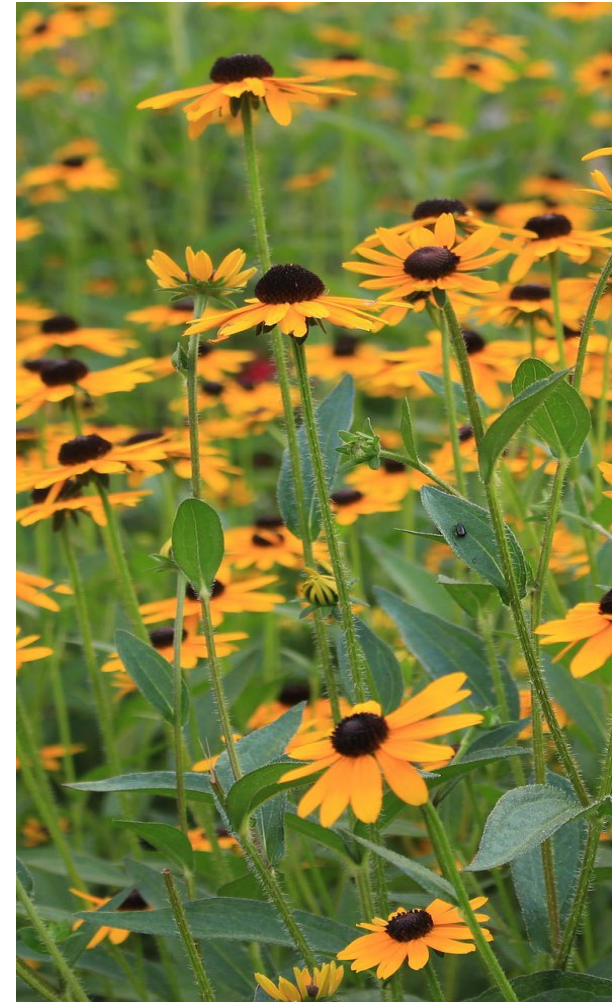




The Hilltop Institute

Utilization Trends in Medicaid-Reimbursed Doula Services and Out-of-Pocket Cost Savings in Maryland

Leigh Goetschius, PhD
AcademyHealth ARM
June 30, 2024

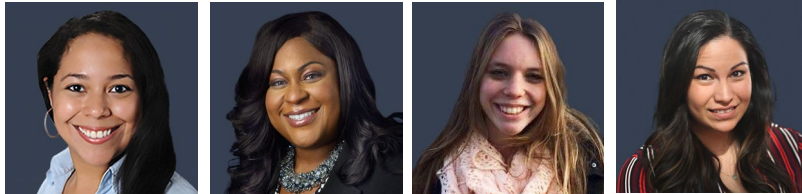


MedStar Health

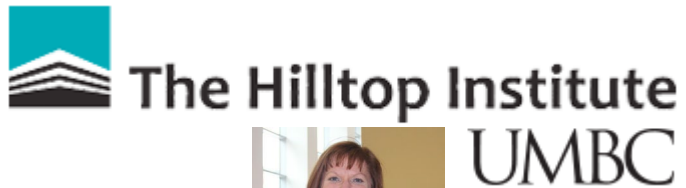
UMBC

Thank you!

Collaborators



Community Partners



Our Amazing Community Advisory Board!



Funding

Research in Transforming
Health and Health Systems

Grant# 80681



Robert Wood Johnson
Foundation

Other
Support



Doula Care to Address Disparities in Maternal Health

Doulas → non-clinical health care personnel

- Physical, emotional, and informational support before, during, after birth

Doula care → improved outcomes in low-income and BIPOC birthing parents

- Birthing person (e.g., ↓ c-section rates)
- Infant (e.g., ↓ pre-term birth rates)

Barriers to utilization of doula care

- Cost of services, not covered by insurance
- Doula training requirements, available workforce



Knocke et al., 2022, *ASPE*; Kozhimannil et al., 2013, *Am J Public Health*;
Ogunwole et al., 2022, *Women's Health Issues*; Safon et al., 2021, *Health Affairs Forefront*

