

AUGUST 7TH, 2026 MEDI-CAL DOULA BENEFIT TOWNHALL QUESTION & ANSWER

Upcoming DHCS Communication

Question	Answer
How can I receive notifications to events like this today? I found it so helpful and appreciate that my doula friends shared with me. I would love the follow up shared slideshow also.	Requests to be added to the Benefits Division doula stakeholder email list can be sent to the DoulaBenefit@dhcs.ca.gov. This email list is used for important doula benefit updates including policy changes and upcoming stakeholder engagements. DHCS also has Stakeholder email list that you can sign up for at Department of Health Care Services' Stakeholder Email List DHCS. Additionally, DHCS may make periodic updates to its coverage and billing policies, so we encourage you to also sign up for the Medi-Cal Subscription Services (MCSS).

General Questions and Comments

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Will we get a copy of the slides after the meeting?	The recording of the August 7 th Doula Town hall which includes the slide deck presentation and audio from the meeting are available on the DHCS Doula webpage at Doula Services as a Medi-Cal Benefit DHCS .

Question	Answer
How can we support the sustainability of doulas? How can we collectively advocate for more investment into sustainable, physical support, financial support and or emotional wellness for Doulas?	DHCS recognizes the value of the doula provider community and continues to invest resources in collaborating with providers, advocates, Managed Care Plan partners and others. During the Townhall, the Doula Providers presented a number of organizations and resources available for providers. These resources can be found in the town hall recording available on the Doula DHCS webpage Doula Services as a Medi-Cal Benefit DHCS .
Who is held liable on the additional postpartum recommendations? Would it be the provider that signs off?	Once the visits as outlined in the Medi-Cal-Doula-Standing-Recommendation.pdf are exhausted , the member would require a recommendation from a physician or other licensed practitioner of the healing arts for additional postpartum visits. The additional visits can be noted in the member's medical record by the recommending licensed provider or a member can ask a licensed provider to complete the Medi-Cal Doula Services Recommendation Additional Postpartum Visits form Medi-Cal Doula Services Recommendation Additional Postpartum Visits and give the signed form to the doula provider.
What is the Doula lab?	The Doula Lab™ is a workforce development and technical assistance program. It aims to assist doulas in navigating Medi-Cal provider enrollment, health plan contracting, documentation, billing, and the business practices needed to sustain their work. The program offers workshops, study halls, and peer support. For more information, contact info@thedoulalab.org .

Question	Answer
I find Planned Parenthood hard to contact in my area. Have they been notified that this benefit exists and that they can call on us to come support someone undergoing an abortion?	DHCS has worked directly with Planned Parenthood during the implementation of the Medi-Cal doula benefit.
Is contact information available for each of the speakers today?	To contact DHCS or other presenters please see the below contact information: DHCS Presenters: Benefits Division: doulabenefit@dhcs.ca.gov Managed Care Quality and Monitoring Division: mcqmd@dhcs.ca.gov Quality and Health Equity Division: birthingcarepathway@dhcs.ca.gov Doula Presenters: <u>Kairis Chiaji:</u> doula_in_heels@live.com https://www.blackdoulasmatter.com (916) 613-5208 <u>Khefri Riley:</u> khefri@frontlinedoulas.com www.frontlinedoulas.com <u>Andrea Howard</u> Doulabenefit@birthworkersofcolor.com BirthworkersofColor.com (562) 637-9605

Question	Answer
	<u>Linda Jones</u> (510) 917-2783 www.lindajonesdoula.com MCP Presenters: <u>Central California Alliance for health:</u> joinus@thealliance.health <u>CalOptima Health:</u> Mike Wood mwood@caloptima.org (714) 246-8415 <u>Kaiser Permanente:</u> Medi-CalDoulaLiaison@kp.org
It appears there is a shift in funding support that is lessening for doulas and growing for CHWs. Does DHCS know anything?	Within the Medi-Cal program, the Benefits Division is not aware of any shift in funding from the doula benefit to the Community Health Worker (CHW) benefit. These are two distinct preventive services under Medi-Cal, each with its own policy framework, standing recommendations, and provider requirements. Both benefits continue to be supported by DHCS and remain available to eligible Medi-Cal members: • Doula Services: Covered as a preventive benefit and supported by DHCS' standing recommendation, which outlines eligibility, service authorization, and visit allowances.

