

**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 5 Semi-Annual Report

July 1 through December 31, 2023

**Virginia Department of Medical Assistance Services
March 2024**

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 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 racial/ethnic and other disparities in maternal coverage, access, and health outcomes as well as infant health outcomes among postpartum Medicaid and CHIP enrolled women and their infants.

Operational Updates

Legislative Activities

Virginia's 2021 Special Session I Appropriations Act directed DMAS to seek federal authority to provide Medicaid coverage of community doula services to pregnant and postpartum enrollees. In partnership with the Virginia Department of Health, the Commonwealth established training and certification processes as well as a state doula registry. DMAS and its managed care plans developed processes to enroll community doulas as Medicaid providers, and the community doula benefit is now available to members. Because FAMIS MOMS receive the same benefits as Medicaid pregnant women under the state plan, FAMIS MOMS are eligible to receive community doula services. The doula benefit is structured to provide doula services during both the prenatal and the postpartum periods as well as support during labor and delivery.

Virginia's 2022 Special Session I Appropriations Act included a 15 percent rate increase for obstetrics and gynecology covered services, effective July 1, 2022.

Regulatory Updates

Changes to the Virginia Administrative Code (VAC) reflecting the extension of postpartum coverage from 60 days to 12 months postpartum are currently in process. Updates to provider manuals to reflect the new postpartum extended coverage are complete. Changes to the VAC to reflect the new 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, 2019.¹

Outreach and Communications Activities

DMAS' Community Outreach and Member Engagement Team (COMET) is responsible for the cost-effective promotion of 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 outreach and engagement opportunities including presentations, workshops, and community events. The team builds community partnerships, creates connections to members, and increases access to materials, tools, and resources for partners and stakeholders.

During the reporting period, outreach and engagement activities included:

- Sponsorship of community trainings through *SignUpNow* in numerous localities across the state, and of online training modules to promote 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 to include English, Spanish, Arabic, Amharic, Urdu, and Vietnamese;
- Maintenance of the Cover Virginia (<https://coverva.dmas.virginia.gov/>) and Cubre Virginia (<https://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 and FAMIS Select. The websites include a live-chat feature where Virginians can chat with a

¹ Virginia Register of Regulations, Volume 35, Issue 20, effective June 26, 2019.

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;

- Continued maintenance of the FAMIS MOMS and FAMIS Select pages on the Cover Virginia website at <https://coverva.dmas.virginia.gov/learn/insurance-for-pregnant-individuals/famis-moms/> and <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select/>. The website is available for translation in 48 languages;
- Continued maintenance of the FAMIS MOMS and FAMIS Select pages on CubreVirginia.org, the Spanish-language website at [\(https://cubrevirginia.dmas.virginia.gov/learn/insurance-for-pregnant-individuals/famis-moms/](https://cubrevirginia.dmas.virginia.gov/learn/insurance-for-pregnant-individuals/famis-moms/) and <https://cubrevirginia.dmas.virginia.gov/learn/premium-assistance/famis-select/>);
- Maintenance of the Cover Virginia Instagram page, to include the promotion of the FAMIS MOMS and FAMIS Select programs as well as other related initiatives throughout the agency;
- Promotion of the FAMIS MOMS and FAMIS Select programs in English and Spanish on the FAMIS and Cover Virginia Facebook pages;
- Continued promotion of the *Staying Healthy* section of the Cover Virginia and Cubre Virginia websites. This section serves as a resource for enrolled families to promote utilization of preventive care services. The site features information for parents and parents-to-be on prenatal care, well-child checkups, prevention, immunizations, safety, nutrition, developmental milestones, parenting, dental care, and more (<https://coverva.dmas.virginia.gov/learn-more/staying-healthy-for-children>). It contains health-related links and resources for parents and parents-to-be, including a page dedicated to prenatal care information and resources (<https://coverva.dmas.virginia.gov/learn-more/staying-healthy-when-pregnant>).

