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Testimony Before the District of Columbia Council  
Committee on Health  
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Public Hearing:  
B26-0523 - Streamlining Medicaid Credentialing Amendment Act of 2025

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## **Introduction**

Good morning, Chairperson Henderson, and members of the Committee. My name is Leah Castelaz. I am a Senior Policy Attorney at Children’s Law Center and a resident of the District. Children’s Law Center believes every child should grow up with a strong foundation of family, health and education and live in a world free from poverty, trauma, racism and other forms of oppression. Our more than 100 staff – together with DC children and families, community partners and pro bono attorneys – use the law to solve children’s urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for city-wide solutions that benefit hundreds of thousands more.

Thank you for the opportunity to testify today regarding B26-0523 - Streamlining Medicaid Credentialing Amendment Act of 2025 (Streamlining Credentialing Act). We were glad to see the Streamlining Credentialing Act introduced – it is smart legislation that utilizes the law to reduce administrative burden on providers by requiring a centralized and standardized credentialing system for Managed Care Plans (MCPs) through the Department of Health Care Finance (DHCF).<sup>1</sup> As shown in other jurisdictions, reducing the stress of becoming or remaining a Medicaid provider allows both new providers and current providers to more seamlessly remain in the system and

thus has the potential to increase the Medicaid provider workforce – something that is desperately needed now.<sup>2</sup>

At Children’s Law Center, we see first-hand the current constraints on the Medicaid provider network. The majority of our clients rely on Medicaid to access both physical and mental health services. Unfortunately, many of our clients are not receiving the services our system should be able to provide them. Particularly in behavioral health services, our clients consistently report being unable to find providers offering the services they need – or if they manage to find a provider, the wait for an appointment is prohibitively long.<sup>3</sup> Ensuring a system that providers can easily enter will help to grow and sustain a robust Medicaid workforce – a critical step to improving access.<sup>4</sup>

Children’s Law Center, therefore, fully supports the passage of the Streamlining Credentialing Act. In addition to detailing this support, my testimony today also identifies two opportunities to further the impact of this Act. First, the Streamlining Credentialing Act language should be expanded to include the non-clinical workforce that is part of the Medicaid provider network. Second, the Committee should explore the inclusion of streamlining billing with MCPs in addition to credentialing. Finally, my testimony will highlight that while the Streamlining Credentialing Act is welcome and needed progress to create a more cohesive Medicaid system, the District continues to leave a critical component on the table – the “carve-in” of behavioral health services into the MCPs.

## **The Streamlining Credentialing Act Should Be Expanded to Include the Non-Clinical Workforce**

Children’s Law Center currently co-leads the Doula Learning and Action Collaborative (DLAC) as well as the Transforming Maternal Health (TMaH) DC Doula Advisory Council (DC DAC). Together, both DLAC and DC DAC are working to improve how doulas navigate the District’s Medicaid system as non-clinical, independent providers. We appreciate the work of this Committee who first introduced legislation through the FY2022 Budget Support Act of 2021 that required DHCF to submit a State Plan Amendment (SPA) to cover and reimburse for eligible services provided by doulas.<sup>5</sup> The doula Medicaid benefit was approved and began October 1, 2022.<sup>6</sup>

However, over the last three and half years, the positive impacts of the doula Medicaid benefit have not been fully realized in the District due to implementation barriers across areas of enrollment, credentialing, and billing. According to DHCF in their performance oversight responses, “utilization of doula services in both FFS and Managed Care has been lower than anticipated, with specific data provided below. The highest consumption of doula services to-date has been for doulas participating in health centers and practice groups where revenue cycle management support exists and sources of referral are internal.”<sup>7</sup> This Committee heard directly from doulas during the September 2025 MCP Roundtable on specific implementation challenges which continue to persist.<sup>8</sup>

The introduction of the Streamlining Credentialing Act will help to address one of the implementation barriers – credentialing with MCPs. Currently the process to become

a Medicaid doula, meaning a doula provider that can bill Medicaid for services provided to a Medicaid beneficiary starts with enrollment with (DHCF).<sup>9</sup> So long as a doula meets the requirements for DHCF enrollment, the doula can then begin to bill as a fee-for-service (FFS) provider for births. After enrolling in DHCF and becoming an FFS provider, the doula is then allowed to begin the enrollment process in the four MCPs across the District, AmeriHealth Caritas District of Columbia, Wellpoint District of Columbia, Health Services for Children with Special Needs (HSCSN), and MedStar Family Choice District of Columbia.

