CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEDI-CAL DOULA SERVICES: BEST PRACTICES GUIDE

Version 1.0

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Table of Contents

I. Executive Summary

Medi-Cal covers doula services as a statewide preventive services benefit intended to improve member experience, cultural congruence, and maternal health outcomes. Medi-Cal managed care plans (MCPs) play a central role in ensuring member access, reducing administrative barriers, and collaborating with hospitals and community-based doula providers. The Department of Health Care Services (DHCS) has prepared this "Medi-Cal Doula Services: Best Practices Guide" (Guide)[1] to make recommendations as to best practices that may be operationalized to support access and reduce barriers to doula services for Medi-Cal members across both the Medi-Cal fee-for-service (FFS) and Medi-Cal managed care delivery systems. This Guide will also provide specific recommendations for Medi-Cal MCPs, healthcare facilities such as hospitals, and licensed health care providers such as doctors and nurses.

Some key themes highlighted in this Guide include, but are not limited to, the following:

- Doula providers play an important role in supporting pregnant and postpartum Medi-Cal members, and they are a part of a Medi-Cal member's care delivery team.
- Healthcare facilities should undertake efforts to foster doula-friendly environments that are welcoming, professional, and respectful[2].
- Doula providers working in hospitals are not visitors from a health care delivery perspective, and hospital policies and procedures (P&Ps) should be specifically tailored to acknowledge doula providers as a member of the care team and reduce administrative barriers to Medi-Cal members' accessing their doula providers.
- Medi-Cal MCPs should have policies that support Medi-Cal member choice, especially when a particular doula's cultural or linguistic alignment is essential to meeting the Medi-Cal member's needs.
- Medi-Cal MCP administrative requirements and associated processes, particularly those relating to credentialing and contracting (for example, transparency in and timelines for decision making as well as insurance requirements) should be reasonable and appropriately tailored to reflect doula providers' non-licensed, non-clinical scope of practice.

[1] Please note that this Guide is non-binding. Further, this Guide does not supersede any applicable All Plan Letters (APLs), Provider Manual sections, the MCP Contract, and/or other DHCS publications.

[2] Partnering With Doulas in Clinical Settings | ACOG

- Medi-Cal MCPs should have clear, standardized documentation and billing processes to reduce administrative barriers and denials, ensure timely payment, and improve continuity of care.

II. Core Principles & Intended Audience

This Guide is intended to assist Medi-Cal MCPs and their network providers; Medi-Cal enrolled and other licensed health care providers operating in health care facilities, such as doctors and nurses; healthcare facilities, such as hospitals, clinics, and birthing centers; and administrative staff operating in healthcare facilities in operationalizing best practices that are intended to support access and reduce barriers to doula services for Medi-Cal members across both the Medi-Cal FFS and Medi-Cal managed care delivery systems.

Core Principles

- Doula providers render non-clinical, culturally-responsive, and continuous support throughout pregnancy, birth, loss (stillbirth, miscarriage or abortion), and postpartum.
- Timely access is essential because doula services are tied to time-limited events (e.g., pregnancy, labor, postpartum, and loss), which means that members should be able to receive doula services early enough for them to be effective and responsive to the member's specific needs.
- Member choice is central since doula services meet unique personal, cultural, and emotional needs.
- Systems and workflows should minimize administrative burden on doula providers to ensure equitable access for members.

Intended Audience

- Doula providers enrolled through the Medi-Cal provider enrollment system and, if applicable, doula providers contracting with individual Medi-Cal MCPs
- Medi-Cal FFS licensed health care providers, such as doctors and nurses
- Medi-Cal MCPs and their network providers
- Healthcare facilities, including hospitals, clinics, and birthing centers
- Other stakeholders and advocates

III. Roles, Collaboration & Communication

Doulas are an important, non-clinical part of a member's care. Medi-Cal MCPs and their network providers, Medi-Cal enrolled and other licensed health care providers, such as doctors and nurses, and health care facilities, such as hospitals, clinics, or birthing centers, should ensure that they are fostering a doula-friendly environment and integrating doula providers into routine workflows to support coordinated, member-centered care.

