

# Maternal Health Advisory Group Meeting



**March 7, 2022**  
**Dr. Pamela Riley, Medical Director**

# 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.
- **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 2 meetings on the website.

# Presentation and Meeting Overview

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- **Purpose of Meeting:** *Share out the design of other states' doula services benefits and ask stakeholders for input on key items of DHCF's doula services benefit design.*
- **Meeting Agenda**
- **Part I: Introduction to DHCF and the Doula Services Benefit**
  - Agency introduction
  - Maternal Health Advisory Group
  - Doula Services authorization
- **Part II: Roundtable on Key Questions**
  - Allowable number of doula service visits
  - Authorization for doula services
  - Scope of doula services
  - Enhanced doula services
- **Part II: Wrap Up & Next Steps**
  - Subgroup work
  - Upcoming topics and dates

# Maternal Health Advisory Group

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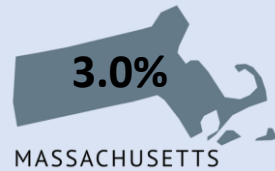
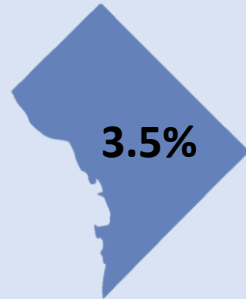
## Purpose

- 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

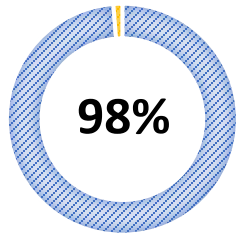


## DHCF covers about 300,000 people

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.

# Maternal Health at DHCF: Data and Past Experience

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- **Data on Maternal Health at DHCF**
  - In 2020:
    - DHCF covered 4,034, or 45 percent, of overall DC births
    - 79 percent of DHCF births were to women enrolled in Medicaid, most of whom are served by managed care organizations (MCOs)
    - 21 percent of DHCF births were to women enrolled in Alliance or Immigrant Children's Program coverage, all of whom are served by MCOs
  - Among those in Medicaid MCOs in 2019:
    - 80 percent of women had a prenatal visit in first trimester (on par with national Medicaid average of 80%)
    - 75 percent of women had a postpartum visit within 84 days after delivery (above national Medicaid average of 68%)

**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; Centers for Medicare & Medicaid Services (CMS), "[Performance on the Adult Core Set Measures, FFY 2020](#)," September 2021; CMS, "[Performance on the Child Core Set Measures, FFY 2020](#)," September 2021.

# 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

# 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



# Background: Relationship between Medicaid State Plan and Managed Care

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- **The Medicaid State Plan** sets the baseline for services that are covered through Medicaid
  - A State Plan is an agreement between a state and the Federal government describing how that state administers its Medicaid and CHIP programs.
    - This includes defining the services provided by the state
  - The State Plan directly affects fee-for-service coverage
  - The purpose of this meeting is to clarify what doula services are going to be part of the State Plan
- **Medicaid managed care organizations (MCOs)** may offer value-added and other services beyond what is included in the Medicaid State Plan
  - All managed care organizations must cover Medicaid services in the State Plan
  - May have MCO-specific requirements for some services, such as prior authorization
  - For example, doula services has been a value-added service from managed care organizations
  - Most pregnant and postpartum people will be covered by managed care organizations

# Doula Services: Roundtable on Key Questions

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## • Format

- Please use the “raise hand” feature as demonstrated on the next slide to speak
  - You need to put your hand down as it transitions to another subject
- Please limit your responses to 2 minutes
  - *We have 4 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**

# Doula Services: Allowable Number of Visits

Budget Support Act of 2021 Requirements	Other States
<p>The BSA includes the following services:</p> <ul style="list-style-type: none"><li>• Support to pregnant individuals and their families;</li><li>• Conducting prenatal and postpartum visits;</li><li>• Accompanying pregnant individuals to health care and social service appointments;</li><li>• Connecting individuals to medical, community-based, or government funded resources; and</li><li>• Providing support to individuals following either the loss of a pregnancy or birth of a child.</li><li>• Additionally, DHCF must set a <b>reasonable</b> number of service visits.</li></ul>	Minnesota: Limits services up to 7 visits, one of which must be labor and delivery
	Oregon: Limits services to 2 prenatal visits, labor support, and 2 postpartum visits
	New Jersey: Limits services to labor support plus 8 perinatal visits (standard) or 12 perinatal visits (enhanced)
	Virginia: Requires service authorization for more than 8 perinatal visits of for services more than 6 months after delivery.

## Should the District restrict the number of doula visits?

- Should the number of visits be restricted generally?
- Should there be a prenatal restriction on the number of visits?
  - How many visits?
- Should there be a postpartum restriction on the number of visits?
  - How many visits?

