

# Doula Implementation Stakeholder Meeting

DHCS Benefits Division

July 12, 2024

# Workgroup Logistics

- » Workgroup members are the only stakeholders who can speak during the meeting.
- » All other attendees are in listen-only mode.
- » All stakeholders can use the chat feature.
- » The chat and transcript of the meeting will be posted on the DHCS website by July 19.
- » 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.

# Instructions for Closed Captioning

- » **Accessing Zoom Controls:** Locate the Zoom toolbar at the bottom of your 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.

# Agenda

1	Welcome, Purpose, & Agenda	DHCS Staff, Ms. Deitre Epps, RACE For Equity
2	Updates & Discussion	DHCS & Workgroup Members
3	Discussion on Doula Benefit Report	DHCS & Workgroup Members
4	Break	
5	Managed Care Implementation	DHCS & Workgroup Members
6	Open Forum	DHCS & Workgroup Members
7	Next Steps & Closing	DHCS Staff, RACE For Equity

# DHCS Updates



# Frequently Asked Questions (FAQ) Updates

- » Frequently Asked Questions for Doula Providers
  - <https://www.dhcs.ca.gov/provgovpart/Pages/Doula-Services.aspx>
- » New questions and responses will be highlighted in **Bold and Underlined** to distinguish them from previous FAQs

# Issues & Concerns – Managed Care Reimbursement

- » Medi-Cal Managed Care Plans (MCP) are taking a long time to reimburse for submitted claims. How can I get assistance regarding claims submission and billing?
  - MCPs must pay all “clean claims” within 30 days of receipt, unless the provider and MCP have agreed in writing to an alternate payment schedule.
  - For additional assistance with submitting claims to managed care plans, please contact the MCP coordinator using the [Doula-Services-Benefit-MCP-Contact-List \(ca.gov\)](#).
  - Note: The Targeted Rate Increase (TRI) that went into effect January 1, 2024, for doulas will be addressed later in the meeting.

# Issues & Concerns – Hospital Access

- » Many hospitals do not allow doulas into the hospital and/or labor and delivery room or require them to sign in.
  - Under federal (Centers for Medicare and Medicaid Services) and state (California Department of Public Health) guidelines, patients have a right to visitors of their choosing, subject to some very limited exceptions that can include the following:
    - The hospital does not allow any visitors at all (note – hospitals generally cannot do this as a general, across-the-board policy);
    - The hospital reasonably determines that the presence of a particular visitor, not inclusive of all visitors, but a particular visitor would endanger the health and or safety of a patient (e.g., the visitor is ill), staff member or other visitor or would significantly disrupt the operations of the facility; and/or
    - The patient indicates they do not want the visitor present;
- All hospitals must inform patients in writing of their right to have visitors of their choosing.
- All hospitals must have written policies and procedures (P&Ps) regarding patient visitation rights. The P&Ps must address inpatient and outpatient settings and include any **clinically necessary, reasonable** restrictions on visitation rights and the reasons for those restrictions.



# Issues & Concerns – Hospital Access (Cont.)

- » While we recognize that doulas are not the same as visitors, the underlying takeaway here should be that hospitals generally must allow doulas to accompany Medi-Cal members into the hospital, including labor and deliver, if the hospital's P&Ps allows a support person (visitor, doula, etc.) to accompany birthing individuals.
- » DHCS is meeting regularly with the California Hospital Association (CHA) and other hospital association and individual hospital partners to address this and other interrelated concerns. Additionally, we are working to develop some additional technical assistance tools for hospitals, inclusive of a list of best practices that hospitals use to ensure access and reduce barriers to doula services.
  - One area of focus will be education for hospital staff and guidance on specifically addressing doulas in hospital P&Ps or developing separate policies for doulas.
- » If a specific hospital denies a member access to their doula, please email DHCS details with the specific hospital name to [DoulaBenefit@dhcs.ca.gov](mailto:DoulaBenefit@dhcs.ca.gov) so our team can investigate the issue.

