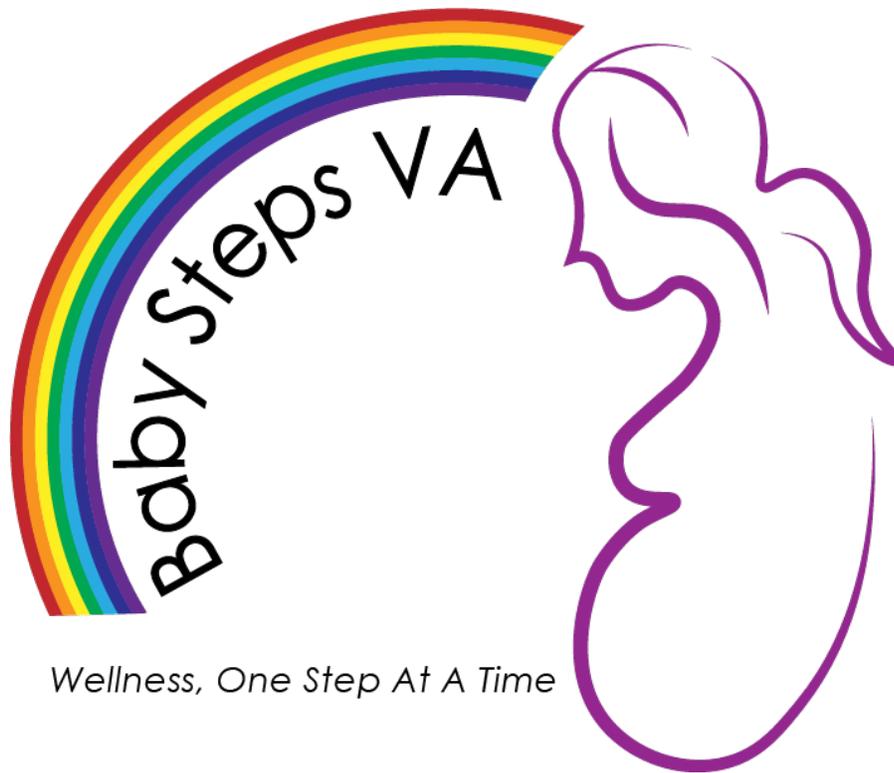
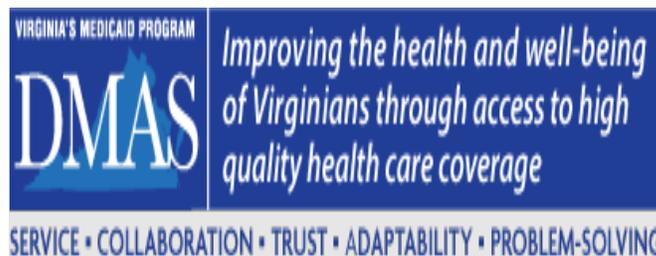


**Maternal Health Annual Report
2022**



BABY STEPS VA
Department of Medical Assistance Services



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EXECUTIVE SUMMARY

With more than 2.1 million members, the Virginia Department of Medical Assistance Services (DMAS) plays an essential role in the Commonwealth’s health delivery care system by offering lifesaving coverage to one in five Virginians. Children are the largest eligibility group served by Virginia Medicaid, with more than 800,000 members. Other eligible populations include people with disabilities, older and low-income adults, and pregnant individuals.

Table 1-1—Overall Births Paid by Virginia Medicaid, CY 2019–CY 2021

Overall Births	CY 2019		CY 2020		CY 2021	
	Number	Percent	Number	Percent	Number	Percent
Overall Births*						
Total Births	38,317	100.0%	37,316	100.0%	36,480	100.0%
Multiple Gestation Births	1,350	3.5%	1,255	3.4%	1,184	3.2%
Singleton Births	36,967	96.5%	36,061	96.6%	35,296	96.8%
Medicaid Births**						
Total Births	33,679	100.0%	33,401	100.0%	34,150	100.0%
Multiple Gestation Births	1,235	3.7%	1,171	3.5%	1,118	3.3%
Singleton Births	32,444	96.3%	32,230	96.5%	33,032	96.7%

* Overall Births includes all births paid by Virginia Medicaid.

** Medicaid Births exclude members enrolled in limited benefit programs (e.g., Plan First) and members who are only eligible for emergency only benefits.

Virginia Medicaid covers one in three births in the Commonwealth: approximately 37,000 births in 2021. Virginia continues to utilize comprehensive health care data and leverage best practices to improve the health of pregnant and parenting persons across the Commonwealth.

BABY STEPS VA- OVERVIEW

Virginia continues to improve maternal health outcomes for all pregnant and postpartum women and works to eliminate racial disparities and maternal mortality through the development of Baby Steps VA. DMAS outlined strategies to identify best practices to improve the wellbeing for all Medicaid members, from pregnancy to postpartum, and their babies. Baby Steps VA is committed to using member and provider voices as we leverage our focus areas (listed below) to enhance services and care delivered daily. We cannot deliver on our commitment to wellness without the partnerships we have developed since our inception in 2019.

With continued support from Governor Glenn Youngkin and the Secretary of Health and Human Resources (SHHR), John Littel, DMAS strives to address birth outcomes, social determinants of health (SDOH), barriers to care, and member/provider engagement. DMAS's Baby Steps VA continues as our foundation of Maternal Health as we pursue new policies and initiatives to ensure optimal care for our members.

