

Maternity Annual Report 2020



BABY STEPS VA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

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

SERVICE • COLLABORATION • TRUST • ADAPTABILITY • PROBLEM-SOLVING

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Executive Summary

The Department of Medical Assistance Services (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. Medicaid for Pregnant Women uses Title XIX (Medicaid State Plan) funding to serve pregnant women with incomes up to 143 percent of the FPL. The FAMIS MOMS program uses Title XXI (CHIP Demonstration Waiver) funding to serve pregnant women with incomes up to 200 percent of the FPL.

Table 1-1—Overall Births Paid by Virginia Medicaid, CY 2017–CY 2019

Overall Births	CY 2017		CY 2018		CY 2019	
	Number	Percent	Number	Percent	Number	Percent
Total Births	31,708	100.0%	35,002	100.0%	38,648	100.0%
<i>Multiple Gestation Births</i>	566	1.8%	1,276	3.6%	1,367	3.5%
<i>Singleton Births</i>	31,142	98.2%	33,726	96.4%	37,281	96.5%

Virginia Medicaid has covered approximately 39,000 births in 2019 with predominately enrollees being White and African American.

In Virginia, the maternal mortality rate for black women is over two times as high as white women, according to the Virginia Department of Health’s Office of the Chief Medical Examiner. In 2019, Governor Ralph Northam announced a goal to eliminate the racial disparity in the maternal mortality rate in Virginia by 2025.

Along with this goal, Governor Northam challenged his administration, as well as private and non-profit sectors to join in developing strategies to achieve this critical goal. In addition, he directed expedited enrollment for pregnant women eligible for Medicaid and committed to form collaborates with ten Virginia hospitals to implement evidence-based best practices.

To address this goal, DMAS revamped the Healthy Birthday Virginia initiative to Baby Steps VA in 2020. Baby Steps VA is a program that includes five teams that will develop strategies to access and utilize available services, while addressing health disparities. These teams include various agencies, stakeholders, managed care organizations, and community partners.

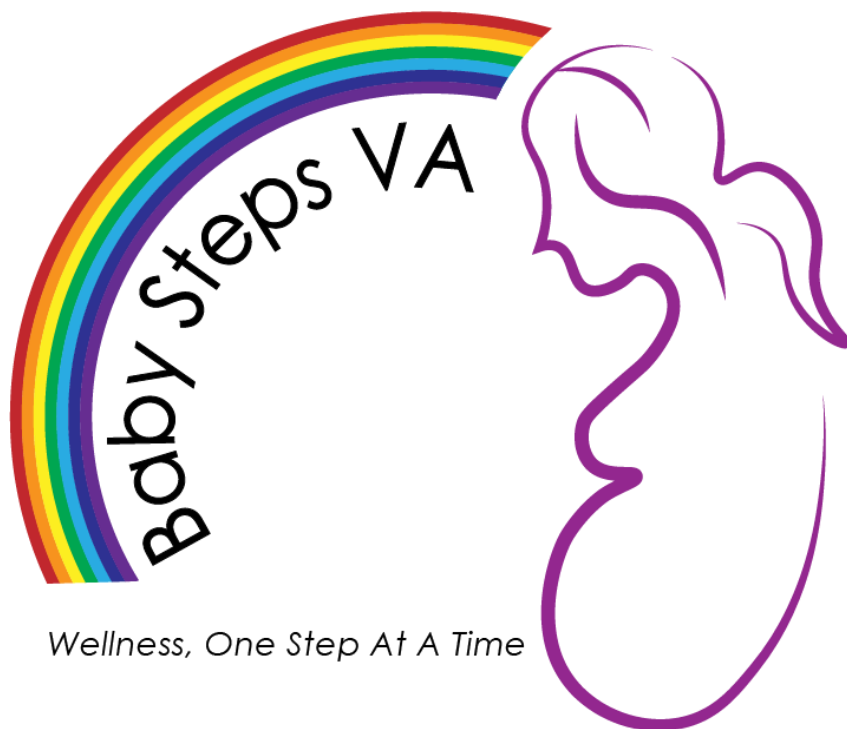
- These five teams provide the foundations for Baby Steps VA:
 - Eligibility and Enrollment
 - Streamline the enrollment process and give pregnant women near real-time eligibility determinations
 - Outreach and Information
 - Outreach to members to provide information on available services
 - Connections
 - Engage with providers, community partnerships and agencies
 - New and Improved Services and Policies
 - Collaborate and partner with Virginia initiatives to enhance services
 - Oversight
 - Partner to increase data sharing and strengthen reporting to drive and evaluate health outcomes

Each team also will address health disparities in their strategies.

BABY STEPS VA

Virginia Medicaid recognizes the importance of addressing infant and maternal health in a holistic way. While focusing on the needs of pregnant and postpartum women, Baby Steps VA has decided to put an emphasis on "wellness, one step at a time". In doing this, the outreach and information team created a logo that highlights the program's overall goal. Our "rainbow" arc of care aims to ensure pregnant women and new moms feel supported by their communities from preconception, pregnancy, and parenting and beyond.

Through Baby Steps VA, DMAS has enhanced maternal health awareness utilizing core teams (eligibility, outreach, connections, improved services and oversight) to educate and address health disparities for Medicaid and Family Access to Medical Insurance Security (FAMIS) members. To address these goals and discuss maternal health needs with the Commonwealth, Baby Steps VA hosts monthly team meetings every second Friday of the month. These meetings are a time where teams (internal and external) come together to collaborate, recognize national health campaigns and share monthly newsletters, agency updates and success stories on maternal health.



