nation to implement doula services for Medicaid members. The Community Doula program is committed to maternal and infant health and is working to build a network of Medicaid Doula providers.



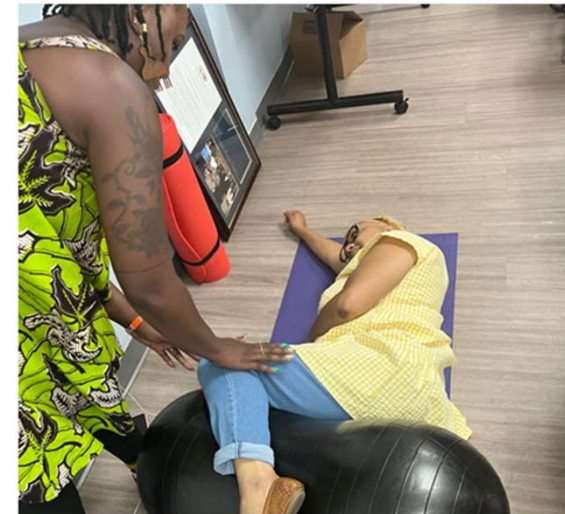
Doula Certification, Enrollment and Contracting

To date:

- 65 Doulas have received state certification!

Of the 65 Doulas that have received state certification:

- 7 Doulas are pending Medicaid enrollment
- 37 Doulas are Medicaid approved, contracted with 2 or more health care plans and have begun providing services to Medicaid members!



Looking Ahead.....

Community Doula Strategic Plan

Goal Area I. Infrastructure Building

- Regional Doula Training
- Doula Pipeline
- Partnership for Petersburg
- Doula Recruitment and Engagement
- Doula Workforce and Professional Development

Goal Area II. Collaboration, Partnership and Buy-in

- Partner Engagement
(MCO, State, Medical Providers, Community Stakeholders)
- Resource/Toolkit & Website Development
- Communications
- Medical Provider Training & Education
- Quarterly Community Doula and VA Doula Task Force Meetings

Goal Area III. Outcome Evaluation and Sustainability

- Doula Dashboard & Data Tracking
- Maternal Health & Doula Program Outcomes - DMAS Quality and Population Health Team
- Low Risk Cesarean Delivery (LRCD) Affinity Group - Mathematica
- Develop Community Doula Program Sustainability Plan

Meet two of Virginia's first Medicaid Community Doulas!



"Years ago, I learned about the massive disparities in healthcare, and specifically maternal healthcare, in the US and how those disparities put people of color on the receiving end of lower quality care, treatment, and support by the healthcare system. Soon after, I read about the positive impact that doulas can have on birth outcomes. That's when I knew I wanted to begin learning about birth, birth support, and organizations that offered doula training.

*Being able to offer the resource of doula care to **everyone** is extremely important to me and to Birth in Color RVA. I would recommend doula work for anyone who may already find themselves as a naturally supportive person, one who can advocate for themselves and others, and enjoys propelling others to see their own power and greatness."*

Sequoi Phipps-Hawkins - Community Doula



"My passion for birth work started 25 years ago when I was an Air Force medic and was doing my maternity rotation in tech school. This was the first time I had ever experienced a live birth and the moment the baby was born and in his mother's arms, I was in love and hooked!

I chose to become a doula because I want everyone to have the birth they desire, I want to educate them on all of their choices so they can make informed decisions, and I want them to feel confident to speak up for what they want during their pregnancy and delivery. My hope as a doula is for everyone to feel supported and heard, and to leave their birth satisfied with the decisions they made for themselves during their pregnancy and labor.

This work is rewarding, challenging, intriguing, spontaneous, and absolutely POWERFUL! Doulas are changing the way we birth in this country and it is very important work, we are pioneers, we are saving lives."

Larissa Joos - Community Doula

Thank You!

*We are building a network of state-certified,
Medicaid Community Doulas.*

For additional information please email:

babystepsva.@dmas.virginia.gov

(for doula-specific questions)

Natasha Turner, Doula Program Analyst, DMAS

natasha.turner@dmas.virginia.gov

(for all other emails)



DMAS MATERNAL HEALTH UPDATES

Maryssa Sadler, MPA
Maternal and Women's Health Analyst
Virginia Department of Medical Assistance Services

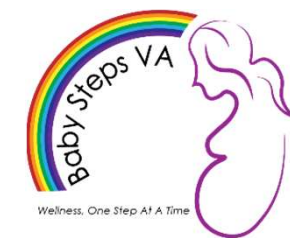


DMAS Baby Steps VA

Virginia Medicaid recognizes the importance of addressing infant and maternal health in a holistic way. Through Baby Steps VA, DMAS has enhanced maternal health awareness utilizing core teams (listed below) to educate and address health disparities for Medicaid and Family Access to Medical Insurance Security (FAMIS) members.

