



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Doula Services	Policy #	3.98-P
Policy Owner	Utilization Management	Original Effective Date	05/2023
Revision Effective Date	01/2024	Approval Date	12/18/2024
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

This policy outlines the eligibility criteria for Doula services, specifies the qualifications for becoming a Doula provider, and details the provisions of Kern Health Systems Doula as a benefit.

II. POLICY

- A. Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.
1. Doula services are provided as preventive services when a beneficiary is enrolled in a Medi-Cal Plan, administered pursuant to Title 42 Code of Federal Regulations (CFR) Section 440.130(c) and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.
 - a. The recommending physician or licensed practitioner does not need to be enrolled in Medi-Cal or be a Network Provider within KHS's (Kern Health Systems) Network.
 2. A Member would meet the criteria for a recommendation for doula services if they meet the eligibility requirements, currently enrolled with KHS, pregnant, or were pregnant within the past year, and would either benefit from doula services or they request doula services. Doula services can only be provided:
 - a. During pregnancy,
 - b. During labor and delivery, including stillbirth; miscarriage; abortion; and,
 - c. Within one year of the end of a member's pregnancy.
- B. Doulas provide person-centered, culturally competent care that supports the racial, ethnic, linguistic, and cultural diversity of Members while adhering to evidence-based best practices.

- C. Doulas are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during miscarriage, stillbirth, and abortion, with the goal of preventing perinatal complications and improving health outcomes for birthing parents and infants. Doulas are not licensed, and they do not require supervision.
1. Doulas also offer various types of support, including health navigation; lactation support; development of a birth plan; and linkages to community-based resources.
- D. KHS is prohibited from establishing unreasonable or arbitrary barriers for accessing doula services.
- E. KHS's Provider Network Department will ensure and monitor sufficient Provider Networks within the KHS service areas, including doulas.
1. Providers of doula services are required to enroll as Medi-Cal Providers, consistent with All Plan Letter (APL) 22-013, or any superseding APL, if there is a state-level enrollment pathway for them to do so.
 2. To support an adequate doula network, KHS will make contracting available to both individual doulas and doula groups.
 3. KHS will work with their network hospitals/birthing centers to ensure:
 - a. There are no barriers to accessing these providers when Doulas accompany members for prenatal visits, labor and delivery support, and postpartum visits regardless of outcome (stillbirth, abortion, miscarriage, live birth).

III. DEFINITIONS

Terms	Definitions
Medi-Cal Coverage of Doula Services	Medi-Cal covers doula services, pursuant to Title 42 of the Code of Federal Regulations, Section 440.130(c), as preventive services and on the written recommendation of a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.
Doula	Birth workers who provide health education, advocacy, and physical, emotional, and nonmedical support for pregnant and postpartum persons before, during and after childbirth (perinatal period) including support during miscarriage, stillbirth, and abortion. Doulas are not licensed or clinical providers, and they do not require supervision.

Doulas serving Medi-Cal beneficiaries	Doulas provide person-centered, culturally competent care that supports the racial, ethnic, linguistic, and cultural diversity of beneficiaries while adhering to evidence-based best practices. Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.
Doula services	Doula services encompass health education, advocacy, and physical, emotional, and nonmedical support provided before, during and after childbirth or end of a pregnancy, including throughout the postpartum period.
Enrolled Doula	A Doula enrolled either through Department of Health Care Services (DHCS) or through a Medi-Cal Plan.
Evidence Based	A process whereby decisions are made, and actions or activities are understood using the best evidence available with the goal of removing subjective opinion, unfounded beliefs or bias from decisions and actions. Evidence can include practitioner experience and expertise as well as feedback from other practitioners and beneficiaries.
Full-Spectrum Doula Care:	Prenatal and postpartum doula care, presence during labor and delivery and doula support for miscarriage, stillbirth, and abortion. Doula care includes physical, emotional, and other nonmedical care.
Post Partum Period	Doulas may provide services for up to 12 months from the end of pregnancy. Beneficiaries are eligible to receive full-scope Medi-Cal coverage for at least 12 months after pregnancy.