2020 Monthly Speakers and Topics

February

Healthy Birthday Virginia Delivery Systems Initial Meeting

March

Maternity Foundations Meeting

April

COVID- 19 Response to Maternity Care

May

Governor/State/National Initiatives

June

Shannon Pursell, Director of Operations at the Virginia Neonatal Perinatal Collaborative (VNPC)

July

Virginia Premier (VAP)

August

Paula Garrett of the Women Infant and Children (WIC) Division at Virginia Department of Health (VDH) and Merry McKenna and Liz Marshall with “Before Baby Moms Club”

September

Optima Health

October

Dr. Richard Bennet (Richmond Pediatrician), Christen Crews (VDH) and Rita DeVaughn (DMAS)

November

United Healthcare

December

Anthem

Thank you to all of our speakers and community stakeholders for presenting such valuable information on Maternity Care. We are looking forward to continuing these partnerships in 2021!

ELIGIBILITY AND ENROLLMENT

DMAS is currently exploring methods to decrease racial disparity through its Baby Steps VA maternity program. Medicaid continues to cover 1 in 3 births in Virginia and 35% of children are covered by Medicaid and Children's Health Insurance Program (CHIP) services. DMAS continues to streamline the enrollment process and give pregnant women near real-time eligibility determinations, so they can be connected with doctors and other medical care without delay.

Newborn Enrollment

It is essential that newborns of mothers enrolled in Medicaid/FAMIS/FAMIS MOMs and Emergency Services Program are correctly enrolled with their own Medicaid ID number. Newborns directly enrolled in most instances will receive a Medicaid identification number, which will facilitate newborns receiving their full program benefit, Managed Care Organization (MCO) assignment, and ensure appropriate reimbursement is received for the Medicaid covered services provided to newborns. One of the paths DMAS is pursuing is newborn enrollment, ensuring that all babies are enrolled and have the benefits of Medicaid allows healthy outcomes.

If a child is born to mother who is enrolled with a MCO health plan, then the child will receive coverage from that perspective MCO assignment. The designated MCO will cover entire birth month plus two (2) additional consecutive months for all MCO newborns regardless of whether the newborn receives a Medicaid number. When a child is born to a Medicaid mom, there are various paths to coverage for a child after birth. Coverage under an MCO, establishes full coverage for the entire birth month plus to period for newborns enrolled with MCO.

FFS and CCC Plus babies will receive coverage after a 30-45 day holding period, then they will be placed under an MCO which will then cover any health care needs.

About 25% of Medicaid births happen in the FFS delivery system. Members receiving their benefits through FFS do not have access to care coordination services, prompting the team to conduct an internal DMAS outreach campaign to pregnant members. The Program Operations team makes calls to pregnant members who receive their benefits through FFS. Staff share with member's

information on Medicaid benefits and other resources essential for their health and wellbeing.

Overall Births	CY 2017		CY 2018		CY 2019	
	Number	Percent	Number	Percent	Number	Percent
Medicaid Delivery System						
FFS	7,887	25.3%	8,868	26.3%	8,663	23.2%
Managed Care	23,255	74.7%	24,856	73.7%	28,618	76.8%

Newborn Enrollment has been an essential service for both mother and baby, however in simplifying this process DMAS wants to make sure all members are aware of coverage benefits.

The DMAS Contracts & Administrative Services and Systems & Reporting Units collaborated with Health Care Services (HCS), Office of Data Analytics (ODA), Virginia Department of Health (VDH), Cover VA Eligibility and Enrollment Unit (EEU) and the M4.0 MCOs to increase the number of infants enrolled in Medicaid coverage post-delivery. This will identify efficiency and ensure newborns of Medicaid Moms are enrolled expediently, to ensure the baby has coverage.

TOTAL NEWBORNS RECEIVED MEDICAID ID FROM DMAS NEWBORN ENROLLMENT ENHANCEMENT (E213 LIVE BIRTHS REPORT PROJECT) BY FILE SENT MONTH															
JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	MCO Submitted	% Success	*Amt Sent	Not Submitted
17	10	5	7	2	6	11	3	8	11	13	7	100	100%	100	0
27	13	4	12	4	19	14	10	15	17	21	9	165	93%	177	12
7	1		2	1		2	1	3	3	9	8	37	100%	37	0
31	19	5	12	1	16	26	8	21	35	35	27	236	100%	236	0
2	2	1	4		8	11	2	5	8	9	7	59	100%	59	0
20	13	2	13	4	25	13	5	25	15	27	16	178	99%	179	1
104	58	17	50	12	74	77	29	77	89	114	74	775		788	13

The Baby Steps VA Maternity group is exploring an auto-enrollment newborn process. This "BOT" will allow hospitals to enroll newborns when Medicaid babies are born. Utilizing the proposed BOT in which Department of Social Services (DSS) and representatives from Deloitte introduced will ensure a link between the hospital, DSS and the system of record to ensure the baby is added at the time of delivery and therefore eliminating gaps in availability of coverage. The BOT would assist the mother in navigating the process of adding the baby to the system. These mothers are newly delivered and many not as familiar with the Medicaid system.

