

Maternal Health Advisory Group Meeting



April 18, 2022

Melisa Byrd, Medicaid Director and Senior Deputy Director

As you Enter the Meeting...

- **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 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 this or the Doula Enrollment and Billing Subgroup going forward, sign up now if you haven't done so! 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

- **Purpose of Meeting:** *The Postpartum and Mental Health Subgroup of the Maternal Health Advisory Group will discuss methods and sources related to drafting and disseminating recommendations for postpartum health up to 12 months.*

Meeting Agenda

- **Part I: Background on DHCF and Maternal Health Projects**
 - Introductions in the Chat
 - Departure of Dr. Riley
 - Background on DHCF and Maternal Health Projects
- **Part II: Recommendations for Postpartum Health**
 - Postpartum Primary Care Visits
 - Recommendations of Guidelines
- **Part III: Handout Writing and Dissemination**
 - Handout Format
 - Volunteers for Handout drafting
 - Dissemination of Handout
- **Part IV: Wrap up and Next Steps**

Maternal Health Advisory Group

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, reimbursement, and other items related to maternal health.**

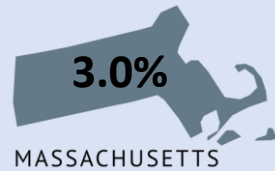
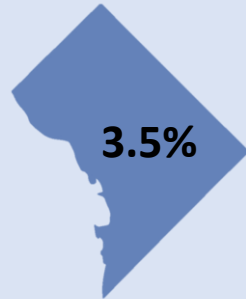
STAFFING ANNOUNCEMENT: Departure of Dr. Riley

- Dr. Pamela Riley, former member of the Maternal Health Advisory Group and meeting facilitator, has left the agency
- Melisa Byrd will serve as the new Maternal Health Advisory Group member from DHCF and lead facilitator of meetings

DHCF by the Numbers

Near universal coverage



DC has the second lowest uninsured rate

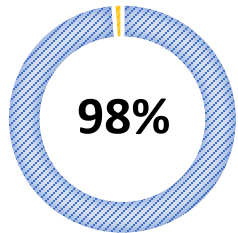


DHCF covers over 300,000 people

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.

Maternal Health at DHCF: Current Eligibility and Services

- **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

DHCF Maternal Health Policy Changes

Expansion of Medicaid eligibility for the duration of pregnancy and 12 months postpartum

- Optional eligibility group under the American Rescue Plan Act of 2021
- DHCF submitted the State Plan Amendment to expand coverage to CMS last month
 - Effective date: April 1, 2022
 - Benefits: **Full Medicaid benefits** for the entire 12-month period postpartum; coverage is NOT limited to pregnancy or postpartum-related services.

Coverage of Doula Services under Medicaid

- The Budget Support Act of 2021 requires DHCF to cover doula services beginning October 1, 2022.
- DHCF is in the process of drafting a State Plan Amendment to submit to CMS so DHCF can cover doulas.
 - Previous Maternal Health Advisory Group meetings have focused on scope of services.
 - Future meetings will discuss billing practices and processes for reimbursement.

Given the expansions in coverage to 12 months postpartum, DHCF believes it is important to ensure beneficiaries are aware of these policy changes and is hoping to spur stakeholder discussion about how to inform beneficiaries about how to best use this eligibility.

NEXT SECTION: Recommendations for Postpartum Health

- **Purpose**

- Solicit feedback on the content and sourcing of material for DHCF to distribute to beneficiaries on postpartum health

- **Key Considerations for Today**

- Ultimate decisions about the handout can be made by stakeholders
 - DHCF may not be the lead or best entity to do education or outreach
 - Wants to draw on stakeholder expertise on health services
 - This is not intended to change DHCF policy on health services
 - Goal is to guide and solicit drafts of material to inform residents on the 12 months of Medicaid eligibility postpartum
 - Questions regarding scope of practice and training are not in DHCF's purview

Recommendations for Postpartum Health: Instructions

- **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
 - 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
 - DHCF is tracking input on maternal health projects through **all mediums**

