

# Doula Stakeholder Implementation Workgroup

# Agenda

- » Doula Benefits Overview
- » General updates & Discussion
- » Serving Medi-Cal Fee-for-Service Members
- » Serving Medi-Cal Managed Care Members
  - Overview
  - Enrollment
  - Credentialing
  - Contracting
- » Ongoing Strategies for Reducing Administrative Barriers for Doulas
- » Break
- » Stakeholder Engagement Updates
- » Doula Medi-Cal Feedback Form
- » Requested data updates
  - Enrollment
  - Medi-Cal Managed Care Plan Contracts
  - Doulas by service area
  - Doulas by ethnicity
  - Doulas by Primary Language Spoken
- » Next steps and closing

# General Updates

# What's Covered?

- » DHCS' standing recommendation for services authorizes all of the following:
  - One initial, extended visit.
  - Up to eight additional visits that may be provided in any combination of prenatal and postpartum visits.
  - Support during labor and delivery (including stillbirth), abortion, or miscarriage.
  - Up to two extended three-hour postpartum visits after the end of a pregnancy.
- » Up to nine additional postpartum visits with an additional recommendation from a physician or other licensed provider.

# Delivery of Doula Services via Telehealth

- » Doulas may provide all services via synchronous telehealth when appropriate:
  - **Audio-visual:** Real-time interactions with a Medi-Cal member through a secure, audio-visual platform.
    - **Modifier 95:** Synchronous audio-visual (video)
  - **Audio-only:** Real-time interactions with a Medi-Cal member through a secure telehealth line.
    - **Modifier 93:** Synchronous audio-only (telephone)
- » Medi-Cal does not reimburse for services provided via text, email, or chat.
- » Doulas must obtain verbal or written consent from Medi-Cal members.
- » Requirements are outlined in the [Medicine: Telehealth](#) Provider Manual.

# Additional Codes Required on Doula Claims

- » For all doula claims with dates of service **on or after November 1, 2024**, doulas will need to include additional codes on their claims for reimbursement due to federal requirements.
- » This applies in both Medi-Cal fee-for-service and managed care delivery systems.
- » DHCS created a doula billing code crosswalk to help provide guidance to doulas submitting claims for covered doula services provided to Medi-Cal members.
  - The crosswalk describes which billing codes (CPT or HCPCS codes) may be used with which specific diagnosis codes (ICD-10 codes) on claims.
  - Most billing codes can be billed with one of several diagnosis codes, so doulas can select whichever one they think is most appropriate from the list for that code.

# Additional Codes Required on Doula Claims (Cont.)

- » Under Medi-Cal's doula policy, the diagnosis codes are used only to describe/identify what occurred at the service.
  - They are not being used for medical and/or diagnostic purposes.
  - The diagnosis codes selected for doulas are for use by non-licensed health care practitioners.
  - The descriptions provided on the crosswalk come from the American Medical Association and DHCS is not allowed to modify them.

# Additional Codes Required on Doula Claims (Cont.)

- » Since diagnosis codes are a federal requirement, claims without a diagnosis code will be denied payment.
- » If a doula receives a claim denial and do not understand the basis for the denial, they should:
  - Contact the member's MCP for guidance if the Medi-Cal member has managed care
  - Contact the Telephone Service Centers at 1-800-541-5555 if the Medi-Cal member has FFS
  - Reach out to DHCS directly via email at [DoulaBenefit@dhcs.ca.gov](mailto:DoulaBenefit@dhcs.ca.gov) if you have questions or need assistance.



		Doula Billing Code Crosswalk		
Billing Code*	Billing Code Service Description+	Diagnosis Code(s) <sup>1</sup>	Diagnosis Code Service Description(s) <sup>2</sup>	Additional Guidance <sup>3</sup>
HCPCS code Z1032	Extended Initial visit	Z32.2 (prenatal)	Encounter for childbirth instruction	Any one of the four diagnosis codes can be used with HCPCS code Z1032. Please note that the initial visit can be either prenatal or postpartum.
		Z32.3 (prenatal)	Encounter for childcare instruction	
		Z39.1 (postpartum)	Encounter for care and examination of lactating mother	
		Z39.2 (postpartum)	Encounter for routine postpartum follow-up	
HCPCS code Z1034	Prenatal Visit	Z32.2	Encounter for childbirth instruction	Either diagnosis code can be used with HCPCS code Z1034.
		Z32.3	Childcare instruction	
CPT code 59409	Vaginal Delivery	Z33.1	Pregnant state, incremental	Either diagnosis code can be used with CPT code 59409. Please note that diagnosis code Z39.0 is intended to be used after delivery.
		Z39.0	Encounter for care and examination of mother immediately after delivery	
CPT code 59612	Vaginal delivery after cesarean delivery	Z33.1	Pregnant state, incremental	Either diagnosis code can be used with CPT code 59612. Please note that diagnosis code Z39.0 is intended to be used after delivery.
		Z39.0	Encounter for care and examination of mother immediately after delivery	
CPT code 59620	Cesarean Delivery	Z33.1	Pregnant state, incremental	Either diagnosis code can be used with CPT code 59620. Please note that diagnosis code Z39.0 is intended to be used after delivery.
		Z39.0	Encounter for care and examination of mother immediately after delivery	
CPT code 59840	Abortion	Z33.1	Pregnant state, incremental	Only diagnosis code Z33.1 should be used with CPT code 59840.
HCPCS code T1033	Miscarriage	Z33.1	Pregnant state, incremental	Only diagnosis code Z33.1 should be used with HCPCS code T1033.
HCPCS code Z1038	Postpartum visit	Z39.0	Encounter for care and examination of mother immediately after delivery	Any of the three diagnosis codes can be used with HCPCS code Z1038. Please note that diagnosis code Z39.0 is intended to be used after delivery.
		Z39.1	Encounter for care and examination of lactating mother	
		Z39.2	Encounter for routine postpartum follow-up	
HCPCS code T1032	Postpartum Extended Visit	Z39.0	Encounter for care and examination of mother immediately after delivery	Any of the three diagnosis codes can be used with HCPCS code T1032. Please note that diagnosis code Z39.0 is intended to be used after delivery.
		Z39.1	Encounter for care and examination of lactating mother	
		Z39.2	Encounter for routine postpartum follow-up	

