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California Maternity Care and Reproductive Health Policy Updates

July 2022

By Diana Crumley and Priti Khanal, Center for Health Care Strategies

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Available at: https://www.chcs.org/media/California-Maternity-Care-and-Reproductive-Health-Policy-Updates.pdf.

Objective

- Explore how CalAIM and 2021-22 and 2022-23 state budget provisions enable more whole-person care for pregnant and birthing people, with a specific focus on Medi-Cal and Department of Health Care Services (DHCS) initiatives

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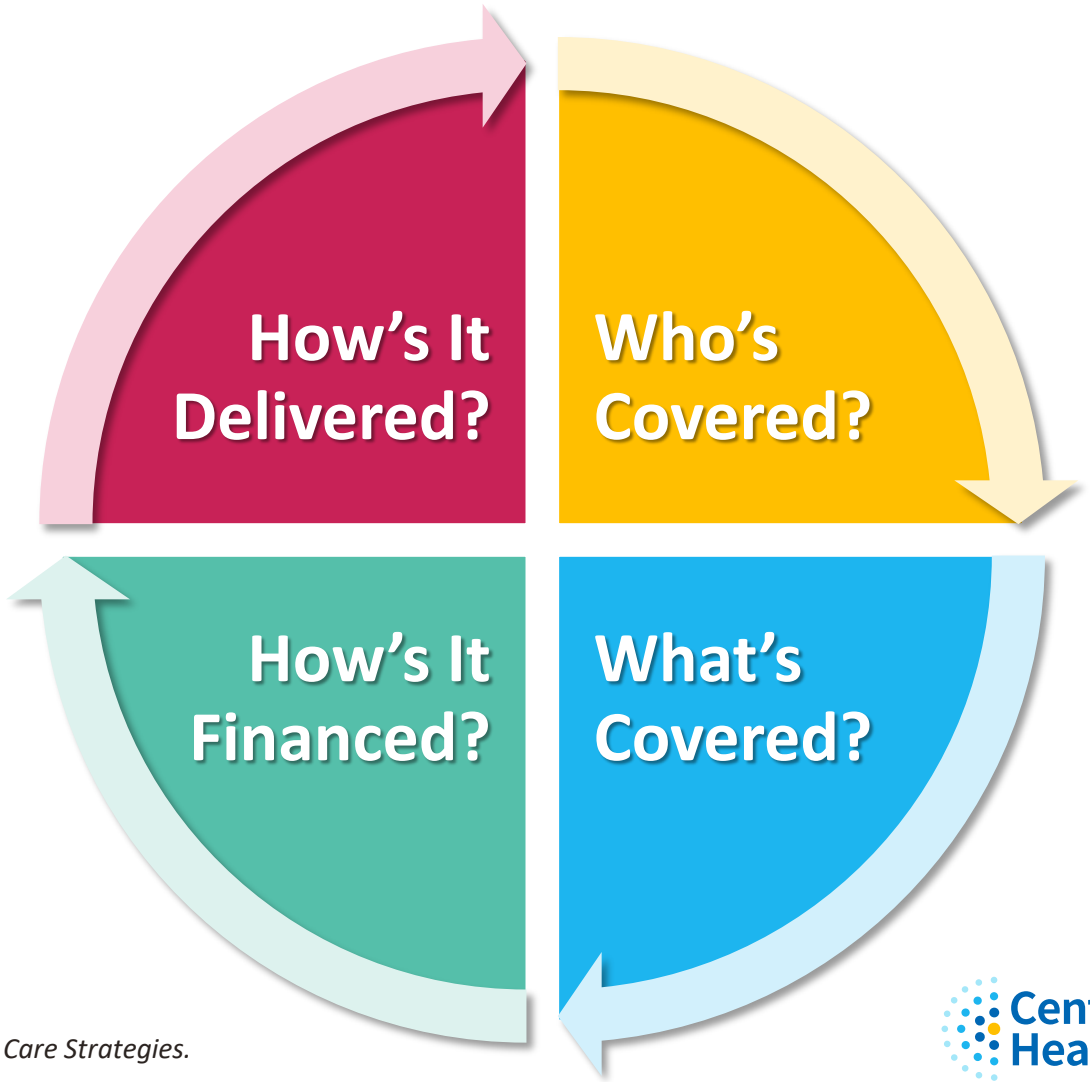
Medi-Cal & Maternity Care: Policy Updates in Four Dimensions



