

Michigan Department of Health and Human Services Doula Initiative Doula Provider Frequently Asked Questions Guidance

This guidance is intended to support and clarify the [Michigan Medicaid Doula Policy \(MMP 22-47\)](#) effective January 1, 2023 which Michigan Medicaid began reimbursing for doula services provided to individuals covered by or eligible for Medicaid Insurance. Please ensure compliance with all guidance in the [Medicaid Provider Manual](#).

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Doula Provider Resources

CHAMPS Provider Support

- 1-800-292-2550
- providersupport@michigan.gov.

[Information Specific to Different Providers \(michigan.gov\)](#)

- Doula Fee Schedule

[Medicaid Professional Provider Alerts](#)

- Scroll down to “Doula” section.

[Medicaid Provider Manual](#)

[Michigan Department of Health and Human Services \(MDHHS\) Doula Initiative Website](#)

- [Beginner Guide for Doulas](#)
- [Provider Enrollment - Doula Specialty](#)
- [Documentation Templates](#)
- [Doula Billing Guidance](#)
- [MHP Service Area and Contact Information](#)

[Michigan Medicaid Doula Policy \(MMP 22-47\)](#)

[Subscription Request for Michigan Doula Initiative Emails and Updates](#)

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MDHHS Doula Initiative

➤ **What is the MDHHS Doula Initiative?**

The [MDHHS Doula Initiative Website](#) supports a broader statewide goal of reducing infant and maternal mortality rates and addressing birth inequities by:

- Increasing the doula workforce
- Providing technical assistance for Medicaid doula providers
- Engaging with doulas, families, and internal/external partners to prioritize and expand doula service access.

➤ **Does MDHHS provide scholarships or sponsor doula trainings?**

Yes, MDHHS has sponsored several trainings across Michigan. Please consider subscribing at [Doula Initiative Updates & Emails](#) and contacting the organizations listed on the MDHHS-approved list of doula trainings for upcoming training opportunities: [Become a Medicaid Enrolled Doula](#)

MDHHS Doula Registry

➤ **What education or training must doulas have to be included on the MDHHS Doula Registry?**

Doulas must complete a training and receive a certificate from one of the MDHHS-approved qualified doula training programs. Please visit [Become a Medicaid Enrolled Doula](#) for a complete list of MDHHS-approved doula training programs or organizations.

➤ **How does a doula get added to the MDHHS Doula Registry?**

Doulas who want to join the MDHHS Doula Registry must complete an application ([MDHHS-6035](#)) and provide proof of completed training by an MDHHS-approved doula training program or organization.

Medicaid Provider Enrollment

➤ **If a doula is listed on the MDHHS Doula Registry, are they considered a Medicaid provider?**

No, the Doula Registry Application is not the same as the Medicaid doula provider application. To [Become a Medicaid Enrolled Doula](#) provider, all of the following (5) steps must be completed:

Step 1: [Complete an MDHHS Doula Registry Application](#)

Step 2: [Apply for a Type 1 \(Individual\) National Provider Identifier \(NPI\)](#)

Step 3: [Register for SIGMA Vendor Self-Service \(VSS\)](#)

Step 4: [Register for a MI Login Account for Access to the Community Health Automated Medicaid Processing System \(CHAMPS\)](#)

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Step 5: [Complete an online application in the CHAMPS](#)

➤ How do I become a Medicaid enrolled doula?

See above. Doulas are encouraged to review the [Medicaid, Billing and Claims](#) section of the MDHHS Doula Initiative website for helpful resources, including step-by-step tutorials and guidance documents.

- For assistance with Step 1, email MDHHS-MIDoula@michigan.gov.
- For assistance with Steps 2-5, please contact Provider Support: 1-800-292-2550 (option 4) or Providersupport@Michigan.gov (Monday through Friday 8:00 am to 5:00 pm EST).

Healthcare Provider Referral

➤ What is the requirement regarding healthcare provider referrals?

The State of Michigan's Chief Medical Executive issued a statewide standing recommendation for doula services. This meets the federal requirement that Medicaid covered doula services must be recommended by a licensed healthcare provider. **No additional service recommendations will be required by the Medicaid program.**

MDHHS is pleased to share this communication regarding [Governor Whitmer's Healthy Moms, Healthy Babies Initiative Expands to Include Doula Services for Medicaid Recipients](#).

