

Maternal Health: For Commercial Health Plans

Virginia Governor's Task Force

Louis Thompson, MD, FACOG
Director of Medical Operations, Commercial East Region
Anthem Blue Cross and Blue Shield, Virginia

Seema Sarin, MD, FACLM
Medical Director, Commercial and Specialty Business
Anthem Blue Cross and Blue Shield, Virginia

Agenda

1. Maternal Health Trends/ Commercial Health Plan Statistics and Trends
2. Required Benefit Coverage for Virginia Health Plans
3. Elevance Health: Examples in Action



Statistics on Maternal Child Health in Virginia

CLINICAL MEASURES

The measures below are **important indicators** for how Virginia is supporting the health of birthing people

32.7

PER 100,000 BIRTHS



23.2

MATERNAL MORTALITY

This shows the death rate of birthing people from complications of pregnancy or childbirth that occur during the pregnancy or within 6 weeks after the pregnancy ends.

Source: National Center for Health Statistics, Mortality data, 2018-2022. National Center for Health Statistics, Natality data, 2023.

26.2

PERCENT



26.6

LOW-RISK CESAREAN BIRTH

Percent of women who had Cesarean births and were first-time moms, carrying a single baby, positioned head-first and at least 37 weeks pregnant.

14.0

PERCENT



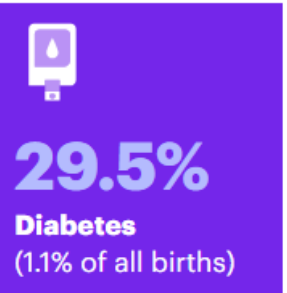
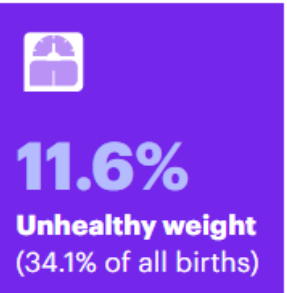
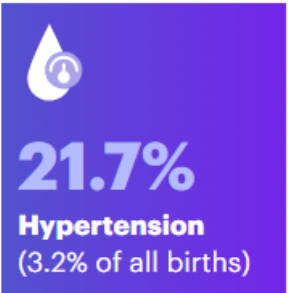
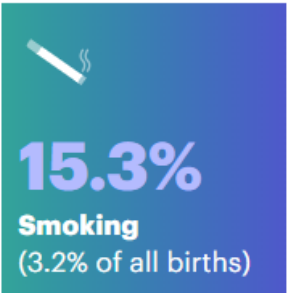
15.7

INADEQUATE PRENATAL CARE

Percent of women who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

Chronic health conditions make people more likely to have a preterm birth

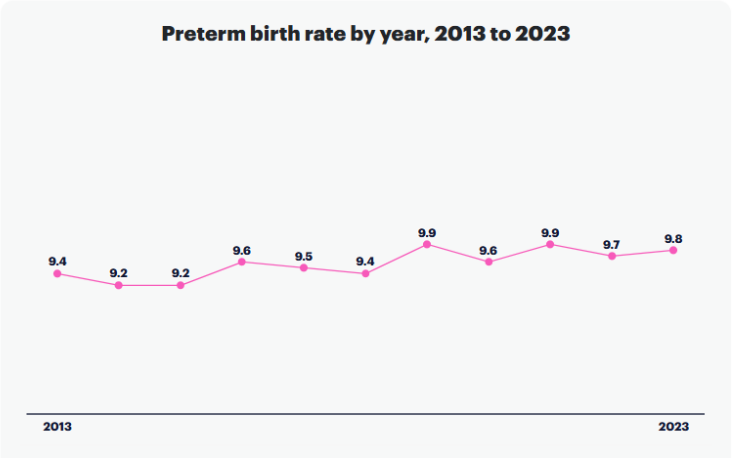
The tiles display the 2023 preterm birth rate for babies born to birthing people with each chronic condition (in blue) and percentage of all births exposed to each condition (in parentheses).



Note: More than one condition can occur at the same time. All conditions occur prior to pregnancy. US preterm birth rates for birthing people with each condition are as follows: smoking: 15.5%; hypertension: 23.3%; unhealthy weight: 12.3%; and diabetes: 28.8%.

