

# Doula Implementation Stakeholder Meeting

Department of Health Care  
Services

April 11, 2025

# 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.
- » Questions should be sent to Question & Answer 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

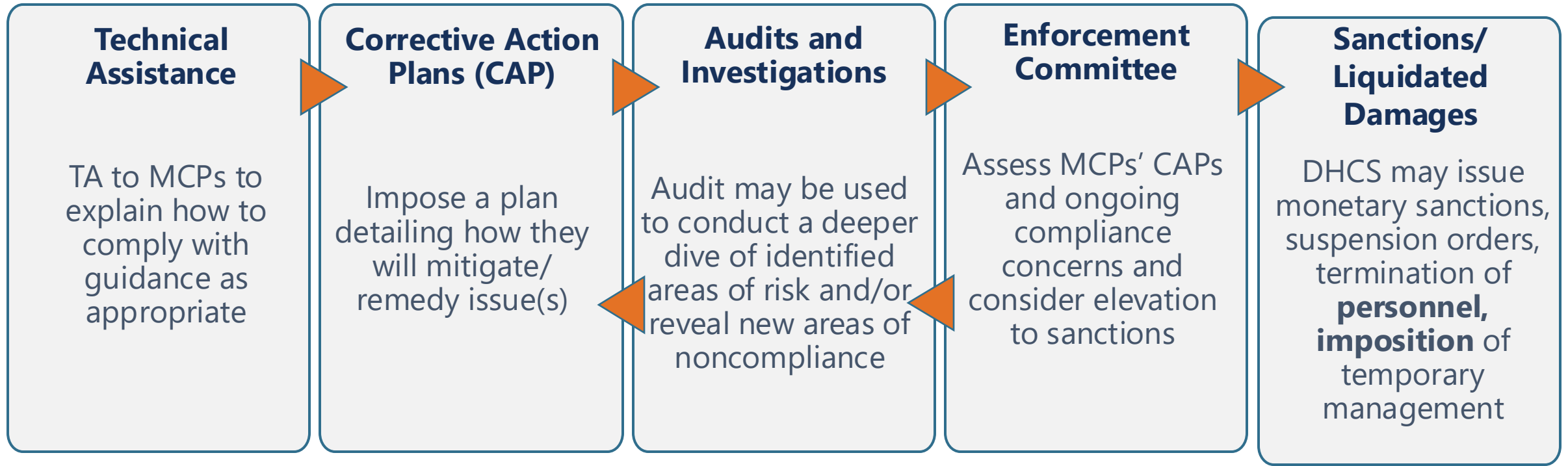
1	Welcome, Purpose, and Agenda (5 minutes)	DHCS Staff Deitre Epps, CEO, RACE for Equity
2	Managed Care Updates and Q&A (10 minutes)	DHCS Staff Bambi Cisneros and Michel Huizar
3	Data Presentation and Discussion (60 minutes)	DHCS Staff, UC Berkeley Researchers
4	Break (10 minutes)	
5	Recommendation Updates (20 minutes)	Jim Elliott
6	Discussion (10 minutes)	DHCS staff, Workgroup Members
7	Doula Report (15 minutes)	DHCS Staff, RACE for Equity

# **Managed Care Plan Updates**



# Enforcement Levers

**Welfare and Institutions Code section 14197.7(e) along with Contract Provisions and All Plan Letter 23-012 provide DHCS with levers to enforce contractual requirements.**



**DHCS may terminate a contract with an MCP for violating standards**

# Provider Dispute Resolution <sup>1/3</sup>

» MCPs must have a Provider Dispute Resolution Mechanism that includes timely, fair, and cost-effective dispute resolution process where Network Providers can submit disputes.

Providers may submit a dispute to MCPs regarding:

- 1) The authorization or denial of a service.
- 2) The processing of a payment or non-payment of a claim by MCP. Or
- 3) The timeliness of the reimbursement on an uncontested Clean Claim and any interest MCP is required to pay on claims reimbursement per APL-23-020.

## Provider Dispute Resolution <sup>2/3</sup>

- » As network providers, doulas have every right to address their concerns about timely payments by following up through the MCP's provider dispute resolution process. If they have already initiated this process and continue to face challenges, they can reach out to DHCS for further assistance via email at [DoulaBenefit@dhcs.ca.gov](mailto:DoulaBenefit@dhcs.ca.gov).