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

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

During the reporting period, Virginia has continued outreach and messaging to ensure that beneficiaries who are pregnant or within 12 months postpartum are aware that they are covered for 12 months postpartum.

DMAS' Strategic Communications Team and COMET coordinated messaging and outreach to include informing applicants and members about important benefits they could access and ensuring stakeholders understood eligibility rules as Virginia continued

the process of PHE unwinding. 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) and Member Advisory Committee (MAC) meetings. The November 2023 MAC meeting included updates about maternity services and a discussion of how to best communicate changes to members.

In addition, DMAS has created and disseminates materials related to the postpartum coverage extension, doula coverage, and other maternal health policy updates.

In addition to COMET activities, DMAS' Baby Steps VA provides targeted information and outreach regarding DMAS' maternal and infant healthcare initiatives. For example, Baby Steps recently developed a [Provider FAQ about the 12-months postpartum coverage](#) that is available on the DMAS website. Ongoing Baby Steps communications and outreach efforts include a bimonthly 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.

In August 2023, DMAS hosted a provider summit in the Southwest region (Abingdon, VA) with a focus on maternal health, pharmacy, and behavioral health. Facilitated by DMAS Chief Medical Officer Dr. Lisa Price Stevens, the provider summit was an opportunity to hear from the Southwest provider community about their interests and concerns and to share information about Virginia Medicaid initiatives. More than 80 participants attended, including physicians and allied clinical healthcare providers, substance use treatment professionals, pharmacists, doulas, midwives, lactation consultants, and health department clinical and administrative staff. Representatives from other state agencies and the Medicaid MCOs also participated in the event. Activities included a panel discussion with local Southwest region health department professionals, area hospital systems' providers of maternal and behavioral health care, doulas, and representatives from the Virginia Department of Health (VDH) and DMAS.

DMAS also engaged in outreach activities to providers and members to promote the new Medicaid community doula benefit. Three Medicaid doula provider information videos were developed and launched. The videos are used for doula recruitment and engagement, general education, outreach to the licensed provider community and to educate Medicaid 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. In addition, DMAS held three Community Doula Meetings in 2023 (February, July, and November) and the Virginia Doula Taskforce held two meetings in 2023 (January and November).

Enrollment, Managed Care Delivery, and Operations Updates

FAMIS MOMS and 12 Months Postpartum Continuous Coverage

In the spring of 2022, DMAS launched a community doula benefit for pregnant and postpartum members enrolled in Medicaid and FAMIS MOMS. Doulas are trained

community-based nonmedical professionals who provide nonclinical support services prenatally, during labor and delivery, and for up to one year postpartum.

Through the Baby Steps Virginia cross-agency workgroup and the NASHP MCH-PIP project, DMAS worked to improve awareness of recent maternal health program and policy changes such as the doula benefit and 12 months postpartum coverage expansion. DMAS boosted outreach efforts to providers and members and worked through a maternal health MCO collaborative to develop managed care strategies to connect and follow up with members and increase prenatal and postpartum visits.

In September 2022, Governor Glenn Youngkin's office launched the Partnership for Petersburg, an initiative focused on improving quality of life in the City of Petersburg through investments in the community, under six "pillars" of focus. One of the six pillars of focus for the Partnership for Petersburg initiative is improving access to health care in the Petersburg region. As part of the project, DMAS is working with MCOs and community partners to promote awareness of prenatal care by reaching out to members who have not yet received prenatal services and distributing informational materials. DMAS held a series of meetings that included Petersburg-area maternity providers, local FQHCs, the regional medical center, MCOs, and other stakeholders to learn about community needs, barriers, and opportunities to better serve Petersburg women and children.

Virginia's contracted MCOs, as well as Conexus (mobile vision clinics) and DentaQuest (DMAS dental benefit administrator) partners, participated in over 150 Petersburg area events, and Virginia's MCOs have invested more than \$4 million to support the Petersburg community. Events included area mobile health clinics and resource fairs. These efforts have focused on pregnant and postpartum members in an effort to facilitate OB visits and access doula services. Virginia's MCOs have also committed to hosting quarterly community events targeting pregnant and postpartum members. At these events, the MCOs provide education on topics such as safe sleep and car seat safety and give away resources such as diapers, cribettes, wipes, and other supplies.