# Issues & Concerns – Medi-Cal Managed Care Plan (MCP) Contracting

- » There are many challenges to contracting with MCPs, including additional requirements beyond enrolling with Medi-Cal, having different processes to enroll, and reusing contracts that are not specific to doulas.
  - Generally, DHCS is not directly involved in, nor does it have the authority to direct MCPs regarding their network provider contracting processes.
  - Doulas – like other providers – once they enroll and are approved through PAVE, must engage directly with Medi-Cal MCPs within their service area to begin the application/contracting process to become a network provider.
  - DHCS is working with the California Association of Health Plans (CAHP) and Local Health Plans of California (LHPC) to identify opportunities in this space for promoting best/promising practices for contracting with doulas to reduce barriers, including contract language that is more appropriately tailored toward doulas.
    - Note: Kate Ross with CAHP will provide an update later during this meeting.
  - Additionally, although DHCS cannot generally mandate Medi-Cal MCPs contract with network providers in a certain way, DHCS can issue guidance and policy recommendations.

# Issues & Concerns – Limiting Contracts

- » Doulas have shared concerns that Kaiser is not accepting applications from doulas.
  - DHCS met with Kaiser to discuss the contracting process and progress for doula contracting, and it appears there was an initial misunderstanding about doula enrollment.
  - Based upon surveys conducted, Kaiser continues to increase the number of contracted doulas, which rose from 62 in January, 70 in March, and to 87 in May. As of June, Kaiser has 98 executed contracts with doulas.
  - Kaiser also provided DHCS with a breakdown of denied and declined applications.
    - For denied applications, the majority were due to non-responsiveness to requests for additional information.
    - For declined applications, 10 doulas opted not to contract with Kaiser.
- » Kaiser indicated that the ideal contracting timeline is between 30 and 45 days, and Kaiser does sweeps (stop-gap) of claims to ensure payment while contracts are being executed.

# Issues & Concerns – Enrollment Support

- » Is there support for doulas enrolling in PAVE?
  - Yes! DHCS created a new [Medi-Cal Doula Provider Enrollment Checklist](#) to help doulas identify what documents they may need to enroll as a provider in the Medi-Cal Provider Application and Validation for Enrollment (PAVE) system.
  - Additional information about enrolling is available at <https://www.dhcs.ca.gov/provgovpart/pages/doula.aspx>
  - Enrolling and billing information available at <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/references/doulas>
  - For additional support, please contact [Doulabenefit@dhcs.ca.gov](mailto:Doulabenefit@dhcs.ca.gov).

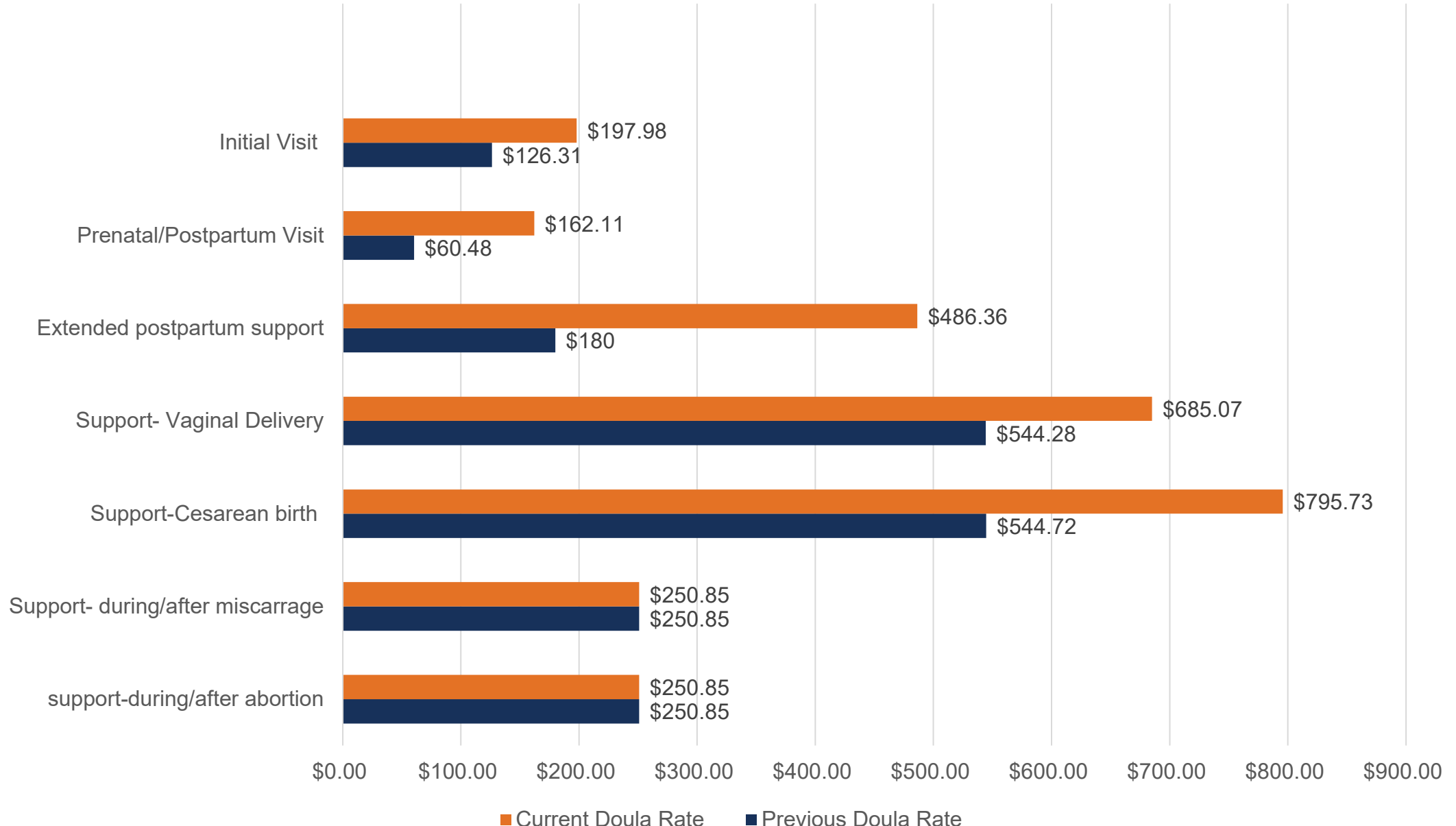
# Targeted Rate Increase (TRI)