The District's current system allows each MCP to conduct their own credentialing process. Therefore, doulas must navigate each MCPs separate process for credentialing. As the Streamlining Credentialing Act correctly identifies this "create[s] unnecessary duplication, delays provider onboarding, and increases administrative costs. These inefficiencies frustrate providers, reduce access to care, and further strain our already overextended healthcare workforce."<sup>10</sup> This reality is reflected in the number of doulas enrolled in MCPs. While there are 27 doulas and 10 doula groups enrolled in FFS, majority of them are not enrolled in MCPs. For Amerihealth there are four doulas and no doula groups, HSCSN there is one doula and no doula groups, MedStar there are four doulas and one doula group, and Wellpoint there are four doulas and no doula groups. That means of the 27 doulas enrolled in FFS most have chosen to not enroll in MCPs and all, but one doula group have chosen not to enroll in MCPs.

This is an alarming reality for appropriately connecting Medicaid beneficiaries with services. Recently at Children’s Law Center we had a client in need of doula services who was enrolled in HSCSN health insurance. There was only one doula for us to reach out to for this client – and fortunately, the doula was available to support. If not for that one doula, the client would have had to navigate their birth without this support – a support that proved very much needed.

Given the barriers to enrollment and credentialing with the MCPs, DLAC is leading doula training in partnership with the MCPs. We are providing the doulas with direct training on both enrolling with DHCF as an FFS provider. We will then also provide direct training from each MCP on what the step-by-step process is to credential with the MCP. This was our attempt to take the issues into our own hands and create clear, concrete guidance to enrollment and credentialing with hopes to increase the number of Medicaid doulas able to provide services to District residents.

We believe this training remains necessary until the requirements of the Streamlining Credentialing Act come into full effect. However, after the implementation of the Streamlining Credentialing Act, doulas will have a significantly easier time navigating the enrollment and credentialing process with one, singular application. We hear directly from doulas across the District that they want to become Medicaid providers, however the process has been too difficult or burdensome to navigate. We,

therefore, believe this will support an even further increase in the number of doulas who become Medicaid providers.

In reading the language of the Streamlining Credentialing Act, it is required that the provider have a valid District professional or occupational license.<sup>11</sup> Doulas, however, do not have licenses but instead have certifications or have to register with DC Health. Therefore, we would ask this language to be expanded to include certifications and registrations that are covered by the Health Occupations Revisions Act, which include doulas, registered dental assistants, registered pharmacy technicians, and, hopefully, community health workers in the future.<sup>12</sup> For all the reasons explained above, we want to ensure doulas are included in the streamlining credentialing process.

We are concerned if these kinds of certifications are omitted from the legislation DHCF and MCPs may interpret that doulas or any other non-clinical workforce that utilizes certification or registration instead of licensure may be required to go through the onerous process of five separate applications (one to DHCF and four separate MCP applications). We believe this is a simple fix that would ensure inclusion across the many workforces in the District ensuring DC residents have access to critical care.

The Streamlining Credentialing Act directly addresses this confusion and helps to avoid delays by creating a simplified process that would allow for doulas to more easily navigate the first steps of becoming a Medicaid doula. Doulas would no longer have to identify how to enroll in each MCP individually and instead only need to have one

application – less paperwork and administrative burden is more often than not a win especially for individual providers like doulas.

Before the Streamlining Credentialing Act goes into effect in January 2027, it will be essential for the Agency to have clear guidance and communication with all relevant stakeholders regarding how these changes will be made. There has been significant work to try to address the confusion of enrollment and credentialing – this work is important and should continue until the simplified application is complete. However, if a doula is trying to enroll after January 2027, they will need different guidance and support. We ask that the Agency work with doula partners to support implementation of this simplified application particularly in communication with the doula community.