Five (5) Focus Areas:

- **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



National Academy for State Health Policy Maternal and Child Health Policy Innovation Program

In April 2021, Virginia was selected as one of eight (8) 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.



NASHP MCH PIP- Project Focus Areas

Postpartum Coverage

- ✓ Member and Provider outreach to inform on new policy coverage for Pregnant and Parenting members.
- ✓ Development of member toolkit –PP Coverage and PP Visits
 - MMH
 - Breastfeeding
 - Post Delivery and Wellness
- ✓ Provider flyer on awareness of new coverage options and provider guidance

Community Doula Implementation

- ✓ Assistance with the review of Doula resource guide
 - Knowledge
 - MCO Benefits
 - Resources
 - Transportation
 - SDOH



Postpartum Outreach and Communication

- ✓ Provider Outreach
 - Provider communications on what is available for members with 12 month Postpartum coverage
 - MCO support to engage with members
- ✓ Member Outreach
 - Collaboration with MCOs and Sister Agencies
 - Development of member toolkit
 - Wellness Check
 - Post Delivery Care
 - Breastfeeding
 - Referrals and Resources

MEDICAID AND FAMIS MOMS MEMBERS NOW HAVE FULL COVERAGE THROUGH 12 MONTHS POSTPARTUM

DID YOU KNOW?

Effective July 1, 2022
12 Month Postpartum Coverage

Members will have access to dental benefits, coverage for mental health services and treatment for substance use disorders, and more

Postpartum extension also includes coverage of birth control, including LARC

12 month postpartum continuous coverage applies to all pregnant full benefit Medicaid and FAMIS MOMS

For members enrolled in the FAMIS Prenatal Coverage program, coverage ends at 60 days postpartum.

Members will remain enrolled in coverage during pregnancy and through 12 month postpartum, regardless of income changes

Thank You!

For additional information please email:

babystepsva.@dmas.virginia.gov

(for maternity questions)

Maryssa Sadler, MPA

Maternal and Women's Health Analyst

Maryssa.sadler@dmas.virginia.gov

(for all other emails)

