INSTITUTE FOR MEDICAID INNOVATION

Maternal Health Equity in Medicaid: Doulas and Perinatal Community Health Workers

Policy Issues and Opportunities to Inform a National Strategic Plan

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There is growing political interest in preserving, restoring, and extending Medicaid coverage for services and supports for women, gender, and maternal health. As federal and state policymakers consider opportunities to improve outcomes, they have been exploring a myriad of options, including community-based models of care, such as doulas and midwives; extension of 12-month postpartum coverage; and access to sexual and reproductive health services. As policies are adopted and payment models are created, the Medicaid program will serve an important role in implementing these innovative changes, including evaluating health outcomes and assessing economic impact and sustainability. Although efforts are underway in almost every state across the United States, a national strategic agenda in maternal health in Medicaid that links all stakeholders and partners together has not been established. The lack of coordination creates inefficiencies in accomplishing shared goals. In response, the Institute for Medicaid Innovation partnered with the Aspen Institute to host a Medicaid policy summit in the fall of 2023. To inform the focus of the summit, a national survey was deployed and a focus group convened to ascertain the priority topics as identified by key stakeholders in Medicaid: federal and state policymakers, Medicaid health plans, national and state leaders, and most importantly, individuals with lived experience. The results of the investigative work identified the following priority topics: maternal mental health, doulas and perinatal community health workers, midwifery-led models of care, and prenatal-to-3.

Addressing the maternal mortality and morbidity crisis in the United States and improving maternal health equity will require a multipronged approach of coordinated efforts led by a range of stakeholders using evidence-based strategies. One such strategy is increasing and improving access to doula and perinatal community health worker services. Doulas provide emotional, physical, and informational support during pregnancy and delivery and after childbirth. Doulas help pregnant, birthing, and postpartum individuals and families navigate the health care and social service systems in their communities. For many individuals, pregnancy is their first encounter engaging closely with the health care system.

Community-based doulas are particularly important to this process and can provide culturally congruent support and resources. Doulas are also well positioned to identify issues of bias and discrimination, often advocating for their clients and acting as liaisons for communicating their patients' preferences, needs, and concerns. They contribute to improved maternal and infant outcomes by reducing stress, anxiety, and pain and promoting self-efficacy and confidence.[1] However, despite the benefits of doulas, a survey found that only 6% of U.S. births included doula services.[2] Since 2019, the number of states working to expand access to doula services or that have seen legislation introduced related to Medicaid coverage of doula services has risen.[2] Currently, more than half of states are actively providing Medicaid coverage for doula services, are in the process of implementing coverage, or are taking action related to Medicaid coverage for doula care.[3]

The community-based maternal model of care combines the specific pregnancy, labor, and postpartum expertise of doulas with the community and cultural connections of community health workers (CHWs). These two overarching professional models, doulas and CHWs, might overlap as their roles merge, resulting in community-based doulas and maternity community health workers. This model of care combines the expertise of doulas with the community connections and cultural congruity of community health workers. Doulas and maternity CHWs complete vocational training to provide supportive, not clinical, services.

This issue brief outlines the policy issues and opportunities related to doulas and perinatal community health workers.

Policy Issues

Workforce, payment, data and quality, and delivery systems are four core policy areas that have the potential to impact access and Medicaid coverage of doula and perinatal community health worker services.

Workforce

Common challenges that affect the doula and perinatal community health worker workforce such as training or certification requirements that are not standardized and in many states are restrictive, create barriers to entry.[3] In some states, doulas must receive training or certification from a list of specific certifying organizations in order to be reimbursed for their services. This requirement does not take into consideration that many of the nationally recognized doula training and certification organizations are not responsive to the unique needs of different communities and do not include trainings for a diverse doula workforce serving individuals enrolled in Medicaid.[4] Additionally, the cost of the certification programs may present a barrier for individuals seeking to become certified doulas, limiting access to community-based doulas for

those seeking services who are enrolled in Medicaid. Restrictive training and certification requirements limit the number and types of doulas that can apply for provider authorization, hindering the diversification of the doula workforce.[4] The following are examples:

