Virginia's Maternal & Child Health Section 1115 Demonstration: 12 Months Postpartum Coverage, FAMIS MOMS, and FAMIS Select

Project Nos. 21-W-00058/3 and 11-W-00381/3

Demonstration Year 6 Draft Semi-Annual Report

July 1, 2024 through December 31, 2024

Virginia Department of Medical Assistance Services
March 2025

Background

Virginia's Maternal and Child Health Section 1115 Demonstration has three components. Two of the demonstration programs provide coverage of Title XXI populations, FAMIS MOMS and FAMIS Select. These programs have been in place since the beginning of the demonstration in 2005. The third component is the more recently approved 1115 waiver authority enabling Virginia to provide continuous, full-benefit health care coverage through 12 months postpartum for beneficiaries in both Medicaid and CHIP.

Virginia's Title XXI Children's Health Insurance Program (CHIP) is called Family Access to Medical Insurance Security (FAMIS). This program covers children with family income from 143 to 200 percent of the federal poverty level (FPL) who are uninsured and are not eligible for Medicaid. The Maternal and Child Health Section 1115 Demonstration provides coverage for two Title XXI populations:

- The **FAMIS MOMS** program covers uninsured pregnant individuals with family income up to 200 percent FPL who are not eligible for Medicaid.

- The **FAMIS Select** program provides premium assistance for FAMIS-eligible children whose parents/guardians enroll them in private or employer-sponsored health insurance.

The Department of Medical Assistance Services (DMAS) administers Virginia's Maternal and Child Health Section 1115 Demonstration. The Centers for Medicare and Medicaid Services (CMS) approved the original waiver on June 30, 2005, and DMAS began a phased implementation of the FAMIS MOMS and FAMIS Select programs on August 1, 2005. The demonstration was most recently approved for a ten-year extension for the period October 25, 2019, through June 30, 2029.

On November 18, 2021, CMS approved Virginia's request to amend the demonstration to test the effects of providing continuous coverage to postpartum individuals in Medicaid and CHIP with income up to and including 200 percent of the federal poverty level (FPL), for a total of 12 months after the end of the pregnancy. The Commonwealth anticipates that the **12 Months Postpartum** demonstration will improve continuity of coverage and prevent gaps and disruptions in care during the critical postpartum months. Through the amendment, DMAS aims to strengthen overall coverage and support the health of new mothers and infants in Virginia, including reducing rates of maternal mortality and severe morbidity.

Demonstration Goals

The goals of Virginia's Section 1115 Demonstration for the original FAMIS MOMS and FAMIS Select populations, as outlined in the evaluation plan approved November 3, 2021, are as follows:

For FAMIS MOMS:

- Facilitate access to prenatal care for FAMIS MOMS participants.

- Improve selected birth outcomes of FAMIS MOMS participants and their

newborns.

For FAMIS Select:

- Facilitate access to affordable private and employer-sponsored health insurance for low-income families through premium assistance.

- Monitor and ensure member satisfaction with the FAMIS Select program.

- Assure the aggregate cost-effectiveness of the FAMIS Select program.

In compliance with the updated terms of the approved amendment (STC #32), on May 17, 2022, Virginia submitted a draft of the revised evaluation plan describing objectives, measures, and evaluation activities for the new 12 months postpartum extended coverage component. CMS provided feedback and the evaluation plan went through two rounds of revisions before it was formally approved July 31, 2023.

The goals of the 12 Months Postpartum demonstration, as outlined in the evaluation plan, are as follows:

- Promote continuous coverage and continuity of care for women in the postpartum period.

- Increase access to medical and behavioral health care services and treatments for women in the postpartum period.

- Improve health and address health-related social needs for postpartum Medicaid and CHIP enrolled women.

- Improve health access and health outcomes for infants of postpartum Medicaid and CHIP enrolled women.

- Advance health equity by reducing disparities in maternal coverage, access, and health outcomes as well as infant health outcomes among postpartum Medicaid and CHIP enrolled women and their infants.

Operational Updates

Legislative Activities

DMAS will report on legislative activities resulting from the 2025 Virginia General Assembly Session in its DY6 Annual Report in September.

Regulatory Updates

Changes to the Virginia Administrative Code (VAC) reflecting the extension of postpartum coverage from 60 days to 12 months remain underway. Updates to provider manuals to reflect the new postpartum extended coverage are complete. Changes to the

VAC to reflect the availability of the community doula benefit are also in process, and updates to provider manuals and other agency guidance are complete.

DMAS completed a periodic review of the FAMIS and FAMIS MOMS state regulations in spring 2023, and a regulatory action to make technical updates pursuant to the review is underway. Prior to this, the most recent state regulatory action regarding the demonstration programs was the adoption of updates pursuant to the previous periodic review, effective June 26, 2019.[*]

Outreach and Communications Activities

DMAS' Community Outreach and Member Engagement Team (COMET) is responsible for cost-effective promotion of the FAMIS, FAMIS MOMS, and FAMIS Select programs for children and pregnant women. Members of the team charged with community stakeholder engagement develop knowledge of respective localities and foster community connections with key stakeholder groups and sectors of the population. Team members either attend or facilitate connections to local partners who can attend community presentations, workshops, and events. The team builds community partnerships, creates connections to members, and increases access to materials, tools, and resources for partners and stakeholders.

Outreach and engagement activities in the first half of DY6 included:

- Sponsorship of community trainings through *SignUpNow* in numerous localities across the state, and of online training modules to promote awareness of, and enrollment and renewal in, FAMIS, FAMIS MOMS, and FAMIS Select;

- Distribution of FAMIS MOMS materials at events, conferences, presentations, and meetings with materials available in the top five language in the Commonwealth of Virginia;

- Maintenance of the Cover Virginia (coverva.dmas.virginia.gov/) and Cubre Virginia (cubrevirginia.dmas.virginia.gov/) websites. The websites provide a user-friendly platform—in English and Spanish, respectively—to promote Virginia's medical assistance programs, including FAMIS MOMS (coverva.dmas.virginia.gov/learn/coverage-for-pregnant-individuals/famis-moms/) and FAMIS Select (coverva.dmas.virginia.gov/learn/premium-assistance/famis-select/). The websites include an option where Virginians can chat with a live representative in real time. All pages are reviewed and revised by subject matter experts and division directors to ensure the most up-to-date information is available to members; and

- Maintenance of the Cover Virginia Instagram and Facebook pages (in English and Spanish), to include the promotion of the FAMIS MOMS and FAMIS Select programs as well as other related initiatives throughout the agency. (Please note that effective March 2025 these pages will be removed and content rolled into the

[*] Virginia Register of Regulations, Volume 35, Issue 20, effective June 26, 2019.