# Provider Dispute Resolution <sup>3/3</sup>

- » Doulas must provide enough detailed information to enable DHCS to effectively follow up with MCPs. Please include information, such as:
  - Doula Name and National Provider Identifier (NPI)
  - Name of the MCP(s) that you are having challenges with
  - Brief description of the issue. Please include date(s), confirmation number(s), outstanding balance and age of claims associated with the issue.
  - When did the Doula initiate the MCP's provider dispute process? What specific responses has the doula received from the MCP(s) via the provider dispute process?
  - Name of any MCP representatives that you spoke to regarding the issue. Please include the MCP's email or phone number used to make contact
  - Doula contact information for follow-up (email and/or phone number preferred)
- » DO NOT include protected health information (PHI) unless requested and shared securely

# **Doula Benefit Implementation Report**

## **Quantitative Results**



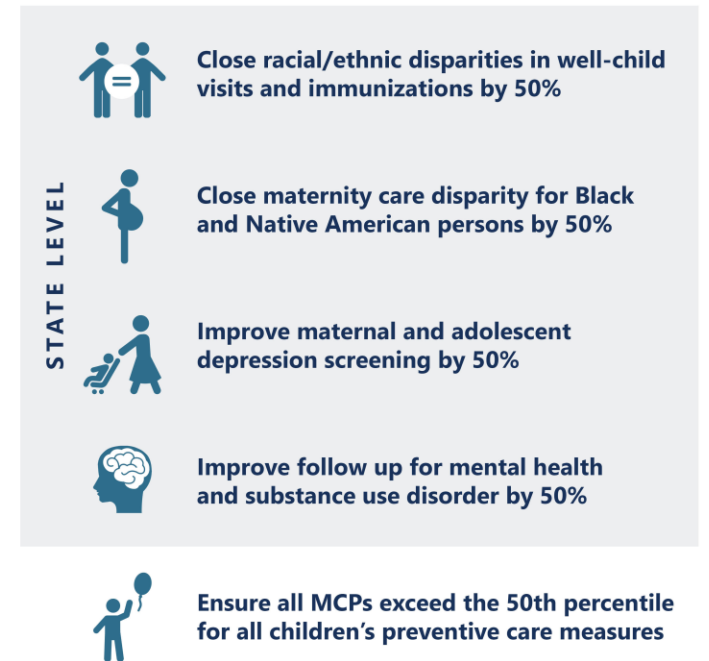
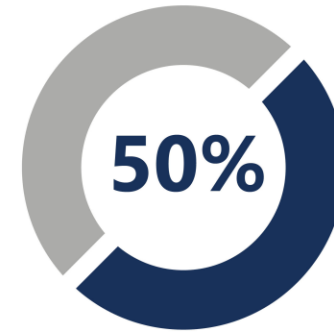
# Advancing Equitable Maternal Health

- » DHCS is committed to advancing health equity and addressing social determinants of health
  - » Black/African American and American Indian/Alaskan Native pregnant, birthing and postpartum people experience significant disparities in maternal health such as higher rates of maternal morbidity and mortality
  - » Maternal health outcomes affect both the birthing person and the child influencing long-term physical, emotional and developmental outcomes
- » DHCS' Birth Equity Focus
  - » How has the benefit improved birth outcomes for Black and Indigenous pregnant, birthing, and postpartum people?

# DHCS Efforts to Advance Birth Equity

- » Doula Benefit Report
- » Birthing Care Pathway
- » Quality Care Initiatives
  - » Medi-Cal Transformation
  - » DHCS Comprehensive Quality Strategy
  - » DHCS Bold Goals
- » Transforming Maternal Health (TMaH) model

