

# Maternal Health Advisory Group Meeting



**March 21, 2022**

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Department of Health Care Finance

# As you Enter the Meeting...

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- **Introductions:** Please place your name (with your title and organization, if you are affiliated with one) into the Chat box as we come in.
  - If you are a member of the Maternal Health Advisory Group, say so
- **Mailing List:** If you are not already receiving a calendar invite and email from [dhcf.maternalhealth@dc.gov](mailto:dhcf.maternalhealth@dc.gov) about DHCF Maternal Health Projects and wish to be on the list to do so, please send an email to that address.
- **Subgroups:** If you want to participate in Subgroups, sign up now! Link here and chat: <https://forms.gle/ZQoZCGKkCWqbA6ex9>
- **DHCF Website:** Please see the following website for information on maternal health policymaking at DHCF and for past and future meetings <https://dhcf.dc.gov/publication/maternal-health-projects>
- **FYI on Meeting Recording:** This meeting will be recorded and posted online. You can find recordings of the past 3 meetings on the website.

# Presentation and Meeting Overview

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- **Purpose of Meeting:** *Share out the structure of the extension of postpartum benefits and ask stakeholders to start collaborating and designing education and outreach.*
- **Meeting Agenda**
- **Part I: Background on DHCF and Maternal Health Projects**
  - Maternal Health Advisory Group
  - DHCF agency introduction
  - Doula Services and NEMT for Alliance Beneficiaries authorization
- **Part II: Postpartum Extension**
  - Legal Authority
  - Upcoming submission to CMS
- **Part III: Roundtable on Training and Education**
  - Beneficiary Education:
    - Doula Services
    - Postpartum Extension
    - NEMT for Maternal Appointments
  - Provider Education: Doula Services
  - Relationship Building
    - Doulas and DHCF
    - Doulas and Managed Care
- **Part IV: Wrap up and Next Steps**

# Maternal Health Advisory Group

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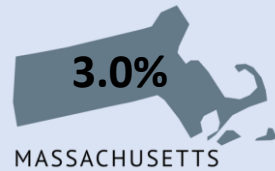
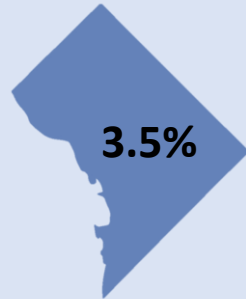
## Purpose

- Take public input on the service array and coverage needed to improve maternal health through DHCF programs.
- Advise DHCF on **training, public outreach, program support, and other items related to maternal health.**

# DHCF by the Numbers

## Near universal coverage



DC has the second lowest uninsured rate

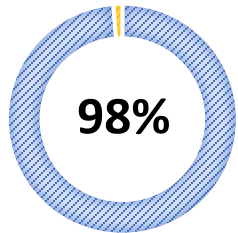


## DHCF covers about 300,000 people

On average during 2021:

- 280,000 were in Medicaid;
- 20,000 in the DC Healthcare Alliance and
- 4,000 in the Immigrant Children's Program

4 out of 10 District residents   
7 out of 10 children 



Of all eligible DC children are enrolled in Medicaid

## Health challenges remain despite coverage

12th in the nation

▶ For 911 call-volume

10% of residents

▶ Report delaying care due to not being able to get an appointment soon enough

**Source:** U.S. Census Bureau, 2019 American Community Survey 1-year estimates; DHCF Medicaid Management Information System (MMIS) data extracted in November 2021; Haley et al., "Progress in Children's Coverage Continued to Stall Out in 2018," Urban Institute, October 2020.

# Authorization of Doula Services Through Medicaid

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- D.C. Official Code § 3-1206.72 requires DHCF to submit a Medicaid State Plan Amendment to the Centers for Medicare and Medicaid Services by September 30, 2022 that establishes doula services under the Medicaid program, effective October 1, 2022.
- DHCF is required to establish processes for billing and reimbursement of doula services “in consultation with organizations providing doula services and other relevant entities,” including:
  - Setting a reasonable number of doula visits to be reimbursed during the pregnancy and postpartum period.
  - Setting competitive reimbursement rates.
  - Developing program support and training for doula service providers on billing.
  - Assessing the viability of doula incentive payments for patient postpartum provider visits.
- To date, coverage of doula services under the Medicaid State Plan has been authorized in only four states through their Medicaid State Plan
  - Minnesota – Effective July 1, 2014
  - Oregon – Effective May 1, 2017
  - New Jersey – Effective January 1, 2021
  - Virginia – Effective January 1, 2022

### 3. Non-Emergency Medical Transportation (NEMT) for Alliance Beneficiaries

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- **FY22 Budget Support Act (BSA) is Authorizing Legislation:**

Sec. 5045. DC HealthCare Alliance coverage of transportation costs for maternal health appointments.

