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.
• With the expiration of the state emergency order, a quorum must be physically present for the committee to vote or make recommendations.
• As long as this requirement is met, some committee members may also attend electronically.
• Members of the public may also attend electronically.
• This meeting will be recorded.
Roll Call – Instructions for Committee Members Attending Remotely

- During roll call, please unmute yourself to verbally confirm you are present.
- If you are joining via video link, unmute yourself by clicking on the microphone icon.
- If you are joining by phone, unmute yourself by pressing *6.
## Roll call

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia Health Care Foundation</td>
<td>Denise Daly Konrad (Chair)</td>
</tr>
<tr>
<td>Virginia Department of Social Services</td>
<td>Irma Blackwell</td>
</tr>
<tr>
<td>VCU Health</td>
<td>Dr. Tegwyn Brickhouse</td>
</tr>
<tr>
<td>Virginia Poverty Law Center</td>
<td>Sara Cariano</td>
</tr>
<tr>
<td>Board of Medical Assistance Services</td>
<td>Michael Cook</td>
</tr>
<tr>
<td>Virginia Community Healthcare Association</td>
<td>Tracy Douglas-Wheeler</td>
</tr>
<tr>
<td>Virginia Department of Education</td>
<td>Quyen Duong</td>
</tr>
<tr>
<td>Families Forward Virginia</td>
<td>Ali Faruk</td>
</tr>
<tr>
<td>Center on Budget and Policy Priorities</td>
<td>Shelby Gonzales</td>
</tr>
<tr>
<td>Organization</td>
<td>Name</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Voices for Virginia’s Children</td>
<td>Emily Griffey</td>
</tr>
<tr>
<td>American Academy of Pediatrics, Virginia Chapter</td>
<td>Victor James</td>
</tr>
<tr>
<td>Dept. of Behavioral Health and Developmental Services</td>
<td>Nina Marino*</td>
</tr>
<tr>
<td>Joint Commission on Health Care</td>
<td>Jeff Lunardi</td>
</tr>
<tr>
<td>Virginia Department of Health</td>
<td>Jennifer Macdonald</td>
</tr>
<tr>
<td>Virginia Association of Health Plans</td>
<td>Christine McCormick</td>
</tr>
<tr>
<td>The Commonwealth Institute for Fiscal Analysis</td>
<td>Freddy Mejia</td>
</tr>
<tr>
<td>Virginia League of Social Services Executives</td>
<td>Michael Muse</td>
</tr>
<tr>
<td>Virginia Hospital and Healthcare Association</td>
<td>Lanette Walker</td>
</tr>
<tr>
<td>Medical Society of Virginia</td>
<td>Dr. Nathan Webb</td>
</tr>
</tbody>
</table>

* Interim
Meeting Agenda

- CHIPAC Business
- Birth Outcomes Study Presentation & Discussion
- DMAS Update
- VDSS Update
- Agenda for December 9 CHIPAC Meeting
- Public Comment
CHIPAC Business - Voting Instructions for Members
Attending Remotely

• All votes must be recorded. To facilitate this, there are two options for voting.
• If you are able, use the chatbox to write “yea,” “nay,” or “abstain.”
• There will also be an opportunity for members to declare a voice vote. When prompted:
  ▪ Unmute yourself by clicking on the microphone icon.
  ▪ If you are joining by phone, unmute yourself by pressing *6.
CHIPAC Business

- Review minutes from June 3 meeting
- Review and approve 2022 meeting dates
- Membership update
- Dashboard update
Proposed 2022 Meeting Dates

CHIPAC Full Committee Meetings

- **Thursday, March 3, 2022** (1:00 – 3:30 pm)
- **Thursday, June 9, 2022** (1:00 – 3:30 pm)
- **Thursday, September 1, 2022** (1:00 – 3:30 pm)
- **Thursday, December 8, 2022** (1:00 – 3:30 pm)

CHIPAC Executive Subcommittee Meetings

- **Friday, February 4, 2022** (1:00 pm – 3:00 pm)
- **Friday, May 6, 2022** (10:00 am – 12:00 pm)
- **Friday, August 5, 2022** (10:00 am – 12:00 pm)
- **Friday, November 4, 2022** (10:00 am – 12:00 pm)
Dashboard Update
# AUGUST 2021 ENROLLMENT REPORT

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INCOME</th>
<th># Enrolled as of 7-01-21</th>
<th># Enrolled as of 8-01-21</th>
<th>Net Increase This Month</th>
<th>% of Total Child Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMIS (separate CHIP program)</td>
<td>&gt; 143% to 200% FPL</td>
<td>79,974</td>
<td>79,714</td>
<td>-260</td>
<td>10%</td>
</tr>
<tr>
<td>Children 0-18 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHIP MEDICAID EXPANSION</td>
<td>&gt; 100% to 143% FPL</td>
<td>79,717</td>
<td>80,221</td>
<td>504</td>
<td>10%</td>
</tr>
<tr>
<td>Children 6-18 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total CHIP (Title XXI) Children</td>
<td></td>
<td>159,691</td>
<td>159,935</td>
<td>244</td>
<td>21%</td>
</tr>
<tr>
<td>FAMIS Plus*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children 0-5 years</td>
<td>&lt; 143% FPL</td>
<td>594,369</td>
<td>598,894</td>
<td>4,525</td>
<td>77%</td>
</tr>
<tr>
<td>Children 6-18 years</td>
<td>&lt; 100% FPL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoption Assistance &amp; Foster Care</td>
<td>FPL N/A</td>
<td>14,568</td>
<td>14,659</td>
<td>91</td>
<td>2%</td>
</tr>
<tr>
<td>Children &lt; 21 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Medicaid Children**</td>
<td>FPL N/A</td>
<td>42</td>
<td>44</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Children &lt; 21 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total MEDICAID (Title XIX) Children</td>
<td></td>
<td>608,979</td>
<td>613,597</td>
<td>4,618</td>
<td>79%</td>
</tr>
<tr>
<td>TOTAL CHILDREN</td>
<td></td>
<td>768,670</td>
<td>773,532</td>
<td>4,862</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Children under 19 enrolled in a Medicaid Families & Children Aid Category. This count does not include the CHIP Medicaid Expansion group.

