# Doula 101:
## Medicaid Basics

August 2023


"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time."

-Provider Relations

# Table of Contents





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# Acronyms and Websites

| Term | Definition | Website |
|---|---|---|
| CHAMPS | Community Health Automated Medicaid Processing System | CHAMPS |
| | Doula Initiative | MDHHS Doula website |
| FFS | Fee for Service | Medicaid Provider website |
| ICO | Integrated Care Organization | ICO website |
| MCO/MHP | Managed Care Organization/Medicaid Health Plan | MCO/MHP website |
| MDHHS | Michigan Department of Health and Human Services | MDHHS |
| PA | Prior Authorization | CHAMPS PA website |
| SIGMA | Statewide Integrated Governmental Management Application | SIGMA website |

For additional health coverage and medical terms visit:

- Michigan Medicaid Provider Manual >> Glossary or
- Department of Insurance and Financial Services Glossary of Health Coverage and Medical Terms.



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# Meeting Objectives

- Offer background on what Medicaid is and the differences between Medicaid Fee for Service and Medicaid Managed Care Organizations.
- Explain the provider benefits of enrolling in CHAMPS.
- Expand the Medicaid enrolled providers by gaining Doula knowledge of the Medicaid program and Doula confidence in the enrollment process.
- Establish a platform for provider concerns by having an open communication channel with MDHHS.
- Inform the doula community of links to resources that help support the enrollment and billing process.

# Welcome to Michigan Medicaid

- What is Medicaid?
- What are Medicaid Managed Care Organizations?
- Michigan Doula Benefit Administration
- Who is eligible for Medicaid?



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# What is Medicaid?

- The Michigan Department of Health and Human Services (MDHHS) acts as the fiscal intermediary for several health insurance programs.
- Medicaid Provider Manual

## Services covered by Medicaid are offered through what is called Fee for Service or Managed Care Organization

**Fee for Service**

term for Medicaid payable services that are not provided through a Managed Care Organization. This means that Medicaid pays for the service.

When a person is determined eligible for a health program, a mihealth card is issued.

&

Most people must join a **Managed Care Organization** (i.e., Medicaid Health Plan or an Integrated Care Organization).

The MCO administers the benefits for most of the services. For people that need to join an MCO, Michigan Enrolls will send a letter with more information. After enrollment with an MCO, both the mihealth card and the MCO card are needed to access services.



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# What are Medicaid Managed Care Organizations (MCO)?

Michigan operates several types of Managed Care Organizations to provide health services to Medicaid beneficiaries.

- MCOs must operate consistently with all applicable published Medicaid coverage and limitation policies.
- Although MCOs must provide the full range of covered services, MCOs may also choose to provide services over and above those specified.
- MCOs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements.



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# Who is Eligible for Medicaid?

Benefit Plan Table

- Health care coverage is available to individuals and families who meet certain eligibility requirements.

**In Michigan, 3.1 million people (a little less than one-third of the state) are covered by Medicaid.**

- All individuals must meet financial and non-financial requirements to be eligible for Medicaid. Eligibility for Medicaid and most other health programs is determined at the local MDHHS county office.
- States were also granted the option to extend coverage to people with incomes at or below 133% of the federal poverty level under the Affordable Care Act. (This extended coverage is known in Michigan as the Healthy Michigan Plan).