### **The Streamlining Credentialing Act Should be Expanded to Include Streamlining Requirements for Billing with Managed Care Plans**

The Streamlining Credentialing Act is an important step forward in implementing a vital recommendation from *A Path Forward – Transforming the Public Behavioral Health System for Children, Youth, and their Families in the District of Columbia*. As this Committee knows, in 2021 Children’s Law Center co-authored *A Path Forward* with 94 recommendations to better meet the behavioral health needs of DC children and families. Specifically, the report recommends that DHCF “require MCPs to use standardized and simplified authorization, billing and credentialing processes and protocols.”<sup>13</sup> The Streamlining Credentialing Act would implement part of this recommendation to address the gap in that MCPs lack uniform credentialing requirements. The results from

the current system show that behavioral health providers are participating in duplicative credentialing activities, which only increase administrative costs but has no benefit to enrollees.

*A Path Forward* goes further to recommend “simplified authorization and billing” for providers to address the challenges with navigating the complex and inconsistent reimbursement process.<sup>14</sup> Providers report experiencing challenges with the reimbursement process, which can delay payments and disrupt business.<sup>15</sup> Similar to credentialing, delays and complications in billing can and do result in providers opting not to accept public health insurance and thereby reduces accessibility to care.<sup>16</sup>

We also see these complications amongst doula providers. For example, while CPT codes are dictated by DHCF, there is no direction on diagnostic codes. Each MCP has unique, unpublished requirements that can only be learned through trial and error. This unpredictability translates into denied claims and inconsistent reimbursement, even when we provide the exact same service to the exact same population under Medicaid.<sup>17</sup> For one doula that has meant almost a year now of having to chase down reimbursement including meeting with the MCP on three separate occasions to get guidance and having to resubmit corrected claims.<sup>18</sup> The lack of guidance on billing for doulas is astounding.

As described above, DLAC is working to create guidance with the MCPs to provide to doulas on the billing requirements including diagnostic codes and same-day billing restrictions. However, the District, similar to streamlining credentialing, could

make the same efforts to streamline billing for providers. We are grateful that MCPs are engaged in this work with us to create clear guidelines. But we encourage this Committee and DHCF to look into how they may streamline billing practices to further reduce administrative burden for providers like doulas and beyond.

A September 2025 article on *Reported Strategies by Medicaid Managed Care Organizations to Improve Access to Behavioral Health Services* found that “including thorough provider training and billing or coding support, as well as simplified or standardized credentialing and contracting processes” were effective ways to address provider shortage and gaps in services.<sup>19</sup> We encourage MCPs to further participate in the creation of guidance outside of doulas and continue to explore ways to simplify and improve the billing processes in the District. The Streamlining Credentialing Act is a significant step to reducing administrative burden, but to fully realize the benefits of this change, the District must also address similar burdens on billing.

### **The Carve-in of Behavioral Health Services to Managed Care Plans Is a Required Step to Improve the District’s Healthcare System**

The Streamlining Credentialing Act is welcome and much needed progress to create a more cohesive Medicaid system. The District, however, continues to delay moving forward on a critical component necessary to improve all aspects of the District’s health care system -- the “carve-in” of behavioral health services into managed care. The carve-in would more fully streamline behavioral health services in the District. The District’s current Medicaid financing system siloes out Mental Health Rehabilitative

Services (MHRS) and Substance Use Disorder (SUD) services, paying for them through a fee-for-service structure where DBH allocates money to DHCF who then pays providers for billed services. Other health services are financed through capitated rate payments from DHCF to the managed care plans (MCPs), a much more streamlined process.

The separation of MHRS and SUD services from the rest of the system creates data gaps, complicates referral processes, and leaves MCPs without the ability to “see” all the care that their beneficiaries receive. DHCF and DBH identified the carve-in as a solution to these issues, a way to work toward improved cost efficiency and provider quality.<sup>20</sup> The agencies initially planned for the carve-in to be implemented in October 2022 but have delayed it year after year to the point that there is now no start date indicated or a plan for how to move forward.<sup>21</sup>

The carve-in will give MCPs the ability and incentive to coordinate their beneficiaries’ care such that they get the right care at the right time and ultimately reduce time-consuming and costly interventions like hospitalization.<sup>22</sup> Shifting behavioral health into managed care will also strengthen the impact of MCP network adequacy and timeliness standards as MCPs will have a direct relationship with providers through which accountability mechanisms can be established.<sup>23</sup> The direct contracting between providers and MCPs will also enable MCPs to de-panel a provider when quality of care or billing fraud concerns are confirmed, protecting consumers from receiving poor services.<sup>24</sup> These benefits to our health system and consumer experience have been

delayed by financial constraints that the District has not been able to resolve since pausing work on the carve-in back in February 2024.<sup>25</sup>