IV. PROCEDURES

- A. KHS is required to provide doula services for prenatal, perinatal, and postpartum members when recommended by a physician or other appropriately licensed practitioner.
 1. The initial recommendation can be provided through the following methods and must be submitted as evidence for Doula Service authorization requests:
 - a. Written recommendation in Member's record.
 - b. Standing recommendation for doula services by KHS, physician group, or other group by a licensed provider. (the standing recommendation issued by DHCS on November 1, 2023 fulfills this requirement until the time it is rescinded or modified).
 - c. Recommendation for additional visits during the postpartum period cannot be established by standing order.
 - d. Standard form signed by a physician or other licensed practitioner that a member can provide to the doula.

- B. Doula services for prenatal, perinatal, and postpartum members can be provided virtually or in person in any setting including, but not limited to, homes, office visits, hospitals, or alternative birth centers. There are no Place of Service restrictions for doula services effective January 1, 2023.
- C. A doula is not prohibited from providing assistive or supportive services in the home during a prenatal or postpartum visit for example:
1. A doula may help the postpartum person fold laundry while providing emotional support and offering advice on infant care.
 2. The visit must be face-to-face, and the assistive or supportive service must be incidental to doula services provided during the prenatal or postpartum visit.
 - a. The Member cannot be billed for the assistive or supportive service.
- D. An initial recommendation for doula services includes the following authorizations:
1. Initial
 - a. One initial visit.
 - b. Up to eight additional visits that can be provided in any combination of prenatal and postpartum visits.
 - c. All visits are limited to one per day, per Member.
 - d. Only one doula can bill for a visit provided to the same Member on the same day, excluding labor and delivery.
 - e. One prenatal visit or one postpartum visit can be provided on the same day as labor and delivery, stillbirth, abortion, or miscarriage support.
 - f. The prenatal visit or postpartum visit billed on the same calendar day as birth can be billed by a different doula.
 2. Up to two extended three-hour postpartum visits after the end of a pregnancy.
 - a. The extended three-hour postpartum visits provided after the end of pregnancy do not require the Member to meet additional criteria or receive a separate recommendation.
 - b. The extended postpartum visits are billed in 15-minute increments, up to three hours, up to two visits per pregnancy per individual provided on separate days.
 3. Telehealth
 - a. Doulas should refer to the Telehealth section in Part 2 of the Provider Manual for guidance regarding providing services via telehealth for prenatal or postpartum visits, labor, and delivery support, and for abortion and miscarriage support.
- E. If a member requests or requires pregnancy-related services that are available through Medi-Cal, then the doula should work with the Member's Primary Care Provider to verify eligibility for the month of service (if that information is available) or work with the KHS Utilization Management (UM) Department to refer the Member to a Network Provider who is able to render the service.

F. Covered and Non-Covered Doula Services

1. Services Covered by Medi-Cal that are not Covered Under the Doula Benefit

If a beneficiary requests or requires one of the pregnancy-related services listed below that is not covered under the doula benefit, the doula should inform the beneficiary that another Medi-Cal provider is able to render the requested service. These services include, but are not limited to:

- a. Behavioral health services,
- b. Belly binding after cesarean section by clinical personnel,
- c. Clinical case coordination,
- d. Health care services related to pregnancy, birth, and the postpartum period,
- e. Childbirth education group classes,
- f. Comprehensive health education including orientation, assessment, and planning (Comprehensive Perinatal Services Program services),
- g. Hypnotherapy (non-specialty mental health service),
- h. Lactation consulting, group classes, and supplies,
- i. Nutrition services (assessment, counseling, and development of care plan),
- j. Transportation,
- k. Medically appropriate Community Supports services.

2. Services not within the Scope of Doula Services:

- a. Diagnosis of medical conditions,
- b. Provision of medical advice, or any type of clinical assessment, exam, or procedure.

3. Services not covered under Medi-Cal or as doula services:

- a. Belly binding (traditional/ceremonial)
- b. Birthing ceremonies (i.e., sealing, closing the bones, etc.)
- c. Group classes on babywearing.
- d. Massage (maternal or infant)
- e. Photography
- f. Placenta encapsulation
- g. Shopping
- h. Vaginal steams
- i. Yoga

4. Community Support Services

- a. Certain Community Supports services may be available to eligible beneficiaries through KHS or through counties for longer-term personal care needs, including In-Home Support Services (IHSS).
- b. Community Supports may provide, but are not limited to, the following:
 - i. Meal preparation and grocery shopping (Personal Care and Homemaker Services, IHSS)
 - ii. Laundry and house cleaning (Personal Care and Homemaker Services, IHSS)

- iii. Services that attend to a beneficiary's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them (Respite Care, IHSS).
- iv. Services provided by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to beneficiaries (Respite Care).
- c. For beneficiaries who are enrolled in KHS, the beneficiary can be referred to KHS plan to assist them in securing the needed services.