**BOLD GOALS:**  
**50x2025**



# Doula Benefit Implementation Report Requirements

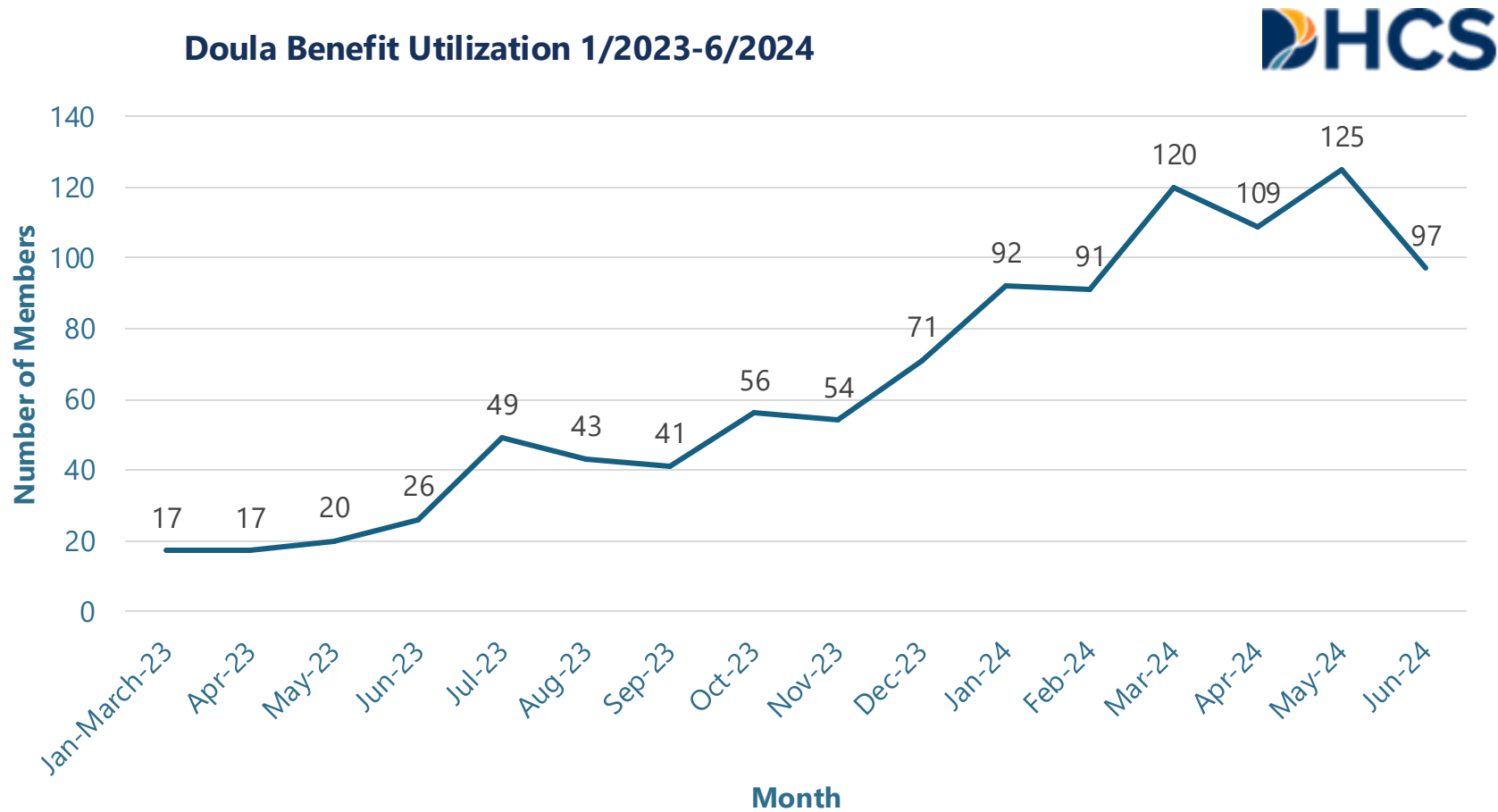
- » Welfare and Institutions Code 14132.24 requires the DHCS to publish a report by July 1, 2025, that:
  1. Addresses the number of Medi-Cal recipients utilizing doula services (by race/ethnicity, primary language, health plan, and county)
  2. Compares birth outcomes among people who use doulas and those who do not
  3. Identifies barriers that impede Medi-Cal members' access to doulas
  4. Makes recommendations to DHCS on how to reduce barriers to access

# Doula Benefit Implementation Findings

» **1508** Medi-Cal members utilized one or more doula services between January 2023 - June 2024