Cover VA Enrollment Process

There are currently three ways that a deemed newborn can be enrolled in coverage:

- The hospital and Health Plans use the current online DMAS E-213 form
- The parent can call the Cover Virginia Call Center to complete a newborn application; or
- A paper DMAS 213 may be faxed into Cover Virginia if internet access is not available
 - A newborn is deemed eligible for FAMIS Plus (Medicaid) or FAMIS if the mother is enrolled in Medicaid, FAMIS or FAMIS MOMS at the time of the child's birth.
 - The deemed newborn is covered for the first year of birth. When the child turns one (1) year-old, the child's coverage must be reviewed for continual eligibility. A renewal application must be completed.

DMAS has been working to update the Newborn Enrollment process with E-213 and Cover VA, for manual linkage to care with the hospitals and care systems (Maximus).

Medicaid Expansion

In January 2019, Virginia adopted Medicaid expansion. Under Medicaid expansion, more women have sustained health coverage before, during and after pregnancy. The expanded coverage allows eligible parenting women to continue Medicaid coverage past 60 days postpartum. Due to implementation of expansion and coverage, women previously not eligible for Medicaid are now eligible and has covered approximately 2,200 births in 2019.

Baby Julian's- Success Story

A two-month-old Julian was diagnosed with a cleft palate and Pierre Robin Syndrome along with allergies to milk and other formulas if not corrected, will result in growth issues with failure to thrive.

His case manager was able to assist his mom in accessing a special formula for the infant with the assistance of WIC benefits, local hospital samples and the Healthy Heartbeats program. Julian's care team consisting of Medical Outreach, Social Worker and, Nurse Case Manager worked diligently to provide assistance and to ensure Julian received appropriate medical care and addressed any physical health needs with a Pediatrician.

Proceeding Julian's request for formula and health care services, Julian is now thriving and has gained 7 lbs since his release from the NICU.



Postpartum Coverage

The postpartum period is one of the most vulnerable times for a woman's health. When a woman is enrolled in Medicaid for Pregnant Women or FAMIS MOMS, she will receive comprehensive health care benefits during her pregnancy and for two months following the baby's birth. In partnership with the Department of Social Services, DMAS has improved processes to ensure smooth transitions and provide seamless coverage for postpartum enrollees who are eligible for other coverage groups such as Medicaid expansion after their maternity coverage ends at 60 days postpartum. Additional improvements are on the way: In November 2020, funding that had previously been frozen due to budget uncertainty at the onset of the COVID-19 public health emergency was "re-allotted" in the Special Session budget, enabling DMAS to apply to the federal government for authority to extend coverage from 60 days to 12 months postpartum for FAMIS MOMS and other women with income below 205 percent FPL who currently do not qualify to transition into another Medicaid covered group after their pregnancy coverage ends.

Stephanie's- Success Story

Stephanie's care coordinator (CC) received a call inquiring about possible housing assistance. Stephanie delivered her baby at 36 weeks and her baby was born with Tetralogy of Fallot (a severe heart defect) as well as multiple other anomalies and had an impending transfer to the NICU at UVA Medical Center for the higher level of care that the member required. Stephanie lived 4.5 hours away from the Charlottesville facility. Her CC began outreaching looking for resources to support this family during this time. The CC quickly discovered that the Ronald McDonald house was not available due to COVID-19 and the hospitality house was limited to accepting chemo patients only. The CC contacted the Social Worker (SW) in the UVA NICU to check on the possibility that Stephanie be allowed a room to be close with her baby, but that was not possible either. The SW recommended that the CC get in contact with Holiday Inn (Monticello) or Courtyard Marriot for potential availability. The CC then contacted MCC's transportation specialist for assistance. After review, Stephanie was approved for a 14 day stay @ the Courtyard Marriott, which was within a less than 5 minute walk to the UVA-NICU. Stephanie was also given a \$25 meal per day allowance during her stay. Stephanie verbalized her extreme gratitude to MCO for their willingness to work with her under such extraordinary circumstances to accommodate her needs, so that she was able to spend as much time she wanted at the hospital with her baby for both emotional /physical support and educational needs at the bedside.

OUTREACH AND INFORMATION

Outreach and Information delivery systems team is member focused to educate and address health disparities amongst preconception, pregnancy and parenting Medicaid populations. The outreach team utilizes innovative ways, to collaborate and develop shared educational material amongst internal and external groups. Using outreach and education, the team targeted initiatives to educate the public about DMAS services and initiatives through digital and social media platforms (Facebook and Instagram). While continuing to broaden the reach to all Virginians, the team expanded its communication tools in disseminating maternal and infant health information, complimenting various agency initiatives (Newborn Coverage, Pregnancy Medicaid, Flu Shots etc.).

In leveraging specific health related messages, social media can be an evidence-based tool successful at integrating all populations no matter the communication tool. Using social media platforms to share photos and videos has raised awareness about various initiatives and campaigns related to maternal and infant health. These platforms have allowed DMAS teams (Policy/Administration, Delivery Systems, Clinical and Data) to enhance content building. This outreach was part of DMAS' commitment to ensuring that pregnant and parenting people have access to resources and information needed to stay healthy and well during the COVID-19 Pandemic. The Outreach and Information team has continued to work and partner with sister agencies for bi-weekly meetings to improve engagement with members and project initiatives.

As a commitment to ensure mothers are aware of their Medicaid coverage, DMAS disseminates a new mom letter. This letter is shared with all pregnant women enrolled in Medicaid or FAMIS MOMS. Information provided in the letter covers a pregnancy checklist for before and after baby, along with details on how to access managed care services, WIC, dental care and a plethora of national hotline services. In continued support, the team will partner with the Connections workgroup to strengthen collaborative care with state agencies, provider organizations, and community advocates.