Cardinal Care: Virginia Medicaid social media pages.)

The following documents explaining the *FAMIS Select* program continue to be available:

- Trifold brochure in both English and Spanish; and
- Decision Aid that assists parents in determining which program (FAMIS or *FAMIS Select*) is the right choice for their family.

Virginia continued outreach and messaging to ensure that pregnant and postpartum members are aware they are covered for 12 months postpartum. DMAS' Strategic Communications Team and COMET continues to coordinate messaging, outreach, and materials to inform applicants and members about important benefits they could access and ensure stakeholders understand eligibility rules.

DMAS continues to provide updates about the postpartum coverage extension, doula coverage, and other maternal health policy developments at the Children's Health Insurance Program Advisory Committee (CHIPAC), Virginia Medicaid Member Advisory Committee (MAC), and Community Stakeholder meetings. The August 2024 Community Stakeholder Meeting included updates about maternity services and enrollment. The December 2024 CHIPAC meeting included updates about Virginia's postpartum extension evaluation.

DMAS' Baby Steps VA cross-agency workgroup provides targeted information and outreach regarding DMAS' maternal and infant healthcare initiatives. Baby Steps developed a Provider FAQ about the 12-months postpartum coverage. Ongoing Baby Steps communications and outreach efforts include a newsletter highlighting changes in DMAS policies, programs, and services affecting the target populations. Key metrics for assessing progress, as well as community and partner agency maternal health initiatives are shared through Baby Steps VA.

Baby Steps VA also facilitates bi-monthly meetings to ensure key interested groups (providers, health care organizations, fellow state agencies, and other stakeholders) remain abreast of program and policy changes. Meetings typically include more than 70 participants. DMAS hosted three Baby Steps meetings during the reporting period (July 12, September 13, and November 15), which included presentations from DMAS and key maternal health partner organizations about health equity and outcomes, maternal health technology, early childhood mental health, school-based programs for young children, maternal cardiovascular health, and health coverage options after the 12-month postpartum period concludes.

On July 24, 2024, the Office of the Secretary of Health and Human Resources convened a virtual "Lunch and Learn" session, focusing on Maternal Cardiovascular Health. Many attendees from various stakeholder groups in the Commonwealth heard from the new Health and Human Resources Secretary, Janet Kelly, and industry experts on maternal cardiovascular health services available in Virginia.

On August 12, 2024, DMAS hosted a Maternal Health Roundtable event on maternal cardiovascular wellness, where the agency officially launched its "Ask About Aspirin"

campaign. This campaign encourages members to speak with their providers about whether taking aspirin during pregnancy or after the birth of their child is recommended for them. During the event, DMAS Chief Medical Officer, Dr. Lisa Price Stevens, shared information about the potential benefits oflow-dose aspirin during pregnancy for women at risk for cardiovascular disease. Each Managed Care Organization (MCO) highlighted their benefits and services for pregnant and postpartum members, with an emphasis on maintaining cardiovascular health.

On August 14, 2024, Deputy Secretary of Health and Human Resources Leah Mills, with support from the Virginia Department of Health and DMAS, convened a stakeholder panel addressing mental health and substance use disorders in rural Virginia. This gathering enabled participants to learn from local health care providers (including an OB-GYN, a psychiatrist specializing in women's mental health and addiction, and a certified peer recovery specialist) about the challenges, rewards and best practices of providing mental health and substance use disorder services to pregnant women in rural southwest Virginia. Highlights included a review of challenges including stigma, siloed specialties in health care, dearth of providers with expertise, insurance reimbursement, and accompanying socioeconomic stresses such as lack of housing, transportation and employment.

The panel emphasized best practices including the creation of "hubs" of care with OB-GYN and addiction care co-located, office-based opioid treatment programs, expanding medical education to include more emphasis on addiction and mental health, integration of peer support into OB-GYN practices, and training of community doulas in how to identify and assist with referrals for mental health and addiction issues.

DMAS also engaged in outreach activities to providers and members to promote the Medicaid community doula benefit (implemented beginning Spring 2022). Three Medicaid doula provider information videos continue to be used for doula recruitment and engagement, general education, outreach to the licensed provider community, and to educate Medicaid and FAMIS MOMS members on the role and benefits of doulas and doula care. The videos are available on the Community Doula Program page of the DMAS website.

To continue and build upon local availability of community doulas, DMAS and its Baby Steps partners were instrumental in the launch of a May 2024 partnership with Germanna Community College to train and certify doulas. Doula training requires 60 hours of education on core competencies, and certification is handled through the Virginia Certification Board. Upon completion, DMAS assists interested doulas with becoming credentialed through Medicaid.

Enrollment, Managed Care Delivery, and Operations Updates

In 2023, Virginia combined its two existing managed care programs – Commonwealth Coordinated Care Plus (CCC Plus; serving members with complex healthcare needs often requiring long-term services and supports) and Medallion 4.0 (serving all other members) – into one unified managed care program known as Cardinal Care Managed Care

(CCMC). Cardinal Care promotes a population-based, rather than a program-based approach to identifying and managing health care needs for all members to improve the experience of care, add value for providers, and reduce system inefficiencies. Cardinal Care's design ensures that pregnant women with pregnancy-related risk factors receive more intensive care management from the MCO; including, if applicable, care management (previously available only under the CCC Plus contract).

In Spring 2024, DMAS finalized implementation of the Cardinal Model of Care, in which, under the new, unified contract, all pregnant women are assessed for pregnancy risk, and those assessed as at-risk receive clinical care management services at one of three levels of support (depending on level of risk and need). The model of care strengthens requirements around identifying women of higher risk and insuring more intensive care management for those women. Importantly, social determinants of health must be factored into that risk stratification.