** This includes children under 21 enrolled in Medicaid under the care of the Juvenile Justice Department or in an intermediate care facility (ICF-MR).
### Table 2 - CHIP Premium Assistance Enrollment

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INCOME</th>
<th># Enrolled as of 7-01-21</th>
<th># Enrolled as of 8-01-21</th>
<th>Net Increase This Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMIS Select FAMIS Children &lt; 19 years</td>
<td>&gt; 143% to 200% FPL</td>
<td>57</td>
<td>56</td>
<td>-1</td>
</tr>
</tbody>
</table>

### Table 3 - Pregnant Women’s Enrollment

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INCOME</th>
<th># Enrolled as of 7-01-21</th>
<th># Enrolled as of 8-01-21</th>
<th>Net Increase This Month</th>
<th>% of Total Pregnant Women Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMIS MOMS (CHIP)</td>
<td>&gt; 143% to 200% FPL</td>
<td>1,770</td>
<td>2,331</td>
<td>561</td>
<td>9%</td>
</tr>
<tr>
<td>Medicaid Pregnant Women</td>
<td>≤ 143% FPL</td>
<td>23,357</td>
<td>23,879</td>
<td>522</td>
<td>91%</td>
</tr>
<tr>
<td>TOTAL Pregnant Women</td>
<td></td>
<td>25,127</td>
<td>26,210</td>
<td>1,083</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Table 4 - Family Planning Enrollment

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INCOME</th>
<th># Enrolled as of 7-01-21</th>
<th># Enrolled as of 8-01-21</th>
<th>Net Increase This Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan First Men &amp; Women</td>
<td>≤ 200% FPL</td>
<td>47,139</td>
<td>47,283</td>
<td>144</td>
</tr>
</tbody>
</table>
Monthly Net Enrollment of Children in FAMIS (Separate CHIP) 2018-2021

- 2018
- 2019
- 2020
- 2021 (to date)
Monthly Net Enrollment of Children in FAMIS Plus (Medicaid), 2018-2021
(Includes CHIP-funded "Medicaid Crossover" enrollment)
Monthly Net Enrollment in FAMIS MOMS, 2016-2021
Monthly Net Enrollment of Pregnant Women in Medicaid, 2016-2021
2019–20 Birth Outcomes Focus Study

Considering Births During Calendar Year 2019

Sunny M. Bateman, MPH
September 2, 2021
Objectives

• Study purpose and methodology
• Findings
  – Demographic Findings
  – Study Indicator Results
• Conclusions and limitations
• Recommendations

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Background Information

• External Quality Review (EQR) Focus Study
  – Annual EQR study, with trends over three years
  – Current results for calendar year (CY) 2019 births

• Two 2019–20 study goals:
  – To what extent do women with births paid by Medicaid receive early and adequate prenatal care?
  – What clinical outcomes are associated with Medicaid-paid births?
Study Limitations

• Study indicator and stratification results may be influenced by the accuracy and timeliness of the birth registry data and administrative Medicaid eligibility, enrollment, and demographic data used for calculations.
• Study used the Healthy People 2030 goals, using data derived from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS), for the *Births with Early and Adequate Prenatal Care* and *Preterm Births (<37 Weeks Gestation)* study indicators. Federal Fiscal Year (FFY) 2019 Centers for Medicare & Medicaid Services (CMS) Core Set benchmarks were used for the *Newborns with Low Birth Weight (<2,500 grams)* study indicator.
• Presumptive eligibility timeframes in Virginia may result in delayed prenatal care (PNC) initiation.
  – Pregnant women new to Medicaid may not be covered by Title XIX or Title XXI benefits until the 2nd or 3rd trimester.
• Study results are not comparable to Healthcare Effectiveness Data and Information Set (HEDIS®)¹ indicator results due to differing methodologies.
• Medicaid Expansion started on January 1, 2019, which may have impacted the study indicator results for the Medicaid Expansion Program.

¹HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
Study Indicators

<table>
<thead>
<tr>
<th>Study Indicators</th>
<th>Births with Early and Adequate Prenatal Care</th>
<th>Preterm Births (&lt;37 Weeks Gestation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stratifications</td>
<td>Newborns with Low Birth Weight (&lt;2,500 grams)</td>
<td></td>
</tr>
</tbody>
</table>

Key Demographic Characteristics: Race/ethnicity and managed care region of maternal residence

Medicaid Program Characteristics: Medicaid delivery system, Managed Care Organization (MCO), and Medicaid Program
## Singleton Births by Medicaid Program and Medicaid Delivery System, CY 2017–CY 2019

