

**COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**One Ashburton Place, 11th floor
Boston, MA 02108**

The Doula Services Program

REQUEST FOR INFORMATION

DOCUMENT #: 22LCEHSDOULARFI

October 8, 2021

I. INTRODUCTION

1. Purpose of RFI and Background

The Executive Office of Health and Human Services (EOHHS) is the single state agency responsible for administering the Commonwealth's Medicaid program and its Children's Health Insurance Program (together known as MassHealth) in accordance with M.G.L. c. 6A, § 16, Titles XIX and XXI of the Social Security Act, M.G.L. c. 118E, and other applicable federal and state laws, regulations, waivers, and demonstration projects.

MassHealth is exploring coverage of perinatal doula services for all eligible pregnant, birthing, and postpartum MassHealth members, including managed care enrollees. The purpose of this RFI is to solicit relevant information regarding EOHHS' potential procurement of a third-party administrator, referred to here as the doula services program administrator (or the DSPA) to administer a potential Doula Services Program.

The information gained from this RFI will assist EOHHS in establishing a Doula Services Program that meets EOHHS' goals and objectives. Some questions are asked to understand the new opportunities and operational challenges of implementing a Doula Services Program with a third-party administrator as described below; and some are asked to generate respondents' ideas and thoughts for how to establish such a program.

Respondents are welcome to answer any or all questions in this RFI. If EOHHS has not thought of a question to which you would like to respond, or you have information that you believe EOHHS should take into consideration, please submit that as well.

2. Background on Doulas Services

Through the potential Doula Services Program, MassHealth aims to improve perinatal health by increasing access to doula services. Doulas are trained non-medical professionals who provide emotional, physical, and informational support during pregnancy, childbirth, and/or in the postpartum period. Most doulas operate independently of medical institutions and often do not work with insurance providers, as most insurance providers do not cover doula services. For Medicaid members, research indicates that doula care is associated with improved maternal and infant health outcomes after controlling for clinical and sociodemographic factors, including:

- **40.9% lower odds of cesarean delivery**¹
- **22% lower odds of preterm birth**²

¹Kozhimannil, Katy Backes, Hardeman, R. R., Attanasio, L. B., Blauer-Peterson, C., & O'Brien, M. (2013). Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries. *American Journal of Public Health*, 103(4), e113–e121. <https://doi.org/10.2105/AJPH.2012.301201>

²Kozhimannil, Katy B., Hardeman, R. R., Alarid-Escudero, F., Vogelsang, C. A., Blauer-Peterson, C., & Howell, E. A. (2016). Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery. *Birth*, 43(1), 20–27. <https://doi.org/10.1111/birt.12218>

- **21.16% increase in breastfeeding initiation**³

Additionally, community-based doulas are doulas who are trusted members of the communities they serve, providing care responsive to the specific cultural, linguistic, and other needs of their community. Evidence suggests that community-based doulas may help mitigate some racial maternal health inequities.⁴

II. DEFINITIONS

COMMBUYS: Massachusetts' online procurement system, available at <https://www.commbuys.com/bs/>. COMMBUYS links public purchasers, including MassHealth, in search of products and services with vendors who can provide them.

Doula: a non-clinical professional who provides support services throughout pregnancy, childbirth, and/or postpartum, including emotional, informational, and physical support.

Doula Services Program: a potential MassHealth program under which doula services and associated Doula Services Program Administrator functions are available to MassHealth members.

Doula Services Program Administrator (DSPA): a public or private agency or entity under contract with EOHHS to provide DSPA functions, potentially including those outlined below in the RFI.

Executive Office of Health and Human Services (EOHHS): the executive agency within Massachusetts which oversees 16 health and human services operating agencies, and which is the single state agency responsible for the administration of the MassHealth program (Medicaid), pursuant to M.G.L. c. 118E, Titles XIX and XXI of the Social Security Act, and other applicable laws and waivers thereto.

MassHealth: the Medicaid program of the Commonwealth of Massachusetts, administered by EOHHS pursuant to M.G.L. c. 118E, Titles XIX and XXI of the Social Security Act, and other applicable laws and waivers thereto. MassHealth provides comprehensive health insurance, or help in paying for private health insurance, to eligible Massachusetts children, families, seniors, and people with disabilities.

Member: a person determined by the MassHealth agency to be eligible for MassHealth.