Under the Cardinal Model of Care, all MCOs use member health assessments and data analysis (e.g., claims data, population health data) to identify whether a member is pregnant, and pregnant women and infants with higher risks for poor outcomes receive additional outreach and can participate in related health initiatives. Upon completion of a risk assessment, a pregnant member's MCO can then assign them to an appropriate level of care management based on risk status. MCOs must include the following in their risk stratification policies and procedures:

- The presence of co-morbid or chronic conditions, sexually transmitted infections, etc.;
- Previous pregnancy complications and adverse birth outcomes;
- History of or current substance use (e.g., alcohol, tobacco, prescription or recreational drug use);
- History of, or a current positive screen for, depression, anxiety and/or other behavioral health concerns; and
- The member's personal safety (e.g., housing situation, violence).

DMAS also continued the process of reprocuring its Medicaid managed care contracts. The procurement underway reflects DMAS' goals to improve MCO accountability in service delivery and member access with particular focus on maternal and child health. The new contract will strengthen DMAS' ability to conduct oversight of the MCOs with updated, robust data deliverable requirements based on guidelines established by the American Academy of Pediatrics and American College of Obstetricians and Gynecologists.

Virginia was selected for the National Governors Association's (NGA) *Improving Maternal and Child Health in Rural America* Learning Collaborative. The office of Health and Human Resources, Virginia Department of Health (VDH) and DMAS are collaborating to develop a strategic plan focused on improving maternal and child health

in Southwest Virginia, a region of the state with limited access to maternal health care, and where substance use is particularly high.

The NGA Learning Collaborative held its first in-person meeting in October 2024 in Washington, DC. NGA and the Association of Maternal and Child Health Programs (AMCHP) provided technical assistance with accessing maternal substance use services, deepening partnerships with stakeholders, and identifying focus areas for a state executive order or strategic plan. Virginia focused on identifying policy interventions to strengthen infrastructure around preventative services for pregnant and postpartum women, improve the state's approach to community-based services in rural communities, improve perinatal workforce recruitment and retention, and improve healthcare access through telehealth.

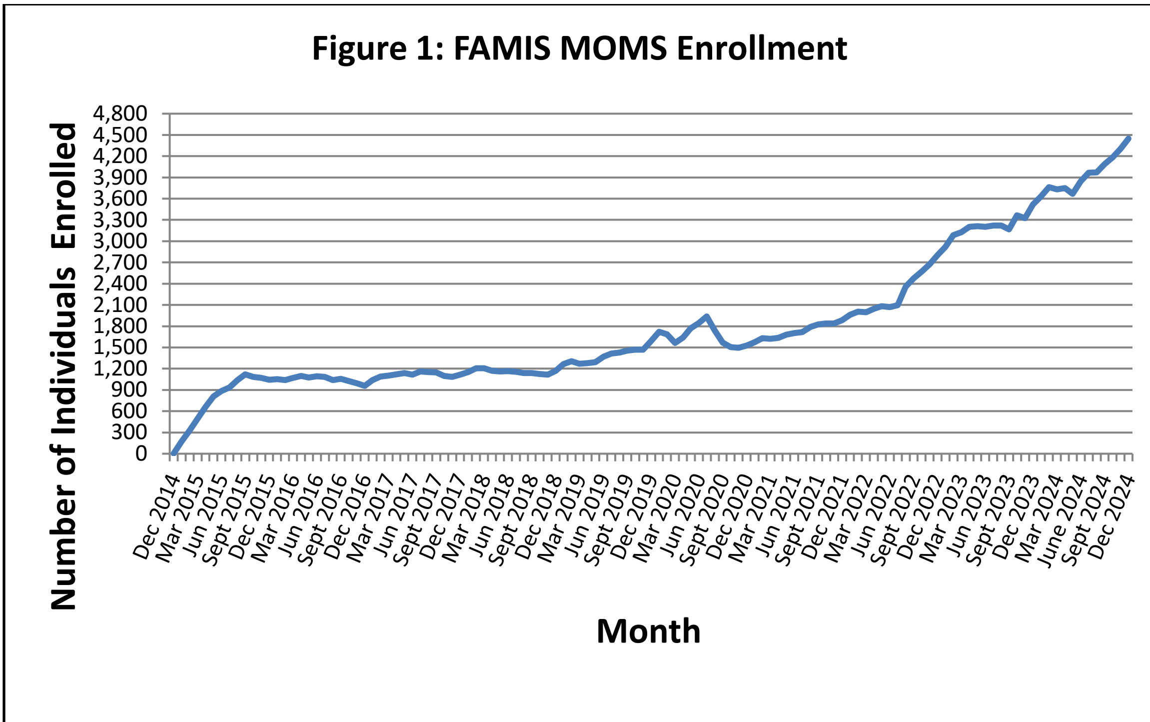
FAMIS Select

DMAS has updated all FAMIS Select materials—including the Decision Aid worksheet that assists prospective FAMIS Select applicants in comparing their benefits and projected expenses under FAMIS to their private or employer-sponsored insurance—to reflect the removal of co-payments in the FAMIS program. In addition, the FAMIS Select brochure received a visual refresh. (Updated brochure available at: coverva.dmas.virginia.gov/media/uznba5p2/famis-select-english-rvsd-9_26_23.pdf.) The *FAMIS Select* pages on the DMAS and Cover Virginia websites were updated to reflect current policy.

Participation in FAMIS MOMS

Enrollment in FAMIS MOMS began in August 2005. Participation in FAMIS MOMS was stable up until enrollment was stopped in January 2014. During the period of January 1, 2014 through November 30, 2014, DMAS phased out the FAMIS MOMS program because the Virginia General Assembly adopted budget language directing DMAS to eliminate the program when health insurance coverage became available through the Affordable Care Act's newly-established Health Insurance Marketplaces. DMAS reinstated enrollment in FAMIS MOMS in December of 2014. Figure 1 shows the trend since enrollment was reinstated.