In November 2023 and January 2024, DMAS partnered with Dr. Daphne Bazile at Bon Secours Southside OBGYN to host weekend clinic hours for pregnant members in the Petersburg area. DMAS and its contracted health plans contacted members through multiple modes of communication, including flyers, phone calls, text messages, and emails to ensure that members were aware and could take advantage of the opportunity to see Dr. Bazile on a Saturday.

DMAS and its contracted health plans coordinated their efforts to conduct outreach to Petersburg members who, based on claims data, had not had a prenatal/postpartum visit. DMAS and the Medicaid managed care plans:

- Identified Petersburg members in the prenatal and postpartum phases of pregnancy at three points in time in July, September and November of 2023.
- Targeted members who, based on claims data, had not had a clinical care visit.

- Provided direct outreach to those members to inform them of benefits and services available and provided care coordination, including assistance with appointment scheduling and transportation.

DMAS is planning for the merger of the Medallion 4.0 and CCC Plus programs into a unified managed care program called Cardinal Care. The goal of the new streamlined managed care program is to promote a population-based, rather than a program-based approach to care, in order to improve the experience of care for members, add value for providers, and reduce system inefficiencies.

DMAS is also in the process of reprocurring the Medicaid managed care contracts. The current 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, more robust data deliverable requirements based on guidelines established by the American Academy of Pediatrics and American College of Obstetricians and Gynecologists.

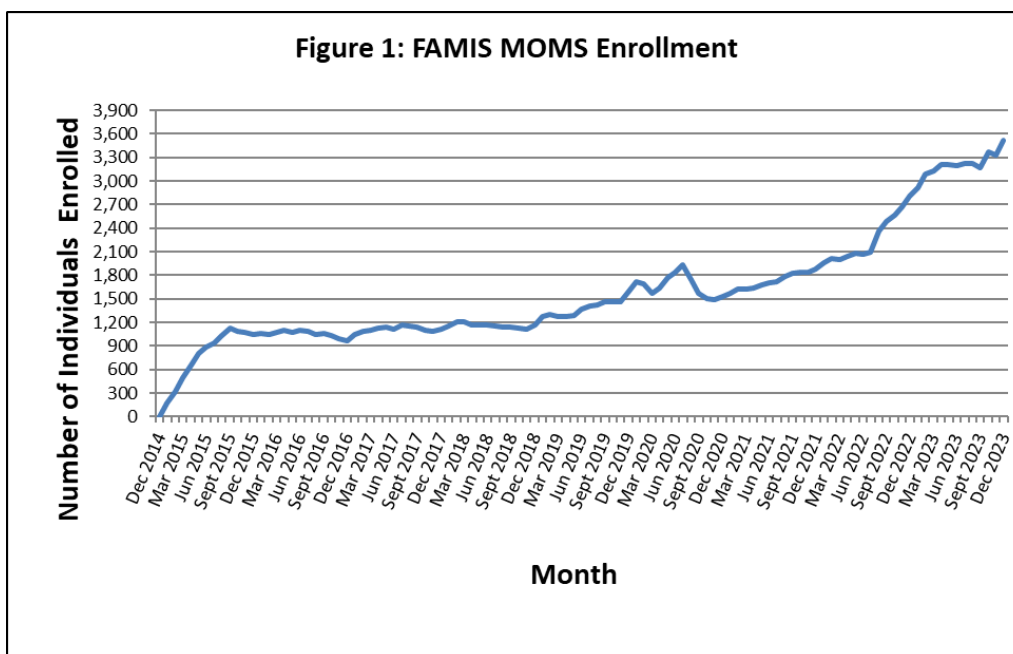
FAMIS Select

DMAS has updated all FAMIS Select materials—including the 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: https://coverva.dmas.virginia.gov/media/uznba5p2/famis-select-english-rvstd-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. The number of pregnant women enrolled increased to 1,203 on October 1, 2008, and then remained relatively level during the final two years of the initial Demonstration period (Years 1–5). Enrollment increased during the first Demonstration extension period (Years 6–8) to a high of 1,670 in December 2012. In June 2013, 1,616 women were enrolled.

