

# MEDICAID POLICY INFORMATION SHEET

**Policy Analyst:** Janell Troutman

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Initial

Public Comment

Final

## Brief description of policy:

This policy establishes coverage and reimbursement of doula services for Medicaid beneficiaries.

## Reason for policy (problem being addressed):

To establish coverage of doula services to improve birth outcomes, address social determinants of health and decrease existing health and racial disparities for Medicaid beneficiaries.

## Budget implication:

budget neutral

will cost MDHHS \$ 1,194,720 per year. This figure represents \$819,321 federal and \$375,399 state general fund, and is not budgeted in current appropriation

will save MDHHS \$

## Is this policy change mandated per federal requirements?

No.

## Does policy have operational implications on other parts of MDHHS?

Yes- Medicaid Claims Processing Division, Managed Care Plan Division, and Actuarial Division.

## Does policy have operational implications on other departments?

No.

## Summary of input:

controversial (Explain)

acceptable to most/all groups

limited public interest/comment

## Supporting Documentation:

State Plan Amendment Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Public Notice Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide status:	If yes,
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date: <b>3/14/21</b>
Date: Approval	Date:

<b>DRAFT FOR PUBLIC COMMENT</b>  <b>Michigan Department of Health and Human Services</b>		
	<b>Project Number:</b> 2210-Doula	<b>Date:</b> April 20, 2022

**Comments Due:** June 4, 2022  
**Proposed Effective Date:** October 1, 2022  
**Direct Comments To:** Janell Troutman  
**Address:**  
**E-Mail Address:** [Troutmanj1@michigan.gov](mailto:Troutmanj1@michigan.gov)  
**Phone:** **Fax:**

**Policy Subject:** Medicaid Coverage of Doula Services

**Affected Programs:** Medicaid, Healthy Michigan Plan, MI Health Link, MICHild, Maternity Outpatient Medical Services Program

**Distribution:** Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Practioners, Hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Local Health Departments (LHDs), Maternal Infant Health Program (MIHP) Providers

**Summary:** This policy establishes coverage of doula services for Medicaid beneficiaries.

**Purpose:** To establish coverage of doula services to improve birth outcomes, address social determinants of health and decrease existing health and racial disparities for Medicaid beneficiaries.

**Cost Implications:** This policy is estimated to cost the Michigan Department of Health and Human Services (MDHHS) \$1,194,720 per year. This figure represents \$819,321 federal and \$375,399 state general fund

**Potential Hearings & Appeal Issues:** None anticipated.

<b>State Plan Amendment Required:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>If yes, date submitted:</b> April 7, 2022	<b>Public Notice Required:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Submitted date:</b> March 14, 2021
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**Tribal Notification:** Yes  No  - **Date:** January 27, 2021

**THIS SECTION COMPLETED BY RECEIVER**

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>No Comments</b>
<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>See Comments Below</b>
	<input type="checkbox"/> <b>See Comments in Text</b>

<b>Signature:</b>	<b>Phone Number</b>
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<b>Signature Printed:</b>
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<b>Bureau/Administration</b> <i>(please print)</i>	<b>Date</b>
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# Proposed Policy Draft

Michigan Department of Health and Human Services  
Behavioral & Physical Health and Aging Services Administration

**Distribution:** Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Practitioners, Hospitals, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal Health Centers (THCs), Local Health Departments (LHDs), Maternal Infant Health Program (MIHP) Providers

**Issued:** September 1, 2022 (Proposed)

**Subject:** Medicaid Coverage of Doula Services

**Effective:** October 1, 2022 (Proposed)

**Programs Affected:** Medicaid, Healthy Michigan Plan, MI Health Link, MIChild, Maternity Outpatient Medical Services Program

**NOTE: Implementation of this policy is contingent upon State Plan Amendment (SPA) approval from the Centers for Medicare & Medicaid Services (CMS).**

The purpose of this policy is to establish coverage criteria for doula services as a component of Medicaid services effective for dates of service on and after October 1, 2022. Doula services are provided as preventive services pursuant to 42 C.F.R. Section 440.130(c).

