CONTRA COSTA HEALTH

Doula Provider Manual

A guide for doulas serving Contra Costa Health Plan members.

cchealth.org

Contents

Using This Manual

This provider manual is designed to inform and assist doulas who are joining CCHP's Doula Network. The Doula Provider Manual outlines the requirements and expectations for doula providers. Included are policies and procedure that are known today. CCHP may provide updated version of this Doula Provider Manual in the future. The provider Manual is a companion to the Department of Health Care Services (DHCS) policies, which can be found on the **DHCS Doula Services webpage**. This guide is intended to help doula providers interpret DHCS policies within the context of the CCHP and doula provider relationship. It is not intended to be comprehensive nor to replace **DHCS policies and guidance**. Doula providers are solely responsible for ensuring that they are compliant with all applicable state and federal laws and regulations and all doula requirements.

For general information, you can visit the Contra Costa Health Plan Provider Manual.

Introduction to the Doula Benefit

DHCS added doula services as a covered benefit on January 1, 2023. Per State Plan Amendment (SPA) 22-0002, doula services are provided as preventive services 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. 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. Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.

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. Doulas are not licensed, and they do not require supervision.

Doulas also offer various types of support, including health navigation, lactation support, development of a birth plan, and linkages to community-based resources.

Definitions and Roles

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 non-medical support provided before, during and after childbirth or end of a pregnancy, including throughout the postpartum period.

Evidence-based: 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 Managed Care (Medi-Cal) coverage for at least 12 months after pregnancy

Provider Experience and Qualifications

Required minimum qualifications of all doulas are:

- Be at least 18 years old.

- Provide proof of an adult and infant cardiopulmonary resuscitation for, example, CPR certification from the American Red Cross or American Heart Association.
- Attest to completion of basic Health Insurance Portability and Accountability Act training.
- In addition, a doula must meet either of the following qualification pathways:
    - **Training pathway**:
        - Certificate of completion for a minimum of 16 hours of training that includes all the following topics:
        - 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
        - Attest that they have provided support at a minimum of three births
    - **Experience pathway — all of the following**:
        - Attest that they have provided services in the capacity of a doula either a paid or volunteer capacity for at least five years. The five years of experience in the capacity as a doula must have occurred within the last seven years.
        - 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. Enrolled doula means a doula enrolled either through DHCS or through a managed care plan (MCP).

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

Medi-Cal Enrollment

This section provides overall information on the initiation process of enrolling members into CCHP's Doula Network.

Doula providers must apply for enrollment directly with Medi-Cal. Doulas must first submit an electronic application through the **Provider Application for Validation and Enrollment (PAVE)** online enrollment platform and include all supporting documentation. For more information, see DHCS Doula Application Information.

Contracting

After obtaining DHCS approval to become an enrolled Medi-Cal provider, the doula will be included as a provider on a regularly updated list of PAVE-approved doulas that DHCS shares with CCHP. Approved doulas who are interested in contracting with CCHP can contact **CCHPcontracts@cchealth.org** or may be contacted by CCHP with a contracting packet. When contacted by CCHP the following is sent to the doula to complete for credentialing and contracting:

Forms required for contracting:

- Prescreen form
- DHCS Disclosure and Ownership form
- Registration and Certification form
- W-9
- Reimbursement

Forms required for credentialing:

- Doula Credentialing application
- Attestation

Doula must be both credentialed and contracted to be placed active in the network.

The contracting process may take 1-3 month. A doula applicant must provide the following information prior to initiating the process with CCHP:

- **National Provider Identifier (DHCS NPI Application Guidance)**: A doula must have at least one 10-digit organization-level (Type 2) NPI number in order complete the contracting process. Doula will submit claims at the NPI level. The state requires an NPI to enroll as a Medi-Cal provider. CCHP's member assignment algorithm considers a member's geographic proximity to providers. Providers serving multiple counties or working from multiple locations are encouraged to register multiple NPIs.
- **Tax Identification Number**
- **Be registered with the Secretary of State to conduct business in California**
- **Proof of Malpractice Insurance** (Professional Liability)

Provider Capacity

Place of Service

There is no place of service restrictions for doula services.