(a) By October 1, 2021, health insurance coverage through the DC HealthCare Alliance shall include transportation costs for travel to and from non-emergency prenatal and postpartum health care appointments.

(b) For purposes of this section, the term “transportation costs” means expenses incurred for non-emergency medical transportation, including public transportation or a public or private vehicle-for-hire service regulated by the Department of For-Hire Vehicles, but not including the cost of travel by private vehicle or parking fees.

- **Background**

- *This benefit is effective already*
- NEMT was previously available to Alliance beneficiaries as a value-added service
- NEMT for maternal services appointments will be part of MCO contracts and was already part of the request for proposals for managed care organizations
- Potential need for outreach to ensure beneficiaries know about NEMT availability

# Maternal Health at DHCF: Current Eligibility and Services

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- Eligibility

- **District of Columbia Medicaid** provides medical coverage to pregnant women who are District residents with eligible immigration status and income up to **324% of the federal poverty level**.
  - Currently, Medicaid eligibility starts when a woman is found to be pregnant and continues **60 days postpartum**.
  - District intends to adopt the American Rescue Plan Act of 2021 option **to extend coverage for postpartum coverage to 365 days postpartum**.
- **Alliance & Immigrant Children's Programs** cover District residents (regardless of immigration status) with incomes up to **215% of the federal poverty level**

- Services

- Core Services
  - Doctor visits, Hospitalization, Eye care, Ambulatory surgical center, Medically necessary transportation, Dental services and related treatment, Dialysis services, Durable medical equipment, Emergency ambulance service, Hospice services, Laboratory services, Radiology, Medical supplies, Mental health services\*, Physician services, Nurse practitioner services, Home and Community Based Services (HCBS),
  - Pregnancy, labor, and delivery and any complications that may occur during pregnancy, as well as postnatal care
- Services Available Through Managed Care Coverage
  - Care Coordination
  - **Doula services** provided as a value-added service by some MCOs



# Expansion of Postpartum Medicaid Coverage

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- **American Rescue Plan Act of 2021 (ARPA) is Authorizing Text**

- Section 9812

- **Key Text**

“(16) EXTENDING CERTAIN COVERAGE FOR PREGNANT AND POSTPARTUM WOMEN.—

(A) IN GENERAL.—At the option of the State, the State plan (or waiver of such State plan) may provide, that an individual who, while pregnant, is eligible for and has received medical assistance under the State plan approved under this title (or a waiver of such plan) (including during a period of retroactive eligibility under subsection (a)(34)) shall, in addition to remaining eligible under paragraph (5) for all pregnancy-related and postpartum medical assistance available under the State plan (or waiver) through the last day of the month in which the 60-day period (beginning on the last day of her pregnancy) ends, remain eligible under the State plan (or waiver) for medical assistance for the period beginning on the first day occurring after the end of such 60-day period and ending on the last day of the month in which the 12-month period (beginning on the last day of her pregnancy) ends.”

# LEGAL BACKGROUND: Expansion of Postpartum Medicaid Coverage

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- Section 9812 of the American Rescue Plan Act of 2021 adds a new section 1902(e)(16) to the Social Security Act
  - States have the option to extend postpartum continuous coverage to include a period from the last day of pregnancy to the last day of the month in which the 12-month period ends.
  - **Full Medicaid benefits** during pregnancy and the 12-month postpartum period.
  - The option begins on **April 1, 2022** and is authorized through **March 30, 2027**.

# Postpartum Extension Eligibility

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- Eligible Participants

- Current enrollees who are pregnant on the effective date of the SPA and current and new beneficiaries who enroll based on pregnancy or become pregnant after the effective date of the SPA.
- Current enrollees who were receiving Medicaid or CHIP, **in the District**, while pregnant, who are no longer pregnant when the SPA becomes effective, but are still within the 12-month postpartum period.
- Individuals who apply for Medicaid after their pregnancy ends but who received Medicaid covered service, **in the District**, while pregnant on or after the effective date of the SPA if those services were received during a period of retroactive eligibility.

# NEXT SECTION: Beneficiary and Provider Education, Relationship Building

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- **Purpose**

- Initiate discussions and action on education, outreach, and relationship building around the implementation of doula services, the postpartum eligibility extension, and NEMT for Alliance beneficiaries.