- **New Jersey** provides doulas with Medicaid agency staff members, deemed "doula guides," who are trained to help doulas with the credentialing process.[5]
- **Ohio** has created a streamlined application for doulas and home visitors looking to enroll as Medicaid providers using a centralized provider credentialing hub.[6] However, Ohio's Department of Medicaid announced in June 2021 that it would implement Medicaid coverage for doula care as part of a broader Maternal and Infant Support Program aimed at improving infant and maternal outcomes. The program is being implemented in phases over 2–3 years, with the doula program to roll out as part of the fourth and final phase. Although it was originally anticipated that the benefit would be in place by 2024, the state Medicaid agency indicated that it will likely take longer.[7] Another challenge for the workforce is retention. To maintain community-based models of care for those enrolled in Medicaid, doulas and perinatal community health workers need access to technical assistance, mentoring, professional development, system integration, and other supports.

Payment

Issues involving payment continue to deter doulas from providing services to those enrolled in Medicaid. Currently, in most states providing Medicaid coverage for doula services, the reimbursement rate is insufficient to support themselves and their families as a professional career. Community-based doulas spend significantly more time with individuals compared to other clinicians. This care is oftentimes uncompensated.[4] Further, community-based doulas are independent contractors who do not receive employee benefits or reimbursement for out-of-pocket expenses.[9] Another major barrier is the lack of support to help doulas navigate the process of becoming Medicaid providers. This includes education around contracting, claims submission, time to payment, information exchange, and payment models across different health plans and states.[4] Identifying how to become eligible for Medicaid reimbursement, signing contracts with Medicaid health plans, understanding billing codes to submit claims for payment, and tracking and reporting data to the health plan and/or state Medicaid agency are additional and unfamiliar administrative requirements for doulas and perinatal community health workers.[10] Some doulas and perinatal community health workers are from the communities they serve and may face similar environmental and socioeconomic barriers as their Medicaid clients, including being Medicaid recipients themselves. Furthermore, health plan systems are not designed to support small community- based organizations or provide guidance throughout the administrative process of billing for these services.

These billing and other administrative tasks can be a burden for community-based doulas when attempting to serve Medicaid clients.[12] The following are examples of how some states have mitigated these issues:

- **New Jersey** created training to provide technical support for doulas on topics such as claims submission to MCO contracting and enrollment.[5]
- Along with reimbursing for up to eight prenatal and postpartum visits and attendance at birth, **Virginia** also offers incentive payments for postpartum follow-up visits with an obstetric clinician, and if the newborn is seen by a pediatric clinician, for the visit after birth. This was intentionally added to address disparities in maternal and infant health outcomes within the state. [14]

Data and Quality

Similar to the issues surrounding payment, doulas and perinatal community health workers are not oriented to participating in, tracking, and reporting quality measures. Indeed, part of what makes doulas and perinatal community health workers effective is that they are more aligned with the client and community than the system. Freedom from cumbersome data collection supports this. Nonetheless, in some states, doulas must track and report data to the health plan and/or state Medicaid agency, which can be an unfamiliar activity. Virginia provides incentive payments associated with supporting specific Healthcare Effectiveness Data and Information Set (HEDIS)–aligned measures with the birthing person. Additionally, doula and perinatal community health workers programs oftentimes lack the infrastructure to support ongoing data collection, including insight on how doulas spend their time. To date, there is little quantifiable data on how community-based doulas spend their time, most being anecdotal or using estimates. This creates a challenge for those advocating for increased reimbursement rates from Medicaid health plans.[8] However, as demonstrated in the Virginia example, there is an opportunity for innovative methods to support data collection in billing and administration.

