

Maternal Health Advisory Group Meeting



January 31, 2022

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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.
- **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>

Presentation and Meeting Overview

- **Purpose of Meeting:** *Kick off the Maternal Health Advisory Group by sharing background on policymaking and the Advisory Group, have attendees share their policy priorities, and structure Subgroup work going forward.*
- **Meeting Agenda**
- **Part I: Introduction to DHCF and Current Maternal Health Services at DHCF**
 - Agency introduction
 - Current maternal health benefits and services
 - Doula Services, Postpartum
- **Part II: Maternal Health Advisory Group**
 - Role
 - Members
- **Part III: Roundtable on Maternal Health Policy Priorities**
 - Ask: What is the most important thing DHCF should keep in mind as it authorizes doula services and extends eligibility from 2 to 12 months postpartum?
 - Verbal input for Maternal Health Advisory Group members, chat for others
- **Wrap Up & Next Steps**

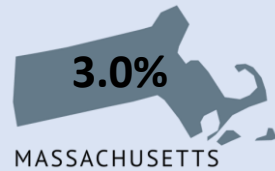
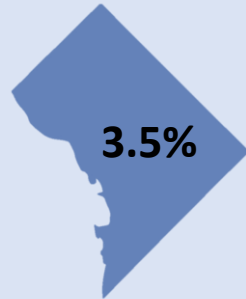
DHCF Vision, Mission, and Strategic Priorities

- Vision
 - All residents in the District of Columbia have the supports and services they need to be actively engaged in their health and to thrive.
- Mission
 - The Department of Health Care Finance works to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia.
- Strategic Priorities
 - Building a health system that provides whole person care
 - Ensuring value and accountability
 - Strengthening internal operating infrastructure

DHCF by the Numbers

Near universal coverage



DC has the second lowest uninsured rate





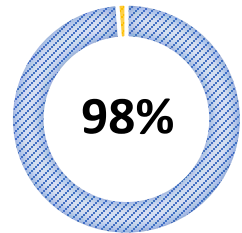
DHCF covers about 300,000 people

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.

Maternal Health at DHCF: Data and Past Experience

- **Data on Maternal Health at DHCF**
 - In 2020:
 - DHCF covered 4,034, or 45 percent, of overall DC births
 - 81 percent of births were to women enrolled in MCOs
 - Among those in Medicaid MCOs in 2019:
 - 80 percent of women had a prenatal visit in first trimester
 - 75 percent of women had a postpartum visit within 84 days after delivery

Source: DHCF Medicaid Management Information System (MMIS) data extracted in December 2021; Qlarant, "[District of Columbia Managed Care Program 2020 Annual Technical Report](#)," April 2021

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**.
 - **Alliance & Immigrant Children's Programs** cover District residents with incomes up to **215% of the federal poverty level**
- Currently, this enhanced Medicaid eligibility starts when a woman is found to be pregnant and continues **60 days postpartum**

- **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), Transplants
 - 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

1. Coverage of Doula Services

FY 22 Budget Support Act is Authorizing Legislation

Text of Budget Support Act Language on Doulas

- a) By October 1, 2022, health insurance coverage through Medicaid or the DC HealthCare Alliance and the Immigrant Children’s Program shall cover and reimburse eligible services provided by doulas; except, that no Medicaid payment shall be made until such time that the Centers for Medicare and Medicaid Services approves the Medicaid state plan amendment described in subsection (b) of this section.
- b)
 - 1) By September 30, 2022, the Department of Health Care Finance (“DHCF”) shall submit for approval from the Centers for Medicare and Medicaid Services an amendment to the Medicaid state plan to authorize the Medicaid payments described in this section.
 - 2) While preparing the Medicaid state plan amendment application, DHCF shall:
 - A. In consultation with organizations providing doula services and other relevant entities, establish processes for billing and reimbursement of doula services, including:
 - i. Setting competitive reimbursement rates;
 - ii. Setting a reasonable number of doula visits to be reimbursed during the course of the pregnancy and postpartum period;
 - iii. Developing program support and training for doula service providers to facilitate billing; and
 - iv. Assessing the viability of incentive payments to doulas whose clients attend postpartum appointments with a medical provider.
 - B. In consultation with the Department of Health and other relevant entities, issue rules to determine eligibility for reimbursement by Medicaid, the DC HealthCare Alliance, and the Immigrant Children’s Program.