Virginia Medicaid recognizes the importance of addressing infant and maternal health in a holistic approach. While focusing on the needs of pregnant and postpartum women, Baby Steps VA emphasizes "wellness, one step at a time." Our "rainbow" arc of care aims to ensure pregnant women and new parents are supported by their communities from preconception, pregnancy, parenting and beyond.

2022 Accomplishments

As we begin 2023, we reflect on our 2022 accomplishments to improve maternity care. While not a comprehensive list, the following are some key highlights:

- DMAS received the authority through the state budget to increase Medicaid and Children's Health Insurance Program (CHIP) reimbursement rates for obstetrics and gynecology covered services by 15% effective July 1, 2022
- Effective July 1, 2022, women enrolled in Medicaid or CHIP as a pregnant individual now have guaranteed continuous coverage through 12 months postpartum.
- In June 2022, DMAS launched the community doula website and engagement flyer and enrolled the first certified community doula
- DMAS met with Bon Secours Health System to engage Petersburg providers to improve postpartum utilization
- Governor Youngkin announced the new Partnership for Petersburg, where DMAS will focus on access to care activities, including:
 - Safe Sleep Initiative Event sponsored by Aetna
 - Design of prenatal and postpartum letters to improve access to care for Petersburg Medicaid members
- DMAS partnered with the North Carolina Doula Summit to provide an overview of the community doula benefit and input on lessons learned

- DMAS held six successful Baby Steps VA Meetings during 2022
- DMAS facilitated the Maternal and Child Health Managed Care Organization (MCH MCO) Collaborative focusing on Child Health, Foster Care, the Doula Project and Maternal Health
- DMAS presented on the “Community Doula Program” at the Black Maternal Health Summit
- DMAS spoke during the Fourth Annual Perinatal, Maternal Infant Mortality Summit, providing state program updates

For more information on Baby Steps VA and/or if you would like to join our meeting, please email Babystepsva@dmas.virginia.gov.

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

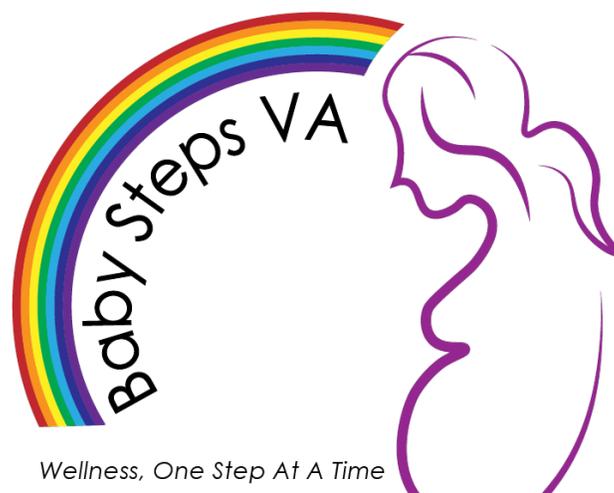
Eligibility & Enrollment: Streamline enrollment for pregnant women/newborns

Outreach and Information: Engage internal and external stakeholders and share information with members

Connections: Engage providers, community stakeholders, hospitals, and agencies

New and Improved Services and Policies: Collaborate on Virginia initiatives to enhance services

Oversight: Use data and reports to evaluate and improve programs



ELIGIBILITY AND ENROLLMENT

Maternity and Newborn Enrollment

DMAS continues to improve maternity and newborn enrollment across programs. The chart below shows overall single births for the last three years across multiple Medicaid eligibility categories. Since the implementation of Medicaid Expansion in January 2019, there has been a steady increase in Medicaid Expansion births due to women becoming pregnant while enrolled in this new category, while births in the Medicaid for Pregnant Women aid category (for women who qualify for Medicaid based on being pregnant when they apply) have declined. This means a growing number of women are already enrolled in Medicaid when they become pregnant, providing new opportunities for access to early prenatal and interpartum care. In CY 2021, 88.1% of newborns were born to mothers enrolled in a Managed Care Organization (MCO) (Refer to **Table 1-2** on page 23).

DMAS continues to work with MCOs, providers (including hospitals), and the DMAS Eligibility and Enrollment team to ensure that newborns are accurately and swiftly enrolled with their own Medicaid Identification Number. The Managed Care Program Administration (MCPA) team continues to monitor an internal operational process called the DMAS Newborn Enrollment Enhancement-E213 LIVE BIRTH Report and ensures that MCOs continue to report all live births from enrolled mothers.

In 2023, DMAS plans to continue to create strategies to streamline newborn and maternity enrollment by working with the Eligibility and Enrollment team and external partners such as Local Departments of Social Services (LDSS) and MCOs. These strategies include:

- Implementation of a Newborn bot, reducing the need for worker intervention and resulting in most newborn enrollments occurring on the day the birth is reported.
- Streamline newborn enrollment and develop ongoing reports for newborn visibility
- Cover all newborns born under managed care for the “Birth Month Plus Two” policy (currently includes only Medallion 4.0 newborns)
- Increase early access, availability, and adequacy of care for prenatal and postpartum members

OUTREACH AND INFORMATION

Baby Steps VA utilizes communication and outreach to keep members and providers informed on Medicaid efforts, services, and enhancement of benefits from preconception to postpartum. To ensure quality and improvement of services, Baby Steps VA hosts bimonthly meetings every second Friday. During these calls DMAS's Baby Steps VA is joined by our sister agencies, MCOs, hospital systems, community stakeholders and internal staff to collaborate and discuss our focus areas around maternal health.