- » DHCS included doula services in the TRI for obstetric care.
- » Rates are effective for services provided on or after January 1, 2024, in fee-for-service and for eligible network providers contracted with Medi-Cal managed care plans (MCPs).
- » California has the highest reimbursement rates in the country for Doula Medicaid services.

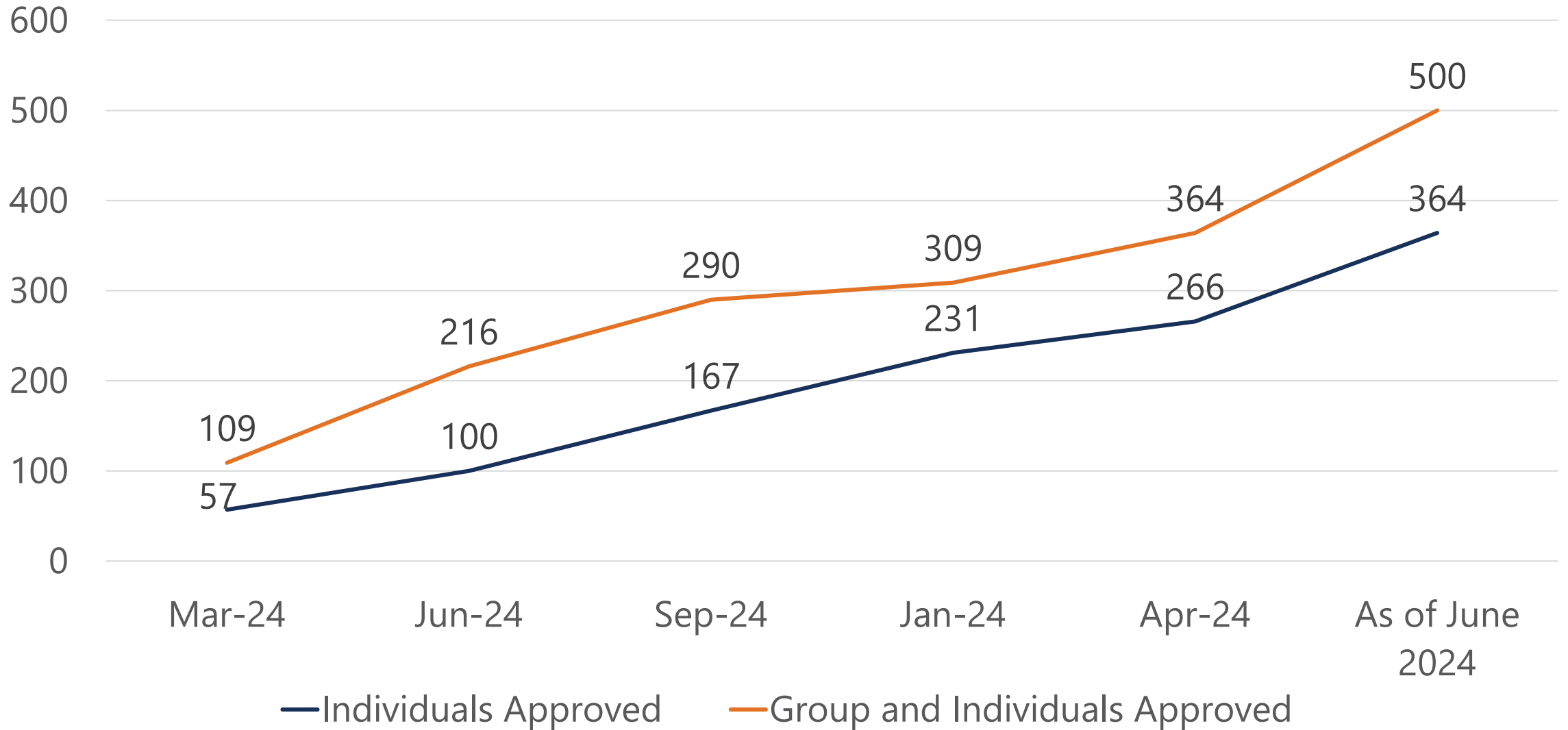
## TRI (Cont.)