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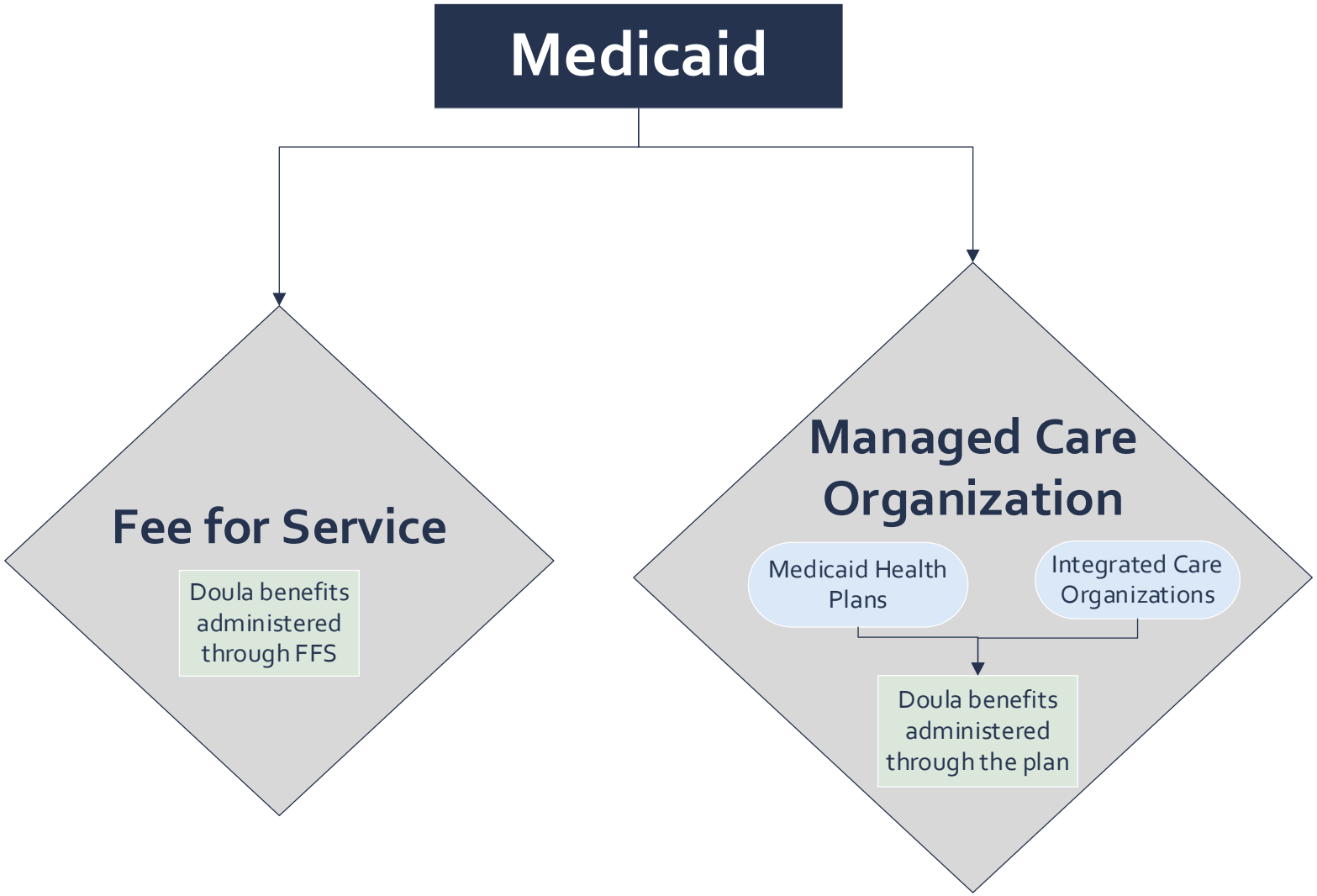
# Benefit Administration



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# Provider Enrollment

As of January 1, 2023, Michigan Medicaid began reimbursing for doula services provided to individuals covered by or eligible for Medicaid Insurance.

Doula providers seeking reimbursement for their professional services to Medicaid beneficiaries are required to be on the MDHHS Doula Registry and enrolled in CHAMPS as a Medicaid provider. Doulas must contract with the Medicaid Health Plans prior to serving Medicaid Health Plan members.

View the final policy: MMP 22-47

# How to Enroll with Medicaid

- Beginner Guide for Doula Providers
- Provider Enrollment website
- Providers with an existing atypical enrollment will need to complete a new enrollment for Doula services. Enrolling with the applicant type:
  - Individual/Sole Proprietor

    OR
  - Rendering/Servicing

## Become a Medicaid Enrolled Doula

### Complete an MDHHS Doula Registry Application

- Doulas providing services to Medicaid beneficiaries will be required to be registered with the MDHHS Doula Registry to enroll as a Medicaid provider.

Getting Started - Enrollment

- Step 1: Determine if the Provider needs to enroll
- Step 2: Determine CHAMPS Enrollment Type
- Step 3: Register for SIGMA
- Step 4: Register for MILogin Account for access to CHAMPS

Step-by-Step CHAMPS Enrollment Guides

- Individual/Sole Proprietor
- Rendering/Servicing
- CHAMPS Doula Enrollment Instructions- PDF

After enrolling in CHAMPS, doulas wishing to provide services to Medicaid Health Plan members must become credentialed with each Medicaid Health Plan in the doula's geographic service area.

Credentialing with Medicaid Health Plans is an extensive process and varies by plan; please note the process could take several months.