To enhance and maintain a focus on maternal health across partners (stakeholders, MCOs, hospital organizations, community leaders), DMAS continues to share an informative monthly newsletter on maternal health. The newsletter highlights member enrollment, stakeholder collaborations, member/provider updates and MCO partnerships, along with maternity resources, to stay abreast on maternal health locally, statewide, and nationally.

[2022 Bimonthly Meeting Topics and Speakers](#)

January

(MCO and Free Clinic Support)

- UnitedHealth- Dr. Mohamed Ally and Dr. Carolyn Brooks
- CrossOver Free Clinic- Julie Bilodeau and Anna Cerrato

March

(Hospital Systems and Medicaid)

- Ballad Health – Paula Masters
- Inova Health System- Hunter Glen

May

(Community Clinic and Period Poverty Support)

- Olde Town Medical Center- Aaron Thompson and Kendra Robinson
- Aetna – Paula Starnes
- DMAS- Maryssa Sadler and Natasha Turner

July

(Maternal and Postpartum Support)

- VCU Doc. Candidate- Bianca Owens

- Molina- GiGi Edwards
- DMAS – Hope Richardson

September

(Supporting Maternal Health Across Communities)

- Virginia Premier – Chantel Neece
- Urban Baby Beginnings – Stephanie Spencer

November

(Governor and Maternal Health Initiatives)

- Anthem- Jamie Swann
- Aetna- Kimberly Grifasi



Member Success Story

A 35-year-old member who was pregnant with her first baby received assistance and resources from her care coordinator (CC) to help her with the baby. The CC helped the member connect with the VA Department of Health’s Low Income Safety Seat and Education Program and the Safe Sleep Program, through which she was able to obtain a car seat and pack-n-play for her baby. The CC also assisted the member in locating childbirth and breastfeeding education classes in her area. The member was referred to several local programs to obtain baby supplies and diapers. Furthermore, the CC obtained an Aeroflow belly band to help the member with chronic back pain, and helped the member locate providers for annual well visits, including dental and vision.

The member was very grateful to receive resources and information that she wasn’t aware were available to her. The member stayed engaged in Care Coordination throughout her pregnancy and delivered a healthy, full-term baby and accomplished her biggest goal to successfully breastfeed her baby.

CONNECTIONS

NASHP MCH PIP Project

In 2021, DMAS was selected to participate in the second Maternal and Child Health Policy Innovations Program (MCH PIP) Policy Academy with National Academy for State Health Policy (NASHP) to address maternal mortality for Medicaid-eligible pregnant and parenting women. This two-year convening

helped to identify, develop, and implement policy changes or develop specific plans for policy changes and/or strategies with the goal of improving access to quality care. Virginia received group and individual technical assistance to improve health care delivery systems and related supports for Medicaid eligible pregnant and parenting women, with a focus on implementing policies and health system transformations that address racial disparities in maternal mortality.

DMAS focused on and partnered with the doula project and postpartum care and activities throughout a one-year period. Interacting with members and monitoring this population will allow the team to see the effects of care through postpartum care, social determinants of health (SDOH) and the utilization of services.

DMAS focused on two project areas

**All documents developed will be distributed in 2023*

- Community doula implementation
 - Development of Doula resource guide
- Postpartum 12-month coverage extension
 - Development of provider frequently asked questions (FAQ) for postpartum coverage
 - Development of member toolkit to raise awareness on postpartum services
 - Breastfeeding
 - Maternal Mental Health
 - Post Delivery Care
 - Resource guide

Managed Care Organizations

DMAS and its MCOs have continued to collaborate to ensure Medicaid pregnant and parenting members receive adequate services. This support strengthened communication, outreach, data reporting and performance to providers and members. DMAS continues to improve services with our MCOs through:

- Facilitating quarterly MCO meetings with the MCH unit to discuss services across unit populations (child health, maternal and women's health, doula services and foster care)

- Increasing utilization of services with pre/postnatal care
- Improving data reporting monthly and annually as it relates to DMAS contract requirements
- Ensuring member communications are clear and informative on access to services

Black Maternal Health Summit

The Black Maternal Health Summit, hosted by Birth in Color-RVA, was held Friday, April 14, 2023, in Richmond, VA. The event featured two keynote speakers: Jennie Joseph, a well-respected health advocate for women and infants and British-trained midwife; and Harriet Washington, a medical ethicist. Both speakers shared unique perspectives about midwifery, women's health, and racial and health disparities in the United States. Congresswoman Jennifer McClellan and former State Delegate Jennifer Carroll Foy also spoke on the State of Reproductive Justice and shared information regarding the Maternal Health Crisis in Virginia. Workshop session topics included: Humanizing the Physician (physician trauma), Abortion as Reproductive Healthcare, Oral Hygiene during Pregnancy, Birth Team Collaboration and Community-Based Doula and Maternal Health, which highlighted the experiences of doula providers in Virginia.

March of Dimes Collaboration

DMAS MCH Unit continued to be an active participant in the Maternal Infant Health Equity (MIHE) DC, Maryland, and Virginia (DMV) Coalition. The mission of the coalition is to address disparities and improve health outcomes for moms and babies living in the DMV area. The MIHE DMV Coalition offers an opportunity for stakeholders to collaborate, network, and collectively pursue strategies to improve health for moms and babies in the DMV region.