Source: National Center for Health Statistics, Natality data, 2021-2023.

The preterm birth rate in Virginia was 9.8% in 2023, higher than the rate in 2022



Statistics on Maternal Health in Virginia: Access to Care

30.8% of counties

are defined as **maternity care deserts** compared to **32.6% in the U.S.**

14.8% of women

had **no birthing hospital within 30 minutes** compared to **9.7% in the U.S.**

13.1% of birthing people

received **inadequate prenatal care**, less than the **U.S. rate of 14.8%.**

Women with chronic health conditions have a

55%

increased likelihood of preterm birth compared to women with none.

[Where you live matters: Maternity care access in Virginia | PeriStats | March of Dimes](#)

Commercial and Medicaid: Trends are similar

1. Severe Maternal Mortality (SMM) rates among both Commercial and Medicaid insured women continue to rise in recent years.
2. SMM rates are higher among Black, Hispanic, and Asian women compared to White women in both the Medicaid and Commercially insured populations, regardless of income and educational background.
3. Black, Hispanic, and Asian women are more likely to experience a host of risk factors that are present prior to childbirth, with a number of these factors increasing the risk of a SMM event many times over.
4. In survey findings, Black and Hispanic women report that they are less likely to make prenatal visits. Barriers include transportation and scheduling challenges, lack of provider diversity.
5. The presence of chronic disease burden preceding pregnancy strongly correlates with higher SMM.

Strategic Goals of Commercial Health Plans

- Improve maternal and infant outcomes through evidence-based care models
- Enhance member engagement from preconception through postpartum
- Address social determinants of health (SDoH) and close equity gaps
- Optimize health care access, outcomes and navigation of resources while providing high-impact maternal services



Elevance Health Maternal Health Overview



- In 2023, Elevance Health covered 454K U.S. births; 55% were Commercial, 45% were Medicaid
- Elevance Health births account for 12% of births in the US
- In VA, Anthem Commercial covers approximately 1.14 million members
- Based on available VA data, approximately 94,000 births occurred in 2024. About 1/3 to a mom covered by a Medicaid plan.
- Of the remaining births about 36% were covered under an Anthem Commercial plan.

Current Commercial Benefit Requirements For Virginia

Maternity Services

Covered Services include services needed during a pregnancy and for services needed for a miscarriage. Covers maternity care, and maternity-related checkups. Prenatal and postnatal care services for pregnancy and complications of pregnancy for which hospitalization is necessary. Covered maternity services are for a Subscriber or a covered dependent and include:

Pregnancy testing.

Professional and facility services for childbirth including use of the delivery room and care for deliveries, in a Facility or the home, including the services of an appropriately licensed nurse midwife, coverage includes delivery and all Inpatient services for maternity care.

Anesthesia services to provide partial or complete loss of sensation before delivery.

Routine nursery care for the newborn during the mother's normal Hospital stay, including circumcision of a male Dependent.

Prenatal and postpartum services for the mother, including Inpatient and home visits.

Postnatal services for the baby, including behavioral assessments and measurements, screening for blood pressure, hearing screening, hemoglobinopathies screening; gonorrhea prophylactic medication; hypothyroidism screening, PKU screening.

Dental services and dental appliances furnished to a newborn when required to treat medically diagnosed cleft lip, cleft palate, or ectodermal dysplasia.



Current Benefit Requirements, cont.

Fetal screenings, which are genetic or chromosomal tests of the fetus. Also, anatomical, biochemical, or biophysical tests to better define the likelihood of genetic and/or chromosomal anomalies.

The following preventive services are also covered:

Screening for pregnant women, gestational diabetes, hepatitis B, Rh incompatibility, and urinary tract or other infection.

Coverage for folic acid supplementation.

