COMMONWEALTH of VIRGINIA

Office of the Governor

Ralph S. Northam
Governor

March 31, 2021

The Honorable Xavier Becerra, Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Becerra:

Attached for your review and approval is an application to amend Virginia's section 1115 demonstration "FAMIS MOMS and FAMIS Select" (No. 21-W-00058/3). This amendment extends health coverage from 60 days to 12 months postpartum. Through this amendment to the demonstration, Virginia aims to reduce maternal and infant morbidity and mortality, improve health outcomes, and advance health equity.

Thank you for your consideration of Virginia's application. We look forward to working with you to secure approval of this amendment.

Sincerely,

[redacted]

Ralph S. Northam

Attachment

cc: Karen Kimsey, Director
Virginia Department of Medical Assistance Services

Sarah Hatton, Deputy for Administration
Virginia Department of Medical Assistance Services

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COMMONWEALTH of VIRGINIA

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

FAMIS MOMS and FAMIS Select Section 1115 Demonstration Amendment

Wednesday, March 31, 2021

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Section 1. Historical Narrative Summary of the Demonstration

Section 1.1. Introduction

On October 25, 2019, the Centers for Medicare and Medicaid Services (CMS) approved a ten-year extension of Virginia's Section 1115 Children's Health Insurance Program (CHIP) demonstration ("Demonstration"), Virginia Family Access to Medical Insurance Security (FAMIS) MOMS and FAMIS *Select* (Project No. 21-W-00058/3).[1] Under the approved Special Terms and Conditions (STCs), the Commonwealth of Virginia ("the Commonwealth") provides CHIP coverage to pregnant women with incomes up to 205 percent of the federal poverty level (FPL) through the 60-day postpartum period.[2] Pregnant women who are eligible for this coverage include those who are lawfully residing immigrants and those with access to state employees' health benefit coverage. The Demonstration also authorizes FAMIS *Select*, private or employer-sponsored insurance (ESI) premium assistance for families with children in FAMIS, Virginia's CHIP program. Enrollment in FAMIS *Select* is voluntary, based on informed choice regarding the implications of choosing premium assistance in lieu of direct CHIP state plan coverage.

On November 18, 2020, Governor Ralph Northam signed into law the 2020 Special Session I Virginia Acts of Assembly, Chapter 56, directing the Department of Medical Assistance Services (DMAS) to seek federal approval to cover pregnant women with incomes between 138 and 205 percent of the FPL for up to 12-months postpartum.[3]

In accordance with state statute, the Commonwealth is seeking an amendment to the Demonstration to provide coverage for 12-months postpartum for pregnant women with incomes below 205 percent of the FPL who are currently not eligible to transition to another coverage group postpartum. This change will improve continuity of coverage and access to care for Medicaid and CHIP-enrolled women during the critical postpartum period. Through this amendment, Virginia will have the opportunity to evaluate whether 12-months postpartum coverage will reduce maternal and infant mortality and morbidity, improve health outcomes for both the mother and the infant, and advance health equity.

Section 1.2. Background

Despite the majority of maternal deaths being preventable, in 2018, there were approximately 17 maternal deaths per 100,000 live births in the United States – the highest maternal mortality rate among developed countries.[4] In 2014, more than 50,000 women in the United States experienced

[1] Virginia FAMIS MOMS and FAMIS *Select* Section 1115 Demonstration (effective through June 30, 2029). Available at https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/va/va-famis-moms-famis-select-ca.pdf.

[2] FAMIS MOMS coverage is the same as that provided to pregnant women under the Medicaid state plan (i.e., the Medicaid prenatal benefit package).

[3] 2020 Special Session I Virginia Acts of Assembly, Chapter 56. Available at https://budget.lis.virginia.gov/get/budget/4283/HB5005/.

[4] CDC. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. Available at https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm; CDC. Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018. Available at https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69-02-508.pdf; and The Commonwealth Fund. Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries. Available at https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries.

severe maternal morbidity – nearly a 200 percent increase since 1993.[5] The maternal mortality and morbidity crisis is disproportionately impacting women of color, with non-Hispanic Black women 2.5 times more likely to suffer a pregnancy-related death than non-Hispanic white women, and 3.1 times more likely to suffer a pregnancy-related death than Hispanic women.[6] Similarly, considerable racial and ethnic disparities are present in pregnancy-related morbidity, with non-Hispanic Black and American Indian/Alaska Native women experiencing significantly higher rates of severe maternal morbidity than non-Hispanic white women.[7] The COVID-19 pandemic has further exacerbated existing health disparities, and is expected to contribute – both directly and indirectly – to increased rates of maternal mortality and morbidity for women and infants of color.[8]

Addressing the high rates of maternal mortality and morbidity, particularly for those racial and ethnic groups most affected, is a top public health priority of the Commonwealth. In 2019, Governor Ralph Northam announced a goal to eliminate racial disparities in the state's maternal mortality rate by 2025 and codified through House Bill 2546 the Commonwealth's Maternal Mortality Review Team. These initiatives were, in part, driven by the Virginia Department of Health's findings that Black women in the state are more than twice as likely to die from pregnancy-related causes as compared to white women, largely tracking trends at the national level.[9] Data from the Maternal Mortality Review Team also suggests that the majority of pregnancy-associated deaths in the state occur more than 43 days after pregnancy. Despite these concerning statistics, the Commonwealth – like most other states – currently provides only 60 days postpartum coverage to pregnant women enrolled in Medicaid and CHIP who do not meet eligibility criteria to transition to another coverage group. The Commonwealth has a tremendous opportunity to address through its Medicaid program adverse health outcomes for pregnant women and infants by expanding postpartum coverage to 12 months. Although Virginia's 2019 Medicaid expansion has enabled more women to benefit from continued Medicaid coverage before and after their pregnancies, a coverage gap still exists for women who are not eligible to transition into the new adult coverage at the end of their 60 days postpartum. In November 2020, Virginia policymakers took action to address this coverage gap with a provision in the state budget directing DMAS to seek federal authority to extend coverage for pregnant women for up to 12-months postpartum.

As the COVID-19 pandemic continues to amplify social and economic stressors on individuals and families, Medicaid's role in improving health outcomes for women and infants is more essential than ever. In 2018, Medicaid financed nearly half of all births nationally, and covered a greater share of births in rural areas as well as among Hispanic, Black, and American Indian/Alaska Native women.[10] As compared to women enrolled in private coverage, Medicaid-enrolled pregnant women are more likely to have had a preterm birth, a low birthweight baby, and certain chronic conditions – putting them at

[5] CDC. Severe Maternal Morbidity in the United States. Available at https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html#anchor_how.
[6] CDC. Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018. Available at https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69-02-508.pdf.
[7] Racial and Ethnic Disparities in the Incidence of Severe Maternal Morbidity in the United States, 2012-2015. Available at https://pubmed.ncbi.nlm.nih.gov/30303912/.
[8] CDC. COVID-19 Cases, Hospitalizations, and Deaths, by Race/Ethnicity. Available at https://www.cdc.gov/coronavirus/2019-ncov/downloads/covid-data/hospitalization-death-by-race-ethnicity.pdf.
[9] Governor Northam Announces Goal to Eliminate Racial Disparity in Virginia Maternal Mortality Rate by 2025. Available at https://www.governor.virginia.gov/newsroom/all-releases/2019/june/headline-840941-en.html; and House Bill 2546. Available at https://lis.virginia.gov/cgi-bin/legp604.exe?191+sum+HB2546.
[10] Medicaid and CHIP Payment and Access Commission (MACPAC). Medicaid's Role in Financing Maternity Care. Available at https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf.

higher risk for poor maternal outcomes.[11] Furthermore, despite the fact that approximately one third of maternal deaths in the United States take place one week to 12 months after delivery, many women lose coverage very soon after giving birth due to the limitation in mandatory Medicaid coverage to a 60-day postpartum coverage period.[12]

A substantial body of research has established Medicaid as a powerful tool for addressing maternal mortality and morbidity and reducing racial and ethnic disparities. For example, women in Medicaid expansion states experienced seven fewer maternal deaths per 100,000 live births as compared to women in non-expansion states; and Black women in states that expanded experienced 16 fewer deaths per 100,000 live births than in non-expansion states.[13] The positive impacts of extending Medicaid coverage to postpartum women also translate to better outcomes for their children – resulting in coverage gains, better access to care, and improved health and development outcomes. A 2018 study found that the decline in infant mortality was more than 50 percent greater in states that expanded Medicaid than in non-expansion states, and the declines were most significant among Black infants.[14] Other studies have found Medicaid expansion to be associated with better birth outcomes (for Black infants in particular), and concluded that children are 29 percentage points more likely to have an annual well-child visit if their parents are enrolled in Medicaid.[15,16] Access to health insurance by means of a postpartum coverage extension would align mothers' coverage with that of their infants, providing continuity of care and improving care coordination during the crucial postpartum period.

Indeed, there is broad agreement among national researchers, providers, and policymakers for extending eligibility for Medicaid and CHIP enrolled pregnant women from 60 days postpartum to 12-months postpartum. Notably, the Centers for Disease Control and Prevention (CDC) defines the postpartum period as 12 months after delivery; and the American Medical Association, the American Academy of Family Physicians, the Society for Maternal-Fetal Medicine, state maternal mortality review committees, health plans, and consumer advocacy groups, alike, recommend extending Medicaid coverage to 12-months postpartum.[17] In 2018, the American College of Obstetricians and Gynecologists issued guidance calling for the extension of postpartum care into the "fourth trimester" and the provision of certain postpartum services, such as management of chronic conditions, screening for

[11] MACPAC. Access in Brief: Pregnant Women and Medicaid. Available at https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf.
[12] CDC. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. Available at https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm.
[13] Women's Health Issues. Adoption of Medicaid Expansion Is Associated with Lower Maternal Mortality. Available at https://www.whijournal.com/article/S1049-3867(20)30005-0/fulltext.
[14] American Journal of Public Health. Medicaid Expansion and Infant Mortality in the United States. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5844390/.
[15] Georgetown University Health Policy Institute. Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies. Available at https://ccf.georgetown.edu/2019/05/09/medicaid-expansion-fills-gaps-in-maternal-health-coverage-leading-to-healthier-mothers-and-babies/.
[16] The Center on Budget and Policy Priorities. Expanding Medicaid for Parents Improves Coverage and Health for Both Parents and Children. Available at https://www.cbpp.org/research/health/expanding-medicaid-for-parents-improves-coverage-and-health-for-both-parents-and.
[17] CDC. Pregnancy Mortality Surveillance System. Available at https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm; and Making the Case for Extending Medicaid Coverage Beyond 60 Days Postpartum: A Toolkit for State Advocates. Available at https://static1.squarespace.com/static/5ed4f5c9127dab51d7a53f8e/t/5ee12b312ecd4864f647fe67/1591814991589/State+White+Paper+061020-V6.pdf.

mental health disorders, and breastfeeding support.[18] More recently, MACPAC recommended that Congress require states to extend Medicaid and CHIP coverage to 12-months postpartum at a 100 percent federal matching rate.[19] In turn, President Biden signed on March 11, 2021 the American Rescue Plan Act of 2021 ("the American Rescue Plan Act"), providing states the option to extend eligibility for pregnant individuals enrolled in Medicaid and CHIP for 12-months postpartum.[20]

Recent findings from Virginia's Maternal Mortality Review Team ("Team") underscore the need for sustained coverage and improved care coordination for women at risk of pregnancy-associated death, and for Medicaid-enrolled women specifically. In a 2019 report, the Team presented evidence that incomplete health care coverage before or after pregnancy contributed to maternal mortality in Virginia. Some 45 percent of women who died with a chronic condition had public insurance that only provided coverage during pregnancy and the six weeks postpartum, and over 62 percent of these deaths occurred between 43 and 365 days after the pregnancy ended. The Team also found that a lack of care coordination contributed to maternal mortality in a significant number of cases, particularly among women with chronic health conditions. This is an important health equity consideration, as the Commonwealth's historical data indicates that chronic disease is more likely to be a contributing factor in maternal death for Black women than for white women.[21]

Given the alarming maternal mortality and morbidity crisis in the state and a growing recognition of the importance of continuity of coverage and access to care during the intensely vulnerable postpartum period, the Commonwealth seeks to improve health outcomes for postpartum women and their infants and advance health equity by providing Medicaid and CHIP coverage for 12-months postpartum.

Section 1.3 Demonstration Goals

The Commonwealth is requesting an amendment to the Demonstration to extend coverage to 12-months postpartum, on a continuous basis, to pregnant and postpartum women with incomes below 205 percent of the FPL who are not eligible for another coverage group, to:

- Reduce maternal and infant mortality and morbidity in the Commonwealth;
- Improve health outcomes for postpartum Medicaid and CHIP enrolled women and their infants; and
- Advance health equity by reducing racial and ethnic disparities in maternal mortality and morbidity and children's health outcomes.

The Commonwealth has designed this Demonstration amendment to promote the objectives of the Medicaid program by improving the health and wellbeing of low-income individuals and families in the state.

Section 2. Description of Changes Included in the Demonstration

[18] The American College of Obstetricians and Gynecologists. Optimizing Postpartum Care. Available at https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care.
[19] MACPAC. January 2021 MACPAC Public Meeting. Available at https://www.macpac.gov/public_meeting/january-2021-macpac-public-meeting/.
[20] H.R.1319 - American Rescue Plan Act of 2021. Available at https://www.congress.gov/bill/117th-congress/house-bill/1319/text.
[21] Chronic Disease in Virginia Pregnancy Associated Deaths, 1999-2012: Need for Coordination of Care. Available at https://www.vdh.virginia.gov/content/uploads/sites/18/2019/08/MMRT-Chronic-Disease-Report-FINAL-VERSION.pdf.

In accordance with the state statutory directive to pursue federal approval as soon as practicable, the Commonwealth proposes a Section 1115 Demonstration amendment to extend postpartum coverage for 12 months in Medicaid and CHIP. The Commonwealth is pursuing a Section 1115 waiver amendment given the Commonwealth covers CHIP pregnant women through the FAMIS MOMS and FAMIS *Select* Demonstration and not through a state plan. The Commonwealth will continue all existing Demonstration features under the Section 1115 Demonstration amendment and is not requesting any changes to these features under this amendment.

Section 2.1 Demonstration Eligibility

This Demonstration amendment will provide continuous postpartum coverage to 12 months for the eligibility groups included in the below table. An individual who is deemed eligible will maintain coverage for the duration of 12 months from the date of delivery, regardless of what point in the postpartum period they enroll in coverage.

Table 1: Medicaid Eligibility Groups Affected by the Demonstration

Eligibility Group	Federal Citations	Income Level
Medicaid Pregnant and Postpartum Women	SSA § 1902(e)(5) 42 CFR §435.116	138 – 148% FPL
CHIP Pregnant and Postpartum Women (Including Lawfully Residing Immigrants – i.e., Children's Health Insurance Program Reauthorization Act (CHIPRA) 214 Pregnant Women Over the Age of 18)	SSA § 2112(b)(2); SSA § 2212(f)(2); 42 CFR §457 SSA §1903(v)(4); SSA §2107(e)(l)(J)	148 – 205% FPL 0 – 205% FPL

Eligibility for the extended postpartum period is determined by the date the birth takes place. After the conclusion of the continuous 12-month postpartum period, the Commonwealth will redetermine eligibility. There is no enrollment limit under this proposal.

Section 2.2 Demonstration Benefits and Cost Sharing

As noted above, FAMIS MOMS coverage is the same as that provided to pregnant women under the Medicaid state plan. Under this Demonstration amendment, the Medicaid and CHIP benefit package will remain aligned. At this time, the Commonwealth is not requesting any changes to the benefit packages, as full benefit coverage is essential to meeting the needs of the state's postpartum women, including treating chronic conditions, addressing physical and behavioral health needs, and ensuring access to needed medications. No cost sharing is requested under this Demonstration amendment, as pregnant women are exempt from such requirements.

Section 2.3 Delivery System

The Demonstration will utilize the current statewide fee-for-service (FFS) and managed care delivery systems.[22] Enrollees may be enrolled in FFS prior to being enrolled into managed care to enable plan

[22] FAMIS MOMS receive health care services primarily through the managed care delivery system. Initially, benefits are provided on a FFS basis until the pregnant woman is enrolled in a managed care plan.

choice. Once enrolled in managed care, the state's managed care organizations (MCOs) will deliver services to postpartum enrollees.

Section 3. Demonstration Implementation

Specific implementation target dates depend on policy negotiations with and waiver approval by CMS. The Commonwealth is seeking to implement the postpartum coverage extension on a statewide basis as soon as possible and no later than January 1, 2022, subject to the timing of CMS' approval. The term of this amendment will align with the current Demonstration period, which continues through June 30, 2029. Recognizing the need for systems and operational changes, the Commonwealth will begin planning efforts and actively engage stakeholders concurrent with STC negotiations.

Section 4. Requested Waivers and Expenditure Authorities

Table 2: Virginia Waiver and Expenditure Authority Requests

Waiver/Expenditure Authority	Use for Waiver/Expenditure Authority	Currently Approved?
SSA §1902(a)(10)(A) and 1902(e)(5) and (6)	To the extent necessary, to extend eligibility for pregnant women from 60 days postpartum to 12-months postpartum, implement continuous eligibility for the entire postpartum period, and enroll women in the appropriate Medicaid or FAMIS pregnant women category of eligibility throughout the entire 12-month postpartum period.	No
42 CFR § 435.4	To define pregnant women through 12-months postpartum instead of 60 days postpartum.	No

Section 5. Financial Data

Section 5.1 Estimated Enrollee and Budgetary Impact

This application presents information on projected expenditures and enrollment as required by CMS (see the below table and the Allotment Neutrality Exhibit included in Appendix A). The Commonwealth expects that Demonstration costs, including any additional expenditures attributable to the amendment, will remain below the state's annual federal Title XXI/CHIP allotment for the duration of the Demonstration amendment period.

For the purposes of budget neutrality, the Commonwealth is requesting that the postpartum coverage extension population be considered "hypothetical." Per the August 22, 2018 State Medicaid Director's Letter (SMD #18-009), the expenditures under this Demonstration amendment would have been eligible to receive federal financial participation (FFP) elsewhere in the Medicaid program, given the new state plan option under the American Rescue Plan Act.[23]

[23] SMD #18-009. Available at https://www.medicaid.gov/federal-policy-guidance/downloads/smd18009.pdf.

Table 3: Projected Enrollment and Cost Impact of Demonstration Amendment

	DY22	DY23	DY24	DY25
Total Member Months	9,143	14,425	14,756	15,012
Federal Cost (Non-General Funds)	$2,490,925	$4,027,756	$4,243,596	$4,447,545
State Cost (General Funds)	$1,341,267	$2,168,792	$2,285,013	$2,394,832

	DY26	DY27	DY28	DY29
Total Member Months	15,230	15,460	15,693	15,929
Federal Cost (Non-General Funds)	$4,647,417	$4,859,080	$5,080,281	$5,311,381
State Cost (General Funds)	$2,502,455	$2,616,427	$2,735,536	$2,859,975

DY = Demonstration Year (July 1 through June 30)

The Commonwealth will use General Revenue Funds to fund the state share of the postpartum extension. This funding is authorized through the budget bill that includes the postpartum coverage extension.

Section 6. Evaluation

The Commonwealth intends to continue all evaluation activities for existing Demonstration features consistent with its revised draft evaluation plan (currently under review by CMS). The evaluation plan and annual and semi-annual reports will be modified to incorporate new measures for the additional Demonstration features. Additional evaluation hypotheses for the new Demonstration features are included in the table below.