Objectives:

- Enhance the collecting, sharing, and usage of quality data
- Improve care coordination by connecting resources available to pregnant people at the intersection of DC, Maryland, and Virginia
- Support, enhance, and sustain best-practices across similar subregions contained in the greater DMV (i.e., rural-rural, urban-urban connectivity)

- Engage and elevate the community in efforts to make DC, Maryland, and Virginia safer places to deliver babies
- Propel policy and systems change that will address social drivers of health, and ultimately achieve health equity in maternal and infant outcomes

Workgroups:

- Community Resources – The primary focus is to identify, adapt or enhance best practices for connecting maternal/women’s health patients to community resources that address the most prevalent social drivers of health. This includes strengthening the connection between clinical services and community resources.
- Patient-Centered Care – The primary focus is to identify and expand best practices, and develop or enhance tools, to foster shared decision making and patient-centered care.

Substance Use Disorder

DMAS was one of 15 states awarded a Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act grant by the Centers for Medicare and Medicaid Services (CMS) in 2019. A top priority for DMAS within this grant was increasing treatment for pregnant and parenting members, noting that the uptake of and adherence to evidence-based treatment reduces preterm labor, stillbirths, and maternal mortality. In Virginia Medicaid for SFY 2021, 5.8% of individuals enrolled in Medicaid due to their pregnancy status were identified through claims as having a substance use disorder (SUD) diagnosis. During January 2022, 2.85% of pregnant individuals eligible for Medicaid due to pregnancy status were identified as having a SUD, and 1.93% of these individuals engaged in treatment. Of pregnant individuals identified with an Opioid Use Disorder (OUD), 2.02% were engaged in medication assisted treatment, which is the evidence-based treatment for OUD.

Through the SUPPORT Act Grant, DMAS sought to increase screening, brief intervention, and referral to treatment (SBIRT) utilization for pregnant and parenting members with or at risk for substance use disorders (SUD). Project activities included data analysis, increasing utilization of SBIRT in two hospitals, and leading a series of physician-focused webinars, with topics including “Pregnant and Post-Partum Care for SUD During COVID-19,” “HIV and HCV

Management Updates for Pregnant and Post-Partum Members,” a series of webinars on SBIRT implementation, and Project ECHO session on OUD treatment for pregnant and parenting members.

DMAS also provided support to the Virginia Commonwealth University (VCU) Obstetrics (OB) MOTIVATE Clinic, the only program in central Virginia that provides an interdisciplinary, integrated approach to women with SUD, treating women across their life course, including during and after pregnancy. These funds were used to enhance staffing at OB MOTIVATE to provide more services to more pregnant and parenting members.

Supporting Links for OUD in Pregnancy

- [Opioid Use and Opioid Use Disorder in Pregnancy](#)
- [Evidence based whole person care for pregnant people who have OUD](#)

NEW AND IMPROVED SERVICES

FAMIS Prenatal Coverage

The FAMIS Prenatal Coverage program, established in July 2021, offers health coverage for pregnant women who meet all other eligibility criteria, regardless of immigration status. FAMIS Prenatal Coverage participants receive the same coverage as FAMIS MOMS—comprehensive benefits, 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.

In the first year of the program’s operation, 7,424 members were covered through FAMIS Prenatal.

FAMIS Prenatal Coverage - Enrollment by Region, SFY 2022	
Central	1,627
Charlottesville Western	393
Northern and Winchester	4,542

Roanoke and Alleghany	259
Southwest	43
Tidewater	574

FAMIS Prenatal Coverage - Enrollment by Age Group, SFY 2022	
Age 18 and younger	328
Age 19 to 20	595
Age 21 to 44	6,635
Age 45 and older	21

12 Months Postpartum Continuous Coverage

In July 2022, Virginia became one of the first states to provide continuous full-benefit coverage for 12 months postpartum. The expanded coverage enables Medicaid and FAMIS MOMS members to receive critical postpartum care for a full year after birth, an important step in improving health outcomes for women and their newborns. Virginia, the third state in the country to implement this protected enrollment period for pregnant individuals, included coverage for women who apply after the baby's birth to receive protected coverage for the remainder of the 12-month postpartum period.

Virginia's postpartum continuous coverage was approved by the federal government under Section 1115 Demonstration authority. As part of federal reporting and public transparency requirements associated with Section 1115 Demonstrations, DMAS is working with an external evaluator to finalize a plan for evaluating the impact of the postpartum coverage. Virginia's goals for the Demonstration are to:

1. Promote continuous coverage and continuity of care for women in the postpartum period.
2. Increase access to medical and behavioral health care services and treatments for women in the postpartum period.
3. Improve health outcomes for postpartum Medicaid and CHIP enrolled women.
4. Improve health access and health outcomes for infants of postpartum Medicaid and CHIP enrolled women.
5. Advance health equity by reducing racial/ethnic and other disparities in maternal coverage, access, and health outcomes as well as infant health

outcomes among postpartum Medicaid and CHIP enrolled women and their infants.

When complete, the evaluation design will be posted publicly on the DMAS website. DMAS will complete the first of several interim evaluation reports on the Postpartum Demonstration in 2025.