Virginia Medicaid Pregnancy Coverage Campaign

VIRGINIA MEDICAID PREGNANCY COVERAGE CAMPAIGN
PREGNANCY RESOURCES

Nutrition and Food Assistance
Contact the WIC Program at 1-888-942-3663 or visit www.vdh.virginia.gov/wic/

Dental Coverage
Call 1-888-912-3456 (TTY: 1-800-466-7566) or visit www.dentaquest.com

Quit Smoking
Call Quit Now Virginia at 1-800-784-8669 (TTY: 1-877-777-4534)

Domestic Violence
Call the Virginia Family Violence & Sexual Assault Hotline 1-800-638-8238

Visit www.coverva.org for more information

VIRGINIA MEDICAID PREGNANCY COVERAGE CAMPAIGN
DURING PREGNANCY

- Visit coverva.org for more information about what is covered by Medicaid and FAMIS MOMS
- Choose a provider that accepts your health plan
- Make an appointment with your doctor as soon as possible
 - Need a ride to your appointment? Call the transportation line on your managed care plan ID card. No managed care plan? Call 1-866-386-8331 (TTY: 1-866-288-3133).

Visit www.coverva.org for more information

HAVING A BABY?
During your pregnancy and even after your baby is born, we've got you covered. Your coverage will remain active throughout the COVID-19 health emergency.

- Prenatal and postpartum care
- Behavioral Health Services
- 90 day supply of most prescriptions
- Transportation Services
- Emergency Services
- Increased access to telehealth
- No copays
- Dental care

For more information, visit <https://coverva.org/coverd19/>

TAKING CARE OF A NEWBORN?
We'll take care of you and your baby.

Your postpartum coverage will remain active during the COVID-19 health emergency.

For more information, visit <https://coverva.org/coverd19/>

COVID-19 Update

Call your doctor if you have any of the following symptoms:

- Fever
- Cough
- Shortness of breath
- Chest pain
- Body aches
- Extreme fatigue

For updates about the effects of COVID-19 on pregnant women, visit the CDC's website: www.cdc.gov

Maternity Flu Shot Campaign

1
Take time to get a flu shot

2
Take everyday preventive actions (wearing a mask, covering your cough, and washing your hands) that may slow the spread of germs and illnesses, like flu

3
If you think you have the flu, see your primary care provider ASAP for treatment. Early treatment is especially important with the very young, those with underlying health conditions, and pregnant women.

These recommendations have been approved by the CDC

Take 3 Actions To Fight The Flu

FLU & PREGNANCY

DID YOU KNOW?
Pregnant women who get a flu vaccine also are helping to protect their babies from flu illness for the first several months after their birth, when they are too young to get vaccinated.

WHEN SHOULD MY CHILD GET A FLU SHOT?

Doctors recommend that your child get a flu vaccine every year in the fall, starting when he or she is 6 months old. CDC recommends a flu vaccine by the end of October, before flu begins spreading in your community.

REMINDER

A flu shot offers the best defense against flu and its potentially serious consequences. It can also reduce the spread of flu to others.

Getting the flu shot has been shown to reduce flu illnesses, doctor's visits, missed work and school days, and reduce the risk of flu-related hospitalization and deaths in children.

Follow us on Social Media!

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

CONNECTIONS

In an effort to create and maintain healthy partnerships, Baby Steps VA has focused on Connections as a way to engage with providers, community partnerships and agencies. This opportunity has planted a seed that has assisted in building and nurturing relationships that will have a lasting impact, and improve maternity care through community partnerships. Many of the goals of this group have been centered on highlighting community and member voices to inform programming, learning from community members, enhancing community relationships, engaging with people from diverse disciplines and perspectives across the reproductive care continuum, working to address racial disparities by creating opportunities for diverse stakeholder engagement, and sharing information about DMAS programs and the goals/status of other Maternity Project subgroups.

COVID – 19 Response

In March 2020, DMAS immediately began to address the unforeseen circumstances with Coronavirus disease (COVID- 19) and how it will impact our Medicaid recipients especially coverage for pregnant and postpartum families. DMAS and the MCOs have expanded telehealth options for services allowed including several flexibilities for medical and behavioral health services utilized by pregnant members during the state of emergency. In relation to provider support during COVID-19, DMAS finalized the directed payments process for providers during the public health emergency. MCOs have been directed by DMAS to pay medical providers (including OB/GYNs) an additional 29% for Evaluation and Management (E&M) services (CPT codes 99200-99499) during the pandemic (March 1 - June 30). Information regarding this policy was published to the provider community for awareness.

To address disparities and continued collaboration with sister agencies DMAS compiled information on Social Determinants of Health (SDOH) related to MCO initiatives in response to COVID-19. These initiatives were not specific to maternal health per se, but relates to program adaptations, initiatives to address housing/food insecurities, etc.

Since May 2020, the Virginia Neonatal Perinatal Collaborative (VNPC) has held bimonthly and monthly calls specifically to maternal and infant and the impact

COVID has had on this population. The calls included maternal fetal medicine providers, pediatricians, neonatologist, state agencies, public health professionals and community members. The VNPC invited several guest speakers, from Georgia, California and New York City, to provide insight and lessons learned from other states addressing COVID in the maternal and infant population. These calls allow providers and professionals to ask questions among each other, discuss scenarios they have encountered, share protocols and best practices from their own health systems or research articles. Many of these efforts have continued as the Commonwealth approaches vaccine distribution and following Center for Disease Control (CDC) mandates for pregnant women and children.