<table>
<thead>
<tr>
<th>Overall Births</th>
<th>CY 2017</th>
<th></th>
<th>CY 2018</th>
<th></th>
<th>CY 2019</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Singleton Births</td>
<td>31,142</td>
<td>100.0%</td>
<td>33,726</td>
<td>100.0%</td>
<td>37,281</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Medicaid Program</strong>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAMIS MOMS¹</td>
<td>1,621</td>
<td>5.2%</td>
<td>1,771</td>
<td>5.3%</td>
<td>2,193</td>
<td>5.9%</td>
</tr>
<tr>
<td>Medicaid for Pregnant Women</td>
<td>23,618</td>
<td>75.8%</td>
<td>25,860</td>
<td>76.7%</td>
<td>27,071</td>
<td>72.6%</td>
</tr>
<tr>
<td>Medicaid Expansion</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>2,247</td>
<td>6.0%</td>
</tr>
<tr>
<td>Other Medicaid†</td>
<td>5,903</td>
<td>19.0%</td>
<td>6,095</td>
<td>18.1%</td>
<td>5,770</td>
<td>15.5%</td>
</tr>
<tr>
<td><strong>Medicaid Delivery System</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FFS</td>
<td>7,887</td>
<td>25.3%</td>
<td>8,868</td>
<td>26.3%</td>
<td>8,663</td>
<td>23.2%</td>
</tr>
<tr>
<td>Managed Care</td>
<td>23,255</td>
<td>74.7%</td>
<td>24,856</td>
<td>73.7%</td>
<td>28,618</td>
<td>76.8%</td>
</tr>
</tbody>
</table>

*Due to rounding, the percentages for the CY 2018 Medicaid Program do not sum to 100 percent.

¹ FAMIS MOMS is the name of Virginia’s program to provide healthcare coverage for uninsured pregnant women who may exceed the income limits for the Medicaid for Pregnant Women program.

— indicates Medicaid Expansion was not implemented until January 1, 2019; therefore, there were no births covered by the Medicaid Expansion program during CY 2017 or CY 2018.

† Other Medicaid includes births paid by Medicaid, but that do not fall into the FAMIS MOMS, Medicaid for Pregnant Women, and Medicaid Expansion programs.
Overall Study Indicator Results
Overall Study Indicator Findings Among Singleton Births, CY 2017–CY 2019

<table>
<thead>
<tr>
<th>Overall Births</th>
<th>National Benchmark</th>
<th>CY 2017</th>
<th></th>
<th>CY 2018</th>
<th></th>
<th>CY 2019</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Births with Early and Adequate Prenatal Care</td>
<td>76.4%</td>
<td>21,853</td>
<td>72.4%</td>
<td>22,853</td>
<td>72.3%</td>
<td>25,263</td>
<td>72.5%</td>
</tr>
<tr>
<td>Births with Inadequate Prenatal Care*</td>
<td>NA</td>
<td>5,211</td>
<td>17.3%</td>
<td>5,368</td>
<td>17.0%</td>
<td>6,206</td>
<td>17.8%^</td>
</tr>
<tr>
<td>Preterm Births (&lt;37 Weeks Gestation)*</td>
<td>9.4%</td>
<td>2,892</td>
<td>9.3%</td>
<td>3,168</td>
<td>9.4%</td>
<td>3,655</td>
<td>9.8%</td>
</tr>
<tr>
<td>Newborns with Low Birth Weight (&lt;2,500g)*</td>
<td>9.5%</td>
<td>2,773</td>
<td>8.9%</td>
<td>3,084</td>
<td>9.1%</td>
<td>3,336</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

*a lower rate indicates better performance for this indicator.
NA indicates there is not an applicable national benchmark for this indicator.
^indicates the CY 2019 rate is statistically different from the CY 2018 rate.
### Overall Study Indicator Findings Among Singleton Births by Managed Care Region of Maternal Residence, CY 2019

<table>
<thead>
<tr>
<th>Managed Care Region of Maternal Residence</th>
<th>Births with Early and Adequate Prenatal Care</th>
<th>Births with Inadequate Prenatal Care*</th>
<th>Preterm Births (&lt;37 Weeks of Gestation)*</th>
<th>Newborns with Low Birthweight (&lt;2,500g)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Central</td>
<td>6,360</td>
<td>73.1%</td>
<td>1,280</td>
<td>14.7%</td>
</tr>
<tr>
<td>Charlottesville/Western</td>
<td>3,398</td>
<td>79.1%</td>
<td>664</td>
<td>15.5%</td>
</tr>
<tr>
<td>Northern &amp; Winchester</td>
<td>6,377</td>
<td>67.2%</td>
<td>2,273</td>
<td>23.9%</td>
</tr>
<tr>
<td>Roanoke/Alleghany</td>
<td>2,321</td>
<td>74.0%</td>
<td>445</td>
<td>14.2%</td>
</tr>
<tr>
<td>Southwest</td>
<td>851</td>
<td>70.8%</td>
<td>205</td>
<td>17.1%</td>
</tr>
<tr>
<td>Tidewater</td>
<td>5,921</td>
<td>74.2%</td>
<td>1,330</td>
<td>16.7%</td>
</tr>
<tr>
<td><strong>All Regions†</strong></td>
<td><strong>25,263</strong></td>
<td><strong>72.5%</strong></td>
<td><strong>6,206</strong></td>
<td><strong>17.8%</strong></td>
</tr>
</tbody>
</table>

* A lower rate indicates better performance for this indicator.
† Unknown managed care regions of maternal residence are included in the All Regions Totals.
## Overall Study Indicator Findings Among Singleton Births by Medicaid Delivery System and MCO, CY 2019