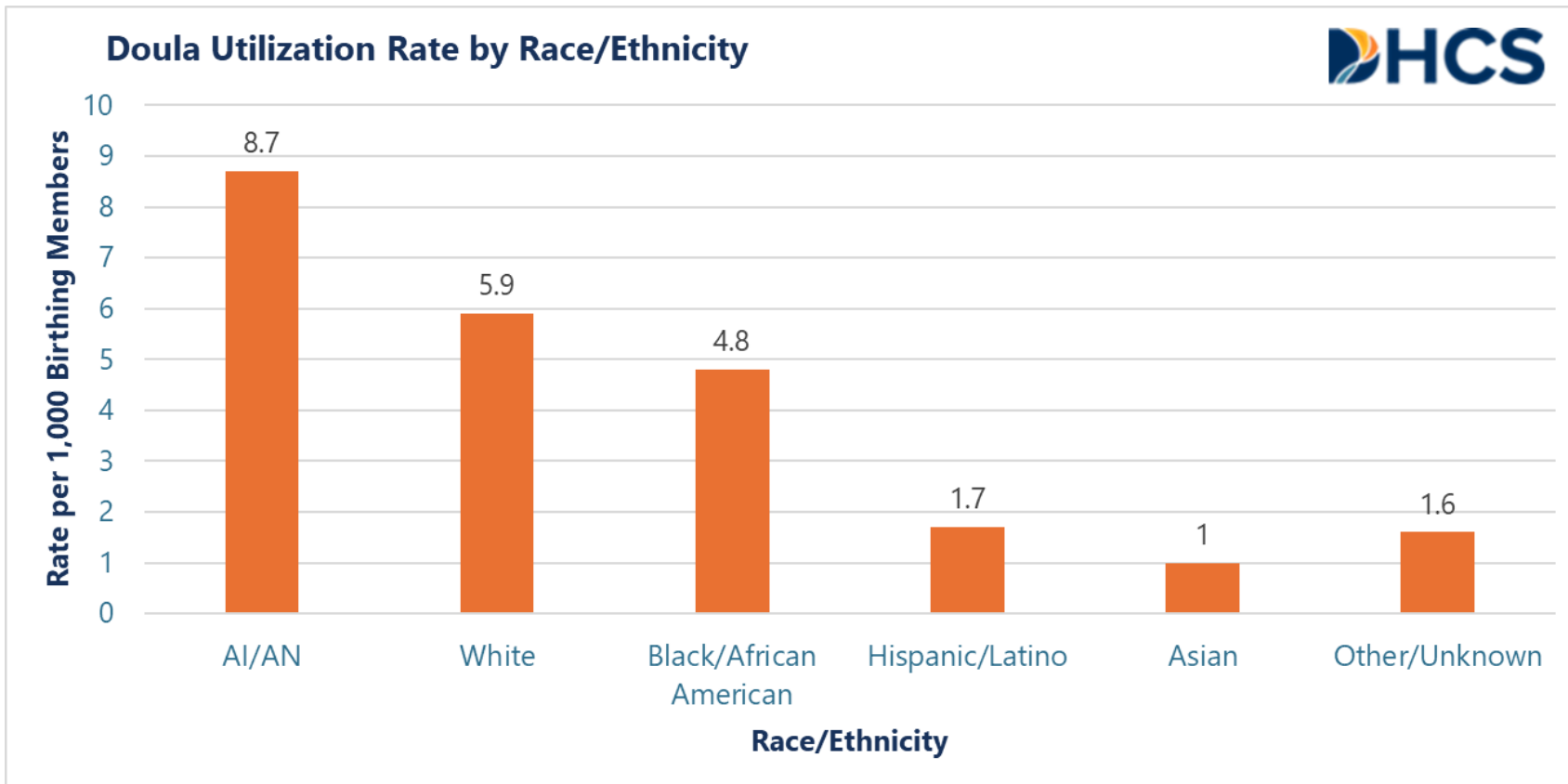
Type of Health Care Encounter	Number of Encounters Billed by Doulas
Initial Visits	32
Prenatal Visits	30
Births	886
Extended Postpartum Visits	1063
Postpartum Visits (Other)	15

# Members Initiating Doula Care by Month



*Data Source: Management Information System/ Decision Support System - DHCS Data Warehouse  
Dates Represented: 1/1/2023 – 6/30/24 | Date Downloaded: 2/5/2025  
Prepared by the California Department of Health Care Services.*