Participation in FAMIS MOMS was stable up to the point when 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 federally facilitated marketplace (FFM). DMAS reinstated enrollment in FAMIS MOMS in December of 2014. Figure 1 shows the trend since enrollment was reinstated.



Source: DMAS Enrollment Files

Since enrollment was reinstated, the number of enrollees participating increased steadily and stabilized until October 2016. In October of 2016, DMAS was unable to receive transfers from the Federally Facilitated Marketplace (FFM). The issue was resolved in early 2017 and the numbers increased and stabilized once again. In 2018, CMS approved Medicaid and CHIP state plan amendments (#VA-18-0011, VA-18-0015, and VA-18-0016) to authorize Virginia’s transition to a determination state, and Virginia began accepting Medicaid and CHIP eligibility determinations made by the FFM.

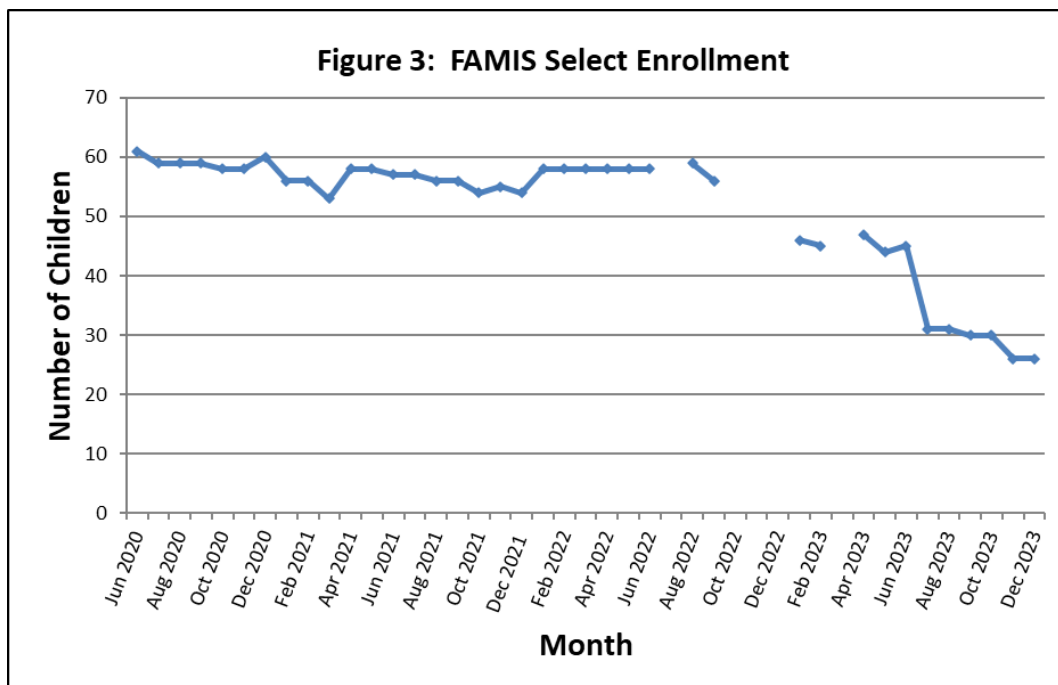
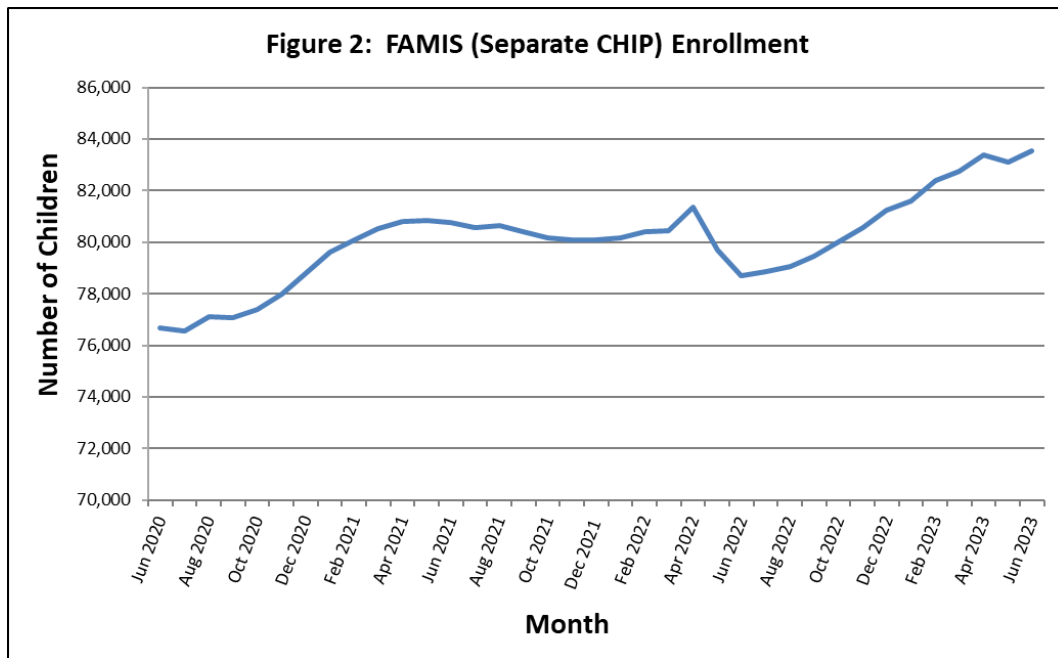
FAMIS MOMS enrollment grew during the initial months of the COVID-19 public health emergency (PHE), peaking at 1,936 in July 2020, declining over the subsequent months until October 2020, then beginning to climb again. The drop in enrollment in the spring of 2020 could be partly related to DMAS’ adherence 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 new “from conception to end of pregnancy” (FCEP) CHIP State Plan population). It is likely that there has been some spillover of members applying in response to outreach related to the FAMIS Prenatal Coverage launch and ultimately qualifying for and enrolling into FAMIS MOMS.