Medicaid Coverage of Doula Services

Medicaid coverage of doula services:

- 13 states + DC as of Jun 2024
- Varying program features (i.e., services covered, reimbursement amounts, training requirements)
- Strategy for ↓ maternal health disparities & ↑ maternal health, but no systematic evaluation

Maryland Medicaid Doula Program (MMDP)

- Started Feb 2022
- Covers doula support during labor/delivery + 8 visits (prenatal or postpartum)

<https://healthlaw.org/doulamedicaidproject/>

<https://health.maryland.gov/mmcp/medicaid-mch-initiatives/Pages/DoulaProgram.aspx>

Research Question & Methods

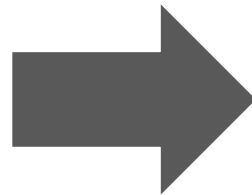


Analysis of Maryland Medicaid Data

Encounters with a HCPCS code for doula service

Dates: Feb 2022 – Mar 2024

Cost Data: MMDP program manual & doulamatch.net



Doula Service Utilization

Who is using MMDP services, when are they being used, and where?



Out-of-Pocket (OOP) Cost Savings

How much are birthing parents saving relative to self-pay and Medicaid?

Birthing People Using Doula Services

	MMDP Doula Sample	All Medicaid Births*
Total Birthing Parents (N)	84	27,579
Race & Ethnicity (%)		
Black	71%	44%
Other Racial & Ethnic Groups[#] <i>Includes Hispanic, White, Asian, American Indian</i>	29%	56%
Mean Age in Years (SD)	30.95 (5.10)	28.70 (6.08)

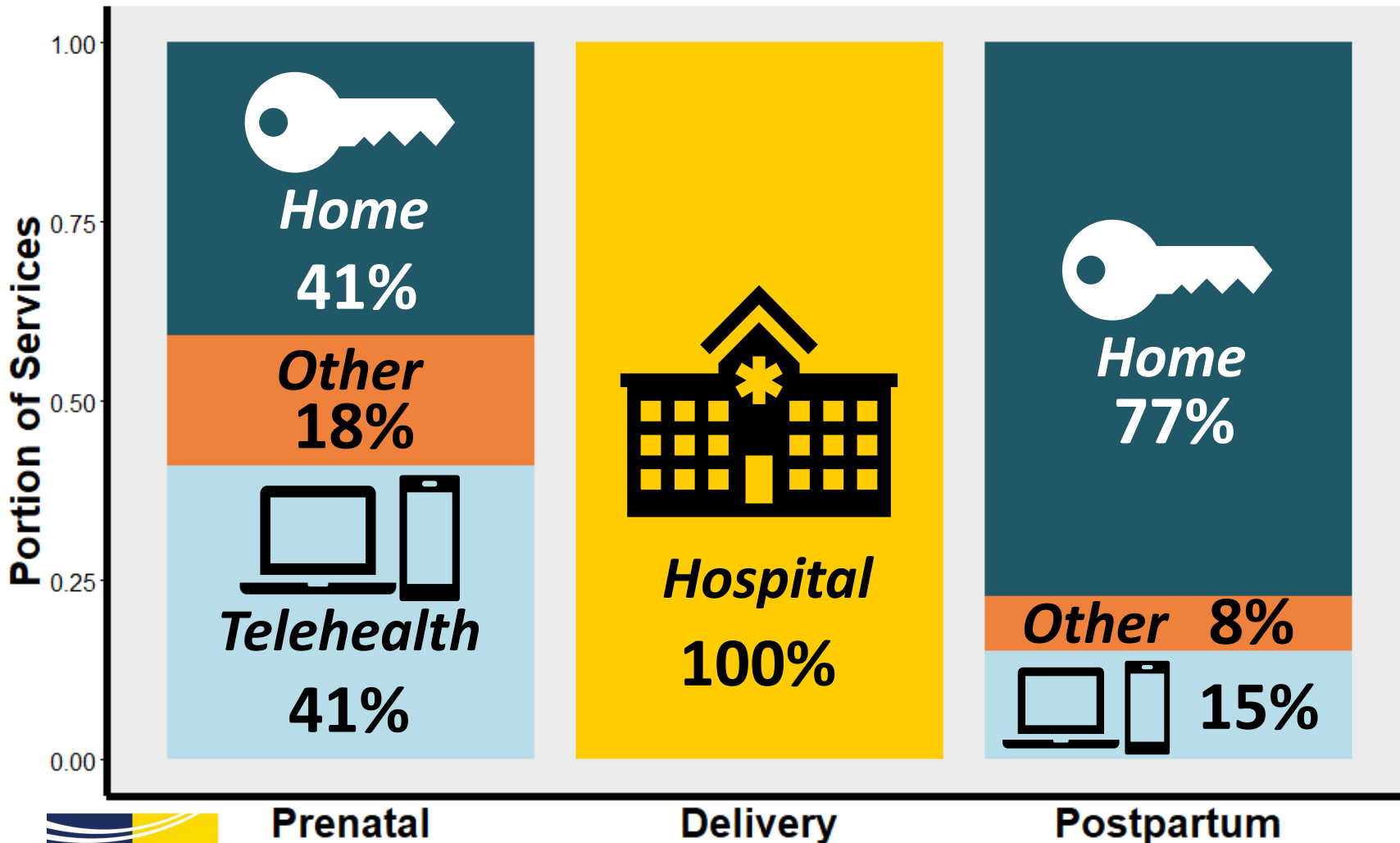
*Demographic data for all Maryland Medicaid births from CDC Wonder

