



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 April 16, 2024. Please contact Anoosha Hasan (ahasan@nashp.org) with updates or questions.

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structure	Billing Procedures
California	<ul style="list-style-type: none"> State Plan Amendment Effective Date: January 1, 2023 Benefit Category: Preventive Services and Freestanding Birth Center (as a professional service) 	<ul style="list-style-type: none"> Obtain a National Provider Identifier (NPI) Submit a Provider Application for Validation and Enrollment (PAVE) electronic application to enroll in the Medi-Cal program Doulas can enroll through the Training Pathway or the Experience Pathway <ul style="list-style-type: none"> Training Pathway: Provide a Certificate of Completion for required training; attest to having supported at least three births as a birth doula Experience Pathway: Attest to working as a doula for at least five years; provide three written client testimonial letters or 	Fee-for-service (FFS) <ul style="list-style-type: none"> Reimbursement rates: <ul style="list-style-type: none"> Initial visit (90 minutes): \$197.98 Up to eight perinatal visits: \$162.11 per visit Support during labor and delivery (including stillbirth): \$685.07 Support during caesarian section: \$795.73 Support during abortion or miscarriage: \$250.85 Up to two extended, three-hour postpartum visits: \$486.36 per visit Up to nine additional postpartum visits (requires an additional recommendation from a physician or other licensed practitioner) 	Doulas may: <ul style="list-style-type: none"> Practice and bill independently OR Practice and bill as part of a doula group Contract with managed care plans

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		professional letters of recommendation		
Maryland	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: January 1, 2022 • Benefit Category: Preventive Service 	<ul style="list-style-type: none"> • Must be enrolled with Maryland Medicaid's electronic Provider Revalidation and Enrollment 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 	Fee-for-service <ul style="list-style-type: none"> • The reimbursement rate is: <ul style="list-style-type: none"> • 8 total prenatal or postpartum visits: <ul style="list-style-type: none"> ▪ \$16.62/15 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 \$800 for labor and delivery services 	Doulas may: <ul style="list-style-type: none"> • Practice and bill independently; OR • 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
Massachusetts	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: December 8, 2023 • Benefit Category: Preventive Services 	<u>In-state Providers:</u> <ul style="list-style-type: none"> • Enroll as a MassHealth doula provider • Complete trainings provided by the Executive Office of Health and Human Services • Demonstrate competency in topics that relate to the ability to provide support to individuals and families during the perinatal period, regardless of the outcome of the pregnancy • <u>Formal Training Pathway:</u> Provide a certificate of completion or other proof of doula training(s) attended and/or proof of doula certification by a doula certifying organization and a completed attestation form • <u>Experience Pathway:</u> Recommendations from at least three different former clients for whom the 	Fee-for-service (FFS) <ul style="list-style-type: none"> • Reimbursement rates: <ul style="list-style-type: none"> • Up to eight hours of perinatal visits per perinatal period per Medicaid beneficiary without prior authorization. Perinatal visits above these limits require prior authorization. <ul style="list-style-type: none"> ▪ Perinatal visit up to 60 minutes: \$100 ▪ Perinatal visit from 61 minutes to 90 minutes: \$150 • Labor and delivery support, one per perinatal period: \$900 • For MassHealth providers of doula services, the payment for perinatal visits will not exceed \$800 per perinatal period per member, with the exception of payment for additional perinatal visits for which a provider receives prior authorization <p><i>The perinatal period encompasses pregnancy, labor and delivery, and through 12 months following delivery, inclusive of all pregnancy outcomes.</i></p>	Doulas may: <ul style="list-style-type: none"> • Practice and bill independently OR • Practice and bill as part of a doula group practice. <p><i>Doula group practices cannot be part of a hospital, other group practice, or other healthcare facility.</i></p>

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		<p>prospective MassHealth doula provided doula services (paid or volunteer) within the last five years; Recommendations from at least two different licensed health care providers who observed the doula providing doula services within the last five years</p> <p><u>Out-of-state Providers:</u></p> <ul style="list-style-type: none"> • Enroll as a MassHealth doula provider • Obtain a MassHealth provider number • Be legally authorized to perform doula services in their own state; • Participate in their state's Medicaid program (or the equivalent) 		
Michigan	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: January 1, 2023 • Benefit Category: Preventive Service 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Obtaining a Type 1 (Individual) National Provider Identifier (NPI) ○ Completing an online application in the Community Health Automated Medicaid 	<p>Fee-for-service and Managed Care Organizations dependent on beneficiary enrollment</p> <ul style="list-style-type: none"> • A maximum of six total visits during the prenatal and postpartum periods and one visit for labor and delivery are eligible for reimbursement <ul style="list-style-type: none"> • \$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 	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently OR • Practice with a Medicaid-enrolled organization or clinic that bills on their behalf

