

Doula Services Enrollment, Billing, and Training

Doula Enrollment and Billing Subgroup



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As you Enter the Meeting...

- **Introductions:** Please place your name (with your title and organization, if you are affiliated with one) into the Chat box as we come in.
 - If you are a member of the Maternal Health Advisory Group, say so
- **Mailing List:** If you are not already receiving a calendar invite and email from dhcf.maternalhealth@dc.gov about DHCF Maternal Health Projects and wish to be on the list to do so, please send an email to that address.
- **Meeting Recording:** This meeting is being recorded and will be posted online. Past recordings are available online.
- **DHCF Website:** Please see the following website for information on maternal health policymaking at DHCF and for past and future meeting notice and recordings: <https://dhcf.dc.gov/publication/maternal-health-projects>

Presentation and Meeting Overview

- **Meeting Agenda**
 - **Part I: Background on DHCF –Maternal Health and Managed Care**
 - **Part II: Doula Services Benefit**
 - **Part III: Draft Doula Enrollment and Billing Standards**
 - **Part IV: Wrap up and Next Steps**

Key Objectives for the Meeting

- Introduce doulas to how Medicaid and managed care coverage work for beneficiaries and providers
- Share draft enrollment and billing standards with doulas and provide tips on how to get a head start on documents
- Give doulas the chance to ask questions and provide input about doula enrollment, billing, and upcoming trainings

Maternal Health Advisory Group

Purpose

- Take public input on the service array and coverage needed to improve maternal health through DHCF programs.
- Advise DHCF on **training, public outreach, program support, reimbursement, and other items related to maternal health.**
- DHCF thanks all Maternal Health Advisory Group members and all those who participated in their meetings for their service

Maternal Health at DHCF: Current Eligibility and Services

- Eligibility

- **District of Columbia Medicaid** provides medical coverage to pregnant women who are District residents with eligible immigration status and income up to **324% of the federal poverty level**.
 - Currently, Medicaid eligibility starts when a woman is found to be pregnant and continues **365 days postpartum**.
 - The District adopted the American Rescue Plan Act of 2021 option **to extend coverage to 365 days postpartum for birthing people**.
- **Alliance & Immigrant Children's Programs** cover District residents (regardless of immigration status) with incomes up to **215% of the federal poverty level**

- Services

- Core Services
 - Doctor visits, Hospitalization, Eye care, Ambulatory surgical center, Medically necessary transportation, Dental services and related treatment, Dialysis services, Durable medical equipment, Emergency ambulance service, Hospice services, Laboratory services, Radiology, Medical supplies, Mental health services*, Physician services, Nurse practitioner services, Home and Community Based Services (HCBS),
 - Pregnancy, labor, and delivery and any complications that may occur during pregnancy, as well as postnatal care
- Services Available Through Managed Care Coverage
 - Care Coordination
 - **Doula services** provided as a value-added service by some MCOs

**Signals that the coverage is not available through Alliance and ICP*

Key Dates and Past Meetings on Maternal Health Projects

- **December 14, 2021:** Kickoff Meeting on Maternal Health Projects
- **January 6, 2022:** Due-date for Maternal Health Advisory Group applications
- **January 31, 2022:** Kickoff Meeting of the Maternal Health Advisory Group
- **March 7, 2022:** Maternal Health Advisory Group Meeting #2 –Doula Services
- **March 21, 2022:** Maternal Health Advisory Group Meeting #3 –Postpartum Extension
- **April 18, 2022:** Postpartum and Mental Health Subgroup –Postpartum Health
- **April 25, 2022:** Maternal Health Advisory Group Meeting #4 –Doula Services Rates & Reimbursement
- **May 16, 2022:** Doula Services Rate Setting Meeting
- **June 10, 2022:** Maternal Health Advisory Group Meeting #5 –Doula Services State Plan Amendment
- **July 18, 2022:** Postpartum and Mental Health Subgroup Meeting –Maternal Mental Health

**Most meetings were recorded and available to listen to online.*

Managed Care at DHCF: What Doulas Need to Know

- **Most DHCF beneficiaries (~90%) and all Alliance and ICP beneficiaries receive coverage provided by managed care organizations**
 - Doulas will likely need to enroll in and bill managed care organizations in order to serve a meaningful number of Medicaid beneficiaries
 - Enrollment will need to be done with DHCF first
 - Managed care organizations run their own provider enrollment process
 - Managed care organizations may offer more services than Medicaid does (“value added”), or pay more for a service than DHCF’s rate
 - There are 4 managed care organizations serving DHCF beneficiaries
 - Currently AmeriHealth Caritas District of Columbia, CareFirst Community Health Plan, MedStar Family Choice, and Health Services for Children with Special Needs
 - Information about doula enrollment in managed care will be provided at future trainings and by managed care organizations