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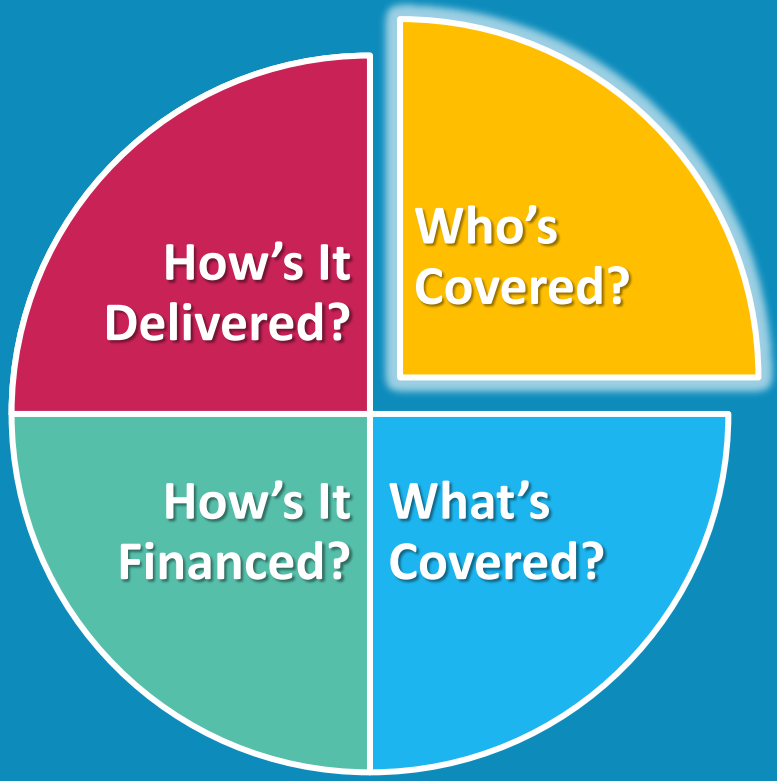
Maternity Care Policy Updates: Eligibility

- ✓ Postpartum Eligibility Expansion
- ✓ Universal Medi-Cal Coverage
- ✓ Pre-Release Services for Pregnant People *(not yet approved)*



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Postpartum Coverage Expansion

- Effective April 1, 2022
- Expanded coverage under Medi-Cal and the Medi-Cal Access Program
  - →From 60 days to 12 months postpartum
  - →Regardless of mental health or immigration status
- Includes **full breadth** of medically necessary services through the pregnancy and postpartum period
  - →**Maternal Health Equity Impact**: In particular, this change will expand access to services for undocumented residents — individuals who previously received limited Medi-Cal benefits during their pregnancies and 60-day postpartum period.

What changed? Previously, California's postpartum coverage expansion was only for people diagnosed with a maternal health condition, under a program called the Provisional Postpartum Care Extension. For more information, see **All County Welfare Directors Letter 21-15**.

Postpartum Coverage Expansion

- **January 2022 Stakeholder Interview Insights: Outstanding Questions**
  - → **How does this postpartum expansion interact with the Comprehensive Perinatal Services Program (CPSP)?** Funded by the federal Title V Maternal and Child Health Block Grant and administered through the California Department of Public Health (CDPH), CPSP provides services to Medi-Cal-enrolled pregnant and postpartum individuals. Currently, eligibility for these services is **60 days postpartum**. Individuals may receive Medi-Cal services that are similar to CPSP services for the full duration of their Medi-Cal coverage (beyond 60 days).
  - → **How can maternity care providers and stakeholders adjust care to maximize health benefits, and individual awareness, of this eligibility expansion?** Efforts should be made to appropriately refer and link individuals to primary, specialized, and behavioral health care throughout the entirety of the 12-month postpartum period, and not just closer to birth. DHCS can consider how to define benefits relating to Medi-Cal providers, like doulas and community health workers, with these goals in mind.

Universal Medi-Cal Coverage

- By 2024, California will offer full-scope Medi-Cal coverage to **all income-eligible residents**, regardless of immigration status.
  - →The 2022-23 budget provided full-scope eligibility to all income-eligible adults **aged 26 through 49** regardless of immigration status.
  - →**Maternal Health Equity Impact:** More people — especially undocumented residents — will be able to receive care *before* and *after* their pregnancies.