Table 4: Evaluation Hypotheses

Hypothesis	Evaluation Approach	Data Sources
Extending postpartum coverage to 12 months in Medicaid and CHIP will **reduce disparities and advance health equity** for postpartum women and their infants.	Analyze coverage gaps and maternal and infant health by race/ethnicity, primary language, and other vulnerable subpopulations.	• Eligibility and enrollment data. • Utilization and claims data.
Extending postpartum coverage to 12 months in Medicaid and CHIP will **reduce the rate of maternal mortality and morbidity**.	Analyze the maternal mortality and/or morbidity rate pre/post implementation. Analyze service utilization pre/post implementation.	• Eligibility and enrollment data. • MCO performance metrics. • Utilization and claims data.
Extending postpartum coverage to 12 months in Medicaid and	Analyze service utilization for postpartum women and	• Utilization and claims data. • MCO performance metrics.

Hypothesis	Evaluation Approach	Data Sources
CHIP will **improve health outcomes** for infants born to these women.	their infants (e.g., rate of well-child visits, appropriate immunizations).	• Other quality reports.
Extending postpartum coverage to 12 months in Medicaid and CHIP will **increase access to medical and behavioral health services and treatments** for postpartum women and their infants.	Analyze utilization of medical and behavioral health services and treatment.	• Utilization and claims data. • Addiction and Recovery Treatment Services (ARTS) data.
Extending postpartum coverage to 12 months in Medicaid and CHIP will **promote continuous coverage and continuity of care** for postpartum women and their infants.	Analyze enrollment trends, coverage gaps, and utilization of services.	• Eligibility and enrollment data. • Utilization and claims data.

Upon approval of this Demonstration amendment, the Commonwealth will work with CMS to develop an evaluation design plan consistent with the STCs and CMS policy. The plan will include managed care plan performance metrics (to the extent necessary) with targets determined by the state in collaboration with sister agencies, MCOs, and other stakeholders. The Commonwealth continues to focus on its collection of race, ethnicity, and language data, while ensuring the accuracy of that data, and aims to leverage it in future Demonstration years to further evaluate racial and ethnic disparities in maternal mortality and morbidity. The evaluation of this Demonstration will be conducted by an independent evaluator.

Section 7. Compliance with Public and Tribal Notice and Comment Process

The Commonwealth conducted the public and Tribal notice and comment period for this Section 1115 Demonstration amendment in compliance with all federal and state requirements.

The Commonwealth is home to seven federally recognized Tribal governments. A Tribal notification letter (included in Section 7.2 – Exhibit A of this Demonstration amendment request) was sent by email to contacts for Virginia's seven federally recognized Indian tribes and Indian Health Program staff on January 29, 2021. The letter notified Tribal officials of the 60-day Tribal comment period for the Section 1115 Demonstration amendment and invited comment from Tribal members.

The Commonwealth's 31-day public comment period for this Demonstration amendment took place from February 19, 2021 through March 22, 2021. The Commonwealth certifies that it provided public notice of the Demonstration application on the DMAS website beginning on February 19, 2021. The full public notice is included in Section 7.2 – Exhibit B of this Demonstration amendment request.

The Commonwealth certifies that it provided notice of the Demonstration amendment application and public comment period on the Virginia Regulatory Town Hall website – the state's Administrative Record – on February 19, 2021. A copy of the abbreviated notice that appeared on Virginia's Regulatory Town Hall website is included in Section 7.2 – Exhibit C. An online public comment forum was open on the Virginia Regulatory Town Hall website for the duration of the public comment period (see Section 7.2 – Exhibit D). In addition, information about the amendment was sent by email to registered public users of the Town Hall website, to members of the Children's Health Insurance Program Advisory Committee (CHIPAC), and to additional stakeholders (Section 7.2 – Exhibit E).

The Commonwealth certifies that it convened one virtual public hearing, during which members of the public were able to comment on the Demonstration amendment. The public hearing was held at the quarterly CHIPAC meeting via Zoom on March 4, 2021, from 1:00 to 3:30 PM ET. The meeting was held virtually rather than in person due to state restrictions on public meetings during the COVID-19 public health emergency. Details about the event, including the web link and phone number to join, were announced on the DMAS website and on the Virginia Regulatory Town Hall website at the commencement of the public comment period (see Section 7.2 – Exhibit F). The format of the public hearing included an overview of the waiver proposal, followed by the collection of public comments submitted orally and through the public chat function in Zoom. Detailed meeting minutes from the public hearing (see in Section 7.2 – Exhibit G) and all public comments submitted were entered into the public record.

The Commonwealth made the following materials and information available on the DMAS website at the commencement of the public comment period: the draft Demonstration amendment application, the long-form public notice, meeting information and a web link to join the virtual public hearing, and the dedicated email address and voicemail box for submission of public comments. (Submission of comments by postal mail was not encouraged due to mail delivery and distribution delays during the COVID-19 public health emergency.) The dedicated page on the DMAS website also included a link to the Demonstration page on the CMS website and to the recently approved renewal application and STCs for the FAMIS MOMS and FAMIS *Select* Demonstration (see screenshots in Section 7.2 – Exhibit H and I).

Section 7.1 Response to Public Comments and Tribal Comments on Demonstration Amendment Request

The Commonwealth received 24 comments from individual members of the public as well as representatives of 20 organizations. A total of 11 comments were received by email and two comments were received via the Town Hall electronic public comment forum (one comment was submitted both by email and via the Town Hall electronic public comment forum and is therefore only reflected once in Appendix B). In addition, 11 comments were submitted during the public hearing (including questions asked during a question-and-answer period following the presentation), with nine oral comments and two comments/questions submitted via chat. The Commonwealth did not receive any Tribal comments. All written comments are included in Appendix B; comments received during the virtual public hearing are memorialized in Section 7.2 – Exhibit G.

The overwhelming majority of commenters expressed support of the Demonstration amendment to extend postpartum coverage from 60 days to 12 months. Several comments posed questions without a stated opinion. None of the comments submitted were in opposition to the Demonstration amendment.

Below is a summary of the comments received from the public during the 31-day public notice period. Comments are summarized by topic, with the Commonwealth's response to each below.

Full-Year Postpartum Coverage Critical to Addressing Maternal Mortality and Severe Morbidity

Comment: Many commenters stated that extending coverage for enrollees from 60 days to 12 months during the postpartum period is a crucial step toward addressing maternal mortality and severe morbidity.

Response: The Commonwealth agrees that extended postpartum coverage of our members is critical to addressing high rates of maternal mortality and severe morbidity in Virginia and thanks commenters for their input.

Extended Postpartum Coverage Helps Address Racial Disparities in Maternal and Infant Health Outcomes

Comment: Most commenters stressed the importance of addressing high levels of maternal mortality and severe morbidity among Black women in particular and eliminating racial and ethnic disparities in maternal and infant health outcomes. Some commenters described how the extended postpartum coverage aligns with important public health initiatives in the Commonwealth, including the Northam Administration's goal of eliminating racial disparities in maternal health outcomes by 2025 and the General Assembly's joint resolution passed during the 2021 legislative session declaring that racism is a public health crisis in Virginia.

Response: The Commonwealth recognizes the urgency of addressing high levels of maternal mortality and severe morbidity among Black women and eliminating racial disparities in maternal and infant health outcomes. We agree with commenters that the waiver amendment will expand Virginia's capacity to provide needed care to help close racial equity gaps and improve health outcomes. The waiver's evaluation will include measures to track progress in improving outcomes and reducing racial health disparities for both mothers and infants.

Medicaid and CHIP as an Essential Health Care Safety Net

Comment: Multiple comments stressed the key role that Medicaid and CHIP play in maternal-child health as the payer for more than a third of all births in the Commonwealth. Comments cited evidence that low-income women who receive pregnancy coverage through Medicaid and CHIP may be particularly at risk of coverage loss postpartum. Commenters voiced their support for the coverage extension as a targeted way to ensure coverage for a particularly vulnerable population during the critical postpartum period. Several commenters cited studies indicating that more half of women with Medicaid/CHIP coverage at the time of delivery experienced at least one month of uninsurance during the six months after delivery.

As one commenter put it, *"For pregnant women who are now uninsured, FAMIS can be a safety line, and the extension of benefits offered by this amendment prevents coverage disruptions when they are at their most physically, mentally, and emotionally vulnerable to complications."*[24]

Response: The Commonwealth agrees that Medicaid and CHIP provide a vital safety net for individuals during the prenatal and postpartum periods. The Commonwealth's waiver amendment application cites research findings that demonstrate the positive impact Medicaid access has had on maternal and infant health outcomes in Expansion states. Virginia's 2019 Medicaid expansion opened coverage to additional adults 0-138 percent of the FPL, enabling more individuals to access consistent health care before and after pregnancy and birth. The Commonwealth's proposed waiver amendment is intended to close remaining postpartum coverage gaps and provide continuous postpartum coverage for up to a year for our members who receive prenatal care through Virginia's Medicaid and CHIP programs.

Extended Postpartum Coverage Enables Treatment of Chronic Conditions

Comment: A number of commenters highlighted the potential of the proposed postpartum coverage extension to provide new opportunities for treatment and management of chronic conditions that can otherwise prove life-threatening during the postpartum period. Commenters indicated that serious complications and deaths from these conditions, including bleeding disorders, asthma, lung cancer, and mental health and substance use disorders, are often preventable with proper care. Commenters cited findings from Virginia's Maternal Mortality Review Team that chronic diseases are a factor in a high number of pregnancy-associated deaths, including a 14-year case review of maternal deaths which found that for nearly two-thirds of women who died with a chronic condition, the death occurred six weeks or more after the birth.

The American Lung Association, for example, commented: *"Access to care during the postpartum period is especially important for women with serious and chronic conditions that can impact maternal health outcomes, as well as for women who develop such conditions during their pregnancies. According to the CDC, thrombotic pulmonary or other embolisms are one of the leading causes of maternal deaths that occur between 43 days and one year after delivery. The postpartum period is also important time to ensure the women have access to the support they need to quit smoking and stay quit. In addition to the health impact on the mother, babies with mothers who smoke during pregnancy or who are exposed to secondhand smoke after birth have weaker lungs and are more likely to die from sudden infant death syndrome (SIDS)*."

[24] Comment from Planned Parenthood Advocates of Virginia. Full letter included in Appendix B.

Virginia Hemophilia Foundation commented: *"Virginia's proposed waiver will help prevent gaps in healthcare coverage for low-income women during the postpartum period… These gaps in coverage are especially problematic for individuals with bleeding disorders. People with bleeding disorders rely on essential medications to manage their condition: to prevent bleeding, and to treat acute breakthrough bleeding episodes, which could lead to irreversible permanent damage. Sudden gaps in coverage, leading to interrupted treatment, create unacceptable risks for this population."*

The National Alliance on Mental Illness (NAMI) Virginia commented that *"…women are more likely to develop depression during the first year following childbirth than at any point in their lives…Likewise, women with substance use disorder are also at greater odds of experiencing a relapse and overdose 7-12 months postpartum."*

Response: The Commonwealth agrees that by providing stable health care coverage for a full year postpartum, the proposed waiver amendment will enable more women to access care for chronic health conditions that can lead to complications and sometimes can be fatal if untreated. The Commonwealth thanks the commenters for sharing their expertise regarding chronic health conditions that can lead to maternal mortality and severe morbidity when an individual has limited access to care during the postpartum period.

Health and Economic Impact of COVID-19

Comment: Several commenters expressed that the COVID-19 pandemic elevates the urgency of the amendment request. Commenters pointed to the disproportionate impact of the pandemic on communities of color, including Black and Latinx communities. Commenters noted the increased vulnerability of individuals with certain chronic conditions to hospitalization, long haul effects, and death from COVID-19, and noted that pregnant and postpartum women are at heightened risk. Commenters also cited the pandemic's economic effects, including increased job losses and income reductions that may lead to loss of health insurance coverage or inability to afford copayments, deductibles, and other cost sharing in traditional health plans, including Exchange-based coverage. Commenters pointed out that the pandemic's economic impact has disproportionately affected women of reproductive age, and women of color especially.

Response: The Commonwealth agrees that the COVID-19 public health emergency lends urgency to the waiver amendment for extended postpartum coverage and thanks commenters for raising this important point.

American Rescue Plan Act Postpartum Coverage Option via State Plan Amendment

Comment: Some commenters urged DMAS to explore all available options for the postpartum coverage extension, including the recently approved State Plan Amendment option included in the American Rescue Plan Act.

Response: DMAS is submitting this application to amend the Commonwealth's existing FAMIS MOMS CHIP 1115 waiver pursuant to state mandate in the 2020 Special Session I Virginia Acts of Assembly, Chapter 56. The FAMIS MOMS Demonstration has been federally authorized under 1115 waiver authority since 2005. DMAS will work with CMS to identify the best pathway to expeditious and efficient implementation that provides extended postpartum coverage for eligible women, within the existing

structure of our programs. We are making all systems and operational preparations in order to be ready to implement the postpartum coverage extension as soon as permissible under the terms of the waiver.

Waiver Interaction with Pending State Legislation to Add New Prenatal Coverage Group

Comment: Several commenters inquired about the recent General Assembly provision that, upon approval by the Governor, will enable new prenatal coverage through FAMIS/CHIP for women who are otherwise ineligible for Medicaid pregnant women's and FAMIS MOMS coverage due to immigration or citizenship status. Commenters asked whether this group would be included in the waiver amendment application.

Response: The Commonwealth is following the progress of this General Assembly action at the state level. At this time, DMAS does not have state authority to include this group in the waiver amendment application and would need approval from the Governor and General Assembly to include this group in the waiver and seek a postpartum coverage extension for them. In addition, to date, the federal government has limited the amount of federal financial participation (FFP) available for postpartum coverage for this group. DMAS will continue to monitor federal guidance regarding this population and any options for FFP for postpartum coverage that may become available.

Outreach Essential in Implementing Coverage Expansion

Comment: VCU Health System commented as follows: *"Should CMS approve this request, VCU Health urges DMAS to engage with hospitals, practitioners, the MCOs, and enrollees to ensure all are aware of the extended coverage and the actions they can take to ensure women benefit from it. VCU Health System is especially concerned that there may be confusion among predominantly immigrant and non-primarily English-speaking communities. DMAS's successful Medicaid expansion education campaign serves as an example of how a coordinated effort can raise awareness and promote enrollment… VCU Health System encourages DMAS to promote events and materials to help educate providers and patients about this extended coverage."*

Response: The Commonwealth appreciates the comment and shares the view that a robust, concerted outreach strategy such as the one deployed for Virginia's Medicaid expansion will be essential to ensuring enrollees are informed about the services available to them and are able to fully utilize the new postpartum coverage. DMAS plans to conduct extensive outreach for the new coverage, including targeted outreach to women in immigrant communities and households with a primary language other than English.

Changes Incorporated into the Final Demonstration Amendment Application

The Commonwealth appreciates the public's input on this Section 1115 Demonstration amendment application. Based on strong support expressed in the comments received, both written and those given through oral testimony, Virginia does not propose making any changes to the Demonstration amendment. DMAS has added language to the final application to acknowledge the American Rescue Plan Act's state plan option for postpartum coverage and to address questions the agency received on this topic while the federal legislation was under consideration. The Commonwealth also included additional information on the estimated enrollee and budgetary impact and further refined the evaluation hypotheses.

Section 7.2 Documentation of Compliance with Public Notice
Exhibit A: Tribal Notice

COMMONWEALTH of VIRGINIA

KAREN KIMSEY
DIRECTOR

Department of Medical Assistance Services

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

January 29, 2021

SUBJECT: Notice of Opportunity for Tribal Comment
Waiver Amendment, FAMIS MOMS 12-month postpartum coverage extension

Dear Tribal Leaders and Indian Health Program Officials:

In accordance with Section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any waiver requests likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Department of Medical Assistance Services (DMAS) hereby seeks your advice on the following matter.

DMAS plans to submit to the Centers for Medicare and Medicaid Services (CMS) an amendment to the FAMIS MOMS and FAMIS Select CHIP Section 1115 demonstration that would extend health coverage from 60 days to 12 months postpartum for pregnant women with income below 205 percent of the federal poverty limit (FPL) who are not eligible to transition to another coverage group postpartum. Through this amendment to the demonstration, Virginia will have the opportunity to test the hypotheses that 12-month postpartum medical assistance coverage will reduce maternal and infant morbidity and mortality, improve health outcomes for mothers and infants, and advance health equity.

This amendment is being submitted pursuant to a mandate from the Virginia General Assembly in the 2020 Special Session budget, directing DMAS to seek federal approval to provide extended postpartum coverage. DMAS anticipates that the impact of this amendment on Tribes and Tribal members will be the same as for other eligible enrollees. A member of a Tribe who meets eligibility criteria for the extended postpartum coverage will receive additional coverage up to 12 months postpartum, with the same covered benefits and no cost sharing.

DMAS is providing a 60-day notice to Tribes that we are preparing for the submission of the Section 1115 Demonstration amendment application as described above; and will be holding a 30-day public comment period from February 19 through March 22, 2021. Full public notice

materials and the proposed amendment application will be available for review and public comment on the DMAS website at http://www.dmas.virginia.gov/#/hifawaiver by no later than February 19, 2021. Additional information regarding the demonstration is also available on the CMS website at: https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83426.

DMAS invites Tribes, Indian Health Programs, and Urban Indian Organizations to submit comments or questions to Hope Richardson, DMAS Policy Planning and Innovation Division, via e-mail at [redacted] or by phone or voicemail at [redacted]. Due to the potential for mail distribution delays during the COVID-19 public health emergency, we do not recommend submitting comments by postal mail or by UPS/FedEx at this time.

Thank you for your consideration of this matter.

Sincerely,

Karen Kimsey

Karen Kimsey, Director
Department of Medical Assistance Services

Exhibit B: Long-Form Public Notice
See the long-form public notice at this link: https://www.dmas.virginia.gov/files/links/5846/Long-form%20Public%20Notice%20document%20FINAL%20approved%202-19-21.pdf

Title XXI Section 1115 Demonstration Amendment Application
12-Months Postpartum Coverage
Public Notice

February 19, 2021

I. Introduction

Pursuant to 42 CFR §431.408, notice is hereby given that the Virginia Department of Medical Assistance Services (DMAS) is seeking to amend its Title XXI FAMIS MOMS and FAMIS Select Section 1115 Demonstration (No. 21-W-00058/3). The Commonwealth is submitting an amendment to the Demonstration to provide coverage for 12 months postpartum for pregnant women with incomes below 205 percent of the FPL who are currently not eligible to transition to another coverage group postpartum. Through this amendment, Virginia will have the opportunity to evaluate whether 12-month postpartum coverage will reduce maternal and infant mortality and morbidity, improve health outcomes for both the mother and the infant, and advance health equity.

DMAS is providing an opportunity for the public to review and provide input on the Title XXI Section 1115 Demonstration amendment application from February 19 through March 22, 2021. A virtual public hearing will be held on March 4, 2021, from 1:00 to 3:30 PM. Following the Commonwealth's public comment period, the public comments will be reviewed and revisions made to the application, then the demonstration amendment application will be submitted to the Centers for Medicare and Medicaid Services (CMS).

II. Background on Section 1115 Demonstrations

Section 1115 of the Social Security Act gives the U.S. Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of Medicaid and the Children's Health Insurance Program (CHIP). Under this authority, the Secretary may waive certain provisions of law to give states additional flexibility to design and improve their programs.

To learn more about Section 1115 Demonstration waivers, please visit the CMS website at https://www.medicaid.gov/medicaid/section-1115-demo/index.html.