We are encouraged by recent feedback from the Executive that there are viable steps DHCF and other executive agencies can take to move the District forward in making the carve-in a reality and improve access to services for DC residents. We appreciate their transparency and commitment to explore avenues for moving forward with this important change. As DHCF undertakes the Streamlining Credentialing Act, we encourage the Agency to think of the impact on the carve-in on further streamlining the District's healthcare system and work to move both efforts forward as well as any opportunities to improve and streamline billing with MCPs. We ask the Committee to work with the Executive before FY27 budget hearings to understand what steps can be taken this year to begin implementation of the carve-in.

## **Conclusion**

Thank you for the opportunity to testify. I welcome any questions the Committee may have.

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<sup>1</sup> B26-0523 - Streamlining Medicaid Credentialing Amendment Act of 2025.

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<sup>2</sup> Statement of Introduction Streamlining Medicaid Credentialing Amendment Act of 2024, (December 1, 2025), *available at*: <https://lims.dccouncil.gov/downloads/LIMS/60857/Introduction/B26-0523-Introduction.pdf?Id=228275>.

<sup>3</sup> Kim Daulton, Children’s Law Center Testimony before the District of Columbia Council Committee on Health, (October 28, 2024), *available at*: <https://childrenslawcenter.org/resources/testimony-public-roundtable-on-in-patient-psychiatric-facilities-and-the-continuum-of-behavioral-health-care/>; Chris Gamble, Children’s Law Center Testimony before the District of Columbia Council Committee on Health, (February 3, 2025), *available at*: <https://childrenslawcenter.org/resources/2024-25-oversight-testimony-department-of-behavioral-health/>; Chris Gamble, Children’s Law Center Testimony before the District of Columbia Council Committee on Health, (September 30, 2025), *available at*: <https://childrenslawcenter.org/resources/testimony-roundtable-on-managed-care-organizations-in-the-districts-medicaid-program/>; Tami Weerasingha-Cote, Children’s Law Center Testimony before the District of Columbia Council Committee on Health, (January 28, 2026), *available at*: <https://childrenslawcenter.org/resources/2025-26-oversight-testimony-child-and-family-services-agency/>; Chris Gamble, Children’s Law Center Testimony before the District of Columbia Council Committee on Health, (February 2, 2026), *available at*: <https://childrenslawcenter.org/resources/2025-26-oversight-testimony-child-and-family-services-agency/>.

<sup>4</sup> Nyleen I. Flores, Navigating Provider Enrollment: Common Pitfalls and Practical Solutions, Gateway, (February 6, 2025), *available at*: <https://www.namssgateway.org/Article/navigating-provider-enrollment-common-pitfalls-and-practical-solutions#:~:text=Impact%20of%20Enrollment%20Challenges,extended%20periods%20of%20non%2Dpayment>.

<sup>5</sup> <https://code.dccouncil.gov/us/dc/council/laws/24-45>; Medicaid Health Plans of America, Network Adequacy & Medicaid Managed Care: Facilitating Access to Care through Robust Provider Networks, (September 2025), *available at*: <https://medicaidplans.org/wp-content/uploads/2025/09/MHPA-Network-Adequacy-Issue-Briefscreen.pdf>.

<sup>6</sup> Department of Health Care Finance, Transmittal 22-34 - Doula Benefit, Provider Qualifications and Enrollment, Rates and Reimbursement Standard, (September 30, 2022), *available at*: <https://dhcf.dc.gov/node/1622911>.

<sup>7</sup> Department of Health Care Finance Performance Oversight Responses, response to Q82, *available at*: <https://lims.dccouncil.gov/Hearings/hearings/2123>.

<sup>8</sup> Gina Valo, BirthingKind Testimony before the District of Columbia Council Committee on Health, (September 30, 2025), *available at*: <https://lims.dccouncil.gov/Hearings/hearings/939>; Crystal Jackson, A Queen Momma Doula Services Testimony before the District of Columbia Council Committee on Health, (September 30, 2025), *available at*: <https://lims.dccouncil.gov/Hearings/hearings/939>.