[Partnership for Petersburg](#)

In August 2022, Governor Youngkin launched a comprehensive [Partnership for Petersburg](#) initiative to collaborate with state agencies, community organizations, and businesses to improve education, health care, community safety, business development, and community partnerships within the City of Petersburg. At the kick-off, Virginia Health and Human Resources Secretary John Littel, DMAS Director Cheryl Roberts, and MCO leadership committed to improve access to health care across three focus areas: expand access to screenings, promote awareness of primary and prenatal care, and address health disparities by connecting Petersburg residents with medical and social services. In addition, they committed to improving timely and ongoing utilization of prenatal and postpartum services. To date, strategies deployed to improve maternity care in Petersburg include meetings with health care providers and leadership; community events providing resources and education for mom and baby; expanded outreach to pregnant and postpartum women; mailings to pregnant women without prenatal care with provider options and a list of Medicaid covered benefits; expanded prenatal and postpartum reporting and dashboards; MCO investments to organizations like Urban Baby Beginnings to help open a maternity hub; contributions from MCOs and DentaQuest for mom and baby

supplies; and ongoing partnerships to better integrate doulas and behavioral health services across the health care continuum.

Prenatal Mailing Statistics- September 2021

- For FY22, 39% of women in Petersburg had a postpartum visit (within 84 days of birth), compared to 47% in the rest of the state.
- DMAS ran data on members with expected delivery data who had not received care. DMAS sent hand addressed fliers to these members identifying two providers, general services covered and enhanced benefits.
- 80% of the non-TPL members scheduled an appointment.

WELCOME MOM!
Best wishes on your pregnancy journey!
Here are a few reminders for your Prenatal Care

What is Prenatal Care?
Prenatal care is the health care you get while you are pregnant including medical care, education, and one on one with your doctor. The earlier you get prenatal care, the better your chances are for a healthy pregnancy and baby.

How Do I Get Services?

Central VA Health Services (CVHS) - Petersburg
Appomattox Area Health and Wellness Center
521C Poplar Drive
Petersburg, VA 23805-9306
804-733-5591
www.cvhsinc.com

OR

Bon Secours Colonial Heights Obstetrics and Gynecology
459 Jennick Drive
Colonial Heights, VA 23834
(804) 765-6730

You also have access to transportation to and from your appointments, as well as postpartum care for 12 months after your baby is born!

Contact your health plan to learn about additional benefits for healthy moms and kids.
These may include (based on your health plan):
Free Diapers
Food Vouchers
Strollers
Pregnancy Supplies
OB Support Programs
Breast Pumps
Swimming Lessons

VIRGINIA'S MEDICAID PROGRAM
DMAS

Collaborative Efforts Across DMAS, MCOs and Sister Agencies

- DMAS focused on maternal child health activities, while MCOs continue monthly community events and member success stories.
- DMAS created a Petersburg maternal dashboard to help with monthly tracking.
- DMAS began another targeted campaign for pregnant women. The last campaign in the third quarter 2022 resulted in 80% of the pregnant women receiving prenatal and postpartum care.

- DMAS and the health plans have assigned members to community doulas in Petersburg, and DMAS supports the new doula hub in Petersburg.
- DMAS met with Bon Secours, VHHA and two OB/GYN practices to discuss improvements in access to services.

MCO Petersburg-Focused Sponsored Events Since August 2022

Aetna Better Health of Virginia

- 53 events, expending 4,700 staff hours for a total contribution of \$378K

Anthem HealthKeepers Plus

- 8 events, expending 600 staff hours for a total contribution of ~\$900K

Molina Health Care

- 21 events, expending 102.5 staff hours for a total contribution of ~\$150K

Optima Health

- 8 events, expending 1,120 staff hours for a total contribution of ~\$132K

United Healthcare

- 30+ events, expending ~ 1,500 staff hours for a total contribution of ~\$1.45M

Virginia Premier Health Plan

- 30 events, expending ~100 staff hours for a total contribution of \$100K

Community Doula Project

Program Implementation

The implementation of the Community Doula Program and the Virginia Medicaid doula benefit is the result of the successful partnership and collaboration among key state, community, and private partners. Partnership and collaboration for the doula program includes: the Virginia Department of Health (VDH), DMAS, state and local agencies, medical/licensed providers, and key community, managed care, and doula organizations. These organizations have led efforts within the state to bring awareness and education about doulas, doula state certification and training, and the new Medicaid doula benefit.

VDH, DMAS and the Virginia Doula Task Force established the Virginia minimum requirements for community doula state-certification 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” is a trained, non-medical professional, who often has shared lived experiences and provides extended, culturally congruent support to families throughout pregnancy to include antepartum, intrapartum, during labor and birth, and up to one year postpartum. Community-based doulas offer continuous physical, emotional, and informational support, including childbirth education and lactation support, and serve as a connection to local community resources and referrals for health or social services, such as food, transportation, and housing, which can be critical to the health and well-being of a pregnant parent.

To become a [state-certified doula](#), individuals must meet the VDH qualifications and education requirements, 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. In April 2022, the Virginia Certification Board (VCB) approved the first state-certified community doula. **In April 2023, just one year later, VDH and DMAS announced a milestone accomplishment of 100 individuals achieving state certification to become state-certified community doulas in the Commonwealth.**

Once a doula is state-certified through the VCB, they are eligible to apply to become a Medicaid Doula Provider through DMAS. Once approved, they may begin providing doula services to Medicaid’s pregnant and postpartum members. In May 2022, Virginia Medicaid enrolled the first state-certified Community Doula as a Medicaid Doula Provider. In June 2023, there were 116 state-certified doulas within the Commonwealth; of the 116 state certified doulas, 79 were approved by Virginia Medicaid to provide doula services. To date, there are 65 state-certified, Medicaid doula providers currently serving Medicaid members. The availability of state-certified Medicaid doula providers means greater access to advice, care, and support for pregnant individuals with the goal of improving maternal and infant health outcomes and helping to address racial and health disparities.