<table>
<thead>
<tr>
<th>Delivery System</th>
<th>Births with Early and Adequate Prenatal Care</th>
<th>Births with Inadequate Prenatal Care*</th>
<th>Preterm Births (&lt;37 Weeks of Gestation)*</th>
<th>Newborns with Low Birthweight (&lt;2,500g)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>FFS</td>
<td>5,227</td>
<td>65.4%</td>
<td>1,856</td>
<td>23.2%</td>
</tr>
<tr>
<td>Managed Care</td>
<td>20,036</td>
<td>74.6%</td>
<td>4,350</td>
<td>16.2%</td>
</tr>
<tr>
<td>Total</td>
<td>25,263</td>
<td>72.5%</td>
<td>6,206</td>
<td>17.8%</td>
</tr>
<tr>
<td>Aetna</td>
<td>2,363</td>
<td>74.1%</td>
<td>522</td>
<td>16.4%</td>
</tr>
<tr>
<td>HealthKeepers</td>
<td>6,175</td>
<td>75.0%</td>
<td>1,290</td>
<td>15.7%</td>
</tr>
<tr>
<td>Magellan</td>
<td>1,330</td>
<td>71.6%</td>
<td>344</td>
<td>18.5%</td>
</tr>
<tr>
<td>Optima</td>
<td>4,438</td>
<td>76.9%</td>
<td>855</td>
<td>14.8%</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>1,778</td>
<td>71.8%</td>
<td>447</td>
<td>18.1%</td>
</tr>
<tr>
<td>VA Premier</td>
<td>3,952</td>
<td>73.9%</td>
<td>892</td>
<td>16.7%</td>
</tr>
</tbody>
</table>

*a lower rate indicates better performance for this indicator.*
FAMIS MOMS Program
### Distribution of Singleton Births Among Women in FAMIS MOMS by Medicaid Delivery System, CY 2017–CY 2019

<table>
<thead>
<tr>
<th>Overall Births</th>
<th>CY 2017</th>
<th></th>
<th>CY 2018</th>
<th></th>
<th>CY 2019</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>FFS</td>
<td>353</td>
<td>21.8%</td>
<td>353</td>
<td>19.9%</td>
<td>375</td>
<td>17.1%</td>
</tr>
<tr>
<td>Managed Care</td>
<td>1,268</td>
<td>78.2%</td>
<td>1,418</td>
<td>80.1%</td>
<td>1,818</td>
<td>82.9%</td>
</tr>
<tr>
<td>Total FAMIS MOMS Singleton Births</td>
<td>1,621</td>
<td>100.0%</td>
<td>1,771</td>
<td>100.0%</td>
<td>2,193</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Among the three programs, births to women in FAMIS MOMS had:

– The highest rate of births with early & adequate prenatal care.
– The lowest rates of preterm birth or low birth weight.
## Overall Study Indicator Findings Among Singleton Births by FAMIS MOMS, CY 2017–CY 2019

<table>
<thead>
<tr>
<th>FAMIS MOMS Study Indicator</th>
<th>National Benchmark</th>
<th>CY 2017</th>
<th></th>
<th>CY 2018</th>
<th></th>
<th>CY 2019</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Births with Early and Adequate Prenatal Care</td>
<td>76.4%</td>
<td>1,233</td>
<td>78.3%</td>
<td>1,312</td>
<td>77.5%</td>
<td>1,626</td>
<td>78.3%</td>
</tr>
<tr>
<td>Births with Inadequate Prenatal Care*</td>
<td>NA</td>
<td>212</td>
<td>13.5%</td>
<td>228</td>
<td>13.5%</td>
<td>292</td>
<td>14.1%</td>
</tr>
<tr>
<td>Preterm Births (&lt;37 Weeks Gestation)*</td>
<td>9.4%</td>
<td>121</td>
<td>7.5%</td>
<td>136</td>
<td>7.7%</td>
<td>168</td>
<td>7.7%</td>
</tr>
<tr>
<td>Newborns with Low Birth Weight (&lt;2,500g)*</td>
<td>9.5%</td>
<td>125</td>
<td>7.7%</td>
<td>131</td>
<td>7.4%</td>
<td>158</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

*a lower rate indicates better performance for this indicator.  
NA indicates there is not an applicable national benchmark for this indicator.
FAMIS MOMS Study Groups

**Study Population**
Women covered by FAMIS MOMS on the date of delivery with continuous enrollment in any Medicaid program for a minimum of 90 days prior to, and including, the date of delivery.

**Comparison Group**
Women covered by FAMIS MOMS on the date of delivery but with less than 90 days of continuous enrollment in any Medicaid program prior to the date of delivery.
## FAMIS MOMS Findings by Comparison Group and Study Population, CY 2019

<table>
<thead>
<tr>
<th>Overall Births (FAMIS MOMS)(^1)</th>
<th>National Benchmark</th>
<th>Comparison Group</th>
<th>Study Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Births with Early and Adequate Prenatal Care</td>
<td>76.4%</td>
<td>297</td>
<td>75.0%</td>
</tr>
<tr>
<td><em>Births with Inadequate Prenatal Care</em></td>
<td>NA</td>
<td>67</td>
<td>16.9%</td>
</tr>
<tr>
<td>Preterm Births (&lt;37 Weeks Gestation)*</td>
<td>9.4%</td>
<td>36</td>
<td>8.5%</td>
</tr>
<tr>
<td>Newborns with Low Birth Weight (&lt;2,500g)*</td>
<td>9.5%</td>
<td>37</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

\(^1\) The total population size is 1,769 for the Study Population and 424 for the Comparison Group.