G. DHCS Requirements for Doula Certification

1. The following requirements pertain to Doulas:
 - a. All doulas must be at least 18 years old, possess an adult/infant cardiopulmonary resuscitation (CPR) certification, and have completed basic Health Insurance Portability and Accountability Act (HIPAA) training.
 - b. In addition, a doula must meet either of the following qualification pathways:
 - i. Training Pathway:
 - a) Complete a minimum of 16 hours of training in the following areas: Lactation support, childbirth education, foundations on anatomy of pregnancy and childbirth, nonmedical comfort measures, prenatal support, and labor support techniques, developing a community resource list, provide support at a minimum of three births.
 - ii. Experience Pathway:
 - a) All of the following: At least five years of active doula experience in either a paid or volunteer capacity within the previous seven years.
 - b) Attestation to skills in prenatal, labor, and postpartum care as demonstrated by three written client testimonial letters or professional letters of recommendation from any of the following:
 - 1) A physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, or community-based organization.
 - 2) Letters must be written within the last seven years.
 - 3) One letter must be from either a licensed provider, a community-based organization, or an enrolled doula.
 - 4) Doulas must complete three hours of continuing education in maternal, perinatal and/or infant care every three years.
 - 5) Doulas shall maintain evidence of completed training to be made available to DHCS upon request.

Network Providers, including those who will operate as Providers of doula services, are required to enroll as Medi-Cal Providers, consistent with APL 22-013, or any superseding APL, if there is a state-level enrollment pathway for them to do so.

H. Doula Documentation, Claims Billing Requirements, and Reimbursement

1. Doulas are required to document the dates, time, and duration of services provided to Members.
 - a. Documentation must also reflect information on the service provided and the length of time spent with the Member that day.
 - i. For example, documentation might state, “Discussed childbirth education with the Member and discussed and developed a birth plan for one hour.”
 - b. Documentation should be integrated into the Member’s medical record and available for encounter data reporting.
 - c. The doula’s National Provider Identifier (NPI) number must be included in the documentation.
 - d. Documentation must be accessible to KHS and DHCS upon request.
2. KHS will reimburse doulas in accordance with their Network Provider contract.
3. Claims for doula services must be submitted with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual. Attachment A.
 - a. Doulas cannot double bill, as applicable, for doula services that are duplicative to services that are reimbursed through other benefits.
 - b. Payments will be made in compliance with the clean claims requirements and timeframes outlined in the Contract and Timely Payments APL. These requirements apply to both Plans and their Network Providers and Subcontractors. If a member chooses to see an Out of Network (OON) Provider for abortion services, the reimbursement rate must not be lower, and is not required to be higher, than the Medi-Cal Fee-For-Service rate, unless the OON Provider and the MCP mutually agree to a different reimbursement rate.

I. Training

1. KHS will provide doulas with all necessary, initial, and ongoing training and resources regarding relevant KHS benefits and services and UM authorization and billing processes, including any available services KHS offers for prenatal, perinatal, and postpartum members.
 - a. KHS will incorporate the DHCS Training Materials. Attachment B.
 - b. The training will be provided initially when doulas are enrolled with KHS, and thereafter on an ongoing basis.
 - c. KHS will provide technical support in the administration of doula services, ensuring accountability for all service requirements contained in the Contract, and any associated guidance issued by the Department of Health Care Services (DHCS).

J. KHS Monitoring of Doula Services

1. Monitoring of Doula Services will include:
 - a. Review of claims data
 - b. Authorization requests
 - c. Member complaints and grievances
 - d. Recredentialing Process

V. ATTACHMENTS

Attachment A: Doula Services Medi-Cal Provider Manual
Attachment B: Doula Services Benefit Orientation to Managed Care Plans

VI. REFERENCES

Reference Type	Specific Reference
All Plan Letter(s) (APL)	DHCS APL 23-024, 22-031
All Plan Letter(s) (APL)	
Choose an item.	