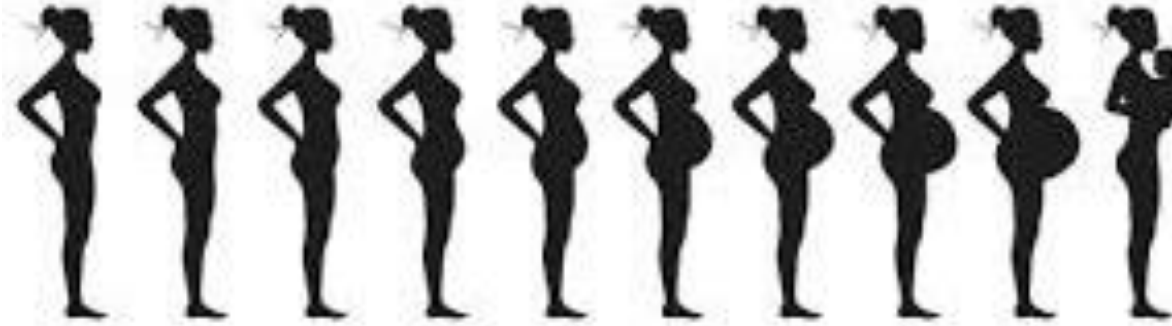
Coverage for expanded tobacco intervention and counseling for pregnant users.

Breast feeding support, supplies, and counseling. Benefits for breast pumps are limited to one pump per pregnancy.

Diabetes screening after gestational diabetes.

Under federal law, benefits may not be limited for any Hospital length of stay for childbirth for the mother or newborn to less than 48 hours after vaginal birth, or less than 96 hours after a cesarean section (C-section). However, federal law as a rule does not stop the mother's or newborn's attending Provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours, or 96 hours, as applicable. In any case, as provided by federal law, the carrier may not require a Provider to get authorization before prescribing a length of stay which is not more than 48 hours for a vaginal birth or 96 hours after a C- section.

Beyond Expectations: Elevance Health's Goals for Maternal Health



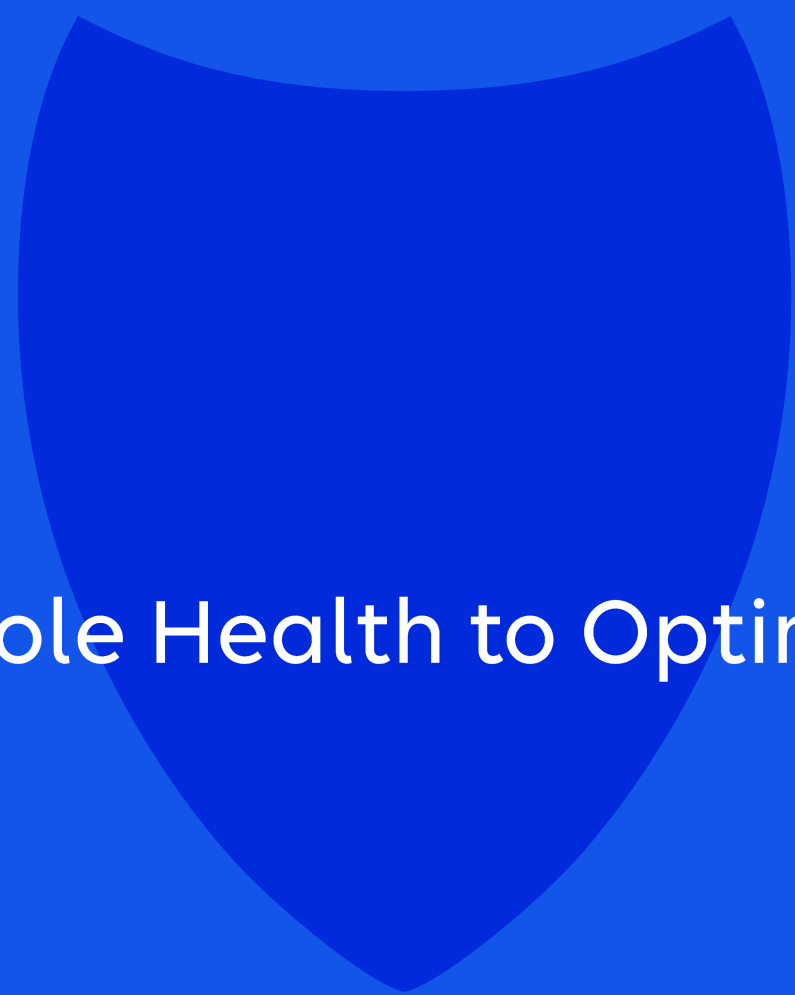
Improve Maternal and Infant Health Outcomes