Medicaid Health Plan (MHP) Credentialing and Contracting

➤ What is the process for contracting with an MHP?

Before serving clients enrolled in an MHP, doulas must complete the credentialing process and secure a contract with each client's MHP. The doula must become familiar with the requirements of each MHP with which they contract as requirements may differ between each MHP whether it be related to completion of forms, new provider training and/or orientation, claims submission, and reimbursement. Please contact the specific MHP for questions regarding contracting/billing.

➤ How long does it take to get a contract with an MHP?

The credentialing process with MHPs is an extensive process and varies by plan and may take several weeks or months. This is true for all Medicaid provider types. Doulas *do not* need to wait to receive a contract from one MHPs before initiating the credentialing process with additional MHPs.

➤ Does a doula need to be a contracted provider with every MHP?

No. Doulas are not required to be contracted with all MHPs. A doula may wish to contract with MHPs located in the geographic regions or counties where the doula plans to provide doula services. To identify which MHP is associated with a specific county, refer to [Medicaid Health Plans: List of Medicaid Health Plans Contact and Service Listing](#).

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➤ **What credentialing information is typically required by MHPs?**

Once a doula requests to become a MHP doula provider, the MHP will respond with the required information and forms. Some MHPs have their forms posted on their website. Each MHP has different forms and processes, but standard information that a doula will need to provide includes:

- Name of Business
- Tax ID # (EIN)
- NPI #
- Mailing address and telephone #
- Current liability and/or auto insurance coverage
- Curriculum vitae which includes work history for the past 5 years
- Completed and signed application and attestation forms
- Completed W-9 Form
- Some health plans require doulas to submit their training certificate and/or approval from CHAMPS.

➤ **Do doulas need auto insurance?**

All Medicaid providers contracted with an MHP, including doulas, must have vehicle liability insurance on their motor vehicle (as required by Michigan law). Doulas who do not own a vehicle are encouraged to reach out to the individual MHP for guidance in completing this portion of the credentialing process.

➤ **Do doulas need liability insurance?**

Yes, this is a requirement for all Medicaid providers contracted with a MHP, including doulas. MHPs may require doulas to present proof of insurance as part of the credentialing process.

➤ **How does an MHP verify that a doula is eligible to become a Medicaid provider?**

MHPs may verify that a doula has met MDHHS doula training requirements by confirming the doula's enrollment in CHAMPS and/or inclusion on the MDHHS Doula Registry. Some MHPs may require doulas to submit a training certificate, approval letter from CHAMPS and/or approval email from MDHHS Doula Initiative as part of the credentialing process.

➤ **How does a doula resolve issues that may arise during the MHP credentialing process?**

The first step is to contact the individual MHP for credentialing assistance. The [Medicaid, Billing and Claims](#) section of the MDHHS Doula Initiative website has resources including contact information for the Michigan MHPs; guides/tutorials/links to assist doulas with the credentialing process. If, after communicating with the MHP support team, the doula requires additional 'doula specific' assistance, please reach out to the Doula Special Projects Contact List for each MHP here: [Medicaid, Billing and Claims](#).

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Medicaid Coverage of Doula Services

➤ **How long is a Medicaid client eligible for doula services?**

Doula services may be offered at any point during pregnancy and up to 12-months postpartum.

➤ **What happens if a client has a primary (commercial) insurance and Medicaid is secondary (also known as third-party liability)?**

Doula providers are required to confirm service coverage with the primary insurance before billing Medicaid. If the client's primary (commercial) insurance **does** cover doula services, the doula must bill the commercial insurance for the services.

When a Medicaid client has primary (commercial) insurance that does not cover doula services or the client has Medicare, claims can be submitted directly to CHAMPS without obtaining a denial letter from the primary insurance.

➤ **May a doula charge a client for Medicaid covered doula services?**

No, Medicaid clients may not be billed for Medicaid covered services. Claims for doula services provided to MHP members must be submitted to the MHP. Claims for services provided to Fee-For-Service Medicaid (straight Medicaid) clients must be submitted via CHAMPS.