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		Processing System (CHAMPS)		
Minnesota	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: July 1, 2014 • Benefit Category: Extended Service 	<ul style="list-style-type: none"> • Complete a state-approved doula training • Register on the state's doula registry (requires an application and fee) 	<p>Fee-for-service</p> <ul style="list-style-type: none"> • The reimbursement rate for up to seven sessions, including labor and delivery is: <ul style="list-style-type: none"> ○ The lower of the submitted charge or \$100 per antepartum and postpartum visit ○ The lower of the submitted charge or \$1,400 for labor and delivery 	<ul style="list-style-type: none"> • Doulas may practice or bill independently
Nevada	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: April 1, 2022 • Benefit Category: Preventive Service 	<ul style="list-style-type: none"> • Must have approved doula certification from the Nevada Certification Board • Enroll as an individual Nevada Medicaid Provider Type (PT) 90 	<p>Fee-for-service</p> <ul style="list-style-type: none"> • The reimbursement rate is: <ul style="list-style-type: none"> ○ \$100 for each prenatal and postpartum visit, up to 4 visits reimbursable during prenatal, antepartum, and/or up to 90 days of the postpartum period ○ \$900 for labor and delivery ○ There is an additional 10% increase for doula services provided to rural recipients • Up to 2 additional doula services may be reimbursed when the pregnant person has obtained the following services from a health care professional: <ul style="list-style-type: none"> ○ An additional doula visit may be reimbursed when 2 prenatal/antepartum visits have occurred with a licensed physician, nurse midwife, Advanced Practice Registered Nurse, or physician assistant. ○ An additional doula visit may be reimbursed when a recipient receives any dental service during the prenatal/antepartum period <p>Medicaid Managed Care Organization (MCO)</p> <ul style="list-style-type: none"> • Must cover at a minimum the services as listed under FFS 	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently; OR • Practice and bill as part of a doula organization • Link to provider agencies (e.g., obstetric physicians, midwifery practices, independent providers)

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New Jersey	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: January 1, 2021 • Benefit Category: Preventive Service 	<ul style="list-style-type: none"> • Complete a state-approved doula training and requirements • Enroll as a Medicaid provider 	<p>Fee-for-service</p> <ul style="list-style-type: none"> • The reimbursement rate is: <ul style="list-style-type: none"> ○ \$1,065 for up to 8 visits and labor support (standard doula care); ○ \$1,331 for up to 12 service visits and labor support (enhanced doula care for pregnant beneficiaries age 19 or younger); and ○ \$500 flat rate for attendance during delivery • \$100 value-based incentive payment if the doula performs at least one postpartum service visit and the client is seen by an obstetric clinician for a postpartum visit after a labor and delivery claim. 	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently; OR • Join a provider agency or clinic and bill independently; OR • Enroll as a managed care organization (MCO) provider
New York	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: January 1, 2024 • Benefit Category: Other Diagnostic, Screening, Preventive, and Rehabilitative Services 	<ul style="list-style-type: none"> • Enroll as a New York State (NYS) Medicaid doula service provider • Obtain a National Provider Identifier (NPI) • Meet defined training or work experience pathway requirements • The training requirements pathway will include a minimum of 24 hours of training in doula competencies, and doula support provided at a minimum of three births. • The work experience pathway will include having provided doula support at a minimum of 30 births or 1000 hours of doula experience within the last 10 years, and testimonials of doula skills. • All doulas will be required to revalidate as NYS Medicaid providers every five years and 	<p>Fee-for-service (FFS)</p> <ul style="list-style-type: none"> • Reimbursement rates: <ul style="list-style-type: none"> • Up to eight perinatal visits before and after pregnancy (minimum of 30 minutes): \$84.37 per visit • One encounter during labor and delivery: \$675 <p>NYS Medicaid Members are eligible for doula services up to 12 months after the end of pregnancy, regardless of pregnancy outcome.</p>	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently • Contract with managed care plans