Through extensive internal discussions as well as external stakeholder engagement, DHCS has compiled a list of general best practices for the intended audiences covered in this Guide that it considers to be optimal in ensuring member access to doula services, some of which many be applicable to all audiences and some which may be more narrowly tailored to one or more specific audience(s), which include but are not limited to the following:

General Best Practices

- Provide and make available robust education and training materials and guidance relative to Medi-Cal covered doula services and the role of doula providers in care delivery and that their presence is intended to enhance, not disrupt, clinical operations. This information should be made available to anyone who is interacting with doula providers, including, but not limited to, licensed providers (such as doctors, advance practice clinicians, certified nurse and licensed midwives, physician assistants, etc.) supporting prenatal, labor and delivery, and postpartum care as well as administrative staff (such as those assisting with front-desk admissions, triage, case management/care coordination, and security).
- Develop and release dedicated policies and procedures (P&Ps) that explicitly recognize and are reflective of the unique, non-licensed, and non-clinical role that doula providers play in care delivery, and that are different than those required for licensed, clinical staff.
- Ensure that any operational, administrative or other requirements imposed on doula providers align with Medi-Cal policy and are structured to reduce unnecessary administrative burdens and ensure robust availability of doula providers for members.
- Allow doula providers flexibility in the methods and format they use to maintain documentation of services rendered to members, provided it meets Medi-Cal's

policy requirements[3], and avoid requiring doula providers to perform and/or document tasks outside of their non-licensed, non-clinical scope.
- Ensure doula providers are integrated into operational, administrative, and other workflows and included in broader care-team communications, such as discussions about member preferences and support needs.
- Provide sufficient technical assistance to support doula providers with operational, administrative, and other requirements (e.g. Medi-Cal MCP contracting, credentialling, billing, etc., gaining access to hospitals, etc.), including creating resource toolkits (FAQs, tutorials, etc.), holding office hours/webinars, and establishing dedicated "doula liaisons" that can serve as a primary point of contact (POC).
- Adopt processes that support and uplift member choice to select culturally and linguistically diverse and competent doula providers who meet their individual needs.

IV. Member Access to Doula Providers in Health Care Facilities

While DHCS recognizes that doula providers may not be employees or independent contractors associated with health care facilities, such as hospitals, or clinics, or birthing centers, there should be clear P&Ps that specifically address doula providers, and ideally create a unique sub-designation under general health care facilities' P&Ps related to visitors and visitation policies.

Through extensive internal discussions as well as external stakeholder engagement with Medi-Cal MCPs, hospitals, licensed providers, doula providers, and from the released recommendations from the American College of Obstetricians & Gynecologists (ACOG), DHCS has compiled a list of specific practices that it considers to be optimal in ensuring member access to doula services in health care facilities, which include but are not limited to the following:

Specific Best Practices for Health Care Facilities

- Provide brief, site-specific orientations for doula providers who routinely support members in the health care facility.

[3] Please refer to the Doula Services section of the Medi-Cal Provider Manual and the most current version of the Doula Services APL, which is available on DHCS' website: Managed Care All Plan Letters - 1998 to Current | DHCS.

