

Maternal Health Advisory Group Meeting



April 25, 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.
- **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 and Subgroup meeting on the website.

Presentation and Meeting Overview

- **Purpose of Meeting:** *Follow up on items related to doula services and postpartum health and ask the group for input on doula reimbursement and billing.*
- **Meeting Agenda**
- **Part I: Background on DHCF and Maternal Health Projects**
 - **Part II: Doula Services and Postpartum Extension Follow Up**
 - Update: Expansion of Postpartum Eligibility
 - Doula Services Questions
 - **Part III: Doula Reimbursement and Billing**
 - Reimbursement:
 - Components and Timing of Visits
 - Clients and Caseload
 - Labor Attendance
 - Postpartum visits
 - Incentive Payments
 - Billing: Insurance and Administrative Needs
 - **Part IV: Wrap up and Next Steps**

Maternal Health Advisory Group

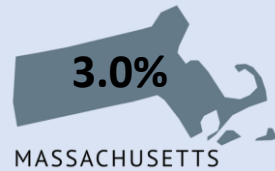
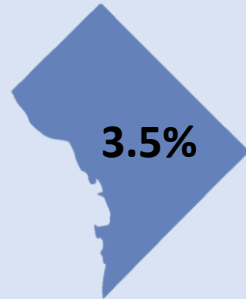
Purpose

- 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.**

DHCF by the Numbers

Near universal coverage



DC has the second lowest uninsured rate





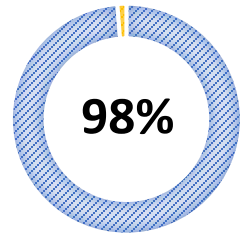
DHCF covers about 300,000 people

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: 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

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.”

UPDATE: Expansion of Postpartum Medicaid Coverage

- DHCF submitted a State Plan Amendment (SPA) to CMS
 - 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.**
 - Some states have had their SPAs approved
 - DC is still awaiting notice

Authorization of Doula Services Through Medicaid

- 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

NEXT SECTION: Doula Services Reimbursement Questions

- **Purpose**
 - Initiate discussions and action on payment method for doula services
- **Key Considerations for Today**
 - Ultimate decisions about billing and reimbursement will be made according to available budget
 - DHCF may not be the lead or best entity to do education or outreach
 - DC Health is creating licensing and training standards for doulas
 - Questions regarding scope of practice and training are not in DHCF's purview

Training and Education: Roundtable on Key Questions

• 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**

DOULA BILLING AND RATES: Components and Timing of Doula Visits

- Background: DHCF needs to know what is involved in a typical doula visit to help establish rates, focusing on services delivered and costs incurred
 - Want to focus on what is common across doulas and clients
 - Want to learn about differences between visits
 - Prenatal/postpartum
 - Initial visit and subsequent visits
- Question: **What is involved in a typical doula visit? Please walk DHCF staff through the content of visits from doulas.**
 - How long is a typical visit?
 - What supplies and costs are involved in doula visits?
 - Is there meaningful variation between the first visit and subsequent visits?
- Question: **Are prenatal and postpartum visits substantively different in ways that should affect payment or expected time spent at visits?**

Question: **Are supplies, cost, or timing for doula services delivered in a clinic substantively different from doula services delivered in a home setting?**

DOULA BILLING AND RATES: Doula Clients and Caseload

- Background: We want to know how doulas manage multiple clients, what goes into determining that number, and how doulas determine someone needs more time or more visits
- Question: **How many clients do doulas typically have at once?**
 - What factors go into determining your caseload?
 - How may taking on clients covered by DHCF affect this?
- Question for Doulas: **Which clients of yours require more time at visits or a higher quantity of visits?**
 - What services are provided with that additional time or extra visits?
 - Is there a screening tool or method to help determine the need for more doula services?

DOULA BILLING AND RATES: Labor Attendance

- Background: DHCF is interested in learning what is involved when doulas attend one of their clients' labor and the amount of time they expect to spend at labor and delivery.
- Question: **What services are involved when a doula attends labor with one of their clients?**
- Question: **What do doulas typically expect, in terms of the amount of time spent attending a delivery?**

DOULA BILLING AND RATES: Timing of Postpartum Services

- Background: DHCF is interested in learning when postpartum visits typically occur and how doulas can assist women postpartum.
- Question: **When do doulas typically see clients for postpartum visits?**
 - **At what point after the child's birth do doula visits typically cease?**
- Question: **DHCF just extended eligibility to 12 months postpartum. Would doula visits make sense up to 12 months?**

DOULA BILLING AND RATES: Postpartum Incentive Payments

- Background: New Jersey and Virginia tie incentive payments to certain outcomes
 - In NJ, doulas get a bonus payment from Medicaid after a postpartum doula visit *if* the doula's client makes an obstetric clinician follow-up visit within 6 weeks of delivery
 - The doula must bill a code related to the incentive payment
 - DC Council required DHCF to get input on this
- Question: **Does it make sense to provide incentive payments to doulas if their clients attend postpartum visits with primary care providers?**
 - Please explain why
 - Do new relationships need to be built between doulas and primary providers?

BILLING LOGISTICS: Insurance and Administration for Doulas

- Background: We need to know how doulas receive payments for their services and how they're equipped to set up to bill Medicaid once it's in place
- Question for Independent Doulas: **How do you currently receive payments for services?**
 - What do you see as your main obstacle to enrolling and billing as described below?
- Question for Doulas: **What administrative structure will you have to assist with billing?**

DHCF Note: Doulas will need to enroll through the DC Provider Data Management System (PDMS) Web Portal once eligible. They will need to bill electronically through software, a billing agent, or through a paper reimbursement system. They can submit an Electronic Remittance Advice (ERA) form for billing. The ERA form will require a taxpayer ID (EIN or TIN), Medicaid ID (assigned by DHCF), and federal National Provider Identifier (NPI) once ready for doulas.

BILLING LOGISTICS: Call for Volunteers

- Background: DHCF's financial team wants to get input from a small group of doulas on financial matters in a meeting outside of the Advisory Group
- Question for Doulas: **Are you interested in volunteering to be part of this small group?**
 - Please put your name into the chat

Maternal Health Advisory Group: Subgroup Work

• Subgroups

- Postpartum and Mental Health Subgroup
 - First Meeting was held last week, April 18th
 - Subgroup members are working on a Handout and outreach plan
 - Establish logistics around referrals or licensing for doulas to do behavioral health work
 - Next meeting is on mental health and will be held later this spring or early this summer
- 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: June 6th, 11 AM**
 - Review of the draft doula services rule
 - 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, June 6th at 11 AM
 - May call a meeting in the meantime
- Calendar invite is going out just after the meeting