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		demonstrate completion of continuing education in doula competencies upon revalidation.		
Oklahoma	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: July 1, 2023 • Benefit Category: Preventive Services 	<ul style="list-style-type: none"> • Enroll as a SoonerCare contracted provider • Obtain a National Provider Identifier (NPI) • Use the taxonomy number required by the state • Possess one of the following certifications by an organization recognized by the Oklahoma Health Care Authority: <ul style="list-style-type: none"> ○ Birth doula ○ Postpartum doula ○ Full-spectrum doula ○ Community-based doula 	<p>Fee-for-service</p> <p>Reimbursement rates:</p> <ul style="list-style-type: none"> • Eight prenatal/postpartum visits: \$64.45 per visit • One labor & delivery visit: <ul style="list-style-type: none"> ○ Cesarean delivery-only visit: \$325.45 ○ Vaginal delivery-only: \$468.55 ○ Vaginal delivery after previous cesarean delivery: \$527.78 ○ Cesarean delivery following vaginal delivery attempt: \$546.50 <ul style="list-style-type: none"> • Doula providers will use the appropriate code modifier for all procedure codes. • Visits have a minimum duration of 60 minutes and may be conducted in person or via telehealth, but the Labor & Delivery Care visit may not be conducted via telehealth. • The doula will work with the beneficiary to determine how many visits will occur during the prenatal period or postpartum period. • Prior authorization is required for additional visits, for beneficiaries with extenuating medical circumstances. 	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently
Oregon	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: May 1, 2017 • Benefit Category: Preventive Service 	<ul style="list-style-type: none"> • 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 	<p>Fee-for-service global payment (except in extenuating circumstances)</p> <ul style="list-style-type: none"> • The reimbursement rate is at the lower of: <ul style="list-style-type: none"> ○ Submitted charge; OR ○ A \$1,500 per pregnancy, including at least two prenatal visits, care during delivery, and two required postpartum home visits 	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently; OR • Work with an organization or clinic that bills on their behalf
Rhode Island	<ul style="list-style-type: none"> • State Plan Amendment • Effective Date: July 1, 2021 	<ul style="list-style-type: none"> • Enrolled as a Medicaid provider • Certified by Rhode Island Certification Board 	<p>Fee-for-service reimbursement based on pregnancy stage (prenatal, labor/delivery, postpartum)</p> <ul style="list-style-type: none"> • A doula may not receive more than \$1,500 per pregnancy 	<p>Doulas may:</p> <ul style="list-style-type: none"> • Practice and bill independently; OR

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	<ul style="list-style-type: none"> Benefit Category: Preventive 	<ul style="list-style-type: none"> Completed 20 hours of relevant education/training, per RICB requirements 	<ul style="list-style-type: none"> Up to 3 prenatal visits (\$100 per visit), Labor and delivery (regardless of the duration of the birthing process) (\$900), and 3 postpartum visits (\$100 per visit) 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 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> State Plan Amendment Effective Date: January 1, 2022 Benefit Category: Preventive Service 	<ul style="list-style-type: none"> Complete doula training, which must include core competencies (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 	<p>Fee-for-service</p> <ul style="list-style-type: none"> The reimbursement rate is: <ul style="list-style-type: none"> \$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. 	<p>Doulas may:</p> <ul style="list-style-type: none"> Practice and bill independently; OR Join a provider agency or clinic and bill independently; OR Enroll as a MCO provider
Washington, DC	<ul style="list-style-type: none"> State Plan Amendment Effective Date: October 1, 2022 Benefit Category: Preventive Services 	<ul style="list-style-type: none"> Possess a current certification by a doula training program or organization, approved by the District of Columbia Department of Health Care Finance (DHCF) Enroll as a DHCF provider and receive an NPI and taxonomy number 	<p>Fee-for-service</p> <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> The 12 visits include a maximum of one doula consultation and can be allocated across the perinatal and postpartum period Reimbursement rates: <ul style="list-style-type: none"> \$97.04 per perinatal doula service visit 	<p>Doulas may:</p> <ul style="list-style-type: none"> Practice and bill independently OR Practice and bill as part of a doula group Enroll with a Medicaid managed care organization (MCO)

State	Federal Medicaid Authority	Training and/or Licensing Requirements	Reimbursement Structure	Billing Procedures
			<ul style="list-style-type: none"> • \$686.23 for doula support during delivery • \$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. <p>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</p>	

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