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	01/01/2024	Revised to comply with DHCS APL 23-024. DHCS approved for 23-024 on 3/11/2024.	UM
Created	05/2023	New policy developed to comply with DHCS APL 22-031, Doula Services. Revisions were made on May 30, 2023. Policy was submitted to the DHCS on 5/31/2023 to comply with APL 22-031. On 8/24/2023, DHCS APL 22-031 was superseded by 23-024, Doula Services. On 11/2/2023, the policy received approved per DMHC APL 22-031, Section 16, Filing No. 20231016.	UM

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Department of Health Care Services (DHCS)	APL 23-024	3/11/2024
Department of Managed Health Care (DMHC)	APL 22-031	11/2/2023
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Choose an item.		
*Signatures are kept on file for reference but will not be on the published copy		



Policy and Procedure Review

KHS Policy & Procedure: 3.98-P Doula Services

Last approved version: N/A

Reason for creation: New policy developed to comply with DHCS APL 22-031, Doula Services. Revisions were made on May 30, 2023. Policy was submitted to the DHCS on 5/31/2023 to comply with APL 22-031 (superseded by DHCS APL 23-024). Policy was revised to comply with DHCS APL 23-024, DHCS approved the policy for APL for 23-024 on 3/11/2024. On 11/2/2023, the policy received approval per DMHC APL 22-031, Section 16, Filing No. 20231016.

Director Approval		
Title	Signature	Date Approved
Dr. Maninder Khalsa Medical Director of Utilization Management		
Robin Dow-Morales Senior Director of Claims		

Date posted to public drive: _____

Date posted to website ("P" policies only): _____

Doula Services

Page Updated: December 2022

Medi-Cal covers doula services, pursuant to Title 42 of the Code of Federal Regulations, Section 440.130(c), as preventive services and on the written recommendation of a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.

Doulas serving Medi-Cal beneficiaries provide person-centered, culturally competent care that supports the racial, ethnic, linguistic, and cultural diversity of beneficiaries while adhering to evidence-based best practices. Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.

Definitions

Doula: Birth workers who provide health education, advocacy, and physical, emotional and nonmedical support for pregnant and postpartum persons before, during and after childbirth (perinatal period) including support during miscarriage, stillbirth and abortion. Doulas are not licensed or clinical providers, and they do not require supervision.

Doula services: Doula services encompass health education, advocacy, and physical, emotional and nonmedical support provided before, during and after childbirth or end of a pregnancy, including throughout the postpartum period.

Evidence-based: A process whereby decisions are made and actions or activities are understood using the best evidence available with the goal of removing subjective opinion, unfounded beliefs or bias from decisions and actions. Evidence can include practitioner experience and expertise as well as feedback from other practitioners and beneficiaries.

Full-spectrum doula care: Prenatal and postpartum doula care, presence during labor and delivery and doula support for miscarriage, stillbirth, and abortion. Doula care includes physical, emotional and other nonmedical care.

Postpartum period: Doulas may provide services for up to 12 months from the end of pregnancy. Beneficiaries are eligible to receive full-scope Medi-Cal coverage for at least 12 months after pregnancy.

Covered Services:

A recommendation for services authorizes all of the following:

- One initial visit.
- Up to eight additional visits that may be provided in any combination of prenatal and postpartum visits.
- Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion or miscarriage.
- Up to two extended three-hour postpartum visits after the end of a pregnancy.

The extended three-hour postpartum visits provided after the end of pregnancy do not require the beneficiary to meet additional criteria or receive a separate recommendation.

An additional recommendation from a physician or other licensed practitioner of the healing arts acting within their scope of practice is required for up to nine additional postpartum visits billed with HCPCS code Z1038 (postpartum visit).

Doulas offer various types of support, including perinatal support and guidance; health navigation; evidence-based education and practices for prenatal, postpartum, childbirth, and newborn/infant care; lactation support; development of a birth plan; and linkages to community-based resources. Coverage also includes comfort measures and physical, emotional, and other nonmedical support provided during labor and delivery and for miscarriage and abortion.