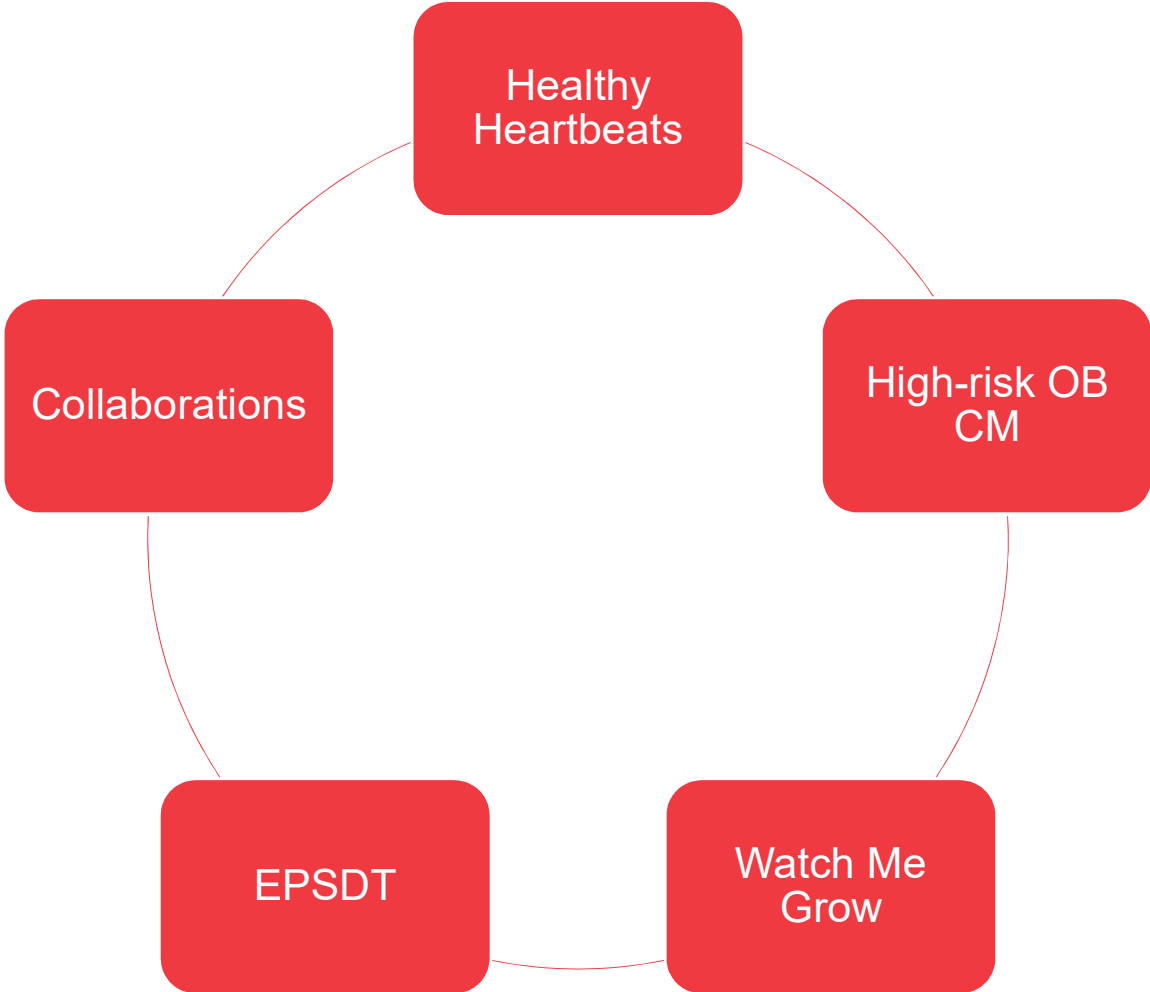




Virginia Premier: Maternal and Child Health Programs

Chantel Neece DNP, MBA, FNP-BC, GERO-BC, CPHQ, SSBBP

Virginia Premier: Maternal and Child Health Initiatives



Virginia Premier: Maternal and Child Health Initiatives

- Data Sources
 - DMAS Pregnancy File
 - Claims Report (Due Date Report)
 - Collective Medical Reports
 - OB Registration
 - Healthy Heartbeats Email
 - Aeroflow Member File
 - Self-reporting
- Outreach to all pregnant members
- Independent Assessment Tools & Risk Stratification
- Member Outreach Tactics
 - 17 dedicated staff
 - Certified Community Health Workers
 - Benefits
 - SDOH
 - Member Resources
 - Behavioral Health
 - Breast Feeding
 - Safe Sleep
 - Maternal/Fetal Safety
 - ACOG Guidelines

Virginia Premier: Maternal and Child Health Initiatives

- Healthy Heartbeats Program
 - Low-Moderate Risk Maternal Health
 - Incentive-based
 - Prenatal
 - Assessment
 - Resources (WIC, SNAP)
 - OBGYN
 - Postpartum
 - Baby sign-up (Medicaid)
 - Health Screening for all children in the home (also on VP Health Plan)
 - LARC
 - Collaborative relationship with Clinical Services
 - High-Risk OB Program
 - RN/LCSW



Virginia Premier: Maternal and Child Health Initiatives

- Rapport/Established Relationship
 - Monthly Outreach
 - Consistent Support
 - Phone calls/Mailers (HHB Packets)
- Baby Showers
 - Professional community presenters
 - Outreach Rep present
 - Gift bags & raffles
- Preferred Partnerships
 - Aeroflow
 - Breast/Chest Feeding Education
 - Community-based partnerships
 - Home Visits
 - Assessments
 - Unable to contact
 - Supply needs
 - Diapers, wipes, clothes, safe sleep/pack & plays, car seats

Virginia Premier: Maternal and Child Health Initiatives- Maternal Health Disparities



- Work Group
 - Interdisciplinary team approach
 - Enhance health literacy
 - What to expect at your appointment
- Partnerships
 - Birth in Color RVA
 - Black Maternal Health Week
 - Black Breast/Chest Feeding Week
 - Community Baby Showers
 - Urban Baby Beginnings
 - Nurturing Amenities
 - Petersburg Pregnancy Support Center
 - Triad Meeting (Walk for Life)

Virginia Premier: Maternal and Child Health Initiatives

- Watch Me Grow
 - EPSDT Education, Health Checks
- EPSDT Coordinator
 - Well Visit & Immunization schedule
 - Lead Screening, Dental Varnish
 - Appointment scheduling
- Embedded Case Managers
 - Johnson Health
 - New Horizons
 - Eastern Shore