Each of the five core Baby Steps groups, have contributed countless efforts to disseminate and improve member and provided awareness during the COVID- 19 Pandemic. This includes:

- Partnering with National Health Campaigns
- Development of COVID- 10 Content (Social Media)
- Provide telehealth services for members and providers
- Updating of member letters for awareness
- COVID- 19 Medicaid memos

Substance Use Disorder (SUD)

SUD has been an on-going issue for many years and has had a major impact on pregnant and postpartum women. Not only is the concern for the mother, but the adverse reactions that is caused to the fetus. Many states have begun to address this issue amongst populations and placed a priority on making drug treatment more readily available to pregnant women. These effects have made tremendous outcomes that require pregnant women receive priority access to programs.

SUPPORT Act Grant

In 2019, DMAS was awarded SUPPORT Act grant. The goal of the SUPPORT Act Section 1003 Grant is to continue to increase substance use disorder (SUD) provider capacity in Virginia. The grant utilizes a needs assessment to determine current SUD treatment needs and provider treatment capacity and has two sub-populations of focus, pregnant and parenting members and justice involved members. Grant activities that have focused on the screening and treatment needs of pregnant and postpartum individuals include:

- Analyzing Medicaid Screening, Brief Intervention, and Referral to Treatment (SBIRT) claims for pregnant and postpartum members.
- Physician focused webinars such as: Pregnant and Postpartum Care for SUD during COVID-19, HIV & HCV Management Updates for Pregnant and Postpartum Members, and OUD Treatment for members.

Maternal and Child Health Policy Innovation Program (MCH PIP)

In April 2019, Virginia was selected as one of eight U.S. states to participate in the National Academy for State Health Policy (NASHP) Maternal and Child Health Policy Innovation Program (MCH PIP) policy academy that will help to identify, 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 substance use disorder (SUD) through health care delivery system transformation.

To accomplish the project goal, Virginia has decided to focus on two pilot sites; one in the far southwest region with Ballad Health and one in Richmond City with VCU Health, to gain information on best practices that can be applied to programs throughout the state.

Key to this project is understanding provider barriers to completing SBIRTs for pregnant and parenting people from a cross agency lens (i.e. Medicaid, public health, behavioral health and child welfare/social services) to develop a cohesive state response.



Addiction and Recovery Treatment Services (ARTS)

DMAS also worked to promote quality outcomes in services for pregnant and parenting people experiencing substance use and misuse. Substance use during pregnancy can result in adverse maternal and neonatal health outcomes, especially if left untreated. Virginia implemented the Addiction and Recovery Treatment Services (ARTS) program in April 2017 to increase access to treatment for Medicaid members with opioid or other substance use disorders (SUD), including pregnant women with these conditions.

- Report- Diagnosis and Treatment of Substance Use Disorders among Pregnant Women Covered by Medicaid
 - In May 2020 VCU focused a report to examine diagnosis and treatment of SUD among pregnant women enrolled in Medicaid who gave birth during 2017 or 2018. Pregnant women with SUD included in this study had 6 or more months of continuous enrollment in full Medicaid coverage prior to their live delivery, as well as a diagnosis of SUD in the 12 months prior to their delivery.
- Study- Opioid treatment for pregnant women has increased but racial inequities exist
 - In June 2020, VCU facilitated in collaboration with the DMAS ARTS program conducted a study finding that racial disparities persist in access to substance use disorder (SUD) treatment for pregnant members.

Collaborative Opportunities

DMAS understands the value of partnerships to break down silos and the commitment it takes to serve our members. Throughout the year Baby Steps VA has utilized outreach services, as way to not only communicate with pregnant and postpartum members, but to assist in navigating ways to improve Medicaid services in the Commonwealth and nationally. The Maternity team continues to work and partner with our local sister agencies (VDH, DSS, Virginia Hospital and Healthcare Association, and Department of Behavioral Health and Developmental Services) to enhance services to members and community partners.

Each partnership has been a true testament to their common goals and commitment to pregnant and postpartum members across the Commonwealth.

Our sister agencies play a pivotal role in the work DMAS does to address disparities, women's health and maternity care. Participation in various initiatives has allowed agencies to collaborate and stay abreast on various trends, opportunities, grants, trends, strategic plans and evidence-based practices related to our member's needs. Each collaboration has led to successful implementation of projects and national recognitions. The Baby Steps VA Outreach and Connections teams collaborated with the VHHA and various hospitals including Ballad Health, VCU, and Centra Health (Lynchburg, VA) to discuss opportunities for collaboration on maternity projects. Each hospital system has committed to various services and initiatives to support Baby Steps VA, which will continue into 2021 and beyond.

- Ensure newborns are identified and enrolled into coverage quickly.
- Hospitals potential role in the doula benefit and marketing efforts to each provider.
- Collaboration on community maternity partnerships, to address SUD members and outreach efforts.
- Focus on maternity outreach through Baby Steps VA campaigns.
- Collaborate with local community agencies to enhance outreach efforts and community connections to support maternal health in the region.

National Collaboration and Spotlights

Nationally, maternal and infant health has been on the radar with many states and addressing racial disparities, home visiting, improving birth outcomes, postpartum care and maternal and infant mortality. Like many states Virginia, has continued to pursue initiatives and projects that will address the needs of Medicaid members.