- Create P&Ps that specifically recognize doula providers as part of the member's care team and designated non-clinical support persons, not general "visitors" (such as family members, friends, etc.), and ensure uninterrupted access that reflects their continuous role from triage, labor management, delivery, including cesareans, and postpartum. These P&Ps should be shared with doula providers in writing and posted publicly for transparency.
- Ensure all levels of hospital staff, from licensed providers to administration and security staff, receive educational materials on the role of doula providers and are appropriately trained in doula-specific P&Ps to prevent delays in care.
- Establish simplified and/or expedited security requirements for identification validation and/or check-in procedures (for example, doula badges given in advance or Doula Directory verification). These requirements should be shared with doula providers in writing and posted publicly for transparency.
- Permit doula providers physical access to operating rooms to accompany Medi-Cal members during cesarean births when clinically appropriate and safe.
    - If limitations arise that prevent doula providers from physically accompanying Medi-Cal members due to factors such as emergent conditions, sterile-field requirements, and/or space constraints (i.e., the operating room is too small to accommodate everyone), always ensure transparent, open communication with both doula providers and Medi-Cal members to reduce confusion and avoid undue stress.
    - In addition, as an alternative way for Medi-Cal members to access their doula providers, utilize health care facility-provided technology solutions such as HIPAA-compliant audio-visual software (i.e., video chat platforms) or audio-only modalities[4]. Where health care facility-provided technology solutions are not available, allow Medi-Cal members to utilize their own personal devices (e.g., cell phone or tablet) to connect directly with their doula providers.
- Integrate interpreter requests into health care facility checklists and staff workflows as well as train staff on effective doula-interpreter coordination to ensure Medi-Cal members can effectively receive information in their preferred language and to reduce the risk of miscommunications.
- Conduct proactive, comprehensive accessibility assessments to ensure ongoing compliance with applicable state and federal requirements that require reasonable accommodations (i.e., aids and services) and accessible entrances,

[4] Under existing Medi-Cal policy, doula providers are allowed to deliver services when clinically appropriate using approved telehealth modalities, as outlined in the Telehealth Modalities (tele mod) section of the Medi-Cal Provider Manual.

examination rooms, equipment, and communication systems for Medi-Cal members living with disabilities.
    - Where opportunities for improvement are identified, implement solutions that support health equity, safety, and quality of care.

V. MCP Credentialing & Contracting

While DHCS recognizes that individual Medi-Cal MCPs have flexibility to establish their own credentialing and contracting processes, as outlined in All Plan Letter (APL) 22-013 and any forthcoming updates[5], MCP processes need to meet all applicable DHCS and federal requirements[6]. Further, MCP processes and associated requirements should not impose unnecessary administrative barriers on doula providers and should be appropriately tailored to reflect their non-licensed, non-clinical role. Medi-Cal MCPs should not impose the same processes and requirements on doula providers as they do for licensed providers rendering clinical services as their scope of practice is significantly different.
Through extensive internal discussions as well as external stakeholder engagement with Medi-Cal MCPs and doula providers, DHCS has compiled a list of specific practices that it considers to be optimal relative to MCP credentialing and contracting, which are outlined below in greater detail by category.

Specific Best Practices for Medi-Cal MCPs and their Network Providers

Credentialing Requirements, including Insurance Requirements

Doula provider enrollment through DHCS' provider enrollment system for Medi-Cal is separate and distinct from the MCP credentialing process, and thus has its own requirements as required by various state and federal laws and DHCS policy.

Credentialing refers to the process of ascertaining a provider's or an entity's professional or technical competence, and may include registration, certification, licensure, and professional association membership. Medi-Cal MCPs are required to credential all contracted network providers that render services to assigned members, in accordance with state and federal law. Further, DHCS requires each MCP to verify every three years that each network provider delivering services continues to possess valid credentials. These credentialing requirements also apply to doula providers; however, the

[5] See current APLs on DHCS' website at Managed Care All Plan Letters - 1998 to Current.
[6] See Title 42 of the CFR, Part 455, Subparts B and E and Title 42 of the CFR, Section 438.602(b).

credentialing requirements should be appropriately tailored to reflect the non-licensed, non-clinical scope of practice of doula providers.

While DHCS recognizes that Medi-Cal MCPs have flexibility in implementing credentialing requirements, Medi-Cal MCPs should undertake efforts to ensure that their credentialing requirements are not unnecessarily administratively burdensome and are reflective of doula providers' non-licensed, non-clinical role.

