

Apple Health doula benefit implementation

Senate
Health & Long-Term Care Committee
July 18, 2024

Presented by: Beth Tinker, PhD, MPH, RN
Clinical Nurse Consultant – Health Care Authority

Washington State
Health Care Authority

Overview

Birth doulas

Data snapshot

Status on implementation of SB 5950

Q&A

Birth doulas

A nonmedical professional trained to provide physical, emotional and informational support to birthing persons. They advocate for and support the pregnant, birthing, postpartum person and their family to self-advocate by helping them to know their options, rights and make informed decisions.

Doula services are provided during pregnancy, childbirth or end of pregnancy and the postpartum period (12 months after last day of pregnancy). These services are inclusive of all pregnancy outcomes.

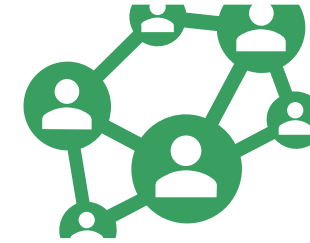
(language adapted from HCA draft SPA)



Physical, emotion, and informational support



Cultural congruence, humility, and responsiveness



Connection to additional resources and supports



Relationship building and trust



Tailored services – to the individual/family



Service coordination and navigation



Advocacy and capacity building



Experience and knowledge base



Strong evidence base for positive perinatal outcomes and improving equity



Important member of the perinatal team

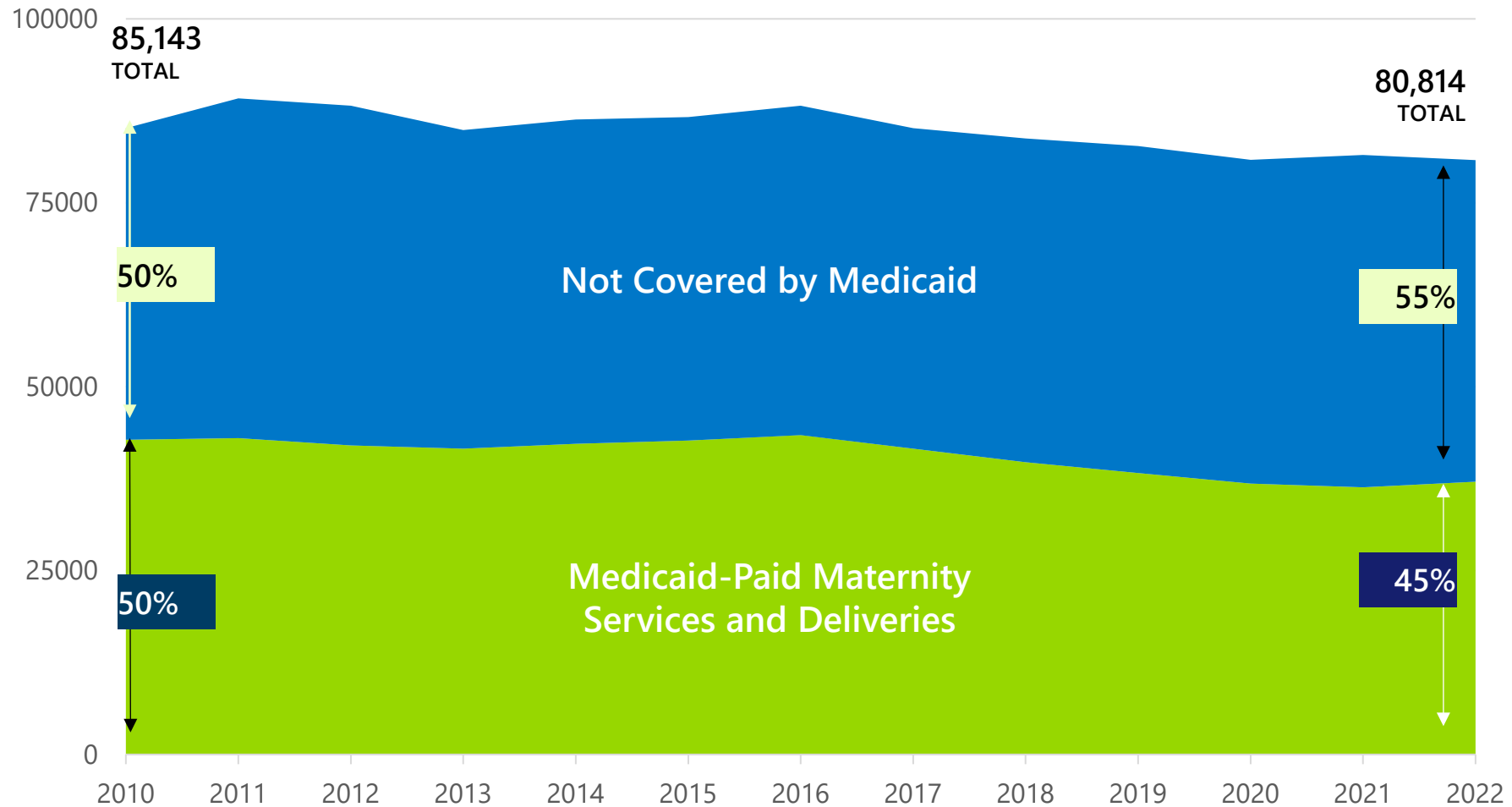
Why birth doula?