In June, Director Kimsey shared DMAS's work to support Governor Northam's goal of eliminating racial disparities in maternal health outcomes to the Senate Finance Committee. DMAS is committed to continuing Governor Northam's charge to address racial disparities in maternal health. Data has shown that African American disparities are related to implicit bias but also to comorbid untreated chronic conditions. The expansion of Medicaid will allow many women to have Medicaid and health care access in both the prenatal and postpartum periods. DMAS hopes this access to care will alleviate some of the chronic conditions as high blood pressure that have led to maternal complications.

DMAS' Baby Steps VA team focuses on eliminating racial disparities through enhanced outreach by utilization of social media, streamlining managed care and enhancing case management. The team participated in Black Maternal Health week and has collaborated with Urban Baby Beginnings, a Richmond based non-profit organization, to enhance community partnerships.

Baby Steps VA and VDH teams were featured in the March of Dimes (MOD) annual Virginia spotlight. In direct response to Governor Ralph Northam's 2019 mandate to eliminate the Commonwealth's racial disparities in maternal mortality rates, state agencies have worked to break down silos and act in tandem to achieve these goals. The spotlight covered the Title V Maternal & Child Health Services Block Grant Program, Home Visiting Programs, Maternal Infant and Early Childhood Home Visiting (MIECHV), Healthy Start, and Resource Mothers, Interagency Collaboration and COVID related work.

In October, DMAS M4.0 MCOs and CCC Plus met with Aza Nedhari with Mamatoto Village in Washington, DC to address maternal mortality, doula services and her successful perinatal home visiting organization.

Medicaid Managed Care Organizations (MCOs)

This year, DMAS and its contracted managed care organizations (Aetna, Anthem, Magellan, Optima, United Health, and Virginia Premier) have undertaken a variety of initiatives aimed at improving quality outcomes in maternal health, a primary goal of the DMAS Quality Strategy. The support and partnership from these MCOs, has helped to strengthen data sharing, reporting of performance measures, and improve health outcomes for members. As DMAS continues to strengthen and streamline services our MCOs strive to

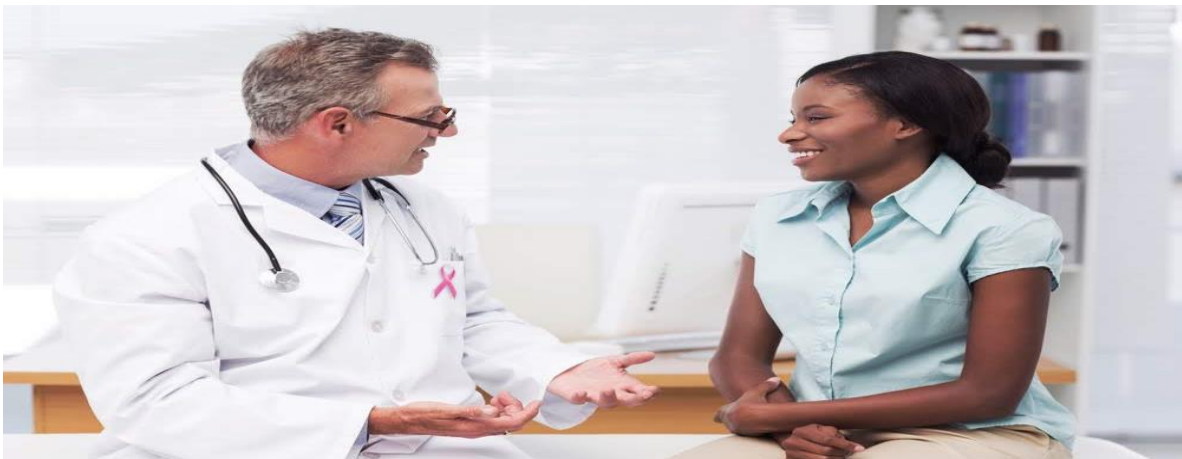
- Ensure that member communications are clear and informative on access to services,
- Improve prenatal and postpartum care services for high risk and non-high risk members,
- Increase access to treatment for expecting high risk mothers with SUD,
- Invest and continue outreach services for pregnant and parenting members,
- Increase member utilization of services, and
- Improve the continuum of care for postpartum members.

DMAS and its MCOs are also collaborating with external maternity stakeholders including the Virginia Department of Health, the Virginia Neonatal Perinatal Collaborative, the Virginia Healthcare and Hospital Association, the Virginia Department of Behavioral Health and Developmental Services, and the Virginia Department of Social Services to continue developing a cohesive state response to racial disparities in maternal health outcomes. This collaboration is essential to ensuring a cohesive and comprehensive state response.



WIC Project

The Women, Infants, and Children (WIC) programs across Virginia have aided thousands of families' in providing numerous services to help reduce premature births, fetal and infant deaths, increases access to prenatal care earlier in pregnancy, increases immunization rates, and improves diet quality, including reducing rates of childhood obesity. With this DMAS has begun to meet with VDH to discuss outreach measures to increase WIC utilization for members. With an aim to increase data sharing, DMAS and VDH have arranged an agreement which will allow DMAS to receive additional data elements to help with identification of potential WIC members. For successful implementation of this practice, outreach workers will be trained and assist with enhancement of outreach measures.



NEW AND IMPROVED SERVICES AND POLICIES

In 2019, Governor Ralph Northam announced his budget proposals to invest increasing home visiting, Medicaid reimbursement for Doula support, and expand Medicaid health coverage for new moms. Following Northam's announcement, Health and Human Resources (HHR) conducted 10 listening sessions and community roundtables across the Commonwealth to address the racial disparity in Virginia's maternal mortality rate by 2025. As continued support for maternity care services, Gov. Northam increased the state budget for Doula services and access to reproductive health services along with the development of a Home Visiting workgroup similar to the Doula workgroup.