III. Background on Virginia's Title XXI Section 1115 Demonstration

On October 25, 2019, CMS approved a ten-year extension of Virginia's Title XXI FAMIS MOMS and FAMIS Select Section 1115 Demonstration. Under the approved Special Terms and Conditions (STCs), Virginia provides CHIP coverage to pregnant women with incomes up to 205 percent of the federal poverty level (FPL) through the 60-day postpartum period. Pregnant

women who are eligible for this coverage include those who are lawfully residing immigrants and those with access to state employees' health benefit coverage. The Demonstration also authorizes FAMIS Select, private or employer-sponsored insurance (ESI) premium assistance for families with children in FAMIS, Virginia's CHIP program. Enrollment in FAMIS Select is voluntary, based on informed choice regarding the implications of choosing premium assistance in lieu of direct CHIP state plan coverage.

For more information about Virginia's CHIP 1115 Demonstration, please visit the CMS website at https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83426.

IV. Summary of the Proposed Demonstration Amendment

On November 18, 2020, Governor Ralph Northam signed into law the 2020 Special Session I Virginia Acts of Assembly, Chapter 56, directing DMAS to seek federal approval to cover pregnant women for up to 12-months postpartum. The Commonwealth is seeking an amendment to the Demonstration to provide coverage for 12-months postpartum for pregnant women with incomes below 205 percent of the FPL who are currently not eligible to transition to another coverage group postpartum. Through this amendment, Virginia will have the opportunity to evaluate whether 12-month postpartum coverage will reduce maternal and infant mortality and morbidity, improve health outcomes for both the mother and the infant, and advance health equity.

Addressing the high rates of maternal mortality and morbidity, particularly for those racial and ethnic groups most affected, is a top public health priority of the Commonwealth. In 2019, Governor Ralph Northam announced a goal to eliminate racial disparities in the state's maternal mortality rate by 2025 and codified through House Bill 2546 the Commonwealth's Maternal Mortality Review Team. These initiatives were, in part, driven by the Virginia Department of Health's findings that Black women in the state are more than twice as likely to die from pregnancy-related causes as compared to white women, largely tracking trends at the national level. Data from the Maternal Mortality Review Team also suggests that the majority of pregnancy-associated deaths in the state occur more than 43 days after pregnancy. However, the Commonwealth – like most other states – currently provides only 60 days postpartum coverage to pregnant women enrolled in Medicaid and CHIP who do not meet eligibility criteria to transition to another coverage group.

The Commonwealth recognizes that in order to decrease maternal and infant mortality and morbidity and address pervasive inequities in the state's health care system for postpartum women and their infants, continuity of coverage and access to care during the intensely vulnerable postpartum period are imperative. Although Virginia's 2019 Medicaid expansion means that more women in Virginia are now able to benefit from continuous coverage before and after their pregnancies, a coverage gap still exists for women who are not eligible to transition into expansion coverage at the end of their 60 days postpartum. In November 2020, Virginia policymakers took action to address this coverage gap with a provision in the state budget directing DMAS to seek federal authority to extend coverage for pregnant women for up

to one year postpartum.

V. Demonstration Amendment Goals and Objectives

The Commonwealth is requesting an amendment to the Demonstration to extend coverage to 12 months postpartum, on a continuous basis, to pregnant and postpartum women with incomes below 205 percent of the FPL who are not eligible for another coverage group, to:

- Reduce maternal and infant mortality and morbidity in the Commonwealth;
- Improve health outcomes for postpartum Medicaid and CHIP enrolled women and their infants; and
- Advance health equity by reducing racial and ethnic disparities in maternal mortality and morbidity and in children's health outcomes.

The Commonwealth has designed this demonstration amendment to promote the objectives of the Medicaid program by improving the health and wellbeing of low-income individuals and families in the state.

VI. Demonstration Eligibility

This demonstration amendment will provide continuous postpartum coverage to 12 months for the eligibility groups included in the below table. An individual who is deemed eligible will maintain coverage for the duration of 12 months from the date of delivery, regardless of what point in the postpartum period they enroll in coverage.

Medicaid Eligibility Groups Affected by the Demonstration

Eligibility Group	Federal Citations	Income Level
Medicaid Pregnant and Postpartum Women	SSA § 1902(e)(5) 42 CFR §435.116	138 – 148% FPL
CHIP Pregnant and Postpartum Women (Including Lawfully Residing Immigrants – i.e., Children's Health Insurance Program Reauthorization Act (CHIPRA) 214 Pregnant Women Over the Age of 18)	SSA §2112(b)(2); SSA §2212(f)(2); 42 CFR §457 SSA §1903(v)(4); SSA §2107(e)(l)(J)	148 – 205% FPL 0 – 205% FPL

Eligibility for the extended postpartum period is determined by the date the birth takes place. After the conclusion of the continuous 12-month postpartum period, the Commonwealth will redetermine eligibility. There is no enrollment limit under this proposal.

VII. Program Features

The Commonwealth proposes a Section 1115 demonstration amendment to extend postpartum coverage for 12 months in Medicaid and CHIP, as this option is not currently available through a SPA or other federal authority. The Commonwealth will continue all other current demonstration

features under the Section 1115 demonstration amendment and is not requesting any changes to these features.

FAMIS MOMS coverage is the same as that provided to pregnant women under the Medicaid state plan. The Commonwealth is not requesting any changes to the benefit packages, as full benefit coverage is essential to meeting the needs of the state's postpartum women, including treating chronic conditions, addressing physical and behavioral health needs, and ensuring access to needed medications. No cost sharing is requested under this demonstration amendment, as pregnant women are exempt from such requirements.

The demonstration will utilize the current statewide fee-for-service (FFS) and managed care delivery systems. Individuals may be enrolled in FFS prior to being enrolled into managed care to enable plan choice. Once enrolled in managed care, the state's managed care organizations (MCOs) will deliver services to postpartum enrollees.

VIII. Demonstration Hypotheses and Evaluation Approach

The Commonwealth intends to continue all evaluation activities for existing demonstration features consistent with its revised draft evaluation plan (currently under review by CMS). The evaluation plan and annual and semi-annual reports will be modified to incorporate new measures for the additional demonstration features. Additional evaluation hypotheses for the new demonstration features are included in the table below.

Evaluation Hypotheses Under Consideration

Hypothesis	Evaluation Approach	Data Sources
Extending postpartum coverage to 12 months in Medicaid and CHIP will **reduce disparities and advance health equity** for postpartum women and their infants.	Analyze coverage gaps and outcomes.	• Eligibility and enrollment data. • Statistics from the Commonwealth's Maternal Mortality Review Team and other sister agencies. • Member satisfaction surveys.
Extending postpartum coverage to 12 months in Medicaid and CHIP will **reduce the rate of maternal mortality and morbidity**.	Analyze the maternal mortality rate pre/post implementation. Analyze service utilization pre/post implementation.	• Eligibility and enrollment data. • MCO performance reporting metrics on care coordination. • Statistics from the Commonwealth's Maternal Mortality Review Team and other sister agencies. • Utilization and claims data.
Extending postpartum coverage to 12 months in Medicaid and CHIP **will increase family**	Analyze utilization of family planning services.	• Utilization and claims data. • Member satisfaction surveys.

Hypothesis	Evaluation Approach	Data Sources
planning and birth spacing for postpartum women.		• Eligibility and enrollment data.
Extending postpartum coverage to 12 months in Medicaid and CHIP **will improve health outcomes for infants** born to these women.	Analyze diagnoses and health outcomes for infants of postpartum women in the demonstration.	• Utilization and diagnosis data. • Statistics from the Commonwealth's Maternal Mortality Review Team and other sister agencies.
Extending postpartum coverage to 12 months in Medicaid and CHIP will **increase access to medical and behavioral health services and treatments** for postpartum women and their infants.	Analyze utilization of medical and behavioral health services and treatment.	• Utilization and claims data. • Addiction and Recovery Treatment Services (ARTS) data. • Provider billing data and data from MCOs. • Statistics from the Department of Behavioral Health and Developmental Services and other sister agencies.
Extending postpartum coverage to 12 months in Medicaid and CHIP will **promote continuous coverage and continuity of care** for postpartum women and their infants.	Analyze enrollment trends, coverage gaps, and utilization of services.	• Eligibility and enrollment data. • Evaluation survey data. • Utilization and diagnosis data. • MCO reporting.
Extending postpartum coverage to 12 months in Medicaid and CHIP will **improve care coordination** for postpartum women and their infants.	Analyze coverage outcomes and member utilization, diagnoses, and self-reported health.	• MCO performance reporting metrics on care coordination. • Eligibility and enrollment data. • State and national survey data. • Utilization and diagnosis data.
Extending postpartum coverage to 12 months in Medicaid and CHIP will **increase the rate of well-child visits and appropriate immunizations** among infants of postpartum women.	Analyze utilization of well-child visits.	• Utilization and diagnosis data. • Healthcare Effectiveness Data and Information Set (HEDIS) reporting. • MCO and provider data/reporting.

Upon approval of this demonstration amendment, the Commonwealth will work with CMS to develop an evaluation design plan consistent with the STCs and CMS policy. The plan will include managed care plan performance metrics (to the extent necessary) with targets determined by the state in collaboration with sister agencies, MCOs, and other stakeholders. The Commonwealth continues to focus on its collection of race, ethnicity, and language data, while

ensuring the accuracy of that data, and aims to leverage it in future demonstration years to further evaluate racial and ethnic disparities in maternal mortality and morbidity. The evaluation of this demonstration will be conducted by an independent evaluator.

IX. Demonstration Implementation

Specific implementation target dates depend on policy negotiations with and waiver approval by CMS. The Commonwealth is seeking to implement the postpartum coverage extension on a statewide basis as soon as possible and no later than January 1, 2022, subject to the timing of CMS' approval. The term of this amendment will align with the current Demonstration period, which continues through June 30, 2029. Recognizing the need for systems and operational changes, the Commonwealth will begin planning efforts and actively engage stakeholders concurrent with STC negotiations.

X. Waiver and Expenditure Authorities

The Commonwealth is requesting the following additional waiver and expenditure authorities for this amendment.

Virginia Waiver and Expenditure Authority Requests

Waiver/Expenditure Authority	Use for Waiver/Expenditure Authority	Currently Approved?
SSA §1902(a)(10)(A) and 1902(e)(5) and (6)	To the extent necessary, to extend eligibility for pregnant women from 60 days postpartum to 12-months postpartum, implement continuous eligibility for the entire postpartum period, and enroll women in the pregnant women category of eligibility throughout the entire 12-month postpartum period.	No
42 CFR § 435.4	To define pregnant women through 12-months postpartum instead of 60 days postpartum.	No

XI. Projected Enrollment and Expenditure Summary for Demonstration Amendment

The table below summarizes the projected increases in enrollment and expenditures from the amendment.

Projected Costs of Amendment

	DY22	DY23	DY24	DY25
Total member months	9,143	14,425	14,756	15,012
Federal cost (Non-General Funds)	$2,490,925	$4,027,756	$4,243,596	$4,447,545
State cost (General Funds)	$1,341,267	$2,168,792	$2,285,013	$2,394,832

DY = Demonstration Year (July 1 through June 30)

Projected Costs of Amendment, cont'd

	DY26	DY27	DY28	DY29
Total member months	15,230	15,460	15,693	15,929
Federal cost (Non-General Funds)	$4,647,417	$4,859,080	$5,080,281	$5,311,381
State cost (General Funds)	$2,502,455	$2,616,427	$2,735,536	$2,859,975

DMAS expects that Demonstration costs, including the additional expenditures attributable to the amendment, will remain below Virginia's annual federal Title XXI/CHIP allotment for the duration of the demonstration renewal period.

Virginia will use General Revenue funds to fund the state share of the postpartum extension. This funding is authorized through the budget bill that includes the postpartum coverage extension.

XII. Public Comment

The public comment period for the Demonstration amendment is from February 19 through March 22, 2021. All comments must be received by 11:59 p.m. (Eastern Time) on Monday, March 22, 2021.

You may provide your comments to DMAS by e-mailing them to FAMISMOMS@dmas.virginia.gov or leaving a voicemail at 804-225-3002. You can also submit a public comment through the electronic forum on the Virginia Regulatory Town Hall website at https://townhall.virginia.gov/L/comments.cfm?GeneralNoticeid=1209.

Due to the potential for mail distribution delays during the COVID-19 public health emergency, we do not recommend submitting comments by postal mail or by UPS/FedEx at this time.

A virtual public hearing during which members of the public may comment on the demonstration amendment will be held at the quarterly Children's Health Insurance Program Advisory Committee (CHIPAC) meeting on March 4, 2021, from 1:00 to 3:30 PM. In order to participate in the public hearing, please use the following information:

Link to Join:
https://zoom.us/j/98324876649?pwd=MDJUcDhrK0Z6N0NQNlU3bWxNQWFyUT09

Meeting ID: 983 2487 6649
Passcode: 909526

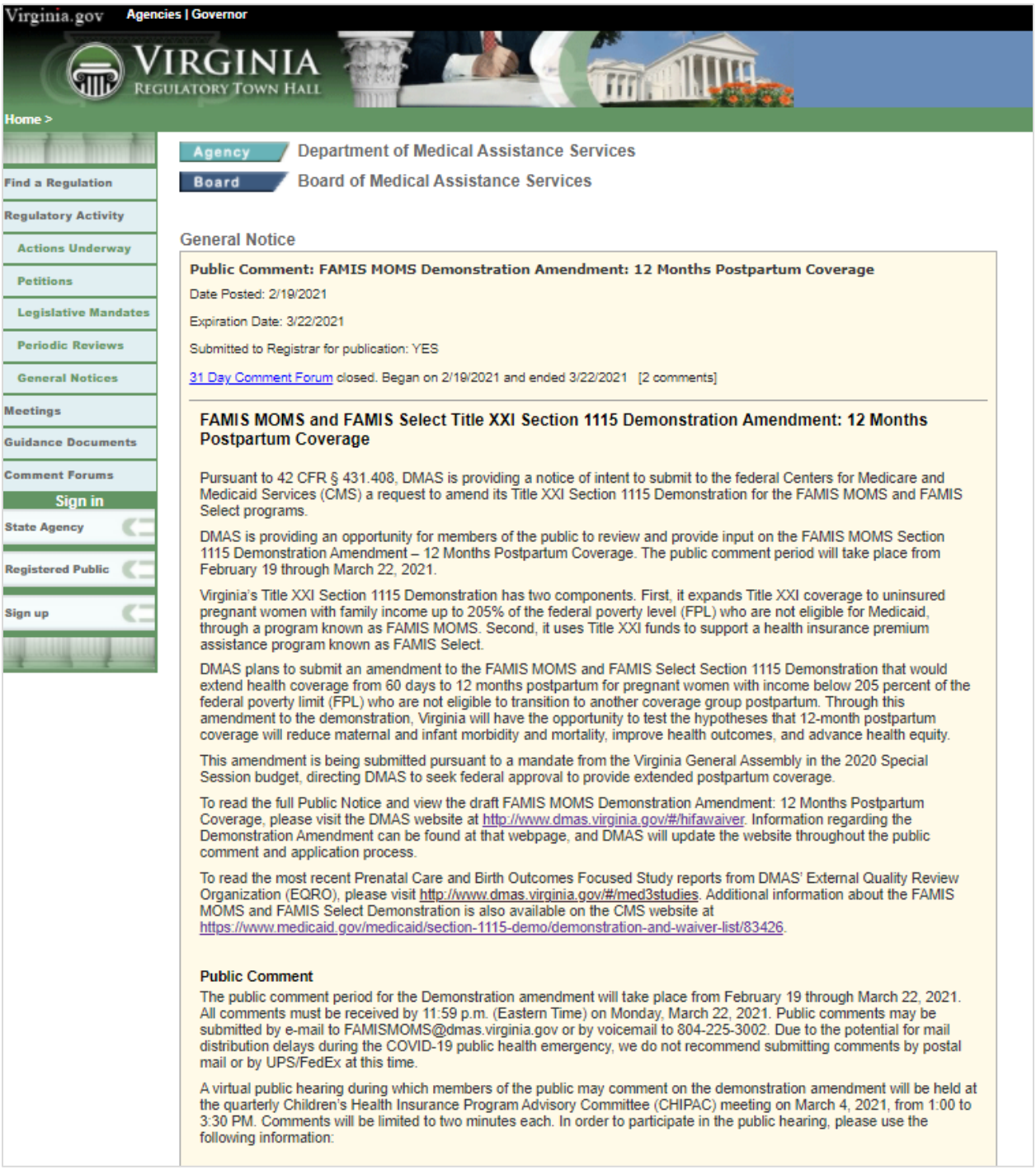
Call-in numbers (Dial by your location):
+1 301-715-8592 US (Washington DC)
+1 312-626-6799 US (Chicago)
+1 929 205 6099 US (New York)

DMAS welcomes your comments about this demonstration amendment application. After considering public comments about the proposed demonstration amendment, DMAS will summarize these comments and agency responses, incorporate any changes based on the public comments into the application, and submit a revised application to CMS. The summary of comments, as well as copies of written comments received, will be posted for public viewing on the DMAS website along with the demonstration amendment application when it is submitted to CMS.

All information regarding the FAMIS MOMS and FAMIS Select Demonstration amendment application can be found on the DMAS website at http://www.dmas.virginia.gov/#/hifawaiver. DMAS will update the website throughout the public comment and application process.

Exhibit C: Abbreviated Public Notice on the Virginia Regulatory Town Hall Website

See the abbreviated public notice on the Virginia Regulatory Town Hall website at this link: *https://townhall.virginia.gov/L/ViewNotice.cfm?gnid=1209*



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Agency Department of Medical Assistance Services

Board Board of Medical Assistance Services

General Notice

Public Comment: FAMIS MOMS Demonstration Amendment: 12 Months Postpartum Coverage

Date Posted: 2/19/2021

Expiration Date: 3/22/2021

Submitted to Registrar for publication: YES

31 Day Comment Forum closed. Began on 2/19/2021 and ended 3/22/2021 [2 comments]

FAMIS MOMS and FAMIS Select Title XXI Section 1115 Demonstration Amendment: 12 Months Postpartum Coverage

Pursuant to 42 CFR § 431.408, DMAS is providing a notice of intent to submit to the federal Centers for Medicare and Medicaid Services (CMS) a request to amend its Title XXI Section 1115 Demonstration for the FAMIS MOMS and FAMIS Select programs.

DMAS is providing an opportunity for members of the public to review and provide input on the FAMIS MOMS Section 1115 Demonstration Amendment – 12 Months Postpartum Coverage. The public comment period will take place from February 19 through March 22, 2021.

Virginia's Title XXI Section 1115 Demonstration has two components. First, it expands Title XXI coverage to uninsured pregnant women with family income up to 205% of the federal poverty level (FPL) who are not eligible for Medicaid, through a program known as FAMIS MOMS. Second, it uses Title XXI funds to support a health insurance premium assistance program known as FAMIS Select.

DMAS plans to submit an amendment to the FAMIS MOMS and FAMIS Select Section 1115 Demonstration that would extend health coverage from 60 days to 12 months postpartum for pregnant women with income below 205 percent of the federal poverty limit (FPL) who are not eligible to transition to another coverage group postpartum. Through this amendment to the demonstration, Virginia will have the opportunity to test the hypotheses that 12-month postpartum coverage will reduce maternal and infant morbidity and mortality, improve health outcomes, and advance health equity.

This amendment is being submitted pursuant to a mandate from the Virginia General Assembly in the 2020 Special Session budget, directing DMAS to seek federal approval to provide extended postpartum coverage.

To read the full Public Notice and view the draft FAMIS MOMS Demonstration Amendment: 12 Months Postpartum Coverage, please visit the DMAS website at http://www.dmas.virginia.gov/#/hifawaiver. Information regarding the Demonstration Amendment can be found at that webpage, and DMAS will update the website throughout the public comment and application process.

