

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: MCNP9006			Lead Department: Health Services	
Policy/Procedure Title: Doula Services Benefit			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 01/10/2024 Effective Date: 01/01/2023		Next Review Date: 01/10/2025 Last Review Date: 01/10/2024		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> PAC
Approval Signature: <i>Robert Moore, MD, MPH, MBA</i>			Approval Date: 01/10/2024	

I. RELATED POLICIES:

- A. MCND9001 – Population Health Management Strategy & Program Description
- B. MCUG3118 – Prenatal & Perinatal Care
- C. MCUP3041 – Treatment Authorization Request (TAR) Review Process
- D. MCUP3113 – Telehealth Services
- E. MPCR15 – Doula Credentialing and Re-Credentialing Criteria
- F. MPNET100 – Access Standards and Monitoring
- G. MPPR200 – PHC Provider Contracts
- H. MPPRO1102 – Contracted Provider Education
- I. MCCP2032 – CalAIM Enhanced Care Management (ECM)
- J. MCUP3142 – CalAIM Authorization Process for Enhanced Care Management (ECM) and/or Community Supports (CS)

II. IMPACTED DEPTS:

- A. Health Services
- B. Claims
- C. Provider Relations
- D. Member Services

III. DEFINITIONS:

- A. The Comprehensive Perinatal Services Program (CPSP): Developed by the California Department of Health Services as an enhanced program of perinatal services to be offered through the Medi-Cal program and reimbursed at higher rates than traditional obstetrical services. The CPSP provider certification process is locally administered by the county CPSP Coordinator with final approval by California Department of Health Services. Partnership HealthPlan of California (Partnership) encourages, but does not require, perinatal providers to be CPSP certified in order to provide obstetrical services, however they need to provide CPSP-like services or refer to another CPSP Provider for non-obstetric CPSP services.
- B. Community-Based Organization (CBO): A public or private non-profit organization dedicated to the overall health, well-being, and functions of their community.
- C. Doulas are trained birth workers credentialed by Partnership to provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support before, during, and after miscarriage, stillbirth, and abortion. Doulas are not licensed and they do not require clinical supervision.
- D. Licensed Practitioner of the Healing Arts (LPHA): For the purposes of this policy, an individual who, within the scope of State law, has the ability and appropriate state licensure to independently make a

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clinical assessment, certify a diagnosis and recommend treatment.

IV. ATTACHMENTS:

- A. Medi-Cal Doula Services Recommendation form

V. PURPOSE:

To define the doula services Medi-Cal benefit (effective January 1, 2023) including services offered and pathways to certification.

VI. POLICY / PROCEDURE:

- A. Partnership HealthPlan of California (Partnership) recognizes the doula services benefit as a means to provide person-centered, culturally competent care that supports the racial, ethnic, linguistic, and cultural diversity of our members while adhering to evidence-based best practices.
 - 1. Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.
 - 2. Doulas also offer various types of support, including health navigation; lactation support; development of a birth plan; and linkages to community-based resources.
 - 3. Doula services may be provided virtually (telehealth) or in-person with locations in any setting including, but not limited to: homes, office visits, hospitals, or alternative birth centers.
- B. Doula qualifications, requirements and recommended training are detailed in Partnership’s policy MPCR15 Doula Credentialing and Re-Credentialing Criteria.
 - 1. Doulas must attest that they will support and encourage care in alignment with the American College of Obstetricians and Gynecologists (ACOG) guidelines, including recommended provider visits and vaccinations for the pregnant member and the newborn.
- C. Informing providers about the doula benefit
 - 1. Partnership publicizes our current understanding of the regulatory framework for doulas with our provider network and CBOs in community meetings, provider meetings, and in Provider Newsletters.
 - 2. Partnership’s Provider Relations department educates providers on doula services through the Medical Director’s Newsletter, quarterly Provider Newsletters, bulletins, and other mechanisms of education to ensure providers know how to leverage this benefit on behalf of their members.
- D. Informing members about the doula benefit
 - 1. Partnership’s Health Education team crafts culturally and linguistically appropriate communication to explain doula services to our members.
 - a. Members are informed of the Doula Services benefit in the Partnership Member Handbook, known as the Evidence of Coverage (EOC), which is distributed annually to Partnership members by Member Services and is also available on the Partnership website at www.partnershiphp.org in the Member Section.
 - b. Partnership’s Health Education team and Communications department collaborate to ensure there are written notices in the Member Newsletter and that the Partnership webpage is updated with these new services. Members qualifying for doula services are given information about how doulas can provide support during pregnancy, postpartum, and after childbirth, during miscarriage, stillbirth, and abortion.
- E. Eligibility for doula services
 - 1. Partnership Members who are currently pregnant or have been pregnant in the last 365 days are considered eligible and are recommended to receive the doula services benefit.
 - a. A licensed provider (a physician or other licensed practitioner of healing arts acting within their scope of practice under state law) may provide a recommendation for a Partnership Member to