Billing Codes

Claims for doula services do not require a diagnosis code. The following codes may be used for all services listed above when submitting claims:

Prenatal and Postpartum Visits

- Z1032 – Extended initial visit 90 minutes
- Z1034 – Prenatal visit
- Z1038 – Postpartum visit
- T1032 – Extended postpartum doula support, per 15 minutes

The extended initial visit must be for 90 minutes to bill with Z1032. All visits are limited to one per day, per beneficiary. Only one doula may bill for a visit provided to the same beneficiary on the same day, excluding labor and delivery. One prenatal visit or one postpartum visit may be provided on the same day as labor and delivery (including stillbirth), abortion or miscarriage support. The prenatal visit or postpartum visit billed on the same calendar day as labor and delivery, abortion, or miscarriage support may be billed by a different doula.

For extended postpartum visits lasting at least three hours, doulas may bill code T1032 (15 minutes per unit) for up to 12 units per visit, up to two visits (24 units) per pregnancy per beneficiary provided on separate days.

Labor and Delivery Support

- CPT® 59409 – Doula support during vaginal delivery only
- CPT 59612 – Doula support during vaginal delivery after previous caesarian section
- CPT 59620 – Doula support during caesarian section

Billing codes for support during labor and delivery are limited to once per pregnancy. Support during labor and delivery can be billed if this service is provided by a doula, whether or not the delivery results in a live birth.

Abortion or Miscarriage Support

- HCPCS T1033 – Doula support during or after miscarriage
- CPT 59840 – Doula support during or after abortion

Billing codes HCPCS code T1033 for miscarriage support and CPT code 59840 for abortion support are each limited to once per pregnancy.

Informing a Beneficiary about Services by Non-Doula Providers

If a beneficiary requests or requires one of the pregnancy-related services listed below that is not covered under the doula benefit, the doula should inform the beneficiary that another Medi-Cal provider is able to render the requested service. These services include, but are not limited to, the following Medi-Cal services that are not part of the doula benefit:

- Behavioral health services
- Belly binding after cesarean section by clinical personnel
- Clinical case coordination
- Health care services related to pregnancy, birth, and the postpartum period
- Childbirth education group classes
- Comprehensive health education, including orientation, assessment, planning (Comprehensive Perinatal Services Program services)
- Hypnotherapy (non-specialty mental health service)
- Lactation consulting, group classes, and supplies
- Nutrition services (assessment, counseling, and development of care plan)
- Transportation

Certain Community Supports services may be available to eligible beneficiaries through participating managed care plans or through counties for longer-term personal care needs, including In-Home Support Services (IHSS). Community Supports may provide, but are not limited to, the following:

- Meal preparation and grocery shopping (Personal Care and Homemaker Services, IHSS)
- Laundry and house cleaning (Personal Care and Homemaker Services, IHSS)
- Services that attend to a beneficiary's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines that would ordinarily be performed by those persons who normally care for and/or supervise them (Respite Care, IHSS).
- Services provided by the day/overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to beneficiaries (Respite Care).

For beneficiaries who are enrolled in Medi-Cal managed care plans, the beneficiary can be referred back to the managed care plan to assist them in securing the needed services. For Medi-Cal beneficiaries in fee-for-service Medi-Cal, the beneficiary can be referred back to their primary care provider to assist them or they may call the DHCS Telephone Service Center (TSC) at 1-800-541-5555.

A doula is not prohibited from providing assistive or supportive services in the home during a prenatal or postpartum visit, as long as the visit is face-to-face, the assistive or supportive service is incidental to doula services provided during the prenatal or postpartum visit, and the beneficiary is not billed for the assistive or supportive service.

Non-covered services

The following services for pregnant or postpartum beneficiaries are not covered as Medi-Cal doula services and are not covered under Medi-Cal:

- Belly binding (traditional/ceremonial)
- Birthing ceremonies (i.e., sealing, closing the bones, etc.)
- Group classes on babywearing
- Massage (maternal or infant)
- Still and Video Photography
- Placenta encapsulation
- Shopping
- Vaginal steams
- Yoga

Doula services do not include diagnosis of medical conditions, provision of medical advice, or any type of clinical assessment, exam, or procedure.

Doulas are not prohibited from teaching classes that are available at no cost to individuals, including Medi-Cal beneficiaries to whom they are providing doula services.

Telehealth

Doulas should refer to the [Telehealth](#) section in Part 2 of the Provider Manual for guidance regarding providing services via telehealth for prenatal or postpartum visits, labor and delivery support, and for abortion and miscarriage support. Doulas may bill for services provided by telehealth using either modifier 93 for synchronous audio-only or modifier 95 for synchronous video.