To read the most recent Prenatal Care and Birth Outcomes Focused Study reports from DMAS' External Quality Review Organization (EQRO), please visit http://www.dmas.virginia.gov/#/med3studies. Additional information about the FAMIS MOMS and FAMIS Select Demonstration is also available on the CMS website at https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83426.

Public Comment

The public comment period for the Demonstration amendment will take place from February 19 through March 22, 2021. All comments must be received by 11:59 p.m. (Eastern Time) on Monday, March 22, 2021. Public comments may be submitted by e-mail to FAMISMOMS@dmas.virginia.gov or by voicemail to 804-225-3002. Due to the potential for mail distribution delays during the COVID-19 public health emergency, we do not recommend submitting comments by postal mail or by UPS/FedEx at this time.

A virtual public hearing during which members of the public may comment on the demonstration amendment will be held at the quarterly Children's Health Insurance Program Advisory Committee (CHIPAC) meeting on March 4, 2021, from 1:00 to 3:30 PM. Comments will be limited to two minutes each. In order to participate in the public hearing, please use the following information:

Link to Join:

https://zoom.us/j/98324876649?pwd=MDJUcDhrK0Z6N0NQNlU3bWxNQWFyUT09

Meeting ID: 983 2487 6649

Passcode: 909526

Call-in numbers (Dial by your location):

+1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York)

After considering public comments about the proposed demonstration amendment, DMAS will summarize these comments and agency responses, incorporate any changes based on the public comments into the application, and submit a revised application to CMS. The summary of comments, as well as copies of written comments received, will be posted for public viewing on the DMAS website along with the demonstration amendment application when it is submitted to CMS.

Contact Information

Name / Title:	Hope Richardson / *Senior Policy Analyst, CHIP/FAMIS*
Address:	600 East Broad Street Richmond, 23219
Email Address:	hope.richardson@dmas.virginia.gov
Telephone:	(804)418-4468 FAX: ()- TDD: ()-

Exhibit D: Public Comment Forum on the Virginia Regulatory Town Hall Website

See the public comment forum on the Virginia Regulatory Town Hall website at this link:
https://townhall.virginia.gov/L/comments.cfm?GeneralNoticeid=1209

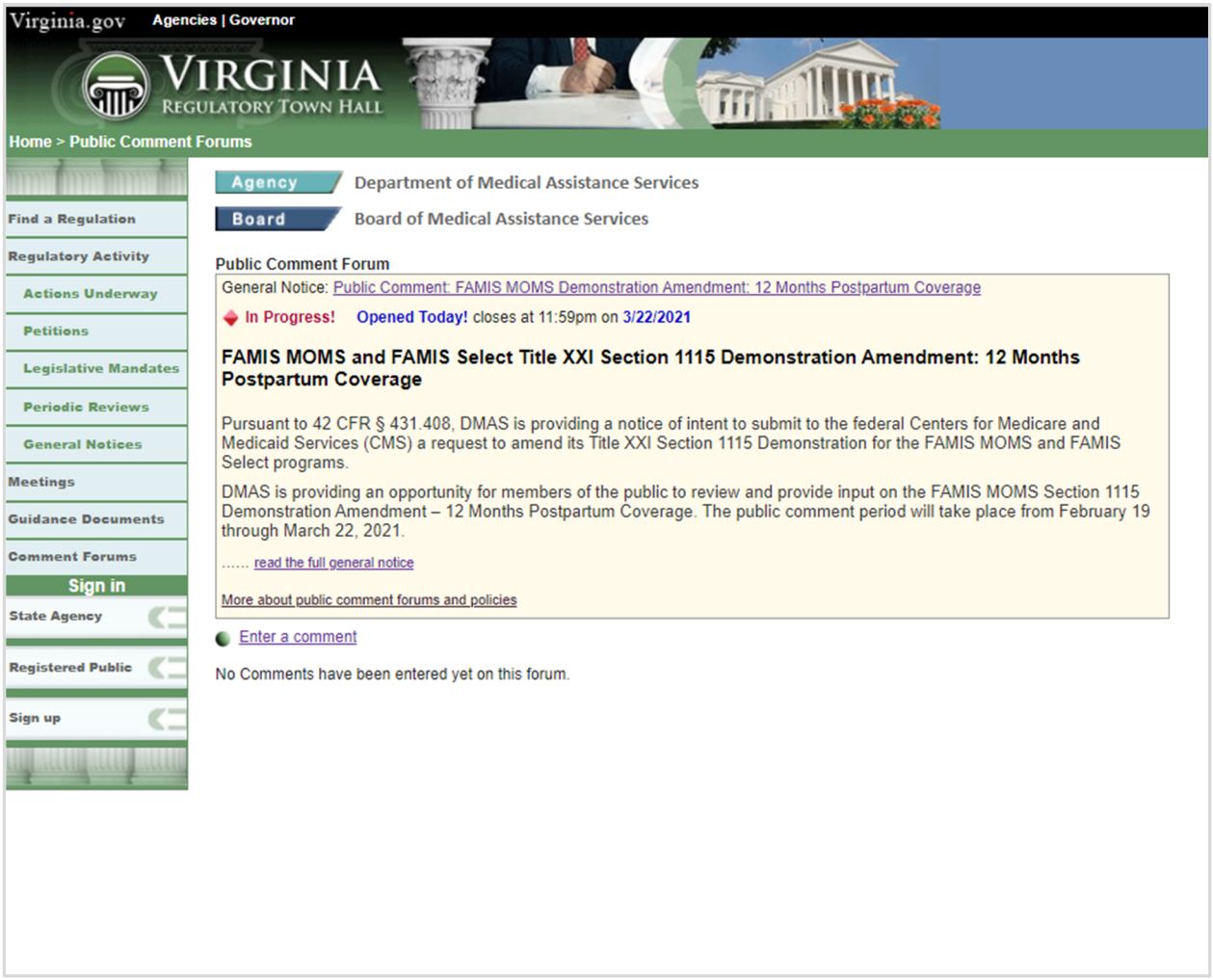

Exhibit E: Email to Stakeholders About the Public Hearing and Opportunity to Provide Input

Commonwealth of Virginia

Richardson, Hope [redacted]

Virginia Medicaid Invites Public Comment - 12-Months Postpartum Coverage

1 message

FAMIS MOMS, rr <famismoms@dmas.virginia.gov> Mon, Mar 15, 2021 at 7:30 AM
To: rr FAMIS MOMS <famismoms@dmas.virginia.gov>
Cc: Hope Richardson [redacted]

Dear Maternal-Child Health Stakeholders:

The Virginia Department of Medical Assistance Services (DMAS) wishes to inform stakeholders of the agency's upcoming amendment application to the federal Centers for Medicare and Medicaid Services (CMS) to extend health coverage from 60 days to 12 months postpartum for pregnant women with income below 205 percent of the federal poverty limit (FPL) who are not eligible to transition to another Medicaid/FAMIS coverage group postpartum.

DMAS invites members of the public to review and submit comments regarding the waiver amendment application during the public comment period that is currently underway and continues through Monday, March 22, 2021.

There are several ways to submit a comment. You may send an e-mail to FAMISMOMS@dmas.virginia.gov or reply to this message. You may also leave a spoken comment by voicemail at 804-225-3002 or use the public comment forum on the Virginia Regulatory Town Hall website.

The draft amendment application is attached to this e-mail. More information about the FAMIS MOMS and FAMIS Select 1115 demonstration and the proposed amendment is available on the DMAS website.

DMAS will review and consider all comments at the end of the public comment period and make any needed revisions to the amendment application at that time. The final amendment application submitted to CMS will include a summary of comments with DMAS' responses.

We encourage you to share this message with contacts and colleagues who may be interested in submitting comments. Thank you very much for your time and consideration.

Sincerely,

Hope Richardson
Senior Policy Analyst FAMIS/CHIP, Policy Planning and Innovation Division
Virginia Department of Medical Assistance Services

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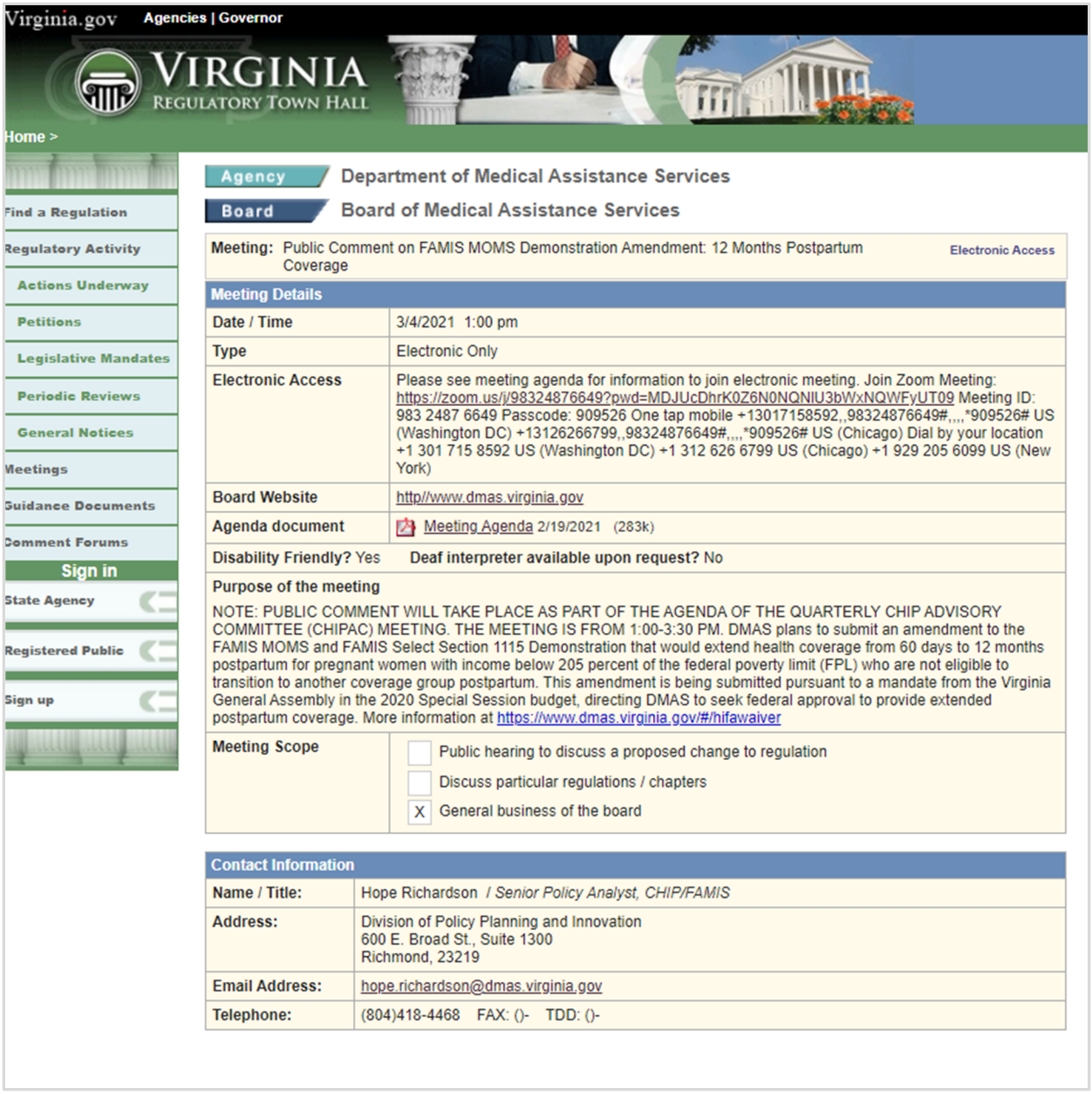
DRAFT Application approved Public Comment 2-19-21.pdf
344K

Exhibit F: Meeting Notice on the Virginia Regulatory Town Hall Website of the Public Hearing and Opportunity to Provide Input

See the meeting notice on the Virginia Regulatory Town Hall website at this link:
https://townhall.virginia.gov/L/ViewMeeting.cfm?MeetingID=32182



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Agency Department of Medical Assistance Services

Board Board of Medical Assistance Services

Meeting: Public Comment on FAMIS MOMS Demonstration Amendment: 12 Months Postpartum Coverage — Electronic Access

Meeting Details	
Date / Time	3/4/2021 1:00 pm
Type	Electronic Only
Electronic Access	Please see meeting agenda for information to join electronic meeting. Join Zoom Meeting: https://zoom.us/j/98324876649?pwd=MDJUcDhrK0Z6N0NQNlU3bWxNQWFyUT09 Meeting ID: 983 2487 6649 Passcode: 909526 One tap mobile +13017158592,,98324876649#,,,,*909526# US (Washington DC) +13126266799,,98324876649#,,,,*909526# US (Chicago) Dial by your location +1 301 715 8592 US (Washington DC) +1 312 626 6799 US (Chicago) +1 929 205 6099 US (New York)
Board Website	http//www.dmas.virginia.gov
Agenda document	Meeting Agenda 2/19/2021 (283k)
Disability Friendly? Yes	Deaf interpreter available upon request? No
Purpose of the meeting	NOTE: PUBLIC COMMENT WILL TAKE PLACE AS PART OF THE AGENDA OF THE QUARTERLY CHIP ADVISORY COMMITTEE (CHIPAC) MEETING. THE MEETING IS FROM 1:00-3:30 PM. DMAS plans to submit an amendment to the FAMIS MOMS and FAMIS Select Section 1115 Demonstration that would extend health coverage from 60 days to 12 months postpartum for pregnant women with income below 205 percent of the federal poverty limit (FPL) who are not eligible to transition to another coverage group postpartum. This amendment is being submitted pursuant to a mandate from the Virginia General Assembly in the 2020 Special Session budget, directing DMAS to seek federal approval to provide extended postpartum coverage. More information at https://www.dmas.virginia.gov/#/hifawaiver
Meeting Scope	☐ Public hearing to discuss a proposed change to regulation ☐ Discuss particular regulations / chapters ☒ General business of the board

Contact Information	
Name / Title:	Hope Richardson / *Senior Policy Analyst, CHIP/FAMIS*
Address:	Division of Policy Planning and Innovation 600 E. Broad St., Suite 1300 Richmond, 23219
Email Address:	hope.richardson@dmas.virginia.gov
Telephone:	(804)418-4468 FAX: ()- TDD: ()-

Exhibit G: Meeting Minutes from the Virtual Public Hearing Held at the Virginia CHIPAC Meeting on March 4, 2021 from 1:00 – 3:30 PM ET

Q&A:

[redacted] of The Commonwealth Institute for Fiscal Analysis asked whether the waiver's postpartum coverage would include women newly eligible for prenatal care under a recently passed Virginia state budget provision to offer prenatal coverage to women otherwise ineligible for Medicaid and FAMIS due to citizenship/immigration status. Hope Richardson, Department of Medical Assistance Services, responded that the waiver amendment application does not include this population. The timing of the change is such that the federal application will be submitted before the Governor signs the budget to provide state authority to create this new coverage group.

[redacted] of the Virginia Poverty Law Center stated that in the Budget Reconciliation package currently being considered at the federal level, there is a proposed provision that would give states the option to extend Medicaid and CHIP coverage to 12 months postpartum via a state plan amendment. She asked how this provision, if passed, would affect the state's waiver amendment application and if it might disrupt the process of applying for this authority through an 1115 waiver. Richardson stated that DMAS will work closely with CMS throughout the process and that the agency plans to move forward with submitting the waiver amendment application while continuing to evaluate all available options, toward the goal of enabling extended postpartum coverage for as many enrollees as possible through the appropriate federal and state authorities.

[redacted], Virginia Health Care Foundation, asked whether it would be possible to later include in the waiver the women newly eligible for prenatal care that [redacted] had referenced in his question, and what that process might look like. Richardson explained that to date, the federal government has limited federal funding to extend coverage beyond the birth for this population. She stated that at this time there is no precedent for federal match beyond 60 days postpartum for this coverage group.

[redacted] of the Virginia Community Healthcare Association asked whether the 12 months postpartum coverage would be only on the OB-Gyn side or if it would include safety net providers. Karen Kimsey, DMAS Director, responded that the coverage is a full benefit, not limited to obstetrical coverage. Richardson stated that while currently, women between 148 and 205 percent of the FPL are eligible for a limited family planning benefit through Virginia's Plan First program, with the waiver amendment, coverage would be comprehensive and would be the same coverage as provided to Medicaid pregnant women and FAMIS MOMS during their pregnancies.

[redacted], Joint Commission on Health Care, stated that the General Assembly members on the Commission have been very focused on the disparities in maternal-child health, and that the waiver amendment also touches upon issues of affordability for members above eligibility for Medicaid but still low-income. He asked if DMAS has information about where these individuals are currently falling, and whether they are typically uninsured, or if they are on the Marketplace, but due to out of pocket expenses forgoing care and not able to access needed services. Richardson stated that DMAS currently only has information on the individuals who are enrolled in the family planning benefit, and that until very recently, before Virginia's Medicaid expansion, most women did not qualify for continuing coverage after 60 days postpartum. Richardson explained that individuals in the Plan First family planning program do qualify for other coverage since it is a limited benefit, but that the agency does not have data on other coverage they may be enrolled in. She explained that FAMIS MOMS is a relatively small

program, likely because many women in that income range do have access to other coverage options, including subsidies on the Exchange.

[redacted] provided context based on experience coordinating Navigation programs. She stated that currently when postpartum individuals have a qualifying event due to their FAMIS MOMS coverage ending and become eligible for Marketplace coverage, that the file transfer is sent to the Marketplace, but that it is a fairly complex process, especially because these individuals are two months postpartum. She stated that the process is especially confusing when it comes to family coverage and for individuals who are eligible for pregnancy coverage due to being in "lawfully residing" immigrant status but are not eligible to transition to Medicaid expansion postpartum because they do not meet the stricter immigration requirements that exist outside of pregnancy. She stated that those individuals can now go to the Marketplace but there are additional barriers such as sometimes a need for language assistance. [redacted] stated that for these reasons, she supports the inclusion of the lawfully residing pregnant women immigrant group in the waiver amendment application.

[redacted] read a question in the chat from [redacted] of the Virginia Hospital and Healthcare Association: "How many members would be affected by the extension of coverage?" Richardson stated that FAMIS MOMS is a relatively small program enrolling approximately 1,600 women in a given month, and that additional detail on enrollment numbers is in the waiver amendment application. [redacted] stated that in the children and pregnant women's programs, many more individuals between 0-138 percent of the FPL are enrolled than between 138 and 200 percent of the FPL. She stated that even more individuals are enrolled between 0 and 100 percent of the FPL than between 100 and 138 percent of the FPL; the medical assistance programs' enrollment is concentrated in the very low-income category.

[redacted] asked about the proposed evaluation hypotheses. She stated that there seemed to be hypotheses to track health outcomes for children but not specifically to track mothers' health outcomes. She asked whether this is because mothers' outcomes are implied in the disparities measure or in the morbidity measure. Richardson stated that the hypothesis "Extending postpartum coverage to 12 months in Medicaid and CHIP will reduce disparities and advance health equity for postpartum women and their infants," would involve an examination of maternal health outcomes data.

<u>Public Comment</u>

[redacted], Urban Baby Beginnings, asked about the estimated proportion of enrollees who are people of color who would be eligible for the postpartum extension, in order to understand the impact from a race and ethnicity perspective. Richardson stated that based upon data from the annual Birth Outcomes Study, approximately 31 percent of the FAMIS MOMS population was Black, 43 percent white, and approximately 15 percent Hispanic in the most recent year. She stated that the race/ethnicity percentages vary from year to year. [redacted] stated that she appreciates the work that is being done to expand postpartum coverage. She stated that the organization often sees in the community that they are trying to get people connected with services and practitioners, and often individuals have to go to free clinics because they don't qualify for Medicaid or FAMIS MOMS, so having this additional coverage will be very beneficial for this population. Karen Kimsey, DMAS Director, stated that many states are also looking into ways to extend this coverage and there is excitement nationwide about possibilities for providing more robust postpartum coverage.

