

# Doula Implementation Stakeholder Meeting

DHCS Benefits Division

November 15, 2024

# Instructions for Closed Captioning

- » **Accessing Zoom Controls:** Once in the meeting, locate the Zoom toolbar at the bottom of the screen.
- » **Click on “Closed Captioning”**
- » **View Captions:** Once you've enabled captions, you should start seeing them displayed on the screen as the meeting progresses. Captions will typically appear at the bottom of the Zoom window.

# Workgroup Logistics

- » Workgroup members are the only stakeholders who have the ability to speak during the meeting.
- » All other attendees will be in listen-only mode.
- » All stakeholders can use the chat feature.
- » All stakeholder workgroup meetings are open to the public in listen-only mode.
- » DHCS will review all feedback/comments on discussion topics submitted via email ([DoulaBenefit@dhcs.ca.gov](mailto:DoulaBenefit@dhcs.ca.gov)) and via the chat function.

# Agenda

1	Welcome, Purpose, and Agenda (10 minutes)	DHCS Staff Deitre Epps, CEO, RACE for Equity
2	General Updates and Discussions (15 minutes)	DHCS Staff, RACE for Equity, Workgroup Members
3	Billing and Reimbursement (25 minutes)	DHCS Staff
4	Break (10 minutes)	
5	Preparation for the 2025 Report (35 minutes)	DHCS Staff
6	Q&A (15 minutes)	DHCS Staff, Race for Equity, Workgroup Members
7	Next Steps and Closing (10 minutes)	DHCS Staff, RACE for Equity

# General Updates and Discussion



# Hospital Guidance for Doula Services

- » As part of a dedicated Maternal Health Collaborative that is hosted by Inland Empire Health Plan and includes other health plans, a joint [hospital guidance document for doula services](#) was created.
  - Currently, this document is currently co-branded by HealthNet, Molina, L.A. Care, and Anthem, but the language may be adopted and separately branded by other health plans.
- » Document outlines recommended guidance to hospitals to address patient use of doula services:
  - Hospital policies should reflect that doulas are not “visitors”
  - Establishes expectations in internal policies and trainings as to how hospital staff and doulas should collaborate
  - Hospitals should not restrict the ability of patients to bring their own doulas to hospitals
- » DHCS has posted this guidance to its website and shared it directly with hospital and health plan associations as well as the members of this Workgroup.

# Update: Additional Coding Requirement

- » Additional coding requirements took effect on November 1, 2024.
- » Doulas are encouraged to refer to the billing code crosswalk for guidance in the Provider Manual:
  - The crosswalk identifies which diagnosis codes (ICD-10 codes) must be paired with billing codes (CPT/HCPCS code) on claims.
  - Most billing codes can be billed with one of several diagnosis codes, so doulas can select whichever one they believe is most appropriate.
- » As a reminder, these additional codes are only being used by doulas to describe what occurred during the service billed with the applicable billing (CPT/HCPCS) code. They are not being used for medical and/or diagnostic purposes.

# Doula Provider Density Graphic

- » As a companion resource to the Doula Directory, DHCS has developed an interactive [Doula Density Graphic](#), which:
  - Serves as a resource for members and stakeholders to show where doulas are located by county.
  - Provides a visual representation of the geographic distribution of doulas throughout the State, including highlighting where there may be more doulas available for members.
  - Serves as a tool for DHCS and stakeholders to identify potential areas where there may be a lack of doula participation in Medi-Cal (e.g., “doula deserts”), which can then be used for targeted education and outreach efforts.

# Perinatal Provider Infographic

- » DHCS is developing a perinatal infographic that will explain to members the different maternity care provider types, including doulas, available to them through Medi-Cal.
- » While still in its early stages, the infographic will clearly articulate the following:
  - Providers that can help assist members with their pregnancy and postpartum periods
  - Provider that can delivery babies, either vaginally or via cesarean section (c-section)
  - Other services/supports that may be available to members, including but not limited to maternal nutrition, lactation/breastfeeding support, care coordination, psychosocial support, and health education.
- » DHCS does not yet have a firm date for finalizing this infographic but will keep this Workgroup informed and share once it is available.

# Outreach & Engagement Efforts

- » In response to stakeholder feedback that DHCS needs to conduct more direct outreach to licensed clinical professionals, particularly nurses and doctors who work in hospitals, to help increase access and remove barriers, DHCS has recently done the following:
  - Connected with the California Board of Registered Nursing (BRN). The BRN has asked DHCS to present on Medi-Cal's doula benefit at one of their upcoming Nurse-Midwifery Advisory Committee (NMAC) meetings. Currently, DHCS is planning to meet with the BRN in the coming months to help prepare for presenting at the March 2025 NMAC meeting.
  - Connected with the Medical Board of California (MBC). DHCS offered to present on the Medi-Cal doula benefit at one of their upcoming forums. MBC has acknowledged the request and is discussing internally. DHCS hopes to hear back soon and will proceed accordingly.