Maternal Health at DHCF: Data and Past Experience

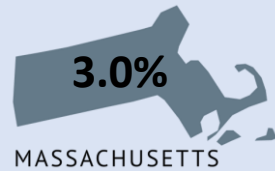
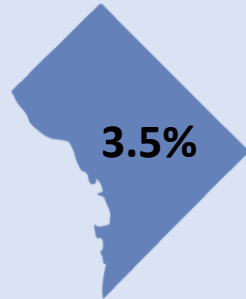
- **Data on Maternal Health at DHCF**
 - In 2020:
 - DHCF covered 4,034, or 45 percent, of all DC births
 - 79 percent of DHCF births were to women enrolled in Medicaid, most of whom are served by managed care organizations (MCOs)
 - 21 percent of DHCF births were to women enrolled in Alliance or Immigrant Children's Program coverage, all of whom are served by MCOs
 - Among those in Medicaid MCOs in 2019:
 - 80 percent of women had a prenatal visit in first trimester (on par with national Medicaid average of 80%)
 - 75 percent of women had a postpartum visit within 84 days after delivery (above national Medicaid average of 68%)

Source: DHCF Medicaid Management Information System (MMIS) data extracted in December 2021; Qlarant, "[District of Columbia Managed Care Program 2020 Annual Technical Report](#)," April 2021; Centers for Medicare & Medicaid Services (CMS), "[Performance on the Adult Core Set Measures, FFY 2020](#)," September 2021; CMS, "[Performance on the Child Core Set Measures, FFY 2020](#)," September 2021.

DHCF by the Numbers

Near universal coverage



DC has the second lowest uninsured rate

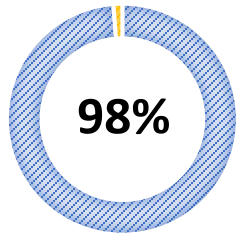


DHCF covers about 300,000 people

On average during 2021:

- 280,000 were in Medicaid;
- 20,000 in the DC Healthcare Alliance and
- 4,000 in the Immigrant Children's Program

4 out of 10 District residents 
7 out of 10 children 



Of all eligible DC children are enrolled in Medicaid

Health challenges remain despite coverage

12th in the nation

▶ For 911 call-volume

10% of residents

▶ Report delaying care due to not being able to get an appointment soon enough

Source: U.S. Census Bureau, 2019 American Community Survey 1-year estimates; DHCF Medicaid Management Information System (MMIS) data extracted in November 2021; Haley et al., "Progress in Children's Coverage Continued to Stall Out in 2018," Urban Institute, October 2020.

Authorization of Doula Services Through Medicaid

- D.C. Official Code § 3-1206.72, or the Budget Support Act of 2022 (BSA) requires DHCF to submit a Medicaid State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services by September 30, 2022, that establishes doula services under the Medicaid program, effective October 1, 2022.
- **DHCF submitted the Doula Services SPA to CMS on Friday, July 22, 2022.** For more information on the SPA, please go to <https://dhcf.dc.gov/doula-services-spa>
- DHCF is required to establish processes for billing and reimbursement of doula services “in consultation with organizations providing doula services and other relevant entities,” including:
 - Setting a reasonable number of doula visits to be reimbursed during the pregnancy and postpartum period.
 - Setting competitive reimbursement rates.
 - Developing program support and training for doula service providers on billing.
 - Assessing the viability of doula incentive payments for patient postpartum provider visits.

Update: Draft Standards, Documents, and Rates for Doulas

Current Status

- **These standards are draft and will be distributed in a Transmittal in the coming month once final**
 - Anyone on the mailing list will receive the Transmittal
- This presentation should be used by doulas and clinics who want to prepare for enrollment of doulas being open in the coming weeks
 - Should not be used once standards are finalized and enrollment is open
 - Can't walk doulas through the procedure for online enrollment yet because it's not open
- Formal trainings will be scheduled by DHCF and its managed care partners for enrollment and billing of doulas once the provider type is part of our enrollment systems

Update: Draft Standards for Doula Enrollment Process

- **Doula Application Process**

- Will be online-only
- The requirements and procedures to become a provider will be at www.dcpdms.com for doulas soon
- Once on the website, the provider will need to create an account and begin the enrollment process by selecting the appropriate application type

- **Standard Application Standards for Doulas**

- Doula (Individual/solo)

- *Proof of Professional Doula Certification*
- *NPI number and taxonomy*
- *Proof of liability insurance of at least \$1M per occurrence/\$3M per aggregate*
- *W9*

- Doula Group

- *Business License*
- *Certificate of Occupancy or Lease*
- *NPI number and taxonomy*
- *Proof of liability insurance of at least \$1M per occurrence/\$3M per aggregate*
- *W9*

*Affiliations

- DHCF anticipates processing applications within (30) business days of the receipt of a complete application package.

Background: National Provider Identifiers for Doulas

A **National Provider Identifier** or **NPI** is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). All claims for payment for items and services must contain the NPI number of the physician or other professional.

*All claims for payment for items and services that were ordered or referred must contain the NPI number of the physician or other professional who ordered or referred such items or services.