Since enrollment was reinstated, participation increased steadily and then stabilized until October 2016. In October of 2016, DMAS was unable to receive transfers from the Federally Facilitated Marketplace (FFM). This issue was resolved in early 2017, at which point enrollment increased and then stabilized once again. In 2018, CMS approved Medicaid and CHIP state plan amendments #VA-18-0011, VA-18-0015, and VA-18-0016 authorizing Virginia's transition to a determination state, and Virginia began accepting Medicaid and CHIP eligibility determinations made by the FFM. Virginia transitioned in Plan Year 2024 to a State-Based Marketplace (SBM) and continues to accept determinations for FAMIS MOMS eligibility from its SBM.



Source: DMAS Enrollment Files

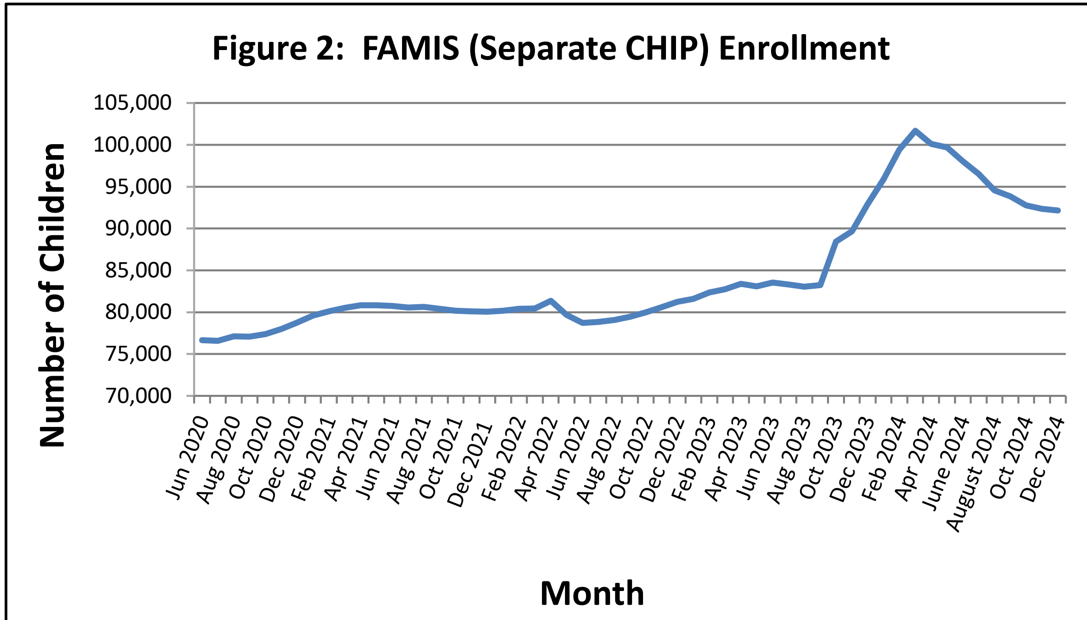
FAMIS MOMS enrollment grew during the initial months of the COVID-19 public health emergency (PHE), peaking at 1,936 in July 2020, declining over the subsequent months until October 2020, then beginning to climb again. The drop in enrollment in the spring of 2020 could be partly related to DMAS' adherence with CMS guidance issued at that time directing that FAMIS MOMS continue to be redetermined at the end of their 60 days postpartum during the PHE, meaning these individuals' coverage would end unless they qualified for or were enrolled in other coverage groups.

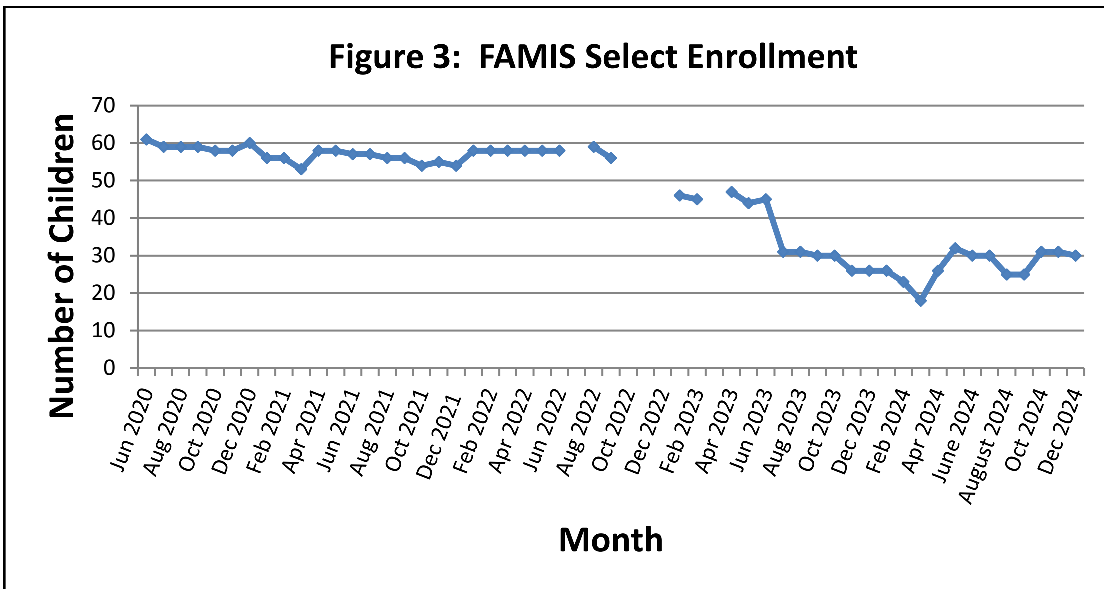
FAMIS MOMS enrollment has steadily grown since the July 1, 2021 launch of the FAMIS Prenatal Coverage program for pregnant individuals previously ineligible due to immigration status (Virginia's "from conception to end of pregnancy" (FCEP) CHIP State Plan population). It is likely that there has been some "welcome mat" effect of members applying in response to outreach related to the FAMIS Prenatal Coverage launch and ultimately qualifying for and enrolling into FAMIS MOMS. Further growth in FAMIS MOMS has resulted from Virginia's implementation of the 12-months postpartum extension in 2022.

Monthly enrollment as of December 2024 was 4,448 – a record high for the program.