# Frequently Asked Question (FAQ) Updates

- » DHCS has updated the doula webpage and FAQs, including creating several new FAQ documents that should be easier for doulas and Medi-Cal members to understand and navigate:
  - General Information
  - Provider Enrollment
  - Reimbursement
  - Medi-Cal Managed Care Plans
  - Hospitals
- » This information is available on DHCS' [Doula Services](#) website.

# Process for Serving Medi-Cal Members

# Serving Medi-Cal Fee-For-Service Members

- » There is **one (1) step** that doulas must do before Medi-Cal can pay doulas for services provided to Medi-Cal Fee-for-Service (FFS) members, which is required by various state and federal laws as well as DHCS policy:
  - Doulas must submit a complete enrollment application through the Provider Application and Validation for Enrollment (PAVE) portal to be approved as a Medi-Cal provider.
- » DHCS has created a [Provider Enrollment Checklist](#) to assist doulas to prepare to submit their application.

# Provider Enrollment Checklist

- » This checklist helps doulas determine what documents they will need to upload as part of their PAVE application, depending on how they are enrolling (e.g., individual versus group, etc.) and what county(ies) they will provide services.
  - Section A identifies ***mandatory*** documentation to be submitted as part of PAVE applications.
  - Section B identifies ***potential*** additional documentation that may be required based upon additional city, county, and/or state requirements to operate a business in California. Note: Typically, section B will only apply if enrolling as a doula group, but please review carefully to confirm.

# Serving Medi-Cal Managed Care Members: Overview

- » There are **three (3) steps** that doulas must do for managed care plans (MCPs) to pay doulas for services provided to Medi-Cal managed care members. These steps are required by various state and federal laws as well as DHCS policy.
  1. Doulas must first enroll and be approved as a Medi-Cal provider through the Provider Application and Validation for Enrollment (PAVE) portal. Doulas also need to meet state and local business requirements prior to submitting their application. .
  2. Doulas must satisfy Medi-Cal MCP's credentialing requirements. This is a federal requirement for Medi-Cal MCPs to ensure the integrity of their provider networks.
  3. Doulas will need to apply and enter into a contract with each individual Medi-Cal MCP in which they wish to serve Medi-Cal managed care members.

# Serving Medi-Cal Managed Care Members: Enrollment

- » Pursuant to [All Plan Letter \(APL\) #22-013](#) and federal requirements, all Medi-Cal MCPs are required to enroll all network providers, including doulas.
  - Almost all Medi-Cal MCPs direct doulas to DHCS to enroll through the PAVE system.
- » Medi-Cal MCPs cannot impose additional Medi-Cal enrollment requirements on doulas.
- » Federal law places additional requirements on MCPs for all their network providers that are separate and distinct from Medi-Cal enrollment requirements.

# Serving Medi-Cal Managed Care Members: Credentialing

- » As described in [All Plan Letter \(APL\) #22-013](#), all Medi-Cal MCPs are required to “credential” all network providers, including doulas.
- » Credentialing means the process of determining a provider or an entity’s professional or technical competence. This may include registration, certification, licensure, and professional association membership to ensure that each network provider is qualified in accordance with current legal, professional, and technical standards.
  - This ensures network providers are appropriately licensed, certified, and/or registered.
  - While DHCS recognizes that doulas are not “licensed, certified, or registered,” this federal requirement for Medi-Cal MCPs to “credential” all providers still applies to doulas.
  - Medi-Cal MCP credentialing policies and processes are listed in each Medi-Cal MCP’s written policies and procedures (P&Ps).



# Serving Medi-Cal Managed Care Members: Contracting

- » "Contracting" refers to the process between Medi-Cal MCPs and individual providers (or provider groups), including doulas, to become network providers.
- » Medi-Cal MCPs develop their own network provider agreements (also known as contracts) consistent with applicable state and federal requirements.
  - Contracts are submitted for separate review and approval to both DHCS and the Department of Managed Health Care (DMHC).
- » DHCS recognizes that most Medi-Cal MCP contracts were developed for licensed providers and that they can be long, complicated, and include provisions that may not be familiar and/or relevant to doulas.

# Serving Medi-Cal Managed Care Members: Contracting (cont.)

- » DHCS does not direct or have oversight of the contracting processes between MCPs and providers.
- » DHCS also acknowledges that while progress is being made in this space through engagement with state associations and individual Medi-Cal MCPs to streamline and simplify Medi-Cal MCP contract process:
  - This is occurring at the individual MCP level
  - There may be variation among MCPs
  - This is a labor-intensive process that takes time. All updated contracts must go through MCP internal reviews as well as external and regulatory reviews.
- » Please see the Frequently Asked Questions document regarding MCPs for next steps if you experience challenges or barriers.

