



# Doula Proposed Medicaid State Plan Amendment: Public Meeting Minutes

**Meeting Date, Time and Location:** July 15, 2021, 11am to 12pm, Zoom hosted meeting

**Meeting Facilitators/Presenters:** Melody Lawrence (EOHHS)

| Meeting Summary                                |                   |                        |   |
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| <i>Agenda Item</i>                             | <i>Time</i>       | <i>Facilitator(s)</i>  | <i>Meeting Notes</i>  |
| <p><b>Welcome &amp; Introductions</b></p>      | <p>1 minute</p>   | <p>Melody Lawrence</p> | <ul style="list-style-type: none"> <li>• Meeting Convened at <b>11:02 AM</b></li> <li>• Introductions</li> <li>• Purpose of Meeting is to discuss the Proposed State Plan Amendment (SPA) for Doula Services and Payment</li> <li>• A copy of the Proposed Amendment and PowerPoint Presentation can be accessed here: <a href="#">Doula Services Proposed State Plan Amendment</a>.</li> </ul>   |
| <p><b>Overview of State Plan Amendment</b></p> | <p>5 minutes</p>  | <p>Melody Lawrence</p> | <p><b><u>EOHHS provided an overview of State Plan Amendment (SPA) approval process and public comment period.</u></b></p> <p>EOHHS cannot pay for doula services prior to SPA approval from the Centers for Medicare and Medicaid Services (CMS). The timeline is highly dependent on the volume and nature of the public comments and CMS questions.</p> <p>EOHHS requested participants ask questions based upon topic in the order provided in the presentation.</p> |
| <p><b>Doula Benefit Coverage</b></p>           | <p>10 minutes</p> | <p>Melody Lawrence</p> | <p><b><u>EOHHS provided an overview of Benefit Coverage Description including:</u></b></p> <ul style="list-style-type: none"> <li>• Individuals eligible</li> <li>• Services included</li> <li>• Service limitations</li> </ul> <p><b>Public Question:</b> Can the visits occur at the home or location chosen by the family?<br/> <b>EOHHS Response:</b> Yes, unless stated otherwise. Currently there is no prohibition on location chosen by the family.</p>         |

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| <p><b>Doula<br/>Provider<br/>Qualifications</b></p> | <p><b>10 minutes</b></p> | <p><b>Melody Lawrence</b></p> | <p><b><u>EOHHS provided an overview of Doula Provider Qualifications including:</u></b></p> <ul style="list-style-type: none"> <li>• Provider qualifications</li> <li>• Temporary exemptions</li> <li>• Supervision requirements</li> <li>• Prior authorizations</li> </ul> <p><b><u>Questions/Comments</u></b></p> <p><b>Public Statement:</b> the legislation that passed is broader than the current SPA language. Medicaid would be more restrictive than commercial insurance.</p> <p><b>Public Question:</b> What are the “more” stringent requirements mentioned for providers?</p> <p><b>EOHHS Response:</b> The requirements are listed in the Proposed State Plan Amendment language (shown on screen)</p> <p><b>Public Question:</b> Can we remove the red tape and defer to the certifying Board?</p> <p><b>EOHHS Response.</b> Yes, it is possible to remove requirements in the proposed amendment. This is something that could be revised before submitting to CMS.</p> <p><b>Public Question:</b> Is there a standardized portal for training?</p> <p><b>Public Response:</b> No, all training will be certified by the Rhode Island Certification Board.</p> <p><b>EOHHS Response:</b> The core competencies are listed in the proposed amendment, that the Rhode Island Certification Board would be looking for.</p> <p><b>Public Question:</b> Will providers move into the health plans?</p> <p><b>EOHHS Response:</b> Yes, this is the plan. However, CMS approval of the SPA and of the contract amendment is needed first. .</p> <p><b>Public Question:</b> Can EOHHS explain the difference between in-health plan versus out of health plan?</p> <p><b>EOHHS Response:</b> EOHHS contracts with three Medicaid managed care organizations (MCOs) to administer the Medicaid services for almost 90% of it’s Medicaid population and has the discretion to decide which services the MCO is responsible for. Typically, the MCO is responsible for all services, with a few exceptions. If EOHHS were to decide that they do not want an MCO to be responsible for the administration of a particular service, that service would be “carved out” of managed care, meaning the MCO would not receive any payment for it, and instead the providers of the service would bill the Medicaid agency directly under Fee-for-Service, even if the member receiving the service was enrolled in managed care.</p> |
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| <p><b>Doula Payment</b></p> | <p><b>10 minutes</b></p> | <p><b>Melody Lawrence</b></p> | <p><b><u>EOHHS provided an overview of Doula Payment Proposal including:</u></b></p> <ul style="list-style-type: none"> <li>• Minimum duration of a visit</li> <li>• Rate for prenatal visits</li> <li>• Rate for Labor and Delivery</li> <li>• Rate for postpartum visits</li> </ul> <p><b><u>Questions/Comments</u></b></p> <p><b>Public Question:</b> Is there an onboarding process for Doula to file and process claims?<br/> <b>EOHHS Response:</b> Yes. There will be training for how to bill for services.</p> <p><b>Public Question:</b> Are there providers for this service?<br/> <b>EOHHS Response:</b> Yes, Doulas will be the providers.</p> <p><b>Public Question:</b> Do claims for services rendered need to be submitted now or in December?<br/> <b>EOHHS Response:</b> This is an important question. Until the SPA is approved by CMS, EOHHS cannot pay for any doula claims. Once the SPA is approved, the effective date that EOHHS can pay claims for will be July 1, 2021. So claims will need to be submitted post SPA approval.</p> <p><b>Public Question:</b> Is the \$850 rate set or is it flexible?<br/> <b>EOHHS Response:</b> The \$850 limit was not written into the bill, but it was utilized as an assumption in the budget process, so EOHHS would need to inform the legislature of the change if it was revised. If someone would like this changed, EOHHS encourages members of the public to provide supporting data/evidence to justify such a change.</p> <p><b>Public Question:</b> Is the expectation that providers will be working with families now and not get paid until later?<br/> <b>EOHHS Response:</b> Unfortunately, if a provider worked with a family prior to SPA approval, EOHHS cannot pay the providers until after EOHHS receives CMS approval. EOHHS is confident that it will receive an approval from CMS, however the decision to provide the service prior to EOHHS being authorized to pay for it is up to the provider.</p> <p><b>Public Question:</b> Can EOHHS justify the \$850 rate?<br/> <b>EOHHS Response:</b> The proposed rate was based upon a previously filed Senate bill. The rate had to be split into the three (3) types of services provided during pregnancy.</p> |