Address Racial and Ethnic Disparities

Integrate Whole-Person Care

Utilize Digital Health Tools & Data

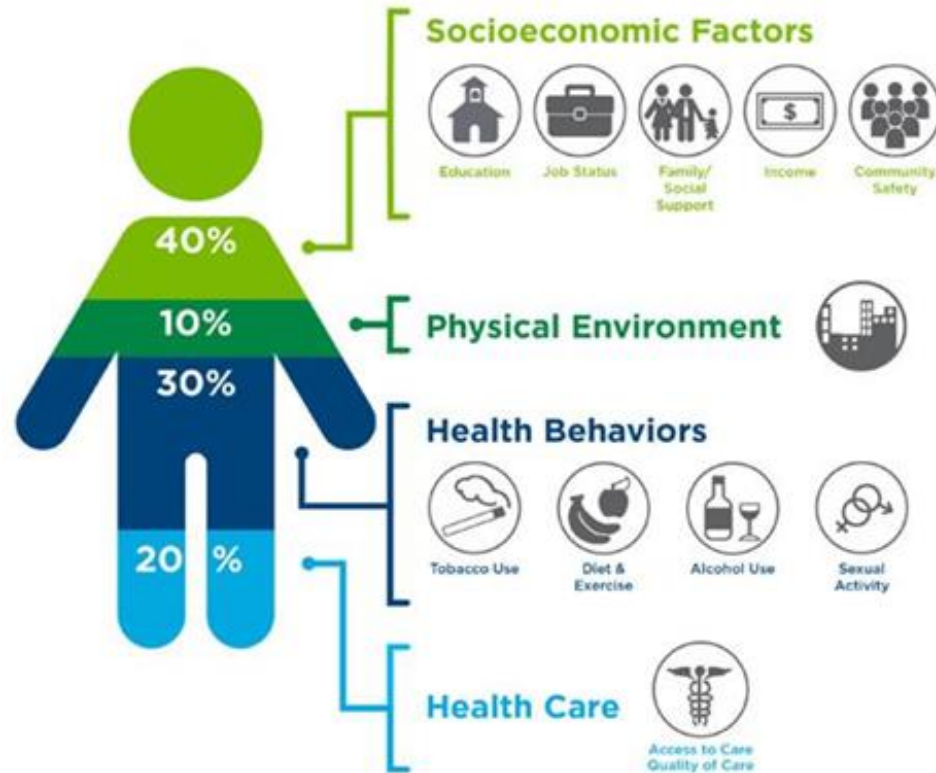
Enhance Provider and Community Partnerships



Addressing Whole Health to Optimize Maternal Health

Addressing Whole Health is Critical in Maternity Care

What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group

- Whole Health is Determined by Social, Environmental, and Behavioral Factors Along with Clinical Care
- 80% of health is driven by factors outside of clinical care
- Good health is largely driven by social and environmental factors in the communities in which we live
- Improving whole health requires the ability to measure whole health at the individual level

Risk Factors associated with C-Sections and can be utilized to predict and target at risk members for early intervention

Top Clinical Risk Factors for C-sections

- « Pre-Eclampsia or Eclampsia
- « Hypertension
- « Obesity
- « Gestational Diabetes
- « Multiple Gestation
- « Macrosomia
- « Drug Abuse
- « Alcohol Abuse
- « Depression

Repeat C-Sections

Repeat C-Sections are associated with increased age, obesity, Gestational Diabetes and multiple gestation.

Most of these risk factors are modifiable and affect up to 60% of women

Preterm Birth

Preterm birth is associated with increased risk of c-sections



Risk Factors associated with Preterm Birth can be utilized to identify at risk members

Top Clinical Risk Factors for Preterm Birth

- « Multiple gestation
- « History of PTB
- « Pre-eclampsia/eclampsia
- « Obesity
- « Hemorrhage in early pregnancy
- « Anxiety
- « Depression

Most of these risk factors are modifiable and affect up to 60% of pregnant women

50%

Members under 18 are more likely to experience PTB and extreme PTB. Women over 35 share a similar experience.