If a Medicaid-only client is told and understands that a provider is not accepting them as a Medicaid client and asks to be private pay, the doula may charge the client for services rendered. The client must be advised **prior** to services being rendered that their insurance is not accepted and that they are responsible for payment. The doula is strongly encouraged to obtain this approval in writing before the delivery of services.

➤ **Can doulas bill the client for services that are above and beyond what they are billing Medicaid? For instance, can doulas charge clients for services not covered by Medicaid such as placenta art prints, birth photography, childbirth classes provided either privately or in a group setting, etc.?**

Providers must not seek nor accept additional or supplemental payment for covered services (prenatal/postpartum visits, labor/delivery attendance) from the client, the family, or representative in addition to the amount paid by Medicaid, even when a client has signed an agreement to do so.

If the client requests a service not covered by Medicaid, the doula may charge the client for the service if the client is told prior to rendering the service that it is not covered by Medicaid. If the client is not informed of Medicaid noncoverage until after the services have been rendered, the doula cannot bill the client or Medicaid for the Medicaid non-covered service. It is suggested the client acknowledge this responsibility in writing.

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- **Can doulas provide extra visits over the “six total visits per pregnancy, prenatal and postpartum services combined”?**

Yes. There is a limit of six total doula visits per client per pregnancy. This limit includes visits provided by all doulas to a single individual., Doulas may request additional visits through the prior authorization (PA) process. Doulas may only bill Medicaid for PA approved services.

PA requests for Fee-for-Service clients are submitted via CHAMPS. PA requests for clients enrolled in a MHP must be submitted to that MHP. PA requirements for MHP members may differ from those for Fee-for-Service clients. It is strongly encouraged that doulas obtain approval before the *service is provided*.

If the PA request is denied and a client wants to receive greater than six total visits, the client must be informed that the additional visits are not Medicaid covered. The client must be advised **prior** to services being rendered that their insurance is not accepted and that they are responsible for payment. The doula may then charge the client for the additional visits. The doula is strongly encouraged to obtain this approval in writing before the delivery of services.

For additional information for PA of services provided to Fee-for-Service client, refer to [Prior Authorization \(michigan.gov\)](#). For clients enrolled in a MHP, contact the individual MHP.

- **Can a doula bundle prenatal/postpartum visits on the same date?**

No, a doula may only bill for one prenatal/postpartum visit per calendar day. A visit must be at least 20 minutes in length but could be longer dependent on the client needs and doula availability. The maximum amount of reimbursement for a prenatal/postpartum visit regardless of length is \$75 per calendar day.

- **Can doulas bill Medicaid for services provided in a group setting, for instance meeting with two clients at the same time?**

No, group billing is not allowable.

- **Can doulas see more than one client per day?**

Yes, doulas can see multiple clients on the same day as long as visits are with individual clients and not provided to multiple clients during a single visit (one client at a time). Doulas must follow the billing and documentation guidance in the Medicaid policy.

- **Can a Medicaid client have more than one doula?**

Yes, the birth and the six prenatal/postpartum visits can be split among different doula providers. Up to six total visits may be reimbursed for an individual client, per pregnancy. Any doula that is providing and billing for services will need to be Medicaid enrolled and credentialed with the client’s MHP. This includes any “back-up” doulas. Doulas may verify the number of services a client has received in CHAMPS.

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Only one doula will be reimbursed for the client's labor and delivery, even if more than one doula is in attendance. If a back-up doula attends the labor and delivery, the back-up doula would need to file the Medicaid reimbursement claim. Therefore, the back-up doula would also need to be credentialed with the birthing person's health plan.

- **What if the birthing person has a C-section and the doula is not allowed to accompany them to the operating room?**

If the doula is on-site at the hospital during the labor/delivery and immediate postpartum period, the doula may seek reimbursement. [Documentation Templates](#) are available on the MDHHS Doula Initiative website.

- **Will a doula be reimbursed for a client who has an out-of-hospital birth?**

No, Medicaid only covers labor and birth services that occur in the hospital setting. Medicaid does not cover home births or births at free standing birth centers. As such, doula services completed during labor and delivery in any setting other than "Inpatient Hospital" (claim place of service code 21) would not be a Medicaid covered service.

