

Medi-Cal Enrollment Requirements and Procedures for Doulas
QUESTIONS AND ANSWERS FROM THE STAKEHOLDER HEARING HELD
ON NOVEMBER 17, 2022

Enrollment and Bulletin Related Questions

1. Question: Is there an application fee?

Answer: No, there is no application fee for doula providers.

2. Question: Can doulas provide services while their applications are being processed?

Answer: Providers may offer services to Medi-Cal beneficiaries while the application is under review. However, providers cannot bill the Medi-Cal program until their application for enrollment is approved. The effective date of enrollment will be the date the application is submitted, provided that the provider meets all program requirements and has submitted all required documentation. Once an enrollment application is approved the provider can submit claims retroactive to the effective date of enrollment. Please see the regulatory provider bulletin titled, [Medi-Cal Provider Enrollment Effective Date Determination](#) for further information on how effective dates are determined.

3. Question: Will there be a workshop to help doulas with the application process?

Answer: Yes, additional information was provided during the doula stakeholder meeting on November 21, 2022. For more information, please visit the [doula stakeholder webpage](#). Additionally, the Provider Enrollment Division (PED) will offer a live provider training for the [Provider Application for Validation and Enrollment \(PAVE\)](#) portal on January 10, 2023. The online demonstrations will show how to complete an application in PAVE, access accounts, and communicate with the Department of Health Care Services (DHCS) staff. PED offers general PAVE training resources on the following webpage, [PAVE 101 Webinar Training Slides](#).

4. Question: Currently, many doulas are working through Community Based Organizations and non-profits. For those organizations to receive reimbursement for doula services provided, would they have to apply as a doula group, or is there another category for these providers?

Answer: Yes, Community Based Organizations (CBOs) and non-profits can enroll as doula groups. If a CBO or non-profit enrolls as a doula provider group, then all doulas rendering services to that entity would need to enroll in Medi-Cal as rendering providers.

5. Question: Can a doula be connected to more than one group or CBO or provide services through both?

Answer: Yes, a doula may have more than one doula group bill for their services. CCR, Title 22, Section 51000.21 states, "Rendering Provider" means an individual provider who renders healthcare services, or provides goods, supplies or merchandise as a member of a provider group and uses the provider number

to bill the Medi-Cal program.” All doula applicants requesting consideration for enrollment as new rendering providers must complete and submit a rendering provider application through the [PAVE](#) portal, along with all supporting documentation. Enrolled doula providers must report joining a group by submitting a Rendering-S e-Form application through the [PAVE](#) portal.

6. Question: What is the application process timeframe?

Answer: Application timeframe is based on statutory deadlines which for doulas is 180 days to take an action including approve, deny, return the deficient application for corrections, or refer for comprehensive review.

7. Question: Does the application processing timeframe restart start when PED returns a deficient application to an applicant?

Answer: No, the clock does not start over as long as the application is resubmitted within 60 days.

8. Question: What happens if the doula group no longer meets program requirements?

Answer: A doula group with only one rendering provider may either add a new or enrolled rendering doula to continue meeting provider group requirements or instead must submit a new application as an individual doula provider.

9. Question: If a doula group is enrolled, do all of the members of the group have to enroll?

Answer: Yes, to be reimbursed for services provided to Medi-Cal patients, each individual rendering provider is required to enroll as a rendering provider to the group. CCR, Title 22, Section 51000.21 states, “Rendering Provider’ means an individual provider who renders healthcare services, or provides goods, supplies or merchandise as a member of a provider group and uses the provider number to bill the Medi-Cal program.” All doula applicants requesting consideration for enrollment as new rendering providers must complete and submit a rendering provider application through the [PAVE](#) portal, along with all supporting documentation. Enrolled doula providers must report joining a group by submitting a Rendering-S e-Form application through the [PAVE](#) portal.

10. Question: Can doulas enroll as Ordering/Referring/Prescribing (ORP) only providers?

Answer: Yes, doulas may enroll as ORP providers for the purposes of managed care enrollment, but they will not be able to submit Fee-For-Service claims directly to the Medi-Cal fiscal intermediary for reimbursement nor submit claims for their services provided through a doula group. For more information about enrolling as an ORP provider using PAVE, please visit: [Ordering, Referring, Prescribing \(ORP\) Enrollment PowerPoint presentation.](#)

11. Question: What are the rules for using fictitious names?

Answer: All providers using a fictitious business name (a name other than an individual’s or entity’s legal name) are required to submit a Fictitious Business Name Statement (FBNS), issued by the city or county where the principal place of business is located. This is not specifically a Medi-Cal requirement, but in

order to enroll, providers are required to comply with any state and local licensing and permit requirements to conduct business. To determine the applicable county agency where fictitious business names are filed, please visit the California State Association of Counties and click on the "California's Counties" link and select "County Web Sites." Additionally, Local Business License, Tax Certificate, and Permit for any city and/or county where business activities are conducted.