Members who travel distances greater than 50 miles to a delivery facility are 2x as likely to experience PTB.

2x

Black Moms are more likely to experience extreme PTB compared to white moms.



Women who experience intimate partner violence* are 14% more likely to have a PTB (Medicaid).

* Over 1% of Medicaid member experience Intimate Partner Violence 12 months prior to pregnancy



Our most vulnerable members** are more likely to experience PTB.

** Defined by socioeconomic status (income, poverty, employment, education)

Health Equity Impact on Maternal and Child Health Outcomes

Overall Vulnerability	Socioeconomic Status	Below Poverty
		Unemployed
		Income
		No High School Diploma
	Household Composition & Disability	Aged 65 or Older
		Aged 17 or Younger
		Civilian with a Disability
		Single-Parent Households
	Minority Status & Language	Minority
		Speaks English "Less than Well"
	Housing Type & Transportation	Multi-Unit Structures
		Mobile Homes
		Crowding
		No Vehicle
		Group Quarters



The more vulnerable* our members are the more likely they are to experience PTB.

The most vulnerable* members are 27% more likely to experience extreme PTB (commercial).

**defined by socioeconomic status*



Black Moms are 2x more likely to experience extreme PTB compared to white moms.

Black moms are 25% more likely to have a c-section (commercial).




Women who experience intimate partner violence** are 23% more likely to have a PTB (commercial).

Women without a high school diploma, who are single or who have longer commutes are more likely to have a c-section in CSBD and MCD.

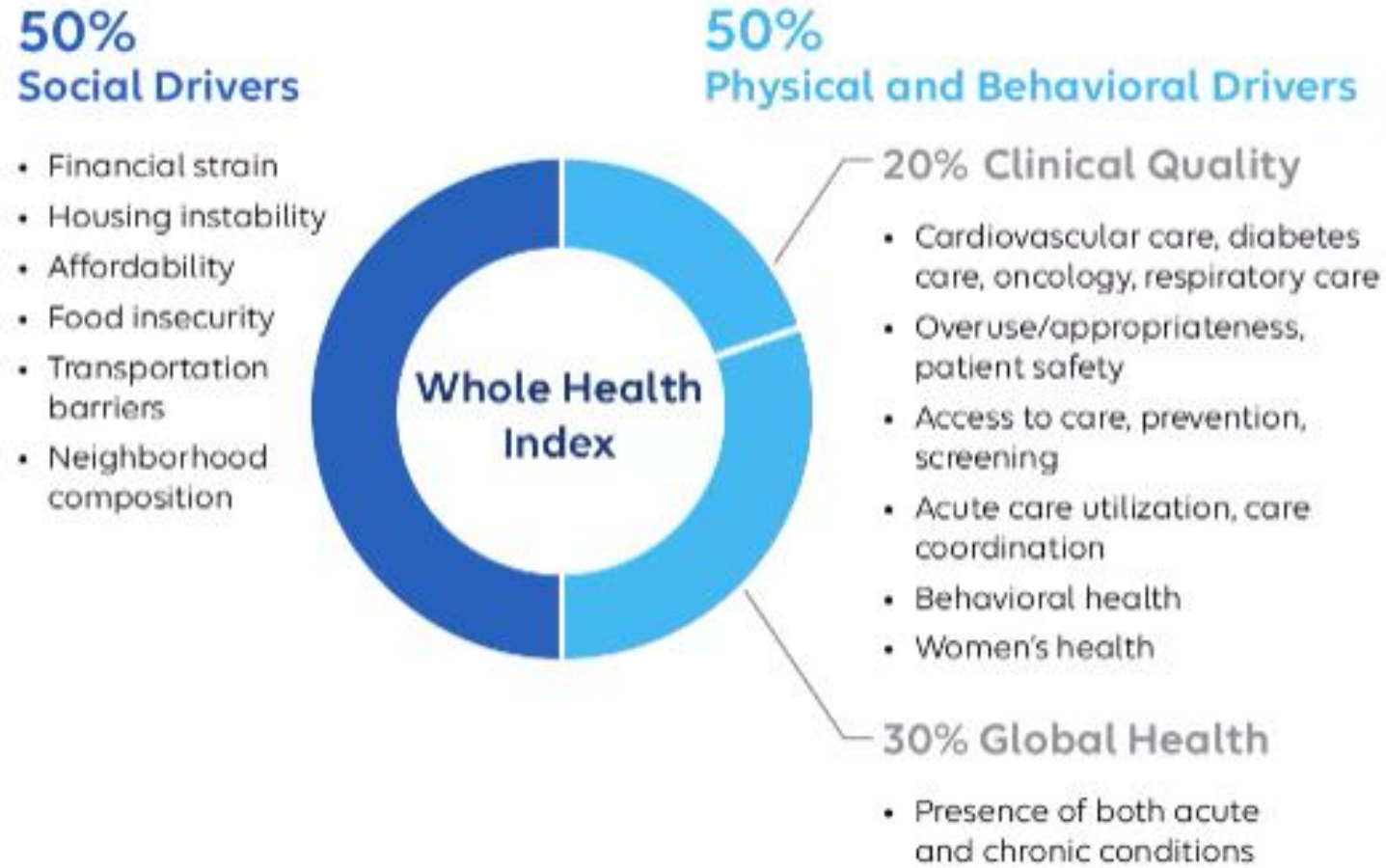
***Over 1% of Medicaid members experience intimate partner violence 12 months prior to pregnancy*