Spotlight: Medi-Cal for Undocumented Residents

Restricted scope, pregnancy-related Medi-Cal coverage, 0-213% FPL

60-days postpartum coverage, or **1-year** with a mental health diagnosis

Start date: August 2020

Full-scope Medi-Cal coverage for all income-eligible pregnant individuals, regardless of immigration status

1-year postpartum coverage

Start date: April 2022

Full-scope Medi-Cal coverage for all income-eligible residents, regardless of immigration and pregnancy status

Start date: January 2024

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Pre-Release Services for Pregnant People

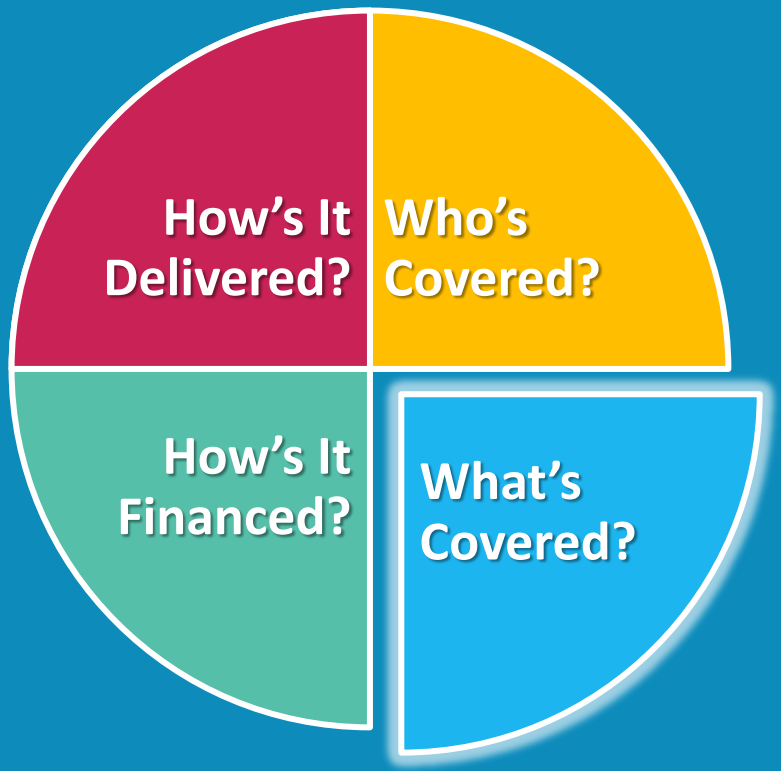
- Pending federal approval
- DHCS requested to provide targeted Medi-Cal services to eligible justice-involved populations, 90-days pre-release.
  - → Pregnant individuals 0-213% FPL would be a priority population for these pre-release services.

What is the potential impact? In its CalAIM proposal, DHCS projects that approximately 200,000 individuals would have access to pre-release services — with pregnant individuals only comprising a portion of this total number.

CHCS was unable to locate statewide estimates of individuals who are pregnant and in jail or prison. However, in LA County, a **2018 survey** found that 5.2 percent of jailed individuals were pregnant (864 people), and that 35 individuals gave birth while incarcerated.

Maternity Care Policy Updates: New Benefits

- Doula Services
- Community Health Worker Services
- Midwifery Services
- Dyadic Behavioral Health Visits
- Required Enhanced Care Management
- Optional Community Supports



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Doula Services

- Target: January 2023
- Doulas provide emotional and physical support to individuals and families throughout a pregnancy, childbirth, and postpartum experience.
- They can advance more equitable, culturally congruent care, and can improve outcomes for communities of color.

What to Watch: Currently, the Doula Stakeholder Workgroup is helping DHCS create a State Plan Amendment (SPA). Stakeholders and community participants have advocated for a careful approach to benefit development, and caution that rushed implementation could exacerbate racial inequities. Implementation of this benefit has been delayed from January 2022, to July 2022, then January 2023.

For more information, visit: **www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx**

For questions regarding the doula service benefit, you may contact: **DoulaBenefit@dhcs.ca.gov**

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Doula Services

- **Questions Explored through the Doula Stakeholder Workgroup**
  - → **Rate Setting and Reimbursement**
    - **How can rates and reimbursement reflect the unique nature of doula work, and support a living wage?** Doulas often have fewer clients than other maternity care providers, like hospitals, midwives, and obstetricians. Adjustments should be made to reflect these lower caseloads.
    - **How can DHCS ensure that rate setting and reimbursement issues are considered as important as — and in tandem with — benefit development, and not in a siloed way?** Reimbursement levels will be crucial to long-term sustainability and equity in implementation. Payment should be integral to long-term success of the doula benefit.
    - **How can rates support independent providers/sole proprietors?** Doulas often operate as independent business owners and have received individual payment outside of health insurance reimbursement. Inadequate payment may deter these providers from participating in Medi-Cal, which may reduce access to culturally congruent support for people during pregnancy and the postpartum period. Interviewees communicated the need to reimagine systems and support bold policies, in partnership with communities.