Participation in FAMIS Select

A total of 98 children were enrolled in FAMIS Select in August 2005, the first month of the program. Enrollment reached a high of 480 children in March 2009. Figures 2 and 3 show the trend in FAMIS and FAMIS Select enrollment over the past four reporting years. Although FAMIS enrollment has increased during this time, enrollment in FAMIS Select has declined. As of December 31, 2024, 30 children were enrolled in FAMIS Select statewide.





Source: DMAS Enrollment Files. Note: At the time of this report, FAMIS Select monthly enrollment numbers are not available for several months of SFY23. Gaps indicate missing data.

The overall FAMIS Select enrollment decline is likely due in large part to changes in employer-sponsored health insurance (ESHI) options. According to the State Health Access Data Assistance Center (SHADAC), there are three main factors in determining the scope of ESHI coverage: (1) the employee must work in a firm that offers ESHI; (2)

the worker must be eligible for ESHI coverage based on the employer's criteria; and (3) the worker must take up the option.

SHADAC analysis of data from the Medical Expenditures Panel Survey (MEPS) – Insurance Component, accessed via the SHADAC indicates that the percentages of Virginia employees eligible for and taking up ESHI are declining.[†] (There was a slight increase in coverage in 2020, likely due to the pandemic, but figures declined in 2021.) In addition, the employee share and employee premium/out of pocket amounts for family coverage have steadily increased both nationally and in Virginia.[‡] These trends have likely contributed to declining interest in FAMIS Select.

Percent of Offer, Eligibility, and Take-Up of ESHI Among Virginia Workers							
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Offered ESHI	85.7	86.9	84.5	84.8	86.8	88.6	88.2
Eligible for ESHI	77.0	76.9	74.2	78.4	74.2	83.3	81.8
Taking up ESHI	75.6	69.3	71.4	72.5	68.6	70.4	68.2

The cost of ESHI is central to an employer's decision of whether to offer it, and to a worker's decision of whether to participate in an ESHI plan. Over the course of Virginia's Section 1115 Demonstration and the FAMIS Select program, annual insurance premiums for employer-sponsored family coverage in the Commonwealth increased from an average of $10,367 in 2005 to $21,348 in 2021 (the latest year for which figures are available). While employers often cover a large share of these premium costs, the share paid by employees has been increasing. Between 2005 and 2021, the employee's share of the cost of employer-sponsored family coverage increased from 26.5 percent to 33.0 percent.

Additionally, FAMIS Select families, like those enrolled in FAMIS state plan coverage, are required to renew eligibility annually. When renewals resumed in Virginia beginning in Spring 2023, this likely contributed to further FAMIS Select enrollment decline. Early 2024 saw some growth, as FAMIS numbers also grew. Like many states, Virginia saw growth in its SCHIP state plan coverage even as its numbers of Medicaid-enrolled children declined. A contributing factor may be Virginia's minimum wage increases during the continuous coverage period, which caused some children to be eligible for SCHIP rather than Medicaid coverage upon their initial post-continuous coverage annual renewal.

[†] State Health Access Data Assistance Center (SHADAC), State Health Compare, http://statehealthcompare.shadac.org/.

[‡] State Health Access Data Assistance Center (SHADAC), "State-level Trends in Employer-sponsored Health Insurance (ESI), 2015-2019," available at https://www.shadac.org/ESIReport2020. Also see State Health Access Data Assistance Center (SHADAC), "State-level Trends in Employer-sponsored Health Insurance (ESI), 2019-2021," available at https://www.shadac.org/publications/2019-2021-state-trends-ESI.

Issues, Concerns, and Accomplishments

FAMIS MOMS and 12 Months Postpartum Continuous Coverage

In June 2024, Virginia Governor Glenn Youngkin issued Executive Order #32, *Reestablishing the Task Force on Maternal Health Data and Quality Measures*:

The Task Force shall:

> *(i) Monitor progress and evaluate all data from state-level stakeholders, including third- party payers, and all available electronic claims data to examine quality of care with regard to race, ethnicity, and other demographic and clinical outcomes data;*
>
> *(ii) Monitor progress and evaluate data from existing state-level sources mandated for maternal care, including the Healthcare Effectiveness Data and Information Set (HEDIS) measure updates to Prenatal and Postpartum Care and Postpartum Depression;*
>
> *(iii) Examine the barriers preventing the collection and reporting of timely maternal health data from all stakeholders, including payers;*
>
> *(iv) Examine current maternal health benefit requirements and determine the need for additional benefits to protect women's health;*
>
> *(v) Evaluate the impact of Social Determinants of Health screening on pregnant women and its impact on outcomes data;*
>
> *(vi) Analyze available data one year after delivery, including local-health district level data that will assist in better understanding the scope of the issue; and*
>
> *(vii) Develop recommendations, based upon best practices, for standard quality metrics on maternal care.*

The Director of DMAS serves on the Task Force, which met twice in Fall 2024. At each meeting, state agencies (including DMAS) gave updates on maternal health data and key activities:

- At the October 2024 meeting, DMAS Director Cheryl Roberts and Deputy of Programs and Operations Adrienne Fegans gave an overview of the Twelve-Month Postpartum Coverage Extension, Virginia's Medicaid/FAMIS doula benefit, new member-facing materials and resources, and data about Medicaid/FAMIS MOMS coverage and utilization. Director Roberts and Deputy Fegans also pointed out where Task Force members and members of the public can access additional data and reports about pregnancy outcomes for Medicaid/FAMIS MOMS members.

- At the November 2024 meeting, Sara Cariano, DMAS Director of Eligibility Policy and Outreach, presented about the Medicaid/FAMIS application process

for pregnant applicants, Virginia's existing Hospital Presumptive Eligibility program, and an overview of Presumptive Eligibility.

Doula Services

To the benefit of its Medicaid/FAMIS MOMS members, Virginia's doula network continues to grow: To-date, 203 doulas have received state certification. Of these, 170 doulas are Medicaid/FAMIS MOMS-approved and able to provide services to Medicaid/FAMIS MOMS members. As of January 2025, 421 birthing families had received doula services through Virginia Medicaid/FAMIS MOMS. More than 282 births occurred with the assistance of a doula. Feedback has been positive from doulas and from the families who have received their care and support.