In August 2022, the first two Medicaid members received doula services, and as of April 2023 over 205 birthing families have received doula services through Virginia Medicaid. In addition, the program has had 75 doula-assisted births since its first doula-supported births in October 2022. Feedback remains positive from doulas and those who have received care and support from Virginia Medicaid doula providers.

State and Community Partnership and Collaborative Efforts

- Quarterly Meetings
 - Community Doula meetings were held in July 2022, November 2022, February 2023, and July 2023 to engage the doula community and raise awareness around the Medicaid Doula Benefit.
 - Virginia Doula Task Force meetings were held in April 2022, November 2022, and January 2023.
 - MCO doula leads meetings were held to engage the MCOs for continued support related to operationalization and implementation of the Medicaid doula benefit.
- April 2022 - A full-time Doula Analyst was assigned to the Community Doula Program to lead the implementation efforts.
- June 2022 – DMAS launched the Community Doula webpage and doula engagement flyer to increase awareness and provide a point of contact for individuals to learn more about and engage with the doula program.
- July/August 2022 - Virginia participated in and provided input for the Center for Health Care Strategies - Doula State Coverage Implementation (state calls and [published report](#)).
- October 2022 - Virginia was one of three states selected to participate in the North Carolina Doula Summit to share lessons learned and experiences with the implementation of the Virginia Medicaid doula benefit. The Summit, sponsored by the North Carolina Department of Health and Human Services, featured a virtual panel comprised of representatives from three states (VA, NJ and RI) and a “doulas only” town hall meeting with doulas at three locations. The Summit consisted of doulas, members of the North Carolina General Assembly, health care plans, Medicaid, and key stakeholders.
- December 2022 - Virginia participated in the North Carolina Doula Roundtable to share information about the Medicaid doula benefit and its implementation. The roundtable consisted of representatives from North

Carolina's Department of Health and Human Services, Foundation for Health Leadership and Innovation, and UNC's School of Medicine.

- December 2022 – DMAS launched two doula provider [engagement videos](#). An MCO funded the videos for the purposes of doula recruitment and engagement, education, and outreach to the provider community.



[Doula Testimonial](#)

“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**



Dental Coverage for Adults and Parenting Members

Poor oral hygiene can increase the risk of adverse outcomes during pregnancy. A pregnant person's body experiences many hormonal changes and fluctuations. Pregnant people should continue dental care throughout their pregnancy to help avoid preterm births, low birth weight and other issues. According to a [recent publication](#) from Dr. Shilpa Naavaal and David Harless, minority groups and those with low incomes face more barriers with access to dental care while pregnant. Lack of dental insurance while pregnant also presents a major barrier. DMAS offers comprehensive dental services for pregnant members, including all specialties except orthodontics. For state fiscal year 2022, 6,483 pregnant members received a dental service of any kind; and in state fiscal year 2023, 6,867 pregnant members received a dental service of any kind.

July 1, 2023, marks two years since DMAS expanded the adult dental benefit to include preventive and restorative services. More than 1 million members now have access to these dental benefits and dental specialties. Since the expanded dental benefit inception, over 300,000 members have accessed a dental service. There have been over 149,000 comprehensive exam appointments and over 180,000 cleaning appointments. Our dental program has seen restorations (over 440,000) outpace extractions (over 330,000). Providing access to comprehensive dental benefits for adult members increases the likelihood of members being able to save their teeth. Our adult members have access to restorative services as opposed to limited extraction-only benefits.

The comprehensive adult dental benefit is built around three pillars. The first pillar is prevention and education. During the benefit design, we realized that many of our adult members were unaware of the link between a healthy oral cavity and a healthy body. Because of this, we continually educate our members on the importance of good oral health throughout their adulthood. The second pillar focuses on salvageable tooth structure. Our program takes pride in providing restorations that support longevity. We realize that extractions are a necessity; therefore, we want to extract what works against long term success. The final pillar is about periodontal maintenance. Periodontal maintenance is imperative for gingival and gum health. Our program focuses on improving gum health by reducing pocket depth via periodontal scaling and root planing.

Our dental program also increased reimbursement fees for providers by 30% across all covered services, effective July 1, 2022. Our providers work diligently to provide for our members, and we are pleased that our compensation reflects their dedication to our program.

Low Risk Cesarean Delivery – Affinity Group

The Improving Maternal Health by Reducing Low-Risk Cesarean Delivery (LRCD) Affinity Group provides Virginia with support, technical assistance and education from Mathematica and staff from the Centers for Medicare & Medicaid Services (CMS), including quality improvement (QI) advisors, data advisors, and subject matter experts (SMEs) in maternal and infant health. The Virginia LRCD affinity group is a component of the broader Maternal and Infant Health Initiative (MIHI) and is led by DMAS staff and comprised of key state and community partners. The LRCD affinity group seeks to drive measurable improvement on low-risk cesarean delivery for Medicaid and CHIP beneficiaries, as demonstrated through improved performance on the Low-Risk Cesarean Delivery (LRCD-CH) Core Set measure.

LRCD is described as: percentage of nulliparous (first birth), term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), in a cephalic presentation (head-first), and births delivered by cesarean during the measurement year where Medicaid is the principal source of payment for the delivery (Medicaid births).

The goals of the LRCD affinity group include improving delivery outcomes, closing disparity gaps for Medicaid and CHIP beneficiaries, and reducing low-risk Cesarean section delivery rates. Virginia has a Cesarean rate of 26.7% based on the 2022 March of Dimes Report Card. The report also showed an infant mortality rate of 5.6%, and a preterm birth rate of 9.9% overall; 9.4% for Hispanic women and 13.4% for Black women.