Doula Services

- **Questions Explored through the Doula Stakeholder Workgroup**
  - → **Credentialing and Scope of Work**
    - Who is responsible for curriculum development, certification of content, and quality?
    - Are these resources community defined and culturally appropriate?
    - How can the benefit be developed to eliminate the need for *supervision* by a licensed practitioner, yet still facilitate a *recommendation* (as required by federal law for **"Preventive Services"**)?
    - How should plans credential doulas?
  - → **Workforce Expansion and Sustainability**
    - How can plans build a culturally aligned provider network with lived experience?
    - How can outreach to Black and Latino/x communities be improved?
    - How can state policies support mentorship programs for hands-on experience, technical assistance, and mental health support for doulas?
    - How can state policies support pathways to become a doula with core competencies, and a pathway for legacy doulas?

Doula Services Benefit

- **Upshots from Spring 2022 Stakeholder Workgroup and State Plan Amendment: Version 3 (July 1, 2022)**
  - → The SPA will include no supervision, but services will be recommended by a physician or other licensed practitioner.
  - → Doulas will register as providers and prior authorization is required for more than nine visits during the prenatal period, excluding labor and delivery.
  - → A directory will provide a list of doulas approved for rendering services to Medi-Cal members.
  - → All doulas must be at least 18 years of age and possess an adult/infant CPR certification, and completion of basic HIPAA training.
  - → Application fees are waived.
  - → Sex work is not a disqualifying event as it relates to background checks.
  - → Coverage includes prenatal, labor/delivery, and postpartum, as well as abortion and miscarriage.
  - → Two pathways are available to demonstrate qualifications: (1) Minimum of 16 hrs. of training in specific areas and an attendance at a minimum of three births; or (2) Experience pathway includes at least five years of active doula experience, paid or voluntary.
  - → The 2022-23 state budget approved a rate of $1,154. This includes the total of an initial visit, eight follow up visits, and labor and delivery.

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Community Health Worker Services

- Target effective date: July 1, 2022
- Community health workers (CHWs) are trusted members of their community who help address chronic conditions, preventive care needs, and health-related social needs within their communities.
- CHWs can provide services to individuals during pregnancy and postpartum care, including to address "perinatal health conditions" and "sexual and reproductive health."

How did DHCS develop the SPA? A workgroup helped DHCS create a SPA for CHW services. DHCS **submitted the SPA for CMS' approval on April 29, 2022**, and is still awaiting CMS approval. The SPA includes health education and health navigation services.

For more information, visit **www.dhcs.ca.gov/community-health-workers**

For questions regarding the community health worker benefit, you may contact: **CHWBenefit@dhcs.ca.gov**

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Community Health Worker Services

- **Outstanding Questions from CHCS' Early 2022 Interviews**
  - → **How will the CHW benefit impact maternity care providers that offer Comprehensive Prenatal Services Program (CPSP) services?** CPSP services can include health education, health navigation, and community referrals, and can be provided by comprehensive perinatal health workers.
    - The CHW benefit could:
      - → Support CPSP-like services, beyond 60-days postpartum
      - → Impact what is considered an encounter or alternative encounter under federally qualified health center (FQHC) and rural health center (RHC) prospective payments and the future Alternative Payment Model (APM) 2.0

Did you know? FQHCs/RHCs can currently receive a flat fee per **CPSP visit**, as part of their prospective payment system.

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Community Health Worker Benefit

- **Upshots from State Plan Amendment Submitted on April 29, 2022**
  - → The benefit will be implemented in fee-for-service and managed care delivery systems.
  - → The SPA states that CHWs may address issues that include health needs and conditions, including sexual and reproductive health.
  - → Scope of services will include health education and health navigation to promote health and address barriers.
  - → Requirements include:
    - Care plan developed by a licensed provider and may be developed collaboratively with CHW
    - Must be supervised by community-based organization, local health jurisdiction, licensed provider, clinic, or hospital
    - Must demonstrate minimum qualifications through: (1) certificate pathway; (2) work experience pathway; or (3) violence-prevention-only pathway
    - CHWs must have lived experience that aligns with and provides a connection between the CHW and the community being served
    - Training includes six hours of continuing education training annually

For more information on qualifications, see the full Senate Bill 184:
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB184

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Midwifery Services

- **Workforce Development**
  - → Midwives are clinically trained professionals with expertise and skills in supporting women to maintain healthy pregnancies and have optimal births and recoveries during the postpartum period
  - → Midwives can provide Medi-Cal services
  - → Expanding Access to Midwifery Programs (Senate Bill 65)
    - Midwifery Workforce Training Act would connect the **California Department of Health Care Access and Information** with training programs for certified nurse midwives and licensed midwives to increase the number of students receiving quality education and training.
    - Focus on training designed for medically underserved, lower socioeconomic status, and rural communities.