When deciding what credentialing requirements to implement, DHCS notes that there appears to be wide variation amongst individual Medi-Cal MCPs; however, the most successful and positively received requirements have a few common themes and approaches, which DHCS recommends adopting as part of this best practice framework, as follows:

- Create and maintain a centralized, online and easily accessible webpage for MCP-specific credentialing requirements.
- Whenever possible, implement credentialing requirements that overlap with those required by DHCS as part of its provider enrollment process for Medi-Cal, do not require resubmission if already provided to DHCS, and do not impose additional requirements.
- Streamline and simplify credentialing processes for doula providers by narrowly tailoring them to reflect their non-licensed, non-clinical role.
- Relative to insurance requirements, ensure they align with doula providers' non-licensed, non-clinical role, as follows:
    - Professional Liability coverage, if an MCP elects to impose this as a requirement, should be no more than $1 million per incident/$3 million aggregate[7].
    - Workers' Compensation may only be required when the doula operates as an employer (e.g., hires staff or contracts as a doula group).
    - Avoid imposing malpractice or other insurance requirements (such as umbrella insurance, cyber liability insurance, sexual misconduct and molestation liability insurance, etc.) that may be an MCP requirement for licensed providers rendering clinical care since it is inconsistent with doula providers' scope of practice as a non-licensed, non-clinical professionals.
- Establish open lines of communication and provide sufficient technical assistance to support doula providers, including creating resource documents, holding

[7] Under current Medi-Cal policy, DHCS does not require Professional Liability insurance for doulas enrolling in Medi-Cal since they are non-licensed professionals.

office hours/webinars, and utilizing dedicated "doula liaisons" to serve as a primary POC.

Contracting Requirements & Timelines

Doula provider enrollment through DHCS' provider enrollment system for Medi-Cal is separate and distinct from the MCP contracting process and associated timelines, and thus has its own requirements pursuant to various state and federal laws and DHCS policy.

Medi-Cal MCPs are required to maintain contracts with their network providers (also referred to as "Network Provider Agreements"), which refer to the written agreements between Medi-Cal MCPs and network providers. At a high-level, "contracting" refers to the process between Medi-Cal MCPs and providers (individual or groups), including doula providers, to become network providers. Consistent with applicable state and federal requirements, Medi-Cal MCPs develop these Network Provider Agreements, templates of which are reviewed and approved by both DHCS and the Department of Managed Health Care (DMHC). These requirements also apply to doula providers.

While DHCS recognizes that Medi-Cal MCPs have some limited flexibility in implementing contracting requirements so long as they comply with all applicable Medi-Cal MCP contract requirements, Medi-Cal MCPs should nevertheless undertake efforts to ensure that its contracting requirements and associated timelines are not unnecessarily administratively burdensome and are reflective of doula's non-licensed, non-clinical role. When deciding what contracting requirements to implement, DHCS notes that there appears to be wide variation amongst individual Medi-Cal MCPs; however, the most successful and positively received requirements have a few common themes and approaches, which DHCS recommends adopting as part of this best practice framework, as follows:

- Create and maintain a centralized, online, and easily accessible webpage for MCP-specific contracting requirements.
- Whenever possible, overlap contracting requirements with those required by DHCS as part of its provider enrollment process for Medi-Cal, and do not impose additional requirements. Instead of using Network Provider Agreements that were developed for licensed providers, create new, dedicated Network Provider

Agreements for doula providers that are streamlined, simplified, and that reflect their non-licensed, non-clinical role[8].