# Race/Ethnicity of Doula Users



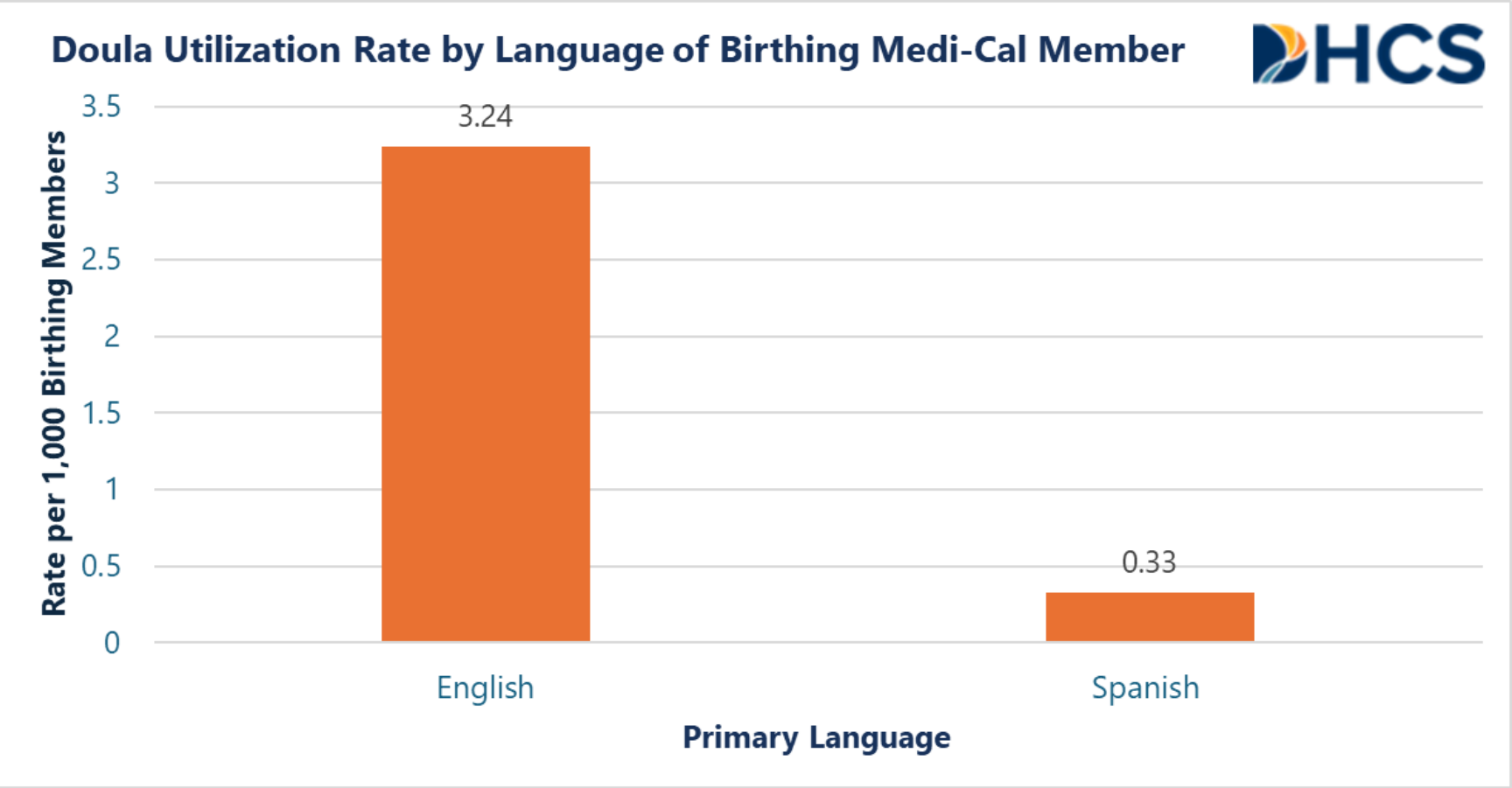
Race/Ethnicity	Number of Doula Users	Total Birthing Members
Hispanic/Latin	606	353,877
White	428	71,743
African American/Blac	218	45,303
American Indian/Alaska Native	19	2,167
Asian	30	28,853
Other/Unknow	207	128,450

Data Source: Management Information System/ Decision Support System - DHCS Data Warehouse

Dates Represented: 1/1/2023 – 6/30/24 | Date Downloaded: 2/5/2025

Prepared by the California Department of Health Care Services.