# Ongoing Strategies for Reducing Administrative Barriers

# Ongoing Strategies for Reducing Administrative Barriers for Doulas

- » DHCS – in partnership with our Medi-Cal managed care plan (MCP) associations, including California Association of Health Plans and Local Health Plans of California – are dedicated to the following:
  - Taking steps to ensure DHCS provides clear, consistent guidance to Medi-Cal MCPs around the doula benefit and the expectation that MCPs do not put up unnecessary administrative or other barriers relative to enrollment, credentialing, and/or contracting.
  - Supporting MCPs as they work to create and maintain contracted provider networks that address their communities' unique needs and the MCP's individualized approach to delivering health care and reducing disparities.
  - Streamlining contracting processes, where possible, and providing technical assistance/support to doulas as they navigate Medi-Cal MCP enrollment, credentialing, and contracting processes.

# Ongoing Strategies for Reducing Administrative Barriers for Doulas (Cont.)

- » While DHCS and CAHP/LHPC recognize the urgency in improving Medi-Cal MCP enrollment, credentialing, and contracting processes for doulas, any proposed contract changes must go through multiple levels of internal Medi-Cal MCP review as well as external review by both DHCS and the Department of Managed Health Care (DMHC).
- » Additionally, even once Medi-Cal MCPs receive all necessary internal and external DHCS/DMHC approvals, they will still need time to implement appropriate contract changes.
- » Some Medi-Cal MCP processes, including those related to credentialing, are intended to be robust by design and thus there must be an appropriate balance struck between training/certifying providers and reducing administrative barriers/burdens on providers.

# Ongoing Strategies for Reducing Administrative Barriers for Doulas (Cont.)

- » While Medi-Cal MCPs have taken different approaches on this front to serve their unique communities, many have created doula-specific resources and tools, including but not limited to, the following examples.\* Medi-Cal MCPs are also sharing these resources/tools amongst each other to facilitate greater adoption.
  - Creation of a Doula Recruitment Program
  - Streamlining the contracting processes
  - Launching a doula convening
  - Creating a “Requirements for Doulas” document
  - Publicly posting a Doula Benefit Overview document
  - Developing and publicly posting doula provider resources on Medi-Cal MCP websites and creating email addresses

*\*Note – These examples by CAHP/LHPC and are not meant to be an exhaustive list.*

# Ongoing Strategies for Reducing Administrative Barriers for Doulas (Cont.)

- Collaborating and partnering with County Public Health Departments and community-based organizations (CBOs)
- **Collaborating and partnering with County Public Health Departments and community-based organizations (CBOs)**
- **Releasing a Request for Quotes**
- **Exploring opportunities for increased information**
- **Actively conducting outreach with newly PAVE-approved doulas**
- **Developing and publicly posting a *New Provider Orientation PowerPoint* deck**

**BREAK**



# Stakeholder Engagement Updates

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- » In addition to this Workgroup, DHCS hosts several other regular forums to specifically address the Medi-Cal doula benefit and concerns/issues identified by this Workgroup, through the Doula Feedback Form, and received via email, which include:
  - A **monthly** meeting between DHCS, hospital associations (California Hospital Association, California Association of Public Hospitals, etc.), individual hospitals (e.g., Kaiser), and doulas.
  - A **monthly** meeting between DHCS and the California Association of Health Plans (CAHP) and Local Health Plans of California.

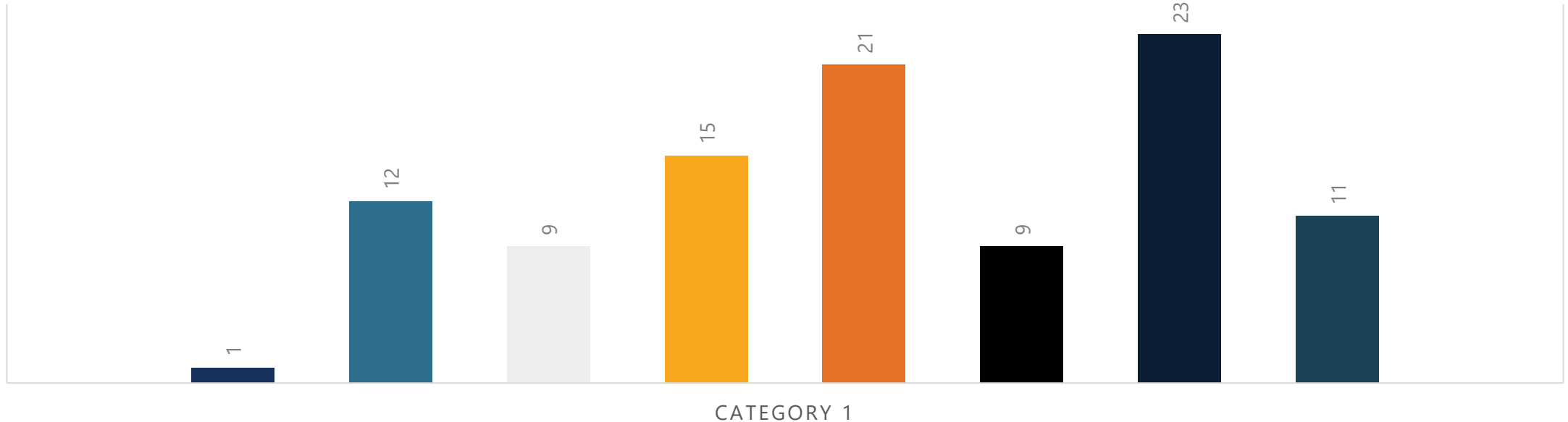
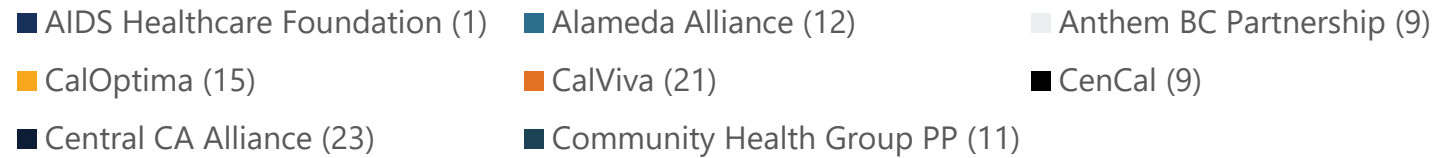
# **Doula Medi-Cal Feedback Form**