- » DHCS released [All Plan Letter \(APL\) 24-007](#) on June 20, 2024, to provide guidance to Medi-Cal MCPs regarding TRIs, which are effective for dates of service on or after January 1, 2024.
- » Medi-Cal MCPs must pay providers the new rates by December 31, 2024.
- » Payment will include retroactive payment adjustments where necessary.
- » DHCS will host a webinar for providers from 3:00 to 4:30 p.m. July 17.
  - <https://www.dhcs.ca.gov/Pages/Medi-Cal-Targeted-Provider-Rate-Increases.aspx>

# Doula Services Rate Increase

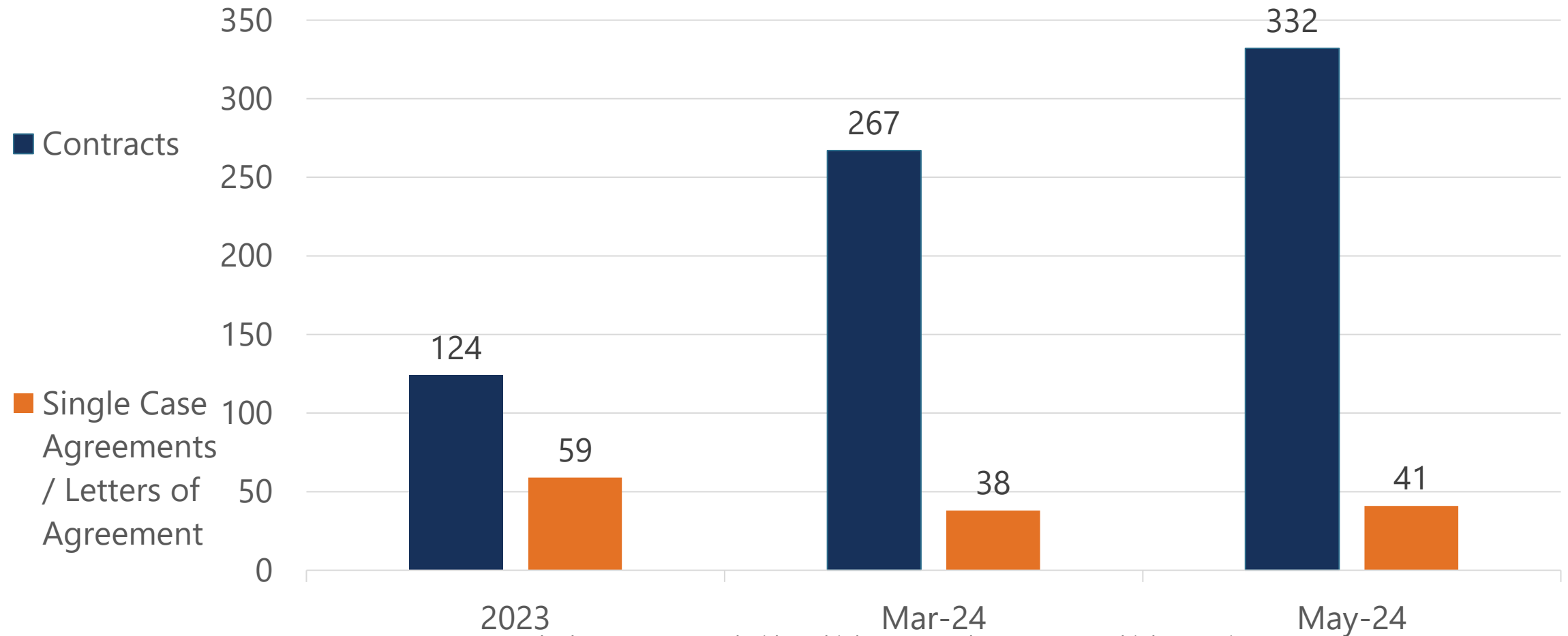


# Provider Enrollment





# Medi-Cal Managed Care Plan Doula Services Contracting Progress



# 2025 Legislature Report



# Doula Benefit Implementation Report

Senate Bill 65 (2021) sought to address racial disparities in maternal and infant health.

- » 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
- » DHCS' Birth Equity Focus
  - How has the benefit improved birth outcomes for Black and Indigenous pregnant, birthing, and postpartum people?
- » Plan to include a description of existing concerns raised by the workgroup membership and DHCS' response to them.

# Doula Benefit Report: External Researchers



## » Cassandra Marshall, DrPH

- Assistant Professor, Maternal, Child and Adolescent Health Program
- University of California, Berkeley

## » Anu Manchikanti Gómez, PhD

- Associate Professor, School of Social Welfare
- Director of the Sexual Health and Reproductive Equity (SHARE) Program
- University of California, Berkeley

# Doula Benefit Report: External Researchers

- » Conduct a qualitative study to examine barriers that impede access to Medi-Cal member use of the Medi-Cal doula benefit
  - Qualitative data collection methods include interviews and focus groups
  - Study will focus on the perspectives of people who have utilized the Medi-Cal doula benefit (i.e., doula clients) and those who were eligible but did not utilize the benefit
- » Collaborate with DHCS on the final report

# External Researchers' Past Projects Related to Doula Support

- » Community Doula Research Project
  - Developed a shared research agenda related to community doula care