- Adopt approaches that ensure regular, ongoing, and timely reviews of doula contract applications, such as targeting 45-day processing, but not to exceed 120 days, from initial receipt of a complete contract application, recognizing the time-sensitive nature of pregnancy. These approaches should also include expedited reviews for urgent situations, such as an impending delivery.
- Avoid approaches that collect doula contract applications but do not review them until a future date, such as on a quarterly basis. While this may be helpful from a MCP administrative perspective, it can be frustrating for members who want to use a specific doula throughout their pregnancy and administratively and financially challenging for doula providers who are seeking to bill for services.
- Implement transparent, responsive communication approaches and channels that keep doula providers apprised of their contract application status, including assigning a primary POC for answering questions.
- Where necessary, use Letters of Intent (LOIs) or Letters of Agreement (LOAs) as a tool in lieu of Network Provider Agreements to ensure immediate access to care for members when their chosen doula is not yet contracted; however, in recognition that LOIs/LOAs are designed to be time-limited, they should not replace the Network Provider Agreement process.
    - LOI/LOAs should be processed on an expedited basis, ideally within 15 days, to avoid administrative delays or delays in access to care.
    - When negotiating reimbursement rates with doula providers pursuant to LOIs/LOAs, strongly consider aligning reimbursement rates with those paid to doula network providers, which would be the current, published Medi-Cal Fee Schedule rates, inclusive of the 2024 Targeted Rate Increases.
- Adopt approaches that support and lift up member choice in recognition that doula services are uniquely designed to support culturally-responsive, individually-aligned care, meaning members may seek doula providers with particular lived experience, language, background, and/or community ties. Accordingly, when a member identifies a specific Medi-Cal enrolled doula, Medi-Cal MCPs should prioritize the contracting process and may issue temporary agreements (e.g., LOIs/LOAs) to facilitate and/or maintain access while Network Provider Agreements are finalized.[9]

[8] Please note that any revisions to MCP Network Provider Agreements must go through internal Medi-Cal MCP review processes, which can take quite some time. Further, DHCS only reviews and approves Network Provider Agreement templates submitted by Medi-Cal MCPs, not every single individual Network Provider Agreement.

[9] Medi-Cal MCPs should not deny or delay a doula's contracting request solely due to real or perceived network adequacy.

VII. Doula Medi-Cal MCP Provider Networks

DHCS is committed to ensuring that any doula providers who meet the qualifications listed in the *Doula Services* section of the Medi-Cal Provider Manual[10] can enroll as a Medi-Cal fee-for-service provider through the online provider enrollment portal[11]. DHCS does not restrict or otherwise impose a limit on the number of doula providers who want and are able to serve Medi-Cal members. While DHCS recognizes that there are currently no specific Medi-Cal MCP network adequacy requirements for doula providers and the number of doula providers necessary to meet Medi-Cal member demand may vary on a statewide basis, DHCS strongly encourages Medi-Cal MCPs to implement policies and processes that support a robust, culturally responsive, linguistically appropriate, and diverse doula provider network so that any Medi-Cal member who wants a doula provider can access a doula provider. . Accordingly, through extensive internal discussions as well as external stakeholder engagement with Medi-Cal MCPs and doula providers, DHCS has compiled a list of specific practices that it considers to be optimal relative to doula Medi-Cal MCP provider networks, which are outlined in greater detail below.

Specific Best Practices for Medi-Cal MCP and Network Providers

In addition to Medi-Cal enrollment, doula providers who want to serve Medi-Cal managed care members who receive services through their assigned Medi-Cal MCP should separately enter into Network Provider Agreements or LOIs/LOAs with individual Medi-Cal MCPs in their service area(s) to receive reimbursement for doula services. While there is currently no standard for the number of doula providers with whom a Medi-Cal MCP needs to contract with to maintain network sufficiency[12], Medi-Cal MCPs should always be actively monitoring their provider networks, including doula (individual and group) providers, within their service areas to achieve timely access to Medi-Cal

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[10] For more information, please refer to the following resource: https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/0075B242-F893-41DB-A418-4129A274E46C/doula.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO.

[11] For more information on Medi-Cal provider enrollment, please visit https://pave.dhcs.ca.gov/sso/login.do. For additional information on the requirements to become a Doula Medi-Cal Provider, please refer to the following resource: https://www.dhcs.ca.gov/file/medi-cal-doula-provider-enrollment-checklist-pdf/.