*\(a\) lower rate indicates better performance for this indicator.
Conclusions and Recommendations
Conclusions

- Stable rates of births with early and adequate PNC and infants with low birthweight
- Preterm birth rates have been declining since CY 2017
- FAMIS MOMS demonstrated better outcomes than other programs
- Variation in study indicator results by geographic location, race/ethnicity, and Medicaid program
Recommendations

• DMAS should continue to work with the MCOs to ensure robust utilization of tobacco cessation services available to pregnant women.
• DMAS should specifically target Medicaid Expansion-eligible women of childbearing age to enroll in Medicaid prior to them becoming pregnant to help improve the health of the woman prior to conception.
• DMAS should evaluate if providers are offering family planning services to all Medicaid women of childbearing age.
• DMAS should consider leveraging additional data fields from the vital statistics data to better understand the factors contributing to poor birth outcomes in Virginia.
Past and Current DMAS Activities (Part 1)

- DMAS is committed to providing access to comprehensive care for pregnant and postpartum women and their babies enrolled in any one of Virginia Medicaid’s health coverage programs. In order to address this goal and address maternal disparities as it relates to Governor Northam’s 2025 initiative, DMAS revamped the Healthy Birthday Virginia initiative to Baby Steps Virginia.

- Under Medicaid expansion, more women have sustained health coverage before, during and after pregnancy. The expanded coverage allows parenting women to continue Medicaid coverage past 60 days.

- Partnered with the Virginia Department of Social Services (VDSS) to streamline the enrollment process and give pregnant women near real time eligibility determinations so they are connected with doctors and other medical care without delay. DMAS will partner with VDSS and the Virginia Hospital and Healthcare Association (VHHA) to investigate ways to quickly enroll newborns before the mother is discharged from the hospital.

- Collaborated with stakeholders on a variety of projects supporting pregnant and parenting people. Collaboration was geared towards furthering maternity program quality outcomes and engagement with a variety of partners such the Virginia Department of Health (VDH), VDSS, the Virginia Department of Behavioral Health and Developmental Services (DBHDS), VHHA, and the Virginia Neonatal Perinatal Collaborative (VNPC).

- Increased the percentage of pregnant and parenting Medicaid members with substance use disorder (SUD) who are receiving treatment. The DMAS Addiction and Recovery Treatment Services (ARTS) team partnered with VDH to facilitate a training needed to obtain a waiver to prescribe buprenorphine. Forty-three providers utilized this training across the commonwealth including obstetrician-gynecologist (OB/GYN) providers, a target group for the series.

- Partnered with the Early Impact Virginia Leadership Council to determine how to implement a home visiting benefit into Virginia Medicaid. The program was funded through the Governor’s budget; however, the funds were unallotted due to the coronavirus disease 2019 (COVID-19) public health emergency.
Past and Current DMAS Activities (Part 2)

• Launched a targeted outreach initiative to educate women about coverage and benefits through radio spots, and digital and social media. Increased utilization of social media platforms to share photos and videos that will raise awareness about various initiatives and campaigns related to maternal and infant health.

• Established a workgroup to explore Medicaid reimbursement for doula support services by reviewing federal requirements and permissibility, commonwealth regulations, and determining estimated cost to the commonwealth for the next six years. DMAS submitted the report in December 2020.

• Participating in the monthly Center for Health Care Strategies, Inc. (CHCS) Leveraging Midwifery-Led Care to Address Disparities and Equity in Medicaid Learning series.

• Hosting monthly meetings with external speakers to learn about programs available. Developed monthly Baby Steps VA newsletter to keep agency and external partners abreast of activities.

• Continuing participation 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, promote, and advance innovative, state-level policy initiatives to improve access to care for Medicaid-eligible pregnant and parenting women with or at risk of SUD through health care delivery system transformation. Focus is on two pilot sites; one in the Southwest region with Ballad Health and one in Richmond City with Virginia Commonwealth University (VCU) Health, to gain information on best practices that can be applied to programs throughout the commonwealth.
Thank you!
Sunny M. Bateman, MPH
Analytics Manager
Data Science & Advanced Analytics
Health Services Advisory Group, Inc.
sbateman@hsag.com
Baby Steps VA

Wellness, One Step At A Time
Baby Steps VA

- Baby Steps VA is consistent with Governor Northam’s commitment to improve maternal health
- Baby Steps VA includes five areas that focus on strategies to access and utilize available services, while addressing health disparities
- The teams work with various agencies, stakeholders, managed care organizations, and community partners
- We host monthly meetings with external speakers to learn about programs available, send a weekly informational email, and have a monthly Baby Steps VA newsletter to keep the agency and external partners abreast of activities
- Next meeting is Friday September 10, 2021 at 10:00 am
Baby Steps VA Focus Areas

Eligibility and Enrollment
- Increasing maternity enrollment and streamlining newborn enrollment

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

Connections
- Engaging with providers, community stakeholders, hospitals and state agencies

New and Improved Services and Policies
- Collaborating with VA projects to enhance services

Program Oversight
- Utilizing data and reports to monitor and improve programs
The National Academy for State Health Policy (NASHP) has a two-year policy academy to address maternal mortality for Medicaid-eligible pregnant and parenting women, with the goal of improving access to quality care.

Through the MCH PIP eight state teams (GA, ID, IL, IA, LA, PA, SD, and VA) will 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.

Team representatives include DMAS, VDH, MCOs, local health district.