[redacted] read the following comment posted in the chat from [redacted], policy manager at the American College of Obstetricians and Gynecologists (ACOG) and resident of Alexandria, VA: "ACOG fully

supports state efforts to extend postpartum coverage. The Virginia Section of the American College of Obstetricians and Gynecologists will be submitting detailed written comments in support of this waiver proposal. Thank you for your work!"

[redacted], Voices for Virginia's Children, asked if more information could be provided to help people understand when the benefits would be coming online. She asked, now that there are two changes, dealing with prenatal coverage and extension of postpartum coverage, whether it would be possible to go through a timeline of when the coverage might become available. Richardson responded that, for the postpartum coverage extension, as soon as state budget approval and funding were formally granted in November of 2020, DMAS began working on a compressed timeline to write the amendment application and initiate the required public comment and tribal notice periods mandated under federal transparency requirements. DMAS has worked as quickly as possible to expedite the state part of the process because once the waiver amendment application is submitted, the timeline is largely dependent on negotiations with the federal government, the approval process, and development of the waiver's special terms and conditions. She stated that under the terms of the current waiver, there is a minimum period of approximately four months from submission of the amendment application before the state can implement the new waiver provisions. Richardson stated that, for this reason, it is not possible to predict with certainty when the state will be able to implement the postpartum coverage extension, but DMAS is making preparations to implement as soon as federally authorized to do so. Richardson responded that, regarding the new prenatal coverage, first DMAS must await formal state authority with the Governor's approval of the state budget. DMAS has begun working internally to prepare and be ready to act quickly upon state approval. She stated that this change would be federally authorized through a CHIP State Plan Amendment, which is typically a faster and more predictable process than an 1115 waiver amendment application, and DMAS will submit the amendment application as soon as possible after state approval is granted, while incorporating the necessary public comment and other state-mandated processes for state plan changes. Richardson stated that the effective date in the Conference Budget for the prenatal coverage is July 1.

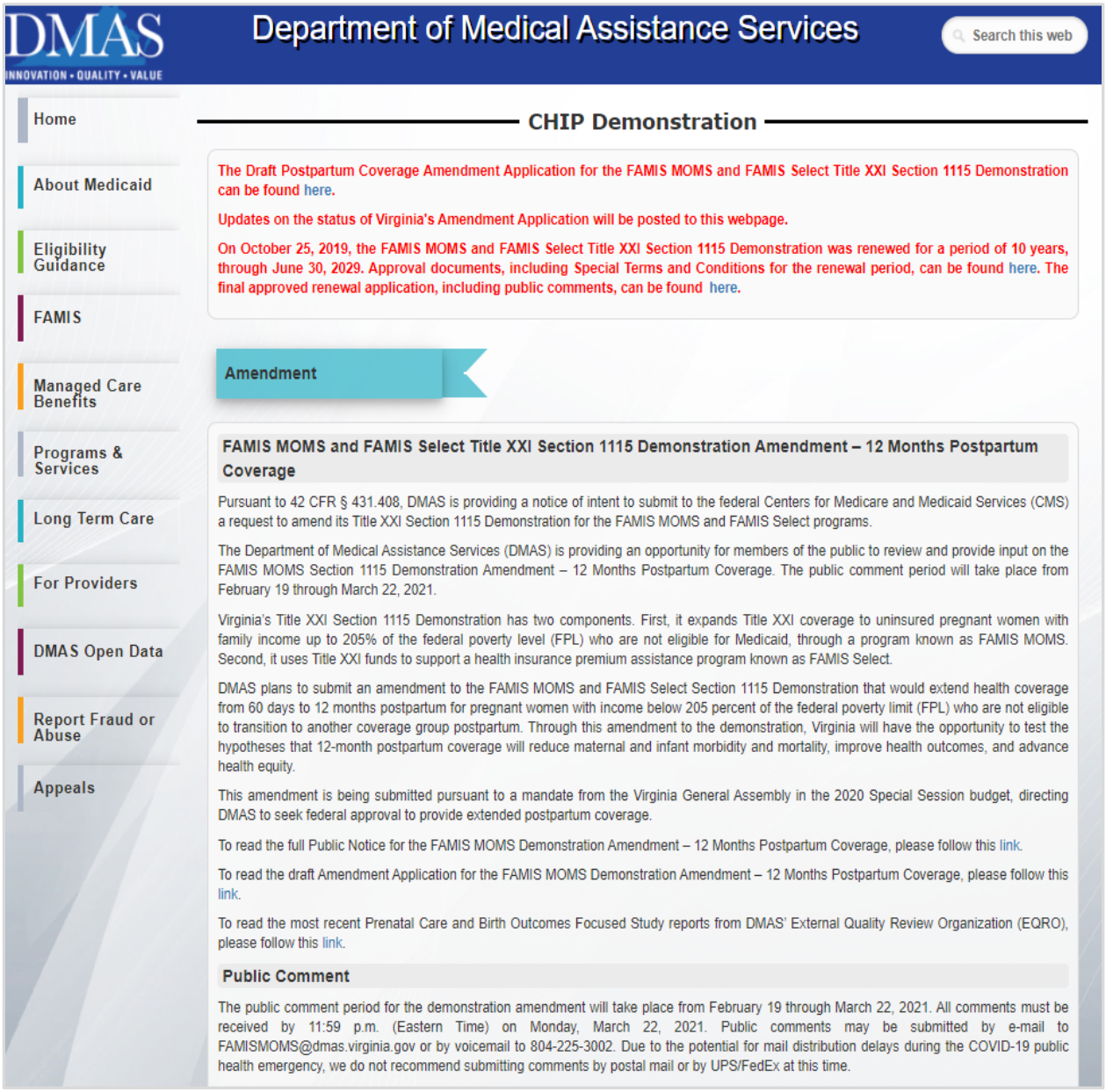
[redacted], Board of Medical Assistance Services, asked whether, if the waiver process is held up, DMAS could pursue authority through the state plan process. Richardson stated that DMAS is closely following the federal negotiations that may make a state plan option for 12 months postpartum coverage available. She explained that at this time, it is not known what the effective date of the federal legislation will be, but DMAS will continue to track closely and explore all available options with CMS.

Exhibit H: DMAS Website Main Page and Demonstration Page

See the DMAS website main page at this link: https://www.dmas.virginia.gov/#/index

Exhibit I: DMAS CHIP Demonstration Webpage

See the DMAS CHIP Demonstration webpage at this link: https://www.dmas.virginia.gov/#/hifawaiver



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CHIP Demonstration

The Draft Postpartum Coverage Amendment Application for the FAMIS MOMS and FAMIS Select Title XXI Section 1115 Demonstration can be found here.

Updates on the status of Virginia's Amendment Application will be posted to this webpage.

On October 25, 2019, the FAMIS MOMS and FAMIS Select Title XXI Section 1115 Demonstration was renewed for a period of 10 years, through June 30, 2029. Approval documents, including Special Terms and Conditions for the renewal period, can be found here. The final approved renewal application, including public comments, can be found here.

Amendment

FAMIS MOMS and FAMIS Select Title XXI Section 1115 Demonstration Amendment – 12 Months Postpartum Coverage

Pursuant to 42 CFR § 431.408, DMAS is providing a notice of intent to submit to the federal Centers for Medicare and Medicaid Services (CMS) a request to amend its Title XXI Section 1115 Demonstration for the FAMIS MOMS and FAMIS Select programs.

The Department of Medical Assistance Services (DMAS) is providing an opportunity for members of the public to review and provide input on the FAMIS MOMS Section 1115 Demonstration Amendment – 12 Months Postpartum Coverage. The public comment period will take place from February 19 through March 22, 2021.

Virginia's Title XXI Section 1115 Demonstration has two components. First, it expands Title XXI coverage to uninsured pregnant women with family income up to 205% of the federal poverty level (FPL) who are not eligible for Medicaid, through a program known as FAMIS MOMS. Second, it uses Title XXI funds to support a health insurance premium assistance program known as FAMIS Select.

DMAS plans to submit an amendment to the FAMIS MOMS and FAMIS Select Section 1115 Demonstration that would extend health coverage from 60 days to 12 months postpartum for pregnant women with income below 205 percent of the federal poverty limit (FPL) who are not eligible to transition to another coverage group postpartum. Through this amendment to the demonstration, Virginia will have the opportunity to test the hypotheses that 12-month postpartum coverage will reduce maternal and infant morbidity and mortality, improve health outcomes, and advance health equity.

This amendment is being submitted pursuant to a mandate from the Virginia General Assembly in the 2020 Special Session budget, directing DMAS to seek federal approval to provide extended postpartum coverage.

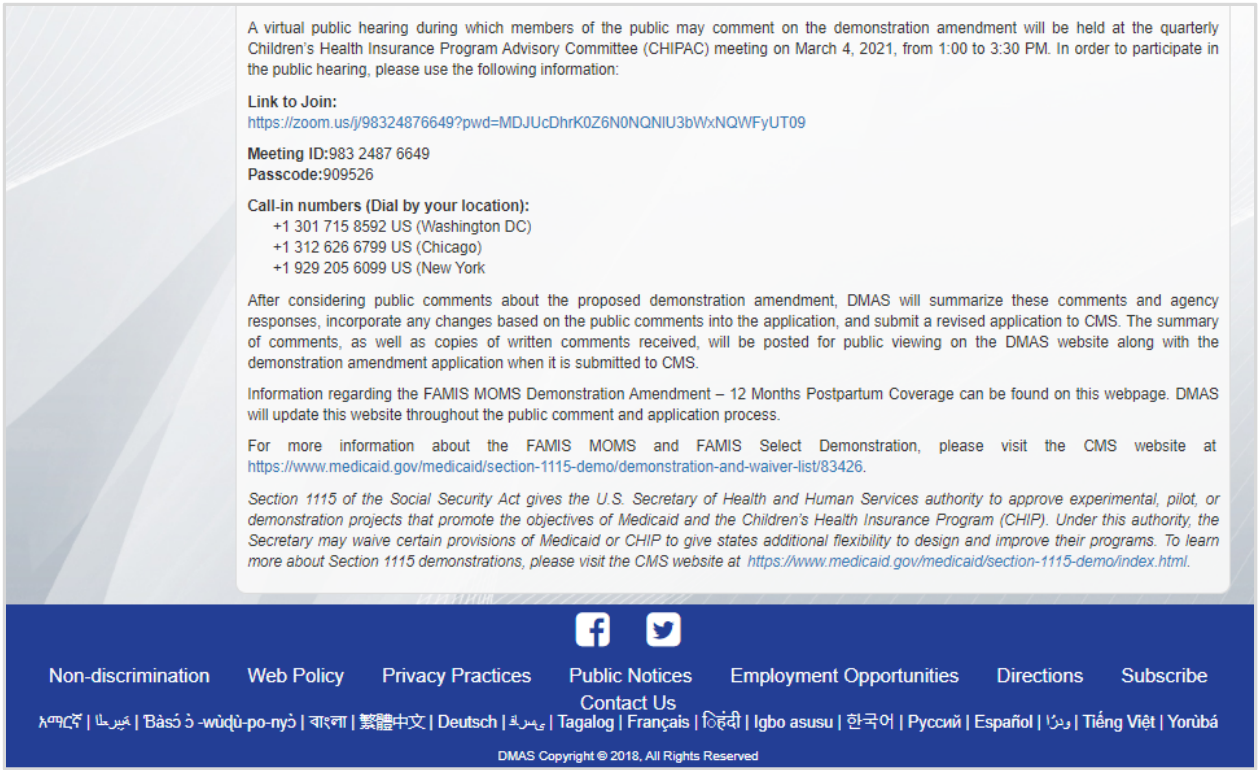
To read the full Public Notice for the FAMIS MOMS Demonstration Amendment – 12 Months Postpartum Coverage, please follow this link.

To read the draft Amendment Application for the FAMIS MOMS Demonstration Amendment – 12 Months Postpartum Coverage, please follow this link.

To read the most recent Prenatal Care and Birth Outcomes Focused Study reports from DMAS' External Quality Review Organization (EQRO), please follow this link.

Public Comment

The public comment period for the demonstration amendment will take place from February 19 through March 22, 2021. All comments must be received by 11:59 p.m. (Eastern Time) on Monday, March 22, 2021. Public comments may be submitted by e-mail to FAMISMOMS@dmas.virginia.gov or by voicemail to 804-225-3002. Due to the potential for mail distribution delays during the COVID-19 public health emergency, we do not recommend submitting comments by postal mail or by UPS/FedEx at this time.



A virtual public hearing during which members of the public may comment on the demonstration amendment will be held at the quarterly Children's Health Insurance Program Advisory Committee (CHIPAC) meeting on March 4, 2021, from 1:00 to 3:30 PM. In order to participate in the public hearing, please use the following information:

Link to Join:
https://zoom.us/j/98324876649?pwd=MDJUcDhrK0Z6N0NQNlU3bWxNQWFyUT09

Meeting ID:983 2487 6649
Passcode:909526

Call-in numbers (Dial by your location):
+1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York

After considering public comments about the proposed demonstration amendment, DMAS will summarize these comments and agency responses, incorporate any changes based on the public comments into the application, and submit a revised application to CMS. The summary of comments, as well as copies of written comments received, will be posted for public viewing on the DMAS website along with the demonstration amendment application when it is submitted to CMS.

Information regarding the FAMIS MOMS Demonstration Amendment – 12 Months Postpartum Coverage can be found on this webpage. DMAS will update this website throughout the public comment and application process.

For more information about the FAMIS MOMS and FAMIS Select Demonstration, please visit the CMS website at https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83426.

Section 1115 of the Social Security Act gives the U.S. Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of Medicaid and the Children's Health Insurance Program (CHIP). Under this authority, the Secretary may waive certain provisions of Medicaid or CHIP to give states additional flexibility to design and improve their programs. To learn more about Section 1115 demonstrations, please visit the CMS website at https://www.medicaid.gov/medicaid/section-1115-demo/index.html.

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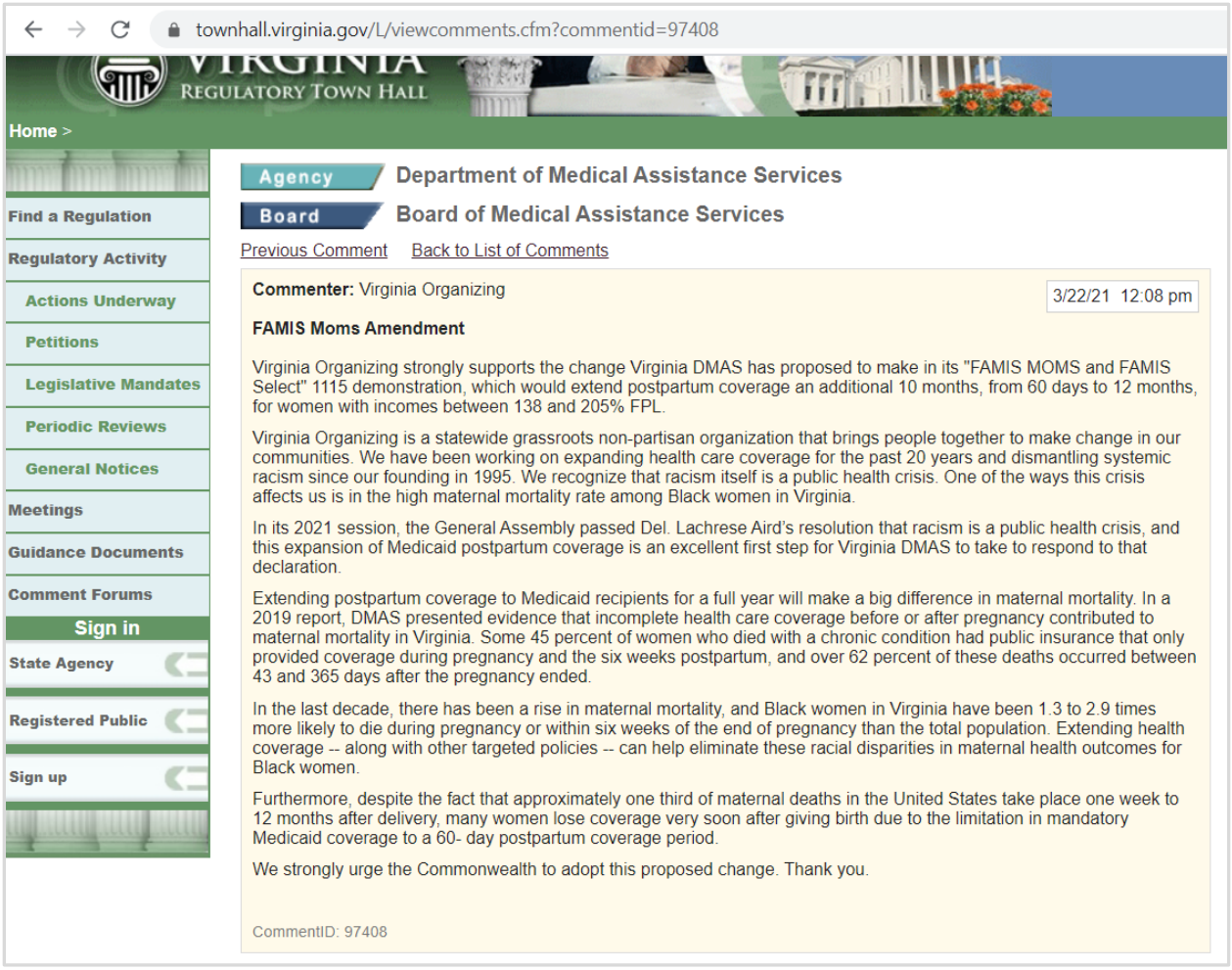
APPENDICES