[12] DHCS does not currently specify a specific number of doulas for contracting purposes as that may vary and currently there are no acceptable ratio/standards based on data, member/patient preferences, and provider availability.

covered services. This includes considering whether arranging for out-of-network services may be required. Moreover, Medi-Cal MCPs should work with their network hospitals, clinics, and birthing centers to ensure there are no barriers to accessing doula providers when accompanying Medi-Cal members for prenatal visits, labor and delivery support, and postpartum visits regardless of outcome (i.e., stillbirth, abortion, miscarriage, live birth).

When deciding what constitutes a sufficient doula provider network, DHCS notes that there appears to be variation amongst individual Medi-Cal MCPs; however, the most successful and positively received approaches have a few common themes, which DHCS recommends adopting as part of this best practice framework, as follows:

- Be willing to enter into Network Provider Agreements or LOI/LOAs with any interested individual or group doula providers who meet Medi-Cal qualifications, with a particular consideration for ensuring Medi-Cal members have access to doula providers who reflect their cultural, linguistic, and lived experiences as well as doula providers specialized in serving historically underserved communities and/or vulnerable populations.
- Consider geographic access needs, including recognition of variances between urban, suburban, and rural regions.
- Ensure that a doula provider is available for all components of the pregnancy and postpartum continuum (e.g. prenatal, labor and delivery, and postpartum care), and that some doula providers may not provide all services.
- Maintain accurate, transparent, and easily understandable provider directories, which include doula providers, and provide insight into key demographic information such as that included on the DHCS Doula Directory (i.e., specialties, spoken languages race/ethnicity, contact information, etc.).
- Partner with community-based organizations and other similar resources to identify gaps, perform outreach, assist with educational awareness campaigns, and more.
- Implement processes that leverage data to monitor network sufficiency and Medi-Cal member access to doula services, which can include utilization patterns, Medi-Cal member grievances/complaints and appeals, and more.

VIII. Documentation

Under current Medi-Cal policy, doula providers are required to maintain documentation of services rendered in their own records for Medi-Cal members and such documentation must be accessible to DHCS or Medi-Cal members' MCP upon request and in the event of a state or federal audit. This documentation should include:

- Date(s) of service,
- Time or duration of each service (or multiple services), and
- Documentation that reflects the nature of the care and service(s) provided, which is sufficient to support the time spent with the Medi-Cal member that day.
    - For example, a doula provider may write the following in their own records: "Discussed childbirth education with member and discussed and developed a birth plan for 1 hour."

Recognizing that doula providers and their services are non-clinical, Medi-Cal policy allows for flexibility in terms of the methods and format by which the required documentation is captured and maintained, which may vary depending on the individual doula provider. However, it is important to note the following regarding current Medi-Cal policy:

- It does not require doula providers to maintain or submit documentation beyond what is outlined in the Medi-Cal Provider Manual, which means it does not need to include visit-level detail logs, birth outcome reports, or other enhanced reporting tools unless doula providers choose to use such templates for their own documentation.
- It does not require doula providers to integrate their documentation into a Medi-Cal member's medical record or electronic health record (EHR) maintained by the Medi-Cal member's health care provider or Medi-Cal MCP.
- It does not require doula providers to upload or transmit their documentation to DHCS or Medi-Cal MCPs on a routine basis, but it does require that they maintain that information in their own records and make it available to DHCS or Medi-Cal MCPs upon request or in the event of a state or federal audit. So long as doula provider documentation meets Medi-Cal policy requirements, it should be deemed sufficient.

Specific Best Practices for Medi-Cal MCPs and Network Providers

Through extensive internal discussions as well as external stakeholder engagement with Medi-Cal MCPs and doula providers, DHCS has compiled a list of specific practices that it considers to be optimal relative to consistent application of the documentation requirements outlined in Medi-Cal policy and reducing unnecessary administrative burdens for doula providers, which include, but are not limited to, the following:

- Ensure that your requirements are aligned with Medi-Cal policy[13], including not requiring doula providers to submit documentation for claims adjudication, utilization management, or encounter reporting beyond the Medi-Cal policy requirements unless voluntarily agreed to as part of a negotiated Network Provider Agreement (or LOI/LOA) or it is necessary for an operational business purpose (such as responding to a state or federal audit); and
- Afford doula providers flexibility in the methods and format they use to maintain documentation of services rendered to Medi-Cal members, provided it meets Medi-Cal's policy requirements.

