

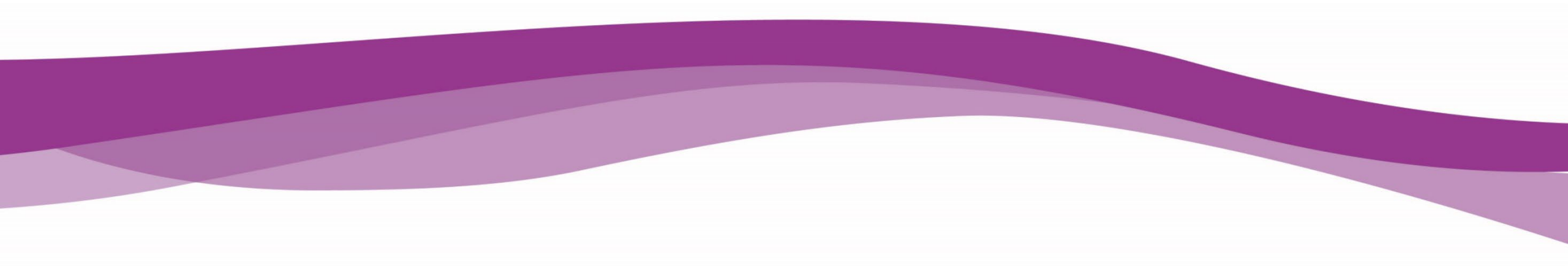
# Medi-Cal Doula Benefit Stakeholder Meeting July 28, 2022

DHCS Benefits Division

# Agenda

Agenda Items		
1	Welcome, introductory remarks, and logistics (10 minutes)	<ul style="list-style-type: none"><li>• Lisa Murawski, Chief, Benefits Division</li><li>• Deitre Epps, CEO, RACE for Equity</li></ul>
2	Overview of Process: Medi-Cal Policy Guidance Documents (30 minutes)	DHCS Staff
3	Discussion on Recommending Providers (20 minutes)	DHCS Staff and Doula Workgroup
4	Break (10 minutes)	
5	Discussion on Covered/Non-Covered Services (20 minutes)	DHCS Staff and Doula Workgroup
6	Discussion on Doula Groups (20 minutes)	DHCS Staff and Doula Workgroup
7	Updates and Next Steps (10 minutes)	DHCS Staff

# **Overview of Process: Medi-Cal Policy Guidance Documents**



# Overview of Process: Medi-Cal Policy Guidance Documents

1. State Plan Amendment
  - » Framework
2. Provider Manual
  - » Policy and billing details
3. Provider Bulletins
  - » Announcement of provider manual updates
4. Frequently Asked Questions (FAQ)
  - » More detailed information for providers and beneficiaries
5. Managed Care Plan guidance
  - » Guidance to plans on implementation

# 1. State Plan Amendment (SPA)

- » The State Plan is an agreement between a state and the federal government describing the state's Medicaid program.
- » State Plan Amendments provide a broad overview of a benefit and the reimbursement methodology.
- » Developing a SPA is the first step in developing the policy
  - » Defines provider qualifications for enrollment
  - » Establishes a broad framework for coverage
  - » Describes the rate methodology or rates

# State Plan Amendment: Overall Requirements

- » Coverage must abide by federal and state laws and federal requirements.
- » Benefits must align with benefits authorized by Section 1905(a) of the Social Security Act (SSA)
- » The State Plan coverage pages must list:
  - » Covered services
  - » Providers of services
  - » Service limitations
  - » Prior authorization requirements

# State Plan Amendment: Federal Requirements

- “ ‘Preventive services’ means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law.”  
*(Section 440.130(c) of Title 42 of the Code of Federal Regulations)*

# State Plan Amendment: Federal Requirements

- » “Preventive services may be provided, at state option, by practitioners other than physicians or other licensed practitioners.”
- » State Plans must “contain all information necessary for CMS to determine whether the plans can be approved to serve as the basis for Federal financial participation.”
- » “States must include in their SPA a summary of practitioner qualifications for practitioners who are not physicians or licensed practitioners.”
  - » Any required education, training, experience, credentialing or registration



# State Plan Amendment: Process

- » May 18, 2022 – DHCS informally submitted coverage pages to the Centers for Medicare and Medicaid Services (CMS) for review.
- » May 25, 2022 – CMS recommended DHCS add “including throughout the postpartum period” to the SPA
- » Early August – DHCS publishes tribal notice for 35-day comment period
- » Early September – DHCS publishes public notice and formally submits the SPA
  - » CMS then has 90 days either to approve the SPA or issue a Request for Additional Information

## 2. Provider Manual

- » The Provider Manual provides guidance to providers on coverage requirements and how to bill for the services.
  - » Billing codes and guidance and how to submit claims
- » The Provider Manual goes into a greater level of detail than the SPA on the definition and coverage of the benefit.