Doula Study- Statewide Benefit

Nationally and here in Virginia, the maternal mortality rate of Black women is 2-3 times higher than that for white women. According to PRAMS data from 2019, 44.36% of pregnancies were unintended; nearly 10% of women had inadequate prenatal care; and when broken down by race/ethnicity, and Black women were more likely to report chronic conditions like hypertension and depression, and more likely to report experiencing discrimination or harassment due to their race/ethnicity or insurance or Medicaid status. The Maternal Mortality Review Team (MMRT) 2019 report on chronic conditions noted maternal mortality rates highlighted significant racial disparities among Black women with at least one chronic condition having a rate over twice that of their white counterparts (51.4 versus 25.1, respectively) This data shows that incomplete healthcare coverage outside of pregnancy (prior to becoming pregnant and after the post-partum period) is a contributor to maternal mortality in Virginia. Access to pregnancy support is particularly important as over 62 percent of maternal deaths among women with a chronic condition occurred after the 6-week postpartum period (between 43 and 365 days after the end of the pregnancy).

Increasing access to Doula services is a cost-effective approach to improving maternal and child health among Virginia Medicaid members. Doulas – community-based individuals who offer a broad set of non-clinical pregnancy-related services based on continuous support to pregnant women throughout pregnancy and in the postpartum period – have been shown to improve a variety of maternal and child health outcomes. Multiple studies indicate that Doula services can also be cost-effective and cost-saving.

Doula support during pregnancy is associated with an increased likelihood of vaginal birth, reduction in delivery by cesarean sections, and reduced use of epidural pain relief and instrument-assisted births. Doula care is also associated with lower preterm birth rates, higher five-minute newborn Apgar scores, and increased likelihood of breastfeeding initiation. Of particular relevance to Virginia Medicaid, research among Minnesota Medicaid beneficiaries found that Doula support decreased the odds of cesarean delivery by 50% and preterm birth by more than 20%. In terms of cost-saving in a study published in the Journal of Perinatal Education, Doula services were found to be cost-effective up to \$1,360 per Doula – and potentially cost-saving up to \$884 – when costs were considered

against reductions in maternal death, rates of cesarean births, and complications from delivery.

Pursuant to Chapter 1289, Item 291 (E) and Chapter 841 of the 2020 Virginia Acts of Assembly, the Office of the Secretary of Health and Human Resources (OSHHR) facilitated five workgroup meetings with stakeholders including Doula practitioners, women with lived experience, licensed practitioners including Certified Nurse Midwives and Obstetrician/Gynecologists, state agencies including Virginia Medicaid, the Virginia Department of Health, the Virginia Department of Health Professions, and the Virginia Department of Social Services and maternal health partner organizations including the Virginia Hospital and Healthcare Association, Managed Care Organizations, and the Medical Society of Virginia. The workgroup met to discuss recommendations for a Virginia Medicaid Doula benefit.

The final report, available on the General Assembly website (<https://rga.lis.virginia.gov/Published/2020/RD629>), was based on stakeholder input during workgroup meetings, data collected from practicing Doulas in Virginia, information collected on Doula reimbursement in other state Medicaid programs, reimbursement rates for maternal services in Virginia Medicaid for licensed providers, actuarial analysis, and industry reimbursement standards.

The workgroup's final recommendations for a Virginia Medicaid Doula benefit include:

- A preventive service through a Medicaid State Plan Amendment;
- Reimburse \$859 for up to 8 prenatal/postpartum visits and attendance at delivery, as well as up to \$100 in linkage-to-care incentive payments;
- Contain flexibilities for providers that balance individualized, culturally sensitive, trauma-informed appropriate care with minimum requirements that promote delivery of a full package of services, continuity of care, and timeliness in care.

Doula Workgroup Implementation Goals and MCO Involvement

- Doula readiness
 - Alignment of state regulation timeline with benefit implementation
 - Training and education to ensure preparedness to enroll with MCOs and bill for services

- Hospital/health system and community provider engagement
 - Identify early adopters and peer champions
- Community awareness
 - Identify key shared messages
 - Develop robust marketing campaign strategy
- MCOs (Aetna, Magellan and United Health Care)
 - Provide training on enrollment, contracting, credentialing and billing process
 - Workplan development to enroll new providers

Home Visiting

The Medicaid home-visiting benefit will support members' health, access to care and health equity. This workgroup will work on the following:

- Analyze federal and state regulations and funding mechanisms impacting establishment of a Medicaid home visiting benefit;
- Review home visiting strategies and benefits implemented in other state Medicaid programs;
- Analyze and make recommendations on appropriate services and rates to be included in a Medicaid home visiting benefit; and
- Project estimated costs over the next five years.

Midwifery and Medicaid Learning Series

To improve and bring awareness to midwifery, DMAS participated in the Institute for Medicaid Innovation and Center for Health Care Strategies eight part “Leveraging Midwifery-Led Care to Address Disparities and Equity in Medicaid” Learning Series. Through a series of collaborative learning sessions, the initiative has provided a roadmap for Medicaid stakeholders to explore next steps for implementation of the midwifery-led maternal care model within Virginia. The session topics have integrated policy discussing related to COVID-19 and telehealth, Medicaid programming, reimbursement and payments, midwifery and birth center licensure, and establishment of business care for midwifery- led care.

