DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

Gavin Newsom | Governor

State of California—Health and Human Services Agency Department of Health Care Services

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Enhanced Care Management Birth Equity Population of Focus: Frequently Asked Questions

Background:

Across California, Medi-Cal provides health insurance coverage for about 40 percent of all births in the state each year. The Department of Health Care Services (DHCS) is taking steps to strengthen coverage and care for birthing populations by implementing Medi-Cal eligibility and benefits changes aimed at improving prenatal and postpartum care and reducing pregnancy-related morbidity and mortality for all Members.

Improving maternal health is one of the DHCS' Comprehensive Quality Strategy "Bold Goals", which specifically seeks to improve maternity outcomes and birth equity, including access to prenatal and postpartum care.

All pregnant and postpartum individuals enrolled in Medi-Cal receive coverage for a range of benefits to support maternal health and family well-being such as the Community Health Worker (CHW) and Doula benefits and the Dyadic Services benefit for children and families, regardless of their eligibility for the Enhanced Care Management (ECM) Birth Equity Population of Focus (POF). DHCS is also developing a comprehensive Birthing Care Pathway — envisioned as a care model with related benefit and payment strategies to reduce maternal morbidity and mortality for all Medi-Cal members who are pregnant and postpartum.

DHCS's PHM Policy Guide outlines expectations for MCPs to provide all medically necessary services for all pregnant and postpartum individuals, including, transitional care services, risk assessment and care planning, and appropriate follow-up care.

The ECM Birth Equity POF that launched on January 1, 2024 is **one component of the department's overall approach to improving prenatal and postpartum care** and is aimed at closing specific disparities in access to prenatal care and pregnancy-related mortality.

Below, please find answers to frequently asked questions on eligibility for the ECM Birth Equity POF. Additional information can be found in DHCS ECM Policy Guide. DHCS welcomes additional questions via email at CalAIMECMILOS@dhcs.ca.gov.

Member Eligibility

1. How did DHCS determine eligibility criteria for the ECM Birth Equity POF?

- The ECM Birth Equity Population of Focus aims to address known, underlying risk factors for disparities in health and birth outcomes in specific populations known to have the highest maternal morbidity and mortality rates.
- In designing this POF, DHCS identified disparities through evaluation of research collected from the most recent California Department of Public Health's Statewide Data Dashboards. DHCS uses statewide data on disparities including Pregnancy-Related Mortality (Black individuals) and Prenatal Care (AI/AN and Pacific Islander individuals) to determine the eligibility criteria for Birth Equity POF. The data demonstrate (and other experts in the field agree) that significant disparities exist with certain racial and ethnic groups.
- More specifically, the data demonstrate that the groups currently experiencing disparities in maternal mortality and adequate prenatal care are from certain racial and ethnic groups including Black, American Indian and Alaska Native, and Pacific Islander pregnant and postpartum individuals. As health disparities data evolve over time, DHCS will continue to re-evaluate existing eligibility criteria for the ECM Birth Equity Population of Focus and the latest data available to determine if modifications are needed.

2. When an MCP receives a referral for ECM for the Birth Equity POF, how should it determine if an individual meets the eligibility criteria?

- MCPs must prioritize Members' own self-identification of their racial and ethnic group in confirming Member eligibility for the Birth Equity POF. This self-identification policy is consistent with the enrollment process for the Medi-Cal Program, where DHCS does not require additional documentation to confirm the member's self-identification of race and ethnicity. MCPs must provide ECM to a Member who self-identifies with the qualifying eligibility criteria for the ECM Birth Equity POF even in cases in which the MCP or DHCS data indicates a different or missing race or ethnicity of the Member.
- Members who identify with multiple racial or ethnic groups are eligible for the Birth Equity POF if at least one of the groups they identify with aligns with the Birth Equity POF eligibility criteria.

3. If an MCP is looking at its own data to proactively identify the population eligible for the Birth Equity POF, how should it navigate using race and ethnicity data from other sources? Other sources may include: DHCS Medi-Cal application data via the Plan Data Feed; intake information that the MCP has gathered; and clinical and social services data that the MCP may access.

- To the extent that MCPs use their own data to review eligibility for the ECM Birth Equity POF, MCPs should not limit themselves only to the Plan Data Feed or other DHCS data. MCPs are encouraged to use their own data sources, such as the data provided by the Members, in addition to data supplied by DHCS to identify Members who may be eligible for the ECM Birth Equity POF. MCPs should first prioritize Member self-identification of racial and ethnic group in confirming Member eligibility for the Birth Equity POF. In instances where the data on racial or ethnic group of a Member varies by source, MCPs do not need to defer to DHCS data and can use additional sources to confirm Member eligibility.
- MCPs should also initiate ECM via community-based referrals to the greatest extent possible. MCPs are encouraged to discuss ECM with network providers as part of a suite of new services to support Members and help network providers understand how to offer these supports to their patients.
- MCPs are expected to partner closely with entities already serving pregnant and postpartum individuals to increase community-based referrals for the ECM Birth Equity POF. These entities include, but are not limited to, the following:
    - Providers
        - OB/GYN Offices, Hospitals, Family Medicine Physicians, Maternal Home Visiting Providers (CDPH's California Home Visiting Program (CHVP)), CDSS' CalWORKs Home Visiting Program (HVP), Doulas and Doula practices/Doula circles, Midwives and Midwifery practices, Promotoras, Community Health Workers (CHWs), Comprehensive Perinatal Health Workers (CPHWs), Community Health Representatives (CHRs), and Behavioral Health Providers
    - Organizations serving Black, AI/AN and Pacific Islander individuals
        - Comprehensive Perinatal Services Program (CPSP), or CPSP-like Service Providers (e.g., not affiliated with a LHD),
        - Black Infant Health (BIH) Program,
        - California Perinatal Equity Initiative (PEI)
        - Indian Health Programs, American Indian Maternal Support Services (AIMSS), and other Providers supporting AI/AN Health