Participating states will meet monthly from July 2022 to June 2024 to develop and test data-driven interventions. States will work with CMS to improve their performance on the Low-Risk Cesarean Delivery (LRCD-CH) Child Core Set measure 6, which is also included on the Maternity Core Set 7, and to identify other indicators to track quality improvement.

In addition, the LRCD affinity group will assist DMAS to identify data related to LRCD and health outcomes to support the Community Doula Program and improve maternal and infant health.

Obstetrics and Gynecology (OBGYN) Rates

Virginia Medicaid covers nearly one in five women of reproductive age and makes pregnancy-related care accessible for more than 40% of people giving birth. As a result of the 2022 General Assembly, effective July 1, 2022, DMAS received the authority to increase Medicaid Title 19 and CHIP Title 21 reimbursement rates for obstetrics and gynecology covered services by 15%. DMAS is excited about this offering as we continue to align our reimbursement rates for OB GYN providers with the services, they provide to support quality-of-life for Medicaid members.



OVERSIGHT

Managed Care Oversight on Maternity Programs

DMAS continually develops enhanced maternity reporting to facilitate real-time oversight of utilization of key maternal and infant services, and to give locality-specific insights around prenatal, postpartum, doula services, behavioral health, substance use disorder, and infant well child visits.

Part of this initiative is to ensure MCOs are meeting the compliance requirements of a comprehensive maternity program for their members, and to monitor progress and intervene prior to publishing of annual Healthcare Effectiveness Data and Information Set (HEDIS) measures (and the Maternal and Child Health

Focus study). This also includes tracking timeliness of prenatal care and postpartum utilization.

[Health Services Advisory Group \(HSAG\) Medicaid and CHIP Maternal and Child Health Focus Study](#)

External Quality Review Organization Oversight

DMAS collaborates with an External Quality Review Organization (EQRO), currently Health Services Advisory Group (HSAG), to produce the Medicaid and Children’s Health Insurance Program (CHIP) Maternal and Child Health Focus Study. The study consists of quantitative information pertaining to prenatal care and associated maternal and birth outcomes among women with births paid by Title XIX or Title XXI, which includes the Medicaid, Medicaid Expansion, and Family Access to Medical Insurance Security (FAMIS) MOMS programs.

The 2021-2022 Medicaid and CHIP Maternal and Child Health Focus Study includes: outcomes for births with early and adequate prenatal care during pregnancy, the clinical outcomes associated with births paid by Virginia Medicaid, maternal health outcomes associated with births and the health disparities that exist in birth outcomes. Tables 1-2 and 1-3 below show two stratifications presented within the focus study.

Births in each measurement period were stratified into four Medicaid programs (see below) and two delivery systems. Table 1-2 presents the overall number and percentage of singleton births for each of these programs and delivery systems.

Table 1-2 Singleton Births by Medicaid Program/Delivery System, CY 2019–2021

Overall Births	CY 2019		CY 2020		CY 2021	
	Number	Percent	Number	Percent	Number	Percent
Singleton Births	32,444	100.0%	32,230	100.0%	33,032	100.0%
Medicaid Program						
Medicaid for Pregnant Women	22,978	70.8%	19,772	61.3%	15,682	47.5%
Medicaid Expansion	2,152	6.6%	4,576	14.2%	6,548	19.8%
FAMIS MOMS	2,193	6.8%	2,091	6.5%	1,785	5.4%

Other Aid Categories [†]	5,121	15.8%	5,791	18.0%	9,017	27.3%
Delivery System						
FFS	3,827	11.8%	3,025	9.4%	3,916	11.9%
Managed Care	28,617	88.2%	29,205	90.6%	29,116	88.1%

† Other Aid Categories includes all other births not covered by the Medicaid for Pregnant Women, Medicaid Expansion, and FAMIS MOMS programs.

While most Medicaid program births across all three measurement periods were to women in the Medicaid pregnancy coverage group, there was a decline in births for this program for CY 2021. 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 increased by more than 40 percent between calendar year (CY) 2020 and CY 2021.

Table 1-3 Overall Birth Outcomes Study Indicator for Each Measurement Period

Study Indicator	National Benchmark	CY 2019		CY 2020		CY 2021	
		Number	Percent	Number	Percent	Number	Percent
Births with Early and Adequate Prenatal Care	76.4%	22,392	72.3%	22,245	71.9%	23,780	72.7%
<i>Births with Inadequate Prenatal Care*</i>	NA	5,043	16.3%	4,651	15.0%	5,106	15.6%
<i>Births with No Prenatal Care*</i>	NA	688	2.2%	534	1.7%	685	2.1%
Preterm Births (<37 Weeks Gestation) *	9.4%	3,263	10.1%	3,168	9.8%	3,327	10.1%

Newborns with Low Birth Weight (<2,500 grams) *	9.7%	3,070	9.5%	2,979	9.2%	3,074	9.3%
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**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 2021 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 (<2,500 grams) 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 are consistent across all years, it should be noted that the COVID-19 PHE may have negatively 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). As a result, caution should be exercised when comparing CY 2019 and CY 2021 study indicator results to CY 2020.