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS10114.pdf>

Update: Draft Standards for Doula Certification at DHCF

Current Status

- **These standards are draft and will be distributed in a Transmittal in the coming month once final**
 - Modeled on Maryland's current standards
- DC Health is drafting formal Certification standards for doulas in the District and may use different standards than the ones shared below
 - These are draft and just for enrollment in DHCF before DC Health finalizes their Certification standards

Proposed Professional Doula Certification Standards

- DHCF will accept doula certifications from the following doula certifying entities:
 - *Doula Trainings International*
 - *The Childbirth and Postpartum Professional Association (CAPPA)*
 - *Black Doula Training (formerly the Black Doula Institute)*
 - *Ancient Song Doula Services*
 - *Mamatoto Village*
 - *Doulas of North America (DONA)*
 - *International Childbirth Education Center (ICEA)*
 - *Childbirth International (CBI)*
 - *MaternityWise*

Doula Rates and Reimbursement: Status

- The District drafted this for submission to CMS and only made minor changes before submitting.
- **Text:**
 - *Doula services may be reimbursed from the date of confirmed pregnancy through one hundred and eighty (180) days (six months) after the end of a pregnancy, contingent on the client maintaining Medicaid eligibility, and if medically necessary. The District will reimburse up to twelve (12) perinatal and postpartum visits, including attendance at delivery. The twelve (12) visits include a maximum of one (1) doula consultation and can be allocated across the perinatal and postpartum period.*
 - *Each perinatal service visit (before, during, and up to six (6) weeks after delivery) shall be billed and reimbursed per visit, regardless of the length of time. Postpartum service visits shall be billed and reimbursed separately as a unit of service and shall be billed in fifteen (15) minute increments and reimbursed at a per-unit rate. A postpartum service visit shall not exceed twenty-four (24) units or six (6) hours per visit.*
 - *During the postpartum period, there will be an additional value-based incentive payment made to the Doula if the Doula performs at least one (1) postpartum service visit and the client is seen by an obstetric clinician for one (1) postpartum visit after a labor and delivery claim.*

Update: Draft Billing Standards and Rates for Doulas

Current Status

- Once finalized, these rates and codes will be distributed in a Transmittal in the coming month
 - Anyone on the mailing list will receive the Transmittal

Draft of Proposed Codes for Doula Billing

- Doulas will need to enroll in DHCF's provider portal, then they or their organization should enter these codes after seeing a client.
- Trainings will be provided on how to bill DHCF and its managed care organizations

CPT Code Description	CPT Code	Modifier	Rate
Perinatal Doula Support Visit - 60 Min	99600	HD	\$48.51
Doula Support at Delivery HD -Vaginal Delivery	59400	U9	\$686.23
Doula Support at Delivery HD -c-section	59514	U9	\$686.23
Doula Support at Delivery HD -V-BAC	59612	U9	\$686.23
Initial Doula Support Visit - 2 hours	99600 HD	U7	\$97.03
Postpartum Doula Support-15 Minute Increment	99199 HD		\$12.13
Doula Incentive Payment	99199 HD	U8	\$100.00

UPDATE: Doula Billing Training and Outreach

Current Status

- **DHCF and managed care organizations will run multiple trainings and conduct additional outreach to get doulas enrolling in Medicaid and billing**
 - First trainings on DHCF enrollment and billing will not happen until September
 - Please invite any doulas who may be interested in billing Medicaid to join our mailing list, which is where the trainings will be notified

Key Considerations

- All trainings and public meetings will be recorded and posted online
- DHCF and managed care staff will be available to assist doulas with enrollment and billing issues long after the October 1st start

Feedback: Responses to Enrollment + Billing Information

- **Format**

- Please use the “raise hand” feature to ask a question or make a comment
 - You need to put your hand down after you speak
- Please limit your responses to ~2 minutes

- **Logistics**

- Facilitator will call on those with hands raised
 - We may not be able to call on everyone on the subject
 - If you are having audio issues, if you did not get called on, or have more to offer beyond 2 minutes, please put your input into the Chat box
- Any responses beyond the realm of the Chat box and verbal responses can be submitted in writing to dhcf.maternalhealth@dc.gov

Expectations: Next DHCF Steps on Doula Service Development

- **After this meeting, several trainings will be scheduled by DHCF in September and beyond on doula enrollment and billing**
 - Will connect doulas with managed care organizations, which may hold additional trainings and share their standards on enrollment and billing
- **DHCF will provide notification once the SPA has been approved by the federal government**
- **A Transmittal on doula enrollment will be sent by September**
- **A Transmittal on doula rates will be sent by September**
- **A Rule on doula services will be posted to the DC Register by September 2022**
 - Rule will lay out more details about doula services through Medicaid than the SPA
 - Rule will be published for public comment for 30 days

Wrap Up

- Comments and questions encouraged in writing
 - dhcf.maternalhealth@dc.gov or melisa.byrd@dc.gov
- Anyone on the mailing list will receive the Transmittal and invitations to upcoming trainings and meetings on doula enrollment + billing

