

Doula Provider Frequently Asked Questions

Questions from webinars that were conducted on August 2nd and August 8th of 2023.

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MDHHS Doula Initiative

1. Is doula certification required to become a Medicaid provider?

Doulas providing services to Medicaid clients are required to be listed on the MDHHS Doula Registry before enrolling in CHAMPS as a Medicaid provider. To be added to the MDHHS Doula Registry, a doula must complete a registry application and provide a certificate of training from an MDHHS-approved doula training. Certification is not a requirement. The list of MDHHS-approved training can be found here: [Become a Medicaid Enrolled Doula](#).

2. When applying to the MDHHS Doula Initiative, if the organization a doula received their doula training from is not on the MDHHS-approved list, will the doula still be eligible to be added to the registry and/or become a Medicaid provider?

No, MDHHS can only approve doula registry applicants who have completed doula training from one of the MDHHS-approved training organizations. The list of approved training can be found here: [Become a Medicaid Enrolled Doula](#).

3. When will the doula registry become available?

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. For Fee-for-Service (straight Medicaid) clients, contact the Beneficiary Help Line at 1-800-642-3195 or email beneficiariesupport@michigan.gov to find a doula provider.

CHAMPS Doula Provider Enrollment

1. What support is available to assist doulas with enrollment in CHAMPS?

Providers can review the [Doula Beginner Guide](#) which includes detailed instructions relating to enrolling in CHAMPS. Provider Support is also available to help providers via phone at 1-800-292-2550 or email providersupport@michigan.gov.

2. How long is the process to become a Medicaid enrolled doula provider?

There are five steps in the process to enroll as a Medicaid doula provider that can be found here: [Become a Medicaid Enrolled Doula](#). Once a doula is a Medicaid enrolled provider, the next step is to begin the credentialing process with individual Medicaid Health Plans in the doula's service area. The credentialing process for each Medicaid Health Plan may take several weeks to months before receiving a contract to serve Medicaid Health Plan members.

3. Is there a way to expedite approval through CHAMPS and the contracting process with Integrated Care Organizations (ICOs) and Medicaid Health Plans (MHPs)?

Enrollment in CHAMPS can be approved in as little as one business day. Occasionally, Provider Enrollment may contact providers for additional information that is required to approve the enrollment. Providers only need to contract with MHPs or ICOs in the geographic areas they plan to provide services.

For example, if a doula does not intend to provide services in the Upper Peninsula of Michigan, they do not need to contract with the Upper Peninsula Health Plan (UPHP). The credentialing process varies for each ICO and MHP, this process may take several weeks to months before receiving a contract to serve MHP members.

4. Do individual doulas need to enroll in CHAMPS, or can they enroll an entire partnership/group?

All doula providers providing services to Medicaid beneficiaries must individually enroll in CHAMPS. The enrollment process must be completed by the individual doula provider.

As an additional step, a doula may create or enroll with a Group Provider designation. A Group Provider enrolls with a Type 2 (Organization) NPI and doula service providers (with a Type 1 NPI) associate to the Group Provider. New Group Provider enrollments are completed utilizing the CHAMPS system, additional information on provider designation can be found here: [Step 2: Determine CHAMPS Enrollment Type.](#)

5. What is the difference between full access, claim access, and limited access profiles?

The difference between each of these profiles is the level of access provided to users in CHAMPS. Full access allows access to the provider enrollment, claims, prior authorization, and eligibility subsystems. Claim access only allows access to the claim subsystem. Limited access grants users view-only access to the provider enrollment, claims, prior authorization, and eligibility subsystems.

6. When completing the CHAMPS application what is the best way to complete sections 2 & 3?

The CHAMPS enrollment application Step 2 Locations and Step 3 Specialties can be completed by adding information. Complete enrollment instructions can be found here [Doula Enrollment Instructions.](#)

7. Is there a cost involved in enrolling with the different Medicaid Health Plans (MHPs)?

Providers wishing to contract with a Medicaid Health Plan (MHP) will need to contact the MHP for enrollment details, including potential costs associated with contracting with an MHP. For additional information, refer to [List of Medicaid Health Plans Contact and Service Listing.](#)

8. Does a doula need to credential with straight Medicaid?

All doula providers seeking reimbursement for services provided to Medicaid clients must apply to and be listed on the MDHHS Doula Registry and enroll in CHAMPS with a Type 1 NPI. After completing a CHAMPS application and being approved in CHAMPS providers may also contract with the Medicaid Health Plans in their geographic region to seek reimbursement for services provided to clients enrolled in Medicaid Health Plans.