- ▶ Strong evidence base for positive perinatal and birth outcomes for the mother and child.
- ▶ Reduction in low birth weight, preterm birth, cesarean sections, and other medical interventions.
- ▶ Improvements in newborn health (Apgar scores) & breastfeeding.
- ▶ Improved satisfaction/patient experience.
- ▶ Evidence that doula can reduce racial/ethnic inequities in outcomes.

Birth doula are ***not*** responsible for eliminating bias, discrimination and racism driving inequitable birth outcomes: the whole system is.

Data snapshot

Medicaid-paid deliveries (count of birthing individual) Washington State (2010-2022)

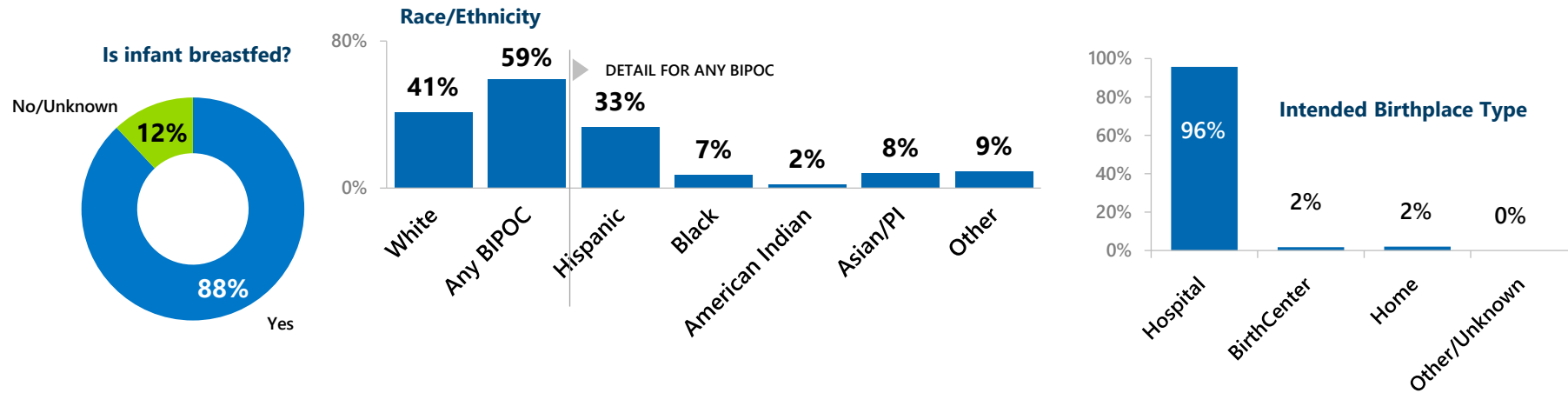


SOURCE: HCA FSDB Team, Calendar Year 2022 .Not accounted for: ~1,400 births per year outside of WA state since 2014; ~2,500 adoptions per year.