- **If a client delivers their baby in a different state and the doula attends the birth, can the doula seek reimbursement?**

Doula services are only covered for Michigan Medicaid covered individuals and must be provided by a Michigan Medicaid enrolled doula. If the Michigan Medicaid client is temporarily located out of the state of Michigan, the Michigan Medicaid enrolled doula may provide doula services to the client. Prior authorization (PA) requirements may apply. Doulas are encouraged to contact the MHP for PA criteria prior to providing out-of-network or out-of-state services to a MHP enrolled client.

Are incarcerated pregnant individuals eligible for doula services?

No, for doulas interested in working with incarcerated pregnant and birthing individuals, the [Michigan Prison Doula Initiative](#) may be a good resource.

Claims and Billing

- **How long after a service is provided can a doula submit a claim for reimbursement?**

A fee-for-service claim must be received and acknowledged (i.e., assigned a TCN) within 12 months from the date of service (DOS). For claims for doula services, the date of service is defined as the date the service was provided. Doulas are encouraged to contact the individual MHP for timelines associated with claims submission as many have shorter timely filing requirements.

- **For paper claims, do separate claims (papers) need to be filed for each prenatal/postpartum visit or can they be combined on a single form per client?**

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Claims for services rendered by the same doula, provided to the same client, submitted by the same billing agent may be combined on a single CMS 1500 claim form. Instructions for completing the CMS 1500 claim form are available on the National Uniform Claim Committee [National Uniform Claim Committee website](#) or through the CMS-1500 vendor.

➤ **What is the correct way to report doula services provided by telemedicine?**

Doula visits (S9445) may be reported when delivered face-to-face via a secure platform in accordance with current Medicaid telemedicine policy. For services provided on and after May 12, 2023, providers are to report the Place of Services (POS) code that would be reported if the client were in-person along with the modifier 95 (Synchronous Telemedicine Service rendered via a real-time interactive audio and video telecommunications system). All doula visits cannot be provided via telephone only. Refer to the [Medicaid Provider Manual, Telemedicine Chapter](#) for additional information.

Doula Service Documentation

➤ **What documentation is required for doula services provided to a Medicaid client?**

Documentation must include a start time and end time of services provided, a 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 as outlined in [Section 14 - Record Keeping, of the General Information for Providers](#) Chapter of the Medicaid Provider Manual and may be subject to review and post-payment audit.

*The State of Michigan's Chief Medical Executive issued a statewide standing recommendation for doula services which meets the Medicaid program's requirement that doula services must be recommended by a licensed healthcare provider. No additional service recommendations are required by the Medicaid program.

The following documentation templates are provided as an optional resource only and are not a Medicaid requirement:

- [Prenatal Documentation Template](#)
- [Birth Documentation Template](#)
- [Postpartum Documentation Template](#)

➤ **How can clients sign off on visits that are virtual (required appointment forms)?**

Visits do not require client signatures. Doula services provided by telemedicine must adhere to current MDHHS telemedicine policy as outlined in the most current Medicaid telemedicine policy. The following documentation templates are provided as an optional resource only and are not a Medicaid requirement: [Documentation Templates](#).

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➤ How long are Medicaid doula service records required to be kept?

Records are to be maintained for a period of not less than seven years from the date of service. This applies regardless as to if there is a change in ownership or termination of participation in Medicaid for any reason. Refer to [Section 14 - Record Keeping, General Information for Providers Chapter of the Medicaid Provider Manual](#) for additional information.

➤ How does a doula resolve issues that may arise with claims and reimbursement?

Each MHP has unique claims/reimbursement processes, it is highly recommended to communicate with the individual MHPs regarding any issues, questions, or concerns. The [Medicaid, Billing and Claims](#) section of the MDHHS Doula Initiative website has resources including contact information for the Michigan MHPs; guides/tutorials/links to assist doulas with the credentialing process. If a doula has already reached out to the individual MHP support team and requires additional 'doula specific' assistance, please reach out to the Doula Special Projects Contact List for each MHP here: [Medicaid, Billing and Claims](#).

Additional Guidance

➤ How would a person seeking doula services find a list of doulas who are Medicaid providers?

Individuals seeking doula services should contact the Medicaid Health Plan in which they are enrolled to find a doula in their area who can accept their insurance. Individuals who are enrolled in Fee-For-Service can contact MDHHS-MIDoula@michigan.gov for assistance.