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have doula services. This may be noted in the member’s medical record and/or a written recommendation forwarded to the doula.

- 1) The recommending provider does not need to be enrolled in Medi-Cal or be a Partnership network provider.
 - 2) DHCS has created an optional Medi-Cal Doula Services Recommendation form that recommending providers may choose to use (see Attachment A).
 - b. Doulas must verify that the member’s Medi-Cal eligibility for the month of services is valid by contacting Partnership to verify eligibility.
 - c. Doula services can only be provided during pregnancy; labor and delivery, including stillbirth; miscarriage; abortion; and within one year of the end of a member’s pregnancy.
 - d. Doulas must document in the records, the name/practice of a collaborating provider involved in the care of the member.
 - 1) A collaborating provider is a licensed practitioner of the healing arts who is involved in the member’s care acting within their scope of practice (LCSW, MD, DO, NP, PA).
 2. The DHCS standing recommendation for doula services implemented on November 1, 2023 authorizes the following:
 - a. One initial visit
 - b. Up to eight additional visits (may be provided in any combination of prenatal and postpartum visits)
 - c. Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion, or miscarriage
 - d. Up to two extended three-hour postpartum visits after the end of a pregnancy (these two visits would not require the member to meet additional criteria or receive a separate recommendation)
 - e. All visits are limited to one per day per member, and only one doula may bill for a visit provided to the same member on the same day (excluding labor and delivery).
 - 1) On the day of labor/delivery, stillbirth, abortion, or miscarriage support:
 - a) One doula may bill for labor and delivery, stillbirth, abortion or miscarriage support, and
 - b) One prenatal *or* one postpartum visit may be provided, also. This visit may be billed by a different doula
 3. A Treatment Authorization Request (TAR) is required for additional visits (beyond eight) during the postpartum period (see policy MCUP3041 Treatment Authorization Request (TAR) Review Process).
 - a. A recommendation from a physician or other LPHA acting within their scope of practice under state law is required.
 - b. The request for additional visits will be evaluated for medical necessity.
 - c. The additional recommendation may authorize up to nine (9) additional postpartum visits.
- F. Documentation Requirements
1. Doulas must document each visit with:
 - a. National Provider Identifier (NPI)
 - b. Date, time, and duration of services provided to the member
 - c. Service(s) provided
 - d. Length of time spent with member that day
 - e. Initial visit records must include documentation of a collaborating or recommending perinatal provider (medical, behavioral health, or licensed CPSP provider)
 2. Documentation should be integrated into the member’s medical record from the recommending provider, and available for encounter data reporting. Doulas will share documentation with the perinatal providers.
 3. Documentation must be accessible to Partnership and DHCS upon request.