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	CHW Services: Similarly supported by DHCS' statewide standing recommendation, which ensures access to CHW services and outlines the requirements for recommending and billing CHW preventive services. For more information on each benefit, providers are encouraged to reference the Provider Manual.
Santa Clara county is not listed. How many doulas are listed in this county?	There are approximately 49 doula providers listed for Santa Clara County in the DHCS Doula Provider Directory. This directory includes only those Medi-Cal enrolled doula providers who have chosen to opt in and give permission to be publicly listed. Because participation is voluntary, the directory does not represent all enrolled providers, but it is updated regularly as new providers elect to be included. For the most current information, providers and community members may use the DHCS Doula Provider Directory: Doula Directory DHCS.
Is there any birth outcome data reflecting impact of Medi-Cal covered doula services so far? Birth doula support is linked with better birth outcomes, including reduced c-sections, but the variation in doula services, including the increasing prevalence of doulas who do not actually attend birth, could jeopardize these expected better results.	At this time, DHCS does not yet have birth-outcome data that isolates and evaluates the impact of Medi-Cal covered doula services. While Medi-Cal has implemented and expanded doula services as a benefit, aimed at improving perinatal outcomes, reducing disparities, and supporting whole-person care,

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	current DHCS materials emphasize utilization, implementation progress, and member experience, rather than measured birth-outcome changes directly attributable to doula support.

Insurance Requirements

Question	Answer
Why is the extra insurance required for CalOptima?	CalOptima Health requires all contracted providers, including providers attempting to join the network via a direct contract with CalOptima Health, to have and maintain minimum insurance policies during the entire term of their contract with CalOptima Health. DHCS plans to release updates to APL 23-024, which will provide guidance to MCPs regarding insurance requirements. DHCS has released the Medi-Cal Doula Services Best Practices guide that includes recommendations regarding insurance requirements for managed care plans.

Billing

Question	Answer
As an Enhanced Care Management (ECM) provider, Heritage Health Network is interested in partnering with Medi-Cal doula providers. Can members receive ECM and doula services concurrently? If so, are there recommended models or best practices for coordinating services and referrals while avoiding duplication?	ECM services are part of our CalAIM waiver and are intensive, community-based case management services focusing on high-need Medi-Cal members; however, those services do not specifically include doula activities or services. Doula services are a Medi-Cal State Plan preventive benefit with a distinct set of services, billing requirements, and standing recommendation. As these benefits are complementary, concurrent receipt of ECM and doula services is generally allowable for eligible Medi-Cal members. MCPs must ensure no duplication of services, consistent with APL 23-024, and that each benefit is delivered according to its own covered scope. If a member is receiving both doula and ECM services, that member's ECM provider should collaborate with and coordinate care with a member's doula. Providers may reference the CalAIM ECM Policy Guide for additional guidance.
Can doulas bill Medi-Cal insurance for doula support of the partner? Can doulas bill for a child or sibling's Medi-Cal for sibling support, either in long-term or for a doula who offers on-call availability as well as dedicated support to sibling(s) when the mother and partner leave to give birth.	Under current Medi-Cal policy, doula services are reimbursable only when they are provided directly to a pregnant or postpartum Medi-Cal member. Medi-Cal does not reimburse doula services provided to any other individual, including partners, children, or siblings. DHCS appreciates the importance of family support during the birthing process and will take this comment back for internal discussion as policy continues to evolve.