In late summer 2024, Germanna Community College (GCC), in partnership with Mary Washington Hospital and Rappahannock Health District, launched the first cohort of a Doula State Certification Training Program. GCC was approved as a state-certified doula training body in June 2024. The program's inaugural cohort met capacity with 12 students enrolled. Scholarships were provided to support the students by the Rappahannock Health District and Medicaid MCOs. There is currently a waitlist for the program to fill two additional cohorts with the number of interested participants continuing to grow. Leveraging the community college system for doula training offers greater access to doula training throughout the state.

FAMIS Select

Access to and affordability of employer-sponsored health insurance continues to decline; as a result, FAMIS Select participation has shown a declining trend. A cost-versus-benefit comparison of FAMIS with the individual applicant's private or employer-sponsored insurance is not required in order for a family to enroll their child in FAMIS Select. Currently, DMAS does not request or receive information about FAMIS Select participants' private or employer-sponsored health insurance benefits, coverage, or cost-sharing. DMAS does not gather complete information regarding household members who may receive incidental coverage under the private or employer-sponsored plan. In addition, DMAS has no method in place to identify instances where an individual may have access to lower cost and/or better coverage through a parent or guardian's employer or private plan.

As part of the revised evaluation plan for FAMIS Select, DMAS is conducting interviews with participating families to gather qualitative data and feedback to help improve the program. Results will be shared in future reports.

Evaluation Update

The goals of Virginia's Section 1115 Demonstration outlined in the FAMIS MOMS and FAMIS Select Evaluation Plan approved November 3, 2021, are as follows:

For FAMIS MOMS:

- Facilitate access to prenatal care for FAMIS MOMS participants.

- Improve selected birth outcomes of FAMIS MOMS participants and their

newborns.

For FAMIS Select*:*

- Facilitate access to affordable private and employer-sponsored health insurance for low-income families through premium assistance.
- Monitor and ensure member satisfaction with FAMIS Select program.
- Assure the aggregate cost-effectiveness of the FAMIS Select program.

In compliance with the updated terms of the approved amendment (STC #32), on May 17, 2022, Virginia submitted a draft of the revised evaluation plan describing objectives, measures, and evaluation activities for the new 12 months postpartum extended coverage component. CMS provided feedback and the evaluation plan went through two rounds of revisions before it was formally approved July 31, 2023.

The goals of the 12 Months Postpartum demonstration, as outlined in the evaluation plan, are:

- Promote continuous coverage and continuity of care for women in the postpartum period.
- Increase access to medical and behavioral health care services and treatments for women in the postpartum period.
- Improve health and address health-related social needs for postpartum Medicaid and CHIP enrolled women.
- Improve health access and health outcomes for infants of postpartum Medicaid and CHIP enrolled women.
- Advance health equity by reducing disparities in maternal coverage, access, and health outcomes as well as infant health outcomes among postpartum Medicaid and CHIP enrolled women and their infants.

Performance Metrics

FAMIS MOMS

The most recent data on prenatal and birth outcomes is from calendar year 2023, reported in detail in the *2023-24 Medicaid and CHIP Maternal and Child Health Focus Study Report*, completed in February 2025 by Health Services Advisory Group (HSAG).[§] The full *2023-24 Medicaid and CHIP Maternal and Child Health Focus Study Report* is submitted as an attachment to this report.

[§] This annual report was previously called the *Prenatal Care and Birth Outcomes Focused Study*.

The two demonstration goals for the FAMIS MOMS population and the reporting period's results for the three related measures are described below.

Demonstration Goal I: *Facilitate access to prenatal care for FAMIS MOMS participants.*

Research Question: *Is enrollment in FAMIS MOMS enabling pregnant women to obtain better access to adequate prenatal care?*

Hypothesis I: The proportion of pregnant women enrolled in FAMIS MOMS who are receiving adequate or better prenatal care will be maintained or will increase from SFY 2019 to SFY 2029.

Measure I: Births with Early and Adequate Prenatal Care—The percentage of births with an Adequacy of Prenatal Care Utilization (APNCU) Index score greater than or equal to 80 percent (i.e., births scoring in the "Adequate" or "Adequate Plus" categories)

CY 2023 Outcomes for Measure I:

	FAMIS MOMS CY2023	Benchmark (Healthy People 2030)
Births with Early and Adequate Prenatal Care	80.7%	76.4%

FAMIS MOMS outcomes for Measure I during calendar year 2023 demonstrate progress toward demonstration Goal I. The HSAG study found that 80.7% of FAMIS MOMS participants in the study population giving birth in 2023 received early and adequate prenatal care. Among the Medicaid pregnant women study population, the rate was 75.0%, and among the study population overall, 74.7%.

This outcome compared favorably with the identified benchmark, "Births with Early and Adequate Prenatal Care -- Healthy People 2030 Baseline," which was 76.4%.[**]

[**] Healthy People 2030. "Increase the proportion of pregnant women who receive early and adequate prenatal care – MICH-08." Baseline is the percent of pregnant women who received early and adequate prenatal care in 2018. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Available at https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08. Caution should be used when comparing study results to national benchmarks, as the benchmarks were derived from birth records covered by all payer types and may not mirror birth outcomes among women with births paid by Title XIX or Title XXI.

Demonstration Goal II: *Improve selected birth outcomes of FAMIS MOMS participants and their newborns.*

Research Question: *Is enrollment in FAMIS MOMS improving birth outcomes of participants?*

Hypothesis II: The proportion of individuals enrolled in the FAMIS MOMS program with preterm births (less than 37 weeks gestation) will remain the same or will decrease from SFY 2019 to SFY 2029.

Measure II: Preterm Births (< 37 Weeks Gestation)—The percentage of births that occurred before 37 completed weeks of gestation

CY 2023 Outcomes for Measure II:

	FAMIS MOMS CY2023	Benchmark (Healthy People 2030)
Preterm Births (< 37 Weeks Gestation)	6.9%	9.4%

FAMIS MOMS outcomes for Measure II during calendar year 2023 demonstrate progress toward Demonstration Goal II. Preterm births (< 37 weeks completed gestation) occurred in 6.9% of the FAMIS MOMS study population according to the HSAG study, compared to 8.9% of the Medicaid pregnant women study population, and 10.1% of the study population overall.