The project will focus on two key project areas for pregnant women in the Petersburg area: Teen Engagement and Postpartum Engagement.
DMAS UPDATE

CHIPAC Quarterly Meeting
September 2, 2021
Since the State of Emergency was declared, Medicaid has gained **352,093 new members**
- 185,204 are in Medicaid Expansion
- 110,622 are children
- Medicaid gained more than 5,176 new members this week
On August 13, the Centers for Medicare and Medicaid Services (CMS) provided updated guidance to support states for the eventual end of the Federal Public Health Emergency (PHE). The guidance is intended to minimize burdens for Medicaid beneficiaries and limit coverage disruptions.

- While CMS initially issued guidance in December 2020, the August 13 State Health Official letter outlines updated policies, but signals that more detailed guidance will be available in the future.
- The August 13 updates did not indicate if the federal PHE will be extended.
  - The Department of Health and Human Services (HHS) previously indicated that it expects the PHE to continue through the end of 2021; the most recent renewal of the PHE is scheduled to expire on October 18.
New Federal Policy Updates

• Major updates to policies for unwinding federal Medicaid continuous coverage requirements include:
  ▪ An Extended timeframe to complete pending eligibility and enrollment redeterminations from six months to 12 months
  ▪ States must complete a new redetermination for individuals who were determined ineligible during the PHE prior to the termination of eligibility.
<table>
<thead>
<tr>
<th>Group</th>
<th>End of SFY 2020 (6/30/2020)</th>
<th>End of SFY 2021 (6/30/2021)</th>
<th>SFY 2022 to Date (As of 8/15/2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged Individuals (65 or Older)</td>
<td>78,968</td>
<td>80,810</td>
<td>81,347</td>
</tr>
<tr>
<td>Caretaker Individuals</td>
<td>121,484</td>
<td>142,128</td>
<td>144,899</td>
</tr>
<tr>
<td>Expansion Individuals</td>
<td>435,995</td>
<td>562,530</td>
<td>575,546</td>
</tr>
<tr>
<td>Pregnant Individuals</td>
<td>20,258</td>
<td>25,558</td>
<td>26,977</td>
</tr>
<tr>
<td>Children</td>
<td>712,836</td>
<td>777,727</td>
<td>785,747</td>
</tr>
<tr>
<td>Disabled or Blind Individuals</td>
<td>149,178</td>
<td>152,487</td>
<td>152,774</td>
</tr>
</tbody>
</table>
## Expected Redeterminations

<table>
<thead>
<tr>
<th>Group</th>
<th># of Members Impacted (as of 08/24/21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Annual Renewals (those who did not successfully complete the ex parte renewal process)</td>
<td>Overdue Cases: 325,001</td>
</tr>
<tr>
<td>Individuals who Turned Age 19/21/26</td>
<td>21,927 (21,543 turned 19)</td>
</tr>
<tr>
<td>Individuals who Turned Age 65</td>
<td>8,805</td>
</tr>
<tr>
<td>Pregnant Individuals who Reached the End of Postpartum Period</td>
<td>16,538 (978 FAMIS MOMS)</td>
</tr>
<tr>
<td>Individuals in Breast &amp; Cervical Cancer Protection Treatment Act (BCCPTA) or Expansion Coverage who Began Receiving Medicare Coverage</td>
<td>13,081 (13,003 in Expansion)</td>
</tr>
<tr>
<td>Individuals who Reported a Change in Circumstances Requiring a Redetermination</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
DMAS is planning a phased approach to tackle unwinding, including developing an outreach plan to ensure members are provided with information, next steps, and needed actions to prevent unnecessary coverage closures
- Planned outreach action includes direct member mailing and updates to the CoverVA/DMAS websites
- Staffing increases to handle increased processing workloads

While official unwinding guidance from CMS has not been received, the team has worked on bucketing populations effected so the timeline can be built around the populations and focuses on using existing automated processes to assist with work volume
- As staff are brought on board, outreach will begin with collaborating with health plans and other stakeholders to ensure members are verifying and/or updating their current address

Public Health Emergency may not end on 12/31/2021
- CMS has stated they will give 60 days notice when the PHE is scheduled to end
- If staff have come on board DMAS will continue to focus on outreach and assisting with application backlogs until redeterminations resume
Afghan Refugees

- While a majority of refugees are processed through Virginia, current estimates show about 10% may remain in Virginia
  - Most are processed through Ft. Lee/Ft. Pickett
- These individuals with Special Immigrant Visas (SIV) will be eligible for full coverage Medicaid, however if they are unable to provide proof of application for SSN, they can be enrolled in Refugee Medical Assistance (RMA)
  - Delay in application for SSN may be due to office closures
- Individuals in this status are also eligible for RMA if they do not meet financial requirements; RMA is usually limited to the first eight months after arrival however these individuals do fall under the Maintenance of Effort (MOE) so their coverage will be protected through the end of the federal Public Health Emergency (PHE)
New Adult Dental Coverage

Starting July 1, 2021, adults 21 and older enrolled in Medicaid or FAMIS will receive comprehensive dental coverage. View the Guide to Dental Coverage.
COVID-19 and Data Updates

Lauryn Walker
Acting Chief Health Economist
Overview

• COVID-19 Vaccination Updates
• Behavioral Health Data Updates
• Enrollment and Expenditures Dashboards
COVID-19 Vaccinations

29% of eligible children under 16 have received at least one dose of a vaccine

COVID-19 Vaccination Status
As of August 26, 2021

- 12-15 years: 120,906
  - Fully Vaccinated: 12,970
  - Partially Vaccinated: 35,390
  - Not Vaccinated: 72,546

- 16-18 years: 70,397
  - Fully Vaccinated: 7,246
  - Partially Vaccinated: 31,000
  - Not Vaccinated: 32,151

- 19+ years: 598,282
  - Fully Vaccinated: 67,563
  - Partially Vaccinated: 428,840
  - Not Vaccinated: 67,879

55% of eligible children under 16 have received at least one dose of a vaccine.
Who is left to vaccinate?