Behavioral Health Impact on MCH: Interventions needed to address poor outcomes associated with Substance Use Disorder, Anxiety, Depression and NICU Stay

<div>8-24%</div> <div></div> <div>>5-7x</div>	<p>Increased risk of preterm birth and NICU admission among mothers with depression and anxiety*</p> <p>Mothers who receive treatment during their pregnancy for newly diagnosed depression/anxiety are less likely to experience PTB and preeclampsia, and more likely to receive postnatal care than mothers who do not seek treatment.</p> <p>Increased risk of postpartum depression for mothers with prior depression*. For MCD mothers with anxiety, there is a 2x increased risk of postpartum depression.</p>	<p>Substance Use Disorder*</p> <p>Associated with higher rates of:</p> <ul style="list-style-type: none">• Maternal & infant mortality and morbidity• Postpartum depression• Overdose after delivery• Suicide rates• Neonatal abstinence syndrome (NAS) <p>Also associated with lower rates of prenatal care.</p>	<p>NICU Stay*</p> <p>Among deliveries that led to a NICU stay, moms experienced higher rates of:</p> <ul style="list-style-type: none">• Anxiety• PTSD• Depression <p>Mothers with a prior depression diagnosis, and their spouses, experienced even higher rates of anxiety, depression and PTSD, following the NICU stay.</p>	<p>BH Diagnosis During Pregnancy</p> <p>Mothers with their first behavioral health diagnosis during pregnancy experienced:</p> <ul style="list-style-type: none">• an elevated risk preterm birth and low birthweight (CSBD)• less likely to have high quality prenatal & postnatal care* <p>As compared to mothers with a BH diagnosis prior to pregnancy.</p>
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*in both CSBD and MCD populations