A. Allotment Neutrality Exhibit

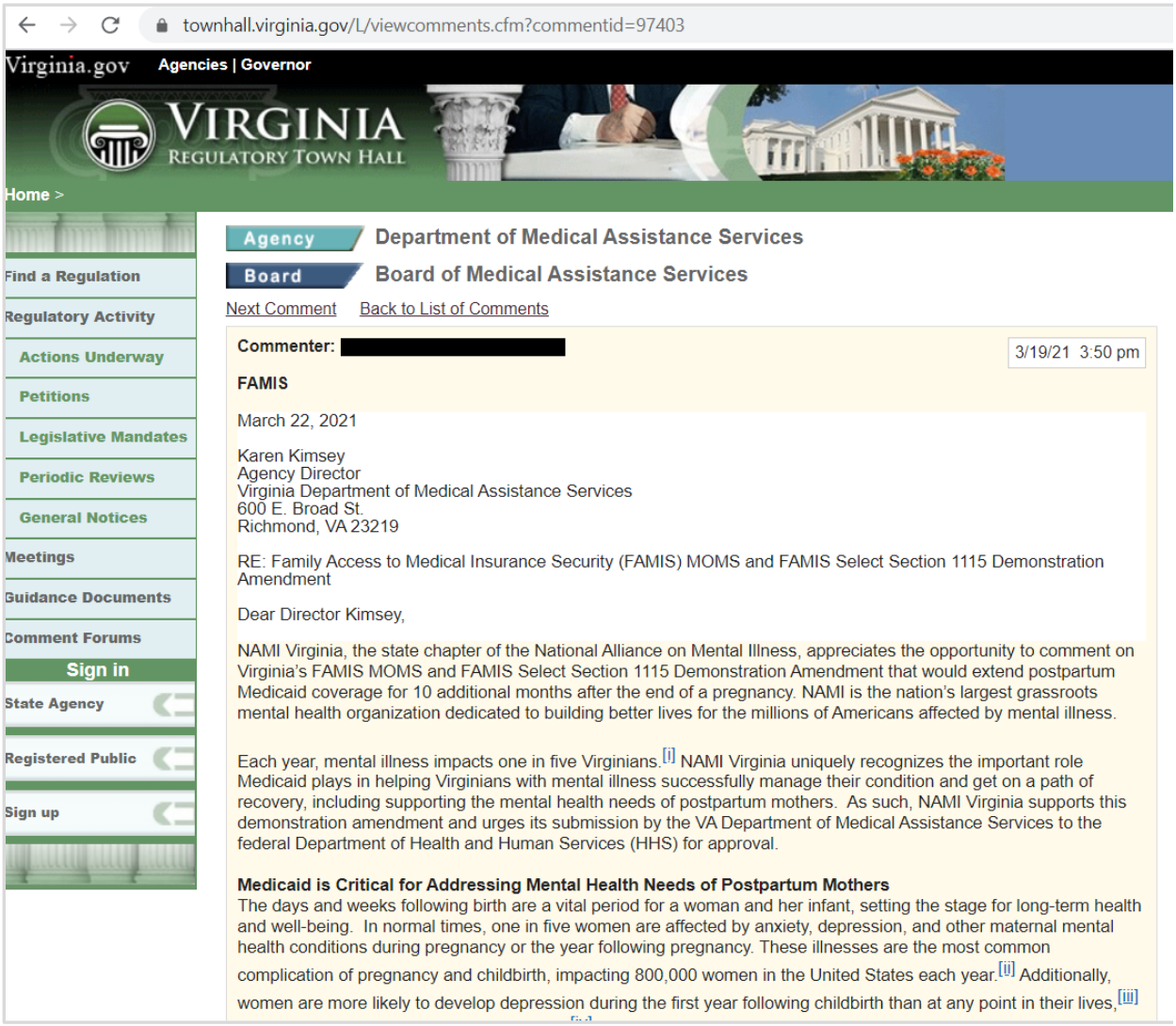
Virginia CHIP 1115 Demonstration Budget INCLUDING 12 MO POSTPARTUM COVERAGE

VIRGINIA FFY 2020-2029	FFY2020	FFY2021	FFY2022	FFY2023	FFY2024	FFY2025	FFY2026	FFY2027	FFY2028	FFY2029
State's Allotment	$399,647,474	$411,636,898	$423,986,005	$436,705,585	$449,806,753	$463,300,955	$477,199,984	$491,515,984	$506,261,463	$521,449,307
Funds Carried Over From Prior Year(s)	$31,626,476	$36,705,377	$104,473,444	$177,255,145	$253,764,864	$314,295,828	$351,644,226	$364,453,551	$347,527,717	$292,348,197
SUBTOTAL (Allotment + Funds Carried Over)	$431,273,950	$448,342,275	$528,459,450	$613,960,730	$703,571,617	$777,596,784	$828,844,210	$855,969,535	$853,789,181	$813,797,504
Reallocated Funds (Redistributed or Retained that are Currently Available)										
TOTAL (Subtotal + Reallocated funds)	$431,273,950	$448,342,275	$528,459,450	$613,960,730	$703,571,617	$777,596,784	$828,844,210	$855,969,535	$853,789,181	$813,797,504
State's Enhanced FMAP Rate	79.76%	68.26%	65.00%	65.00%	65.00%	65.00%	65.00%	65.00%	65.00%	65.00%
COST PROJECTIONS OF APPROVED SCHIP PLAN										
Benefit Costs										
Managed care	$363,569,690	$366,989,805	$387,602,282	$394,698,836	$431,379,838	$483,480,395	$536,090,915	$593,725,499	$660,440,799	$732,801,437
per member/per month rate @ # of eligibles	$188.78 @ 144,795 avg elig/mo	$203.02 @ 150,638avg elig/mo	$210.67 @ 153,321 avg elig/mo	$212.61 @ 154,701 avg elig/mo	$227.28 @ 158,168 avg elig/mo	$249.15 @ 161,710 avg elig/mo	$270.21 @ 165,332 avg elig/mo	$292.70 @ 169,034 avg elig/mo	$318.46 @ 172,820 avg elig/mo	$345.62 @ 176,690 avg elig/mo
Fee for Service	$77,225,361	$77,401,175	$81,397,662	$85,028,604	$78,060,350	$71,274,686	$64,331,529	$57,906,119	$52,605,190	$47,663,384
Total Benefit Costs	**$440,795,051**	**$444,390,980**	**$468,999,944**	**$479,727,440**	**$509,440,188**	**$554,755,080**	**$600,422,444**	**$651,631,618**	**$713,045,989**	**$780,464,821**
Net Benefit Costs	**440,795,051**	**444,390,980**	**468,999,944**	**479,727,440**	**509,440,188**	**554,755,080**	**600,422,444**	**651,631,618**	**713,045,989**	**780,464,821**
Administration Costs										
Personnel	$2,758,460	$2,822,841	$3,037,786	$3,170,771	$3,264,021	$3,368,337	$3,484,008	$3,594,759	$3,711,322	$3,832,091
General administration	$610,961	$625,221	$672,828	$702,283	$722,936	$746,041	$771,660	$796,190	$822,007	$848,756
Contractors/Brokers (e.g., enrollment contractors)	$19,216,084	$19,664,576	$21,161,936	$22,088,343	$22,737,943	$23,464,633	$24,270,423	$25,041,940	$25,853,945	$26,695,252
Claims Processing	$5,997,124	$6,137,094	$6,604,403	$6,893,524	$7,096,257	$7,323,049	$7,574,527	$7,815,309	$8,068,727	$8,331,289
Outreach/marketing costs	$498,877	$510,521	$549,394	$573,445	$590,310	$609,176	$630,095	$650,125	$671,206	$693,047
Other	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Administration Costs	**$29,081,507**	**$29,760,252**	**$32,026,348**	**$33,428,367**	**$34,411,467**	**$35,511,235**	**$36,730,712**	**$37,898,322**	**$39,127,206**	**$40,400,434**
10% Administrative Cap	$48,977,228	$49,376,776	$52,111,105	$53,303,049	$56,604,465	$61,639,453	$66,713,605	$72,403,513	$79,227,332	$86,718,313
Federal Title XXI Share	$374,750,048	$323,631,923	$325,667,090	$333,551,274	$353,503,575	$383,673,105	$414,149,552	$448,194,461	$488,912,577	$533,562,416
State Share	$95,126,509	$150,519,309	$175,359,202	$179,604,532	$190,348,079	$206,593,210	$223,003,605	$241,335,479	$263,260,618	$287,302,839
TOTAL COSTS OF APPROVED SCHIP PLAN	**$469,876,558**	**$474,151,232**	**$501,026,292**	**$513,155,807**	**$543,851,654**	**$590,266,315**	**$637,153,156**	**$689,529,940**	**$752,173,195**	**$820,865,255**
COST PROJECTIONS OF CHIP DEMONSTRATION PROPOSAL										
Benefit Costs for Demonstration Population #1 (pregnant women < 200% FPL)										
Insurance payments										
Managed care	$20,515,655	$25,214,880	$29,364,716	$30,218,932	$43,314,878	$51,742,733	$62,404,151	$75,722,115	$91,822,471	$110,529,272
per member/per month rate @ # of eligibles	$1084.11 @ 1577 avg elig/mo	$1698.91 @1237 avg elig/mo	$2045.76@1196 elig/mo	$2106.18 @1196 avg elig/mo	$2,169.69 @1196 avg elig/mo	$2,235.77 @ 1196 avg elig/mo	$2,303.87 @1196 avg elig/mo	$2,374.04 @ 1196 avg elig/mo	$2,446.35 @ 1196 avg elig/mo	$2,520.86 @ 1196 avg elig/mo
Fee for Service	$2,813,502	$2,170,543	$2,579,498	$2,554,407	$2,598,626	$2,666,132	$2,720,854	$2,772,681	$2,830,118	$2,891,153
Total Benefit Costs for Waiver Population #1	**$23,329,157**	**$27,385,423**	**$31,944,214**	**$32,773,339**	**$45,913,504**	**$54,408,865**	**$65,125,005**	**$78,494,796**	**$94,652,589**	**$113,420,425**
Cost of Proposed Demonstration Amendment (Postpartum)										
Insurance payments										
Managed care		$303,368	$5,037,557	$6,289,982	$6,575,704	$6,891,736	$7,201,449	$7,529,432	$7,872,198	$8,230,303
per member/per month rate @ # of eligibles		$407.88 @ 248 avg elig/mo	$420.12 @ 999 avg elig/mo	$432.72 @ 1211 avg elig/mo	$445.70 @ 1229 avg elig/mo	$459.07 @ 1255 avg elig/mo	$458.12 @ 1275 avg elig/mo	$470.73 @ 1333 avg elig/mo	$483.33 @ 1357 avg elig/mo	$495.94 @ 1383 avg elig/mo
Total Member Months		744	11,991	14,536	14,754	15,064	15,305	15,536	15,770	16,007
Total Benefit Costs for Demonstration Amendment	**$0**	**$303,368**	**$5,037,557**	**$6,289,982**	**$6,575,704**	**$6,891,736**	**$7,201,449**	**$7,529,432**	**$7,872,198**	**$8,230,303**
Benefit Costs for Demonstration Population #2 (children in premium assistance)										
Insurance payments	$55,574	$50,017	$45,015	$40,513	$40,513	$40,513	$40,513	$40,513	$40,513	$40,513
Managed care										
per member/per month rate @ # of eligibles	$100.90 @ 46 avg elig/mo	$100.90 @ 41 avg elig/mo	$100.90 @ 37 avg elig/mo	$100.90 @ 33 avg elig/mo	$100.90 @ 33 avg elig/mo	$100.90 @ 33 avg elig/mo	$100.90 @ 33 avg elig/mo	$100.90 @ 33 avg elig/mo	$100.90 @ 33 avg elig/mo	$100.90 @ 33 avg elig/mo
Fee for Service	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Benefit Costs for Waiver Population #2	**$55,574**	**$50,017**	**$45,015**	**$40,513**	**$40,513**	**$40,513**	**$40,513**	**$40,513**	**$40,513**	**$40,513**
Total Benefit Costs	**$23,384,731**	**$27,738,808**	**$37,026,786**	**$39,103,834**	**$52,529,721**	**$61,341,114**	**$72,366,967**	**$86,064,741**	**$102,565,300**	**$121,691,242**
(Offsetting beneficiary cost sharing payments) * Premium Payments will be net of cost sharing										
Net Benefit Costs	**$23,384,731**	**$27,738,808**	**$37,026,786**	**$39,103,834**	**$52,529,721**	**$61,341,114**	**$72,366,967**	**$86,064,741**	**$102,565,300**	**$121,691,242**
Administration Costs										
Personnel	$138,914	$181,184	$214,484	$179,067	$186,313	$185,507	$176,451	$175,514	$172,059	$167,792
General administration	$30,768	$40,130	$47,505	$39,661	$41,266	$41,087	$39,082	$38,874	$38,109	$37,164
Contractors/Brokers (e.g., enrollment contractors)	$967,709	$1,262,174	$1,494,149	$1,247,425	$1,297,899	$1,292,284	$1,229,202	$1,222,673	$1,198,606	$1,168,876
Claims Processing	$302,011	$393,910	$466,307	$389,307	$405,060	$403,307	$383,620	$381,583	$374,071	$364,793
Outreach/marketing costs	$25,123	$32,768	$38,790	$32,385	$33,695	$33,550	$31,912	$31,742	$31,118	$30,346
Other (specify)										
Total Administration Costs	**$1,464,526**	**$1,910,166**	**$2,261,237**	**$1,887,846**	**$2,504,453**	**$3,704,198**	**$4,927,043**	**$6,623,499**	**$9,016,865**	**$12,337,682**
10% Administrative Cap	$2,338,473	$2,773,881	$3,702,679	$3,910,383	$5,252,972	$6,134,111	$7,236,697	$8,606,474	$10,256,530	$12,169,124
Federal Title XXI Share	$19,818,525	$20,236,907	$25,537,215	$26,644,592	$35,772,213	$42,279,453	$50,241,107	$60,247,356	$72,528,407	$87,118,800
State Share	$5,030,732	$9,412,067	$13,750,808	$14,347,088	$19,261,961	$22,765,859	$27,052,904	$32,440,884	$39,053,758	$46,910,123
TOTAL COSTS FOR DEMONSTRATION	**$24,849,257**	**$29,648,974**	**$39,288,023**	**$40,991,680**	**$55,034,174**	**$65,045,313**	**$77,294,010**	**$92,688,240**	**$111,582,164**	**$134,028,924**
TOTAL PROGRAM COSTS (State Plan + Demonstration)	**$494,725,814**	**$503,800,206**	**$540,314,315**	**$554,147,487**	**$598,885,828**	**$655,311,628**	**$714,447,167**	**$782,218,181**	**$863,755,360**	**$954,894,179**
Total Federal Title XXI Funding Currently Available (Allotment + Reallocated Funds)	$431,273,950	$448,342,275	$528,459,450	$613,960,730	$703,571,617	$777,596,784	$828,844,210	$855,969,535	$853,789,181	$813,797,504
Total Federal Title XXI Program Costs (State Plan + Demonstration) - ACTUAL FROM CMS 64F (d)*	$394,568,573	$343,868,830	$351,204,305	$360,195,866	$389,275,788	$425,952,558	$464,390,658	$508,441,817	$561,440,984	$620,681,216
Unused Title XXI Funds Expiring (Allotment or Reallocated)										
Remaining Title XXI Funds to be Carried Over (Equals Available Funding - Costs - Expiring Funds	$36,705,377	$104,473,444	$177,255,145	$253,764,864	$314,295,828	$351,644,226	$364,453,551	$347,527,717	$292,348,197	$193,116,287

B. Public Comments Received on Demonstration Amendment Request



DMAS SECTION 1115 DEMONSTRATION AMENDMENT REQUEST



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Agency Department of Medical Assistance Services

Board Board of Medical Assistance Services

Next Comment Back to List of Comments

Commenter: [redacted] 3/19/21 3:50 pm

FAMIS

March 22, 2021

Karen Kimsey
Agency Director
Virginia Department of Medical Assistance Services
600 E. Broad St.
Richmond, VA 23219

RE: Family Access to Medical Insurance Security (FAMIS) MOMS and FAMIS Select Section 1115 Demonstration Amendment

Dear Director Kimsey,

NAMI Virginia, the state chapter of the National Alliance on Mental Illness, appreciates the opportunity to comment on Virginia's FAMIS MOMS and FAMIS Select Section 1115 Demonstration Amendment that would extend postpartum Medicaid coverage for 10 additional months after the end of a pregnancy. NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Each year, mental illness impacts one in five Virginians.[i] NAMI Virginia uniquely recognizes the important role Medicaid plays in helping Virginians with mental illness successfully manage their condition and get on a path of recovery, including supporting the mental health needs of postpartum mothers. As such, NAMI Virginia supports this demonstration amendment and urges its submission by the VA Department of Medical Assistance Services to the federal Department of Health and Human Services (HHS) for approval.

Medicaid is Critical for Addressing Mental Health Needs of Postpartum Mothers
The days and weeks following birth are a vital period for a woman and her infant, setting the stage for long-term health and well-being. In normal times, one in five women are affected by anxiety, depression, and other maternal mental health conditions during pregnancy or the year following pregnancy. These illnesses are the most common complication of pregnancy and childbirth, impacting 800,000 women in the United States each year.[ii] Additionally, women are more likely to develop depression during the first year following childbirth than at any point in their lives,[iii]

impacting at least one in nine new mothers.[iv] Likewise, women with substance use disorder are also at greater odds of experiencing a relapse and overdose 7-12 months postpartum.[v]

Yet national figures show that untreated perinatal mental health conditions are often underdiagnosed and untreated. Less than 20 percent of women get treated for such conditions postpartum[vi] even when they do screen positive.[vii] Unfortunately, when left untreated, mental health conditions are the second leading cause of pregnancy-related death that occur within 43 days to one year after the end of pregnancy.[viii]

In Virginia, Medicaid covers more than a third of all births.[ix] Pregnant women are eligible for Medicaid coverage up to 60 days postpartum, at which time they must transition to other insurance or become uninsured. While some Virginians can successfully transition to other sources of coverage like the state's Medicaid expansion program, some may struggle to find an alternative, and many are left in the untenable position of being uninsured shortly after a major medical event.[x],[xi] Others may successfully find other forms of coverage but might need to switch providers and have their continuity of care disrupted as a result.

This abrupt cutoff can thrust new mothers into the ranks of the uninsured or underinsured, limiting their access to essential services and medications. When new mothers go off and on coverage – called "churn" – their mental and physical health suffers. Specifically, when individuals with mental health conditions "churn" they are less likely to receive outpatient mental health services.[xii] This experience is sadly not unique: it is estimated that more than half of women with Medicaid coverage at the time of delivery experience at least one month of being uninsured in the six months after delivery.[xiii]

Virginia's proposal would reduce the likelihood of new mothers becoming uninsured and without care by extending Medicaid postpartum coverage for women covered under the existing FAMIS MOMS and FAMIS Select demonstration for 10 additional months after the end of the pregnancy for women with incomes between 138 percent and 205 percent FPL. This would mean a total of 12 months' worth of coverage, impacting 910 to 1,590 women throughout the demonstration years. This proposal, coupled with Virginia's Medicaid expansion in January 2019 for non-elderly adults with incomes at or below 138 percent FPL, means more continuous coverage options that will allow Virginian women greater access to necessary care for conditions like mental illness.

For all these reasons, NAMI Virginia supports the mental health and wellness of new mothers and is grateful that Virginia is electing to expand access to this vital source of coverage. We urge the state to move forward with this plan and submit to HHS for approval. Thank you for the opportunity to provide comments.

Sincerely,

[redacted]

NAMI Virginia

NAMI Virginia

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[i] Substance Abuse and Mental Health Services Administration, "Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health," 2020, https://www.samhsa.gov/data/.

[ii] D. Luca, N. Garlow, and C. Staatz, "Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States," Mathematica Policy Research, 2019, https://www.mathematica.org/our-publications-and-findings/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states.

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[v] D. Schiff et al. Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts. *Obstet Gynecol* 2018;132(2):466-474. DOI: 10.1097/AOG.0000000000002734.

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[viii] Centers for Disease Control and Prevention, "Building U.S. Capacity to Review and Prevent Maternal Deaths," Report from nine maternal mortality review, 2018, https://www.cdcfoundation.org/building-us-capacity-review-and-prevent-maternal-deaths.

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[x] J. Daw, K. Kozhimannil, and L. Admon. High Rates of Perinatal Insurance Churn Persist After the ACA. *Health Affairs* Blog. September 16, 2019, https://www.healthaffairs.org/do/10.1377/hblog20190913.387157/full/.

[xi] S. McMorrow, G. Kenney. Despite Progress Under the ACA, Many New Mothers Lack Insurance Coverage. *Health Affairs* Blog. September 19, 2018, https://www.healthaffairs.org/do/10.1377/hblog20180917.317923/full/.

[xii] X. Ji et al. Effect of Medicaid Disenrollment on Health Care Utilization Among Adults With Mental Health Disorders. *Medical Care* 2019;57(8):574-583. DOI: 10.1097/MLR.0000000000001153.

[xiii] J. Daw et al., "Women in the United States Experience High Rates of Coverage 'Churn' in Months Before and After Childbirth," *Health Affairs* Blog, April 2017, https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241.

CommentID: 97403

March 12, 2021

Dear Board of Medical Assistance Services,

On behalf of CASA and our 10,000 members, we strongly urge you to support the amendment to extend postpartum coverage from 60 days to 12 months for beneficiaries of the FAMIS MOMS and FAMIS Select programs.

