Statewide Integrated Health Improvement Strategy as a policy and funding vehicle for advancing equity in MCH

AMCHP Approaches to Addressing Systems Challenges in MCH
Maryland BreakOut Session
April 28, 2022
Speakers

- Andrea Williams–Muhammad
  - Contact: andnic.williams@gmail.com
- Patricia Liggins
  - Contact: birthersunited@gmail.com
- Shelly Choo
  - Contact: Shelly.Choo@maryland.gov
- Sandy Kick
  - Contact: Sandra.Kick@maryland.gov
Overview

- Policy Background
  - Statewide Integrated Health Improvement Strategy
  - How Maryland selected MCH as a priority area
  - Maternal Health Improvement Program Task Force
- Medicaid Coverage of Doula and Home Visiting Services
- Doula Technical Advisory Group
Policy Background
Statewide Integrated Health Improvement Strategy (SIHIS)

- In December 2019, Maryland & Centers for Medicare and Medicaid Services (CMS) signed a Memorandum of Understanding (MOU) agreeing to establish a **Statewide Integrated Health Improvement Strategy**.

- This initiative is designed to engage State agencies and private-sector partners to collaborate and invest in improving health, addressing disparities, and reducing costs for Marylanders.

- The State submitted its proposal outlining goals, measures, milestones, and targets to Center for Medicare and Medicaid Innovation (CMMI) on December 14, 2020. The full proposal can be read on the [HSCRC website](#).
Statewide Goals Across Three Domains

1. Hospital Quality
   - Reduce avoidable admissions
   - Improve Readmission Rates by Reducing Within-Hospital Disparities

2. Care Transformation Goals
   - Increase the amount of Medicare TCOC or number of Medicare beneficiaries under value-based care models*
   - Improve care coordination for patients with chronic conditions

3. Total Population Health Goals
   - **Priority Area 1 (Diabetes):** Reduce the mean BMI for adult Maryland residents
   - **Priority Area 2 (Opioids):** Improve overdose mortality
   - **Priority Area 3 (Maternal and Child Health Priority Area):**
     - Reduce severe maternal morbidity rate
     - Decrease asthma-related emergency department visit rates for ages 2-17

Decrease Disparities!
Domain 3: Total Population Health

Priority Area 1: Diabetes
- Identified as a statewide priority by Maryland State Secretary of Health & the statewide Diabetes Action Plan is now available on MDH website

Priority Area 2: Opioids
- Identified as a statewide priority by Lieutenant Governor through the Maryland Heroin and Opioid Emergency Task Force in 2015
- State of Emergency declared by Governor Hogan in 2017

Priority Area 3: Maternal & Child Health
- Maternal and Child Health identified as a SIHIS recommendation by the Maternal and Child Health Task Force formed by House Bill 520/Senate Bill 406

MCH Taskforce report can be found [here](#)
Strategic and Action Plan developed by the Maryland Maternal Health Improvement Task Force finalized October 2021
Maternal Health Improvement Task Force

Maternal Health Improvement Program Strategic Plan

Five Strategic Priority Areas

1. Equity and Anti-Racism
2. Achieve Improve Health Using the Life Course Model
3. Families and Communities
4. Improve access and utilization of data
5. Workforce

• Maternal Health Improvement Task Force as part of the Maternal Health Improvement Program/MDMOM drafted with input from Task Force members and other committees
• Builds upon initiatives including the MDMOMs initiative
• Includes 25 objectives and 57 tactics across 20+ partners
Medicaid Coverage of Doula and Home Visiting Services
AMCHP Presentation

Sandy Kick, MSPH, Senior Manager
Office of Innovation, Research and Development

April 28, 2022
Home Visiting Services Overview

Effective date: January 13, 2022

Coverage: Transitioning from the section 1115 Waiver (HVS Pilot in Garrett and Harford Counties) to a State Plan Amendment [Statewide through HealthChoice MCOs and Fee-For-Service Medicaid]

Models:

• Maintaining two previously approved evidence-based models:
  o Healthy Families America (HFA)
  o Nurse-Family Partnership (NFP)
• Any accredited HFA or NFP program may participate

Services: prenatal, postpartum, infant home visits

Reimbursement Model:

• Per home visit rate: $188
• Code: 99600

Providers:

• Must be accredited by HFA or have at fidelity status for NFP
• Created a new provider type: HV
• Enrolling at the group level only
Doula Services Overview

Effective date: February 22, 2022

Coverage: State Plan Amendment [Statewide through HealthChoice MCOs and Fee-For-Service Medicaid]

Services: prenatal, attendance at labor and delivery, and postpartum doula visits

Reimbursement Model: 8:1 Model of Services:

- Up to 8 prenatal or postpartum services, along with attendance during labor and delivery, per birthing parent
- Each prenatal/postpartum service is up to 60 minutes

Providers:

- Created new provider type: DL
- Enrolling Individuals and Groups
- Addendum and certification from one of 9 approved organizations required
Eligibility Comparison

Doula

• Receive services through a HealthChoice MCO OR be enrolled in Fee-For-Service Medicaid; and
• Be pregnant, or have delivered a child within the last 180 days.

Home Visiting Services

• Receive services through a HealthChoice MCO or be enrolled in Fee-For-Service Medicaid; and
• Be pregnant or infant must be younger than 90 days old at the time of enrollment.
• Additionally, for NFP only: Enrollment limited to individuals with no previous live births.
Doula Reimbursement Model

8:1 Model of Services:
- Up to 8 prenatal or postpartum services, along with attendance during labor and delivery, per birthing parent
- Each prenatal/postpartum service is up to 60 minutes

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Total possible reimbursement (assuming 4:1:4): $930.00
Total possible reimbursement (assuming 0:1:8): $977.84
Certifications Accepted for Doulas

Focus is on the full spectrum care. Must have specified certification(s) listed from any of the following organizations:

1. Ancient Song Doula Services: Full Spectrum Labor AND Postpartum Certification
2. The Childbirth and Postpartum Professional Association (CAPPA): Certified Labor Doula, Certified Postpartum Doula, AND Certified Community Lactation Educator Certifications;
5. Doulas of North America (DONA): Birth Doula, AND Postpartum Doula Certifications;
8. Mamatoto Village: Community Birth Worker Certification; or
Questions

For questions please contact:
Sandy Kick, Senior Manager, IRD
sandra.kick@maryland.gov

Claire Gregory, Special Assistant, IRD
claire.gregory@maryland.gov

Email: mdh.medicaidmch@maryland.gov

Website:
https://health.maryland.gov/mmcp/medicaid-mch-initiatives/Pages/Home.aspx
Doula Technical Advisory Group
Discussions

○ What community assets do you have in your state? What do they bring to your work?
○ How have you worked with your community partner on policy and programmatic changes? What has worked and what are opportunities?
○ How can programs shift power to communities and share ownership of equity work with them while still able to comply with federal and state regulations?