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Illinois Maternal Health Task Force Response to HFS Public Comment, PA 102-0004
Prepared by Members of the Community Access, Systems Equity, and Education Committee of the Illinois Maternal Health Task Force

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Introduction

PA 102-0004 creates opportunity for Illinois to address maternal health inequities more effectively by expanding the Illinois Medicaid program to include services provided by community health workers, perinatal doulas, and home visitors. With this opportunity, however, comes the risk of structurally excluding service providers who are already marginalized by the current healthcare delivery system—community-based doulas serving Black families. For this reason, the Illinois Maternal Health Task Force focuses its recommendations on the unique circumstances of perinatal doulas who do not practice as employees of established organizations but rather are freestanding. These recommendations cannot serve as a substitute for the meaningful, ***ongoing*** inclusion of community-based doulas in implementation for the next several years, as program design is a necessarily iterative process.

The Illinois Maternal Health Task Force acknowledges that there are many different types of doulas practicing in Illinois and implementation of Medicaid reimbursement may differ depending on whether a doula is independent, agency-based, or embedded within a healthcare organization. Our recommendations for community-based doulas and those who do not currently work for groups that contract with state or other organizations are not designed to preclude these other doula types. There are multiple pathways to work as a doula, community health worker, or home visitor and implementation of Medicaid reimbursement for these vital members of the reproductive and perinatal workforce will need to reflect the diverse landscape of doulas, community health workers, and home visitors in Illinois.

Recommendation: A formal Council of community-based doulas should be installed to advise HFS and IDPH on issues specifically relating to regulation, certification, and reimbursement of perinatal doula services.

It is imperative that a variety of doula certifications and trainings be accepted to allow doulas to be eligible for Medicaid reimbursement, as we do not want requirements for certification and training to have the unintended consequence of decreasing doula access in under-resourced communities and/or increasing racial, ethnic, or geographic maternal health disparities. The Illinois Department of Healthcare and Family Services (HFS) must ensure that Medicaid reimbursement is equitable and inclusive of the many community-based doulas that currently serve Illinois communities. We also recommend that HFS ensure that the ability to complete certification continues to be attainable over time and that the renewal process and associated fees are not a barrier for community-based doulas. We are very supportive of a process that focuses on demonstrated competencies in order to be reimbursed by Medicaid instead of a focus on certain trainings or certifications.

Given the above, the Illinois Maternal Health Task Force strongly recommends that HFS establish a formal Council of community- based doulas potentially with funding support to ensure that community-based doulas with a variety of certifications, experience, and credentials are included in the planning process and have input on the certifications or competencies approved for reimbursement. As one potential funding option, we recommend HFS explore leveraging the transformation funding pool established by Public Acts 101-650 and 101-655 to support the Council and provide this Council with adequate staff. While we recognize that funding support for participation in Councils or workgroups is not typical, such support would ensure that doulas from underserved communities are able to participate on the Council. We also recommend that this Council be associated with the Community Health Worker Review Board established under Section 5-17 of Public Act 102-0674.

Recommendation: Doulas should be able to receive Medicaid reimbursement without a formal relationship with traditional medical perinatal care providers. HFS should create a new provider type in the IMPACT system to enable direct billing by community-based perinatal doulas.

Conceptually, perinatal doulas are a specific cadre of community health workers.[1] However, doulas have unique responsibilities when serving patients within hospital labor and delivery units and it is important that doulas be able to retain autonomy from traditional medical perinatal care providers. For this reason, we recommend that Section 5-20 of the Community Health Worker Certification and Reimbursement Act[2] not apply to perinatal doulas, as this would make perinatal doulas structurally dependent on a formal relationship with medical providers. This exemption should not preclude certification and registration of doulas as a specialized category of community health workers with the Illinois Department of Public Health (IDPH).

A specific implementation recommendation for direct billing by perinatal doulas for Medicaid reimbursement is for HFS to create a new “typical individual” provider type for individual certified

perinatal doulas with an NPI Type 1 provider number and register using NUCC taxonomy code for a doula 374J00000X. Likewise, a community-based doula agency or doula provider group should be able to obtain a NPI Type 2 provider number and register using NUCC taxonomy code for a single specialty provider group 193400000X. In addition, such provider groups should be able to apply for entity type 1 NPIs on behalf of their individual contractors/employees that will provide doula services. Further, we recommend that the screening risk levels associated with these two new provider categories be "limited" rather than moderate or high. Individual doulas should be able to register with IMPACT, the new Medicaid management information system being used by HFS, [3] as NPI Type 1 providers and doula groups as NPI Type 2 provider groups. Both should be able to bill directly through IMPACT for reimbursement of perinatal doula services provided to clients insured by Medicaid.

This recommendation specifically applies to doulas who elect not to be affiliated with a medical provider practice, hospital, or health clinic. Doulas should have the option to be employed by health providers or clinic systems if they desire and bill through those entities.

Recommendation: Structure Medicaid reimbursement for doula services the same way family planning services are currently handled so that perinatal doulas do not have to enroll with individual MCOs.

Rather than require providers to enroll with each individual MCO, we recommend perinatal doula services be treated the same as family planning services under current managed care guidelines. Specifically, HFS requires that [each] "Health Plan must pay for family planning services rendered by a Non-Affiliated Provider, for which the Health Plan would pay if rendered by an Affiliated Provider, at the same rate Department would pay for such services exclusive of disproportionate share payments and Medicaid percentage adjustments, unless a different rate was agreed upon by Health Plan and the Non-Affiliated Provider."[4] Treating Medicaid reimbursement of doulas using the same approach as for family planning providers will minimize burden on individual doulas who wish to receive Medicaid reimbursement and will allow Medicaid recipients to receive services from the doula of their choice. The latter benefit is particularly important as it is critical for clients to establish a trusting and supportive relationship with their doula.