The Northam Administration has made reducing disproportionate mortality rates in Virginia a priority. Efforts to support mothers, particularly non-Hispanic black and Hispanic mothers, are critical. Black women in Virginia are three times more likely to die during their pregnancy. The state has taken a proactive role in combating this disparity through programs and policies, such as extending healthcare coverage, including the recent extension of prenatal care coverage to all women of the FAMIS MOMS program, regardless of immigration status.

To continue our efforts and protect mothers and their children, we ask that postpartum coverage under this program extend by an additional ten months. Continuity of care following childbirth is essential for both mothers and newborns. According to numerous studies, 65% of postpartum maternal deaths occur within the first week after birth, and 80% occurring within two weeks. Most child deaths occur during the first month of a child's life, with 75% occurring within the first week of life.

At CASA, we believe extending this coverage to all mothers will support the state's effort of decreasing maternal mortality and address the racial/ethnic disparities observed. We ask for your support in adopting this proposed amendment. Doing so will help address this issue while promoting health equity.

Sincerely,

[redacted]

www.wearecasa.org | 1455 Old Bridge Road, Suite 203, Woodbridge, VA 22192

VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION

4200 INNSLAKE DRIVE, SUITE 203, GLEN ALLEN, VIRGINIA 23060-6772
P.O. BOX 31394, RICHMOND, VIRGINIA 23294-1394
(804) 965-1227 FAX (804) 965-0475

SENT VIA EMAIL TO (FAMISMOMS@dmas.virginia.gov)

March 16, 2021

Karen Kimsey
Director
Department of Medical Assistance Services
600 East Broad Street
Richmond, Virginia 23219

RE: Public Comment on 12 Months Postpartum Coverage for FAMIS MOMS

Dear Director Kimsey:

Thank you for the opportunity to comment on the draft postpartum coverage amendment application for FAMIS MOMS, which would extend postpartum coverage from two months to 12 months. The Virginia Hospital & Healthcare Association (VHHA) submits this letter to express its support for the draft amendment.

Data overwhelmingly indicates that mothers, in particular women of color, continue to suffer from life-threatening conditions after giving birth. Black women in Virginia are three times more likely to suffer a pregnancy-related death than White women. The Maternal Mortality Review Team found that nearly two-thirds of pregnancy-associated deaths for Black women are due to natural causes, including cardiac disease, exacerbation of chronic disease, and pulmonary embolism. Among the leading causes of postpartum deaths for White women are suicide, cancer, and infection.

Health coverage and access to care are essential to improving maternal health outcomes. While additional work is being done in the Commonwealth to study and prevent postpartum deaths, it is clear that extended coverage through FAMIS MOMS would be invaluable in treating diseases, infections, and behavioral health issues that frequently contribute to maternal mortality.

VHHA and its member hospitals are committed to improving health outcomes for all birthing people across the Commonwealth and believe that having health coverage for a full twelve months postpartum is critical to Virginia mothers. VHHA strongly supports adoption of this proposed policy.

Thank you again for this opportunity to comment.

Sincerely,

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Virginia Section

March 17, 2021

Karen Kimsey
Director
Department of Medical Assistance Services
600 East Broad Street
Richmond, VA 23219

Re: FAMIS MOMS and FAMIS Select Section 1115 Demonstration Amendment to Extend Postpartum Coverage

Dear Director Kimsey:

The Virginia Section of the American College of Obstetricians and Gynecologists (ACOG), representing more than 1,000 physicians and partners in women's health, appreciates the opportunity to provide comments on the Department of Medical Assistance Services' (DMAS) FAMIS MOMS and FAMIS Select Section 1115 Demonstration Amendment to extend postpartum coverage. As physicians dedicated to providing quality care to women, we are encouraged by the Commonwealth's recognition that "maternal deaths are a serious public health concern with considerable short- and long-term individual, family, and societal impacts." Nationally, according to the Centers for Disease Control and Prevention (CDC), 700 to 900 pregnancy-related deaths occur in the U.S. each year, and most of these deaths are preventable.[1,2] There are stark racial inequities in maternal mortality. Black women are three to four times more likely to die and Indigenous women are more than twice as likely to die from a pregnancy-related complication than non-Hispanic White women.[3,4] Extending the period of eligibility for FAMIS MOMS from 60 days to one year postpartum can help eradicate preventable maternal deaths and decrease inequities in maternal health outcomes.

ACOG supports Virginia's proposal to extend coverage for pregnant women enrolled in the FAMIS MOMS program from 60 days to 12 months postpartum. We urge the state to act quickly to submit this waiver request to the Centers for Medicare and Medicaid Services (CMS) for review and approval. We also urge the state to engage in conversations with CMS staff about the forthcoming state plan option to extend postpartum coverage.

Clinical Evidence in Support of Extending Postpartum Coverage

Policies regarding maternal health should be evidence informed and driven by available data. Maternal mortality review teams or committees, including in Virginia, are viewed as the experts in maternal health. These committees represent interdisciplinary teams of experts – including obstetrician-gynecologists, certified nurse midwives, medical examiners, social workers, and others – that review

maternal deaths that occur in the state, determining whether deaths may have been preventable, and issuing recommendations to prevent future deaths. According to Virginia's MMRT, between 1999 and 2012, 427 women with a total of 848 chronic diseases died from a pregnancy associated death in Virginia.[5] The Virginia MMRT's review of pregnancy-associated deaths between 1999 and 2012 revealed that nearly 70 percent of all women experiencing a pregnancy associated death had at least one chronic condition.[6] Over 45 percent of women with a chronic disease had public insurance that only provided coverage during pregnancy and the 6 weeks postpartum. **The data shows that incomplete healthcare coverage outside of pregnancy (prior to becoming pregnant and after the postpartum period) is a contributor to maternal mortality in Virginia.** This is particularly important in light of the fact that over 62 percent of women with chronic condition died after the 6-week postpartum period (between 43 and 365 days after the end of pregnancy).[7]

The Virginia Department of Health (VDH) also acknowledges—and ACOG agrees—that providing greater continuity of care in the postpartum period will help to reduce maternal mortality and morbidity. There are major risks to becoming uninsured shortly after experiencing pregnancy. One in seven women experience symptoms of postpartum depression in the year after giving birth, and evidence suggests women with substance use disorder are more likely to experience relapse and overdose 7-12 months postpartum.[8,9] According to researchers at the Urban Institute, almost one-third of women who lost Medicaid coverage and became uninsured in the postpartum period were obese before their pregnancy, and 18 percent reported either gestational diabetes or pregnancy-related hypertension – all conditions that benefit from ongoing monitoring and treatment after giving birth.[10] In addition, about one-third of the women who lost coverage were recovering from a cesarean section and just over one-quarter reported being depressed sometimes, often, or always in the months after giving birth.[11]

Many of these postpartum health risks could be mitigated if women were able to maintain coverage through the Medicaid program during the first year after delivery. According to ACOG guidance, the postpartum period should be an ongoing process "with services and support tailored to each woman's individual needs."[12] This may include physical recovery from birth, an assessment of social and psychological well-being, chronic disease management, and initiation of contraception, among other services.[13] Moreover, as noted above, national data demonstrate that an increasing number of maternal deaths – and particularly those caused by overdose and suicide – happen in the later postpartum period, more than 43 days after the end of pregnancy.[14] Extending coverage beyond 60 days postpartum will give new mothers the opportunity to access care to address their health needs, including those unrelated to pregnancy, to avoid potentially life-threatening complications.

Potential Cost Savings Associated with Extending Postpartum Coverage

While there are currently no definitive data on the long-term cost savings of improved maternal health outcomes from extending pregnancy-related Medicaid beyond 60 days postpartum, it is undeniable that the extension of postpartum coverage would result in cost savings for both Virginia and the federal government. According to one study, the average total per patient costs in 2013 for Medicaid-enrolled pregnant women with severe maternal morbidity was $10,134 compared to $6,894 for women without severe maternal morbidity, highlighting the potential savings associated with proper management of these conditions.[15] Reducing cycling on and off of coverage in the Medicaid program (also known as "churn") has also been found to lower monthly per capita spending and can help reduce administrative costs.[16]

Moreover, keeping women insured through Medicaid enables patients and their obstetrician-gynecologists or other clinicians to address any ongoing health concerns, including those unrelated to

pregnancy, before any subsequent pregnancies. This is especially important for women who rely on Medicaid who are more likely to have had a prior preterm birth or low birthweight baby and to experience certain chronic conditions, like substance use disorder.[17,18] Addressing these concerns will help avoid long-term costs due to untreated conditions that may impact future pregnancies. Any potential savings from a postpartum coverage extension will be critical as our nation recovers from the economic toll of the COVID-19 pandemic.

Thank you for the opportunity to provide comments on the FAMIS MOMS and FAMIS Select Section 1115 Demonstration Amendment to extend postpartum coverage. As previously mentioned, the Virginia Section of ACOG urges the state to engage in conversations with CMS about the forthcoming state plan option to extend postpartum coverage. The state should work with CMS to take advantage of the appropriate flexibilities.

Sincerely,

[1] Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429.
[2] Building U.S. Capacity to Review and Prevent Maternal Deaths. (2018). Report from nine maternal mortality review committees. Available at: https://reviewtoaction.org/Report_from_Nine_MMRCs
[3] Pregnancy Mortality Surveillance System. Centers for Disease Control and Prevention. Available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html
[4] Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429.
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[17] Medicaid and CHIP Payment and Access Commission. Access in Brief: Pregnant Women and Medicaid. November 2018. Available at: https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf

[18] Kozhimannil KB. Risk of severe maternal morbidity and mortality among Medicaid beneficiaries. Presentation to MACPAC. 2020. Retrieved from: https://www.macpac.gov/wp-content/uploads/2020/01/Maternal-Morbidity-among-Women-in-Medicaid.pdf

March 17, 2021

Hope Richardson, Senior Policy Analyst, CHIP/FAMIS
600 East Broad St
Richmond, 23219

Re: Virginia Family Access to Medical Insurance Security (FAMIS) MOMS and FAMIS Select Section 1115 Amendment

Dear Hope Richardson:

The Virginia Hemophilia Foundation, Hemophilia Association of the Capital Area, Hemophilia Federation of America, and National Hemophilia Foundation appreciate the opportunity to provide comments on the FAMIS MOMS and FAMIS Select Section 1115 Waiver Amendment application. This proposal is part of the enrolled HB 1800 (Item 312 #2c) in the budget bill sent to the Governor for his consideration by March 31st.

VHF and HACA are non-profit organizations that represent Virginians with bleeding disorders across the Commonwealth, and HFA and NHF are non-profit organizations representing individuals with bleeding disorders nationwide. Our shared missions are to ensure that persons with inherited bleeding disorders such as hemophilia and von Willebrand's disease have timely access to quality medical care, therapies, and services, regardless of their financial circumstances or place of residence.

The purpose of the Medicaid program is to provide healthcare coverage for low-income individuals and families, and our organizations are committed to ensuring that Virginia's Medicaid program provides quality and affordable healthcare coverage. We support Virginia's request to extend postpartum coverage from 60 days to twelve months, as this will help patients to better manage serious and chronic health conditions and reduce negative maternal outcomes that disproportionately affect women of color.

Virginia's proposed waiver will help prevent gaps in healthcare coverage for low-income women during the postpartum period. According to the state's application, this demonstration would provide healthcare coverage to between 910 and 1,590 women each year. The need to increase coverage during this period is clear, as 55% of women with coverage through Medicaid or the Children's Health Insurance Program (CHIP) at the time of delivery experienced at least one month without healthcare coverage during the six months after delivery.1 These gaps in coverage are especially problematic for individuals with bleeding disorders. People with bleeding disorders rely on essential medications to manage their condition: to prevent bleeding, and to treat acute breakthrough bleeding episodes, which could lead to irreversible permanent damage. Sudden gaps in coverage, leading to interrupted treatment, create unacceptable risks for this population.

Improving postpartum coverage is an important component of reducing maternal mortality in Virginia. A report from the state's Maternal Mortality Review Team found that in a 14-year period, more than 400 women with chronic diseases died from complications associated with pregnancy.[2] Nearly two-thirds of these women died 43 days or more after giving birth. According to research from the Centers for Disease Control and Prevention (CDC), an estimated three out of

five pregnancy-related deaths are preventable.[3] Access to a regular source of healthcare plays an important role in mitigating the factors that contribute to maternal mortality.

Access to care during the postpartum period is especially important for women with serious and chronic conditions that can impact maternal health outcomes, as well as for women who develop such conditions during their pregnancies. Women with bleeding disorders, for example, are at elevated risk for postpartum hemorrhage, and secondary postpartum hemorrhage can occur as late as twelve weeks after childbirth.[4] Access to care during the postpartum period, beyond the 60 days now covered, is thus essential to protect the maternal health of women with bleeding disorders.

Extending postpartum coverage is also important to reduce health disparities. Negative maternal outcomes disproportionately affect women of color. Black women in Virginia are more than two times as likely to die from a pregnancy-related cause than white women in the state. Nationally, Medicaid covers 43% of births in the United States, including 60% of births to Hispanic women, 65% of births to African American women, and 67% of births to American Indian or Alaskan Native women.[5] Extending postpartum coverage is therefore a critical opportunity to improve access to care and reduce pregnancy-related deaths in communities of color.

For all these reasons, VHF, HACA, HFA, and NHF strongly support Virginia's request to extend postpartum coverage to twelve months without cost-sharing. Thank you for the opportunity to provide comments.

Sincerely,

[redacted]
Virginia Hemophilia Foundation
[redacted]

[redacted]
Hemophilia Association of the Capital Area
[redacted]

[redacted]
Hemophilia Federation of America
[redacted]

[redacted]
National Hemophilia Foundation
[redacted]

[1] Daw JR, Hatfield LA, Swartz K, Sommers BD. Women in the United States experience high rates of coverage 'churn' in months before and after childbirth. Health Aff (Millwood). 2017; 36(4): 598–606. Available at: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241.

[2] MMRT-Chronic-Disease-Report-FINAL-VERSION.pdf (virginia.gov)

[3] Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. DOI: http://dx.doi.org/10.15585/mmwr.mm6818e1

[4] VanderMeulen H, Petrucci J, Floros G, Meffe F, Dainty KN, Sholzberg M. The experience of postpartum bleeding in women with inherited bleeding disorders. Res Pract Thromb Haemost. 2019 Oct; 3(4): 733-740. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6782019/.

[5] MACPAC. Medicaid's Role in Financing Maternity Care. January 2020. Available at: https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf

American Lung Association.
Virginia

March 18, 2021

Hope Richardson, Senior Policy Analyst, CHIP/FAMIS
600 East Broad St
Richmond, 23219

Re: Virginia Family Access to Medical Insurance Security (FAMIS) MOMS and FAMIS Select Section 1115 Amendment

Dear Ms. Richardson:

The American Lung Association in Virginia appreciates the opportunity to provide comments on the FAMIS MOMS and FAMIS Select Section 1115 Waiver Amendment application.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 36 million Americans living with lung diseases including asthma, lung cancer and COPD, including more than one million Virginians. The Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy.

The purpose of the Medicaid program is to provide healthcare coverage for low-income individuals and families, and the American Lung Association is committed to ensuring that Virginia's Medicaid program provides quality and affordable healthcare coverage. The Lung Association supports Virginia's request to extend postpartum coverage from 60 days to twelve months, as this will help patients to better manage serious and chronic health conditions and reduce negative maternal outcomes that disproportionately affect women of color.

Virginia's waiver will help to prevent gaps in healthcare coverage for low-income women during the postpartum period. According to the state's application, this demonstration would provide healthcare coverage to between 910 and 1,590 women each year. The need to increase coverage during this period is clear, as 55% of women with coverage through Medicaid or the Children's Health Insurance Program (CHIP) at the time of delivery experienced at least one month without healthcare coverage during the six months after delivery.[1] These gaps in coverage are especially problematic for individuals with lung disease; for example, patients with lung cancer who are in the middle of chemotherapy and patients with asthma who must take daily medications to manage their conditions cannot afford a sudden elimination of coverage and gap in their care.

Additionally, patients enrolled through this demonstration will not have any copayments or cost-sharing. This is an important provision for patients, as research has shown that even relatively low levels of cost-sharing for low-income populations limit the use of necessary healthcare services.[2] Financial barriers should not deter a patient from visiting their doctor or filling a prescription.

9702 Gayton Road #110 | Richmond, VA 23238 | 1-800-LUNGUSA | Lung.org

Improving postpartum coverage is an important component of reducing maternal mortality in Virginia. A report from the state's Maternal Mortality Review Team found that in a 14-year period, more than 400 women with chronic diseases died from complications associated with pregnancy.[3] Nearly two-thirds of these women died 43 days or more after giving birth. According to research from the Centers for Disease Control and Prevention (CDC), an estimated three out of five pregnancy-related deaths are preventable.[4] Access to a regular source of healthcare is important for conditions to be caught early and negative health outcomes to be avoided if possible.

Access to care during the postpartum period is especially important for women with serious and chronic conditions that can impact maternal health outcomes, as well as for women who develop such conditions during their pregnancies. According to the CDC, thrombotic pulmonary or other embolisms are one of the leading causes of maternal deaths that occur between 43 days and one year after delivery.[5] The postpartum period is also important time to ensure the women have access to the support they need to quit smoking and stay quit. In addition to the health impact on the mother, babies with mothers who smoke during pregnancy or who are exposed to secondhand smoke after birth have weaker lungs and are more likely to die from sudden infant death syndrome (SIDS).[6]

Finally, extending postpartum coverage is important to reduce health disparities. Negative maternal outcomes disproportionately affect women of color. Black women in Virginia are more than two times as likely to die from a pregnancy-related cause than white women in the state. Nationally, Medicaid covers 43% of births in the United States, including 60% of births to Hispanic women, 65% of births to African American women, and 67% of births to American Indian or Alaskan Native women.[7] Extending postpartum coverage is therefore a critical opportunity to improve access to care and reduce pregnancy-related deaths in communities of color.

The Lung Association strongly supports Virginia's request to extend postpartum coverage to twelve months. Thank you for the opportunity to provide comments.

Sincerely,

American Lung Association in Virginia

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[1] Daw JR, Hatfield LA, Swartz K, Sommers BD. Women in the United States experience high rates of coverage 'churn' in months before and after childbirth. Health Aff (Millwood). 2017; 36(4): 598–606. Available at: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1241.

[2] Samantha Artiga, Petry Ubri, and Julia Zur, "The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings," Kaiser Family Foundation, June 2017. Available at: https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/.

[3] MMRT-Chronic-Disease-Report-FINAL-VERSION.pdf (virginia.gov)

[4] Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. DOI: http://dx.doi.org/10.15585/mmwr.mm6818e1

[5]Petersen EE, Davis NL, Goodman D, et al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. DOI: http://dx.doi.org/10.15585/mmwr.mm6818e1
https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w

[6] Centers for Disease Control and Prevention. Smoking During Pregnancy. April 28, 2020. Available at: https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm

[7] MACPAC. Medicaid's Role in Financing Maternity Care. January 2020. Available at: https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing-Maternity-Care.pdf

Planned Parenthood®
Act. No matter what.

Planned Parenthood Advocates of Virginia, Inc.

March 22, 2021

VIA ELECTRONIC SUBMISSION

DMAS Director Karen Kimsey
Virginia Department of Medical Assistance Services
600 E. Broad Street, Suite 300
Richmond, Virginia 23219

Submitted electronically via FAMISMOMS@dmas.virginia.gov

Re: Request for Comments for FAMIS MOMS and FAMIS Select Amendment to Extend Coverage to 12 Months Postpartum

Dear DMAS Director Karen Kimsey:

Planned Parenthood Advocates of Virginia (Planned Parenthood) is pleased to submit these comments in strong support of the Virginia Department of Medical Assistance Services' (DMAS) proposal to extend Medicaid coverage for pregnant women to 12 months postpartum by amending the FAMIS MOMS and FAMIS Select Section 1115 Medicaid and Children's Health Insurance Program (CHIP) waiver.