## **General Information**

A doula is a non-clinical person who typically provides physical, emotional, and educational support services to pregnant individuals during the prenatal, labor and delivery, and postpartum periods. Evidence indicates doula services are associated with improved birth outcomes. Doula services have been shown to positively impact social determinants of health, support birth equity, and decrease existing health and racial disparities.

## **Covered Services**

Medicaid will cover different types of doula services, including community-based doulas, prenatal doulas, labor and birth doulas, and postpartum doulas. Doula services must be recommended by a licensed healthcare provider. Dependent on person-centered needs, doula support during the perinatal period may include, but is not limited to:

- Prenatal services, which include:
  - Promoting health literacy and knowledge,
  - Assisting with the development of a birth plan,
  - Supporting personal and cultural preferences around childbirth,

- Providing emotional support and encouraging self-advocacy,
  - Reinforcing practices known to promote positive outcomes such as breastfeeding,
  - Identifying and addressing social determinants of health, and
  - Coordinating referrals to community-based support services (e.g., Women, Infants and Children [WIC] program, behavioral health services, transportation).
- Labor and delivery services, which include:
    - Providing continual physical comfort measures, information, and emotional support,
    - Advocating for beneficiary needs, and
    - Being an active member of the birth team.
  - Postpartum services, which include:
    - Educating regarding newborn care, nutrition, and safety,
    - Supporting breastfeeding,
    - Providing emotional support and encouraging self-care measures,
    - Supporting beneficiary in attending recommended medical appointments,
    - Identifying and addressing social determinants of health, and
    - Coordinating referrals to community-based support services (e.g., WIC, behavioral health services, transportation).

It is the expectation that doula services be provided face-to-face with the beneficiary. Prenatal and postpartum services may be delivered via telehealth when a barrier exists to providing in-person services. Documentation must support the reason for the telehealth service.

Doula services may include a maximum of six total visits during the prenatal and postpartum periods and one visit for attendance at labor and delivery. All prenatal and postpartum visits must be at least a minimum of 20 minutes in duration with a beneficiary to be considered eligible for reimbursement.

A qualifying visit for attendance at labor and delivery requires the doula to be physically present during labor, delivery, and the immediate postpartum period.

Documentation must include a start time and end time of services provided, a comprehensive description of the professional services rendered and information regarding the source of the licensed healthcare provider recommendation for services. Documentation must be kept in accordance with the record keeping requirements of the Medicaid program and may be subject to review and post-payment audit.

### **Provider Criteria**

Qualified individuals must be at least 18 years of age and possess a high school diploma or equivalent. They must possess a current certification by a doula training program or organization approved by MDHHS. Doulas must maintain a copy of their current certification and provide it to MDHHS upon request.

At a minimum, a doula training program must include skill development in the following areas:

- Communication, including active listening, cross-cultural communication, and interprofessional communication,
- Perinatal self-care measures,
- Coordination of and linkage to community services and resources,
- Labor and coping strategies, and
- Newborn care and supportive measures.

MDHHS-approved qualified doula certifying programs or organizations include, but are not limited to, the following:

- [BirthWorks International](#)
- [Childbirth International](#)
- [Childbirth and Postpartum Professional Association](#) (CAPPA)
- [Doulas of North America International](#) (DONA)
- [International Childbirth Education Association](#) (ICEA)
- [ToLABOR](#)
- Additional doula programs approved by MDHHS

### **Provider Enrollment**

A doula who provides professional services to Medicaid beneficiaries is required to be a Medicaid-enrolled provider and uniquely identified on claims. To enroll as a Medicaid provider, the doula must complete an online application in the Community Health Automated Processing System (CHAMPS) and enroll with an Individual (Type 1) National Provider Identifier (NPI) as either a Rendering/Service-Only or Individual/Sole Provider.

### **Reimbursement Considerations**

Claims for doula services must be submitted under the NPI of the doula.