# Primary Language of Doula Users



Language	Number of Doula Users	Total Birthing Members
English	1445	446,117
Spanish	52	157,454

# Doula Benefit Utilization by Health Plan and County

Health plans with the highest rates of utilization (per 1,000 birthing members) included:

- » Partnership Health Plan of CA
- » Inland Empire Health Plan

Counties with the highest rates of utilization (per 1,000 birthing members) included:

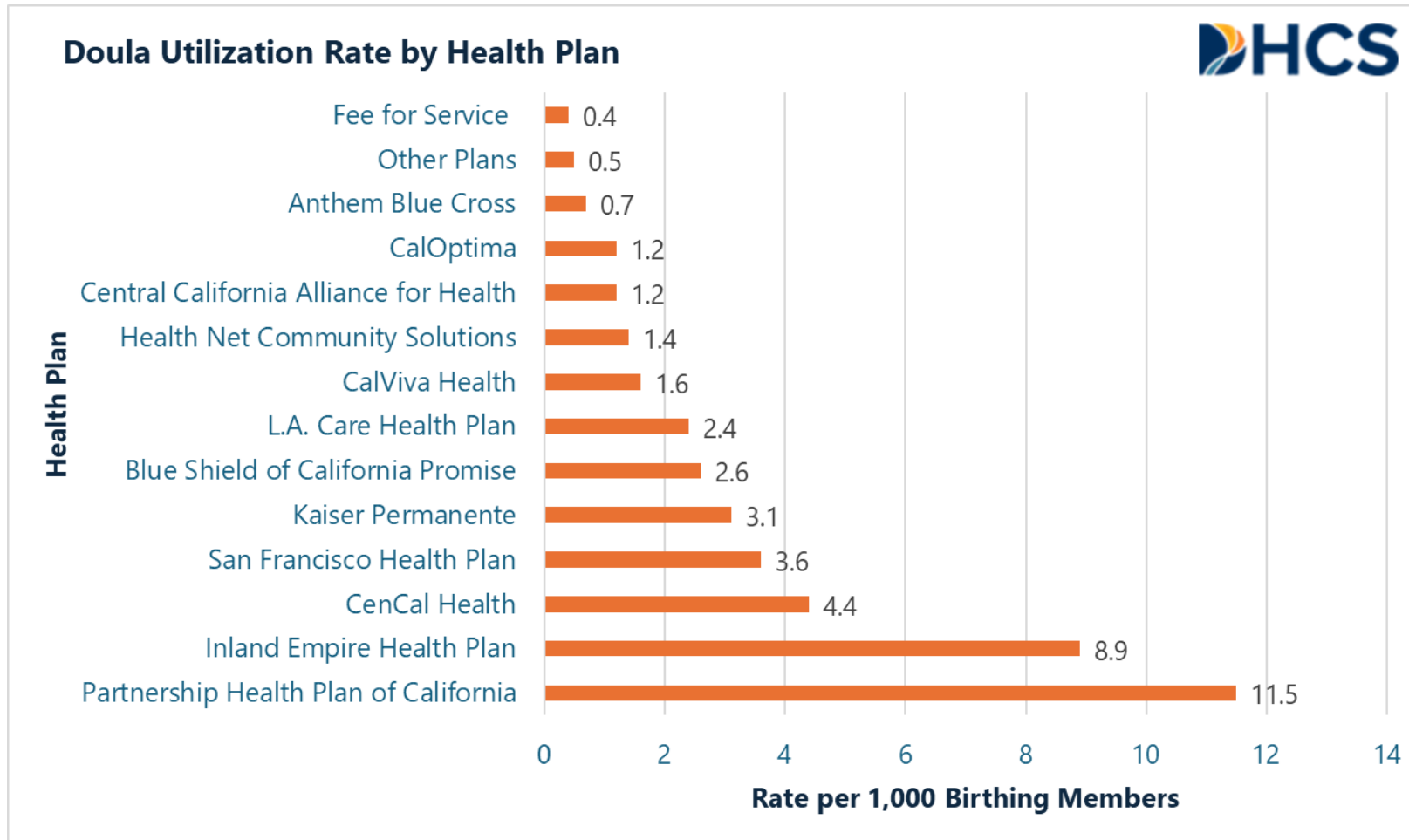
- » Humboldt
- » Nevada
- » Siskiyou
- » Shasta
- » San Luis Obispo
- » San Bernadino