Ambers- Maternity Success Story

Care Coordinators conducted a standard post-partum assessment on 22 year old Amber whom is a first time mother. Assessments educate mothers on the care needed with post-partum visits and for this member how to tend to C- section incision. During her assessment, the CC was notified by Amber that she was experiencing uncomfortable burning from her incision. The CC assessed the member for other signs of infection which were negative at the time of the call, and suggested that she be evaluated by her OB just to be sure.

Upon follow-up, the Amber was diagnosed with a wound abscess. She was very thankful for her CC educating her and insisting she seek follow-up care. While this was not the ideal experience for a first time mom, it was important for her to have the support, education, and guidance of her assigned CC.



OVERSIGHT

Each year DMAS works with Health Services Advisory Group (HSAG) and Centers for Medicaid and Medicaid Services (CMS) to produce the Prenatal Care and Birth Outcomes Study, which aligns to strengthen reporting and increase data sharing. These reports help to drive and improve quality of services for member health outcomes. DMAS understands the importance of utilizing this data, to breakdown racial and geographical disparities. The HSAG studies include outcomes for birth with early and adequate prenatal care, preterm births and newborns with low birth weight for Medicaid programs, delivery systems and emergency benefits.

Table A-5—Distribution of Singleton Births by Medicaid Delivery System and Demographic Category, CY 2017–CY 2019

Demographic Category	CY 2017		CY 2018		CY 2019	
	Number	Percent	Number	Percent	Number	Percent
Fee-for-Service						
Singleton Births Paid by Medicaid	7,887	100.0%	8,868	100.0%	8,663	100.0%
Maternal Age Category						
15 Years and Younger	12	0.2%	19	0.2%	S	S
16–17 Years	84	1.1%	95	1.1%	141	1.6%
18–20 Years	1,004	12.7%	1,024	11.5%	935	10.8%
21–24 Years	2,166	27.5%	2,158	24.3%	1,741	20.1%
25–29 Years	2,355	29.9%	2,515	28.4%	2,296	26.5%
30–34 Years	1,372	17.4%	1,795	20.2%	1,997	23.1%
35–39 Years	730	9.3%	979	11.0%	1,188	13.7%
40–44 Years	153	1.9%	265	3.0%	309	3.6%
45 Years and Older	S	S	S	S	S	S
Unknown	S	S	S	S	S	S
Maternal Race/Ethnicity Category						
White, Non-Hispanic	3,233	41.0%	3,126	35.3%	1,767	20.4%
Black, Non-Hispanic	2,559	32.4%	2,223	25.1%	1,322	15.3%
Asian, Non-Hispanic	276	3.5%	269	3.0%	265	3.1%
Hispanic, Any Race	1,596	20.2%	3,161	35.6%	5,158	59.5%
Other/Unknown	223	2.8%	89	1.0%	151	1.7%

Managed Care						
Singleton Births Paid by Medicaid	23,255	100.0%	24,856	100.0%	28,618	100.0%
Maternal Age Category						
15 Years and Younger	61	0.3%	77	0.3%	77	0.3%
16–17 Years	387	1.7%	420	1.7%	424	1.5%
18–20 Years	2,659	11.4%	2,831	11.4%	3,183	11.1%
21–24 Years	6,053	26.0%	6,099	24.5%	7,037	24.6%
25–29 Years	7,507	32.3%	7,916	31.8%	8,996	31.4%
30–34 Years	4,343	18.7%	4,890	19.7%	5,776	20.2%
35–39 Years	1,856	8.0%	2,161	8.7%	2,547	8.9%
40–44 Years	364	1.6%	431	1.7%	526	1.8%
45 Years and Older	S	S	18	0.1%	31	0.1%
Unknown	S	S	13	0.1%	21	0.1%
Maternal Race/Ethnicity Category						
White, Non-Hispanic	10,032	43.1%	10,968	44.1%	12,553	43.9%
Black, Non-Hispanic	9,351	40.2%	10,109	40.7%	11,543	40.3%
Asian, Non-Hispanic	936	4.0%	1,003	4.0%	1,017	3.6%
Hispanic, Any Race	2,167	9.3%	2,531	10.2%	3,101	10.8%
Other/Unknown	769	3.3%	245	1.0%	404	1.4%

These results are from the CY 2017 and CY 2018 were identifies from the 2018 -19 Prenatal Care and Birth Outcomes Focused Study.

FUTURE GOALS and ACTIVITES

As Baby Steps VA continues address racial disparities in maternal and infant health, we are committed to moving the needle forward in improving the care for pregnant and postpartum Medicaid members. The teams plan to develop additional strategies to increase access to maternity services, and improve health outcomes. Utilizing the goals of each team and partnerships Baby Steps VA is expected to provide a foundation that will be successful for all involved.

Upcoming Goals for 2021

- **Eligibility and Enrollment**
 - Work with eligibility and enrollment to develop a “babies journey’ workflow to outline pathways to enrollment, and
 - Engage with MCOs and DSS to streamline processes for members.
- **Outreach and Information**
 - Reach pregnant members who are seeking coverage and utilization of services, and
 - Determine the barriers with access to care for members.
- **Connections**
 - Continue collaboration with health and education systems, community advocates and provider connections, and
 - Incorporate access to reproductive health services.
- **New and Improved Services and Policies**
 - Implementation of Doula services, and
 - Streamline recommendations for Home Visiting workgroup
 - Implementation of Home Visiting Workgroup
- **Oversight**
 - Improve overall services and focus on racial disparities