LEGAL BACKGROUND: Doula Services

- **Other relevant local provisions**
 - DC Health is required to create a doula certification category by October 1, 2022
- **Federal legal environment**
 - State plan authorities are legally feasible but present their own challenges
- **Some states have authorized doula payments**
 - *Extended pregnancy coverage: Minnesota*
 - Doulas must operate under the supervision of a physician or OLP, and only the supervising practitioner may bill Medicaid
 - Doulas have reported issues creating relationships with practitioners and low reimbursement rates have deterred them from participating in Medicaid
 - In response, Minnesota raised reimbursement rates to attract more doulas
 - *Preventative Services Authority: Oregon, New Jersey, and Virginia*
 - In Oregon, complex Medicaid billing processes and initial low reimbursement rates caused few doulas to participate
 - To rectify these issues, Oregon increased reimbursement rates and permitted the creation of doula hubs to bill on their behalf

2. Expansion of Postpartum Medicaid Coverage

- **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

- **Implications of the Text**

- Allows states to use state plan authority to extend postpartum eligibility coverage from 60 to 365 days after the end of a pregnancy
- This is temporary authority funded by ARPA
 - Only runs through March 31, 2027
- DC is moving forward with establishing this coverage
 - Can take effect as early as April 1, 2022

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

- **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 Advisory Group

Purpose

- Take public input on the service array, financial impact, 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.

Expectations of Members

- Attend all meetings;
- Prepare for meetings in advance by reading circulated materials and/or conferring with Department personnel and other resource people;
- Actively participate in discussions;
- Assist the Maternal Health Advisory Group with agenda design;
- Participate or lead on tasks outside of monthly meetings;
- Share important matters brought up by the Maternal Health Advisory Group with interested colleagues or members of the public; and
- Bring concerns of the community to the attention of the Maternal Health Advisory Group.

Stakeholder Outreach, Timeline and Logistics

• Timeline

- Phase 1 (December 2021-January 2022)
 - Kickoff Meeting was held on December 14th
 - Applications were sent out
 - Maternal Health Advisory Group was chosen
- Phase 2 (January-April 2022)
 - Maternal Health Advisory Group holds regular meetings
- Phase 3 (June 2022-)
 - Policy action on Doula Services and Postpartum Eligibility Extension and possibility for continued outreach

• Contact Information

- Information on meetings and policy action will be distributed by dhcf.maternalhealth@dc.gov email address and listserv
 - Contact email address to join the list
- Public meetings and policy changes on maternal health will be posted in the DC Register as well

Roundtable on Maternal Health Policy Priorities

- **Questions**

- What drew you to work on maternal health policy?
- What is one recommendation for DHCF as it authorizes doula services and extends eligibility from 2 months to 12 months postpartum?
 - *Please limit your responses to 2 minutes*

- **Logistics**

- Facilitator will call on members of the Maternal Health Advisory Group
 - Members will provide verbal testimony for 2 minutes
 - Others: Please react to testimony or provide your own in 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

Maternal Health Advisory Group: Subgroup Work

- **Potential Subgroups**

- Postpartum Health Subgroup
 - Develop Handout
 - Training
- Doula Enrollment and Billing Subgroup
 - Develop Handout, training
 - Outreach to doulas
- Other Topics

- **Logistics**

- Looking for at least 1 volunteer from Maternal Health Advisory Group on each line of Subgroup
 - Will work within members interested in each group to designate a Coordinator or Chair
- Others may participate in Subgroups –step up now!
 - Please email dhcf.maternalhealth@dc.gov or put your interest into the chat
- Subgroups will correspond and set up meetings over email
 - Notice will go to all those on the mailing list

Upcoming Topics for Maternal Health Advisory Group Meetings

- *DHCF is looking for initial input on the following draft agenda from the Maternal Health Advisory Group:*
- **February**
 - Presentation on models for doula services
 - Question: What doula services should be covered by DHCF?
 - Postpartum incentive payments
 - Please draw on your personal or professional experience and knowledge as much as possible.
- **March**
 - Outreach and Training on Maternal Health Projects
 - Presentation on Extension of Postpartum Eligibility
- **April**
 - Follow up on previous items
 - Outreach on Medicaid enrollment and billing

Wrap Up

- All subsequent meeting dates will be announced soon.