# Doula Social Media Campaign

- » DHCS is in the planning stages of working to develop and launch a new social media campaign to promote greater awareness around Medi-Cal's doula benefit.
- » DHCS envisions that the campaign will also include some short video clips that will include BD leadership as well as real Medi-Cal member testimonials about their personal, lived experiences accessing and using doula services.
- » DHCS plans to reach out to our Workgroup members for recommendations on and/or review of proposed content.
- » DHCS does not yet have a firm date for finalizing this social media campaign content but will keep our Workgroup members informed.

# Update: Claim Denials & Gender Override

- » In response to previous stakeholder concerns raised around doulas experiencing denials for claims due to gender, DHCS is:
  - Updating the Doula Provider Manual to clarify that Medi-Cal members of all gender identities are entitled to receive doula services so long as they are medically necessary and meet all other requirements for Medi-Cal coverage.
  - Updating DHCS payment system to ensure fee-for-service doula claims process and pay appropriately regardless of the gender of the Medi-Cal member.
  - Instructing DHCS payment system team to automatically reprocess fee-for-service claims denied for this reason dating back to January 1, 2023.

*For the latest managed care billing, claims, payment policies and procedures, please reach out to the MCPs your members are enrolled in.*

# Billing and Reimbursement



# Discussion on Plans' Timely Payment to Doulas

- » Under Medi-Cal's doula benefit, all of the services authorized with the initial/standing recommendation are standalone services, meaning those services are not "bundled" and doulas can provide some or all of those services and reimbursement would be based upon individual services rendered.
- » Doula may submit claims after providing each service.

# Billing and Payment

**MCPs must provide payment processes for Doula Providers to be able to bill claims/invoices and pay timely.**

## **Payment Processes**

- » MCPs must have a process for Network Providers to submit claims and receive payments electronically, as well as an invoicing process for Network Providers unable to submit electronic claims.
- » MCPs must provide training to Network Providers on their billing protocols.

## **Payment Timeliness**

- » Per [APL 23-020: Requirements for Timely Payments of Claims](#), DHCS expects MCPs to pay clean claims **within 30 calendar days of receipt**.
- » MCPs are highly encouraged to **pay claims and invoices in the same frequency** in which they are received, whether electronic or paper claims.

# Claims Submission Process

Claims submission processes will vary by MCP – the following considerations can help facilitate prompt claims submission and payment:

## Preparing for Claims Submission

- Providers should verify which MCP the member is enrolled in to determine which plan to bill.
- Providers should validate billing codes to ensure appropriate codes are being used.
- Providers must submit all Doula Services claims with the modifier XP appended to the billing code.

## Submitting and Tracking Status of Claims

- Most MCPs offer third-party vendors or clearinghouses at no cost to providers, which may have different submission processes.
- To enable tracking of claims status:
  - MCPs should provide access to provider portals or electronic billing systems.
  - If portal access is not possible for non-contracted providers, MCPs are expected to provide technical assistance/support.

*For the latest managed care billing, claims, and payment policies and procedures, please reach out to the MCPs your Members are enrolled in.*

# Provider Support

MCPs must provide training and communication supports for Doula Providers whose Members who are enrolled in their plan

- » MCPs must ensure that providers have access to the information they need to support the appropriate access to care.
- » MCPs may use provider portals to share the status on claims, referrals, and authorization with contracted providers.
- » If non-contracted providers are not granted portal access, MCPs must ensure they have access to this information through other mechanisms.

# Provider Challenges

If Doulas have been working with the MCP and continue having challenges with a specific MCP, they can reach out to DHCS via email at [DoulaBenefit@dhcs.ca.gov](mailto:DoulaBenefit@dhcs.ca.gov)

- » Please include the following information:
  - Doula Name
  - Doula NPI
  - What counties does the doula provide services?
  - What MCP(s) does the doula have contract(s) with?
  - Name of the MCP(s)
  - Name of any MCP representatives that you spoke to regarding the issue.
  - Please include the email or phone number used to contact the MCP
  - Brief description of the issue; Date(s) associated with the issue
  - Contact information for follow-up (email and phone preferred).

# DHCS November 2024 Medi-Cal Managed Care Plan (MCP) Survey regarding Doula Services

In early November 2024, DHCS released a survey to Medi-Cal MCPs to gather information on progress towards engaging and contracting with Doulas.

## Clean Claims

- How many clean claims have been received?
- How many clean claims have been approved?
- What is the average number of days it takes to pay a clean claim?
- How many clean claims have been contested or denied?
- What are the top three reasons for contested or denied clean claims?

