Virginia's BabyCare Program: Working to Improve Birth Outcomes through Medicaid

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Introduction

Infant morbidity and mortality come at great personal and societal cost. More than 23,000 infants died in 2016 in the United States, and the leading causes include low birth weight and pregnancy complications.[1] One analysis estimated that the annual economic cost of preterm births was more than $26.2 billion in 2005, or $51,600 per infant born preterm.[2] Nationally, Medicaid finances 45 percent of all births, which makes its maternal and infant health program a critical resource for improving birth outcomes and lowering avoidable costs.3

A 2015 sample of births to pregnant women enrolled in Virginia's Medicaid or Virginia's Children's Health Insurance Program (CHIP) for pregnant women,-- called Family Access to Medical Insurance Security (FAMIS) MOMS – revealed that 9 percent of singleton births were preterm (earlier than 37 weeks gestation) compared to 7.8 percent among all pregnant women nationwide. Virginia's percentage of low birth-weight infants was also higher, with 8.4 percent of newborns born at low birth weight (less than 2,500 grams), compared to 6.3 percent nationally.[4,5] According to the US Centers for Disease Control and Prevention, several factors increase the risk of preterm delivery, including social, personal, and economic characteristics, pregnancy and medical conditions, and behavioral factors, such as tobacco or substance use and stress.[6]

About This Fact Sheet

This fact sheet provides highlights of Virginia's BabyCare program, which uses the state's Medicaid program to improve birth outcomes. Other state resources promoting healthy pregnancies can be found at the National Academy for State Health Policy's Healthy Child Development State Resource Center.

In Virginia, Pregnancy Risk Assessment Monitoring System (PRAMS) data indicate that women enrolled in Medicaid experience some of these behavioral risk factors at disparately high rates, compared to women with private insurance. According to the data, 57.2 percent of new mothers with Medicaid health coverage experienced three or more stressful life events in the 12 months before pregnancy, compared to only 20.1 percent of mothers covered by private insurance.[7] Similarly, 25.5 percent of new mothers with Medicaid coverage smoked during pregnancy, compared to only 5.2 percent of mothers with private insurance.[8]

BabyCare Program Overview

Virginia's Medicaid program plays an essential role in providing health care to children and pregnant women, with nearly one-third of all births in Virginia covered by Medicaid.[9] Nearly half (599,640) of all Virginia Medicaid/CHIP enrollees are children.[10] To improve pregnancy and birth outcomes, the Virginia Department of Medical Assistance Services (DMAS) launched the BabyCare program with expanded services for pregnant women in 1987, and added case management in 1991. The BabyCare program is authorized under a State Plan Amendment.[11]

The program provides behavioral risk screening, case management services, and expanded prenatal services for pregnant women[12] in order to:

- Reduce infant mortality and morbidity;
- Ensure provision of comprehensive services to eligible pregnant women and infants up to age two; and
- Enable pregnant women and caretakers of infants to receive wrap-around services that improve their well-being.

Behavioral risk screening: The BabyCare program uses a standardized screening tool to identify pregnant and postpartum women at risk of mental health challenges, intimate partner violence, or substance misuse, as well as infants at risk of developmental issues secondary to their mother's risks. This tool, the *Behavioral Health Risks Screening Tool for Pregnant Women and Women of Child Bearing Age* (DMAS-16), was developed by the Virginia Department of Behavioral Health and Developmental Services, Virginia Department of Health, and DMAS. It must be administered by a physician, physician assistant, or nurse practitioner.[13,14] The tool is based on the Integrated Screening Tool developed by the Institute for Health and Recovery[15] and follows Bright Futures guidelines.[16,17] It includes the three-question Edinburgh Postnatal Depression Scale to screen for postnatal and postpartum depression.[18] There is also a self-administered tool, the *Behavioral Health Risks Screening Tool for Women of Childbearing Age – Self-Administered Questionnaire* (DMAS-16S).[19]

Virginia's behavioral health risks tool screens for:

- Tobacco use
- Alcohol or drug use (self, partner, parents, or peers)
- Emotional health
- Intimate partner violence