Telehealth

Doulas should refer to the **Medicine: 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.**

Interpreter Services

CCHP members have access to free interpretation services

For in-person services: Call the Provider Call Center at **1-877-800-7423** *option 4.*

For phone services:

1. Dial **1-866-874-3972.**
2. Provide your 6-digit Client ID (ID Provided by Provider Relations or Member Services, you can call 1-877-800-7423 for more information).
3. Indicate the language you need.
4. Provide additional information such as: Patient name, DOB, CCHP member ID #.
5. Connect to interpreter and **document their name and ID number** for the patient's chart.

Member Eligibility Criteria for Doula Services

Providers should verify the recipient's Medi-Cal eligibility for the month of service. To meet the medical necessity criteria for a recommendation for doula services, a member:

- Should be pregnant.
- Should be pregnant within the past year.
- Would either benefit from doula services or requests doula services

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.

Doula Covered and Non-Covered Services

Covered Doula Services

A recommendation for services authorizes all 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 — These 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.

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. Please coordinate with a member's primary care

physician or case management to get connected to any services that may require an authorization.

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.

Services Not Included in the Doula Benefit

Services not part of the doula benefit include but are not limited to the following Medi-Cal services:

- Behavioral health services
- Belly binding after cesarean section by clinical personnel
- Clinical case coordination
- Healthcare 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

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

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 an in-network provider with CCHP. The initial recommendation can be provided through the following methods:

- Written recommendation in member's record.
- Standing recommendation for doula services by MCP, physician group, or another 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.

Standard form signed by a licensed provider that a member can provide to a doula:

– There is a recommendation form that can be used:

- Doula Medi-Cal Doula Services Recommendation.

For members who need additional visits during the postpartum period, a second recommendation is required. A recommendation for additional visits during the postpartum period cannot be established by standing order or DHCS's standing recommendation, so DHCS's doula services recommendation form should be used. 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 member that day. For example, documentation might state, discussed childbirth education with member and discussed and developed a birth plan for one hour.

Documentation should be integrated into the member's medical record and available for encounter data reporting. The doula's NPI number should be included in the documentation. Documentation must be accessible to CCHP and DHCS upon request

Verifying Eligibility

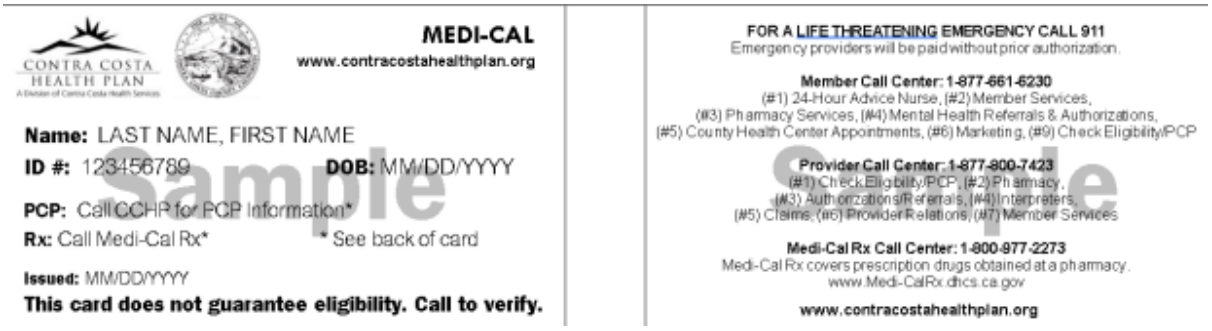
CCHP providers are required to verify a person's eligibility and identity before services are rendered at each visit. Providers must ask to see Medi-Cal ID to verify eligibility.

Because eligibility can change, eligibility should be verified at every visit. Claims submitted for services rendered to a member that is not eligible are not reimbursable.