Unvaccinated 12-15 Year Olds

• The Northern/Winchester region has the highest vaccination rate (42%)
• The Southwest region has the lowest vaccination rate (18%)
Behavioral Health

Overview

Virginia Medicaid provides an array of behavioral health and addiction and recovery treatment services through Managed Care Organizations (MCOs) (through CCC Plus and Medallion 4.0), and through the Behavioral Health Services Administrator, which are contracted by DMAS. Virginia Medicaid's mission is to improve the health and well-being of Virginians through access to quality health care coverage. The Commonwealth dedicates significant resources to achieving that mission, and this webpage is a part of our effort to be good stewards of those resources and transparent about how we use them. The Mental Health Services Dashboard (coming soon!) is designed to provide helpful information on service utilization and high-level demographic information about individuals that participate in behavioral health services.

Thank you for taking a moment to browse our site. If you have any questions or need more information, don’t hesitate to reach out to enhancedbh@dmas.virginia.gov.

https://www.dmas.virginia.gov/data/behavioral-health/
Enrollment and Expenditures

Additional resources on enrollment and expenditures

- Trends in enrollment by eligibility group
- Enrollment and trends by health plan
- Enrollment by race/ethnicity
- Managed care expenditures by health services area
New FAMIS Prenatal Coverage – Program Launched July 1!

- Comprehensive prenatal coverage for pregnant individuals regardless of immigration status

Increase Health Care Access  
Advance Health Equity  
Improve Maternal and Infant Outcomes
Key Features of FAMIS Prenatal Coverage

- Eligible for managed care through Medallion 4.0 provider network
- Comprehensive coverage, not limited to pregnancy-related benefits
- No premiums, co-pays, deductibles or other cost-sharing for FAMIS Prenatal Coverage enrollees
- Coverage lasts through the end of the month in which the 60th postpartum day occurs
What Is Covered?

Covered benefits include, but are not limited to:

✔ Prenatal checkups
✔ Prenatal screening and testing
✔ Labor and delivery, including inpatient hospital stay
✔ General and specialty care for other health concerns
✔ Prescription medication
✔ Dental coverage
✔ Behavioral health care, including screening and treatment for mental health conditions, tobacco cessation, and substance use disorders
Consumer and Provider Fact Sheets Available
Doula Benefit - Remaining steps before implementation

- HHR
  - Continued facilitation of doula implementation group
- DMAS
  - CMS approval (State Plan Amendment currently under review)
  - Finalize individual/group provider applications
- VDH/Board of Certification
  - Finalize certification regulations
  - Process certification applications
- MCOs
  - Disseminate doula orientation materials
  - Contract with doulas
- Doulas
  - Submit licensed provider recommendation notice to MCOs to provide doula services

**Anticipated go-live date: Spring, 2022**
Doula Care Recommendation Form

Virginia Medicaid
Department of Medical Assistance Services

DOULA CARE RECOMMENDATION FORM

If you are a Virginia Medicaid member and are pregnant or have given birth within the last six months...

You are eligible for community doula care to provide you physical, emotional, and informational support before, during, and after you give birth. Your doula must get a licensed practitioner's recommendation to provide this care under the VA Medicaid program. You can request a recommendation (for example, from a doctor/midwife/nurse) and give it to your doula. You can ask for a recommendation even if you don't know who your doula will be yet.

If you are a doula...

You must secure and retain the record of a licensed practitioner's recommendation for each member prior to initiation of their doula care, storing the record in a manner consistent with HIPAA requirements. A copy of this form must be provided to the Managed Care Organization in which the member is enrolled (for managed care members) or the Department of Medical Assistance Services (for fee-for-service members) prior to initiating services.

If you are a licensed practitioner...

By filling out this recommendation form, you are enabling this individual to access non-clinical community doula services. A recommendation is not the same as a prescription/medical order.

Licensed Practitioner's Recommendation for Doula Care

<table>
<thead>
<tr>
<th>VA Medicaid member full legal name (first, middle, last):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Medicaid member DOB or ID #:</td>
<td></td>
</tr>
<tr>
<td>Licensed Practitioner's Signature:</td>
<td></td>
</tr>
<tr>
<td>Licensed Practitioner's full legal name (first, middle, last):</td>
<td></td>
</tr>
<tr>
<td>Licensed Practitioner's NPI number:</td>
<td></td>
</tr>
<tr>
<td>Date of recommendation (MM-DD-YYYY):</td>
<td></td>
</tr>
<tr>
<td>Name of doula (if known):</td>
<td></td>
</tr>
<tr>
<td>Name/address of member's pl/svc provider (if known):</td>
<td></td>
</tr>
</tbody>
</table>

For more information, visit [DMAS WEBSITE URL]

1 For the doula benefit, VA Medicaid defines a “licensed practitioner” as licensed clinicians, including physicians, licensed midwives, nurse practitioners, physician assistants, and other Licensed Mental Health Professionals (Virginia Administrative Code 12VA:5-106-10 defines a Licensed Mental Health Professional as an physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or certified psychiatric clinical nurse specialist). Recommendations from licensed, non-clinical providers will not be accepted. The recommending clinician need not be a VA Medicaid provider.