RECOMMENDATIONS: Number of Postpartum Visits

- Background: There is variation in our initial scan of recommendations of postpartum visits for women and children. These items reflect recommendations to beneficiaries –not policy.
 - Well child checkups should be at 4 months; 6 months; 9 months; 12 months (AAP, AmeriHealth, CDC, Medline Plus)
 - Birthing people should have a postpartum checkup no later than 12 weeks after giving birth (ACOG)
 - Infants should have 6+ visits in the first 15 months of life for the best health outcomes (CMS)
- Question: **How many visits, separate from doula service visits, should be recommended postpartum?**
 - Please state why
- Question: **How should doula services be incorporated into these recommendations?**
- Question: **Should recommendations be split out between birthing people and their child, or combined?**

RECOMMENDATIONS: Content of Postpartum Visits

- Background: We want to make sure beneficiaries have a clear idea of what is involved in postpartum visits and how they can improve their health.
- Question: **What type of check-up and screening is involved for birthing people in the postpartum visit?**
 - How does this relate to well-child visits?
- Question: **How can well-child visits better assist postpartum moms?**
 - Do postpartum depression screenings happen at well-child visits?
 - Where are referrals given to if it's diagnosed?

RECOMMENDATIONS: Information Sourcing

- Background: Sources of information on postpartum health vary and most don't focus on the 12-month time period
 - An initial scan from DHCF staff drew on ACOG, AAP, AmeriHealth, CMS, CDC, and MedLine Plus
 - There may be other sources
- Question: **What other sources should the group draw on for the handout and related outreach on postpartum health?**
 - **Should any sources listed above not be part of our considerations?**
- Question: **Should we emphasize any sources of information over others?**

HANDOUT: Format of Information

- Background: While DHCF staff and the Maternal Health Advisory Group think having information to disseminate about postpartum health is important, we need a format for it.
- Question: **What is the best way to convey information in a succinct manner to beneficiaries?**
 - Potential options: Trifold handout, front-and-back sheet
- Question: **What digital strategies should be considered for dissemination of postpartum health recommendations?**
 - Note: there is not budget at DHCF to provide funding for this

HANDOUT: Volunteers

- Background: Given that providers, community members, and MCOs are the intended audience for information on postpartum health, we are looking for leaders and volunteers
 - DHCF can support with staff coordination and scheduling
- Question: **Do any members want to form a break-off group to draft a handout over the coming months?**
 - Goal: Have a draft ready by the early June meeting where we will present an overview the State Plan Amendment for Doula Services
- Question: **Is there anyone in the District to engage outside of the Subgroup for drafting the Handout?**

HANDOUT: Digital Dissemination

- Background: The Handout can't rest on its own- it needs to be seen and known by beneficiaries and providers digitally.
 - Will be posted on DHCF's website
- Question: **How should information on postpartum health in the handout be disseminated digitally?**
- Question: **How can providers, MCOs, and community members disseminate this information over email or social media?**

HANDOUT: In-Person Dissemination

- Background: Because beneficiaries may not always have access to digital services, physical copies of the information should be disseminated to beneficiaries and providers as well.
- Question: **How can we notify providers about this information in a way that leads to them displaying it?**
- Question: **Should this be part of Medicaid or MCO packets, or other forms of mail or outreach?**

Maternal Health Advisory Group: Subgroup Work

• Subgroups

- Postpartum and Mental Health Subgroup
 - First Meeting is wrapping up
 - Second meeting will be on postpartum mental health and how doulas can assist with that
 - Establish logistics around referrals or licensing for doulas to do behavioral health work
- Doula Enrollment and Billing Subgroup
 - Will call this meeting as implementation of doula services is closer
 - Will share information and collect input and assistance from Subgroup members on how to conduct outreach to doulas about Medicaid

• 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 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

- **Maternal Health Advisory Group: April 25th, 11 AM**
 - Doula Services Rates and Reimbursement
 - Follow up on previous items and Subgroup items

- **Postpartum and Mental Health Subgroup, TBD**
 - Mental Health focused meeting

- **Doula Enrollment and Billing Subgroup: TBD**
 - Will be started when we're closer to implementation

Wrap Up

- Next meeting date is Monday, April 25th, 11 AM
- Reminders are going out tomorrow and Friday