- » Partnered with SisterWeb San Francisco Community Doula Network to evaluate two of their community doula programs
  - Topics explored included client experience of community doula care
- » Barriers and facilitators to payer investment in doula care
  - Interviewed Medi-Cal managed care plans, commercial plans, employers, and other stakeholders prior to implementation of the Medi-Cal doula benefit

# Doula Benefit Report: External Researchers

Links to Dr. Marshall's and Dr. Manchikanti Gomez published empirical work regarding doulas:

- [Building Capacity for Research on Community Doula Care: A Stakeholder-Engaged Process in California - PMC \(nih.gov\)](#)
- [Barriers and Facilitators to the Implementation of a Community Doula Program for Black and Pacific Islander Pregnant People in San Francisco: Findings from a Partnered Process Evaluation | Maternal and Child Health Journal \(springer.com\)](#)
- ["My 9 to 5 Job Is Birth Work": A Case Study of Two Compensation Approaches for Community Doula Care - PubMed \(nih.gov\)](#)
- ["They're gonna be there to advocate for me so I'm not by myself": A qualitative analysis of Black women's motivations for seeking and experiences with community doula care - ScienceDirect](#)
- [Supporting Birthing People and Supporting Doulas: The Impact of the COVID-19 Pandemic on a Community-Based Doula Organization in San Francisco | Health Equity \(liebertpub.com\)](#)

# Managed Care Implementation





# **Managed Care Implementation**

Managed Care Plan Perspective on contracting support

Kate Ross – California Association of Health Plans

# Break



# **California Doula Medi-Cal Feedback Form**



# Open Forum



# Next Steps



# Future Stakeholder Meetings

- September 27, 2024, 10 a.m. to 12 p.m., Process for developing report
- November 15, 2024, 10 a.m. to 12 p.m., Discuss data elements and reimbursement
- January 10, 2025, 10 a.m. to 12 p.m., Discuss data 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 on May 9, 2025.)

» Dates are posted on the Doula Services Webpage

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

# Closing Remarks



# 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>