Conclusion:

The Medicaid and CHIP Maternal Health Focus Study considered five quantitative indicators related to prenatal care and associated birth outcomes among births paid by Virginia Medicaid. Between the CY 2019 and CY 2021 measurement periods, study indicators related to prenatal care, preterm birth, and low birthweight showed opportunities for improvement for Virginia Medicaid members. Specifically, overall results for the Births with Early and Adequate Prenatal Care and Preterm Births (<37 Weeks Gestation) indicators continued to fall below national benchmarks for all three measurement periods. Conversely, rates for the Newborns with Low Birth Weight (<2,500 grams) indicator outperformed the national benchmark for all three measurement periods, demonstrating strength for Virginia Medicaid. The study helps improve the quality of care for maternal and infant members, inform policy decisions, and provide transparency for members and stakeholders. The complete Medicaid and CHIP Maternal Health Focus Study can be viewed on the DMAS Website at the following location: [Studies and Reporting](#)

Member Success Story

The 26-year-old Afghan refugee, covered under Medallion 4.0 and experiencing a high-risk pregnancy, found refuge in speaking with her care coordinator (CC). The member's baby was at risk for Krabbe Disease, an inherited condition that destroys the protective coating of nerve cells in the brain and throughout the nervous system. The member needed help with translation as neither she nor her husband speak English. The member's assigned CC contacted another Molina CC, who was also from Afghanistan and speaks fluent Dari, to assist with the management of and build a relationship with this member. The newly engaged CC established a trusting relationship with the member and attended many of the member's OB visits, PCP visits, and pharmacy visits. As such, the CC was able to help explain the member's options empathically and objectively in a culturally sensitive way. The member gave birth to a healthy baby girl, and due to the relationship with her CC, the member requested that the CC join, via phone, during her delivery to answer questions and offer support.



Upcoming - 2023 Focus Areas and Opportunities for Medicaid Pregnant and Parenting Members

The Department will focus on addressing program challenges. DMAS will take strategically aligned steps to improve health outcomes across different programmatic areas: eligibility and enrollment, outreach and public awareness, healthcare connections, policy, and program oversight.

Eligibility and Enrollment - Streamlining newborn and maternity enrollment

The Department developed strategies to address key areas of eligibility and enrollment to include:

- Streamline newborn enrollment and develop ongoing reports for newborn visibility
 - With the implementation of Cardinal Care, all newborns born under managed care will be covered for the “birth month plus two” policy
- Increase early access, availability, and adequacy of care for prenatal and postpartum members

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

Medicaid member and community outreach plays a vital role in keeping beneficiaries and the public informed of Medicaid program benefits and services.

The Department will revamp its pregnancy outreach campaign to include:

- Social Media – Instagram, Twitter, Facebook
- Provider engagement for Postpartum coverage – Provider FAQ
- Doula and licensed provider engagement – Q1/Q2
 - Development of Doula provider resource toolkit and guide,
 - Distribution of doula provider engagement videos and resources
- Doula – Medicaid Member Engagement – Q3/Q4
 - Development of Medicaid member engagement videos and resources,
 - Development of DMAS Medicaid member webpage
- Regional provider meetings in Central, Tidewater, Northern, and Southwest Virginia
- Bimonthly Baby Steps VA meetings
- Engage with agencies to increase communication
- Partnership with VHHA, VNPC, VDH, and hospital systems
 - Provider and member enrollment

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

DMAS will realign connection efforts for members, MCOs and the provider communities with a focus on:

- Improvement plan to increase prenatal and postpartum care with MCOs
- Work with the MCOs to design program improvements and contract provisions to improve prenatal/postpartum health and reduce disparities
- Share initiatives related to Baby Steps VA with members, stakeholders, MCOs and state agencies, including VDH, VNPC, VHHA and DHBDS
- Partner with national agencies (NASHP) to improve outcomes for pregnant and parenting members
 - Collaborate and convene with other states to support new and improved Medicaid benefits
- Collaborate with sister agencies, VHHA, and VNPC on regional partnerships to improve maternal and infant health outcomes in Virginia
- Governor Youngkin's Initiatives
 - Partnership for Petersburg
 - Maternal Health Datathon- Maternal Mortality
- Develop and distribute Doula Licensed Provider resources and messaging
- Partner with MCOs to leverage their provider relationships
- Host quarterly Community Doula meetings
 - Maternal and Child Health (MCH) Managed Care Organization
 - Meetings will address MCH monthly reports and collaborative efforts to support the MCH population and seek support for member and provider services

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

- Low Risk Cesarean Delivery (LRCD) Affinity Group
 - Improve delivery outcomes
 - Close disparity gaps for Medicaid and CHIP beneficiaries, and
 - Reduce low-risk Cesarean delivery rates
- Community Doula program – Increase doula providers in all VA regions
- 12-month postpartum extension
 - Increase awareness of the postpartum benefit
 - Educate members and providers
- Increase behavioral health (BH) and substance use and substance use disorders (SUD) screenings

- Increase and improve activities around prenatal and postpartum care visits

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

- Increased oversight will ensure members have the support and services they need to receive the highest quality care.
 - External Quality Review Organization (EQRO) - Health Services Advisory Group (HSAG)
 - Use Healthcare Effectiveness Data and Information Set data to evaluate birth outcomes and maternity services; financially reward MCOs for performance metrics related to maternal and child health
 - Quality Withhold
 - Establish, implement, and maintain methodology for the managed care Performance Withhold Program
 - Managed Care HEDIS® Dashboards with Prenatal and Postpartum Care measures
 - Update the current, publicly available dashboard to include three-year trending- Q2
 - Develop Maternity Dashboard to include maternal health data and doula utilization
 - Maternal Health 1115 Demonstration Evaluation and Reporting
 - Postpartum Waiver – Implement 12-month postpartum extension evaluation