12. Question: What are the business location requirements for individual doulas and doula groups?

Answer: Doula providers are exempted from the established place of business requirements outlined under CCR, Title 22, Section 51000.60. Additionally, doulas may use an "administrative location" for the purposes of reporting a business address in the e-Form application. This may be the same as their mailing address, but it cannot be a post office box. **The "administrative location" will appear in a doula directory and in the California Health and Human Services Open Data Portal.** For the purposes of the regulatory provider bulletin titled, [Medi-Cal Enrollment Requirements and Procedures for Doulas](#), an "administrative location" is defined as the physical location associated with the doula's operations, which can include where doulas are dispatched or based, including a residential address. Doulas are not required to provide services at the administrative location. Doulas should check with their city or county and confirm whether they are required to have a business license or a Fictitious Business Name Statement (FBNS).

General Doula Benefit Questions

13. Question: Will there be a list of enrolled doulas to provide to other providers and patients?

Answer: Yes. DHCS plans to create a central directory of doulas who have been approved as enrolled Medi-Cal providers and make this information readily available on the DHCS website. In addition, beneficiaries may contact their managed care plans to request a list of doulas contracted with the plans.

14. Question: Are there specific doula training organizations that are authorized to provide doula trainings, for example, can independent doula trainers qualify to provide doula certification?

Answer: No, there are no specific doula training organizations that are authorized to provide doula certification. As long as the training courses being offered comply with the educational requirements outlined in the [Provider Manual for Doulas](#) and in [SPA 22-0002](#) that DHCS submitted to the Centers for Medicare and Medicaid Services.

15. Question: Are doulas funded by the State? How are pilots funded and how can they create potential "double dipping" issues?

Answer: Doula services are funded by the State of California and federal government for services provided to Medi-Cal beneficiaries by doulas who are

enrolled with DHCS. Doulas enrolled with DHCS cannot accept any other funding for services covered by Medi-Cal. Please see the [Provider Manual for Doulas](#) for more information and covered services.

16. Question: What are the criteria for continuing education courses?

Answer: As stated in the [Provider Manual for Doulas](#) and [SPA 22-0002](#), 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.

17. Question: Does it matter if all doulas in a group are independent contractors?

Answer: No, it does not.

Managed Care Plan Enrollment

18. Question: If a Managed Care Plan entity plans to contract with a doula or doula group after January 1st, does the doula need to enroll directly in Medi-Cal prior to being able to contract with a managed care plan?

Answer: Medi-Cal managed care plans (MCP) make their own rules as far as who can participate and contract with them. For the most part, the requirement is that the provider must be enrolled prior to contracting with a plan. Doulas can enroll via [PAVE](#) portal to meet the Medi-Cal MCP enrollment requirements. However, doulas are subject to MCP contract rules, credentialing, and any other requirements.

19. Question: Will doulas have to additionally enroll in a managed care plan to work with families who have Medi-Cal?

Answer: In order to contract with a managed care plan, doulas have to be enrolled as a Medi-Cal provider through [PAVE](#). Doulas can then contract with managed care plans to provide services. Enrolling through PAVE does not credential or certify the provider with a managed care plan.

Indian Health Program and Federally Qualified Health Centers (FQHC)

20. Question: Can our institution, United Indian Health Services, serve as administrator for billing doula services?

Answer: The doula benefit is available in both fee-for-service (FFS) and managed care delivery systems. A tribal clinic may use doulas to provide services and be reimbursed at the established FFS rates. Additionally, tribal clinics will need to work with managed care plans to provide doula services to Medi-Cal managed care beneficiaries. Please note that doulas are not considered Indian Health Services-Memorandum of Agreement 638 clinic providers. Therefore, doula services will not be considered billable encounters and will not be eligible for reimbursement at the federal All-Inclusive Rate. For more information, please see the [Tribal Notice for SPA 22-0002](#).

21. Question: If a doula provides services at an enrolled FQHC, would the doula services be covered under the prospective payment system (PPS) rate?

Answer: FQHCs and Rural Health Clinics (RHCs) may offer doula services for individuals receiving primary care or obstetric services. However, doulas are not considered an FQHC or RHC billable provider and doula services are not eligible as a separate billable visit at the PPS rate. An FQHC or RHC should consult with their Medi-Cal managed care plans regarding reimbursement for doula services.

Note: An FQHC or RHC is not eligible for a PPS wrap payment. Some FQHCs may have some costs associated with doula services built into their PPS rate. FQHCs or RHCs that choose to add doula services for clinic patients, may qualify for a Change in Scope of Services Request if they meet specific criteria as required in statute.