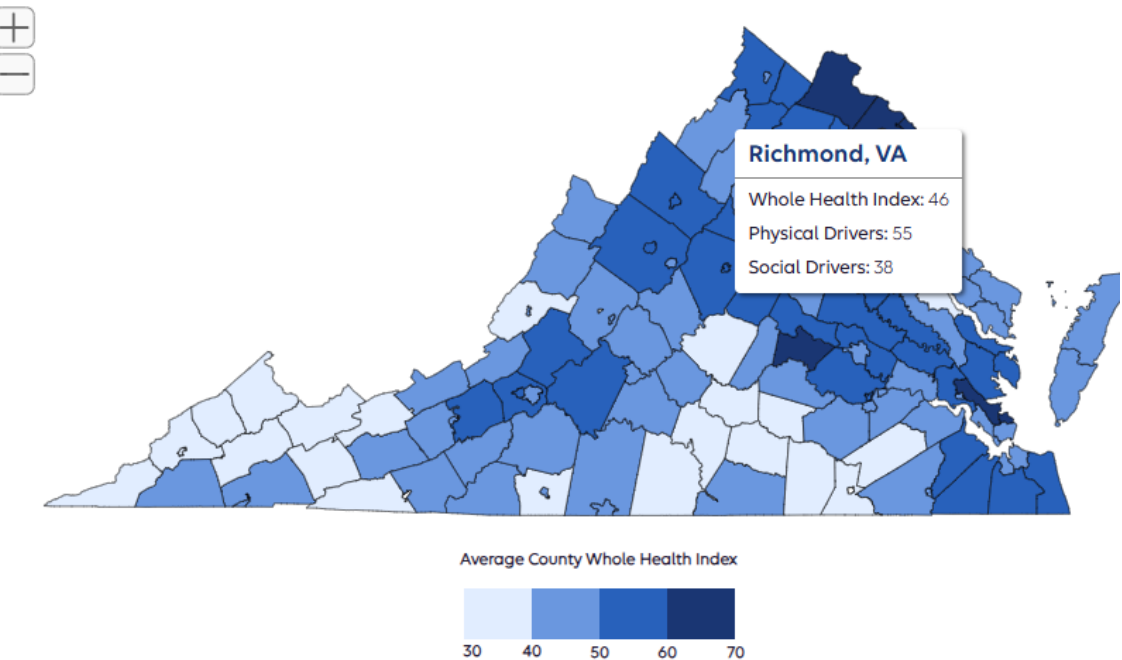
Whole Health Index: Addressing Root Cause of Disease Through Whole Health Improves Maternal Health Outcomes



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WHI Impact Spotlight: Virginia

This 2023 county snapshot map of Virginia members in a subset of our commercial health plan membership shows how physical, behavioral, and social factors affect the overall health of the people we serve.



- Identifies risk earlier and more precisely using multidimensional risk stratification and pregnancy-specific indicators
- Personalizes maternity care and engagement through developing whole-person care plans and a targeted member approach
- Reduces health disparities and facilitates matching members with community aligned support
- Measures and improves outcomes with dynamic tracking of progress and program effectiveness.





Elevance Health in Action: Building Healthy Families, Pomelo and other Strategic Partnerships

Meeting the family planning needs
of today's workforce



Building Healthy Families: Personalized, Digital, Whole-Person Care

- **Supporting a unique journey to parenthood for all families.**
- Built with market insights to meet specific family planning needs.
- Highly personalized for pre-pregnancy, maternity, and postpartum care, as well as parenting support.
- Powered by artificial intelligence (AI) to create a personalized, whole-person experience.
- Expanding the digital member experience to be easily accessible using the SydneySM Health app and on Anthem.com.



An enhanced solution for diverse families



Experience



Simplicity



Affordability

Engaging a better member experience

- Providing the best service experience, from prepregnancy planning to new baby education and family care
- Including parenting pathways for LGBTQ+ members and Black maternal health
- Elevating support for underserved populations

Accessing help when/how expecting parents need it

- Offering digital resources with 24/7 support and routine tracking tools
- Connecting to personal support through chat, email, and phone
- Using Family Care Coaches and nurses to identify and connect members to supporting benefits

Closing gaps in care

- Integrating our care ecosystem for a complete view of an individual's whole health
- Allowing informed, real-time insights to proactively identify health risks and care gaps, then trigger interventions
- Providing support for costly chronic physical and behavioral health maternity conditions

Pomelo Care: Partnering with Clinicians & Communities for Healthier Births



Healthcare for women and families

The leading virtual medical practice
for maternal and women's health

- Delivering Whole-Person, Continuous Maternal Care
- Strengthening Local Care Networks
- Improving Clinical Outcomes
- On-Demand Education & Care
- Patient-Centered Approach

Additional Elevance Health Program Partnerships



- **Sidekick Health:** *Gamified digital therapeutics for chronic condition management.*
- **Twill (formerly Happify):** *Personalized mental and behavioral health platform.*
- **Maven Clinic:** *On-demand virtual maternal & family health care.*
- **Wildflower Health:** *Mobile-first maternal care navigation and engagement.*
- **Win Fertility:** *Comprehensive fertility and family-building support*

Pomelo Care in Action: Personalized Support Leads to a Healthy Delivery



25-year-old patient, 16 weeks pregnant with a history of **two prior miscarriages due to anemia**, connected with **Pomelo Care** seeking support and reassurance.