³Kozhimannil, Katy B., Attanasio, L. B., Hardeman, R. R., & O'Brien, M. (2013). Doula Care Supports Near-Universal Breastfeeding Initiation among Diverse, Low-Income Women. *Journal of Midwifery & Women's Health*, 58(4), 378–382. <https://doi.org/10.1111/jmwh.12065>

⁴Thomas, M.-P., Ammann, G., Brazier, E., Noyes, P., & Maybank, A. (2017). Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population. *Maternal and Child Health Journal*, 21(1), 59–64. <https://doi.org/10.1007/s10995-017-2402-0>

Request for Information (RFI): A tool for state agencies purchasing human services to gather information from a broad spectrum of interested parties.

III. MASSHEALTH’S VISION FOR THE DOULA SERVICES PROGRAM ADMINISTRATOR

Currently, four other state Medicaid programs cover doula services – Minnesota, New Jersey, New York, and Oregon – with each state using a unique model to reimburse for services rendered. Doulas in some of these states have reported difficulty navigating the complex Medicaid fee-for-service and managed care systems. Doulas in some states have found enrolling with and billing each separate Medicaid Managed Care Organization (MCO) to be confusing and cumbersome. This has resulted in: long wait times for doulas to receive reimbursement; doulas reporting difficulty determining in which plans members are enrolled; members reporting difficulty finding a doula enrolled with their plan; and doulas opting to drop out of the Medicaid system entirely.

MassHealth is interested in understanding whether a DSPA’s provision of administrative, billing, and technical assistance directly to doulas would help streamline doulas’ experience engaging with MassHealth, and thus facilitate the provision of doula services to MassHealth members. The DSPA would operate as a third-party administrator of the Doula Services Program for all eligible MassHealth members. The DSPA would serve as a single-entry point for doulas working with eligible MassHealth members regardless of an individual member’s health plan, thereby simplifying the doula’s experience submitting claims and receiving payment for providing services to MassHealth members.

1. DSPA Services

MassHealth is contemplating contracting with a single, statewide vendor as an agent of MassHealth to provide DSPA administrative and billing functions on behalf of the agency to all eligible members regardless of an individual member’s health plan. MassHealth anticipates covering doula services as a wrap service, with MassHealth directly paying for all medically necessary, MassHealth-covered doula services rendered to all eligible MassHealth members, regardless of their managed care status.

The DSPA would not be a direct service provider. Doulas would directly provide to-be-determined perinatal doula services to MassHealth members. MassHealth is in the process of determining which doula services would be eligible for payment; however, the types of services will likely include prenatal and postpartum services, as well as continuous labor and delivery support.

MassHealth is in the process of defining the core services to be rendered through the DSPA. Potential core services are as follows:

i. Administrative Support:

The DSPA would offer a system for eligible doulas to register with the DSPA at no cost to the doula. The eligibility requirements for doulas to register with a DSPA will be determined at a later date. Once registered, doulas would provide the DSPA with information on services delivered to MassHealth members. The DSPA would then use this information to submit to MassHealth claims for payment for doula services.

This registration system would replace traditional individual provider enrollment in MassHealth and each separate plan, with the DSPA acting as the single third-party program administrator. The DSPA would be responsible for maintaining relevant documentation on behalf of registered doulas, potentially including, but not limited to: documentation of a member's medical provider recommendation for doula services; records of which services were rendered to members by which doula and when; approval of a member to receive additional doula services through prior authorization; and the doula's eligibility records (i.e., information on training, experience, etc.).

The DSPA would be responsible for managing a publicly available, searchable database of registered doulas for interested MassHealth members to use to identify potential doulas for perinatal services.

The DSPA would maintain appropriate financial and operational record storage and maintenance systems to comply with applicable recordkeeping and reporting requirements.

The DSPA would communicate any administrative or other concerns to MassHealth.

ii. Billing Support and Claims Adjudication:

The DSPA would accept claims-related information from doulas on the services that they render, including the member serviced, the place of service, and the date of service. The DSPA would be responsible for creating a system to capture service information from doulas and use that information to develop and submit claims directly to MassHealth on behalf of doulas for the medically necessary, MassHealth-covered doula services that they render. MassHealth would then process each such claim and pay the DSPA the allowed amount of each such claim on a pass-through basis.