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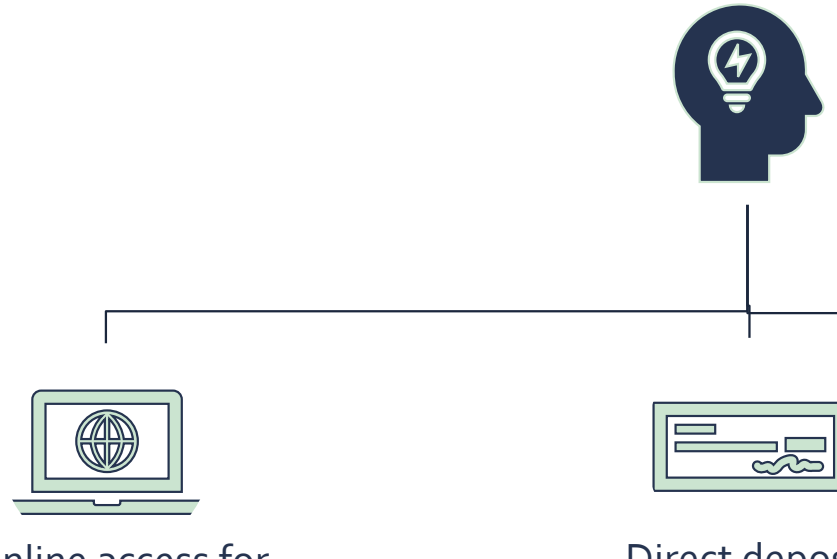
## Provider Benefits of Enrolling

- MILogin and CHAMPS Overview
- Beginner Guide for Doula Providers

# Provider Benefits of Enrolling



Online access for enrollment, FFS claim submission, electronic claim processing, and real-time patient information.

Direct deposit, manage account information, view claim and payment information 24 hours a day, 7 days a week.

Help beneficiaries get and stay healthy!



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# CHAMPS

The Community Health Automated Medicaid Processing System (CHAMPS) is the MDHHS web-based, rules-driven, real-time adjudication Medicaid Management System.

CHAMPS is comprised of the following subsystems displayed as tabs: Provider Enrollment, Eligibility and Enrollment, Prior Authorization, Claims and Encounters, and Contracts Management.

CHAMPS Resources



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# CHAMPS

- An approved Provider Enrollment application or a username associated with an approved application will allow access to CHAMPS.
- The selection of a Domain and Profile are required to enter CHAMPS.

- Resources:
  - For complete instructions on how to access MILogin and CHAMPS reference: CHAMPS Overview
  - Beginner Guide for Doula Providers




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# Verifying Beneficiary Eligibility

A person eligible for and/or who receives services under the MI Medicaid Program can be verified by using the member search function.

The Member tab or function in CHAMPS allows access for users to verify eligibility for a member via the web-based screens.

# Verifying Beneficiary Eligibility

- Eligibility and Enrollment (Member Tab) (michigan.gov)
- Benefit Plan & Service Type Codes Table

- Benefit plan data is assigned by the CHAMPS Eligibility and Enrollment (EE) Subsystem based on the source of the data (e.g., Medicaid, CSHCS, etc.) and program assignment factors (e.g., scope/coverage codes, etc.).
- Providers will need to utilize the Benefit Plan ID(s) indicated in the eligibility response to determine a beneficiary's program coverage and related covered services for a specific date of service.
- Information about a beneficiary's other insurance is available through the CHAMPS Eligibility Inquiry



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# Verifying Beneficiary Eligibility

- Member Tab - PDF, Webinar
- Member Eligibility - Video

- Additional Resources:
  - For complete instructions on how to access MILogin and CHAMPS reference: CHAMPS Overview
  - Beginner Guide for Doula Providers

## Things to note when checking eligibility

### MA-MHP

Is your patient enrolled in a Health Plan? Make sure you are contracted with the plan.

List of Medicaid Health Plans Contact and Service Listing

Doula Special Projects Contact List

### No Benefits/Medicaid Deductible/Spenddown

Indicates the beneficiary must incur medical expenses each month equal to, or in excess of, an amount determined by the local MDHHS worker to qualify for Medicaid. Once the deductible amount has been incurred, the beneficiary becomes eligible for Medicaid benefits.

### Is there a primary payer on file?

Providers must investigate and report the existence of other insurance or liability to Medicaid and must utilize other payment sources to their fullest extent prior to filing a claim with MDHHS.



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# Verify Code Coverage

Medicaid will cover different types of doula services, including community-based doulas, prenatal doulas, labor and birth doulas, and postpartum doulas.