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|                |          |                        | <p><b>Public Question:</b> Is there a process to review/revise at the \$850 rate? The current rate seems low and does not consider the cost of Medicaid enrollment and certification.</p> <p><b>Public Statement:</b> This rate was set based upon the minimum amount to serve underserved communities several years ago. The \$850 was the maximum amount that could be provided to doulas for services provided to underserved communities, given the low income of the families in need. While this is a low rate, it is vital that these services be provided in Medicaid. No Doula wants to receive this rate, but every family needs to have this service. The current lowest Doula rate for underserved communities is now \$975 per pregnancy. Doulas will not turn families away at the \$850 rate. There are higher rates for Doula services up to \$1500 per birth. Doulas also can receive mutual assistance to help offset the cost of care.</p> <p><b>EOHHS Final Statement:</b> Public comments are due by July 29<sup>th</sup>. EOHHS will review all comments and provide feedback to EOHHS leadership and respond to all comments submitted.</p> <p><b>Public Statement:</b> It is exciting to see this service available to the community.</p> <p><b>Public Question:</b> Will EOHHS share the PowerPoint?<br/> <b>EOHHS Response:</b> Yes, it will be sent out and posted on the website</p> |
| <b>Adjourn</b> | 1 minute | <b>Melody Lawrence</b> | Public comment received and recorded from the chat box<br>Meeting adjourned at approximately: <b><u>11:37 am</u></b>   |

**Meeting Participants:**

Karen Murphy, Provider Representative, Gainwell Technologies, Jerry Fingerhut EOHHS, Erin Corry, Birth Doula, DORI Melody Lawrence, Policy Director for Medicaid, EOHHS, Susie Finnerty, Doula, co-president Doulas of RI, Deb Florio, Sarah Coutu, Health Marilena Santizo - Senior Manager, Integrated Care Management -Tufts Health Plan, Katie Orona, RI KIDS COUNT, Ana Novais, Assistant Secretary, EOHHS, Bryan Law, Chief Family Health Systems, Medicaid Policy, EOHHS, Melissa Campbell, RI Health Center Association, Aidea Downie, RIDOH MCH program, Edward Curis, Senior Policy Analyst, Neighborhood Health Plan of Rhode Island, Veronica Rendina, Chief of Staff Training, EOHHS, Soraia Monteiro, Manager of Credentialing at Neighborhood Health Plan of RI, Deborah Garneau, RIDOH MCH Director, Alice Msumba, Sr. Manager, Tufts Health Plan, Natalya Alexander, Senior Facility Contract Administrator, Neighborhood Health Plan of RI, Julienne Stenberg, Medicaid Product, Neighborhood Health Plan of RI, Deb Florio, Associate Director Finance and Strategy, OHHS, Tarah Provencal, Director of Policy, BCBSRI, Jennifer Levy, RIDOH Community Health and Equity, Consultant Medical Director, Patricia Flanagan, Pediatrician, PCMH-Kids co-director, Holly Garvey, Manager of Government Programs Integra Community Care Network,



Karishma Patel, Program Manager, Tufts Health Plan, Carrie Bridges Feliz, Director, Lifespan Community Health Institute, Quatia Osorio Executive Director Our Journ3i LLC and owner RI Perinatal Doula Agency