<sup>9</sup> A doula would first check their eligibility to be a Medicaid doula. In order to qualify as a provider a doula must “be at least 18 years of age, possess a high school diploma or equivalent, and possess a current certification by a doula training program or organization, approved by DHCF.” The list of doula training programs and organizations can be found in relevant DHCF transmittals. DHCF also requires a doula to have other pieces like W-9, proof of liability insurance, etc. *See* Department of Health Care Finance, Transmittal 22-34 - Doula Benefit, Provider Qualifications and Enrollment, Rates and Reimbursement Standard, (September 30, 2022), *available at*: <https://dhcf.dc.gov/node/1622911>.

<sup>10</sup> Statement of Introduction Streamlining Medicaid Credentialing Amendment Act of 2024, (December 1, 2025), *available at*: <https://lims.dccouncil.gov/downloads/LIMS/60857/Introduction/B26-0523-Introduction.pdf?Id=228275>.

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<sup>11</sup> Streamlining Medicaid Credentialing Amendment Act of 2025. Sec. 8e. Medicaid provider consolidated credentialing. (c)(1)

<sup>12</sup> DC Act 25-479. District of Columbia Health Occupations Revision Act of 1985. *See also* DC Health Performance Oversight Hearing – where the Agency discussed that it would move community health workers through the HORA. DC Council Committee on Health, Performance Oversight of DC Health (Government Witnesses Only), (February 20, 2026), *available at*: [https://www.youtube.com/watch?v=QUb2ITX\\_36Y&t=12930s](https://www.youtube.com/watch?v=QUb2ITX_36Y&t=12930s).

<sup>13</sup> A Path Forward: Transforming the Public Behavioral Health System for Children and their Families in the District, (December 2021), page 64, *available at*: <https://childrenslawcenter.org/wpcontent/uploads/2021/12/BH.System.Transformation.2023.Update.Round4.pdf>.

<sup>14</sup> *Id.*

<sup>15</sup> A Path Forward: Transforming the Public Behavioral Health System for Children and their Families in the District, (December 2021), page 58, *available at*: <https://childrenslawcenter.org/wpcontent/uploads/2021/12/BH.System.Transformation.2023.Update.Round4.pdf>.

<sup>16</sup> *Id.*

<sup>17</sup> Gina Valo, BirthingKind Testimony before the District of Columbia Council Committee on Health, (September 30, 2025), *available at*: <https://lims.dccouncil.gov/Hearings/hearings/939>.

<sup>18</sup> Crystal Jackson, A Queen Momma Doula Services Testimony before the District of Columbia Council Committee on Health, (September 30, 2025), *available at*: <https://lims.dccouncil.gov/Hearings/hearings/939>.

<sup>19</sup> Zhu JM, Rowland R, Suneson I, Cohen DJ, McCONNELL KJ, Polsky D. Reported Strategies by Medicaid Managed Care Organizations to Improve Access to Behavioral Health Services. *Milbank Q.* 2025 Nov;103(S1):297-318. doi: 10.1111/1468-0009.70009. Epub 2025 Apr 14. PMID: 40228238; PMCID: PMC12459964.

<sup>20</sup> Chris Gamble, Children’s Law Center Testimony before the District of Columbia Council Committee on Health, (January 27, 2026), *available at*: <https://childrenslawcenter.org/wp-content/uploads/2026/01/C.-Gamble-DHCF-Performance-Oversight-2026-CLC-Written-Testimony-1.27.26.pdf>.

<sup>21</sup> *Id.*

<sup>22</sup> *Id.*

<sup>23</sup> Chris Gamble, Children’s Law Center Testimony before the District of Columbia Council Committee on Health, (January 27, 2026), *available at*: <https://childrenslawcenter.org/wp-content/uploads/2026/01/C.-Gamble-DHCF-Performance-Oversight-2026-CLC-Written-Testimony-1.27.26.pdf>.

<sup>24</sup> *Id.*

<sup>25</sup> DHCF Behavioral Health Integration, *available at*: <https://dhcf.dc.gov/page/behavioral-health-integration>.