Documentation Requirements

Doula services require a written recommendation by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.

The recommending licensed provider does not need to be enrolled in Medi-Cal or be a network provider within the beneficiary's managed care plan.

The initial recommendation can be provided through the following methods:

- Written recommendation in beneficiary's record.
- Standing order for doula services by plan, physician group or other group by a licensed provider.
- Standard form signed by a licensed provider that a beneficiary can provide to a doula.

A second recommendation is required for additional visits during the postpartum period. A recommendation for additional visits during the postpartum period cannot be established by standing order. The additional recommendation authorizes nine or fewer additional postpartum visits, billed with HCPCS code Z1038.

Doulas are required to document the dates and time/duration of services provided to beneficiaries. Documentation should also reflect information on the nature of the care and service(s) provided and support the length of time spent with the beneficiary that day.

For example, documentation might state, "Discussed childbirth education with beneficiary and discussed and developed a birth plan for 1 hour." Documentation shall be accessible to DHCS upon request.

Eligibility Criteria

Providers should verify the recipient's Medi-Cal eligibility for the month of service for fee-for-service claims. A beneficiary who is pregnant, or was pregnant within the past year, and would either benefit from doula services or requests doula services, would meet the medical necessity criteria for a recommendation for doula services. Doula services may only be provided during pregnancy; during labor and delivery, miscarriage, and abortion; and within one year of the end of a beneficiary's pregnancy.

Place of Service

There are no Place of Service restrictions for doula services.

Claim Submission

Fee-for-service claims for doula services must be submitted by a doula enrolled in Medi-Cal or an enrolled doula group.

Doula Minimum Qualifications:

All doulas must be at least 18 years old, possess an adult/infant CPR certification, and have completed basic HIPAA training.

In addition, a doula must meet either of the following qualification pathways:

Training Pathway:

- Complete a minimum of 16 hours of training in the following areas:
 - Lactation support
 - Childbirth education
 - Foundations on anatomy of pregnancy and childbirth
 - Nonmedical comfort measures, prenatal support and labor support techniques
 - Developing a community resource list
- Provide support at a minimum of three births

Experience Pathway:

- Or all of the following:
 - At least five years of active doula experience in either a paid or volunteer capacity within the previous seven years.
 - Attestation to skills in prenatal, labor, and postpartum care as demonstrated by three written client testimonial letters or professional letters of recommendation from any of the following: a physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, or community-based organization. Letters must be written within the last seven years. One letter must be from either a licensed provider, a community-based organization, or an enrolled doula.

Doulas must complete three hours of continuing education in maternal, perinatal and/or infant care every three years. Doulas shall maintain evidence of completed training to be made available to DHCS upon request.

Recommended Trainings:

Doulas need to be able to serve the unique needs of Medi-Cal beneficiaries. As such, supplemental training that is recommended but not required, includes, but is not limited to, the following:

- Perinatal support
- Hands-on support with clients
- Trauma-informed care
- Cultural sensitivity or competency, implicit bias or anti-racism or social determinants of health for birthing populations
- Perinatal mood and anxiety disorders
- Intimate partner violence
- Postpartum care/support
- Infant and newborn care
- Perinatal loss and bereavement support

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.



Doula Services Benefit

Department of Health Care Services

PowerPoint Slide Deck, January 10, 2023

PowerPoint Presentation and Q&A, January 26, 2023



Doula Services Benefit

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, spanning the width of the slide below the title.

Dana Durham

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Agenda

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2. MCP Engagement
3. Doula Services Process Flow Example
4. National Provider Identifier
5. MCP Enrollment
6. MCP Contracts
7. MCP Onboarding
8. Documentation
8. Pregnancy-Related Service Referrals
9. Billing, Claims, and Payment
10. Access Requirement
11. MCP Contacts
12. Q&A

