DOULA RECOMMENDATIONS

Draft Recommendations	Workgroup Input/Edits	DHCS Comments
Recommendations for DHCS		
Recommendation 1.1 **DHCS should update the All-Plan Letter (APL) for doulas with clear, enforceable guidelines for MCP and follow-up with non-compliant plans.** The APL should include information about the following: » Timely and Accurate Payments, including communication to contracted doulas to resolve denied or delayed payments; contact information for MCP personnel who can respond to reimbursement issues; and requirements for training doulas on submitting clean claims » Streamlined credentialing and	The APL should include the appropriate Corrective Action Plans that will enforce the correct remedy for any non-compliance issues. APLs should include language on how MCPs should implement Letters of Agreement (LOA) and the approval of additional series of postpartum visits. Doulas should also be able to contract with MCPs either as individual doulas or as part of doula groups or collectives. (Adding this because I have heard from at least one doula that she was restricted from contracting through LA Care because she was part of a doula group, though I'm not sure if this was an anomaly.)	APLs provide guidance to plans on how to implement benefits and are not the appropriate venue to discuss one of the potential levers of enforcement DHCS may use to plans that are not compliant with state and federal statutes and DHCS requirements. LOA are a plan option that allows providers to receive reimbursement prior to entering a contract. DHCS can update the APL regarding medical necessity criteria (requested by the member) for additional postpartum visits. Please share the specifics of this incident with DHCS at DoulaBenefit@dhcs.ca.gov so that we can investigate.

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contracting processes to eliminate redundancies that increase administrative burdens on doulas » Transparency and communication – MCPs should publish and maintain accurate information on provider portals, including contact information and number of doulas contracted with the plan.	DHCS should update the All-Plan Letter with clear, enforceable guidelines for MCP and follow-up with non-compliant plans. The APL should include information about the following: Timely and Accurate Payments, including communication to contracted doulas to resolve denied or delayed payments; contact information for MCP personnel who can respond to reimbursement issues; and requirements for training doulas on submitting clean claims, the transparent processes for doula providers to make complaints and access due process for payment issues	Much of this information already part of APL 23-024 – Doula Services. MCPs must make payments in compliance with the clean claims requirements and timeframes outlined in the MCP Contract and Timely Payments APL (APL 23-020). Timely and accurate payment requirements are part of DHCS' contract with plans. Please see separate recommendations regarding contact information.
Recommendation 1.2 (New) **DHCS should form a new doula stakeholder workgroup to continue to work with stakeholders on their concerns to monitor**	Managed Care Plans should report on how many doulas enrolled to offer services and how many members those doulas have served, within a recurring timeframe detailing any challenges, and plans to resolve them.	This new recommendation is primarily in response to a number of requests for transparency in plan actions and in acknowledgement of the need to continue to work together to resolve issues for which are we are currently working. Information on doulas contracting with plans,

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implementation of recommendations. The new workgroup would share commendations and best practices with stakeholders, including plans and hospitals. The workgroup would meet for two years and then be evaluated if it would continue to meet.	Maintain a version of the stakeholder workgroup because it works. Do another report in 3-5 years.	data on utilization, and resolving challenges can be part of the workgroup's efforts. While DHCS will continue to monitor doula utilization, an additional report would require appropriation from the legislature.
Recommendation 1.3 (New) **DHCS should clarify its policy regarding doula services after unconfirmed pregnancies that ended in miscarriage or abortion.**	This recommendation stems from the research by Dr. Marshall's team.	DHCS will evaluate this recommendation. To address concerns for fraud, services provided after pregnancy rely upon confirmation of pregnancy in case of an audit. Pregnancies that ended in abortion can be confirmed by the claim for abortion services, even if the pregnancy was not documented prior to abortion.
Recommendation 1.4 (New) **DHCS should work with stakeholders to develop and distribute a new Frequently Asked Questions on DHCS'**	Managed Care Plans must provide better responsiveness to provider complaints and better transparency and support for payments, payment delays and denials.	This FAQ would be geared toward doulas and be published in addition to information about the dispute resolution process for plans in APL 23-020).