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G. Standards for Doula Services

1. Partnership will not establish unreasonable or arbitrary barriers for accessing doula services.
2. Partnership complies with all reporting and oversight requirements including monitoring for fraud, waste, and abuse of doula services through committees that review for over and under-utilization of services.
3. Partnership utilizes doula services to help address basic population health management, improve engagement, quality and health equity, and to improve efficiencies.
4. Partnership encourages providers to integrate doulas into basic population health management for obstetric care activities. This may include:
 - a. Referrals for pregnant members requiring preventive care
 - b. Referrals for children requiring well-baby care
 - c. Referrals for members with Limited English Proficiency (LEP) or members who are not familiar with Medi-Cal benefits
5. Partnership will monitor the network to ensure an appropriate network of doulas and coordinate for out-of-network (OON) access to doula services if an in-network doula provider is not available.
6. If the pregnant member desires to have a doula during labor and delivery, Partnership will work with in-network hospitals and birthing centers to allow the doula to be present, in addition to the support person(s).
7. Partnership will track quality and utilization measures for doula services as recommended by DHCS.

H. Doula Services Provided

1. Doula services may be performed virtually (telehealth) or in-person with locations in any setting, including but not limited to, homes, office visits, hospitals, or alternative birth centers.
2. Initial doula services include the following authorizations:
 - a. One initial visit
 - b. Up to eight (8) additional visits that can be provided in any combination of prenatal and postpartum visits
 - c. Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion, or miscarriage
 - d. Up to two extended three-hour postpartum visits after the end of a pregnancy
3. For pregnancy-related services that are available through Medi-Cal, doulas should work with the member's provider or with Partnership to refer the member to a network provider who is able to render the service. These Medi-Cal 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 (CPSP services)
 - g. Hypnotherapy (non-specialty mental health services)
 - 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
4. Doulas may provide assistive or supportive services (e.g. folding laundry) in the home of the member during a prenatal or postpartum visit, while providing emotional support and offering advice on infant care.
 - a. The assistive and supportive services must be incidental to the doula services being provided during that face-to-face visit

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- b. The member cannot be billed for the assistive or supportive services
- I. Non-Covered Services:
 1. Doula services do not include diagnosis of medical conditions, provision of medical advice, or any type of clinical assessment, exam, or procedure.
 2. The following services for pregnant or postpartum beneficiaries are 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 baby wearing
 - d. Massage (maternal or infant)
 - e. Photography
 - f. Placenta encapsulation
 - g. Shopping
 - h. Vaginal steams
 - i. Yoga
- J. Training and Education:
 1. Partnership will provide all necessary initial and ongoing trainings and resources for individuals providing doula services as specified in Partnership policy MPPRO1102 Contract Provider Education.
- K. Billing, Claims, and Payments
 1. MCPs must make payments in compliance with the clean claims requirements and timeframes outlined in the MCP Contract and Timely Payments APL. These requirements apply to both MCPs and their Network Providers and Subcontractors
 2. If a member chooses to see an 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
 3. Doula services will be reimbursed in accordance with their Network Provider contract and per Medi-Cal guidelines for Doula Services.
 - a. Doulas cannot double bill, as applicable, for doula services that are duplicative to services that are reimbursed through other benefits.
 4. Encounter data
 - a. Partnership shall submit all doula encounters to DHCS using national standard specifications and code sets to be defined by DHCS.
 - b. Partnership shall be responsible for submitting all doula encounter data to DHCS.
- L. Oversight and Quality Monitoring of the Doula Benefit:
 1. Partnership shall monitor the doula benefit to ensure access, quality, outcomes and/or health equity needs and trends. Examples of activities for quality monitoring and oversight include, but are not limited to:
 - a. Internal monitoring reports for benefit utilization and/or clinical outcomes
 - b. Member satisfaction surveys
 - c. Sample chart review identifying clinical outcomes and/or quality for a Partnership member admitted to a contracted facility for delivery who is also receiving the doula benefit.

VII. REFERENCES:

- A. Department of Health Care Services (DHCS) All Plan Letter ([APL 23-024](#)) Doula Services (*Revised 11/03/2023*)
- B. DHCS [APL 22-013](#) Provider Credentialing / Re-credentialing and Screening / Enrollment (*Revised 08/24/2022*)
- C. State Plan Amendment ([SPA 22-0002](#))
- D. Title 42 Code of Federal Regulations (CFR) Section [440.130\(c\)](#)

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E. Medi-Cal Provider Manual/ Guidelines: Doula Services

VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: N/A

PREVIOUSLY APPLIED TO: N/A

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership’s authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.