*\*Please see supplementary figures for full list and specific rates.*

# Key Findings

- » Overall, doula utilization increased over time
- » Several counties and health plans displayed higher rates of doula benefit utilization
- » Higher rates of doula utilization among American Indian/Alaskan Native, White and Black/African American members
- » Low doula utilization among non-English speakers

# Doula Benefit Utilization by Health Plan

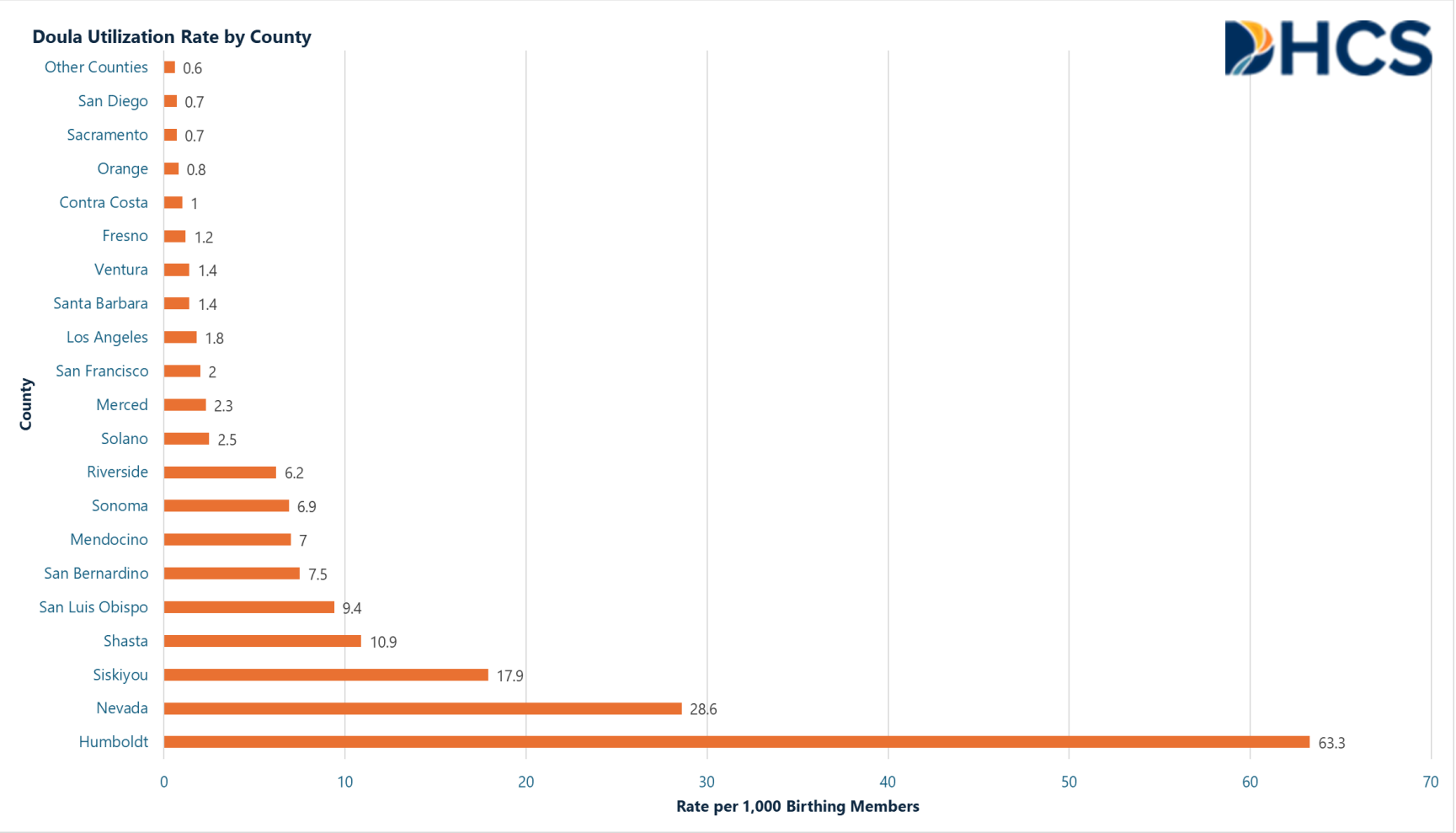


Data Source: Management Information System/ Decision Support System - DHCS Data Warehouse