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about the dispute resolution process and other options available to doulas to when there is a dispute over payment.	These must include: » Timely processing of clean claims » Reimbursements at current rates » Informing doulas of any interest they are entitled to due to payment delays and paying that as well » Providing access to dedicated personnel that can assist doula providers in correcting a denied claim Citing the processes for corrective action for doula providers and members in a transparent and easily accessible manner.	
Recommendation 1.5 (Revised): **DHCS should work with plan associations and managed care plans to make up-to-date contact information for MCPs easily available regarding contracting and credentialling process,**	I agree with this request however it is difficult to post specific emails online. We have a general email or link that leads directly to the main doula contracting contact. Managed care plans should be required to keep this updated every six months (i.e. to check to make sure the contact info is accurate and working).	*Original draft recommendation:* Best practice: Managed care plans should update contact information (phone and email) for staff with the plan with whom doulas may contact regarding claims and contracting on a monthly basis and post the information online for ease of access. DHCS is working with plan associations on best way to

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reimbursement, and claim denials.	Provider Payment Complaints – require MCPs to create and publish on websites and/or other public sources the transparent processes for doula providers to make complaints and access due process for payment issues	provide up-to-date contact information to enrolled doulas and will make this information available prior to publication of the report. Since discussions are ongoing for the best way to distribute this information, we did not include that in the recommendation.
Recommendations for Hospitals		
Recommendation 2.1 (Revised): **Best practice: Hospitals should create admission policies with doulas that treats doulas as part of the care team and does not count doulas toward the number of visitors that patients are allowed for access to Labor & Delivery, triage, and hospitals. Hospitals should share this information with all staff with whom pregnant and postpartum individuals and**	Whereas doulas are a part of the hospital member's care team and not visitors, hospitals should create a doula (or doula team)-specific policy so that members have access to doulas when entering hospital, triage, and labor and delivery (including the OR for c-sections). The hospital should be required to share this information with all staff with whom pregnant and postpartum individuals and doulas come in contact. Note: It has been established that doulas re not visitors. No proof should be asked for if the member states that this is their doula.	*Original draft recommendation:* Best practice: Hospitals should create a doula-specific visiting policy so that members have access to doulas in Labor & Delivery, triage, and hospitals, and share this information with hospital staff with whom pregnant and postpartum individuals and doulas come in contact.

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doulas come in contact.	Doulas being a vital part of the member's care team and not visitors, hospitals should create a doula (or doula team)-specific policy so that members have access to doulas when entering hospitals, triage, and Labor & Delivery (including the OR for C-sections). The hospital should be required to share this information with all staff with whom pregnant and postpartum individuals and doulas come in contact. Policies should state that doulas are distinct from "visitors," and should not count towards the patient's total number of allowed "visitors." The way this is written gives too much power to the hospitals. They are but one party to policy creation. Hospitals should join perinatal coalitions and partner organizations including doulas and best practices documents from interdisciplinary teams to collaborate in creating	

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	doula specific policy (not visiting as they are not visitors and are part of the birth team) and ensure health plan members access to their doulas at all intrapartum points of care. Centering the birthing person for health plans moves this into more appropriate alignment with the purpose of the benefit-centering birthing people through advocacy and support. Absolutely, and specify that hospitals cannot make doulas get credentialed to be able to come in. They should also not count as a visitor so that patients do not have to choose between partner or other support person and doula. I would also recommend that health and safety concerns in each individual situation permitted, hospitals also consider allowing doulas in the room for cesarean births as well.	

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Recommendation 2.2 (New) **Best Practices: Hospitals should adopt and share best practices that support the integration of doulas into maternity care settings.**		This recommendation stems from the research by Dr. Marshall's team.
Recommendations for Managed Care Plans		
Recommendation 3.1 (Revised) **Best practice: Managed care plans should work with doulas and plan associations to create doula-specific contracts to simplify and speed up the process for doulas to contract with plans. Plans are also encouraged to share best practices regarding onboarding and technical assistance for contracting.**	Ensure doula voice in the creations of such contracts. I think that it should be open HOW the health plan makes it easier for the doulas, not specifying that they create specific contracts. The bigger barrier is the additional credentialing being required by plans. Managed care plans should create doula-specific contracts to simplify and speed up the process for doulas to contract with plans.	DHCS comment: Plan contracting and credentialing are separate processes. Credentialing is a federal requirement to ensure qualified providers. Please see Frequently Asked Questions for Doulas – Managed Care Plans and APL 22-013 – Provider Credentialling/Recredentialling and Screening/Enrollment.

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	Streamline the credentialing and contracting processes to eliminate redundancies that increase administrative burdens on doulas.	
Recommendation 3.2 (Revised): **Best practice: Each managed care plan should make training tailored for doulas easily available on how to submit a clean claim. Plans are encouraged to revisit training series requirements for applicable participation by doulas, including review of denied claims to tailor their trainings.**	These trainings should be tailored to non-licensed providers, specifically (e.g., doulas, CHWs). Doulas should not be invited to existing trainings for physician office staff. MCPs should track and analyze their rejected claims by doula provider type and craft their training accordingly.	*Original draft recommendation:* Best practice: Each managed care plan should make training easily available on how to submit a clean claim. See APL 23-020: Requirements for Timely Payment of Claims. Report recommendations are specific to doulas; CHWs do not submit claims.
Recommendation 3.3 **For increased responsiveness, managed care plans should designate staff who can serve as contacts to assist doulas with questions regarding**	Managed Care Plans must provide better responsiveness to provider complaints and better transparency and support for payments, payment delays & denials These must include: Timely processing of clean claims	This recommendation supports recommendation 1.5 regarding doulas being able to contact plans for assistance as providers.