Midwifery Services

- **Implications and Opportunities**
  - → Are midwives representative of the communities that need the most care?
  - → How can we improve access and utilization while also expanding the workforce?
    - Supporting implementation of free-standing birth centers, especially in maternity care deserts
  - → Could the reimbursement rate of midwives be improved and play a role in recruitment, retention, and sustainability in maternity care deserts?
    - Lack of investment in pockets within large counties
  - → Do midwives have the support they need from hospitals and OBGYN providers?
    - Physician oversight has been formally removed, but some health plans still enforce it.

To learn more, visit March of Dimes: Nowhere to Go: Maternity Care Deserts Across the U.S.

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Dyadic Behavioral Health Visits

- Target: January 2023
- **Maternity Care Impact**
  - → These services are provided to the child and caregiver or parent at medical visits and can include screening for health-related social needs, such as food and housing insecurity.
  - → Can support maternal mental health.

For one potential payment model, see Babies Don't Go to the Doctor By Themselves.

Required Enhanced Care Management

- **Maternity Care Impact**
  - → Providers and organizations who specialize in maternity care (e.g., primary care providers and community health centers) can partner with plans to provide Enhanced Care Management (ECM).
  - → ECM is only available to individuals who are within a population of focus.
    - For example, pregnant and postpartum people may fall under the following populations of focus: adults with serious mental illness, individuals transitioning from incarceration, and individuals/families experiencing homelessness.

What to watch: For some counties in California, ECM is available now for certain populations of focus, as of January 2022. For others, ECM will be available July 2022, and January 2023.

For more information, visit: **www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices**

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Optional Community Supports

- "Medically appropriate and cost-effective substitutes" for covered services, provided at the option of managed care plans
- Example: Medically tailored meals and medically supportive food, such as for people with gestational diabetes or other high-risk perinatal conditions (see **full list**)
- **Questions for maternity care providers:**
  - → Does the patient's managed care plan offer that service for plan enrollees in that county?
  - → Does the patient meet eligibility criteria for the services?

What to watch: Maternity care providers can see what plans in their county are providing which Community Supports and when, using **this summary**. Each plan will be developing utilization management criteria, which may narrow the number of eligible pregnant or postpartum patients.

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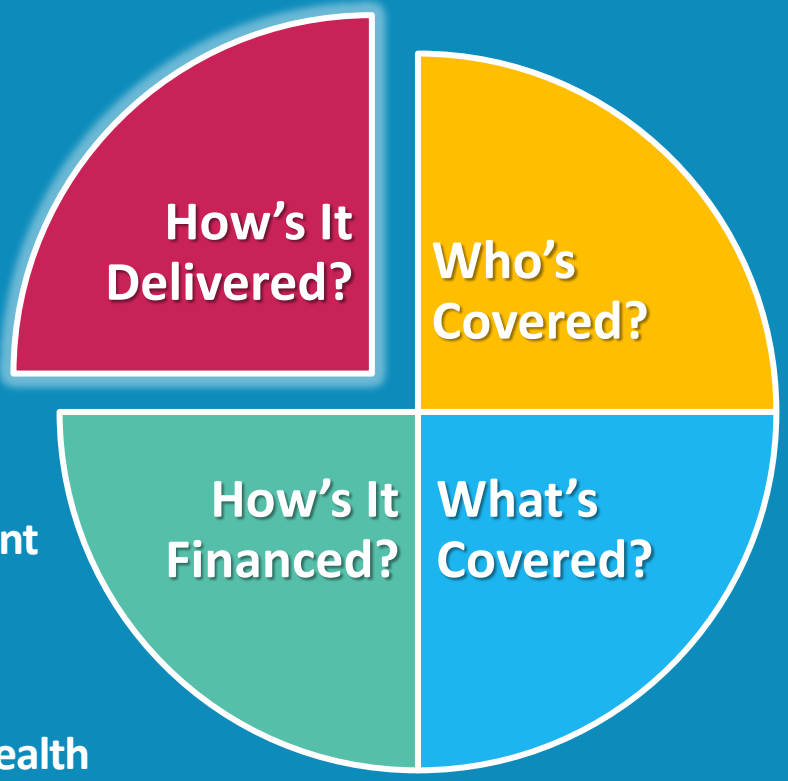
Maternity Care Policy Updates: Delivery System Reform