Planned Parenthood represents six Planned Parenthood health centers in Virginia, where we are a leading sexual and reproductive health care (SRH) provider offering services known to contribute to healthier pregnancies, including screenings for high blood pressure, STI screening and testing, contraceptive counseling and services, annual wellness exams, and other essential care. Our health centers range in size and location from small rural clinic practices to larger metropolitan clinics, serving Virginians from diverse zip codes. From October 1, 2019 until September 30, 2020, our health centers provided affordable birth control, lifesaving cancer screenings, testing and treatment for STIs, essential care, and education services to over 18,021 patients. Specifically, Planned Parenthood provided:

- 8,863 STI testing and treatment services;
- 846 breast exams;
- 2,115 pregnancy tests; and

- Education services to 4,728 program participants.

The care we provide is not only vital in promoting health and wellbeing, but Planned Parenthood is also a trusted safety-net provider specializing in delivering care to those facing health disparities due to systemic racism and other structural barriers, such as individuals with low incomes and communities that have been historically marginalized, including Black and brown communities and LGBTQ+ individuals. As a national federation, nearly 70 percent of Planned Parenthood patients have incomes below 150 percent of the Federal Poverty Level (FPL), and 39 percent of the 2.4 million patients we serve annually identify as Black or Latinx.[1]

As a leading provider and advocate for sexual and reproductive health and rights, Planned Parenthood takes every opportunity to comment in support of policies that advance health equity and improve outcomes for the communities we serve. As such, Planned Parenthood is committed to addressing the physical, mental, and emotional impacts systemic racism and other prevalent structures of oppression in our society have on the Black community. Due to systemic racism and other structures of oppression, Black women in Virginia are more than two times more likely to die from pregnancy-related causes.[2] Within health care settings, Black women often face discrimination by their providers, resulting in poor quality of care and worse health outcomes. Beyond the clinical health care setting, Black women have fewer economic opportunities and are more likely to work in low-wage jobs that do not offer health coverage benefits, leading to them being disproportionately enrolled in the Medicaid program, with 31 percent of Black women utilizing Medicaid as opposed to 16 percent of white women nationally.[3] And in Virginia, 37 percent of Black Virginians are enrolled in Medicaid, despite making up less than 20 percent of the total population.[4] Finally, the COVID-19 pandemic underscores the need for more comprehensive coverage for uninsured women; indeed, according to data released by the Bureau of Labor Statistics (BLS), women accounted for all the job losses reported at the end of 2020, with Black and brown women experiencing a disproportionate share of losses.[5]

Therefore, Planned Parenthood applauds DMAS for taking necessary steps to extend the FAMIS MOMS and FAMIS Select maternity benefits to one full year postpartum. For twelve months after childbirth, when women are at elevated risk of potential health complications, they would have access to care from the same health care professionals that have served them throughout their pregnancies and who have the best sense of the woman's health needs and risks. This would have the biggest positive impact on

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[1] Planned Parenthood Federation of America. (2021). *This is Who We Are*. Planned Parenthood. Retrieved from: https://www.plannedparenthood.org/uploads/filer_public/2d/e1/2de1e14c-9bce-46b8-94f5-d57de80f1a3d/210210-fact-sheet-who-we-are-p01.pdf.

[2] Rouse, M. (2019). *Chronic Disease in Virginia Pregnancy Associated Deaths, 1999-2012: Need for Coordination of Care*. Virginia Maternal Mortality Review Team. Retrieved from: https://www.vdh.virginia.gov/content/uploads/sites/18/2019/08/MMRT-Chronic-Disease-Report-FINAL-VERSION.pdf.

[3] Sonfield, A. (2017). *Why Protecting Medicaid Means Protecting Sexual and Reproductive Health*. Guttmacher Institute. Retrieved from: https://www.guttmacher.org/gpr/2017/03/why-protecting-medicaid-means-protecting-sexual-and-reproductive-health.

[4] Kaiser Family Foundation. *Medicaid Enrollment by Race and Ethnicity*. KFF. Retrieved from: https://www.kff.org/medicaid/state-indicator/medicaid-enrollment-by-raceethnicity/?currentTimeframe=0&selectedDistributions=white--black--hispanic&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[5] Kurtz, A. (2021). *The US economy lost 140,000 jobs in December. All of them were held by women*. CNN Business. Retrieved from: https://www.cnn.com/2021/01/08/economy/women-job-losses-pandemic/index.html.

populations most impacted by maternal death in Virginia, especially Black women who currently lose their health insurance shortly after giving birth.

I. Extending coverage to a full year postpartum is an essential step towards improving maternal and infant health outcomes for women most at risk for pregnancy complications.

Importantly, Medicaid is a vital part of the health care system and plays a major role in ensuring access to essential primary and preventive care services for women, men, and young people. Approximately two-thirds of adult women with Medicaid are in their reproductive years and use the program to access reproductive health services.[6] The program is also the largest payer of reproductive health care in the country,[7] paying for 75 percent of family planning services.[8] And for nearly half of women giving birth, Medicaid is the source of coverage for essential care, including prenatal and delivery care;[9] recent data found that in 22 states 50 percent or more of births are covered by Medicaid.[10] In Virginia, Medicaid covers 37% of all births.[11] Nationally, nearly half of all Planned Parenthood patients access our services through Medicaid.

Ensuring the continuity of care is one of the most effective ways to improve health outcomes for women and babies. Based on Centers for Disease Control and Prevention (CDC) data, up to 33 percent of pregnancy-related deaths occur between one week to one full year after childbirth.[12] In Virginia, the data are even more alarming, especially for women living with chronic health conditions, such as high blood pressure, cardiovascular disease, and other potentially fatal diseases that are left untreated. Based on a report published by the Virginia Maternal Mortality Review Team, over 62 percent of maternal deaths for women with a chronic health condition occurred between 43 days and one year postpartum.[13] Of these, just over 25 percent of women with a chronic health condition were referred to a specialist to manage and treat their condition during pregnancy.[14]

Black women, who are at greater risk for pregnancy-related death, are also more likely than non-Hispanic white women to live with at least one chronic health condition that can be caused or

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[6] Kaiser Family Foundation. (2019). *Medicaid's Role for Women*. KFF. Retrieved from: https://www.kff.org/womens-health-policy/fact-sheet/medicaids-role-for-women/#:~:text=Medicaid%20is%20the%20largest%20single,than%2060%25%20of%20all%20births.

[7] Ranji, U. (2016). *Medicaid and Family Planning: Background and Implications of the ACA*. Kaiser Family Foundation. Retrieved from: https://www.kff.org/womens-health-policy/issue-brief/medicaid-and-family-planning-background-and-implications-of-the-aca/.

[8] Sonfield, A., et al. (2008). *Public funding for family planning, sterilization and abortion services, FY 1980–2006*. Guttmacher Institute. Retrieved from: https://www.guttmacher.org/sites/default/files/pdfs/pubs/2008/01/28/or38.pdf.

[9] *Id*. at *Medicaid's Role for Women*.

[10] Kaiser Family Foundation. (2019). *Births Financed by Medicaid*. KFF. Retrieved from: https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[11] *Id*.

[12] Centers for Disease Control and Prevention. (2019). *Vital Signs: Pregnancy-related deaths*. CDC. Retrieved from: https://www.cdc.gov/vitalsigns/maternal-deaths/index.html.

[13] Rouse, M. (2019). *Chronic Disease in Virginia Pregnancy Associated Deaths, 1999-2012: Need for Coordination of Care*. Virginia Maternal Mortality Review Team. Retrieved from: https://www.vdh.virginia.gov/content/uploads/sites/18/2019/08/MMRT-Chronic-Disease-Report-FINAL-VERSION.pdf.

[14] Id.

aggravated by long-term exposure to stress.[15] Causes of stress in the Black community can be traced to lifelong experiences with systemic racism, which are reflected in higher rates of economic uncertainty, housing insecurity, insufficient nutrition, lack of educational and employment opportunities, and regular discriminatory interactions. It is critical the underlying factors contributing to worsened health outcomes in Black and Indigenous communities of color are identified and addressed at both the state and national levels. While this important work is being done, it is also necessary comprehensive Medicaid and CHIP coverage enable individuals to seek diagnosis, treatment, and monitoring for chronic health conditions, especially in the postpartum period, when women are at elevated risk for experiencing pregnancy-related complications that could lead to death.

This waiver amendment to FAMIS MOMS and FAMIS Select takes an important step to offer continuous coverage to women most affected by pregnancy-related death and severe morbidity through extending comprehensive health coverage to a full year after childbirth to women with low incomes who currently do not qualify for Medicaid or Medicaid expansion coverage and cannot afford Marketplace coverage. Importantly, this waiver amendment provides comprehensive health coverage to women with higher income thresholds up to 205 percent FPL; currently, this group of women is not covered by the state's Medicaid expansion program and are unable to receive routine care beyond 60 days postpartum. This coverage gap is more likely to affect Black and Latinx individuals, who have higher uninsured rates than white Virginians. Nearly half of Virginia's uninsured population identify as Black or Latinx, despite making up less than 30 percent of the total population overall.[16]

If approved by CMS, this waiver amendment would allow pregnant and postpartum women who fall in the coverage gap, especially those with chronic health conditions, to receive the lifesaving care that would not be otherwise available.

II. The coverage extension comes at a critical moment as women experience historic job losses from the COVID-19 pandemic.

The COVID-19 pandemic has had a devastating impact on communities across Virginia. More than 195,000 jobs have been lost since January 2020,[17] and unemployment claims have risen by an alarming 701 percent since 2019.[18] Moreover, based on recent assessments, Virginia ranks second to last in the United States for its rate of economic recovery from the pandemic, doing better than only one other state.[19]

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[15] Sandoiu, A. (2020). *We must educate healthcare providers about Black women's experience*. Medical News Today. Retrieved from: https://www.medicalnewstoday.com/articles/we-must-educate-doctors-about-black-womens-experience-says-expert#1.

[16] Aarons, J., Shartzer, A. (2020). *A Profile of Virginia's Uninsured Population*. The Urban Institute. Retrieved from: https://www.vhcf.org/data/profile-of-virginias-uninsured/.

[17] Ettlinger, M., Hensley, J. (2021). *COVID-19 Economic Crisis*. University of New Hampshire. Retrieved from: https://carsey.unh.edu/COVID-19-Economic-Impact-By-State.

[18] McCann, A. (2021). *States Whose Unemployment Claims Are Recovering the Quickest*. WalletHub. Retrieved from: https://wallethub.com/edu/states-unemployment-claims/72730.

[19] Ibid.

Notably, women of reproductive age have been some of the most impacted by joblessness.[20] In addition to health care becoming increasingly scarce as providers adjust resources to respond to COVID outbreaks, women of reproductive age who have lost their jobs and health coverage face financial barriers to receiving critical sexual and reproductive health care, including maternity care. Moreover, the pandemic-fueled economic strain is hitting women of color the hardest: 1 in 12 Black women and 1 in 11 Latinx women remain unemployed, based on national averages, with data confirming that two in five of the 12.1 million jobs lost by women will not be returning.[21]

For pregnant women who are now uninsured, FAMIS can be a safety line, and the extension of benefits offered by this amendment prevents coverage disruptions when they are at their most physically, mentally, and emotionally vulnerable to complications.

III. Conclusion

Planned Parenthood appreciates the opportunity to comment in strong support of this proposed amendment to the existing FAMIS MOMS and FAMIS Select program. If approved, the Commonwealth of Virginia will have a strong foundation in reducing maternal mortality rates by expanding access to care to more than 115,000 women throughout the course of the demonstration project. This coverage extension to 12 months postpartum would make significant gains towards improving the health outcomes of mothers, infants, their families and communities, while also bringing the state closer to eliminating existing disparities across populations, particularly in the Black community. Planned Parenthood strongly supports the Department of Medical Assistance and Services to proceed with submitting this waiver for federal approval.

Should you have any questions about the issues contained within this comment letter, please do not hesitate to contact [redacted]

Sincerely,

[redacted]
Planned Parenthood Advocates of Virginia

[20] Ibid.

[21] Ewing-Nelson, C. (2021). *All of the Jobs Lost in December Were Women's Jobs*. National Women's Law Center. Retrieved from: https://nwlc.org/wp-content/uploads/2021/01/December-Jobs-Day.pdf.

VCU Health

[redacted]

Via Electronic Submission
March 22, 2021
The Honorable Karen Kimsey, Director
Department of Medical Assistance Services
Department of Health and Human Resources

RE: FAMIS MOMS and FAMIS Select Title XXI Section 1115 Demonstration Amendment: 12 Months Postpartum Coverage

The Virginia Commonwealth University Health System Authority (VCU Health System) appreciates the opportunity to comment on the Department of Medical Assistance Service's (DMAS) FAMIS MOMS and FAMIS Select Title XXI Section 1115 Demonstration Amendment.

Based in Richmond, VCU Health System is the academic medical center for Virginia Commonwealth University (VCU), one of the Commonwealth of Virginia's premier public research universities. VCU Health System's mission is to preserve and restore health for all people in Virginia, and it is committed to leading the nation in quality, affordability, and impact as a trusted and preferred academic health system.

VCU Health System is the primary provider of services to Medicaid beneficiaries and uninsured individuals in central Virginia. It is comprised of VCU Medical Center (the region's safety net and No. 1-ranked hospital), the Children's Hospital of Richmond at VCU, VCU Health Community Memorial Hospital in South Hill, Virginia, VCU Health Tappahannock Hospital, two nursing homes, and two physician practice plans.

Extending Postpartum Coverage to Twelve Months

VCU Health System commends DMAS's work to extend health coverage from 60 days to 12 months postpartum for pregnant women below 205 percent of the federal poverty limit (FPL) who are not eligible to transition to another coverage group postpartum. This policy will improve maternal health outcomes and reduce racial and ethnic health disparities.

As DMAS noted in its amendment request, the United States has the highest maternal mortality rate among developed countries, and it is women of color who disproportionately suffer. Extending Medicaid and CHIP coverage from 60 days to 12 months postpartum will allow

VCU Health

women to avoid disruptions in care. It will also allow women to access additional physical and behavioral health care services to support them during the postpartum period. Finally, Medicaid Managed Care Organizations (MCOs) offer many services and programs that can address postpartum women's health-related social needs, including but not limited to transportation to grocery stores and food banks, enhanced case management, and postnatal coaching.

VCU Health System is especially appreciative of DMAS's inclusion of lawfully residing pregnant women with incomes up to 205% of FPL who have not satisfied the five-year wait period. As a safety net provider, VCU Health System is proud to care for all patients regardless of insurance coverage, ability to pay, or immigration status. This request, if approved, will significantly benefit many women VCU Health System serves.

Finally, it is VCU Health System's understanding that the American Rescue Plan (H.R. 1319) provides states the option to extend Medicaid and CHIP coverage to 12 months postpartum, potentially allowing DMAS to extend coverage through a state plan amendment instead of a Section 1115 demonstration waiver amendment. VCU Health System urges DMAS to pursue a state plan amendment in lieu of the demonstration waiver amendment if the former can be implemented more quickly *and* includes lawfully permanent residents who have not satisfied the five-year wait period.

Education for Providers and Beneficiaries

Should CMS approve this request, VCU Health urges DMAS to engage with hospitals, practitioners, the MCOs, and enrollees to ensure all are aware of the extended coverage and the actions they can take to ensure women benefit from it. VCU Health System is especially concerned that there may be confusion among predominantly immigrant and non-primarily English-speaking communities.

DMAS's successful Medicaid expansion education campaign serves as an example of how a coordinated effort can raise awareness and promote enrollment. While women eligible for twelve months of postpartum coverage would not be required to re-enroll, this request – if approved by the federal government – will provide an opportunity to highlight the importance of postpartum care and the benefits Medicaid and CHIP enrollees can receive through the programs. VCU Health System encourages DMAS to promote events and materials to help educate providers and patients about this extended coverage.

VCUHealth

Please do not hesitate to contact [redacted] should you have any questions.

Sincerely,

[redacted]
VCU Health System

DMAS SECTION 1115 DEMONSTRATION AMENDMENT REQUEST

The Virginia Health Care Foundation (VHCF) appreciates this opportunity to comment in favor of the proposed amendment to extend postpartum coverage under FAMIS MOMS, from 60 days to 12 months.

This amendment will enable low-income women to obtain necessary health care services in the critical year-long period following labor and delivery. By reducing cost-related barriers, the proposed extension of Medicaid coverage will help Virginia more quickly meet its goal of eliminating disparities in maternal and infant health, and of reducing maternal mortality and morbidity.

Patients served by Virginia's healthcare safety net practices stand to benefit significantly from this amendment. VHCF is grateful to the Virginia Department of Medical Assistance Services (DMAS) for pursuing it and to the Virginia General Assembly for including it in Virginia's FY22 budget.

— Virginia Health Care Foundation

DMAS SECTION 1115 DEMONSTRATION AMENDMENT REQUEST

The Virginia Poverty Law Center strongly supports the proposed DMAS amendment to extend FAMIS Post-Partum Coverage from 60 days to 12 months.

The amendment strengthens continuity of care for the mother in the critical months following the end of her pregnancy. Virginia continues to struggle with ways to improve maternal (and infant) health. This measure is a very direct and simple way to protect lower income women, who may otherwise experience gaps, complexities and reductions in their ongoing health coverage and access to necessary services.

Thank you for pursuing this very important proposal.

— Virginia Poverty Law Center

DMAS SECTION 1115 DEMONSTRATION AMENDMENT REQUEST

Families Forward Virginia strongly supports extending 12 Months Postpartum Coverage in the Medicaid program. Families Forward Virginia, a 501(c)(3) nonprofit organization, is Virginia's leading organization dedicated to disrupting the cycles of child abuse, neglect and poverty. Working with parents and their children, we provide Home Visiting Programs, Family Support and Education, Professional Development, Child Sexual Abuse Prevention Programs, Advocacy, Public Awareness/Public Education. Employing a team of 20 professionals and supported by 50 local affiliated organizations and programs.

Virginia has a maternal mortality crisis. A growing body of evidence shows that many of these deaths, particularly from preventable causes such as overdose and suicide, occur after pregnancy-related Medicaid coverage ends. There were several reports that show the lack of coverage and proper access to services contributed to maternal mortality in Virginia. Some key findings are quoted below:

"Community-related factors involve the availability and accessibility of services in the community, law enforcement response, community outreach and availability of subsidized care." - Chronic Disease in Virginia Pregnancy Associated Deaths, 1999-2012: Need for Coordination of Care Published: August, 2019.

"Over 45 percent of women with a chronic disease had public insurance that only provided coverage during pregnancy and the 6 weeks postpartum. The data shows that incomplete healthcare coverage outside of pregnancy (prior to becoming pregnant and after the post-partum period) is a contributor to maternal mortality in Virginia." - Chronic Disease in Virginia Pregnancy Associated Deaths, 1999-2012: Need for Coordination of Care Published: August, 2019

"Higher proportions of women who died were uninsured than women in the general population." - Pregnancy-Associated Deaths from Heart Disorders and Related Conditions in Virginia, 1999-2004, Published: July, 2012

"The Maternal Mortality Review Team questioned the availability of health care before and after pregnancy for women with chronic diseases. Clearly, healthier mothers have healthier pregnancies. Without adequate and consistent care for these chronic conditions, pregnancy can increase risks to the health of the mother." - Pregnancy Related Deaths in Virginia, 1999-2003, Published November 2010

— Families Forward Virginia