# Current Doula Enrollment and Medi-Cal MCP Contract Data

- » As September 2024, **427 individual doulas** and **32 doula groups** have enrolled in Medi-Cal via PAVE.
  - Please note that the 32 group enrollments do not represent additional enrolled individuals. For example, if there is a doula group with three Doulas working together and billing under a common National Provider Identifier (NPI) number, this would be counted as one group enrollment and three individual enrollments.
- » As of July 2024, **21 out of 24** Medi-Cal MCPs have contracted with at least one doula.
  - Relative to those 21 Medi-Cal MCPs, this corresponds to a total of **394 executed contracts** between MCPs and **182 doulas and doula groups** to be network providers.

# Doula Contracting: By plan

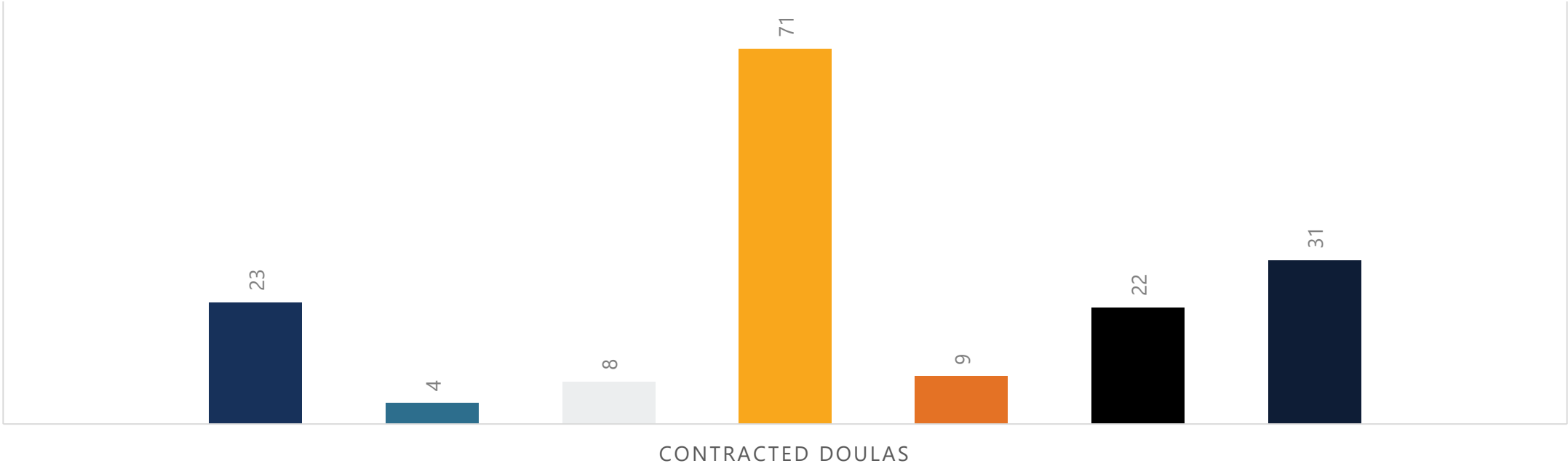
## MCP & DOULA CONTRACTS



# Doula Contracting: By Plan (cont.)

## MCPS & DOULA CONTRACTS

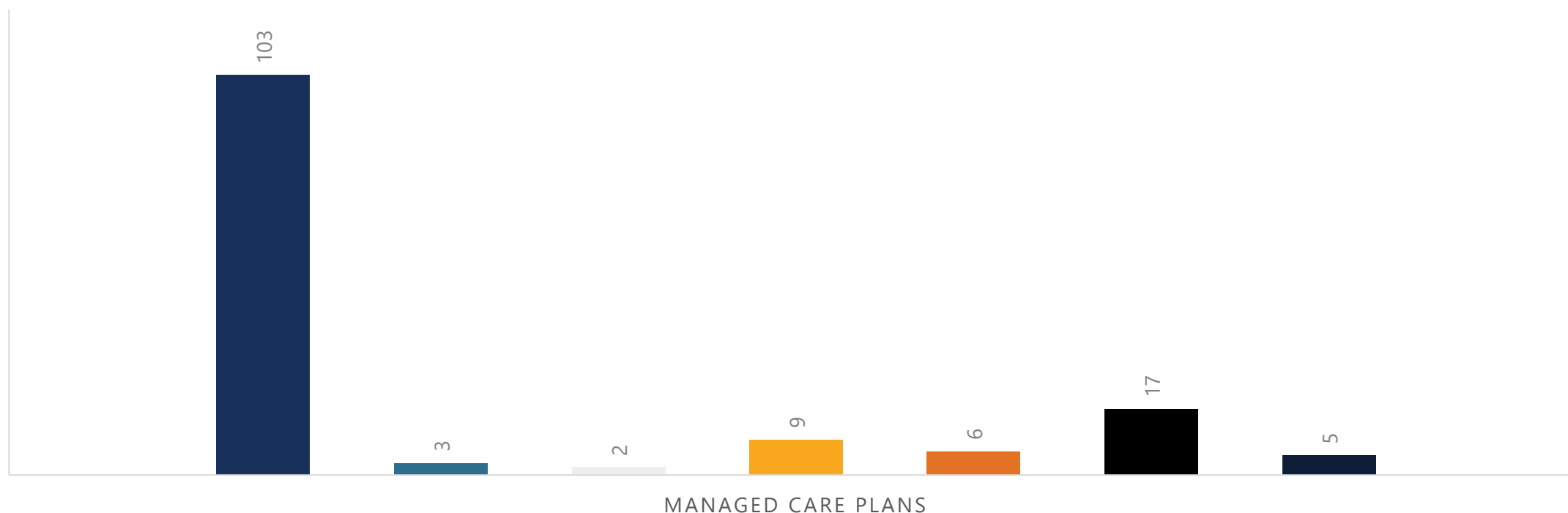
■ Community Health Group/PP ■ Community Health Plan/IV ■ Contra Costa Health ■ Health Net  
■ Health Plan/SJ ■ Health Plan SM ■ Inland Empire