In turn, the DSPA must tender to the doula in a timely fashion the full amount claimed by the DSPA and paid by MassHealth for the allowed claim(s) submitted by that doula (i.e., without withholding any portion of the amount paid by MassHealth). The DSPA would be responsible for tracking services rendered and submitted by each doula, and the corresponding payment owed to each such doula. MassHealth would separately pay the DSPA for DSPA services.

The DSPA would be expected to timely and accurately code submission of doula services claims to MassHealth using electronic HIPAA transactions 837 Health

Care Claim. The DSPA would be expected to reconcile the claims after receipt of payments and electronic HIPAA 835 payment transaction (Electronic Remittance Advice transaction). The DSPA may be able to subcontract for claims submissions with a software or claims intermediary.

The DSPA would be expected to provide administrative support for doulas related to billing issues and concerns that may arise when submitting claims for doula services.

The DSPA would be responsible to take any other actions necessary to ensure accurate and efficient payment to doulas for doula services.

iii. Education and Outreach

As the primary point of contact for doulas working with MassHealth members, the DSPA would be responsible for managing customer service, including staffing a call center at minimum five days a week between the hours of 8 a.m. and 5 p.m. to respond to the questions of doulas and field inquiries from perinatal medical providers related to the Doula Services Program.

The DSPA would be responsible for education and training for doulas on topics related to billing processes, maintaining services records, and quality improvement initiatives.

The DSPA would be responsible for fielding inquiries from MassHealth members related to the Doula Services Program. These inquiries may include explaining the Doula Services Program benefit, connecting members with a DSPA-registered doula, and redirecting questions on additional MassHealth perinatal services coverage. The DSPA would direct all general inquiries from MassHealth members to the MassHealth Customer Services Center. Additionally, the DSPA may be responsible for education and outreach efforts to MassHealth members to inform them of the doula services benefit.

iv. Utilization Management

If MassHealth elects to require prior authorization (PA) for some or all doula services, the DSPA would be responsible for facilitating the submission of requests for PA for such services to MassHealth or its designee, monitoring utilization, and maintaining records. MassHealth or its designee would be responsible for reviewing, approving, and communicating with the DSPA on decisions related to PA requests in a timely fashion.

v. Program Integrity & Quality Assurance:

The DSPA would provide quality assurance through several mechanisms, including doula eligibility verification, member eligibility verification, and review of provisions of care. Doula eligibility verification would include Office of the Inspector General (OIG), Death Master File (DMF), Criminal Offender Record

Information (CORI), and any other credentialing or competency verification required by the Department of Public Health (DPH). The DSPA would be responsible for regular verification of doula eligibility. The DSPA would be responsible for regular eligibility verification of members through the Eligibility Verification System (EVS) available through the Provider Online Service Center (POSC). This requires a Health Care Eligibility Benefit Inquiry and Response (270/271).

The DSPA may also be responsible for annual surveys and reports, including surveys to members related to member experience working with doulas and quality of care rendered by doulas, and surveys to doulas on doula experience working with the DSPA and MassHealth.

vi. Data Reporting & Analysis

The DSPA would be responsible for providing MassHealth with data related to the Doula Services Program. Data requested by MassHealth may include detailed reports on members' utilization of doula services, analysis on frequency and types of doula services rendered, the distribution of doulas registered with the DSPA, and more.

2. Geographic Scope

MassHealth is in the process of defining the structure of a potential Doula Services Program and DSPA. Currently, MassHealth is considering a single vendor for a statewide DSPA contract working with all eligible doulas who chose to register to provide services to eligible MassHealth members.

3. Payment methodology

MassHealth is in the process of developing a potential payment methodology for the DSPA. As explained above in Section III.1.ii, MassHealth would pay the DSPA for DSPA services through a mechanism that is entirely separate and distinct from the doula billing and payment mechanism.

4. Eligible Doula Population

MassHealth is in the process of determining eligibility criteria for doulas to enroll in the MassHealth Doula Services Program. MassHealth believes the total population of providers who may be eligible and interested in registering with the MassHealth-contracted DSPA would likely fall between 50 and 150 doulas within the first few years of the program.

5. Eligible Member Population

MassHealth is in the process of determining eligibility criteria for members to receive doula services. Doula services would likely be available to any member who is pregnant or up to 12-months postpartum. MassHealth covers roughly 26,000 births annually and roughly 680,846 MassHealth members are female and of reproductive age.