IX. Billing, Claims Resolution & Other Related Processes

DHCS has existing resources available that are intended to explain and aid with navigating the process for submitting claims, inquiries (for example, payment processes/timelines, or authorization requests), complaints, and/or appeals regarding claim denials or disputes.

For Medi-Cal FFS, DHCS directly handles all billing, claims resolution, and other related processes. Doula providers serving Medi-Cal FFS members (those not enrolled in and receiving services from Medi-Cal MCPs) should follow these processes, which are described in greater detail below by topic.

For Medi-Cal managed care, DHCS does not initially and/or directly handle billing, claims resolution, and other related processes; however, it may be involved in some processes and serve as a pathway for escalation of issues unable to be resolved through MCP processes and/or that qualify to directly go to DHCS (or another state entity such as DMHC) for resolution. Doula providers serving Medi-Cal managed care members should follow these processes. Please note that individual Medi-Cal MCPs have flexibility to implement many of their own processes in this space so long as they comply with applicable state and federal requirements and Medi-Cal policy. Doula providers should refer to their individual Network Provider Agreement or LOI/LOA terms, MCP website information, and/or reach out to individual Medi-Cal MCPs directly to confirm these processes[14].

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[13] See the Doula Services section of the Medi-Cal Provider Manual and the most current version of the Doula Services APL, which is available on DHCS' website: Managed Care All Plan Letters - 1998 to Current | DHCS.

[14] For contact information for Medi-Cal MCPs, please refer to DHCS' website at Medi-Cal Plan List.

For additional information for both FFS and MCPs on resolution pathways, reference the Medi-Cal Provider Fee-For -Service (FFS) and Managed Care Plan (MCP) Complaint Pathways resource.

Specific Best Practices for Medi-Cal MCPs and Network Providers

Through extensive internal discussions as well as external stakeholder engagement with Medi-Cal MCPs and doula providers, DHCS has compiled a list of specific practices that it considers to be optimal relative to effective billing, claims resolution, and other related processes (such as complaints/grievances and appeals), which are outlined below in greater detail by category.

General

- Create and maintain a centralized, online and easily accessible doula resource hub for MCP-specific billing, claims, resolution, and other related processes (including complaints/grievances and appeals). Examples of resources may include, but are not limited to, the following: billing requirements and quick reference sheets (with codes, modifiers, and documentation requirements), utilization management policies (if any); documentation requirements; timelines for submission, adjudication, and payment; primary POCs for different issues, and regular, technical assistance office hours.
- Develop and implement transparent, easy to comprehend written P&Ps and/or guidance on billing, claims resolution, and other related processes. This should include real examples of clean claims, common errors, and successful appeals.
- Offer accessible, real-time doula support through a provider call line with trained individuals who are knowledgeable about doula providers and the services they provide. Doula providers should not be routed through general or ancillary queues but be offered tailored support.

Billing and Claims Resolution

- Maintain timely communication and response standards for billing and claims-related issues. This should include establishing a pre-determined number of days to respond to inquiries, such as fourteen (14) business days for non-urgent matters and seven (7) days for urgent matters, with status updates if/as needed for increased transparency.

- Educate and appropriately train claims processing teams on Medi-Cal doula coverage requirements and update systems timely when DHCS policy changes (for example, adds new billing codes, modifiers, etc.) to avoid downstream impacts.
- Implement internal pre-adjudication claims checks to identify common errors (for example, missing modifiers, wrong taxonomy, incorrect provider ID, etc.) and communicate with doula providers proactively before issuing denials. Where feasible, also implement automated processes to address erroneous denials without further action required by doula providers.
- When issuing a denial, provide specific, actionable denial reasons that are understandable so they can be expeditiously corrected. Avoid vague terminology or generic codes.