[#]Individual group percentages suppressed due to small cell sizes (<11 people)

Neighborhood Characteristic ⁺	Median	Min	Max
Relative Population Density (More Urban)	0.63	0.04	0.99
Social Vulnerability Index	0.60	0.02	0.99

⁺At the census tract level; on a 0-1 scale relative to other Maryland census tracts

Doula services were used across the perinatal period & in multiple settings.



First Encounter:
September 2022

Service	N (%)
Prenatal	188 (60)
Delivery	32 (11)
Postpartum	92 (29)
Total	313

Out-of-Pocket Cost Savings for Birthing Parents, but Differential Reimbursement Rates

Service	Self-Pay Rate			Medicaid Rate		
	Median	Min	Max	Median	Min	Max
Prenatal	\$94.27	\$47.14	\$377.08	\$132.96	\$16.62	\$531.84
Delivery	\$1,413.34	\$1,413.34	\$1,413.34	\$800.00	\$300.00	\$800.00
Postpartum	\$94.27	\$47.14	\$565.63	\$156.96	\$39.24	\$941.76

Service	Self-Pay Rate	Medicaid Rate
Prenatal	\$47.14 /visit	Up to \$66.48/visit (\$16.62/unit, max 4 units/visit)
Delivery	\$1413.34	\$800 (initially \$300)
Postpartum	\$47.14 /visit	Up to \$78.48/visit (\$19.62/unit, max 4 units/visit)
Max Total	\$1,790.46	\$1,331.84 – \$1,427.84

Results Summary

Birthing parents using doula services

- Predominantly Black
- Live in more urban neighborhoods with higher levels of social vulnerability

Services used across perinatal period

- Delayed uptake
- Telehealth used more during prenatal period
- Postpartum services primarily used at home

OOP savings for birthing parents

- Benefits birthing parents
- Reimbursement rate differences
- Deeper understanding & context from community feedback

Access for communities with historically lower use of doula care who experience poor maternal health outcomes due to systemic inequities

Next Steps

Build on current conclusions and interpretations based on expertise from the community:

- Community advisory board
- Community forum

Continue evaluating other research questions from full grant:

- Qualitative interviews with key informants about their experiences with the MMDP
 - Doulas, policy & practice leaders, Medicaid-insured birthing parents
- Impact of MMDP on racial disparities in maternal & infant health outcomes

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