- Mandatory Managed Care Enrollment
- Annual Health Equity and Quality Reviews
- More Accountability for Maternal Health Equity in Managed Care
- Population Health Management Program
- Population Health Management Service



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Mandatory Managed Care Enrollment

- In all counties, starting 2022, individuals meeting the following criteria must enroll with a Medi-Cal managed care plan:
  - → Pregnant;
  - → Are citizens/lawfully present; **AND**
  - → Have incomes 138 to 213% of FPL.
  - → *Exception*: Individuals accessing fee-for-service care prior to January 2022 (to avoid care disruption)

What changed? Previously, DHCS — and not managed care plans — paid directly for full-scope Medi-Cal services for pregnant people in this eligibility group (i.e., under **fee for service** or "traditional Medicaid"). For more information, see DHCS' **1915(b) waiver**.

Annual Health Equity and Quality Reviews

- The 2021-22 state budget included funds for an "Equity Dashboard" and "Annual Health Care Service Plan Health Equity and Quality Reviews."
- DHCS will coordinate with the Department of Managed Health Care (DMHC) on these annual health equity and quality reviews.
- **Maternity Care Impact**
  - → Benchmark standards will likely include measures relating to maternity care and maternal health disparities, such as prenatal and postpartum depression screening. See measures under consideration **here**.

What to watch: A DMHC **Health Equity and Quality Committee** will make recommendations for standard health equity and quality measures, with compliance starting in 2023 and annual reports beginning in 2025. Maternity care providers may have an opportunity to participate in related meetings.

More Accountability for Maternal Health Equity in Managed Care

- In its recent 2022 Comprehensive Quality Strategy, DHCS identified:
  - → "Maternity outcomes and birth equity" as one of three clinical focus areas
  - → Two "50 x 25 Bold Goals" relating to maternity care:
    1. Close maternity care disparity for Black and Native American persons by 50%
    2. Improve maternal depression screening by 50%
  - → Specifically: NTSV* and prenatal/postpartum HEDIS measures
- In its Population Health Management Strategy and Roadmap (July 2022), DHCS described:
  - → Health disparity reduction efforts, especially for Black birthing persons
  - → Future guidance regarding best practices for maternal health outcomes

What to watch: In February 2022, DHCS published its **first statewide request for proposals** for Medi-Cal managed care, with proposals due in April 2022. DHCS will issue awards later this year, with new contracts effective January 2024. These contracts will require plans to develop quality improvement initiatives with a health equity focus, and reinvest a portion of profits in local communities. The 2022-23 state budget approved additional state staff to oversee these efforts.

*Nulliparous, Term, Singleton, Vertex (NTSV) cesarean delivery quantifies the number of nulliparous women with term, singleton pregnancies with the fetus in the vertex presentation who undergo cesarean delivery.

Population Health Management Program

- In 2023, Medi-Cal managed care plans will provide all members with basic population health management, which includes:
  - → Access, utilization, and engagement with primary care
  - → Care coordination, navigation, and referrals across all health and social services, including Community Supports
  - → Wellness and prevention programs
  - → Programs addressing chronic disease
  - → Programs to address maternal health outcomes
- Medi-Cal members with high-risk pregnancies may be prioritized for care management

To learn more, visit **CalAIM Population Health Management.**

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Population Health Management Service

- Would centralize administrative and clinical data from DHCS, health plans, and providers.
- **Maternity Care Impact**
  - → Will enable data sharing across multiple delivery systems (e.g., physical, behavioral health, pharmacy, dental health) and with Medi-Cal enrollees, their providers, human services programs, and other partners.
  - → Example: Support identification of gaps in enrollee referrals (e.g., pregnant people not on WIC) to help optimize enrollment in eligible programs

What to watch: DHCS will publish its Final Population Health Management Strategy and Roadmap in Summer 2022. To learn more, visit **CalAIM Population Health Management.**