Care Approach

- **Risk assessment & personalized plan** developed by Pomelo's care team.
- Participated in **prenatal group sessions** focused on vaginal birth & recovery.
- Received **mental health support** to manage anxiety and build resilience.
- Met with a **lactation consultant** for breastfeeding education and confidence.
- **Nurse-led labor prep** included real-time guidance and 5-1-1 rule coaching.

Outcome

- Delivered a **healthy baby at 40 weeks**.
- Continues to receive **postpartum & newborn support** through Pomelo.
- Member feedback:
 - “You guys have definitely put my mind at ease. Thank you so much!”

A successful delivery, shortened NICU stay, and seamless postpartum and pediatric support—powered by Elevance health’s integrated, whole-person model

Maribel, a 34-year-old Latina with a history of pregnancy complications, was identified early as high-risk through Elevance Health’s digital maternal health program.

- **Early Identification:** Flagged via OB/GYN QR code screening and assigned a care manager to guide her journey.
- **Maternity Care:** Received a personalized care plan, access to nutrition support, and education on healthy pregnancy habits.
- **Emotional & Social Support:** Connected to community resources to ease anxiety and improve prenatal engagement.
- **Delivery & NICU:** When her baby was admitted to the NICU, proactive support helped reduce the stay to just 5 days.
- **Postpartum Support:** Continuous check-ins addressed mental health and guided her recovery.
- **Pediatric Continuity:** With a newborn needing specialty care, Maribel was connected to pediatric care coordination and transition planning.



Elevance Health Foundation



Since 2015, the Foundation has invested in maternal health programs ranging from prenatal care to mental health support. Each round of grants has led to significant progress on improving maternal and child health outcomes.

Over the past three years, the Foundation has invested \$30 million to support programs to help ensure that women and their babies can achieve optimal health and well-being by:

- Reducing the preterm birth rate
- Reducing severe maternal morbidity and mortality
- Reducing the primary cesarean rate

Foundation Accomplishments: 2021–2024

\$30M

Awarded to 46 nonprofit organizations across the country.

475K

People reached through awareness efforts, screenings, and other services.

4K

Maternal health workers trained and given resources.

18.8%

Improvement in preterm birth rates among program participants, compared with the national average.

Future Directions

Elevance Health continues to expand the focus in women’s health care to be more comprehensive across the member journey, while positively impacting outcomes and reducing health disparities.

FROM ...

... TO ...

2021 MCWH Strategic Vision

Become the **clear market leader** in maternal and child health for our Commercial and Medicaid populations. To do so, address the **whole health needs** of our members including medical care, pharmacy, behavioral health, and community health

2023 MCWH Strategic Vision

Become the **destination health plan** for members in reproductive age through market-leading offerings across family planning, maternal, children’s, and women’s whole health. Meaningfully **impact outcomes and reduce disparities**, to create a differentiated experience for women across their health journeys, as **“family health managers”**

2024 WCH Strategic Vision

Become a market leading **advocate for women’s and children’s health**, by meaningfully **impacting outcomes, addressing inequities**, and creating a **differentiated experience** across the members’ **whole health journey**

...THROUGH INCREASED DOMAIN SCOPE:

- Maternity
- Postpartum
- NICU
- Predictive Analytics



- Maternity
- Postpartum
- NICU
- Predictive Analytics
- Women’s health
- Fertility
- Pediatrics

Our Path Forward: Future State of Maternal Health



Our vision for the future is that Virginia will be considered the best place in the country for maternal health.

Care will be tailored to the individual with a whole health lens – addressing physical, behavioral, and social drivers of health while supporting women through all ages and stages.

Health plans will facilitate high-quality outcomes through equitable, culturally appropriate, integrated, comprehensive, and sustainable care for all.

Thank you!

