State Medicaid Approaches to Doula Service Benefits

Maternal mortality rates continue to increase in the United States, with significant racial, ethnic, and socioeconomic disparities in birth outcomes. States are using a variety of approaches to provide doula services within their Medicaid programs to address inequities. Doulas provide continuous physical, emotional, and information support to people before, during, and shortly after childbirth. Current evidence suggests that pregnant people who receive doula care are more likely to have a healthy birth outcome and a positive birth experience. Because of these improved outcomes there is the potential for cost-savings over time for state Medicaid programs. States are increasingly seeking federal authorization to provide doula services as an optional benefit under their state Medicaid programs to pregnant beneficiaries. This chart highlights key components and features of states’ Medicaid doula benefits as of November 14, 2022. Please contact Anoosha Hasan (ahasam@nashp.org) with updates or questions.

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<tr>
<th>State</th>
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<th>Training and/or Licensing Requirements</th>
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<td>District of Columbia</td>
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<td>• Possess a current certification by a doula training program or organization, approved by the District of Columbia Department of Health Care Finance (DHCF)</td>
<td>Fee-for-service (FFS)</td>
<td>Doulas may:</td>
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<td>• Enroll as a DHCF provider and receive an NPI and taxonomy number</td>
<td>• A maximum of 12 visits across the perinatal period (before, during, and up to 6 weeks after delivery) and the postpartum period (beginning on the last day of pregnancy and extending through the end of the calendar month in which 180 days after the end of the pregnancy falls)</td>
<td>• Practice and bill independently OR</td>
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<td>• The 12 visits include a maximum of one doula consultation and can be allocated across the perinatal and postpartum period</td>
<td>• Practice and bill as part of a doula group</td>
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<td>• Reimbursement rates:</td>
<td>• Enroll with a Medicaid managed care organization (MCO)</td>
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<td>• $97.04 per perinatal doula service visit</td>
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<td>• $686.23 for doula support during delivery</td>
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<td>• $12.13 per postpartum doula support. A postpartum service visit is billed in 15-minute increments and shall not exceed 24 units or 6 hours per visit.</td>
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<td>• An additional value-based incentive payment of $100 will be made if the doula performs at least one postpartum service visit and the client is seen by an obstetric clinician for one postpartum visit 7 to 84 days after a labor and delivery claim</td>
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<td>Maryland</td>
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<td>• Must be enrolled with Maryland Medicaid’s electronic Provider Revalidation and Enrollment</td>
<td>Fee-for-service</td>
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<td>• The reimbursement rate is:</td>
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|       | • Effective Date: January 1, 2022  
• Benefit Category: Preventive Service | Portal (ePREP) as a fee-for-service Medicaid provider  
• Attest to being trained and certified by a Maryland Medicaid approved organization  
• Have adequate liability insurance | • 8 total prenatal or postnatal visits, up to 4 units of service per visit, for a maximum rate of $930 (or $977.84 if only L&D and 8 postpartum visits):  
  - $16.25/15 minutes of prenatal care, up to four units per visit; and  
  - $19.62/15 minutes of postpartum care, up to four units per visit  
• Flat rate of $350 for labor and delivery services | • Practice and bill as part of a doula organization  
• Contract with Medicaid managed care organizations (MCOs) to be reimbursed for services provided to HealthChoice participants |
| Michigan | • State Plan Amendment  
• Proposed Effective Date: January 1, 2023  
• Benefit Category: Preventive Service | Complete a doula training program by an organization approved by the Michigan Department of Health and Human Services (MDHHS)  
• Register with the MDHHS Doula Registry  
• Enroll as a Medicaid provider by:  
  o Obtaining a Type 1 (Individual) National Provider Identifier (NPI)  
  o Completing an online application in the Community Health Automated Medicaid Processing System (CHAMPS) | Fee-for-service (FFS) and Managed Care Organizations dependent on beneficiary enrollment  
• A maximum of six total visits during the prenatal and postpartum periods and one visit for labor and delivery are eligible for reimbursement  
• $75 per visit for prenatal and postnatal visits  
• $700 for attendance at labor and delivery  
• All prenatal and postpartum visits must be at least 20 minutes long to be eligible for reimbursement  
• Additional visits can be requested through the existing Medicaid program prior authorization process  