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contracting, credentialling, reimbursement, and denied claims in a timely manner.	Reimbursements at current rates Informing doulas of any interest they are entitled to due to payment delays and paying that as well Providing access to dedicated personnel that can assist doula providers in correcting a denied claim Citing the processes for corrective action for doula providers and members in a transparent and easily accessible manner. (most Important)	
Recommendation 3.4 **Best Practice: Managed care plans should not require doulas to resubmit the same documentation for credentialing process that they submitted to DHCS to enroll through Provider Application and Validation for Enrollment (PAVE). Plans are encouraged to share**	100% agree Managed care plans should accept DHCS' provider enrollment for the credentialing process without requiring doulas to resubmit the same documentation they submitted to DHCS to enroll. Not just "streamlined credentialing" - the recommendation should explicitly direct MCPs to rely on PAVE enrollment as proof of credentialing (it is	Plans may have additional requirements as part of the federally required credentialing process. Credentialing is federal requirement that is separate from PAVE enrollment requirements. See APL 23-020:

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	comprehensive so no additional documentation should be required of doulas, who are not medical professionals).	Requirements for Timely Payment of Claims.
Recommendation 3.5 (New) **Best Practice: Managed Care Plans with high doula benefit utilization should share best practices with other MCPs for connecting members with doulas.**		This recommendation stems from the research by Dr. Marshall's team.
Recommendations for the State Legislature		
Recommendation 4.1 (Revised): **The state legislature should authorize funding for grants to organizations, including community-based organizations, for training individuals to become doulas and submit claims to increase capacity in**	Legislature should authorize funding to Community Based Organizations that support the doula workforce, for capacity and infrastructure building to ensure stability for the workforce to deliver the benefit. Community Based Organizations should be designated to receive the grant for distribution and create an equitable process that doesn't leave out the	*Original draft recommendation:* The state legislature should authorize funding for grants to community-based organizations for training individuals to become doulas in geographic areas with fewer doulas and for populations with greatest health disparities.

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geographic areas with fewer doulas and for populations with greatest health disparities.	most vulnerable or least experienced orgs. It may be better to provide ongoing support (similar to CalHealthCares ongoing support for providers who are willing to practice in underserved regions) instead of a start-up grant.	» Who will be designated to distribute grants? » What will grants be based upon?
Recommendation 4.2 (New) **The legislature should authorize funding for DHCS to create a web-based doula directory on its website that is user-friendly and can be sorted by language, county, managed care plan, and specialties.**		This recommendation stems from the research by Dr. Marshall's team. Although DHCS posts the directory in Excel so that it can be sorted, and a pdf version, it does not have funding to create a web-based, user-friendly version that collects and displays information about doulas that stakeholders have requested.
Additional comments for which DHCS is not proposing new recommendations		
5.1 **DHCS should not require a National Provider Identification number for doulas**	DHCS should adopt CHW benefit enrollment options, allowing doulas to enroll under group or individual NPI - thereby making this benefit more accessible to especially vulnerable	DHCS update the FAQ to address this point. State and federal law require all Medicaid providers to provide a Social Security Number (SSN) to enroll, and DHCS requires an NPI from each provider who enrolls as

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who enroll as part of a doula group.	migrant community members. (Very Important)	either an individual or part of a doula group. Consequently, DHCS is not able to comply with this request. Please see the Frequently Asked Questions for enrollment regarding requirement for a SSN for enrollment. CHWs do not enroll as providers and must be supervised by an enrolled provider who submits claims for services provided by CHWs.
5.2 **Commercial plans should be required to document when they do not cover doula services to assist plans with processing claims for doula services provided to Medi-Cal members who also have other health coverage.**	Doulas in our network are having a hard time when their client is a Medi-Cal beneficiary as secondary insurance. The MCP regulations require we are the payer of last resort which requires that doulas submit a denial or explanation of benefits that describes the limits to their doula services through the commercial plans. This is standard for all other secondary insurance claims. Who or how can commercial insurance be held accountable to	Recommendations to commercial insurers are outside the scope of this report concerning a Medi-Cal benefit.

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	document their denial, or limited doula benefits so that MCPs can remain compliant with ensuring that we are the payer of last resort when a person has commercial insurance as a primary and Medi-Cal as secondary?	