# Doula Contracting: By Plan (cont.)

## MCPS & CONTRACTED DOULAS

■ Kaiser ■ Kern Health ■ LA Care ■ Molina ■ Mountain Valley ■ Partnership HealthPlan ■ SF Health Plan



# Doula Directory: Overview

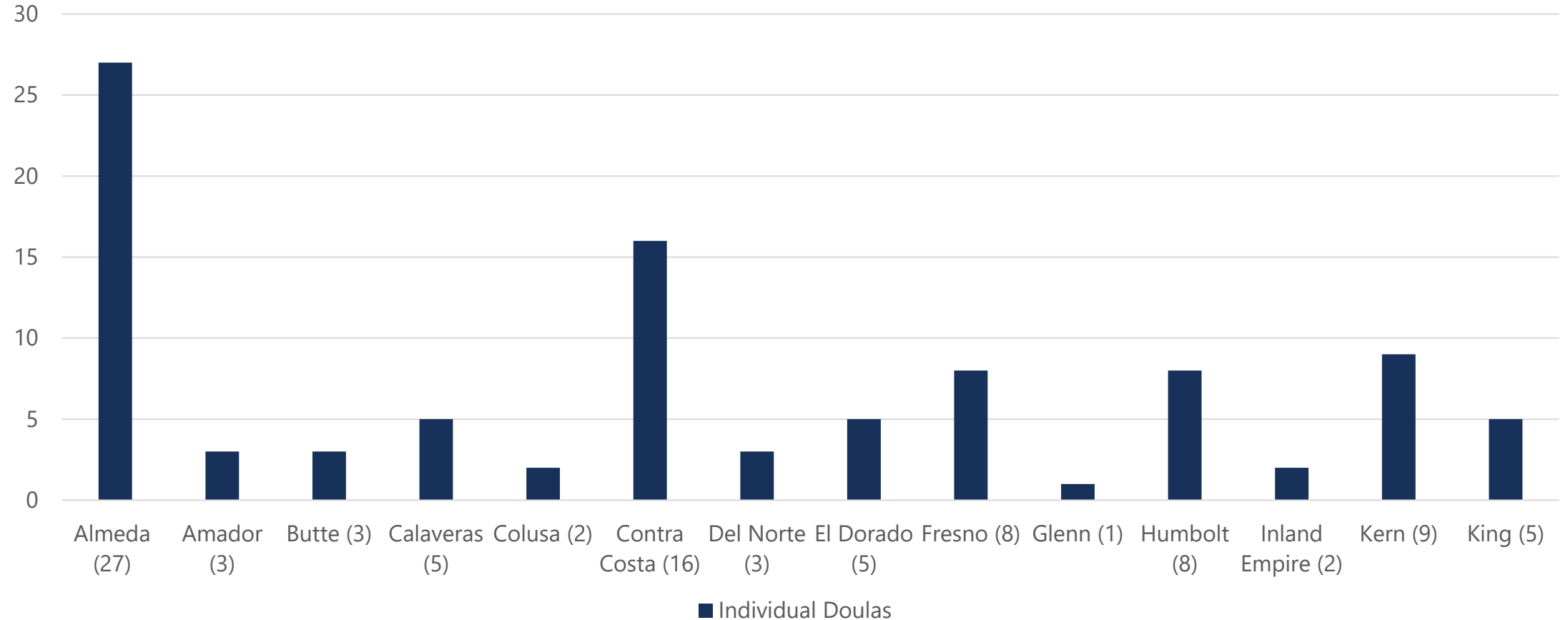
- » Currently, the directory lists enrolled doulas in 55 out of 58 California counties.
  - The 55 counties represent more than 99 percent of the population
  - Only Alpine, Imperial, and Inyo counties do not have any enrolled doulas listed in the directory.
  - Some doulas in the directory serve multiple California counties.