Case management: Case management in the BabyCare program includes assessment, service planning, coordination, referral, follow-up, monitoring, education, and support services. Referral and related activities can include scheduling appointments, providing assistance in completing necessary forms, and coordinating services and planning treatment with other agencies and providers. Follow-up and monitoring activities can include continued contacts, site visits, and home visits. A registered nurse or social worker provides case management.[20]

Expanded prenatal services: Expanded prenatal services are available to any pregnant woman enrolled in BabyCare. They include nutritional services, homemaker services (to maintain the household routine for pregnant and postpartum women when a physician determines that continuous bed rest is necessary), substance abuse treatment services, and patient education classes.[21] Patient education classes can address tobacco cessation, breastfeeding, labor and delivery, parenting, and child safety, among other topics. Education providers must be approved by DMAS and include the Virginia Department of Health, federally qualified health centers (FQHCs), or rural health clinics. Other individuals or programs may seek approval from DMAS to provide patient education workshops for BabyCare members.[22]

Eligibility: Pregnant women not enrolled in managed care are eligible for BabyCare during pregnancy and

through the end of the month of the 60th postpartum day, and infants are eligible up to age two. Specifically, case management services are available to high-risk pregnant women and children up to age two who are enrolled in the applicable Medicaid and CHIP programs.[23] A nurse (RN) or social worker (BSW/MSW) administers a separate screening tool to enroll a member in BabyCare case management services. The "high risk" needs can address any elements identified in psychosocial, medical, or nutritional areas of the screening tool. Expanded prenatal services are available to any pregnant woman enrolled in the applicable Medicaid or CHIP programs.

Provider requirements: A variety of service providers can provide BabyCare, including: community health centers, local health departments, FQHCs, rural health clinics, home health agencies, personal care agencies, physicians/practitioners, outpatient hospital clinics, local departments of social services, and community service boards. Local health departments, FHQCs, rural health clinics, and physicians/practitioners are automatically set up to bill for BabyCare services. Other BabyCare providers must enroll with DMAS in order to bill for services.[24]

Billing structure: Billing for BabyCare is through a fee-for-service model. Managed care organizations (MCOs) have their own, separate high-risk maternity programs. Examples of BabyCare services and rates are highlighted in the table below. Pediatric providers can be reimbursed for using the *Behavioral Health Risks Screening Tool for Pregnant Women and Women of Child Bearing Age* (DMAS-16) during well-child or other visits. Billing occurs under the infant's benefit plan.[25]

BabyCare Services and Rates

Claims Information	Description	Code	Rates (as of July 2018)
	Behavioral Health Risks Screening Tool for Women of Childbearing Age (DMAS-16)	96160 or 96161	$3.89 per assessment Limits: Maternal: Four per provider per pregnancy Infant: Four per provider per year
	Case management assessment and development of service plan	G9001	$25 per assessment Limits: Maternal: Two per provider per pregnancy Infant: Two per provider per year
	Case management	G9002	$4.05 daily Limit: - Requires service authorization - Bill for daily limit from service authorization date through closure date as along as minimum contact requirement is met.
	Mileage for case management Mileage for case management	S0215	49 cents per mile Limits: Bill only with case management; limited to 75 miles per day without supporting documentation.
	Preparation for childbirth education	S9442	$6 per session Limit: Six sessions per provider per pregnancy
	Maternal patient education (includes tobacco dependence education)	S9446	$6 per session Limit: Six sessions per provider per pregnancy
	Nutritional assessment	97802	Facility: $26.92 Non-facility: $28.68 Limit: One session per provider per pregnancy
	Nutritional follow-up visit	97803	Facility: $22.83 Non-facility: $24.87 Limit: Two sessions per provider per pregnancy
	Homemaker services	S5131	$8.25 per hour (Needs authorization for longer than 31 days or 124 hours)

Conclusion

The BabyCare program is designed to utilize Medicaid's reach to improve birth outcomes in Virginia. The program integrates behavioral risk screening, case management, and expanded prenatal services for pregnant and postpartum women and infants up to age two to provide wrap-around care.

To learn more about states' approaches to maternal depression screening under Medicaid, visit NASHP's Healthy Child Development State Resource Center and view its interactive maps and *Medicaid Policies for Maternal Depression Screening (MDS) During Well-Child Visits, By State* chart.

Endnotes

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