FAMIS MOMS monthly enrollment as of December, 2023 was 3,519 -- a record high for the program. DMAS anticipates that FAMIS MOMS enrollment will decline in the coming year with the ongoing unwinding from the public health emergency/maintenance of effort; however, the decline may be gradual as FAMIS MOMS members will remain enrolled in the FAMIS MOMS group for an additional 12 months through the postpartum coverage extension.

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 three reporting years. Although FAMIS enrollment has increased during this time, enrollment in FAMIS Select has declined. As of December, 2023, 26 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.

Declining enrollment in FAMIS Select 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.² (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.³ These trends have likely contributed to declining interest in the FAMIS Select program.

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.

Issues, Concerns, and Accomplishments

FAMIS MOMS and 12 Months Postpartum Continuous Coverage

² State Health Access Data Assistance Center (SHADAC), State Health Compare, <http://statehealthcompare.shadac.org/>.

³ 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>.

FAMIS MOMS enrollment continued to grow, demonstrating the importance of the FAMIS MOMS program as a key component of Virginia's health care safety net during the COVID-19 public health emergency.

As described above, DMAS was directed by the Virginia General Assembly and the Governor to seek approval from the federal government for a waiver amendment to extend coverage for FAMIS MOMS to 12 months postpartum. On November 18, 2021, CMS approved Virginia's request, and effective July 1, 2022, DMAS implemented extended postpartum coverage for covered populations. DMAS is leveraging this new extended coverage to smooth transitions during the unwinding period and ultimately to improve the health of mothers and infants in Virginia.