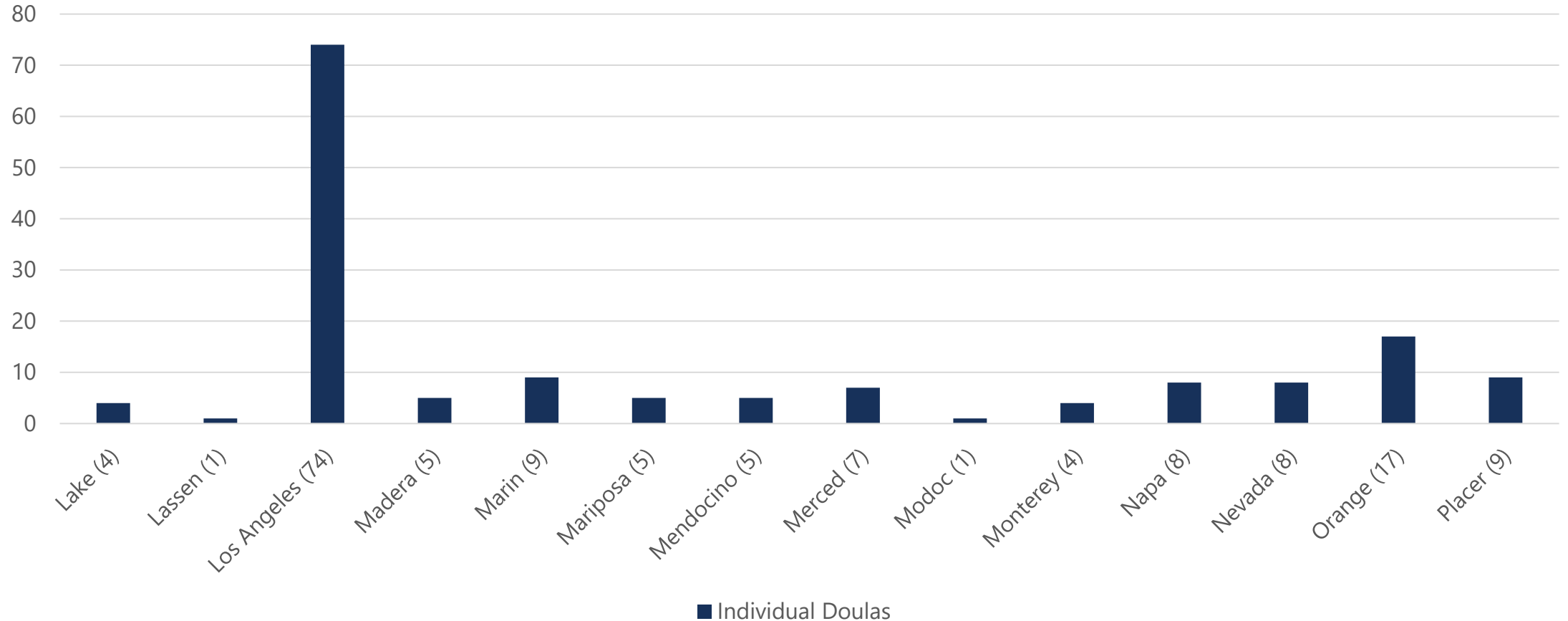
# Doula Directory Process

- » Provider Enrollment Division (PED) sends a list of enrolled doulas to DHCS' Benefits Division (BD) every two weeks.
- » BD then emails each new doula a questionnaire for the directory.
  - Completion of the questionnaire is voluntary.
  - Only doulas who respond to the questionnaire are listed in the directory.
- » Doulas email completed questionnaires to [doulabenefit@dhcs.ca.gov](mailto:doulabenefit@dhcs.ca.gov).
- » BD adds information from the questionnaire to the Doula Directory and post the directory online.
  - Directory is available on the [DHCS Doula Webpage](#).

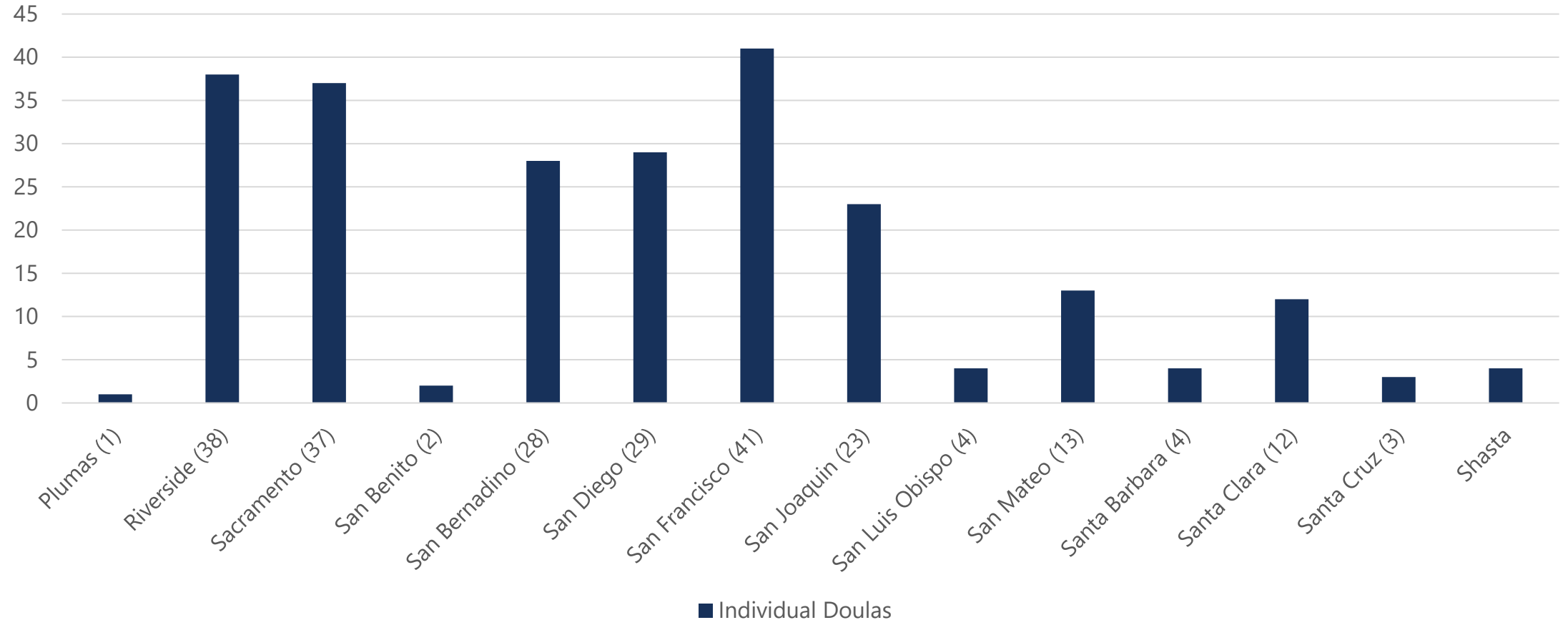
# Doula Directory: Service Area by County