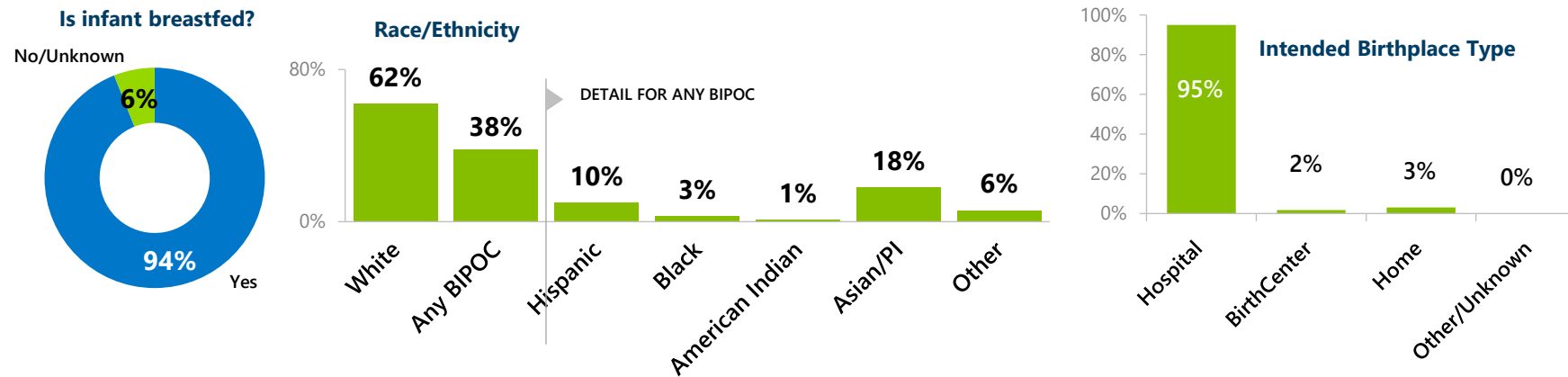
Select birthing characteristics

Washington State (2022)