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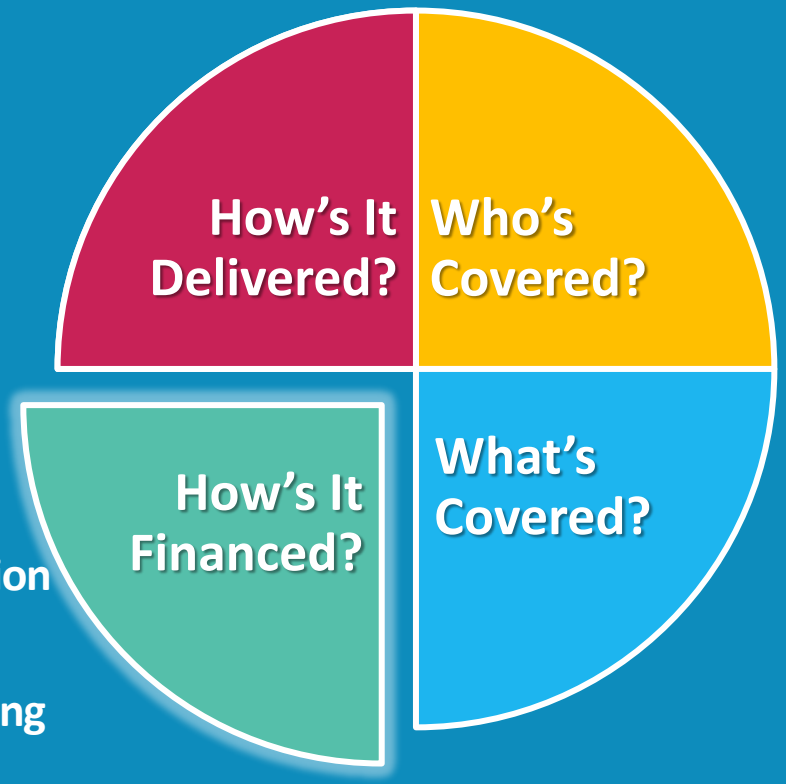
Maternity Care Policy Updates: Payment

- Rate Increases
- Equity and Practice Transformation Provider Payments
- Providing Access and Transforming Heath (PATH)
- Incentive Payment Program
- Alternative Payment Methodology (APM) 2.0 for FQHCs



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Rate Increases (2022-23 Budget)

- The 2022-23 budget includes a 10 percent Medi-Cal rate increase for alternative birthing centers.
- Senate Bill 184, a trailer bill for the 2022-23 budget, provides more information about the alternative birthing centers rate change.

Equity and Practice Transformation Provider Payments (2022-23 Budget)

- $700 million available through June 2027, with $140 million in the 2022-23 budget, for payments to Medi-Cal managed care plans or providers to:
  - → Advance equity and improve quality measures in maternity and preventive care, among other areas
  - → Provide grants and technical assistance to allow small physician practices to upgrade their clinical infrastructure to allow the adoption of value-based and other payment models

Where can I find more information? A brief description is available in the 2022-23 **state budget summary**. However, DHCS described earlier budget proposals as a way to help support strategies to reduce maternal health disparities in support of DHCS's "50 x 25 Bold Goals." See DHCS's description from the **Governor's Budget** and related **May Revision**.

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Providing Access and Transforming Heath (PATH)

- Target Q3 2022
- Justice-Involved Capacity Building Initiative
- Support for Implementation of ECM & Community Supports
  - → Technical Assistance Initiative
  - → Collaborative Planning and Implementation Initiative: Funding to support collaborative planning
  - → Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative

What to watch: PATH may lead to investments in staffing, care management, and billing systems for providers and community-based organizations that serve birthing people. For more information, see this **Funding Opportunities Cheat Sheet (DHCS).**

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Incentive Payment Program

- Designed to help prepare entities for CalAIM implementation by:
  - → Driving managed care plan delivery system investment in provider capacity and delivery system infrastructure;
  - → Bridging current silos across physical and behavioral health care service delivery;
  - → Reducing health disparities and promote health equity;
  - → Achieving improvements in quality performance; and
  - → Encouraging take-up of Community Supports (ILOS).

What to watch: The first Incentive Payment Program (IPP) payments went to plans in April 2022. IPP may lead to investments in staffing, care management, and billing systems for providers and community-based organizations that serve birthing people.

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Alternative Payment Methodology (APM) 2.0 for FQHCs

- Target date: January 1, 2024
- Managed care plans would pay participating FQHCs a per-member per-month rate for all assigned Medi-Cal patients, instead of an end-of-year supplemental payment.
- Goals:
  - → Deliver care in the most appropriate patient-centered manner
  - → More flexibility to provide group visits and email consultations
- Details are still in development. DHCS plans to submit a SPA to CMS in 2022.

Where can I find more information? See ***Medi-Cal Explained: How Health Centers Are Paid*** (California Health Care Foundation) and **Trailer Senate Bill 184**.