IV. QUESTIONS FOR RESPONSE

EOHHS requests responses to the following questions. We encourage all interested parties to provide comments and suggestions for consideration.

Please refer to **Section V** for an explanation of EOHHS' confidential treatment of trade secrets or commercial or financial information identified as such by the respondent.

Respondent Characteristics

1. Any vendor interested in the potential DSPA contract would be required to be registered as a Vendor in the COMMSBUY system. Is your organization registered as a Vendor in the COMMBUYS system?
2. Does your organization have experience working with doulas or community-based providers? If so, what type of community-based providers has your organization worked with and for how long?
 - a. Does your organization have experience in working with a linguistically, racially, or culturally diverse population?

General Comments on Potential Doula Services Program

3. As MassHealth explores coverage of perinatal doula services for members, what should MassHealth consider in terms of administrative and billing processes?
4. Do you have any other general comments on MassHealth's potential Doula Services Program and MassHealth's potential coverage of perinatal doula services?

Administrative Support Experience

5. Does your organization have experience in providing any of the administrative support services outlined above in Section III.1.i? If so:
 - a. Please identify the services and provide a brief description of the organization's experience related to those services, including the number of years of experience for each service.
 - b. What are the skills and technology needed to successfully provide administrative support services, especially for a community-based provider population?
 - c. Does your organization have experience in applying any of the above-mentioned skills and services to a linguistically, racially, or culturally diverse population?
 - i. What additional skills, training or technology would be necessary to optimize DSPA administrative support for a diverse population?

Billing Support and Claims Adjudication Experience

6. Does your organization have experience in providing any of the billing support and claims adjudication services outlined above in Section III.1.ii? If so:
 - a. Please identify the services and provide a brief description of the organization's experience related to those services, including the number of years of experience for each service.
 - b. What are the skills and technology needed to successfully provide billing support and claims adjudication services, especially for a community-based provider population?

Education and Outreach Experience

7. Does your organization have experience in providing any of the provider education and outreach services outlined above in Section III.1.iii? If so:
 - a. Please identify the services and provide a brief description of the organization's experience related to those services, including the number of years of experience for each service.
 - b. What are the skills and technology needed to successfully provide provider education and outreach services, especially for a community-based provider population?
 - c. Research shows that a large percent of doula seeking Medicaid members are likely to be Black, Latinx, or mixed race.⁵ Does your organization have any experience in applying any of the above-mentioned skills or services to a linguistically, racially, or culturally diverse population?
 - i. What additional skills and services would be required to ensure that DSPA education and outreach meets a diverse set of needs?
 - d. What training and coaching needs are currently unaddressed or under-addressed among doulas or other community-based providers?
 - i. If yes, how should any additional training/coaching needs you identified in the response above be met? What should the DSPA's role be? Other stakeholder roles?

Utilization Management Experience

⁵ Kozhimannil, Katy Backes, Hardeman, R. R., Attanasio, L. B., Blauer-Peterson, C., & O'Brien, M. (2013). Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries. *American Journal of Public Health, 103*(4), e113–e121. <https://doi.org/10.2105/AJPH.2012.301201>

8. Does your organization have experience in providing any of the utilization management services outlined above in Section III.1.iv? If so:
 - a. Please identify the services and provide a brief description of the organization's experience related to those services, including the number of years of experience for each service.
 - b. What are the skills and technology needed to successfully provide utilization management services, especially for a community-based provider population?

Program Integrity and Quality Assurance Experience

9. Does your organization have experience in providing any of the program integrity and quality assurance services outlined above in Section III.1.v? If so:
 - a. Please identify the services and provide a brief description of the organization's experience related to those services, including the number of years of experience for each service.
 - b. What are the skills and technology needed to successfully provide program integrity and quality assurance services, especially for a community-based provider population?

Data Reporting & Analysis

10. Does your organization have experience in providing any of the data reporting and analysis services outlined above in Section III.1.vi? If so:
 - a. Please identify the services and provide a brief description of the organization's experience related to those services, including the number of years of experience for each service.
 - b. What are the skills and technology needed to successfully provide data reporting and analysis?

Data Sharing/EOHHS Responsibilities

11. What data would a DSPA need to obtain from EOHHS and/or managed care entities to provide DSPA services most effectively?
12. What capabilities should the state require of the DSPA with respect to information sharing and information technology?
13. How can EOHHS facilitate better information sharing through the Doula Services program?