You may check eligibility through the CCHP Provider Portal or at **mcweb.apps.prd.cammis.medi-cal.ca.gov**.

CCHP Member ID Cards

Here is an example of CCHP's Medi-Cal member ID card:



Using the ccLink Provider Portal

With the ccLink **Provider Portal**, you may submit claims and receive referrals. To sign up:

1. Visit **Information for CCHP Providers | Contra Costa Health**
2. Complete the ccLink Provider Portal **Access Agreement** form
3. Email the completed form to **CCHPPortalSupport@cchealth.org**

For **technical support** or to **reset your password**, call **925-957-7272.**

Billing, Claims Submissions, And Payment

Submitting Claims

The claim submission timeframe for Contra Costa Health Plan is 180 days from the date of service, or primary explanation of benefits (EOB), for both contracted and non-contracted providers. **Claims received after 180 days will be denied for untimely filing. Providers have 365 days to dispute claim processing.**

Using Availity

- Contra Costa Health Plan (CCHP) uses Availity as our clearinghouse.

- You must register with Availity to submit EDI claims to CCHP. You may begin your registration process on the **Availity site**.
- The CCHP payer ID is CCHS.

Using the ccLink Provider Portal

- If you have already signed up for ccLink Provider Portal access, reference the website for instructions on submitting claims.
- For **technical support** or to **reset your password**, call **925-957-7272.**

Paper Claims

If you must submit a paper claim, mail your completed claim form along with all required supporting documents to:

CCHP Claims Department

P.O. Box 5122

Lake Forest, CA 92609

Claims Questions or Disputes

If you would like to know the status of your claim, inquire about denial, or have a dispute, contact **ClaimStatus@cchealth.org. or call 877-800-7423*, option 5.***

Payments

CCHP continues to offer electronic payments to providers. To register, please submit your request to **EDIsupport@cchealth.org**. To receive a RA (Remittance Advice) electronically, please sign up for our ccLink Provider Portal based on the instruction above.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. If appropriate coding/billing guidelines or current reimbursement policies are not followed, CCHP may:

- Reject or deny the claim.
- Recover and/or recoup claim payment

Billing Codes

Category	Code	Description
Prenatal and Postpartum visits	HCPCS code **Z1032**	Extended initial visit 90 minutes
	HCPCS code **Z1034**	Prenatal visit
	HCPCS code **Z1038**	Postpartum visit
	HCPCS code **T1032**	Extended postpartum doula support (up to 2 visits)

The extended initial visit must be for 90 minutes to bill with Z1032. All visits are limited to one per day, per member. Only one doula may bill for a visit provided to the same member 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.

Category	Code	Description
Labor and delivery support	CPT code **59409**	Doula support during vaginal delivery only
	CPT code **59612**	Doula support during vaginal delivery after previous caesarean section
	CPT code **59620**	Doula support during caesarean 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.

Category	Code	Description
Abortion or miscarriage support	HCPCS code **T1033**	Doula support during or after miscarriage
	HCPCS code **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.

Place of Service Codes

Place of Service	Code	Description
Telehealth Provided Other than in Patient's Home	**02**	The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
Office/Out of home	**11**	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
Client's home or residence	**12**	Location, other than a hospital or other facility, where the patient receives care in a private residence.
Inpatient Hospital	**21**	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
Birthing Center	**25**	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).

Diagnosis Codes

Effective November 1, 2024, doulas will need to include a "diagnosis code" on claims for services in both fee-for-service and managed care delivery systems like Contra Costa Health Plan (CCHP). This is required by federal law. Under Medi-Cal's doula policy, doulas will only use diagnosis codes that describe/identify what occurred at the service.

ICD-10-CM Diagnosis Codes

One of the ICD-10-CM diagnosis codes below is required when billing for Doula services under Medi-Cal in both fee-for-service and managed care:

- **Z32.2** – Encounter for childbirth instruction
- **Z32.3** – Encounter for childcare instruction
- **Z33.1** – Pregnant state, incidental
- **Z39.0** – Encounter for care and examination of mother immediately after delivery
- **Z39.1** – Encounter for care and examination of lactating mother
- **Z39.2** – Encounter for routine postpartum follow-up

Note: These ICD-10-CM diagnosis codes are only being used by doulas to describe what occurred during the service billed with the CPT®/HCPCS codes below. They are not being used for medical and/or diagnostic purposes.