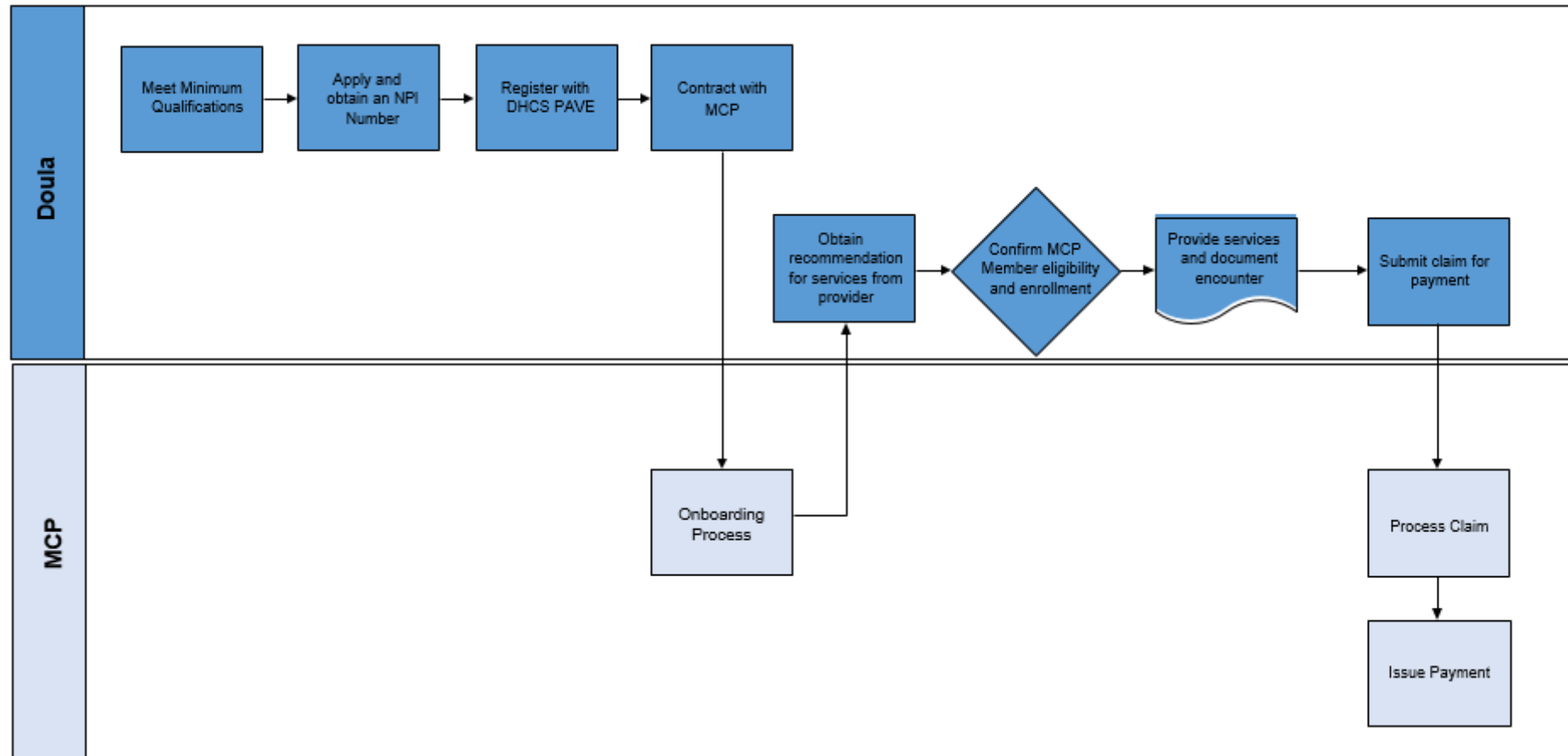
Doula Services Benefit Background

- » Effective January 1, 2023, MCPs are required to provide doula services for prenatal, perinatal and postpartum Members.
- » Doula services can be provided virtually or in-person with locations in any setting including, but not limited to, homes, office visits, hospitals, or alternative birth centers.

MCP Engagement

- » MCP activities for engagement may include, but not limited to:
 - » Marketing campaigns to recruit individual doulas and doula groups.
 - » Partnering with existing doula programs within the county system.
 - » Reaching out to community based doula organizations or doula collectives.
 - » Surveying OB/GYN offices, mid-wife groups and/or birthing centers for doula service interests.

Doula Services Process Flow Example



National Provider Identifier

- » The National Provider Identifier (NPI) is a numeric identifier that is assigned to a health care provider by the Centers for Medicare & Medicaid Services (CMS).
- » 10-digit permanent number assigned to a provider and must be used on electronic claim transactions for health care billing and reimbursement.
- » Applying for an NPI is free, easy, and typically takes 20 to 30 minutes to complete. Organizations can apply online or by mail through the [CMS NPI Application/Update Form page](#).