Member Protections

14. What member protections (notifications, feedback mechanisms, etc.) should be in place for the Doula Services program?

Other Recommendations

15. Are there any other services which a DSPA should provide to support statewide access to doula services for MassHealth members?
16. What requirements, if any, should MassHealth impose on doulas to ensure that the DSPA can perform its duties in a timely and accurate fashion?
17. What specific criteria would you recommend for selecting the DSPA for the Doula Services Program?
18. What should EOHHS consider when determining the payment rates or methodology for the DSPA and for Doula Services?
19. What staffing requirements, if any, should MassHealth impose on the DSPA to ensure the DSPA is able to successfully perform its duties?
20. Is there any additional knowledge that you think MassHealth should bring to bear on a forthcoming procurement?

V. RFI RESPONSE INSTRUCTIONS

1. RFI Response Instructions

EOHHS requests that RFI responses be submitted by **October 29, 2021, by 4:00 p.m.** Eastern Time. Responses should be submitted in one of the following ways:

- By e-mail (preferred) to: amy.butcher@mass.gov
- In writing to:
Amy Butcher, Procurement Coordinator
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108

Parties interested in responding to this RFI should prepare a typewritten response that includes a cover sheet that states the respondent's name, organization, address, telephone number, e-mail address, and affiliation or interest (e.g., current or potential contractor, community member, provider, advocacy organization). Responses may be submitted either electronically or in hard copy, double-sided, single-spaced pages. (Parties responding in hard copy should submit **one original and three copies** of their response.) Questions should be answered in order of appearance and numbered according to the RFI question number. Respondents are invited to respond to any or all of the RFI questions; please respond to as many as you feel are appropriate. Responses, including any attachments thereto, should be clearly labeled and referenced by name in the RFI response. No part of the response can be returned. Receipt of RFI responses will not be acknowledged.

2. *Additional Information*

1. Electronic Distribution

This RFI has been distributed electronically using the Commonwealth of Massachusetts procurement record system (COMMBUYS). COMMBUYS is an electronic mechanism used for advertising and distributing the Commonwealth of Massachusetts' procurements and related files. No individual may alter (manually or electronically) the RFI or its components except those portions intended to collect the respondent's response. Interested parties may access COMMBUYS at the following address: <https://www.commbuys.com/bs/>.

Questions specific to COMMBUYS should be made to the OSD Help Desk osdhelptdesk@mass.gov or by telephone at (617) 720-3197.

2. RFI Inquiries

Interested parties may make written inquiries concerning this RFI until October 19, 2021. Written inquiries may be sent via email to the RFI contact listed in Section V.1. Microsoft Word is the preferred file format; a plain text email is also acceptable. EOHHS will review inquiries and prepare written answers to questions, at its discretion, which are of general interest and relevant to the preparation of a response to the RFI. The written answers will be posted on the COMMBUYS website (www.commbuys.com). Only written answers are binding on EOHHS.

3. RFI Amendments

Interested parties are solely responsible for checking COMMBUYS for any addenda or modifications that are subsequently made to this RFI. The Commonwealth and its subdivisions accept no liability and will provide no accommodation to interested parties who fail to check for amended RFIs.

4. Use of RFI Information

Information is being solicited in this RFI to assist EOHHS in the development and implementation of the Doula Services program. EOHHS reserves the right to accept or reject, in part or in full, any information contained in or submitted in response to this RFI. The RFI is not binding on EOHHS and shall not obligate EOHHS to issue a procurement that incorporates any RFI provisions or responses. Responding to this RFI is entirely voluntary, will in no way affect EOHHS' consideration of any proposal submitted in response to any subsequent procurement, and will not serve as an advantage or disadvantage to the respondent in the course of any procurement that may be issued. Responses to this RFI become the property of the Commonwealth of Massachusetts and are public records under the Massachusetts public records law, M.G.L. c. 66, § 10 and c. 4, § 7, cl. 26, regarding public access to such documents. However, information provided to EOHHS in its response to this RFI and identified by the respondent as trade secrets or commercial or financial information shall be kept confidential and shall be exempt from disclosure as a public record (see M.G.L.

c. 4, § 7, cl. 26). This exemption may not apply to information submitted in response to any subsequent procurement.