## 2024 Targeted Rate Increase (TRI)

- Whether the MCP has fully implemented the 2024 TRI? (Yes/No)
- If yes, whether the MCP retroactively adjusted payments for services previously provided by Doula Network Providers back to January 1, 2024?

*Survey responses are due by November 22, 2024, and DHCS will use these responses to perform targeted outreach and provide technical assistance if/as needed.*

# Update: Retroactive Targeted Rate Increase (TRI) Payments

- » For dates of service on or after January 1, 2024, Medi-Cal managed care plans (MCPs) must reimburse Network Providers, as defined in APL 19-001 and which includes doulas, at no less than the 2024 TRI rate for specified billing codes as directed by APL 24-007.
- » MCPs must achieve full compliance for payments associated with the TRI, including making retroactive payment adjustments where necessary, by December 31, 2024.
  - To certify that reimbursement levels meet TRI requirements for Sub-Capitated arrangements, all MCPs are required to submit a Sub-Capitated Compliance Attestation to DHCS.
- » For additional questions regarding the TRI, doulas may submit them to DHCS at [targetedrateincreases@dhcs.ca.gov](mailto:targetedrateincreases@dhcs.ca.gov).

**Break**

# Preparation for the 2025 Report



# Doula Benefit Implementation Report: Data Elements

- » Senate Bill 65 requires the DHCS to publish a report by July 1, 2025, that:
  - Addresses the number of Medi-Cal recipients utilizing doula services
  - Compares birth outcomes among people who use doulas and those who do not.
  - Identifies barriers that impede Medi-Cal members' access to doulas
  - Includes recommendations from the workgroup on ways to reduce barriers to services

# Doula Benefit Implementation Report: Data Elements (Cont.)

- » Number of members utilizing doula services between January 2023 – June 2024
  - By race, ethnicity, primary language, health plan, and county
  - Includes number of initial visits, prenatal visits, labor/delivery support, abortion support, miscarriage support, postpartum visits, and extended postpartum visits
  - Average number of prenatal doula visits by member

*\*\*Usage will be operationalized beyond "yes" or "no" to include timing and frequency of doula support.*

# Doula Benefit Implementation Report: Data Elements (Cont.)

- » Comparison of birthing outcomes between members who utilized the doula benefit and those who did not:
  - Rates of cesarean deliveries and vaginal births after cesarean
  - Maternal morbidity
    - Gestational diabetes and hypertensive disorders
  - Maternal mortality
  - Postpartum visit attendance
  - Breast and chest feeding outcomes

# Doula Benefit Implementation Report: Data Elements (Cont.)

- » Comparison of birthing outcomes between members who utilized the doula benefit and those who did not (continued from last slide):
  - Infant health outcomes
    - Gestational age, birth weight, and Apgar score
    - Neonatal intensive care unit admission
    - Infant mortality

*\*\*Pending sufficient numbers, outcomes will also be broken down by race, ethnicity, primary language, and health plan*

# Doula Benefit Implementation Report: Qualitative Interviews

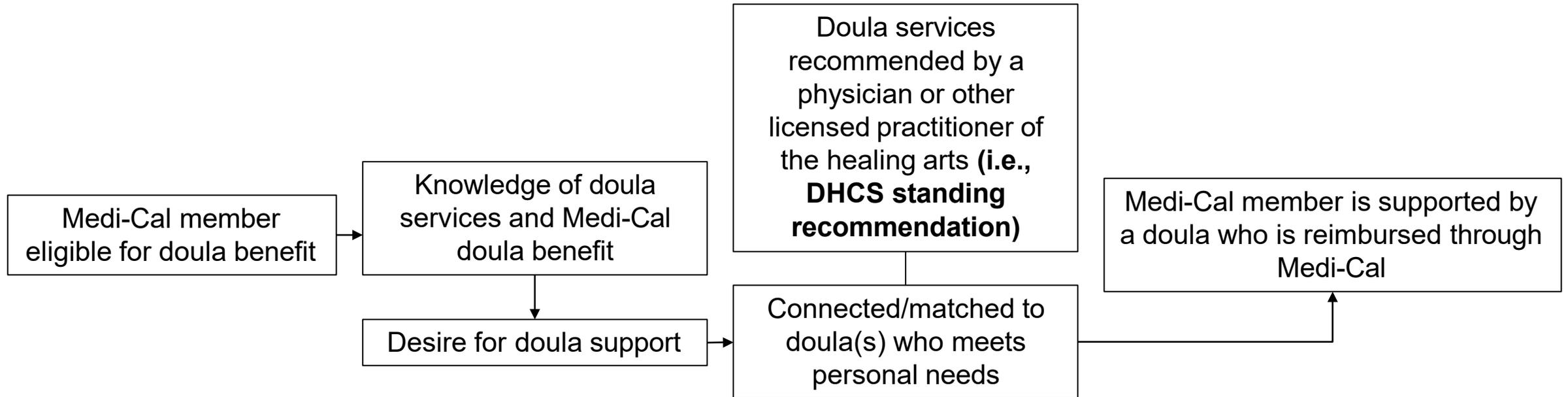
- » Focus of qualitative interviews will be identifying barriers that impede Medi-Cal members' access to doulas.
- » As a reminder, the overall report objective is:
  - Identifying key facilitators and barriers to Medi-Cal member use of the Medi-Cal doula benefit which includes the following objectives:
    - Exploring and understanding the experiences of Medi-Cal members who received doula services covered via Medi-Cal and Medi-Cal members who did not use doula services covered via Medi-Cal.
    - Assessing the experiences of Medi-Cal members accessing doula support for abortion and miscarriage.
    - Identifying factors impacting benefit implementation among stakeholders who can facilitate or hinder Medi-Cal member access to the Medi-Cal doula benefit.