# Information to be Included in the Provider Manual

- Work of doulas to address equity
- Greater detail on the definition of doula services
- Definition of full spectrum care
- Coverage during miscarriage and abortion
- Recommended trainings
- Guidance regarding telehealth
- Guidance regarding visits
- Process for exceeding nine-visit limit
- Postpartum period and coverage
- Flexibility in service locations
- Examples of covered services
- Continuing education requirements
- Providers who can recommend services

# Provider Manual: Process

- » Late July – DHCS develops draft Provider Manual
- » Early August – DHCS shares draft Provider Manual internally for review
- » Mid-August – DHCS shares draft Provider Manual with stakeholders for review
- » Late August – Stakeholder comments due
- » Early September – DHCS updates the Provider Manual to reflect stakeholder feedback and Provider Manual informs developmental of All Plan Letter
- » Early November – DHCS submits Provider Manual for publication
- » December 16 – Provider Manual published

# 3. Provider Bulletins

- » Published in unison with the Provider Manual
- » High level notification to providers about new Provider Manual sections or updates to the Provider Manual
- » Publishes around the 15<sup>th</sup> of each month
- » Public can sign up to receive notifications when the Provider Manual is updated at <https://camcss.powerappsportals.com/>

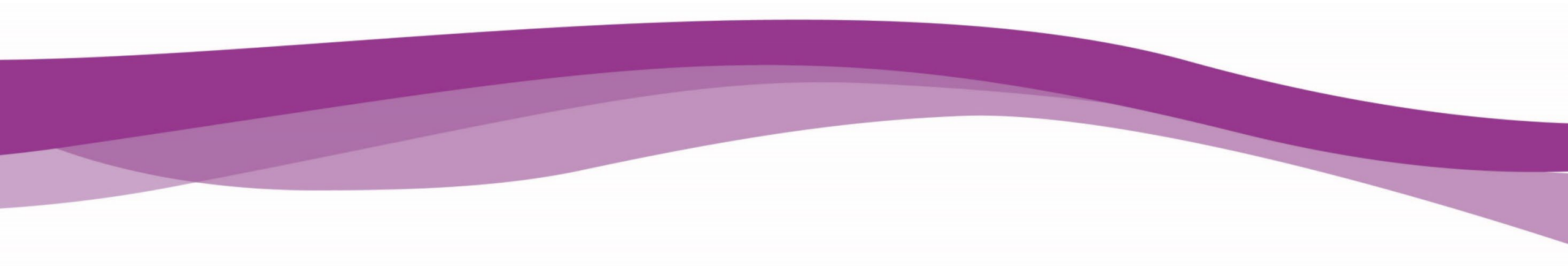
## 4. Frequently Asked Questions (FAQ)

- » The doula FAQ answers questions we have heard from stakeholders as we developed the State Plan Amendment and policy.
- » FAQ answers common questions asked by providers and beneficiaries that may not be included in the Provider Manual.
- » The FAQ is published on the DHCS website. DHCS will continue to update the FAQ as the doula benefit develops.
- » <https://www.dhcs.ca.gov/provgovpart/Documents/Doula-FAQ-Sheet.pdf>

# 5. Managed Care Plan guidance

- » One way that DHCS provides guidance to managed care plans on their requirements to implement benefits or updates to existing coverage policies is through All Plan Letters
- » All Plan Letters are shared with stakeholders in draft form for input prior to publishing.
- » DHCS also uses other methods to communicate policy changes to the plans, including contract changes and policy guides.

# Discussion on Recommending Providers





# Recommendation requirements

- » “ ‘Preventive services’ means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law.”  
*(Section 440.130(c) of Title 42 of the Code of Federal Regulations)*

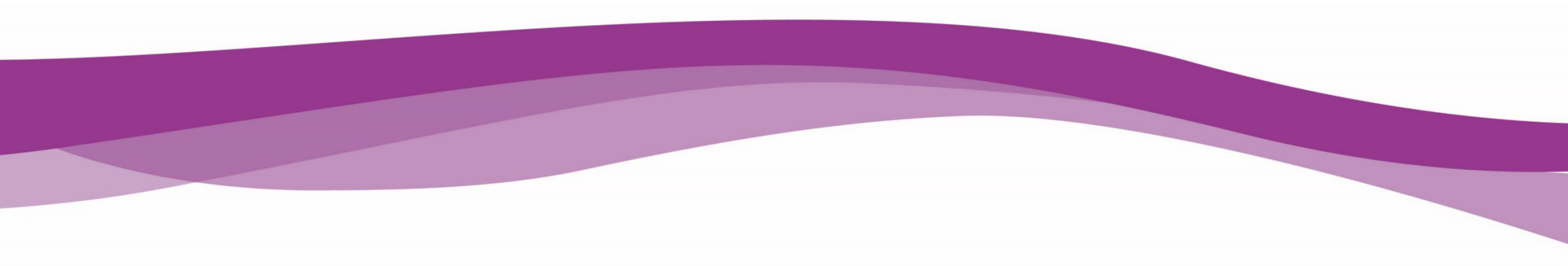
# Recommending Providers for Doula Services: Draft List for Discussion