Dates Represented: 1/1/2023 – 6/30/24 | Date Downloaded: 2/5/2025

Prepared by the California Department of Health Care Services.

# Doula Benefit Utilization by County



Data Source: Management Information System/ Decision Support System - DHCS Data Warehouse  
Dates Represented: 1/1/2023 – 6/30/24 | Date Downloaded: 2/5/2025  
Prepared by the California Department of Health Care Services.

# **Doula Benefit Implementation Report**

## **Qualitative Results**



**BREAK**



# Updated DRAFT Recommendations



# Recommendation 1.1 for DHCS

- » DHCS should update the All-Plan Letter (APL) for doulas with clear, enforceable guidelines for managed care plans 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 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.

## Recommendation 1.2 for DHCS (New)

- » DHCS should form a new doula stakeholder workgroup to continue work with stakeholders on their concerns to monitor implementation of recommendations.
  - The new workgroup would share recommendations and best practices with stakeholders, including plans and hospitals.
  - The workgroup would meet for two years then be evaluated to determine if it would continue to meet.

## **Recommendation 1.3 for DHCS (New)**

- » DHCS should clarify its policy regarding doula services after unconfirmed pregnancies that ended in miscarriage or abortion.

## Recommendation 1.4 for DHCS (New)

- » DHCS should work with stakeholders to develop and distribute a new Frequently Asked Questions document about the dispute resolution process and other options available to doulas to when there is a dispute over payment.

## Recommendation 1.5 for DHCS (Revised)

- » DHCS should work with plan associations and managed care plans to make up-to-date contact information for plans easily available regarding contracting and credentialing process, reimbursement, and claim denials.

## Recommendation 2.1 for Hospitals (Revised)

- » Best practice: Hospitals should create admission policies with doulas that treat 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 doulas come in contact.

## Recommendation 2.2 for Hospitals (New)

- » Best practice: Hospitals should adopt and share best practices that support the integration of doulas into maternity care settings.

# Recommendation 3.1 for Managed Care Plans (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.

## Recommendation 3.2 for Managed Care Plans (Revised)

- » Best practice: Each managed care plan should make easily accessible training that is tailored for doulas 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.

## **Recommendation 3.3 for Managed Care Plans (Revised)**

- » For increased responsiveness, managed care plans should designate staff who can serve as contacts to assist doulas with questions regarding contracting, credentialing, reimbursement, and denied claims in a timely manner.

## Recommendation 3.4 for Managed Care Plans

- » Best Practice: Managed care plans should not require doulas to resubmit the same documentation for their credentialing process that they submitted to DHCS to enroll through the Provider Application and Validation for Enrollment (PAVE) portol.

## **Recommendation 3.5 for Managed Care Plans (New)**

- » Best Practice: Managed Care Plans with high doula benefit utilization should share best practices with other plans for connecting members with doulas.

## **Recommendation 4.1 for the State Legislature (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 geographic areas with fewer doulas and for populations with the greatest health disparities.

## **Recommendation 4.2 for the State Legislature (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.

# Additional Comments Received

- » DHCS should not require a National Provider Identification number for doulas who enroll as part of a doula group.
  - NPI and Social Security Number is required for all enrolled Medi-Cal providers, including each member of a group.
  - DHCS will expand upon this point in the Frequently Asked Questions
- » 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.
  - Commercial coverage is outside the scope of this report
  - A new workgroup could further examine this issue.

# California Doula Medi-Cal Feedback Form



# Schedule

- » **May 9, 2025**, 10 a.m. to 12:00 p.m. – Final meeting of the Doula Implementation Workgroup
  - Review final draft report
  - DHCS expects to send a draft of the report to the workgroup prior to the meeting
- » **July 1, 2025** – Doula Report published on the DHCS website

# 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>