Enrollment

Question	Answer
Are Doulas not allowed to use an EIN or does it have to be an SSID?	All individual doulas must provide their Social Security Number (SSN) as part of their Medi-Cal provider enrollment. Federal and state laws require individuals to submit an SSN to enroll as a Medi-Cal provider and DHCS only approves doula applications, when the individual's SSN is included. Doulas who are enrolling entities may also submit an Employer Identification Number (EIN) if they wish to bill under that EIN. Submitting an EIN does not replace the requirement for an individual's SSN. Additionally, each person associated with the entity, including owners, managing employees, officers, and board members, must also report their SSN in the application. Additional information on doula enrollment requirements can be found here: Medi-Cal Doula Provider Enrollment Checklist and Doula Services Frequently Asked Questions DHCS.

OHC, Medicare & Coordination of Benefits

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A reoccurring barrier affecting pregnant members who are eligible for the Medi-Cal doula benefit but also have commercial insurance as their primary coverage. Under current coordination of benefits requirements, doulas must first bill the member's primary commercial insurance before Medi-Cal can be billed as the secondary payer. However, many commercial health plans do not currently offer a doula benefit, do not recognize doula providers, or have no billing codes or reimbursement process available for doula services. As a result, providers are often unable to submit a claim or receive a formal denial because there is no established billing pathway.	Federal and State law requires that Medi-Cal is the payer of last resort. When a Medi-Cal member has other health coverage (OHC) including private insurance, Medicare, or other third parties, providers and plans must first attempt to bill those sources, before Medi-Cal can consider payment. If the OHC does not cover doula services, providers can submit either an Explanation of Benefits (EOB) showing non-coverage or a denial of services (in whole or in part), even if the denial stems from the insurer not having applicable doula codes or processes. Medi-Cal's current OHC policy is outlined in the Medi-Cal Provider Manual.
A barrier that has been devastating to me has been billing a primary insurance plan. There's no one at those plans to help non-contracted doulas, and they won't send a denial. Without a denial, we can't bill our MCP, so a lot of money has been lost because these big companies won't give us what we need to move to the next step.	Providers can submit an EOB showing non-coverage by the OHC in the event the provider is unable to obtain a denial. Here is additional information for providers on resources for billing and claiming issues: Medi-Cal FFS and MCP Provider Compliant Pathways

Managed Care

Question	Answer
Will there be a transparent display or dashboard to show the amount of contracts and payments being processed vs in-process?	DHCS will evaluate this request along with the associated resources and available data to determine what information would be most valuable to members and stakeholders to display and update on a routine basis. Doula Directory DHCS
For Kaiser can you tell us the best and/or most expedient way for our clients to get the 9 additional postpartum recommendation form signed?	Kaiser Permanente Medi-Cal members may request up to nine additional postpartum doula visits by contacting their physician or care team, who can complete the standard Medi-Cal Doula Services Recommendation: Additional Postpartum Visits form. The form can be documented in the member's medical record by the recommending licensed provider, or a member can give the completed form to the doula.
How are you envisioning a cohesive rollout of providers and facilities working more closely with doulas, especially with doulas not meeting similar reporting and data requirements?	DHCS' released Medi-Cal Doula Services Best Practices Guide, which provides recommendations encouraging collaborative partnerships with MCPs, health care facilities including clinics and hospitals. DHCS actively works with MCPs and doula stakeholders to identify and remediate where possible, issues which may impact the utilization of the Medi-Cal doula benefit.