MCP Enrollment

- » Network Providers, including those who will operate as Providers of doula services, are required to enroll as Medi-Cal Providers, consistent with APL 22-013, or any superseding APL, if there is a state-level enrollment pathway for them to do so.
- » Doulas who wish to provide services to MCP members will need to meet minimum qualifications, obtain a National Provider Identifier (NPI) number, enroll via the DHCS Medi-Cal Provider Application, and Validation Enrollment (PAVE) processes, AND enter into contracts with MCPs.

MCP Contracts

- » Doulas must enter into contracts with MCPs to receive reimbursement for services provided to MCP Members.
- » Doulas may need to contract with multiple MCPs depending on the geographic service area (county) the MCP Members are in.

MCP Onboarding

- » MCPs must provide doulas with all necessary, initial and ongoing training and resources regarding relevant MCP services and processes, including any available services through the MCP for prenatal, perinatal, and postpartum Members. This training must be provided initially when doulas are enrolled with the MCPs, as well as on an ongoing basis.
 - » MCPs are required to provide technical support in the administration of doula services, ensuring accountability for all service requirements contained in the Contract, and any associated guidance issued by the DHCS.
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Documentation

- » Doulas must document the dates, time, and duration of services provided to Members.
- » Documentation must also reflect information on the service provided and the length of time spent with the Member that day. For example, documentation might state, "Discussed childbirth education with the Member and discussed and developed a birth plan for one hour."

Pregnancy-Related Service Referrals

- » If a Member requests or requires pregnancy-related services that are available through Medi-Cal, then the doula should work with the Member's Primary Care Provider (if that information is available) or work with the MCP to refer the Member to a Network Provider who is able to render the service.

Billing, Claims, and Payments

- » MCPs must reimburse doulas in accordance with their Network Provider contract.
- » MCPs are prohibited from establishing unreasonable or arbitrary barriers for accessing doula services.
- » Claims for doula services must be submitted with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual, Doula Services.
- » Doulas cannot double bill, as applicable, for doula services that are duplicative to services that are reimbursed through other benefits.

Access Requirements

- » To support an adequate doula Network, MCPs must make contracting available to both individual doulas and doula groups.
- » MCPs must work with their network hospitals/birthing centers to ensure there are no barriers to accessing doulas when accompanying Members for prenatal visits, labor and delivery support, and postpartum visits regardless of outcome (stillbirth, abortion, miscarriage, live birth).

MCP Contacts

MCP	E-Mail	MCP	E-Mail
Aetna Better Health of California	aquilal@aetna.com	Health Net Community Solutions, Inc.	monina.r.alvarenga@healthnet.com
Alameda Alliance for Health	providerservices@alamedaalliance.org	Health Plan of San Joaquin	hbayerian@hpsj.com
Anthem Blue Cross Partnership Plan	xiomara.lopez@anthem.com	Health Plan of San Mateo	PSInquiries@hpsm.org
Blue Shield of CA Promise Health Plan	nicole.aevans@blueshieldca.com	Inland Empire Health Plan	doula@iehp.org
California Health and Wellness	wendy.ferguson@cahealthwellness.com	Kern Health Systems	brianna.gudmundson@khs-net.com
CalOptima	mwood@caloptima.org	KP Cal LLC (NorCal)	Heather.m.ward@kp.org
CalViva Health	monina.r.alvarenga@healthnet.com	KP Cal LLC (SoCal)	Melinda.A.Yanonis@kp.org
CenCal Health	cslaughter@cencalhealth.org	L.A. Care Health Plan	kromero@lacare.org
Central California Alliance for Health	jdybdahl@ccah-alliance.org	Molina Healthcare of California	katy.olmos-ly@molinahealthcare.com
Community Health Group Partnership Plan	amaty@chgsd.com	Partnership Health Plan of California	mkerlin@partnershiphp.org
Contra Costa Health Plan	fabiola.quintero@cchealth.org	San Francisco Health Plan	provider.relations@sfhp.org
Gold Coast Health Plan	providerrelations@goldchp.org	Santa Clara Family Health Plan	dhuynh@scfhp.com

Q & A

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