Doula Services

June 23, 2021
Stakeholder Engagement Opportunities for MISP

• Please enter your name and organization in the chat
• Speakers will be stopping at key points during today’s presentation to answer questions and gather feedback
  » Please use the chat feature to send questions, or raise your hand and the facilitator will call on you to speak
• Remaining time at the end of the slide deck discussion will be dedicated to additional thoughts and questions
• Questions and feedback can be submitted in writing after the discussion today to MISP@medicaid.ohio.gov
Ohio Medicaid’s Maternal and Infant Support Program (MISP)

MISP is Ohio Medicaid’s priority work to improve infant and maternal outcomes, with a strong focus on reducing racial disparities

- Based on listening to women served by Medicaid, learnings from recent community-based work
- Partnership across state agencies to promote and align use of best practices and funding
- Creation of new reimbursement options for evidence-based and evidence-informed interventions
- Continued support for community-driven interventions in counties with the greatest racial disparities in infant outcomes

MISP will respond to and align with Governor DeWine’s Task Force (and their forthcoming recommendations) that will create a statewide shared vision and strategy for reducing infant mortality rates and eliminating racial disparities by 2030.
Maternal Infant Support Program (MISP) Umbrella

Phase 1
- PRAF/ROP Reimbursement updates
- Infant Mortality grants to OEI communities

Phase 2
- Group Pregnancy Education services
- Lactation consulting specialty
- Nurse Home Visiting Medicaid reimbursement

Phase 3
- Comprehensive Maternal Care (CMC) program
- Doula services
- Welcome home nurses and providers

Phase 4
- Mom and Baby dyad providers and services
- Extended eligibility for moms with SUD
What are Doula services?

• Doulas provide physical, educational, and emotional support during pregnancy and childbirth

• Doulas are not medical professionals – do not deliver babies or provide medical care

• Certified doulas complete a training program and pass an exam
  » Antepartum doula services
  » Labor doula services
  » Postpartum doula services

• Doula services provided by community-based doulas have been shown to be effective interventions in reducing health equity gaps and improving birth outcomes
Why Doula Services are Included in MISP

• Doula services have been shown to improve birth outcomes, maternal experiences, and reduce racial disparities in maternal and infant outcomes
  • Doula services are associated with improved birth outcomes*
    » Fewer low birth weight babies
    » Fewer birth complications
    » Higher breastfeeding initiation rates
  • Doula services result in improved maternal experiences**
    » Higher maternal engagement in care
    » Higher maternal satisfaction scores
    » Improved health equity through provision of culturally contextual and competent care
    » Medicaid focus groups involving Black women indicated a need and desire for doula service coverage
  • Doula services are shown to be cost effective for Medicaid***
    » Lower pre-term birth rates
    » Lower Cesarean section rates

*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727/
ODM’s Current Coverage
How does ODM pay for doula services now?

• ODM currently covers Doula services through OEI (Ohio Equity Institute) grants
  
  » CY20-21 ODM has provided over $1M in OEI grants to 562 women for doula services
    • Cuyahoga, Franklin, and Lucas counties

• ODM does not currently cover doula care as directly billable services
Examples of Medicaid Doula Service Reimbursement

• Oregon
  » Covered in the state plan under preventative health services
  » Doulas must become credentialed and register through the state’s health department as a Traditional Health Worker.
    • Completion of an approved Doula training program
    • A background check
    • Completion of cultural competency and trauma-informed care education
  » 2-1-2 visits
    • 2 prenatal, 1 labor and delivery, 2 postpartum

• Minnesota
  » Covered in the state plan under pregnancy-related services
    • Doulas must be supervised by a physician or APRN
    • Doulas must register their certification with the DOH
  » Billing is completed by the supervising practitioner
  » 3-1-3 visits
    • 3 prenatal, 1 labor and deliver, 3 postpartum
ODM’s Proposed Changes
How does ODM propose to pay for doula services in the future?

- Covered in the state plan under other licensed practitioner services, physician services or under pregnancy related services.
- Doulas must be supervised by a physician or an APRN (including a nurse mid-wife)
  - The supervising physician would bill on behalf of the Doula
    - Use of a modifier to identify a doula performed the service
    - Or doula could list an NPI and affiliate with a provider/group
- 3 services for payment
  - Prenatal
  - Labor and delivery
  - Postpartum
- Appropriate CPT codes are under development
  - Appropriate labor code with a modifier
  - 99500 & 99501 (home visit not related to birth)
  - 99499 (before childbirth) & 99600 (home visit after childbirth)
Policy Impacts
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• A new policy will be created to outline coverage and payment criteria for doula services
  » Payment rates will be actuarially sound and comparable to rates in other state Medicaid programs

• Doula services may be a part of the Chapter 5160-8 Limited Practitioner Services, Chapter 5160-4 Physician Services, and/or Chapter 5160-21 Pregnancy Related Services rules

• A draft rule will be available for comment before definitive coverage criteria would be determined.
Policy Impacts/Potential Language

» "Doula" is an individual who holds at least one certification from one of the following organizations:

• International Childbirth Education Association
• Association of Labor Assistants and Childbirth Educators (ALACE)
• Doulas of North America (DONA)
• Birthworks
• Childbirth and Postpartum Professional Association (CAPPA)
• Childbirth International
• International Center for Traditional Childbearing
• Commonsense Childbirth Inc
Services are limited to the following provided during pregnancy, labor, birth, and postpartum:

- Emotional support
- Physical support
- Childbirth education
Policy Impacts – FQHC/RHC Reimbursement

• FQHC/RHC policy is still being reviewed as part of upcoming rule changes to OAC 5160-28
Policy Impacts on Inpatient Hospital Reimbursement

• Payment for doula services, when provided in an inpatient setting, are included in the total DRG payment to the hospital (UB-04 claim) for the facility.

• A separate professional reimbursement (CMS-1500 claim) for provider services offered in an inpatient setting is available to billing physicians and APRNs not employed by the hospital,
  » Doulas can render the service under physician/APRN supervision.
Policy Impacts - Legislative

• Numerous legislative actions have been proposed regarding doula services
• ODM is monitoring any legislation that may be passed and will adjust doula policies according to statute
• May affect reimbursement types and rates, doula certification and/or credentialing, and doula provider types
Policy Impacts of Coding Changes

• Payment rates for these services will be added to Appendix DD to the Medicaid Payment rule (5160-1-60)

• Please submit comments to MISP@medicaid.ohio.gov regarding doula providers and services by July 21, 2021

• Future updates will be issued through the MISP listserv and ODM rulemaking process
Next Steps
Next Steps for Doula Services

• Continue development of OAC rules with integration of stakeholder feedback
• Continue to work with CMS on updating ODM’s State Plan
• Engagement with Medicaid Managed Care Organizations (MCOs)
• Update ODM’s claims payment and provider enrollment systems as needed (update coding and reimbursement)
• ODM will hold additional stakeholder session(s) for doulas as draft rules are developed
Next Steps for MISP

• To join the listserv for MISP notifications, please enter your name and email address in the indicated boxes at our website: https://www.medicaid.ohio.gov/INITIATIVES/Maternal-and-Infant-Support

• Sign up for future MISP meetings at the link above.

• MISP updates will be made on a rolling basis through the SFY22-23 biennium

• Questions and comments can be sent to MISP@medicaid.ohio.gov

Questions and comments are encouraged!