Question	Answer
Some plans still are making internal mistakes when denying payments. How is DHCS ensuring that the plans are handling our billing correctly and that the plans stop making these mistakes? One plan owes payments that were wrongly denied from over a year ago. This kind of experience pushes Doulas to join billing groups that take a large percentage of our pay; but some doulas feel like they don't have an option to bill themselves because we don't have the ability to be heard by the plan.	DHCS works in close partnership with doula partners and MCPs to address concerns that are elevated relative to reimbursement. The following resource released by DHCS in August 2026, illustrates steps providers can take to resolve billing and claim issues in both FFS and MCP: Medi-Cal FFS and MCP Provider Compliant Pathways
LOAs are now being denied more. MCPs are telling doulas to refer to an already contracted doula.	DHCS is currently updating the doula services APL to provide further guidance for MCPs related to Letters of Agreement (LOA). The Medi-Cal Doula Services: Best Practices Guide includes recommendations for MCPs specific to LOAs.
Is it possible for MCP's to hire community doulas to help them shape their credentialing process?	DHCS is not involved in the relationships between MCPs and their network providers (or providers contracted via LOA/LOI). DHCS strongly encourages doulas to reach out to individual MCP to discuss opportunities in this space.
How can we ask and ensure all MCPs will update their websites to show all doula services, not just birth and postpartum services? Leaving out abortion and miscarriage support is a disservice to the communities. Also, we need to use common language that people understand such as abortion and miscarriage, not necessarily phrases as "end of a pregnancy".	DHCS recognizes how critical it is for Medi-Cal members to have clear, accurate, and complete information about the full scope of Medi-Cal doula services, including support related to abortion care and miscarriage. Medi-Cal Managed Care Plans (MCPs) are contractually required to inform members of all medically necessary covered services they provide. DHCS oversees MCP compliance through established monitoring processes,

Question	Answer
	including review of beneficiary-informing materials and MCP deliverables. While MCPs must ensure their member materials reflect all covered Medi-Cal services, the specific formatting and website content may vary by plan.
What best practices have been most successful in developing sustainable contracts and collaborative partnerships between Medi-Cal Doula Providers and hospitals, and what proactive pathways have proven effective for resolving concerns before they escalate to grievances, appeals, or disruptions in patient care?	All facilities Letter AFL 25-13 released by California Department of Public Health (CDPH) provided guidance to hospitals about the benefits of doula support and included recommendations to accommodate Doula services to foster a doula-friendly environment within the facilities. Additionally, the published Medi-Cal Doula Services Best Practices Guide supports partnerships between doula providers and hospitals to help mitigate challenges for members.
What about MCPs who offered services and then after services were provided to patients they refused to pay? How does DHCS help to mitigate these issues and how does DHCS plan to provide support to the doulas who have incurred significant financial losses due to MCPs not paying out?	DHCS works in close partnership with doula partners and MCPs to address concerns that are elevated relative to reimbursement. DHCS will be releasing an updated APL that provides clarification to MCPs regarding LOAs which support the doula providers ability to receive reimbursement for services in they are not contracted with the MCP. For Doula providers contracted or those with an LOA that need further assistance with reimbursement, the Medi-Cal FFS and MCP Provider Compliant Pathways provides step by step instructions.

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So should we not have to apply for a CAQH number as being required to do so for MCPs? It's quite a cumbersome process as we do not necessarily have the certificates they ask for. Is there a way to bypass this requirement? I had to apply for one but it still doesn't make sense to have one.	Per APL 22-013, MCPs may delegate their authority to perform credentialing reviews to a professional credentialing verification organization. CAQH is an alliance of health plans and trade associations that streamline administrative and credentialing processes between healthcare providers and insurance companies.
Why are MCPs turning away doulas applying to contract as a provider with their plan?	As part of their network, MCPs must ensure and monitor sufficient provider networks within their service areas, including doulas, to achieve timely access to Medi-Cal covered services as outlined in APL 25-006. To support a sufficient doula Network, MCPs must make contracting available to both individual doulas and doula groups and work with their network hospitals/birthing centers to ensure there are no barriers to accessing these providers when accompanying members for prenatal visits, labor and delivery support, and postpartum visits regardless of outcome (stillbirth, abortion, miscarriage, live birth). DHCS is in the process of updating the doula APL and will also address this topic through comprehensive, detailed guidance.