



HUSKY Health Member Referral for Doula Services

*Developed for the HUSKY Health Maternity Bundle Payment
Doula Integration Toolkit*

Background for this document

The Connecticut Department of Social Services (DSS) plans to implement a Maternity Bundle Payment program (called “the bundle” for the remainder of this document) for the HUSKY Health program beginning January 2024, pending federal approval. The bundle is part of DSS’ overarching goal to move toward paying for equitable care in a value-based way. In addition to providing a new payment structure, DSS has allocated additional funds for doula and lactation support services as an integral component of the bundle. Doula and lactation support services will be rendered and reimbursed under the medical provider through the bundled payment.

How to use this tool

Providers can match eligible HUSKY Health members with a doula based on their demographic profile and personal characteristics and may use this referral form to share patient information with the doula provider. This data should be transmitted in a secure manner in compliance with HIPAA.

REFERRING PROVIDER INFORMATION

Referring Provider Name	
Referring Provider Phone	

PATIENT INFORMATION

Patient Name		Date of birth	
Address		Estimated due date	
Email		Number of prior births	
Telephone		Planning VBAC? (vaginal	Yes / No / Unsure (circle one)

		birth after c-sec)	
Patient Race / Ethnicity*		Preferred language*	
Any pregnancy complications or related diagnoses? (e.g., hypertension, GDM, twins)			
Planned birth location			

*It is recommended to match doula and patients by race/ethnicity and preferred language if desired by the patient. If the patient desires such matching, please provide relevant information.