Complaints, Grievances & Appeals Processes

- Provide clear, simple guidance and examples of what qualifies as a complaint, grievance, or appeal, and submission processes, which should be in writing and also available online.
- Allow doula providers to submit complaints, grievances, and appeals through multiple channels, such as provider portals, email, phone, and/or mail, in recognition of the diverse and unique nature in which doula providers practice.
- Provide transparency, uniform communication and resolution timelines, consistent with applicable state and federal requirements as well as Medi-Cal policy requirements. This should include periodic status updates to keep doula providers informed throughout the process, not just final decisions.
- Regularly review data pertaining to doula complaints, grievances, and appeals to identify systemic issues and opportunities for process improvement (for example, repeated denials for the same reason, challenges working with the same licensed provider, access to care issues in hospitals, etc.).
- Establish straightforward, effective pathways for appealing adverse decisions related to claim denials, contracting/credentialing, and more. These should also identify required documentation and associated timelines.
- Ensure staff reviewing doula complaints, grievances, and appeals understand the scope of doula services and the non-licensed, non-clinical nature of doula care.
- Establish clear pathways for internal escalation of issues (ideally through a dedicated triage queue/team) to resolve complex cases before they reach DHCS. This should include documenting all attempts at resolution and share that history with DHCS when an issue is elevated.
- When offered, participate in DHCS technical assistance sessions and incorporate feedback into operations.

- As needed, reach out to DHCS for clarification on Medi-Cal policy or assistance with resolving both individual doula-related issues and systemic operational concerns.

Other Health Coverage (OHC)

- Ensure internal Medi-Cal MCP billing and claims adjudication teams staff receive comprehensive training on Medi-Cal's OHC policy requirements for Medi-Cal members who have OHC (e.g., private/commercial insurance, Medicare, or other third-party coverage) to ensure compliance, reduce delays in care, and avoid erroneous claim denials.
- Offer periodic training and direct technical assistance to doula providers on Medi-Cal's OHC policy, including the order in which to bill the OHC versus Medi-Cal, how claims need to be submitted to appropriately capture the OHC, and what documentation is required to be submitted with claims to avoid delays and/or erroneous denials (e.g., an "Explanation of Benefits" showing the OHC does not cover doula services or a letter denying coverage of doula services from the OHC).

X. Conclusion

Doula providers play a vital role in supporting pregnant and postpartum members. DHCS, in collaboration with other health care delivery partners, including Medi-Cal MCPs and health care facilities, are essential in ensuring that doula support is accessible, culturally responsive, and administratively feasible. By adopting the best practices outlined in this Guide, including streamlined credentialing and contracting, transparent billing and claims processes, clear grievance and appeal pathways, and collaborative, doula-inclusive care environments, we can all work together to help reduce unnecessary administrative barriers and promote consistent, equitable access to doula services for members. In turn, DHCS believes that this will ultimately strengthen both provider and member experience, uphold Medi-Cal policy requirements, and contribute to improved maternal health outcomes across California.

APPENDIX A: Resources

- Medi-Cal Doula Services Recommendation Additional Postpartum Visits
- MCP Doula Directory for: Member 2025 Doula Services
- Doula Directory | DHCS
- APL 22-013
- APL 23-024
- Medi-Cal Provider Manual: Doula Services (doula)
- Doula Providers- General FAQs: Doula Services Frequently Asked Questions | DHCS
- Doula Providers- Enrolling as a Doula: Doula Services Frequently Asked Questions | DHCS
- Doula Providers – Managed Care Plans: Doula Services FAQ | DHCS
- Doula Providers- Reimbursement: Doula Services Frequently Asked Questions | DHCS
- Medi-Cal Doula Provider Enrollment Checklist
- Email: DoulaBenefit@dhcs.ca.gov
- Medi-Cal Provider Fee-For -Service (FFS) and Managed Care Plan (MCP) Complaint Pathways