Medicaid-Paid Deliveries *TOTAL = 37,076*



Non-Medicaid Paid Deliveries *TOTAL = 43,738*

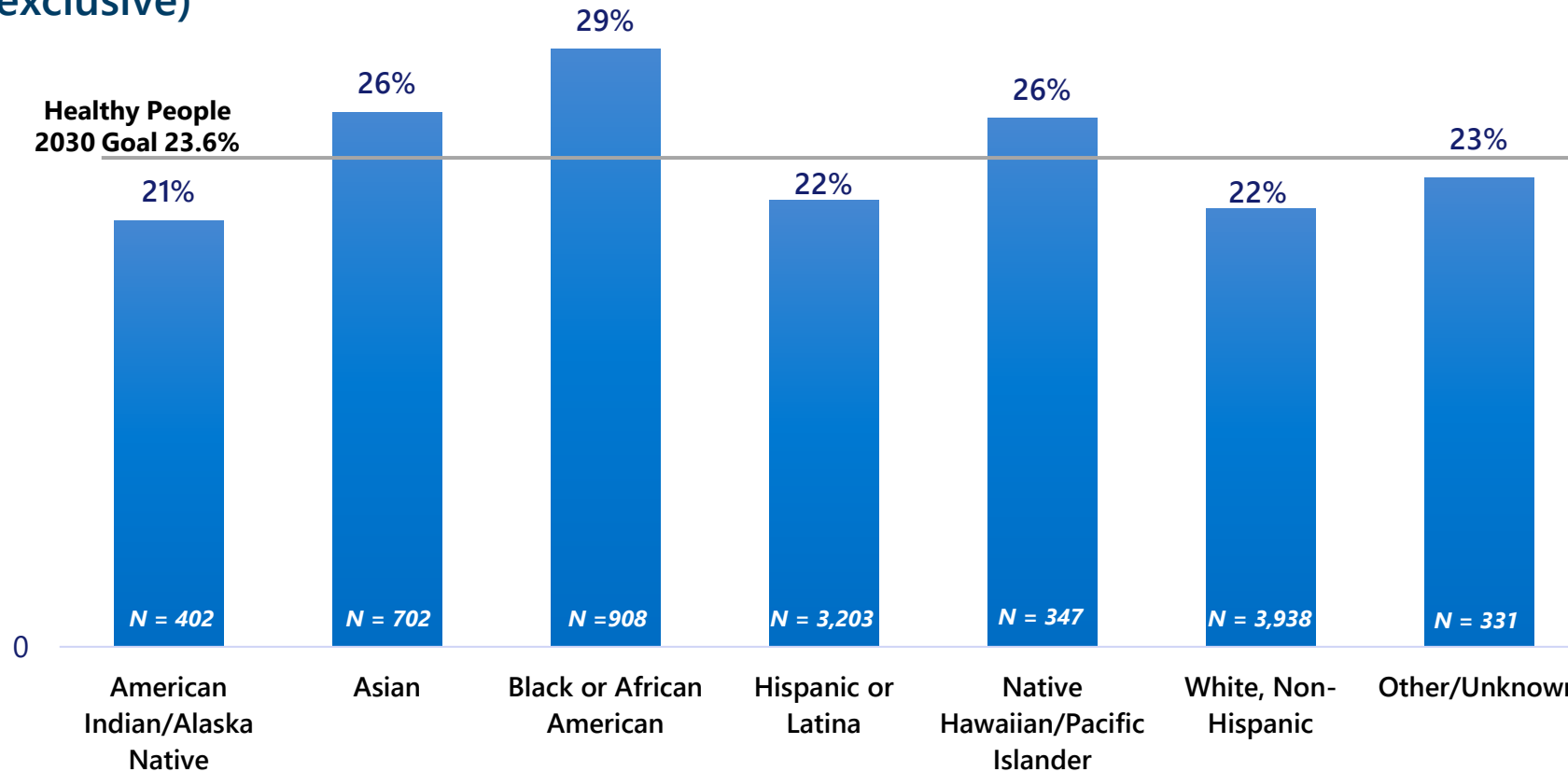


SOURCE: HCA First Steps Database (FSDB) Team, Calendar Year 2022. **NOTE:** BIPOC stands for Black, Indigenous, and people of color. Asian/PI stands for Asian and Pacific Islanders. Intended birthplace type as noted on birth certificate and may not be indicative of birth individual preference. Infant breastfeeding status as noted on birth certificate at time of discharge or following delivery and not indicative of long-term breastfeeding behavior.

Medicaid low-risk cesarean delivery rate

Washington State (2022)

Percent of low-risk pregnancies resulting in cesarean deliveries by maternal race/ethnicity (not mutually exclusive)



SOURCE: HCA FSDB Team, Calendar Year 2022, Percent of low-risk deliveries that resulted in cesarean delivery. A lower rate indicates better performance.

Eligible births include in-state live births to Washington residents during the measurement year which were nulliparous (first birth), carried to term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), and in a cephalic presentation (head-first). **Excludes** records with missing or invalid birth weight information, cases transferred to higher level care for maternal medical or fetal indicators for delivery, and hospital births where intended place of birth was other than hospital.

Medicaid includes individuals with Medicaid-paid perinatal care claims/encounters and individuals who were enrolled in a state contracted capitated managed care plan for at least three of the last six months before delivery. The CMS Child Core Set measure Low Risk Cesarean Delivery, which CMS collects from CDC Wonder, differs from results presented here in that CMS calculates the measure based on birth certificate indication of Medicaid as payor for delivery, whereas this table is based on receipt of Medicaid-paid perinatal care (delivery and/or care during pregnancy), and vital statistics linkage to Medicaid records, resulting in a greater number of records indicated as Medicaid.

Race/ethnicity categories are not mutually exclusive barring White, Non-Hispanic, which means individuals with multiple race/ethnicity categories are counted in each applicable category.