9. How can a doula find a list of Medicaid Health Plans within the specific area(s) they serve?

A complete list of Medicaid Health Plans along with their service regions is found on the Medicaid Health Plan website: [List of Medicaid Health Plans Contact and Service Listing](#).

Beneficiary or Client Eligibility

1. How will a client know if they have Medicaid insurance?

Every Medicaid client will be provided a MiHealth Card that will include their Medicaid ID. Before providing services a doula must check a person's eligibility and benefit plan (health plan) in CHAMPS using the client's Medicaid ID.

2. How can a doula determine if a client has Medicaid Fee-for-Service (straight Medicaid) or is in a Medicaid Health Plan?

To view a client's Medicaid benefit plan in CHAMPS, providers can search using the client's Medicaid ID and click on the Health Plan CHAMPS Provider ID hyperlink which will display the health plan name and contact information. [Benefit Plan & Service Type Codes Table](#) displays all benefit plan IDs that may be displayed when checking beneficiary eligibility.

- If the benefit plan ID displayed is "MA", the beneficiary has Medicaid Fee-for-Service (straight Medicaid).
- If the benefit plan displayed is "MA-MC", the client is a Medicaid Health Plan member.

3. Can a doula provide services if a client has not met their spend-down?

Medicaid deductible (spend-down) means that the client must incur medical expenses each month equal to, or in excess of, an amount determined by the local office specialist to qualify for Medicaid. A doula cannot bill Medicaid for the services until the individual becomes eligible for Medicaid. Once the deductible amount has been met, the client becomes eligible for Medicaid benefits (Benefit Plan ID of MA).

4. When reviewing eligibility, what does "CAP Amount Remaining" mean?

This information refers to Medicaid cost-sharing, which includes premiums, contributions, copays, and co-insurance incurred by individuals in a Medicaid household. This information does not pertain to doula services, which are exempt from cost-sharing.

Coding

1. The modifier in the doula bulletin does not contain telehealth codes. Are telehealth visits covered for prenatal and postpartum visits?

Yes, face-to-face telehealth visits are covered for prenatal and postpartum visits (S9445), but not for labor and birth (T1033). For services provided on and after May 12, providers must report the Place of Service (POS) code that would be reported as if the client were in-person for the visit along with modifier 95 - "Synchronous Telemedicine Service rendered via a real-time interactive audio and video telecommunications system".

2. Do prenatal/postpartum visits have to be 3 and 3 or could they be split other ways?

The 6 prenatal/postpartum visits can be split however the doula and their client decide the best approach to meet the client's needs.

3. Are there 6 visits total available for a client or are 6 prenatal and 6 postpartum available for a client?

There are 6 prenatal/postpartum visits total available for clients. The 6 visits can be split however the doula and their client decide the best approach to meet their client's needs. A doula may request additional visits using the client's health insurance prior authorization (PA) process.

4. What billing codes and modifiers are used for prenatal appointments and for labor and birth?

As outlined in [MMP 22-47](#) the prenatal visits code would be S9445. Attendance at labor and delivery would be T1033. Both codes require the modifier HD also reported. Additional information can be found in the [Medicaid Doula Services Billing Guidance](#).

5. If someone did not have a doula for their pregnancy, are they able to have a doula for postpartum?

Yes, a person may seek postpartum services only. There are a total of 6 prenatal/postpartum visits that can be utilized however the doula and their client

decide best meets the client's needs. A doula may request additional visits using the client's health insurance prior authorization (PA) process.

6. Is prior authorization (PA) only needed if a client wants more than 6 visits?

Doula services do not currently require prior authorization, however, there may be occasions when a client requires services beyond those ordinarily covered by Medicaid. Doulas must contact the Medicaid Health Plan for requirements related to prior authorization for additional visits. Doulas are strongly encouraged to communicate with the client's Medicaid Health Plan before providing additional visits to ensure services will be covered. Additional information regarding prior authorization can be found here on the CHAMPS [Prior Authorization](#) webpage.

Billing & Claims

1. Is there a manual to help guide new Medicaid providers who are not experienced with billing?

Providers who are new to billing can refer to the [Michigan Medicaid Provider Manual](#), [HIPAA Companion Guides](#) for electronic billing requirements, and the [CHAMPS website](#) for information on how to submit claims directly in CHAMPS.