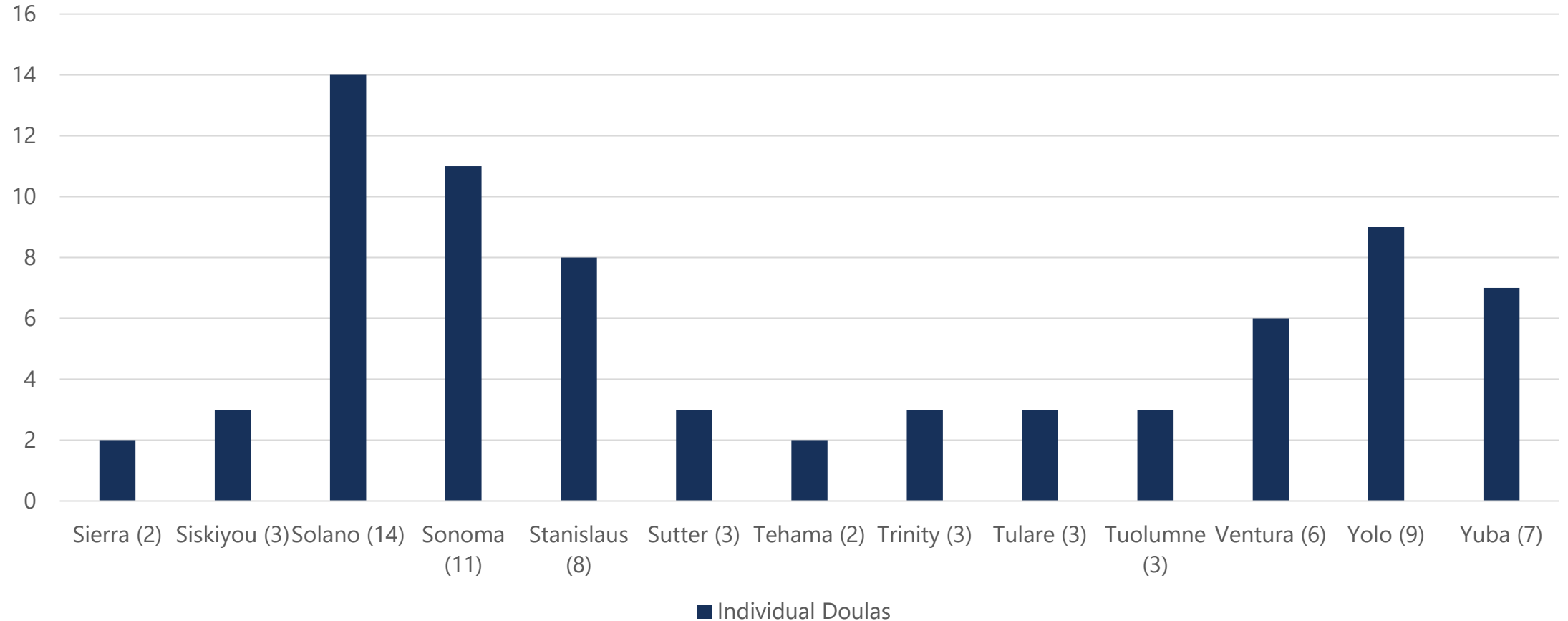
# Doula Directory: Service Area by County (Cont.)