Doula benefit in Washington Apple Health (Medicaid)

SB 5950, Sec. 211 (34)

Legislative directive



Reimburse for doula services in Apple Health



Funding allocated for doula services



CMS must approve a SPA for doula services



Policy implementation



Partner with doulas and community



Hire a Doula Services Program Manager



Design and implement AH doula benefit – target early 2025



Evaluation & data design to answer impact and effectiveness questions

Doula benefit in Apple Health

SB 5950, Sec. 211 (90)

Legislative directive



Contract for participatory & equity focused engagement



Design and implementation plan for statewide doula hub & referral system



Leg report due 6/30/25



Policy implementation



Contract executed 7/1/24 with Surge Reproductive Justice (Doulas For All)



Contract period 7/1/24-6/30/25



HCA & Doulas For All established regular cadence to collaborate with staff



Leg report will include prioritized recommendations for doula hub and statewide referral system

Implementation timeline

April 2024

- Doula implementation workgroup formed
- Charter and project plan targeting fee-for-service implementation early 2025

June 2024

- Draft WAC
- Draft benefit design – services, codes, and rates
- Draft completed for statewide recommendation

August 2024

- Program Manager starts 8/1/2024
- Finalize benefit design – add to systems
- Focus on communication plan

Early 2025

- Apple Health/Medicaid doula benefit implemented

May 2024

- Communications plan developed
- Program Manager position posted
- Decision that benefit will initially be carved out of Managed Care
- Draft SPA

July 2024

- Community feedback on WAC
- Plan to submit formal SPA last week
- Have plan for provider enrollment
- Take draft benefit design to internal clinical policy meeting

Sept-Oct 2024

- Doulas enrolling with HCA
- Statewide recommendation released from HCA and DOH
- Web page, fact sheet, and FAQs developed and made available

Upcoming July 25 doula community meeting



Hosted by HCA via Zoom (no registration required) on Thursday, July 25 from 6 - 7:30 p.m.



The meeting will include opportunity to provide feedback on:

[Draft language for the statewide recommendations](#) for doula and doula services in Washington.

[Draft language for the doula WAC \(rules\)](#).



[View the event announcement](#) for more information.

Questions?



Contact

Evan Klein | Special Assistant,
Legislative & Policy Affairs
Email: evan.klein@hca.wa.gov

Shawn O'Neill | Legislative Relations Manager
Email: shawn.oneill@hca.wa.gov

Learn more!

Stay informed by [Signing up for doula bulletins from HCA](#) or email questions to hcadoulas@hca.wa.gov

Appendix

Proviso language

SB 5950, Sec. 211 (34):

\$23,000 of the general fund—state appropriation for fiscal year 2024, \$324,000 of the general fund—state appropriation for fiscal year 2025, and \$469,000 of the general fund—federal appropriation are provided solely for the reimbursement of services provided by doulas for apple health clients consistent with utilization and uptake assumptions anticipated by the authority in

its report to the legislature on December 1, 2020. The centers for medicare and medicaid services must approve a state plan amendment to reimburse for doula services prior to the implementation of this policy.

Proviso language

SB 5950, Sec. 211 (90):

(90)(a) \$100,000 of the general fund—state appropriation for fiscal year 2025 and \$100,000 of the general fund—federal appropriation are provided solely for the authority to contract with an external organization for participatory and equity-focused engagement with doulas and doula partners across the state of 16 Washington. This organization must work in collaboration with community partners who advance equitable access to improve perinatal outcomes and care through holistic services for multiracial communities.

b) The external organization will be responsible for:

- i. Creating a design and implementation plan for a statewide 22 doula hub and referral system; and
- ii. Drafting a report, in partnership with the authority, summarizing the design and implementation plan, outlining ongoing funding required to support the doula workforce and clients accessing doula services through apple health, and providing any recommendations for both the doula hub and referral system.

Proviso language

SB 5950, Sec. 211 (90):

- c) The report will include, but not be limited to, prioritized recommendations on how to:
 - i. Provide statewide professional and workforce development support for birth doulas
 - ii. Increase statewide access to doula services for apple health 33 birthing people
 - iii. Assist doulas with department of health credentialing requirements
 - iv. Assist doulas with the medicaid provider enrollment process, including, but not limited to, support with:
 - A. Provider enrollment with the authority
 - B. Contracting with medicaid managed care organizations
 - C. Provider billing and claims submission processes
 - D. Provider payment requirements;
 - E. Eligibility support within ProviderOne; and
 - v. Establish communications with birthing people, families, birth workers, and healthcare providers who are seeking to connect with state-certified and medicaid-enrolled birth doulas through a statewide directory or referral system.
- d) (d) The report required in (c) of this subsection is due to the governor and appropriate committees of the legislature no later than June 30, 2025.