This outcome compared favorably with the identified benchmark, "Preterm births – Healthy People 2030 Target" which was 9.4%.[††]

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Hypothesis III: The rate of low birth weight births (birth weight less than 5 pounds, 8 ounces (2,500 grams)) among FAMIS MOMS will decline or remain the same over the demonstration period.

Measure III: Newborns with Low Birth Weight (<2,500 grams)—The percentage of newborns weighing less than 2,500 grams at birth. This includes birth weights in the very low birth weight category (birth weights less than 1,500 grams) and the low birth weight category (birth weights between 1,500 and 2,499 grams).

[††] Healthy People 2030. "Reduce preterm births— MICH-07." U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Available at https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-preterm-births-mich-07.

CY 2023 Outcomes for Measure III:

	FAMIS MOMS CY2023	Benchmark (Core Set 2023)
Low Birth Weight (< 2,500 grams)	6.1%	10.4%

FAMIS MOMS outcomes for Measure III during calendar year 2023 demonstrate progress toward Demonstration Goal II. The HSAG study found that low birth weight (<2,500 grams) affected 6.1% of infants in the FAMIS MOMS study population, as compared to 8.1% in the Medicaid pregnant women study group, and 9.4% in the study population overall.

This outcome compared favorably with the identified benchmark, "Low birth weight – FFY2023 Core Set" which was 10.4%.[‡‡]

Summary of FAMIS MOMS Performance

Women who enter prenatal care late or who deliver prematurely are at higher risk for delivering an infant with low birth weight. The data demonstrate that, on all three measures, birth outcomes for women enrolled in FAMIS MOMS for a substantial length of time during their pregnancy were better than for women enrolled in Medicaid or in the study population overall.

Compared to the identified benchmarks, the FAMIS MOMS study population's outcomes were favorable for all three measures. For early and adequate prenatal care, FAMIS MOMS' rates were 4.3 percentage points higher than the Healthy People 2030 Baseline. On rates of preterm birth, the FAMIS MOMS population compared favorably to the Healthy People 2030 Target, at 2.5 percentage points lower. The FAMIS MOMS population's rate of low-birth-weight births was lower than the Core Set benchmark by 4.3 percentage points.

<u>FAMIS Select</u>

The revised evaluation plan for FAMIS Select primarily involves analysis of qualitative data gathered through interviews with participating families. These interviews will help Virginia evaluate progress toward the following Demonstration Goals for the FAMIS Select program:

‡‡ Centers for Medicare & Medicaid Services. 2023 Child and Adult Health Care Quality Measures Quality. Available at: [2023 Child and Adult Health Care Quality Measures Quality].

Demonstration Goal III: *Facilitate access to affordable private and employer-sponsored health insurance for low-income families through premium assistance.*

Demonstration Goal IV: *Monitor and ensure member satisfaction with FAMIS Select program.*

DMAS' timeline for conducting FAMIS Select interviews in DY5 and the first half of DY6 was delayed due to the departure of key agency staff and subject matter experts. In future reports, DMAS will report on this data and describe how we plan to use this feedback to improve the program.

Cost-Benefit of *FAMIS Select*

The final Demonstration goal identified in Virginia's approved evaluation plan relates to the cost-effectiveness of the *FAMIS Select* program.

Demonstration Goal V: *Assure the aggregate cost-effectiveness of the FAMIS Select program*

Research Question: *Is the FAMIS Select program cost-effective?*

Hypothesis VI: The *FAMIS Select* program will be cost-effective as compared to the FAMIS program over the course of the demonstration year (state fiscal year)

Measure VI: Cost-effectiveness analysis (*FAMIS Select*-FAMIS comparison)

Measure VI Description: Data for Measure VI will come from fee-for-service claims, managed care encounters and capitation payments, and enrollment records.

Outcomes for Measure VI:

As required by the Demonstration terms and consistent with 2105(c)(3) of the Social Security Act, DMAS monitors *FAMIS Select* program expenditures to ensure cost effectiveness. Specifically, DMAS compares the agency's cost to subsidize the purchase of employer-sponsored insurance to the amount of expenditures, including administrative expenditures, that the state would have made to provide comparable coverage to the targeted low-income child or family under the state child health plan, FAMIS.

Despite declining participation, *FAMIS Select* continues to be a cost-effective alternative. The table below presents an analysis of *FAMIS Select* expenses and offsetting savings based on FAMIS expenses for the most recent completed state fiscal year (SFY24). The

average per enrollee, per month cost under FAMIS was $225.33. The maximum monthly *FAMIS Select* premium subsidy was $100 per enrollee, while the average subsidy per enrollee was $97.96. Factoring in administrative expenses, the average monthly cost associated with a *FAMIS Select* enrollee was $100.88. This resulted in a monthly savings per *FAMIS Select* enrollee of $124.45, which translates to an annual estimated savings of $41,814.

Cost Analysis of the FAMIS Select program (State Fiscal Year 2024)	
Program Expense Categories	**Costs**
Premium Subsidies	$32,914
Administration	$983
Total	**$33,897**
Cost Effectiveness Comparison	
Average per Enrollee per Month Cost for FAMIS	$225.33
Maximum *FAMIS Select* Premium Assistance Subsidy Per Enrollee	$100.00
Actual Average Monthly Premium Subsidy Per Enrollee	$97.96
Actual Average Monthly Cost for *FAMIS Select* Enrollee with administrative and other costs	$100.88
Savings Per *FAMIS Select* Enrollee	**$124.45**
Estimated Average Annual Savings	***$41,814***

12 Months Postpartum

DMAS' evaluation plan for the 12 months postpartum coverage demonstration was formally approved by CMS July 31, 2023. DMAS is engaged with its independent evaluator, Virginia Commonwealth University (VCU) Department of Health Behavior and Policy in implementing the evaluation plan. DMAS and VCU are conducting qualitative interviews with maternal health providers and stakeholders, to be completed by Spring 2025. These stakeholders' and providers' feedback will help DMAS gauge the success of outreach efforts to inform members and providers about the extended postpartum coverage, and identify opportunities for improved communication, access, and coordination of care during the postpartum period.