Recommendation: Perinatal doulas should be able to bill for up to 12 prenatal visits, support during labor and delivery, and up to 12 postpartum visits, regardless of originating site.

Community-based doula reimbursement should not be limited to the typical reimbursement of 1-2 visits for private doulas. Community-based doulas typically provide home visits during the prenatal period, support at home/hospital during labor and delivery, and postpartum home visits. Given the continuing COVID-19 pandemic, it is important that doulas be able to conduct some of their visits via telehealth. As such, reimbursement should be site-neutral to give doulas the flexibility to best meet the needs of their clients. Perinatal doulas should be able to bill for a maximum of twelve prenatal visits as well as a maximum number of 12 postpartum visits, but there should be no minimum. This number of

visits is congruent with the typical number of prenatal care visits. **We support the suggested reimbursement rate and hours for doula services recommended by the Black Birth Justice Forum** (per correspondence from Anya Tanyavutti, BBJF representative, on November 2, 2021):

- 18 hours prenatal (12, 1.5-hour visits), 10 hours of L&D at $50/hour (at minimum), plus 30% admin prenatal/L&D support could be rounded to $1,850 at minimum
- 18 hours postpartum (12, 1.5-hour visits) at $50/hour (at minimum), plus 30% admin could be rounded to $1,200 at minimum

While we support this reimbursement rate recommendation, we urge HFS to ensure that doulas are reimbursed for all the time they spend providing support, as many women may need more intensive support during the prenatal or postpartum period or have a prolonged labor. If labor support is needed for longer than 10 hours, another doula should be able to provide services to that client and both doulas should be reimbursed for their time and services. Additionally, we would support reimbursement in 15-minute increments; this provides flexibility to doulas and would allow for the compensation of doulas working with clients with more complex needs. Finally, we do not want to limit the number of individuals who can receive reimbursement when providing support services to one pregnant/postpartum person; in other words, if for example, a person needs services from both a doula and a home visitor, both should be able to receive reimbursement from Medicaid.

Recommendation: Perinatal support providers other than doulas—such as Maternal Health Coaches and Breastfeeding Peer Counselors—should be made eligible for Medicaid reimbursement as community health workers who bill through a traditional Medicaid provider.

Breastfeeding Peer Counselors should be considered specialized types of perinatal community health workers and should be eligible for Medicaid reimbursement. There is significant evidence to suggest that breastfeeding peer counselors improve breastfeeding rates, especially among Black and Hispanic women. A study of a clinically embedded breastfeeding peer counselor program for Medicaid-enrolled women in the Chicago area showed that Black and Hispanic women benefited significantly from breastfeeding peer counseling services.[5] Most notably, exclusive breastfeeding at hospital discharge to 6-weeks postpartum significantly increased among Black women (32 to 50%, $p < 0.01$) and Hispanic women (37 to 70%, $p < 0.01$).[5] These data suggest that breastfeeding peer counselors may be a powerful tool to address breastfeeding disparities and ensure more infants reap the benefits of breastfeeding. We urge HFS to ensure that Medicaid enrolled women can access both certified lactation support and breastfeeding peer counselors.

Likewise, Maternal Health Coaches should be considered specialized types of perinatal community health workers and should be eligible for Medicaid reimbursement. At its core, health coaching is a patient-centered, collaborative model grounded in theories of health behavior change in which a coach collaborates with the patient to identify goals and action plans that maximize personal well-being and overall health. The holistic approach includes solution-focused techniques like motivational interviewing, goalsetting, and problem-solving and has a central feature of patient

empowerment toward autonomy. Working collaboratively with patients on health care decisions can improve lifestyle choices and prompt behaviors change. A Maternal Health Coach assists in helping women prepare their body for pregnancy, having a healthy pregnancy and delivery, as well as maximizing the health of the mother and baby. Ensuring Maternal Health Coaches are eligible for Medicaid reimbursement may make hiring Maternal Health Coaches a financially viable option for medical provider practices, hospitals, and health clinics, thus expanding access to these services for Illinois parents.

References

1. Institute for Medicaid Innovation. Community-Based Maternal Support Services: The Role of Doulas and Community Health Workers in Medicaid. May 2020. Retrieved from https://www.medicaidinnovation.org/_images/content/2020-IMI-Community_Based_Maternal_Support_Services-Report.pdf
2. Illinois Public Act 102-0004. Retrieved from https://ilga.gov/legislation/publicacts/102/PDF/102-0004.pdf
3. Illinois Medicaid Program Advanced Cloud Technology (IMPACT). Retrieved from https://www2.illinois.gov/hfs/impact/Pages/Glossary.aspx
4. Illinois Department of Healthcare and Family Services. Managed Care Manuel for Medicaid Providers. Retrieved from https://www2.illinois.gov/hfs/SiteCollectionDocuments/MCOManual.pdf
5. Keenan-Devlin LS, Hughes-Jones JY, Borders AEB. Clinically integrated breastfeeding peer counseling and breastfeeding outcomes. *Journal of perinatology*. 2021; 41(8):2095-2103. doi:10.1038/s41372-021-01096-5