        - Tribal Social Services Programs
        - Other preexisting local interventions designed to support Black, American Indian and Alaska Native (AI/AN) and/or Pacific Islander birthing populations
    - Social Services/Other
        - Women Infants and Children (WIC) sites
        - Community Based Organizations or other Non-Governmental Organizations
        - Women's and family shelters

Birthing Care Pathway

4. What is the relationship between the Birthing Care Pathway and ECM for the Birth Equity POF?

- DHCS is developing a comprehensive Birthing Care Pathway to cover the journey of a Medi-Cal member from conception through 12 months postpartum. The Birthing Care Pathway is for all Medi-Cal members who are pregnant or postpartum.
- Through the Birthing Care Pathway, DHCS will develop Medi-Cal care delivery policy and program initiatives for pregnant and postpartum individuals that:
    - Encompass physical health, behavioral health, and health-related social needs;
    - Translate clinical and care management guidelines into care processes and workflows across settings;
    - Facilitate adoption of these guidelines.
- The Birthing Care Pathway is a multi-year initiative aimed at improving Medi-Cal policies and initiatives impacting all pregnant and postpartum individuals in Medi-Cal and addressing racial and ethnic disparities in maternal health outcomes, particularly among groups found to experience disparities as described above. The Birthing Care Pathway is not a specific Medi-Cal benefit or service, but rather a collection of policies, initiatives, benefits, and strategies to improve birth and health outcomes for pregnant and postpartum individuals in Medi-Cal. As such, there is not eligibility for the Birthing Care Pathway.
- DHCS welcomes additional questions about the Birthing Care Pathway at BirthingCarePathway@dhcs.ca.gov.

ECM and Other Medi-Cal Maternal Health Benefits and Services

5. Can Members receive ECM if they are also receiving Doula, Dyadic and/or Community Health Worker benefits?

- **Doula Benefit:** DHCS has recently introduced a Doula benefit in Medi-Cal. Members receiving doula services who also qualify for ECM can receive ECM as long as the MCP ensures that Providers do not receive duplicative reimbursement for the same services provided to the same Member.
    - Doula services are available to any birthing individual in Medi-Cal, whereas ECM eligibility is limited to a qualifying Population of Focus. Doulas and ECM Lead Care Managers are envisioned to have separate and distinct roles; however, doulas with appropriate expertise are welcome to contract with MCPs as ECM Providers.
- **Dyadic Services Benefit:** Dyadic services providers can bill Medi-Cal for dyadic services provided to children and to families/caregivers of Members who are also enrolled in ECM.
    - Through dyadic services, a child and their caregiver(s) or parent(s) can be screened for behavioral health needs, interpersonal safety, tobacco and substance misuse, and social drivers of health, as well as be provided with referrals for appropriate care.
- **CHW Benefit:** A Provider cannot bill for services under the Community Health Worker (CHW) Benefit and ECM for the same Member at the same time. The ECM Lead Care Manager is expected to provide services similar to those provided under the CHW Benefit.
    - Entities contracted with an MCP to deliver the CHW Benefit may use the CHW Benefit for activities to identify Members who may be eligible for ECM.
    - Providers can deliver ongoing support to Members who have graduated from ECM through the CHW Benefit.

For full guidance on ECM and overlaps with key benefits, please refer to the DHCS ECM Policy Guide.

6. How does ECM help coordinate care for Members enrolled in other programs for pregnant and postpartum individuals with existing care coordinator roles?

- There are many existing programs across California that support pregnant and postpartum individuals and that may serve a Member in parallel to ECM. As part of the ECM assessment process, ECM Lead Care Managers should work with Members to understand their enrollment in other programs and their existing care plan goals. ECM Lead Care Managers should work collaboratively with the Member and care team members from additional service models to develop a strategy for regular contact with the care team to coordinate support for a Member's needs and preferences.
- ECM provides whole-person care management above and beyond what is provided by the pre-existing programs. ECM also serves as the single point of accountability to ensure coordination of care management across multiple systems/programs.
- ECM Lead Care Managers should provide support to engage the Member in their treatment, including scheduling appointments, providing appointment reminders, coordinating transportation, accompaniment to critical appointments, and identifying and helping to address other barriers to Member engagement in treatment.
- For Members enrolled in Comprehensive Perinatal Services Program (CPSP) or CPSP-like services, the ECM Provider is expected to leverage the comprehensive assessments conducted by CPSP, including the CPSP individualized care plan and postpartum assessment, in developing the Member's ECM care management plan (see Section VI of the ECM Policy Guide for additional details).