Delivery System

Delivery system reform can have a substantial impact on the success of doulas and perinatal community health workers. For example, Medicaid health plans have seen a precipitous increase in the percentage of the population covered over the past decade. Today, around 75% of those with Medicaid insurance coverage are served by MCOs. There is also a growth of accountable care organizations serving this population. "Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to provide coordinated high-quality care. Coordinated care helps ensure that patients, [including in maternal care], get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors." [15] Further, patient centered medical homes, primary care case management, and health plan administrative–only contracts are other managed care models that can be used. States and managed care companies are finding new ways to organize doula care. The following are examples:

- **Indiana**'s, the Title V Maternal and Child Health Services Block Grant supports the Indiana Safety Protecting Indiana's Newborns Program. This supports community-based organizations that provide doula services to pregnant people enrolled in Medicaid. [16]

- **Oregon**'s Medicaid program, Oregon Health Plan, covers doula services as a preventive service. Since 2017, the Oregon Health Authority covers prenatal and postpartum sessions and doula support during labor and delivery. [17]
- **Minnesota** covers doula services as an extended service for pregnant people under Minnesota's Medicaid program, Medical Assistance in Minnesota. This covers prenatal and postpartum sessions with a doula and support during labor and delivery.[18]
- Medicaid-contracted MCOs have the option to cover doula services for all members or specific populations as a value-added service. In **Nebraska** an MCO, WellCare of Nebraska, covers doulas for pregnant people up to 21 years of age who are in the foster care system and live in a group or perinatal home with little parental support. [19]

All payers in Medicaid can also use other service delivery innovations such as bundled payment, episode-based payment, and pay for performance. These designs can be further applied to doula services in the future. Also, managed care capitation rates are currently low for doula services.

Policy Opportunities

Four Medicaid policy opportunities are specific to doulas and perinatal community health workers.

Workforce

The requirements in the credentialing and certification processes for doulas and perinatal community health workers may be a deterrent. The following could help simplify the process:

- **Standardize, simplify, and minimize doula and perinatal community health worker certification and credentialing.** States have an opportunity to create legacy pathways for doulas who have been practicing for a longer time but may no longer have proof of certification or were not formally trained or certified but completed an apprenticeship.
- **Address limited worker protections that may be a further barrier to entry or create problems for retention.**
- **Capitalize on** existing efforts to develop pipelines for other perinatal services (e.g., midwives, lactation consultants, and perinatal mental health providers) to help increase doula and perinatal community health worker workforce.

Payment

Adequate and equitable Medicaid reimbursement rates are needed to support retention and diversification of the doula workforce—the rates should reflect all services that doulas and perinatal community health workers provide and support a reimbursement and billing process that is accessible to community-based doulas and perinatal community health workers:

- **Increase Medicaid reimbursement rates for doulas and perinatal community health workers to a respectable and livable wage**, and review and update the compensation for these services regularly. Policy changes are needed to provide sustainable funding for community-based doulas and perinatal community health workers at the federal, state, and local levels. Medicaid reimbursement should take into consideration the workload and full scope of services that community-based doulas provide.

- **Increase and improve the accessibility of the reimbursement process** for community-based doulas and perinatal community health workers.

Data and Quality

The infrastructure is required to support the collection of data and adequate reimbursement. To accomplish this, we need:

- Provide infrastructure support to collect data on the impact of community-based models of doula care and perinatal community health workers.
- Identify data and other evidence needed by federal and state policymakers to make informed decisions regarding reimbursement decisions for doulas and perinatal community health workers and ensure such information is provided to these individuals.

Delivery System

Delivery system innovations present opportunities to improve doula and perinatal community health workers services, including the following:

- Explore use of various service delivery innovations such as bundled payment, episode-based payment, and pay for performance.

Looking Ahead: Prioritizing Doulas and Perinatal Community Health Workers

This issue brief provides an overview of salient policy issues and opportunities specific to doulas and perinatal community health workers. It provides essential background information to support the establishment of a national 5-year policy strategic plan informed by all Medicaid partners and stakeholders to support increased access and coverage of evidence-based maternal health services and supports that reduces inequities, respects the preferences of individuals with Medicaid insurance, centers care in the community, and strengthens the safety net for families. The Medicaid partners and stakeholders participating in developing a national 5-year strategic plan will lead, co-lead, and/or support the commitments developed to chart a path forward.

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