

Apple Health (Medicaid) birth doula services draft benefit design

Information sharing
Gathering community feedback

October 9, 2024

SB 5950, Sec 211 (34) and (90)

- ▶ Passed in 2024
- ▶ Legislative directive
 - ▶ Implement birth doula services in Apple Health (Medicaid)
 - ▶ Funding allocated for birth doula reimbursement (\$3500 max per pregnancy in modeling)

GOAL:
Stand up doula benefit by early 2025

Current Status

- ▶ State Plan Amendment
 - ▶ Approved by CMS in early September 2024
- ▶ Statewide recommendation for doula services
 - ▶ Final stages of approval
- ▶ Birth doula services WAC
 - ▶ Goal: file CR-102 in November
- ▶ Billing guide
 - ▶ TBD

Next steps

- ▶ Finalize doula benefit design including:
 - ▶ Visit structure and associated components
 - ▶ Reimbursement model

HCA proposed birth doula benefit

- ▶ The following services once per pregnancy, all required to be in person:
 - ▶ Prenatal intake visit
 - ▶ Labor and delivery support
 - ▶ Comprehensive postpartum visit

Plus

- ▶ Up to 20 hours total of additional prenatal/postpartum visits:
 - ▶ Flexibility across prenatal and postpartum periods
 - ▶ Postpartum period aligned with After Pregnancy Coverage (12 months of Apple Health coverage after pregnancy ends)
 - ▶ May be exceeded based on medical necessity and established limitation extension (LE) process
 - ▶ Limitation extension is a type of prior authorization to request additional units

Prenatal intake visit

- ▶ Proposed components
 - ▶ Required in-person visit
 - ▶ Overview of Apple Health birth doula benefit
 - ▶ Review and sign Memorandum of Understanding (MOU)
 - ▶ Initiate birth plan
 - ▶ Support Apple Health clients in establishing care
 - ▶ Review health history including previous pregnancy, birth, and loss of life
 - ▶ Mental and emotional health screening
 - ▶ Assess family and other relational support networks
 - ▶ Social determinants of health and other social related health screening
 - ▶ Community support resources and referrals
 - ▶ Co-design plan of care
- ▶ Direct service time must be a minimum of two hours

Comprehensive postpartum visit

- ▶ Proposed components
 - ▶ Required in-person visit
 - ▶ Support for reflection and processing birth experience
 - ▶ Support for post-pregnancy transition
 - ▶ Infant care support such as feeding and other guidance
 - ▶ Mental and emotional health screening
 - ▶ Assess family and other relational support networks
 - ▶ Community support resources and referrals
 - ▶ Assist with scheduling and advocating for clinical care for dyad
 - ▶ Sexual health and contraception counseling
- ▶ Direct service time must be a minimum of two hours

HCA proposed reimbursement model

- ▶ Funding allocated by Washington Legislature for birth doula reimbursement
 - ▶ \$3500 maximum per pregnancy
- ▶ Prenatal intake visit (must be in person)
 - ▶ \$375 (flat rate); one per pregnancy
- ▶ Comprehensive postpartum visit (must be in person)
 - ▶ \$375 (flat rate); one per pregnancy
- ▶ Labor and delivery support (must be in person)
 - ▶ \$750 (flat rate); one per pregnancy
- ▶ Prenatal and postpartum visits (telemedicine available according to HCA doula telemedicine policy)
 - ▶ \$25 per 15-minute unit
 - ▶ Up to \$2000 maximum, 20 additional hours

Current benefit design

Pros

- Incentivizes client-centered doula services across the perinatal period
- Promotes continuity of care
- Aligns with MMRP report recommendations including addressing postpartum supports
- Aims to address all aspects of the perinatal period to drive improved outcomes
- Allows visit flexibility

Cons

- Not congruent with Legislative modeling of the \$750 intake
- Potential concern for being financially unsustainable for doula workforce

Alternative design proposal #1

- ▶ Two prenatal visits
 - ▶ \$375 each (flat rate)
- ▶ Labor and delivery support (must be in person)
 - ▶ \$750 (flat rate); one per pregnancy
- ▶ Prenatal and postpartum visits (telemedicine available according to HCA doula telemedicine policy)
 - ▶ \$25 per 15-minute unit
 - ▶ Up to \$2000 maximum, 20 additional hours

Alternative design proposal #1

Pros

- Potentially improves financial sustainability for doula workforce
- Aligns with legislative modeling of \$750 intake

Cons

- Risk of reduced utilization of doula benefit for labor support and postpartum care
- Does not incentivize postpartum care
- Component distinction needed between two prenatal visits
- Resubmission of revised State Plan Amendment
- Revision of the doula benefit WAC
- Delay overall implementation of benefit

Alternative design proposal #2

- ▶ Maintain current benefit design:

- ▶ Prenatal intake visit
- ▶ Labor and delivery support
- ▶ Comprehensive postpartum visit

Plus

- ▶ Up to 20 hours total of additional prenatal and postpartum visits

- ▶ Shift proposed visit reimbursement rates by:

- ▶ Increasing prenatal intake visit from \$375
- ▶ Reducing comprehensive postpartum visit from \$375

Alternative design proposal #2

Pros

- Potentially increases sustainability for doula workforce
- Maintains client-centered doula services across the perinatal period
- Aims to address improving outcomes
- Will not require resubmission of a revised State Plan Amendment or revision of WAC
- Will not delay target implementation date

Cons

- Not congruent with legislative modeling of \$750 intake
- Unmet need to describe why prenatal intake visit has a higher reimbursement

Comparing side by side

Option A	Option B	Option C	Option D
<p>Prenatal Intake Visit \$375</p> <p>Comprehensive Postpartum \$375</p>	<p>Two Prenatal Intake Visit \$375/each</p> <p>Requires revised SPA and WAC revision</p>	<p>Prenatal Intake Visit \$750</p> <p>Requires revised SPA and WAC revision</p>	<p>Prenatal Intake Visit ↑\$375</p> <p>Comprehensive Postpartum ↓\$375</p>



Feedback & suggestions

Apple Health
birth doula mailbox
hcadoulas@hca.wa.gov