For each listed Doula service CPT or HCPCS code, at least one of the required ICD-10-CM diagnosis codes should be used:

CPT/HCPCS Code(s)	Required ICD-10-CM Code(s)
Z1032	Z32.2, Z32.3, Z39.1, Z39.2
Z1034	Z32.2, Z32.3
59409,59612, 59620	Z33.1, Z39.0
59840, T1033	Z33.1
T1032, Z1038	Z39.0, Z39.1, Z39.2

Modifiers

- **Doulas need to use modifier XP** when billing for services provided to fee-for-service and Medi-Cal MCP members. **XP notes that the service was provided by a doula instead of a licensed practitioner.**
- **Doulas must *also* include modifiers** with the service codes above when services are provided **virtually (telehealth).**
    - **Modifier 93** for LIVE audio-only telehealth or **Modifier 95** for LIVE audio/video telehealth

To assist doulas with submitting claims, the DHCS created the coding crosswalk below that identifies which diagnosis codes may be billed with each CPT or HCPCS code. **Claims will be denied if they do not have a diagnosis code or that have a different diagnosis code paired with a billing code than what is shown below**. The diagnosis code should be entered in field 21A on the **CMS 1500 form [mcweb.apps.prd.cammis.medi-cal.ca.gov] and diagnosis code should NOT have a decimal point on the form**.

Doula Billing Code Crosswalk				
Billing Code*	**Billing Code Service Description+**	**Diagnosis Code(s)[1]**	**Diagnosis Code Service Description(s)[2]**	**Additional Guidance[3]**
HCPCS code Z1032	Extended Initial visit	Z32.2 (prenatal)	Encounter for childbirth instruction	Any one of the four diagnosis codes can be used with HCPCS code Z1032. Please note that the initital visit can be either prenatal or postpartum.
		Z32.3 (prenatal)	Encounter for childcare instruction	
		Z39.1 (postpartum)	Encounter for care and examination of lactating mother	
		Z39.2 (postpartum	Encounter for routine postpartum follow-up	
HCPCS code Z1034	Prenatal Visit	Z32.2	Encounter for childbirth instruction	Either diagnosis code can be used with HCPCS code Z1034.
		Z32.3	Childcare instruction	
CPT code 59409	Vaginal Delivery	Z33.1	Pregnant state, incremental	Either diagnosis code can be used with CPT code 59409. Please note that diagnosis code Z39.0 is intended to be used after delivery.
		Z39.0	Encounter for care and examination of mother immedidately after delivery	
CPT code 59612	Vaginal delivery after cesarean delivery	Z33.1	Pregnant state, incremental	Either diagnosis code can be used with CPT code 59612. Please note that diagnosis code Z39.0 is intended to be used after delivery.
		Z39.0	Encounter for care and examination of mother immedidately after delivery	
CPT code 59620	Cesarean Delivery	Z33.1	Pregnant state, incremental	Either diagnosis code can be used with CPT code 59620. Please note that diagnosis code Z39.0 is intended to be used after delivery.
		Z39.0	Encounter for care and examination of mother immedidately after delivery	
CPT code 59840	Abortion	Z33.1	Pregnant state, incremental	Only diagnosis code Z33.1 should be used with CPT code 59840.
HCPCS code T1033	Miscarriage	Z33.1	Pregnant state, incremental	Only diagnosis code Z33.1 should be used with HCPCS code T1033.
HCPCS code Z1038	Postpartum visit	Z39.0	Encounter for care and examination of mother immedidately after delivery	Any of the three diagnosis codes can be used with HCPCS code Z1038. Please note that diagnosis code Z39.0 is intended to be used after delivery.
		Z39.1	Encounter for care and examination of lactating mother	
		Z39.2	Encounter for routine postpartum follow-up	
HCPCS code T1032	Postpartum Extended Visit	Z39.0	Encounter for care and examination of mother immedidately after delivery	Any of the three diagnosis codes can be used with HCPCS code T1032. Please note that diagnosis code Z39.0 is intended to be used after delivery.
		Z39.1	Encounter for care and examination of lactating mother	
		Z39.2	Encounter for routine postpartum follow-up	