It is the expectation that doula services be provided face-to-face with the beneficiary. Prenatal and postpartum services may be delivered via telehealth. Doula providers will be expected to adhere to the current MDHHS telemedicine policy.



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# Verify Code Coverage and Restrictions

- Medicaid Code and Rate Reference Tool- Video
- Billing-Guidance
- Fee Screen
- CMS Place of Service Code Set

| Visit Type | Procedure Code (HCPCS) | Modifier | Primary Diagnosis Code | Limit per Pregnancy | Deliverable via Telemed | Rate/Fee |
|---|---|---|---|---|---|---|
| Prenatal and Postpartum Visits | S9445 | HD | Prenatal: Z33.1<br>Postpartum: Z39.2 | 6 total visits | Yes, in addition to modifier HD, report modifier 95 | $75.00 per visit |
| Attendance at Labor and Delivery | T1033 | HD | Z33.1 | 1 visit | No, services must be in person | $700.00 per service |

- Use CMS-approved two-digit place of service codes to report the location for the provision of covered services.
- For FFS elective services requiring PA, authorization must be obtained before providing the service. CHAMPS PA resources



*The information displayed serves as a reference only. It does not guarantee that services are covered. Providers should refer to the Michigan Medicaid Provider Manual, MMP Bulletins, and other relevant policies for specific coverage and reimbursement policies. If there are discrepancies between the information on this page and the Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid provider manual language.*

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# Submit or Bill the FFS Claim

If a beneficiary is enrolled in FFS, doula providers will submit claims for reimbursement through CHAMPS.

*Providers billing to a Medicaid Health Plan need to contact the MHP for billing guidance.

FFS Claims processed through CHAMPS are edited for many parameters, including provider and beneficiary eligibility, procedure validity, claim duplication, frequency limitations for services, and a combination of service edits.



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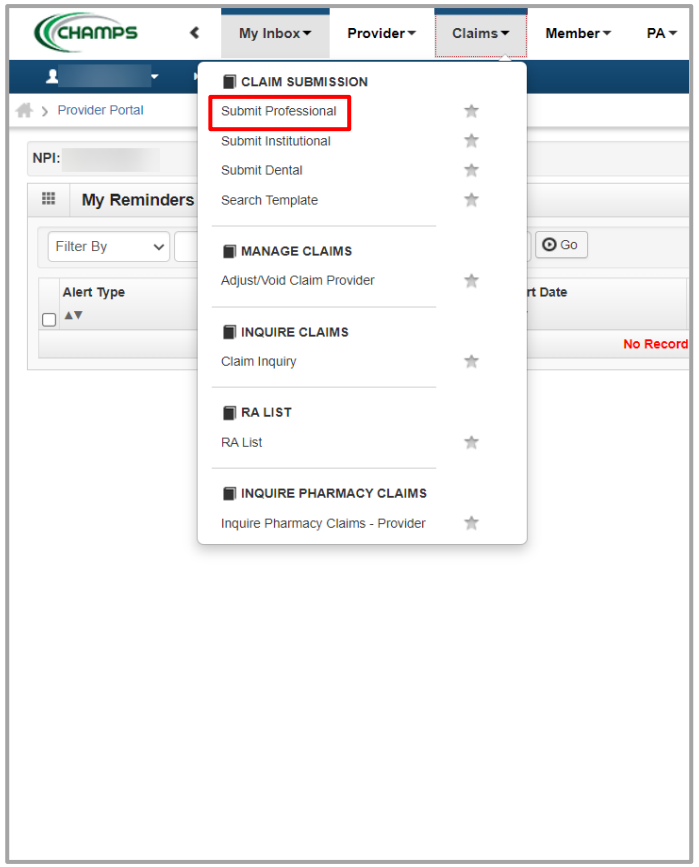
# Submit or Bill the FFS Claim

- Professional DDE Claim Submission - Video, Quick Reference Guide
- Submitting Claim Files Electronically
  - Other/Primary Insurance: Loop 2320 to report the payer and CARC code(s).
- TCN Composition Worksheet
- Medicaid Doula Services Billing Guidance
- Providers billing to a Medicaid Health Plan need to contact the MHP for billing guidance.
- Additional Resources:
  - For complete instructions on how to access MILogin and CHAMPS reference: CHAMPS Overview
  - Beginner Guide for Doula Providers




- Claims are to be submitted utilizing the pregnant or postpartum beneficiary's Medicaid identification (ID) number.
  - The doula provider would be reported as the rendering NPI/provider on the claim.
- Medicaid will consider reimbursement for the first eligible clean claims submitted for services up to the limit of six total prenatal and postpartum visits and one visit for attendance at labor and delivery.
- Claims must include a primary ICD-10 diagnosis code as outlined in MMP 22-47 and the modifier HD to support the services billed.
  - In addition, Providers are encouraged to report a secondary diagnosis code, as applicable, for reporting social determinants of health that identify factors influencing health status and contact with health services.



