

# Maternal Health Projects Kickoff Meeting



**December 14, 2021**  
**Dr. Pamela Riley, Medical Director**

# Presentation and Meeting Overview

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- **Purpose of Meeting:** *Kick off DHCF's public engagement and share notice of agency action on the expansion of maternal health coverage and benefits.*
- **Meeting Agenda**
- **Part I: Introduction to DHCF and Current Maternal Health Services at DHCF**
  - Agency introduction
  - Current maternal health benefits and services
- **Part II: DHCF Planned Expansions of Maternal Health Benefits and Services**
  - Doula services
  - Expansion of postpartum Medicaid coverage
  - Non-Emergency Medical Transportation (NEMT) for Alliance beneficiaries
- **Part II: Stakeholder Outreach Planning**
  - Maternal Health Advisory Group
  - Questions & comments
- **Wrap Up & Next Steps**

# DHCF Vision, Mission, and Strategic Priorities

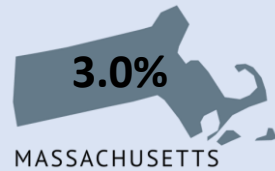
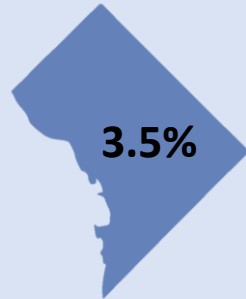
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- Vision
  - All residents in the District of Columbia have the supports and services they need to be actively engaged in their health and to thrive.
- Mission
  - The Department of Health Care Finance works to improve health outcomes by providing 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





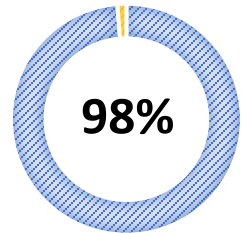
## DHCF covers about 300,000 people

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

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- **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

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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**.
  - **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

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## 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

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- **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

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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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- **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

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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**

- 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

# Stakeholder Outreach Planning

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## Purpose

1. Make informed decisions creating new policies authorizing doula services and extension of postpartum coverage
2. Identify and assist with necessary training and outreach that will accompany policy changes

## Ways to Contribute

- Maternal Health Advisory Group
  - Will convene public meetings in 2022
  - Seeking representatives from key stakeholder groups
  - Solicit public input at meetings and in writing

# Maternal Health Advisory Group

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## Purpose

- Take public input on the service array, financial impact, and coverage needed to improve maternal health through DHCF programs.
- The Advisory Group will advise DHCF on training, public outreach, program support, and other items related to maternal health.

## Expectations of Members

- Attend and contribute at monthly meetings
- Assist with setting the agenda
- Participate in potential subgroup activities

## Key Representatives

- District government agencies involved in maternal health policy
- Doulas or doula organizations
- Beneficiaries or beneficiary advocates
- Health care medical providers, or representatives of provider organizations
- **Others?**

# Stakeholder Outreach, Continued

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## • Timeline

- Phase 1 (December 2021-January 2022)
  - Kickoff Meeting
  - Applications are sent out
  - Maternal Health Advisory Group is 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](mailto: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

# Questions and Comments

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- To ensure everyone gets a chance to speak, we ask that verbal comments and questions be limited to 3 minutes each
- We will take comments and questions in the following order:
  - Verbal comments and questions (volunteers taken over computer Chat, please type “Stack” into the Chat)
  - Written comments and questions (read from computer chat)
  - Verbal comments and questions (attendees over the phone)