If a doula receives a denied claim and does not understand the reason for the denial, they can:

- Contact CCHP **claimstatus@cchealth.org** for guidance if the Member is a CCHP Member.
- Contact the Telephone Service Centers at 1-800-541-5555 if the Medi-Cal member has FFS.

Complaints, Grievances, and Appeals

Member Complaints, Grievances, and Appeals

The standard grievance and appeals processes apply to doula services for all members. If a member has concerns or complaints, the member can contact Member Services. If the member feels that they have been wrongfully denied service authorization, or wrongfully disenrolled from Doula services, the member can initiate an appeal via CCHP's complaints, grievances, and appeals process by calling **Member Services Monday through Friday, from 8am to 5pm at 1-877-661-6230 (Option 2) (TTY 711).** The member will get a letter to let them know we received the complaint (grievance) or appeal. CCHP will review and resolve the case within 30 calendar days. If the member or their doctor believe that taking up to 30 calendar days to resolve the complaint (grievance) or appeal would put the member's life, health or ability to function in danger, they can ask for an expedited (fast) review for a resolution within 72 hours.

Provider Complaints, Grievances, and Appeals

CCHP is committed to the delivery of excellent customer service. If you have received less than excellent service, there is a process to have your complaints evaluated and resolved in a timely manner. Complaints you would likely submit may include member discharge from your practice, member behavior at your practice, facility site reviews, contractual concerns, interactions with CCHP staff or concerns regarding CCHP policies and procedures.

All **Provider Complaints** are required to be submitted on the **Provider Complaint Form** that can be downloaded from the CCHP website under the topic Forms and Resources. The Provider Complaint Form must be submitted no more than ninety (90) days from the action or inaction precipitating the complaint. Provider Relations will acknowledge receipt of your complaint within fifteen (15) business days and will send a

written resolution within thirty (30) business days. Non-medically related complaints will be evaluated and resolved by the Director of Provider Relations or Network Management Team. Medically related complaints will be referred to the Quality Management Unit for evaluation and resolution.

If a complaint is referred to professional peer review, all parties will be given written notification that a referral has been made and a final determination will require up to sixty (60) days from the acknowledgement of receipt of grievance or complaint.

Submit the completed Provider Complaint Form by mail, e-mail, or faxing it to:

Contra Costa Health Plan Attn: Provider Relations
595 Center Avenue, Suite 100, Martinez, California 94553
Fax: 925-608-9411
E-mail: ProviderRelations@cchealth.org

If you have any questions, contact Provider Relations by e-mail above or phone **877-800-7423, Option 6.**

Appeals are complaints expressed in writing requesting a review of a denied service or claims denial. Providers and facilities may submit a claim dispute for disagreements on claim denial, underpayment, overpayment, payment rates, authorization, or other billing or reimbursement issues.

The disputing party must submit a written dispute request within 365 days from the receipt of a service or claim denial or modification, or in case of inaction, the expiration of the applicable claim/authorization filing period. Timelines for Medi-Cal or Commercial members are subject to change.

All requests should be accompanied by supporting documents such as clinical records (hard copy or on an encrypted disc) to support the dispute. **All disputes are required to be sent in by Certified Mail or submitted through our ccLink Provider Portal due to HIPAA regulations**. **Tip Sheet: Submitting Appeals or Disputes**.

Failure to submit a dispute within the specified timeframe may result in the denial of a dispute request. No punitive action is taken against a provider who submits a dispute. Providers are encouraged to submit disputes via the ccLink Provider Portal.