Additional accomplishments include the launch of Virginia's Medicaid doula benefit, a 15 percent increase in OB-Gyn provider rates, and the launch of the Partnership for Petersburg initiative.

Doula Services

To date, 132 doulas have received state certification. Of the 132 doulas that have received state certification, 101 doulas are Medicaid approved and able to provide services to Medicaid members. Over 300 birthing families have received doula services through Virginia Medicaid. The program had its first doula-supported births in October 2022. To date, there have been over 168 births and the number has continued to grow. Feedback has been positive from doulas and from the women who have received care and support from a doula.

Partnership for Petersburg

DMAS and its contracted MCOs identified Petersburg members in the prenatal and postpartum phases of pregnancy at three points in time in July, September and November of 2023. DMAS or its MCOs provided direct outreach to inform members of benefits and services available and provided care coordination including assistance with appointment scheduling and transportation. The overall goal was to facilitate members in making and completing clinical care visits with a licensed practitioner. Overall, DMAS and its MCOs saw improvements over the three months in terms of members completing at least one clinical care visit during their pregnancy or postpartum.

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.

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 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 racial/ethnic and other disparities in maternal coverage, access, and health outcomes as well as infant health outcomes among postpartum Medicaid and CHIP enrolled women and their infants.

Performance Metrics

FAMIS MOMS

The most recent data on prenatal and birth outcomes is from calendar year 2022, reported in detail in the *2022-23 Medicaid and CHIP Maternal and Child Health Focus Study Report*, completed in January 2024 by Health Services Advisory Group (HSAG).⁴ The next annual study, which will cover calendar year 2023 data, is underway and is scheduled for publication in early 2025. The full *2022-23 Medicaid and CHIP Maternal and Child Health Focus Study Report* is submitted as an attachment to this report.

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 202 Outcomes for Measure I:

	FAMIS MOMS CY2022	Benchmark (Healthy People 2030)
Births with Early and Adequate Prenatal Care	78.0%	76.4%

FAMIS MOMS outcomes for Measure I during calendar year 2022 demonstrate progress toward demonstration Goal I. The HSAG study found that 78.0% of FAMIS MOMS participants in the study population giving birth in 2022 received early and adequate prenatal care. Among the Medicaid pregnant women study population, the rate was 75.9%, and among the study population overall, 72.1%.

This outcome compared favorably with the identified benchmark, “Births with Early and Adequate Prenatal Care -- Healthy People 2030 Baseline,” which was 76.4%.⁵

⁴ This annual report was previously called the *Prenatal Care and Birth Outcomes Focused Study*.

⁵ 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

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 2022 Outcomes for Measure II:

	FAMIS MOMS CY2022	Benchmark (Healthy People 2030)
Preterm Births (< 37 Weeks Gestation)	6.9%	9.4%

FAMIS MOMS outcomes for Measure II during calendar year 2022 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 8.5% of the Medicaid pregnant women study population, and 9.6% of the study population overall.

This outcome compared favorably with the identified benchmark, “Preterm births – Healthy People 2030 Target” which was 9.4%.⁶

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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).

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.

⁶ 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 2022 Outcomes for Measure III:

	FAMIS MOMS CY2022	Benchmark (Core Set 2022)
Low Birth Weight (< 2,500 grams)	6.4%	10.1%

FAMIS MOMS outcomes for Measure III during calendar year 2022 demonstrate progress toward Demonstration Goal II. The HSAG study found that low birth weight (<2,500 grams) affected 6.4% of infants in the FAMIS MOMS study population, as compared to 8.7% in the Medicaid pregnant women study group, and 9.1% in the study population overall.

This outcome compared favorably with the identified benchmark, “Low birth weight – FFY2022 Core Set” which was 10.1%.⁷

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 population’s outcomes were favorable for all three measures. For early and adequate prenatal care, FAMIS MOMS’ rates were 1.6 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, and most recent data, at 1.8 percentage points lower. The FAMIS MOMS population’s rate of low birth weight births was lower than the Core Set benchmark by 3.7 percentage points and most recent data, at 1.6 percentage points lower.