Virginia Premier: Maternal and Child Health Initiatives - Looking Ahead

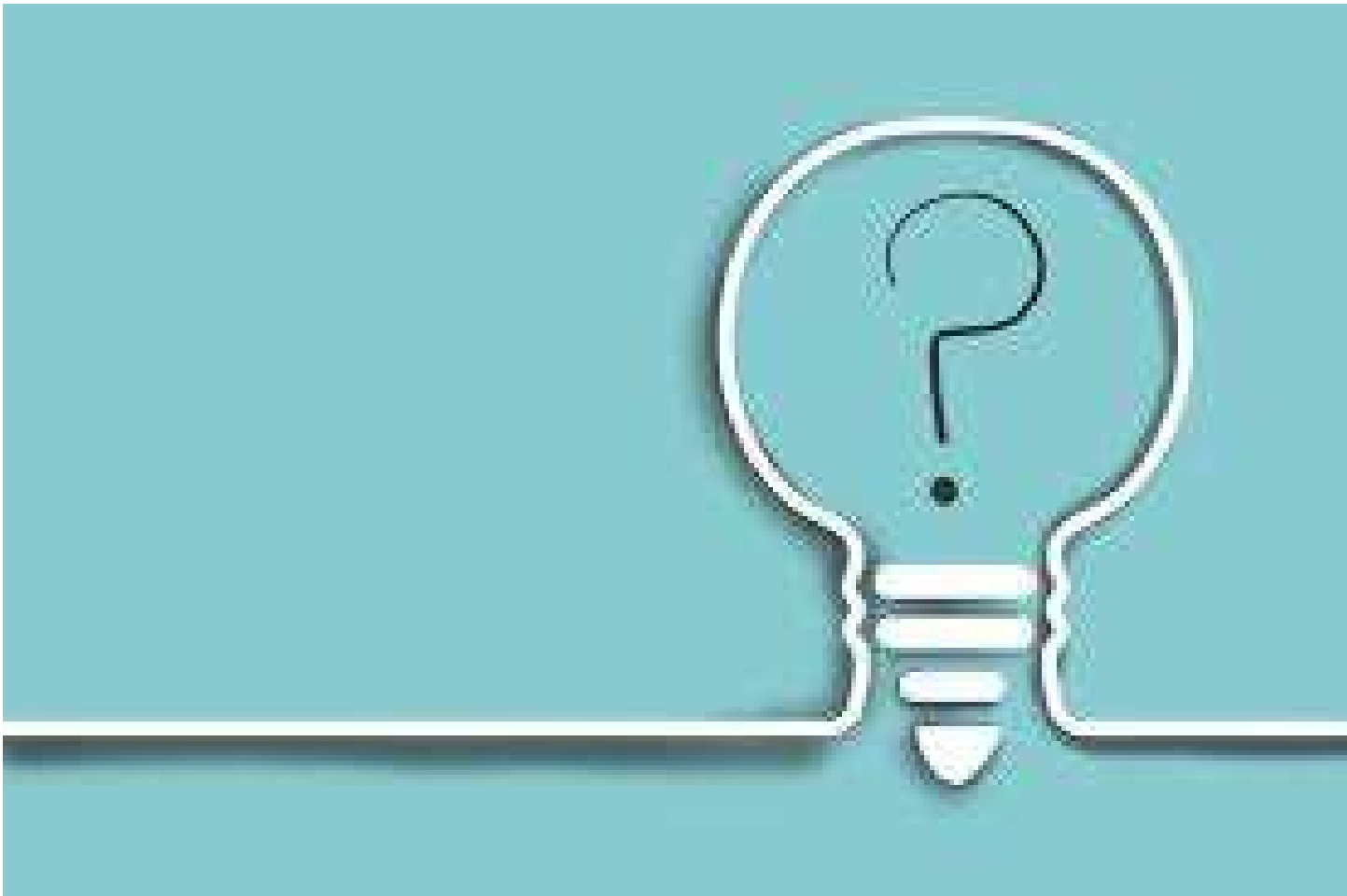
- Women's Health Program
 - Primary care interventions
 - HEDIS/STARs Measures
 - Mammograms
 - DEXA Scan
 - Fall Prevention
 - Colonoscopy
 - Adult Immunizations
- Pre and post reproductive health
 - Folic Acid
 - Tobacco Cessation
 - Exercise
 - Diet
 - LARC
 - OVIA Mobile App

Success Story

- Provider unable to contact pregnant member for hospital follow-up appointment
- Provider reached out to Healthy Heartbeats Team Member
 - Emergency home visit- Social Distancing
 - Enrolled in HHB Program
 - Connect to transportation resources
 - Member found to only have temporary housing
 - Connected to Housing Specialist



Questions?



Discussion of Agenda Topics For Next CHIPAC Meeting

March 2, 2023

Public Comment

- If you wish to submit a public comment, you can unmute yourself by clicking on the microphone icon.
- If you are joining by phone, unmute yourself by pressing *6.
- You may also submit written comments in the chatbox if you wish to do so.