

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance**



Public Hearing on

B24-0026, the “Maternal Health Resources and Access Act of 2021”

Testimony of

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Before the

Committee on Health

Council of the District of Columbia

The Honorable Vincent C. Gray, Chairperson

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1350 Pennsylvania Avenue, NW

Washington, DC 20004

Introduction

Good morning, Chairperson Gray, and members of the Committee on Health. I am Melisa Byrd, Senior Deputy Director/Medicaid Director of the Department of Health Care Finance (DHCF). I am here today to provide testimony on behalf of DHCF on Bill 24-0026, the “Maternal Health Resources and Access Act of 2021.”

This bill has two elements within DHCF authority. First, the bill aims to provide Medicaid coverage of doula services through a three-year pilot program. Second, the bill requires DHCF to cover non-emergency medical transportation (NEMT) to maternal health appointments for both Medicaid and DC Healthcare Alliance (Alliance) enrollees and encourages DHCF to establish relationships with ride-sharing companies to improve transportation reliability.

In my testimony today, I will first provide a brief overview of maternal health benefits in the Medicaid and DC Healthcare Alliance (Alliance) programs. Then, I will discuss each of the proposed reforms addressed in this bill and how they relate to what the District currently provides.

Maternal Health Related Benefits in the Medicaid and Alliance Programs

Currently, the District provides comprehensive health benefits to pregnant women enrolled in the Medicaid and Alliance programs. For Medicaid enrollees, the benefits provided to pregnant women align with the traditional Medicaid benefit package and include but are not limited to: inpatient and outpatient hospital services; primary, peri- and post-natal, and maternity care services; behavioral health services; transportation to and from medical appointments; and pharmacy benefits. Similarly, the Alliance program benefits include hospital services, primary, peri- and post-natal, and maternity care services, and pharmacy benefits. Labor and delivery services are covered for Alliance enrolled pregnant women although they are funded through the

Emergency Medicaid program. **Table 1** below summarizes the maternal health coverage available to District Medicaid and Alliance enrollees:

Table 1. Current Maternal Health Coverage in the Medicaid and Alliance Programs

| Benefit | Medicaid / Alliance Covered Benefit | Notes |
|--------------------------|--|---|
| Postpartum Visits | Yes | Postpartum visits are covered for up to 60 days and as medically necessary thereafter. |
| Home Visits | Yes | Managed care covers home visits within 48 hours of discharge for high risk newborns. Fee-for-service covers home visits if requested by a provider. |
| Transportation | Yes (Medicaid only) | NEMT is a Medicaid covered service. The current managed care organizations (MCOs) cover transportation for perinatal services, including postpartum visits. In general, individuals schedule transportation through contracted vendors versus receiving a stipend. NEMT is not a covered service in the Alliance program. However, the current MCOs cover transportation for perinatal services, including postpartum visits, for Alliance enrollees as a value-add benefit. Value-add benefits are additional services offered by the MCOs. |
| Doula Services | No | MCOs cover doula services as an optional value-added benefit, but the benefit is not covered by Medicaid or eligible for federal matching funds. |

Once enrolled into the Medicaid program, most women of childbearing age join one of the District’s three risk-based contracted Medicaid MCOs. The remaining women receive services through fee-for-service (FFS) Medicaid or through our Child and Adolescent Supplemental Security Income Program (CASSIP). Alliance enrollees are served through the same three risk-based MCOs that participate in the Medicaid program.

Doula Services and Medicaid Coverage

District Medicaid Coverage of Doula Services

Federal Medicaid requirements outline services that are mandatory and must be covered by all states, as well as other services that may be covered by the states. Under Medicaid guidelines, while pregnancy services are a mandatory benefit, doula services related to pregnancy are an optional service. As the District does not currently cover doula services through the Medicaid State Plan or a Waiver, Medicaid cannot pay for doula services for enrollees under the current plan. However, all three MCOs provide to their enrollees access to doula services as value-added benefits. A value-added benefit is an extra service, not formally covered by Medicaid, that the MCO can choose to pay for to improve quality or patient outcomes.

Pathways to Medicaid Coverage of Doula Services

To be able to authorize coverage of doula services, DHCF would have to submit and receive approval of a state plan amendment (SPA) or waiver from the U.S. Department for Health and Human Services Centers for Medicare and Medicaid Services (CMS). Federal Medicaid funds cannot be claimed for a given service until the SPA or waiver allowing coverage of that service is approved.

A SPA is routinely used to make changes to the Medicaid program that are within the standard Medicaid requirements. A waiver is generally pursued when a state needs to waive standard Medicaid requirements to achieve its goal. For example, if a state wants to target a benefit geographically or to a certain population, or to restrict provider participation, among others, the waiver is the more appropriate vehicle. A waiver, unlike most SPAs, is usually approved for a limited period of three to five years. Additionally, waivers must meet the budget neutrality test. Meaning, the services proposed through the waiver cannot cost the federal government any more

than the costs to the federal government without the waiver. Both the SPA and 1115 Waiver authorities could allow DHCF to cover the scope of services a doula may provide under the bill.

Proposed Doula Pilot Program

The proposed legislation would require DHCF to establish and implement a 36-month doula services pilot program under Medicaid. The bill establishes the following timeframes:

- Six months for DHCF to plan, apply, and receive approval from CMS for the program and set up billing structures;
- Twenty-four months to implement and operate the program; and
- Six months to assess and report to the Mayor and Council on experience in the program and recommendations for future action.