# Doula Directory: Service Area by County (Cont.)

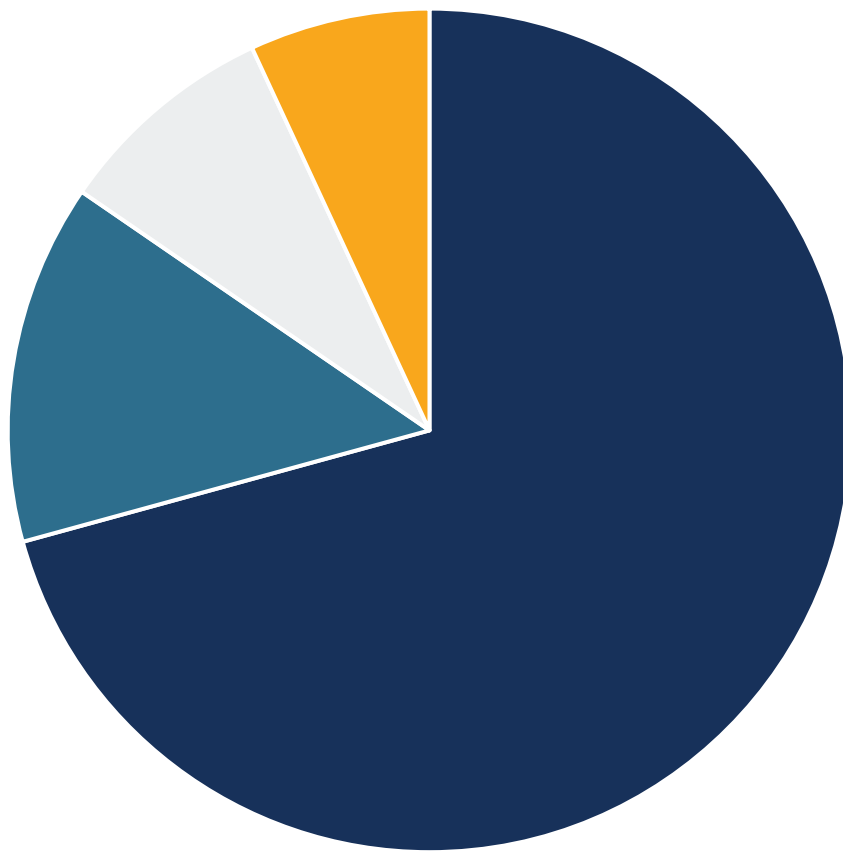


# Doula Directory: Service Area by County (Cont.)



# Doula Directory: Language(s) Spoken

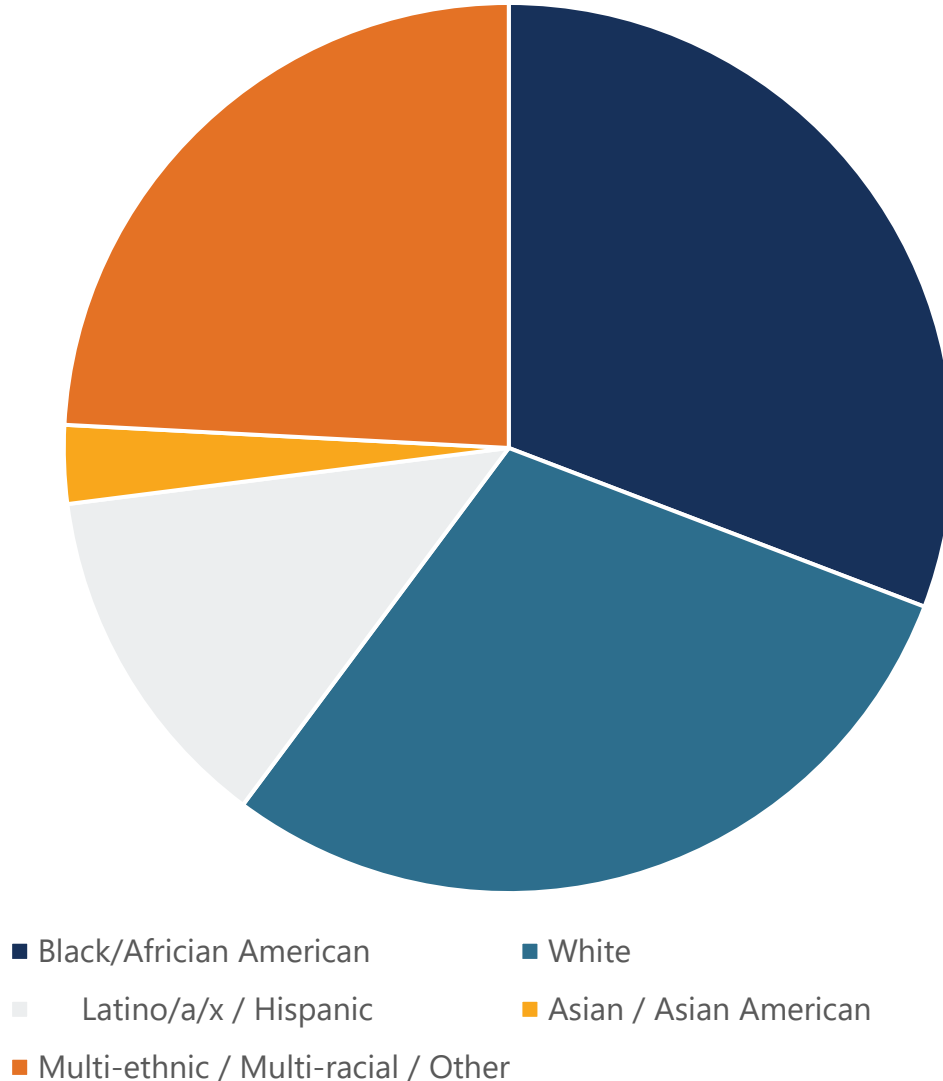
Language(s) Spoken



■ English (99.56%) ■ Spanish (22.91%) ■ Multiple Languages\* (14.1%) ■ Other (11.45%)+

- » The most common bilingual doulas speak English and Spanish.
- » Percentages represent total of all doulas who speak these languages.
- » NOTE: The "other" language category includes up to five doulas who speak the following languages:
  - American Sign Language, Arabic, Chinese, French, German, Hebrew, Hindi, Japanese, Mandarin, Persian, Portuguese, Somali, Telugu, Thai

# Doula Directory: Ethnicity



- » Please note the following:
- This is self-reported ethnicity information.
  - Many doulas reported only one ethnicity.
  - Many doulas reported one or more ethnicities, which are captured in the "Multi-ethnic/Multi-racial/Other."
  - Not all doulas reported ethnicity information.

# Upcoming Stakeholder Meetings

- November 15, 2024, 10 a.m. to 12 p.m., Discuss data elements
- January 10, 2025, 10 a.m. to 12 p.m., Discuss data and recommendations to include in report
- March 14, 2025, 10 a.m. to 12 p.m., Develop recommendations for report
- April 11, 2025, 10 a.m. to 12 p.m., Finalize recommendations, discuss draft report
- May 9, 2025, 10 a.m. to 12 p.m., Discuss final draft of report (draft report will be shared prior to meeting.)

» Dates are posted on the Doula Services Webpage

- <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>



**Questions?**  
**[DoulaBenefit@dhcs.ca.gov](mailto:DoulaBenefit@dhcs.ca.gov)**