FAMIS Select

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:

⁷ State Mean, *Table LBW-CH. Live Births Weighing Less Than 2,500 Grams*. 2021 Measure Performance Tables on the Child Core Set Measures (September 2023). Accessed at: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>

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 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 (SFY23). The average per enrollee, per month cost under FAMIS was \$247.59. The

maximum monthly FAMIS Select premium subsidy was \$100 per enrollee, while the average subsidy per enrollee was \$94.40. Factoring in administrative expenses, the average monthly cost associated with a FAMIS Select enrollee was \$98.04. This resulted in a savings per FAMIS Select enrollee of \$149.55, which translates to an annual estimated savings of \$91,527.

Cost Analysis of the FAMIS Select program (State Fiscal Year 2023)	
Program Expense Categories	Costs
Premium Subsidies	\$50,974
Administration	\$1,772
Total	\$52,746
Cost Effectiveness Comparison	
Average per Enrollee per Month Cost for FAMIS	\$247.59
Maximum FAMIS Select Premium Assistance Subsidy Per Enrollee	\$100.00
Actual Average Monthly Premium Subsidy Per Enrollee	\$94.40
Actual Average Monthly Cost for FAMIS Select Enrollee with administrative and other costs	\$98.04
Savings Per FAMIS Select Enrollee	\$149.55
<i>Estimated Average Annual Savings</i>	<i>\$91,527</i>

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 our independent evaluator, Virginia Commonwealth University (VCU) Department of Health Behavior and Policy in implementing the evaluation plan. Currently DMAS and VCU are planning qualitative interviews with maternal health providers to take place in the spring of 2024 aimed at gauging the success of outreach efforts to inform members and providers about the expanded postpartum coverage and to identify opportunities for improved communication, access, and coordination of care during the postpartum period.

VCU and DMAS are also taking steps as needed 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 is also working with the Virginia Department of Health (VDH) to update the interagency data-sharing agreement between the two agencies to leverage additional vital statistics data—in particular, mortality data.

VCU has begun preliminary analysis of the impact of recent federal and state policy changes—including Medicaid Expansion, the MOE during the PHE, and the 12 months postpartum coverage extension—on Medicaid and FAMIS MOMS postpartum continuity of coverage, measured in number of months of uninterrupted coverage. We plan to share additional information about the progress of this work in future monitoring reports.

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 2022 (DY3)	SFY 2023 (DY4)
Benefit Costs for FAMIS Select Demonstration Population		
Insurance Payments	\$54,451	\$50,974
Per member/per month rate @ # of eligibles	\$93.21 @46 avg elig/mo	\$94.40 @45 avg elig/mo
<i>Total Benefit Costs for FAMIS Select</i>	<i>\$54,451</i>	<i>\$50,974</i>
Benefit Costs for FAMIS MOMS Demonstration Population		
Managed care	\$17,844,129	\$22,694,044
Per member/per month rate @ # of eligibles	\$845.85 @1,758	\$1,018.95 @1,856
Fee for Service	\$2,026,316	\$3,107,357
<i>Total Benefit Costs for FAMIS MOMS</i>	<i>\$19,870,445</i>	<i>\$25,801,401</i>
<i>Total Benefit Costs</i>	<i>\$19,924,896</i>	<i>\$25,852,375</i>
<i>Total Administration Costs</i>	<i>\$968,418</i>	<i>\$954,200</i>
Federal Title XXI Share	\$14,487,424	\$18,623,868
State Share	\$6,405,890	\$8,182,707
<i>TOTAL COSTS OF DEMONSTRATION</i>	<i>\$20,893,314</i>	<i>\$26,806,575</i>

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. DMAS is building on these established programs as we incorporate into the demonstration the recently implemented component of 12 months extended postpartum coverage for Medicaid and CHIP members.