DHCF can effectuate this change by submitting a SPA for optional extended pregnancy or preventive services or by submitting a waiver. Given the limited time proposed for establishment of the pilot, the small number of individuals likely affected (which would include some portion of the approximately 3,000 births to Medicaid-enrolled women each year¹), and the relatively short period of time for the covered service, a Medicaid 1115 Waiver is likely not a preferred option for establishing a pilot. A waiver typically requires detailed notice, significant administrative burdens in estimating the cost of the proposed changes and reporting to CMS, and a longer timeframe for submission and approval of at least one year. Given limited time to implement, a SPA change is likely a better option to effectuate the coverage change with Medicaid funding. However, it is important to highlight that a SPA is not the typical pathway to pilot new Medicaid services.

¹ *Data Snapshot: Women with a Birth Financed by DHCF*, DHCF (September 2019), available at <https://app.powerbi.com/view?r=eyJrIjoibzVjYTZhZWVhZjYyYjY0YjI3LWl0YTctNzc3MzNiMzAwYWY0IiwidCI6IjZlNWY1OTA1LTcxMWQ0NDIzNy04ZjI3LTl2ZTZlNjAyNjFmNCJ9> (downloaded March 22, 2019)

Additionally, a six-month timeframe for the development, submittal to and approval by CMS of a SPA, and implementation of a new services is aggressive.

Other State Medicaid Doula Coverage

The District can learn from the experiences of other states to ensure that doula services are appropriately provided for women enrolled in Medicaid. At least three other State Medicaid programs cover doula services under their State Plan: Minnesota, Oregon, and New Jersey. New York also covers doula services, but under a state-funded pilot program. DHCF is not aware of any states covering doula services through an 1115 Waiver. **Table 2**, below, summarizes the coverage options employed by other states and possible pros/cons for each option:

Table 2. Other State Medicaid Doula Coverage

| State | Medicaid Authority | Pros | Cons |
|--------------------|---|--|---|
| Minnesota | Extended pregnancy benefit. | Doulas do not have to bill Medicaid directly but can rely on their supervising provider to bill Medicaid. ² | Doulas have reported issues forming supervisory relationships with practitioners. Doulas have also raised concerns that reimbursement rates are too low. Both of these factors have created a barrier to participation. ³ |
| Oregon/ New Jersey | Preventive service benefit. | Doulas can work independently and are not reliant on other practitioners to certify their treatment or bill. | Doulas initially reported issues with learning Medicaid billing requirements and with low reimbursement rates in Oregon. Oregon allowed the creation of doula billing hubs and increased reimbursement rates, which has led to increased doula participation. |
| New York | N/A (benefit is entirely state funded.) | Increased state flexibility in pilot design, timing, targeting. | New York receives no federal matching funds to help with the costs of operating the program. Additionally, the pilot has not been expanded because of inadequate doula participation caused by low reimbursement rates. |

² Platt, Taylor, and Neva Kaye. “Four State Strategies to Employ Doulas to Improve Maternal Health and Birth Outcomes in Medicaid.” *National Academy for State Health Policy*, 7 June 2020, www.nashp.org/wp-content/uploads/2020/07/Doula-Brief-7.6.2020.pdf.

³ *Id.*

Some common areas of focus have emerged from states that have already launched doula coverage, either within or outside of Medicaid. It is important to note that Medicaid state plan coverage for doulas has been effectuated as either an extended pregnancy or preventive services benefit.

One factor in determining the best SPA option is the degree of supervision states require for doulas. If the state opts for the extended pregnancy service benefit, the doula must operate under the supervision of another practitioner. However, requiring that relationship has posed operational and structural barriers that have created a burden or barrier to entry for some doulas in Minnesota. States that opt for the preventive services SPA option can allow doulas to operate more independently but will need to consider ensuring appropriate training and support for doulas to bill the Medicaid program, either independently or through state created administrative billing hubs. Finally, states have struggled to set a payment rate that is sufficient and comparable to private payment rates, taking into account the long hours associated with doula services for labor and delivery.

Transportation for Perinatal and Postpartum Services

In addition to a doula services pilot program, the proposed legislation would also require the District to provide coverage for transportation costs for travel to and from prenatal and postpartum nonemergency health care appointments for Medicaid and Alliance beneficiaries. It also allows DHCF the option to contract with additional entities, including with ride-sharing companies, to expand non-emergency transportation options.

The District covers non-emergency medical transportation (NEMT), including transportation to and from appointments for covered services including perinatal and postpartum appointments, for Medicaid beneficiaries. Rideshare opportunities are available to Medicaid beneficiaries. In the Medicaid fee-for-service program, rideshare is available on a limited basis and generally encompasses transportation to urgent care appointments on short notice, Nurse Triage Line (operated by the Fire and EMS Department) transportation requests, and after hours/weekend discharges from hospitals. Transportation services, including rideshare, are available to individuals in the Alliance program but they are provided by the MCOs as a value-added service. We believe that the comprehensive NEMT benefits available to Medicaid enrollees satisfy the Medicaid transportation requirements of the bill.

Conclusion

Mr. Chairman and members of the Committee of Health, this concludes my testimony on Bill 24-0026. As outlined, the District has multiple options for providing more uniform access to doula services for the District's Medicaid enrollees, but each option comes with its own strengths and weaknesses. Based on the available options, DHCF believes a Medicaid preventive services SPA would be the best option to ensure access to services and reduce administrative and financial burdens associated with a formal pilot. In addition, the NEMT coverage DHCF currently offers meets the requirements of the bill.

Thank you for the opportunity to testify today, and I am pleased to address your questions.