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# Submit or Bill the FFS Claim: Other Insurance

- How to Locate Payer ID and Other Health Insurance Information
- Reference Eligibility Inquiry quick reference guide pages 7-8 for steps on identifying other insurance.
- Other Insurance Coverage Type Codes
- Other Insurance Reporting Requirements
- Reason and Remark Codes


- The terms "third party liability, other insurance and dually enrolled" are used interchangeably to mean any source, other than Medicaid, that has a financial obligation for health care coverage.
- Michigan Medicaid eligibility policy >> Michigan Medicaid Provider Manual >> Coordination of Benefits
- Did you report the primary insurance on your claim?
  - Claims that do not report primary (other insurance) will be denied, even if the primary payor does not cover the benefit.



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# FFS Claim Status

Once FFS claims have been submitted and processed through CHAMPS, an electronic health care claim payment/advice (835) is sent to the designated service bureau for providers choosing an electronic Remittance Advice (RA).

The CHAMPS RA is also available online or is sent to providers via paper if requested through the Provider Enrollment Subsystem within CHAMPS.



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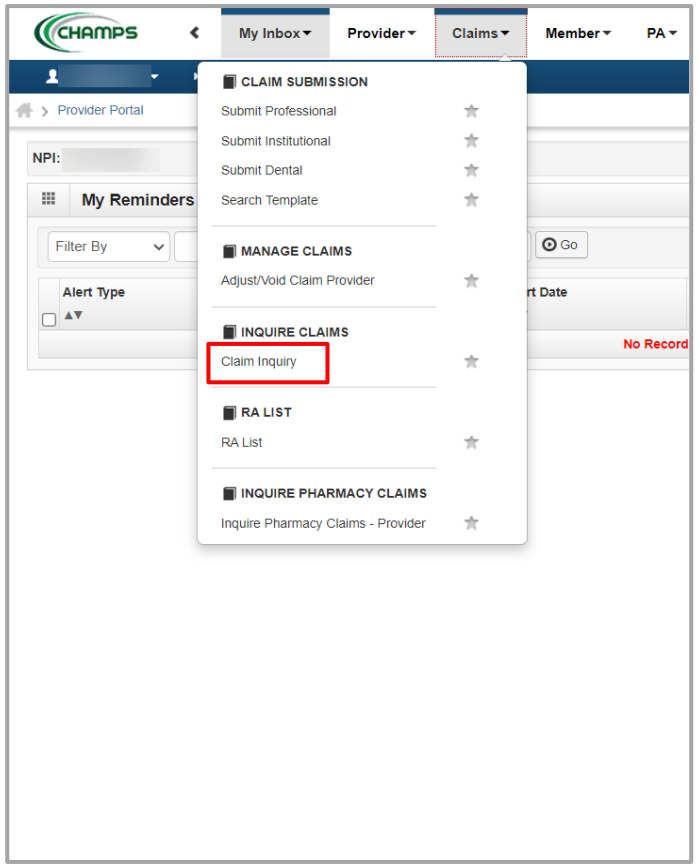
# FFS Claim Status

- Claim Status Instructions
- Common Professional Claim Denials
- Adjust and Void Claims- Video
  - How to Adjust a Claim with Other Insurance
- Claim inquiry- Video
- Paper RA Explanation
- Retrieving Medicaid Paper Remittance Advice
- Reason and Remark Codes

- Additional Resources:
  - For complete instructions on how to access MILogin and CHAMPS reference: CHAMPS Overview
  - Beginner Guide for Doula Providers




- Providers can use the Claim Inquiry option under the Inquire Claims section of the Claims tab to look up or status one or multiple claims.
- It is a provider's responsibility to review the claim adjustment reason codes (CARC) and remittance advice remark codes (RARC) on their RA to determine why a claim(s) was denied or paid.
- A complete listing of the CARC and RARC Codes can be found on the X12 website https://x12.org/codes



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# Provider Resources

**MDHHS Provider website:** www.michigan.gov/medicaidproviders


**Doula Initiative website:** https://www.michigan.gov/mdhhs/keep-mi-healthy/maternal-and-infant-health/mdhhs-doula-initiative

**We continue to update our Provider Resources:**

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