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Protecting Access to Abortion and Strengthening Reproductive Health Providers

- ✓ 2022-23 Budget: Abortion Care Services in Medi-Cal
- ✓ 2022-23 Budget: Reproductive Health Initiatives Outside of Medi-Cal
- ✓ Multi-State Commitment to Reproductive Freedom

2022-23 California Budget: Abortion Care Services in Medi-Cal

- **Equity and Infrastructure Payments for Clinic Abortion Providers.** $30 million General Fund over two years for DHCS to provide supplemental payments to non-hospital community clinics that offer abortion care services to Medi-Cal beneficiaries.
- A modification to the Medi-Cal **telehealth billing requirements** to remove requirements for in-person follow up visits and ultrasounds, when not clinically indicated.

Does Medi-Cal cover abortion care services? Yes. California's Medi-Cal program covers abortion **for any reason**, using state only funds.

Under federal law, federal Medicaid funds can cover abortion services only in the circumstances of rape, incest, and if the patient's life is in danger. But **16 states**, including California, use their own state funds to increase access to abortion care services beyond these scenarios.

2022-23 California Budget: Reproductive Health Initiatives Outside of Medi-Cal (Examples)

- **Uncompensated Care Funding for Reproductive Health Services.** $40 million one-time General Fund, available over six years, for the **Department of Health Care Access and Information** to award grants to reproductive health care providers to offset the cost of providing care to uninsured and underinsured individuals who do not have health care coverage for abortion care services.
- **California Reproductive Justice and Freedom Fund.** $15 million for the **California Department of Public Health** to award grants to community-based reproductive health, rights, and justice organizations to conduct medically accurate and culturally competent outreach and education on sexual health and reproductive health issues.

There's more! See the **22-23 Full Budget Summary**, under Health and Human Services (Reproductive Health), for a more complete list.

Multi-State Commitment to Reproductive Freedom

- Signed by Governors of California, Oregon, and Washington State on June 24, 2022
- Among other goals, the states commit to:
  - → Defend and protect licensed medical professionals in continuing to provide reproductive health care
  - → Promote greater access to abortion care services, including by expanding access to medication abortion, removing barriers to telehealth for reproductive health care services, and growing the pool of qualified practitioners who may provide abortion and other reproductive health care services

For more information, see the **Multi-State Commitment to Reproductive Freedom**.

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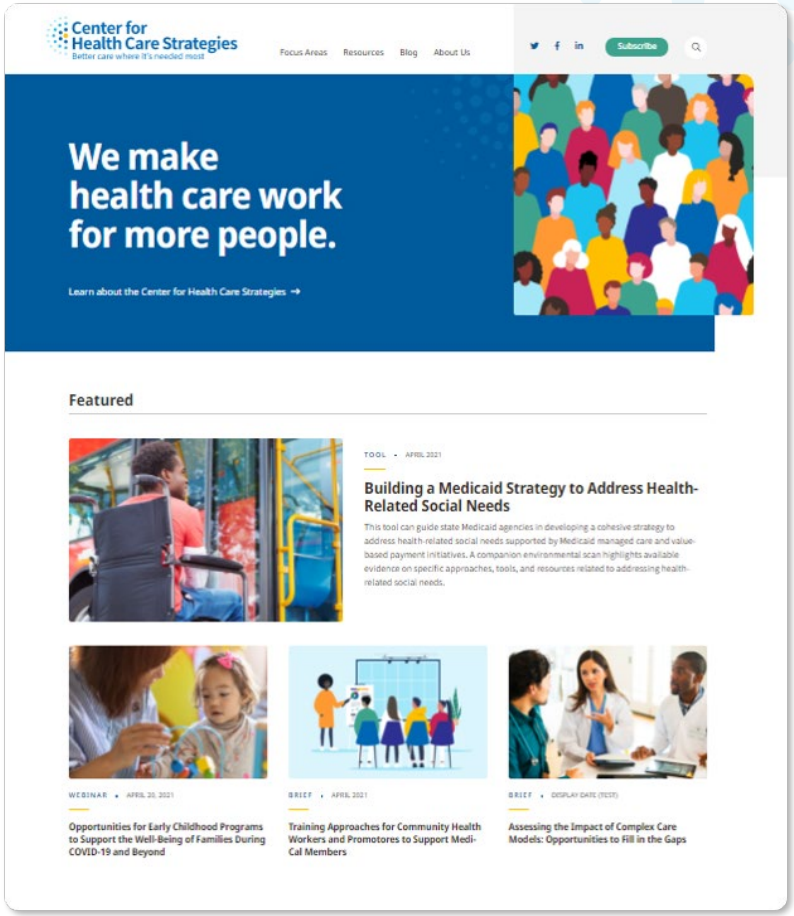

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