- Claims are to be submitted utilizing the pregnant or postpartum beneficiary's Medicaid identification (ID) number.
- Medicaid will provide reimbursement for the first eligible claims submitted for these services up to the limit of six total prenatal and postpartum visits and one visit for attendance at labor and delivery.
- Lactation support services and childbirth education are included as part of doula support services and are not separately reimbursed.
- Claims must include a primary diagnosis code to support the services billed. In addition, doulas are encouraged to report the appropriate International Classification of Diseases 10 (ICD-10) diagnosis codes within the range of Z55-Z65 to describe any relevant social determinants of health (e.g., Z56.1 change of job, Z59.1 inadequate housing, Z59.4 lack of adequate food and safe drinking water).

Doula services are to be reported as follows:

Visit Type	Procedure Code	Modifier	Primary Diagnosis Codes	Limit per Pregnancy	Rate
Prenatal Visits and Postpartum Visits	S9445	HD	Prenatal: Z33.1 Postpartum: Z39.2	6 total visits	\$75
Attendance at Labor and Delivery	99199	HD	Z33.1	1 visit	\$350

### **FQHC, RHC, THC and Tribal FQHC Reimbursement**

The following information applies to clinics that may be billing on behalf of the doula. Doula services will be reimbursed outside of the Prospective Payment System (PPS) or All-Inclusive Rate (AIR) methodology at the Medicaid fee screen reimbursement rates for doulas. FQHCs, RHCs, THC, and Tribal FQHCs should use appropriate Healthcare Common Procedure Coding System (HCPCS) codes to report doula services.

### **Billing Requirements for Services Provided Within the Clinic Setting**

FQHCs, RHCs, THC, and Tribal FQHCs must use the ASC X12N 837I institutional format when submitting electronic claims for services performed by doulas within the clinic scope of services. Institutional claim fields must include:

- **Billing Provider (Type 2 - Organization)** – NPI of the Clinic Group (F/A/O Enrollment Type with the FQHC/RHC/THC Provider Specialty) associated to the Doula
- **Attending Provider (Type 1 - Individual)** – NPI of the enrolled provider responsible for the overall care of the patient. A doula cannot be listed in this field. (Refer to bulletin [MSA 21-47](#) for a list of eligible Attending Providers.)
- **Rendering Provider (Type 1 - Individual)** – NPI of the enrolled Doula associated to the FQHC, RHC, THC, Tribal FQHC (Type 2 - Organization) Billing NPI.

### **Billing Requirements for Services Provided Outside the Clinic Setting**

Clinics may bill for covered doula services in settings other than the clinic office, such as in the beneficiary’s home or hospital setting. Services must be billed separately using their non-clinic Type 2 specialty enrolled NPI on a professional claim format (CMS 1500/837P) and will be reimbursed at fee-for-service methodology. (Refer to additional billing requirements for clinic-specific provider types within the [MDHHS Medicaid Provider Manual](#).)

### **Future Doula Developments**

Contingent upon budget appropriations, MDHHS anticipates developing a voluntary state-wide doula registry. Doulas providing services to Medicaid beneficiaries will be required to be registered with the MDHHS Doula Registry to enroll as a Medicaid provider. Additional details regarding the Doula Registry will be shared at a future date. Components associated with the proposed registry may include, but are not limited to:

- Registry of certified doulas
- Establishment of a diverse doula advisory council
- Doula continuing education opportunities
- Ongoing doula provider support

The Medicaid program plans to explore future coverage of services provided by peer recovery doulas who specialize in supporting pregnant and postpartum individuals with a substance use disorder (SUD). Peer recovery doulas will require dual certification as a doula and state certification as a Certified Peer Recovery Coach (CPRC). Peer recovery doulas will provide the doula services described above under the Covered Services section with the following additional support dependent on person-centered needs:

- Assisting individuals to become or stay involved in their own recovery process
- Developing personalized action plans for behavioral, emotional, physical and social health
- Providing experience, education and professional services to assist and support individuals in developing and/or maintaining recovery-oriented, wellness-focused lifestyles.