# Doula Services: Authorization of Doula Services

Budget Support Act of 2021 Requirements	Other States
<p>The BSA includes the following services:</p> <ul style="list-style-type: none"><li>• Support to pregnant individuals and their families;</li><li>• Conducting prenatal and postpartum visits;</li><li>• Accompanying pregnant individuals to health care and social service appointments;</li><li>• Connecting individuals to medical, community-based, or government funded resources; and</li><li>• Providing support to individuals following either the loss of a pregnancy or birth of a child.</li><li>• Additionally, DHCF must set a reasonable number of service visits.</li></ul>	Minnesota: No prior authorization requirement found
	Oregon: No prior authorization requirement found
	New Jersey: No prior authorization requirement found
	Virginia: Requires service authorization for more than 8 perinatal visits or for services more than 6 months after delivery.

## Should the District require prior authorization for doula services?

- If yes, who should do the consultation and ask for services?
- If not, how should the pregnant individual get connected with doulas?

*\*Prior Authorization is an administrative process used in healthcare for providers to request approval from payers to provide a medical service, prescription, or supply. This process takes place before a service is rendered.*

# Background: Scope of Doula Services

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***\*\*\*DC Health is setting the scope and licensure requirements for doulas, and DHCF does not impose additional qualifications.\*\*\****

- **Preventive services** generally include perinatal counseling and education services to promote physical and mental health wellbeing.
  - These services must be recommended by a licensed provider
- **Extended pregnancy services** generally include attendance at delivery, additional childbirth education and additional postpartum support services.

# Doula Services: Scope of Doula Services

Budget Support Act of 2021 Requirements	Other States
<p>The BSA includes the following services:</p> <ul style="list-style-type: none"><li>• Support to pregnant individuals and their families;</li><li>• Conducting prenatal and postpartum visits;</li><li>• Accompanying pregnant individuals to health care and social service appointments;</li><li>• Connecting individuals to medical, community-based, or government funded resources; and</li><li>• Providing support to individuals following either the loss of a pregnancy or birth of a child.</li><li>• Additionally, DHCF must set a reasonable number of service visits.</li></ul>	Minnesota (extended pregnancy services): Covers childbirth education and support services during the perinatal period and delivery
	Oregon (preventive services): Covers perinatal counseling and education, emotional support and physical comfort, labor support, and coordination with resources pertaining to childbirth and the postpartum period
	New Jersey (preventive services): Covers perinatal counseling and education, labor support, and coordination with community-based services
	Virginia (preventive services): Covers perinatal support services, labor support, and coordination with community-based services

## What services should be covered doula services?

- Should doula services be considered a preventive service?
  - (i.e., labor support, emotional support, and perinatal counseling)
- Should doula services be considered an extended pregnancy service?
  - (i.e., childbirth education during perinatal period and delivery)

# Doula Services: Enhanced Doula Services

Budget Support Act of 2021 Requirements	Other States
<p>The BSA includes the following services:</p> <ul style="list-style-type: none"><li>• Support to pregnant individuals and their families;</li><li>• Conducting prenatal and postpartum visits;</li><li>• Accompanying pregnant individuals to health care and social service appointments;</li><li>• Connecting individuals to medical, community-based, or government funded resources; and</li><li>• Providing support to individuals following either the loss of a pregnancy or birth of a child.</li><li>• Additionally, DHCF must set a reasonable number of service visits.</li></ul>	<p>New Jersey: Provides enhanced care for beneficiaries younger than 19*. This includes four (4) additional perinatal or postpartum visits.</p> <p><i>*This group of beneficiaries are at higher risk for having a preterm birth.</i></p>

\***Enhanced Care** is cost-effective, evidence-based, and enhanced prenatal services for high-risk pregnant women.

## Should the District provide enhanced doula services?

- Should enhanced care be targeted to a specific age group?
- What should enhanced services include?
  - (i.e., additional perinatal or postpartum visits and attendance at delivery, mental health services)

# Maternal Health Advisory Group: Subgroup Work

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## • Subgroups

- Postpartum and Mental Health Subgroup
  - First meeting in late March or early April
  - 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 a soon-to-be-distributed form and in the chat –all are welcome!
  - Will work within members interested in each group to designate a Coordinator or Chair that is in the Maternal Health Advisory Group
- 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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- **March 21**

- Outreach and Training on Maternal Health Projects
- Presentation on Extension of Postpartum Eligibility

- **April**

- Doula reimbursement method and rates
- Follow up on previous items
- Outreach design for Medicaid enrollment and billing

- **April and onward**

- Subgroup work

# Wrap Up

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- Next meeting date is March 21<sup>st</sup> 1:00-2:30 pm
- Calendar invite is going out right now