# Participant Groups for Interviews

Participant group	# of interviews
*Medi-Cal members who utilized the Medi-Cal doula benefit	15-20
Medi-Cal members who did not utilize the benefit <ul style="list-style-type: none"><li>• Includes Medi-Cal members who attempted to utilize the benefit and/or individuals who used doula services that were not covered by the benefit</li></ul>	15-20
Doulas <ul style="list-style-type: none"><li>• Includes doulas who have attempted to provide services through the benefit but have been unsuccessful</li><li>• Includes doulas who lead community-based organizations or initiatives</li></ul>	8
Hospital leaders	5
Managed care plan representatives	5

*\*Interviews with Black and/or American Indian/Alaska Native members will be prioritized, including those who received doula support before, during, or after childbirth, stillbirth, abortion, or miscarriage.*

# Simplified Pathway to Medi-Cal doula Benefit Utilization for Medi-Cal Members



# Potential Barriers and Facilitators

<b>Knowledge of doula services and Medi-Cal doula benefit</b>	<b>Doula services recommended by a physician or other licensed practitioner of the healing arts</b>
<p>Are managed care plans and DHCS informing eligible members and health care providers about doula benefit?</p>	<p>Do licensed practitioners, managed care plan representatives, doulas, and Medi-Cal members using the benefit know about the standing recommendation issued by DHCS Medical Director Dr. Karen Mark?</p>
<p>Are health care providers aware of the doula benefit and sharing information about the benefit with eligible patients?</p>	<p>Are licensed practitioners issuing recommendations for additional postpartum visits?</p>
<p>Are community-based organizations and maternal health programs and initiatives promoting the doula benefit?</p>	
<p>Are Medi-Cal members learning about the doula benefit through other sources, such as word of mouth, social media, or news articles?</p>	

# Potential Barriers and Facilitators

Connected/matched to doula(s) who meets personal needs	Medi-Cal member is supported by a doula who is reimbursed through Medi-Cal
Does the current number of doulas enrolled as Medi-Cal providers ensure anyone who wants a doula is able to access a doula?	Have managed care plans developed relationships with doulas and established provider networks?
Do available doulas meet the individualized needs of clients (i.e., geography, race/ethnicity, language spoken, services provided, etc.)?*	Is there ongoing technical support for doulas as they become enrolled Medi-Cal providers, contract with plans, and submit claims?*
	Are hospital, clinic, and birth center leadership, health care providers, and staff supportive of and welcoming of doulas so doulas can support their clients in clinical environments?
<i>*Are doulas receiving what they would consider an appropriate reimbursement rate? Is there ongoing training of and mentorships available for new and existing doulas?</i>	<i>*Is there funding for technical support?</i>

# Doula Benefit Report: Recommendations

- » Senate Bill 65 requires the DHCS to publish a report by **July 1, 2025**, that:
  - Addresses the number of Medi-Cal recipients utilizing doula services
  - Compares birth outcomes among people who use doulas and those who do not.
  - Identifies barriers that impede Medi-Cal members' access to doulas
  - **Includes recommendations from the Workgroup on ways to reduce barriers to services**

## Doula Benefit Report Timeline

November 2024	January 2025	March 2025	April 2025	May 2025
Discuss data elements	Discuss data and recommendations	Develop recommendations	Finalize recommendations	Review draft report

# Q&A



# Next Steps and Closing



# Contact Information

» Written comments can be sent to the dedicated doula mailbox:

» [DoulaBenefit@dhcs.ca.gov](mailto:DoulaBenefit@dhcs.ca.gov)

» For more information:

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