2. Do doulas get to choose their hourly rate when the client uses insurance to cover the cost?

Medicaid reimbursement rates are set by Medicaid policy: [Final-Bulletin-MMP-22-47-Doula.pdf](#). Providers must not seek nor accept additional or supplemental payment for covered services from the client, the family, or the representative in addition to the amount paid by Medicaid, even when a client has signed an agreement to do so. Failure to comply may result in the provider's dis-enrollment from Medicaid.

3. What if a client has Medicaid outside of a doula's service area? Could a doula charge for those services out of pocket if a client signs a contract agreeing to self-pay for services?

Medicaid Health Plans may cover out-of-network services, please contact the client's Medicaid Health Plan for more information. 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 provider may charge the client for services

rendered. The client must be advised before services are rendered that they are responsible for payment.

4. Should doulas submit claims per service or bundled as a whole?

Services can be billed individually or combined on one claim. Per policy, providers can only receive reimbursement for one service per calendar date.

5. How can a doula see why a claim was denied?

Providers can use CHAMPS claim inquiry to determine how their claim is processed. Instructions can be found on the CHAMPS website [Claim Status Instructions](#). Contact the Medicaid Health Plan for information regarding the claim status for services provided to Medicaid Health Plan members.

6. Do doulas need to use a clearinghouse for submitting all claims?

Fee-for-Service (straight Medicaid) claims do not have to be submitted using a clearinghouse. Providers can submit claims directly in CHAMPS or the agency or clinic can submit claims reporting the doula as the rendering provider on their claim. Please contact the Medicaid Health Plan for information related to claims submission.

7. How long does it take to receive payment after submitting a claim?

FFS claims can be adjudicated in as little as 15 minutes which will be displayed in the claim status. Those payments are processed weekly based on the yearly [pay cycle calendar](#). Contact the Medicaid Health Plan for information regarding claims processing time frames.

8. Is there specific training for CHAMPS? Is there a step-by-step guide for filing claims?

Yes, there are many CHAMPS resources posted on the [CHAMPS webpage](#). Specific claim resources can be found on the [CHAMPS Claims webpage](#).

9. Does the status of the claim in CHAMPS only reflect the status of Fee-for-Service (straight Medicaid) claims? Are Medicaid Health Plan claim statuses available in CHAMPS?

CHAMPS only reflects the status of FFS claims. Claims submitted to Medicaid Health Plans can be found in CHAMPS but do not offer the claim status.

10. Is Blue Cross Complete billable in CHAMPS?

Blue Cross Complete is a Medicaid Health Plan, please contact the individual Medicaid Health Plans for information related to claims submission.

11. If a client has primary (commercial) insurance, such as Blue Cross Blue Shield PPO, and Medicaid as a secondary, can a doula submit for reimbursement?

When a Medicaid beneficiary has primary (commercial) insurance and the primary insurance **does not** cover doula services, claims can be submitted directly to the Medicaid Health Plan or within CHAMPS (for Fee-for-Service (FFS) claims). If the client has Medicare or if the primary (commercial) insurance **does** cover doula services, the doula must bill the commercial insurance for the services. Doula providers are required to confirm service coverage with the primary insurance before billing Medicaid. A denial letter from the primary insurance is no longer required.

12. Is Fee-for-Service (straight Medicaid) the same as a claim? What's the difference?

The terminology used for services reimbursed for clients who have Fee-for-Service (straight Medicaid) is "claims." For Medicaid Health Plan members, the term is "encounters."

13. Where can a doula find the minimum services covered for all Medicaid plans?

Medicaid Health Plans must operate consistently with all applicable published Medicaid coverage and limitation policies. At a minimum Medicaid Health Plan must cover the number of visits covered in the Medicaid policy.

14. How many clients can a doula serve in a month?

This will depend on a doula's business model, what type of doula services are offered (Labor and Birth, Postpartum, both), other personal and professional obligations, and personal preference. Birth doulas can typically serve 2-4 clients/month.

Additional Resources

- [Become a Medicaid Enrolled Doula](#)
- [Beginner Guide for Doula Providers](#)
- CHAMPS Provider Enrollment Doula Instructions
 - [Instructions PDF](#)
- [MDHHS Doula Initiative Website](#)
- Medicaid Provider Support
 - Providersupport@Michigan.gov
 - 1-800-292-2550
 - Monday through Friday 8:00 am to 5:00 pm EST. Closed on all [State of Michigan](#) and most national holidays.
- [Professional Provider Alerts](#)
 - Scroll down to the “Doula” section.