The reimbursement rates listed above are currently in process and under public review. | Doulas may:  
• Practice and bill independently OR  
• Practice with a Medicaid-enrolled organization or clinic that bills on their behalf |
| Minnesota | • State Plan Amendment  
• Effective Date: July 1, 2014  
• Benefit Category: Extended Service | Complete a state-approved doula training  
• Register on the state’s doula registry (requires an application and fee) | Fee-for-service  
• The reimbursement rate is:  
  o $47 per prenatal or postpartum visit and $488 for labor and delivery; and  
  o Covers up to seven sessions, including labor and delivery | Doulas may not practice or bill independently  
• A supervising physician, nurse practitioner, or certified nurse midwife must bill and supervise all doula services |
| Nevada | • State Plan Amendment  
• Effective Date: April 1, 2022 | Must have approved doula certification from the Nevada Certification Board  
• Enroll as an individual Nevada Medicaid Provider Type (PT) 90 | Fee-for-service (FFS)  
• The reimbursement rate is:  
  o $50 for each prenatal and postpartum visit, up to 4 visits reimbursable during prenatal, antepartum, and/or up to 90 days of the postpartum period | Doulas may:  
• Practice and bill independently; OR  
• Practice and bill as part of a doula organization |
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| New Jersey | • Benefit Category: Preventive Service | • Complete a state-approved doula training and requirements  
• Enroll as a Medicaid provider | Fee-for-service  
• The reimbursement rate is:  
  o $900 for up to 8 visits and labor support (standard doula care);  
  o $1,166 for up to 12 service visits and labor support (enhanced doula care for pregnant beneficiaries age 19 or younger); and  
  o Includes $235 flat rate for attendance during delivery  
• $100 value-based incentive payment if specific postpartum services provided within 6 weeks of delivery | Doulas may:  
• Practice and bill independently; OR  
• Join a provider agency or clinic and bill independently; OR  
• Enroll as a managed care organization (MCO) provider |
| Oregon     | • State Plan Amendment  
• Effective Date: May 1, 2017  
• Benefit Category: Preventive Service | • Complete a state-approved doula training and requirements  
• Register on the state’s doula registry (requires an application)  
• Obtain certification as a Traditional Health Worker (requires an application)  
• Enroll as a Medicaid provider | Global payment (except in extenuating circumstances)  
• The reimbursement rate is either:  
  o A $350 global payment for a package including at least two prenatal visits and two postnatal visits and labor support; OR  
  o $50 per visit for up to four maternity visits and $150 for labor support, if the doula cannot complete the global package | Doulas may:  
• Practice and bill independently; OR  
• Work with an organization or clinic that bills on their behalf  
• A licensed obstetric provider must request the services |
| Rhode Island | • State Plan Amendment  
• Effective Date: July 1, 2021  
• Benefit Category: Preventive Service | • Enrolled as a Medicaid provider  
• Certified by Rhode Island Certification Board  
• Completed 20 hours of relevant education/training, per RICB requirements | Fee-for-service reimbursement based on pregnancy stage (prenatal, labor/delivery, postpartum)  
• A doula may not receive more than $1,500 per pregnancy  
  o Up to 3 prenatal visits ($100 per visit),  
  o Labor and delivery (regardless of the duration of the birthing process) ($900), and  
  o 3 postpartum visits ($100 per visit)  
  o If a member does not use all three prenatal visits and/or 1 labor and delivery visit, the visits can be re-allocated to postpartum visits  
  • A doula must visit with the member for at least 60 minutes to bill each prenatal/postpartum visit | Doulas may:  
• Practice and bill independently; OR  
• Practice and bill as part of a doula collective group; OR  
• Be employed by an entity that bills for their services  
• In order to submit claims for managed care organization (MCO) members, doulas must enroll as MCO providers. |
| Virginia   | • State Plan Amendment  
• Complete doula training, which must include core competencies | Fee-for-service  
• The reimbursement rate is: | | |
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<td>(perinatal support services, labor support), community-based/cultural competency training, and care coordination. Doula trainings must be approved by the Virginia Department of Health (VDH) • Be certified by an entity designated by VDH • Enroll as a Medicaid provider</td>
<td>o $859 for up to 8 prenatal/postpartum visits and labor support • $50 value-based incentive payment if the doula performs at least one postpartum service visit and the client is seen by an obstetric clinician for one postpartum visit after a labor and delivery claim • $50 value-based incentive payment will be made if the doula performs at least one postpartum service visit (this may be the same postpartum visit used for the first value-based payment) and the newborn is seen by a pediatric clinician for one visit after a labor and delivery claim.</td>
<td>• Practice and bill independently; OR • Join a provider agency or clinic and bill independently; OR • Enroll as a MCO provider</td>
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