- General Medical
  - Physician
  - Physician Assistant
  - Nurse Practitioner
  - Registered Nurse
  - Licensed Vocational Nurse
- Other Perinatal Providers
  - Certified Nurse Midwife
  - Licensed Midwife
- Behavioral Health
  - Licensed Marriage and Family Therapist
  - Licensed Clinical Social Workers
  - Licensed Professional Clinical Counselor
  - Psychologist
  - Licensed Educational Psychologist

# Providers who cannot recommend doula services

- Unlicensed providers
  - Associate clinical social worker
  - Associate marriage and family therapists
  - Associate professional clinical counselors
  - Comprehensive perinatal health workers
  - Psychological assistants
  - Registered dietitians
- Not within scope of practice
  - Acupuncturists
  - Audiologists
  - Chiropractors
  - Licensed registered dental hygienists
  - Dentists
  - Occupational therapists
  - Physical therapists
  - Podiatrists
  - Speech therapists

# Discussion on Covered/Non-Covered Services



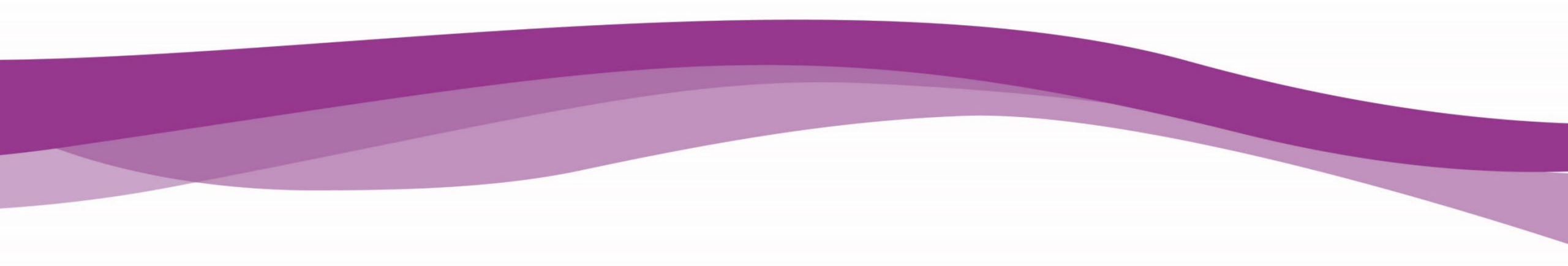
# Discussion on Covered/Non-Covered Services

- » Federal and state laws prohibit providers from charging beneficiaries for any costs for any service in the Medi-Cal scope of benefits to patients who identify themselves as having Medi-Cal coverage.
  - » Except copays and share of cost
  - » Pregnancy services are exempt from copays
- » When providers enroll, they sign the Medi-Cal Provider Agreement that they will accept Medi-Cal payment as “payment in full” for Medi-Cal covered services.

# Prohibition on billing beneficiaries

- » Providers may not bill beneficiaries for services covered by Medi-Cal
  - » More than nine visits
  - » If a service is available from another provider, providers should refer beneficiaries to a provider who is authorized to provide those services.
- » Coverage for pregnant individuals is broad
- » Some services are clearly not covered by Medi-Cal
  - » Example: Placenta encapsulation is not a covered benefit

# Discussion on Doula Provider Groups



# Discussion on Doula Provider Groups

- » Stakeholders have raised comments about multiple doulas working together to serve one beneficiary (doula provider groups)
- » DHCS seeks more information about how these arrangements might be structured:
  - » How would a group bring together multiple doulas to serve beneficiaries? Would each doula bill separately or as a group?
  - » What role do back-up doulas play in current practice?



# Next Steps

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# Next Steps: Tentative Schedule

- » August – DHCS shares draft Provider Manual with stakeholders.
- » Early September – DHCS formally submits the SPA to CMS.
- » September – DHCS shares draft All-Plan Letter with managed care plans
- » November – All-Plan Letter issued
- » December – Provider Manual published

# Future Stakeholder meetings\*

- » August 24, 1:00 to 3:00 p.m.
- » September 30, 10 a.m. to 12:00 p.m.
- » *Additional dates to be determined*

*\*Dates subject to change*

**Questions?**

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# Contact Information

» Written comments are welcome:

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

» For more information:

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