2 VA Medicaid's doula services are provided as a preventive service. Federal Medicaid law (42 C.F.R. Section 440.230(c)) indicates: "Preventive services" means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to—(1) Prevent disease, disability, and other health conditions or their progression; (2) Prolong life; and (3) Promote physical and mental health and efficiency.
Back-To-School 2021

What are we doing?

• Back To Schools flyers have been mailed out to all Virginia public schools
• Over 1.5 million Back To School flyers to 1,800+ public schools
• Schools plan to distribute flyers in Back To School packets, at Back To School Night, on school websites, and throughout the school year
• Our outreach coordinators are attending Back To School events (currently virtual), speaking with community partners, and working to get information out to parents and students
Back-To-School 2021

Updates

• A blurb regarding the new adult dental coverage has been added!
• Finalized the new webpage and will have be on Cover Virginia website in the next few weeks
• Flyer can be ordered on the Materials page of the Cover Virginia website
• Free and Reduced Lunch insert is no longer being sent out due to all children receiving free and reduced lunches
WE’VE GOT YOUR BACK TO SCHOOL HEALTH COVERAGE!

A family of four can make as much as $54,325 a year and still qualify!

QUALITY LOW-COST OR NO-COST HEALTH INSURANCE FOR KIDS THAT COVERS:
- Annual well checkups for babies, kids, and teens
- Prescription drugs
- Shots
- Doctor visits
- Dental care
- Mental health care
- ER care
- Vision care and glasses
- Tests and X-rays
- Hospital stays ...and much more!

Apply at commonhelp.virginia.gov or call toll free 1-855-242-8282 (TTY: 1-888-221-1590)

For more information about Virginia’s health coverage through Medicaid and FAMIS, go to coverva.org or contact your local Department of Social Services.

FAMIS and Medicaid are renewed every 12 months.


MEDICAID NOW INCLUDES DENTAL COVERAGE FOR ADULTS! Already a Medicaid member? Call DentaQuest at 888-912-3456 to sign up or for more information.

This entity does not discriminate on the basis of race, color, national origin, sex, age, or disability in its programs and services. Se habla español. もののセラミックを知る。
For Up To Date Information, visit our new website!  
coverva.org/en
Cover Virginia
Cover Virginia Highlights

Cover Virginia Call Center

- Call Center answering within 10 seconds
- Less than .5% abandon
- Customer Satisfaction Survey - 95.8%

Focus:
- Quality improvement
- Escalations
- Open Enrollment

This CSR did a good job on this call! She was very polite, delightful and sounded professional with a great tone. The client complimented her at the end and couldn't wait to take the after-call survey. The client stated - “I will give you 4 stars and 4 A pluses”!
Cover Virginia Highlights

Cover Virginia Central Processing

- Continued backlog in processing
  - Corrective Action Plan for compliance
  - Daily monitoring of progress by DMAS
- Pregnant Woman Task Force for compliance
- Overtime and additional resources engaged
- State staff also engaged to assist with processing after normal working hours
- Compliance target date – NLT end of October
Cover Virginia CPU Application Volume

Q2 - 2020: 24,523
Q3 - 2020: 23,734
Q4 - 2020: 48,189
Q1 - 2021: 18,839
Q2 - 2021: 20,735

* Calendar Years
VDSS UPDATE

Irma Blackwell
Medical Assistance Program Manager
Division of Benefit Programs
VDSS UPDATE

HB2065- Produce Rx Program

Legislative Report has been submitted to internal leadership at VDSS, and approved for submission to General Assembly by October 1st.
DASHBOARD REPORTING

Opportunities to Develop Ad Hoc Reports

- Enrollment Data
- Application Processing Time Measurements
- Data to Specifically Include:
  - Pregnant Women
  - Children
  - Medicaid Expansion
- Application Submission Method Data
- Processing Delays & Delay Indicators*
- % of Applications Reviewed/Approved via Ex Parte
- Enrollment/Application Processing for Special Populations:
  - FAMIS Prenatal
  - Pregnant Women
  - Children
  - Medicaid Expansion
FALL BPRO CONFERENCE

The Virginia Benefit Programs Organization, otherwise known as BPRO, is Virginia’s voice for Benefit Programs professionals, and the populations that are served by local agencies and affiliates of the Virginia Department of Social Services (VDSS)

Fall Medical Assistance Workshops

- Best Practices to Prevent Enrollment Errors/Corrections
- Case Documentation Essentials for Case Reading/Audit
- Fundamentals for Immigrant Populations Case Processing
- Processing MA Renewal vs Processing MA Intake
<table>
<thead>
<tr>
<th>Renewal Month</th>
<th># of cases that were picked for Ex Parte</th>
<th>% of cases that were picked for Ex Parte</th>
<th># of cases that completed Ex Parte Successfully</th>
<th>% of cases that completed Ex Parte Successfully</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2021</td>
<td>78,511</td>
<td>73%</td>
<td>49,153</td>
<td>63%</td>
</tr>
<tr>
<td>August 2021</td>
<td>15,974</td>
<td>69%</td>
<td>12,524</td>
<td>78%</td>
</tr>
<tr>
<td>July 2021</td>
<td>16,131</td>
<td>69%</td>
<td>12,758</td>
<td>79%</td>
</tr>
</tbody>
</table>
CONTACT INFO

Irma Blackwell  
Medical Assistance Program Manager  
Division of Benefit Programs  

i.blackwell@dss.virginia.gov  
804.584.6763
Discussion of Agenda Topics
For Next CHIPAC Meeting

December 9, 2021
• Unmute yourself by clicking on the microphone icon.
• If you are joining by phone, unmute yourself by pressing *6.
• You may also submit comments in the chatbox if you wish to do so.