- **Key Considerations for Today**

- We are looking for people and organizations looking to do work on some of these issues beyond just today
  - DHCF may not be the lead or best entity to do education or outreach
  - DHCF can play a coordinating or disseminating role in some of this
- DC Health is creating licensing and training standards for doulas
  - Not part of the discussion today

# Training and Education: Roundtable on Key Questions

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## • Format

- Please use the “raise hand” feature to speak
  - You need to put your hand down as it transitions to another subject
- Please limit your responses to 2 minutes
  - *We have some key topics to get through and dozens of people in the meeting*

## • Logistics

- Facilitator will call on those with hands raised
  - Will start with Maternal Health Advisory Group members but all are encouraged
  - We may not be able to call on everyone on the subject
  - If you are having audio issues, if you did not get called on, or have more to offer beyond 2 minutes, please put your input into the Chat box
- Any responses beyond the realm of the Chat box and verbal testimony can be submitted in writing to [dhcf.maternalhealth@dc.gov](mailto:dhcf.maternalhealth@dc.gov)
  - DHCF is tracking input on maternal health projects through **all mediums**

# Beneficiary Education: Postpartum Health

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Background: DHCF is expanding Medicaid benefits to 12 months postpartum

- These questions will be the focus of at least 1 Subgroup meeting
  - *No need for as much detail if you plan to attend*
  - Share important things now or contribute if you aren't planning to attend
- What type of information do beneficiaries need about what this extension means for their health?
  - **Current Plan: Draft a short handout for beneficiaries on this**
    - What information should go into that pamphlet?
    - How should this pamphlet be disseminated?
  - Is any other information or education needed?
- What type of education do beneficiaries need about the new availability of this eligibility?

# Beneficiary Education: NEMT for Beneficiaries

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Background: All beneficiaries now have access to NEMT as a defined benefit for maternal health appointments

- Was already available to MCO members as a value-added benefit
- What type of outreach needs to be done to make sure beneficiaries know about these services?
- What transportation-related obstacles are there to beneficiaries scheduling and making it to their prenatal appointments?

# Beneficiary Education: Doula Services

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- What type of information about doula services should beneficiaries be provided about doulas at primary care and prenatal appointments?
- What other sources of information would be beneficial for beneficiaries in learning about doula services?
  - e.g., public information campaigns, infographics, etc.
- How can MCOs introduce and encourage beneficiaries to use doula services?
  - Care Coordinators
  - Contact with beneficiaries



# Provider Education: Doula Services

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- What education about doula services do you think primary care providers need to have?
- What education about doula services do delivery-related providers in hospitals need to have?
- What is the best way to design these education efforts?
  - Who would do this?
  - Would it be mandatory?
  - How would it reach providers?

# Relationship Building: Doulas and Medicaid

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Background: Doulas have not been authorized to bill Medicaid yet and are required to be able to do so as of October 1

- How do you recommend letting other doulas in the region know about the opportunity to enroll in and bill Medicaid?
- How should we contact doulas not involved in this work yet about participating in Subgroups on billing and enrollment?

# Relationship Building: Doulas and Managed Care

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Background: Doulas and managed care organizations will have to work together for insurance reimbursement

- Doulas: What do you see as the barriers to working with insurers and managed care organizations?
- Insurers: How do you handle reimbursements to doulas in value-added programs right now?

# Maternal Health Advisory Group: Subgroup Work

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## • Subgroups

- Postpartum and Mental Health Subgroup
  - First Meeting in April or May
  - Develop Handout
  - Establish logistics around referrals or licensing for doulas to do behavioral health work
  - Training
- Doula Enrollment and Billing Subgroup
  - Develop Handouts or other material for how to enroll and bill Medicaid, training
  - Conduct outreach to doulas about Medicaid services

## • Logistics

- Sign up through the form and in the chat –all are welcome!
  - Surveying members who indicated interest for a preferred time
  - Will use the survey information to pick a meeting time
- You may also email [dhcf.maternalhealth@dc.gov](mailto:dhcf.maternalhealth@dc.gov) to join a group
- Subgroups will correspond and set up meetings over email
  - Notice of meetings will go to all those on the mailing list

# Upcoming Topics for Maternal Health Advisory Group Meetings

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- **April 25<sup>th</sup>, 11 am**

- Doula reimbursement method and rates
- Follow up on previous items and Subgroup items

- **Beyond April**

- Subgroup work
- Future Meetings

# Wrap Up

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- Next meeting date is April 25<sup>th</sup> at 11 am
- Calendar invite is going out just after the meeting