Otherwise, forms can be mailed to:
Contra Costa Health Plan
Attn: Claims Department: Provider Disputes
595 Center Avenue, Suite 100 Martinez, CA 94553

Quality, Monitoring, and Oversight

CCHP is committed to continuous quality improvement for both the health plan and its care delivery system. CCHP's quality program is designed to measure, monitor, evaluate, and improve the quality, safety, and equity of care and services provided to members. To ensure quality care, CCHP monitoring methods may include: Secret Shopper Phone Calls, Member Surveys, Member Grievances, Facility Site Reviews, Provider Surveys, Appointment Reports, Advice Nurse Reports, Delegation Oversight Monitoring.

Additional Resources for Members

As a doula provider, you can build great connections with the member and connect them to various CCHP and county resources. Our **webpage** has an updated list of current services and support for families. Below are just a few resources within Contra Costa County and beyond you can get familiar with. **Please coordinate with a member's primary care physician or case management to get connected to any services that may require an authorization.**

Program/Service Name	Summary of Services	Contact Information
Women, Infants, and Children (WIC)	Breastfeeding Support. Classes. Food and Nutrition & Health.	Women, Infants & Children (WIC) | Contra Costa Health (cchealth.org) **Brentwood:** (925)513-6880 **Concord:** (925) 655-1700 **Pittsburg:** (925)431-2460 **San Pablo:** (510)942-4000
Bay Area Crisis Nursery	Crisis and Emergency Care. Food Pantry. Diaper Bank & Clothing.	Home - Bay Area Crisis Nursery (925) 685-8052
First 5 Contra Costa	Information for families. Connection to local services and programs. New Parent Kit.	First 5 Contra Costa (first5coco.org) http://first5coco.org/strength **Antioch:** (925) 301-4052 **Brentwood:** (925) 516-3880 **Concord:** (925) 849-8861 **Pittsburg:** (925) 301-4040 **San Pablo:** (510) 232-5650

Program/Service Name	Summary of Services	Contact Information
CoCoKids	Childcare, Health /Nutrition Classes and more resources	https://www.cocokids.org (925) 676-5442
The National Maternal Mental Health Hotline	The National Maternal Mental Health Hotline provides free, confidential mental health support. Pregnant people, moms, and new parents can call or text any time, every day.	**Text or Call: 1-833-TLC-MAMA (1-833-852-6262)** https://mchb.hrsa.gov/programs-impact/healthy-start
Case Management	Case management is available to make accessing care as easy as possible. Case management services can help make appointments, find services, connect to programs, and more.	Call CCHP Case Management at **925-313-6887** to request services.

Program/Service Name	Summary of Services	Contact Information
Postpartum Support International (PSI)	Online support groups, Facebook groups, support volunteers, and more	**Postpartum Support International (PSI)** - Main Page https://www.postpartum.net/get-help/ **PSI Support Groups** - Online https://www.postpartum.net/get-help/psi-online-support-meetings/
Transportation Services	Medi-Cal members can get transportation to and from their appointments for free.	Transportation for Medi-Cal Members | Contra Costa Health

Provider Resources

Doula Provider Resource Page	Link
Provider Appeal and Dispute Request Form	Link
ccLink Provider Portal Tip Sheet: Submitting Appeals or Disputes	Link
CCHP Provider Complaint Form	Link
CCHP Provider Manual	Link
CMS-1500 Completion Tips	Link

Contact Us

- If you would like to know the status of your claim, inquire about denial, or have a dispute, contact ClaimStatus@cchealth.org. **or call 877-800-7423*, option 5.***
- For Portal **technical support** or to **reset your password**, call **925-957-7272.**

- For provider complaints or appeals, refer to the Provider Complaints, Grievances, and Appeals section or contact Provider Relations by e-mail **ProviderRelations@cchealth.org** or phone **1-877-800-7423, Option 6.**
- For member questions, complaints, or appeals, contact Member services at **1-877-661-6230**
- Any other questions or concerns, please contact HealthEducation@cchealth.org**.**