VCU and DMAS are also working to secure access to data sources identified in the evaluation plan, including the Pregnancy Risk Assessment Monitoring System (PRAMS), Virginia All Payer Claims Database (APCD), and Virginia Health Information (VHI) Hospital Discharge data. DMAS collaborated with the Virginia Department of Health (VDH) to update the interagency data-sharing agreement to leverage additional vital statistics data. This updated agreement will enable VCU to retrieve data triads to link Medicaid/FAMIS MOMS deliveries with birth records and maternal and infant mortality records.

VCU, in consultation with DMAS, developed a member experience survey to be distributed beginning in DY6. Its collection goal is between 1,000-1,500 responses from postpartum members who have benefited from the extension.

VCU conducted a preliminary analysis of the impact of recent federal and state policy changes—including Medicaid Expansion, the Maintenance of Effort (MOE) during the PHE, and the 12 months postpartum coverage extension—on Medicaid and FAMIS MOMS postpartum continuity of coverage, measured in number of days of uninterrupted coverage. The analysis measured days of continuous coverage following a live birth, as identified in DMAS claims data from 2017 to 2022 by coverage group:

- FAMIS MOMS;
- Pregnancy-related Medicaid (known as "Medicaid for Pregnant Women");
- Non-pregnancy-related Medicaid including Medicaid Expansion, and
- All other non-pregnancy coverage groups (e.g., eligible under covered groups for Aged, Blind, or Disabled).

The study methodology included an interrupted time series with four distinct policy periods:

- Prior to Virginia's adoption of Medicaid expansion under the Affordable Care Act (2017-2018);
- After Virginia's adoption of Medicaid expansion, but prior to the PHE/federal Medicaid MOE (Jan 2019-Feb 2020);
- During MOE, but prior to Virginia's postpartum coverage extension (Mar 2020-Jun 2022); and
- After implementation of the postpartum coverage extension (Jul-Dec 2022).

From 2017 to 2022, Virginia's Medicaid and FAMIS programs covered over 30,000 births annually. Most deliveries (64%) were in the pregnancy-related Medicaid coverage group (Medicaid for Pregnant Women, MPW), 6% were covered by FAMIS MOMS, and the rest were in the adult expansion and all other non-pregnancy-related coverage groups.

FAMIS MOMS deliveries occurring prior to Virginia's 2019 Medicaid expansion had 88.9 (95% CI: 79.6, 98.2) days of continuous coverage after delivery. No statistically significant change to the number of days of continuous coverage after delivery occurred in the period after expansion but prior to the MOE for this group (FAMIS MOMS, by definition, have household incomes above the cutoff for expansion eligibility).

- During the MOE, there was a 92.8-day increase (95% CI: 60.4, 125.4) for those with FAMIS MOMS coverage at delivery.[§§]

- Further, there was an additional 81.6-day increase (95% CI: 58.6, 104.5) during the initial six months after the postpartum coverage extension demonstration was implemented July 1, 2022.

Medicaid for Pregnant Women enrollees remained covered for an average of 169.8 days (95% CI: 162.0, 177.7) prior to Medicaid expansion and experienced a 37.7-day increase (95% CI: 18.6, 57.0) after expansion but prior to the MOE.[§§]

[§§] Statistically significant result at a 95% confidence interval.

- There was a 28-day increase (95% CI: 13.4, 42.5) in covered days during the MOE but before the postpartum coverage extension was implemented. [§§]

- MPW saw an additional 15.3-day increase (95% CI: 10.6, 20.0) during the initial six months after the postpartum extension began.

The **non-pregnancy Medicaid** groups had 307.3 covered days (95% CI: 301.4, 313.3) prior to expansion with the only increase in covered days resulting from the MOE (15.9 days; [§§] 95% CI: 6.3, 25.4).

These initial findings indicate that eligibility extensions, including Virginia's postpartum coverage extension, substantially improve the duration of continuous coverage after delivery, particularly for those delivering with CHIP (FAMIS MOMS) coverage, who are above income eligibility limits for Medicaid expansion.

Budget and Expenditures

The following table summarizes financial information for the Demonstration for the most recent completed demonstration years. Costs represent actual expenditures during the demonstration year, as required by STC 29(c). Additionally, an allotment neutrality worksheet is included as an attachment to this report.

COST OF DEMONSTRATION (CHIP SECTION 1115)	SFY 2023 (DY4)	SFY 2024 (DY5)
Benefit Costs for FAMIS Select Demonstration Population		
Insurance Payments	$50,974	$32,914
Per member/per month rate @ # of eligibles	$94.40 @ 45 avg elig/mo	$97.96 @ 28 avg elig/ mo
Total Benefit Costs for FAMIS Select	***$50,974***	***$32,914***
Benefit Costs for FAMIS MOMS Demonstration Population		
Managed care	$22,703,628	$26,074,575
Per member/per month rate @ # of eligibles	$694.06 @ 2,726 avg elig/mo	$631.08 @ 3,443 avg elig/mo
Fee for Service	$1,725,898	$4,642,065
Total Benefit Costs for FAMIS MOMS	***$24,765,284***	***$26,785,362***
Total Benefit Costs	*$24,816,258*	*$26,818,276*
Total Administration Costs	*$1,091,422*	*$999,929*
Federal Title XXI Share	**$17,999,361**	**$18,485,197**
State Share	**$7,908,319**	**$9,333,008**
TOTAL COSTS OF DEMONSTRATION	***$25,907,680***	***$27,818,205***

Conclusion

FAMIS MOMS and FAMIS Select continue to help meet health coverage needs in Virginia by providing options that would otherwise not exist for two vulnerable populations: uninsured pregnant women and children in low-income families not eligible for Medicaid. Although serving comparatively small numbers, these programs are an important part of the health care safety net for residents of the Commonwealth.

As demonstrated in the independent evaluator's preliminary findings, the 12 months extended postpartum coverage for Medicaid and CHIP members has helped increase the number of days of continuous coverage following delivery. This is particularly the case for FAMIS MOMS members, for whom ongoing coverage through Medicaid Expansion was not previously available.