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In 2023, the Indiana Family and Social Services Administration convened a group of doulas and stakeholders to review the services provided in Indiana and gather information about the best practices in other states.

Over the course of 14 months, the group of Indiana-based stakeholders examined certification, support for doulas, training, caseload, and reimbursement models. The group also identified services available and gaps in services in Indiana. Community-based organizations, health advocacy groups, hospitals and health systems, managed care entities and more than 50 doulas participated in the work.

In 2024, the group provided its findings to FSSA, which include recommendations regarding requirements, training, certification and reimbursement. FSSA is making the group's findings, which follow, available to interested members of the public.



# Doula Stakeholder Workgroup

## Stakeholder Feedback and Recommendations

May 2024

Upon request from FSSA, stakeholders met over the course of a year to study information and findings from other states and literature and make recommendations which are included in this deck.

PREPARED FOR THE INDIANA FAMILY AND SOCIAL  
SERVICES ADMINISTRATION. OFFICE OF MEDICAID POLICY  
AND PLANNING





# Presentation Content



- Background and Research Components/Methods
- Stakeholder Engagement Overview
- Consensus Building
- Recommendations
  - Eligibility Requirements
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  - Certification Process
  - Enrollment Process
  - Doula Caseload
  - Reimbursement Rate
  - Doula Certification Body
  - Doula Support Entity
- List of Stakeholders and Key Informant Interviewees
- Research from Other States



# Recommendations: Background & Methods

## Research: Other States' Doula Services Structure & Data

Included best practice research around:

- Certification
- Verification,
- Reimbursement models
- Support for doulas

## Kick-off Meeting & Initial Temperature Survey

- Hosted a Doula Stakeholder Kickoff meeting
- Reviewed the group's vision, goals, and project priorities
- Reviewed the workgroup structure

## Monthly Workgroup Meetings, Jam boards Quarterly Meetings

- Gathered stakeholder feedback for verification, reimbursement and sustainability topics.
- Facilitated monthly workgroup meetings
  - Quarterly meetings

## Doula Survey

Conducted a survey to seek input to support the development of a sustainable reimbursement rate for doula services in Indiana Medicaid.



# Recommendations: Background & Methods *(Continued)*

## Key Informant Interviews

Met with key stakeholders through in-person and virtual meetings to learn more about:

- Doula services in Indiana
- Current gaps
- Ways to support doulas seeking Medicaid reimbursement

## MCE Engagement

- Conducted a 4-hour workshop with 5 MCEs in Indiana to discuss provider network and enrollment process for doulas
- This resulted in a potential model for Medicaid reimbursement that creates a simple, streamlined process

## CMS Requirements

A State Plan Amendment (SPA) is required for Medicaid and Healthy Indiana Plan. Research has been conducted to identify the location within the state plan for the amendment with required content and other state examples.

# Stakeholder Engagement Overview



- **Total Workgroup Meetings: 6 and 3 quarterly meetings**
  - Verification Workstream Meetings: 2 (approx. 100 stakeholders participated in one or more workgroup meetings)
  - Reimbursement Structure Meetings: 2 (approx. 75 stakeholders participated in one or more workgroup meetings)
  - Sustainability Workstream Meetings: 2 (approx. 57 stakeholders participated in one or more workgroup meetings)
- **Total Stakeholder Engagement Meetings and Interviews to Date:**
  - 22 In-person
  - 9 Virtual
- **Between 50 and 70 doulas participated in one or more workgroup meetings**
- **Stakeholder groups**
  - Doulas: Private, CBO and hospital-based
  - Community-Based Organizations providing doula services or related services
  - Health Equity and Advocacy Groups
  - Provider Groups: Hospitals, health systems & FQHCs
  - Managed Care Entities
  - State government officials

# Recommendations

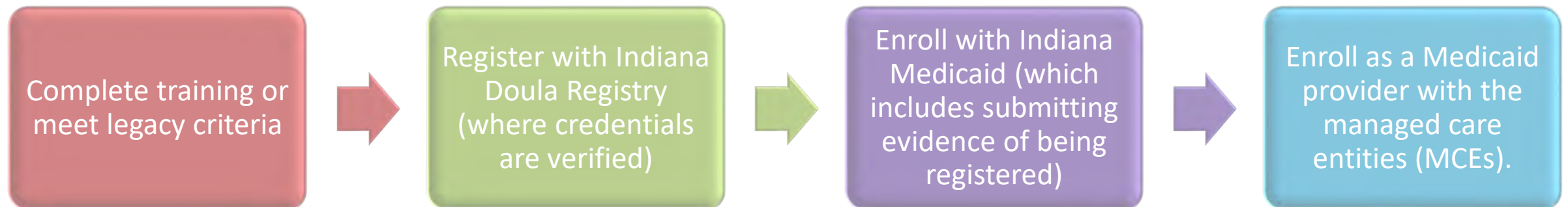
# Recommendations: Eligibility Requirements

Through the consensus building process, we reached agreement on the following recommendations

**To enroll with the Indiana Health Coverage Program (IHCP), as an individual provider under the new provider specialty, the Doula must:**

- Have a National Provider Identifier (NPI)
- Be registered with the Indiana Doula Registry
- Be at least 18 years of age
- Possess a high school diploma or equivalent
- Live or work in Indiana at least 50% of the time
- Have completed Doula training requirements or have met training requirements through the practice track.

**The 4-step process for a Doula to become an IHCP-enrolled provider is to:**





# Recommendations: Training Requirements

Through the consensus building process, we reached agreement on the following recommendations:



## Trained Doulas

- Documentation of completing at least thirty-two (32) hours total of in-person instruction or a combination of in-person and online instruction.
- Attendance at a minimum of one (1) birth within the past three (3) years.
- Attendance at a minimum of three (3) births while serving as the primary Doula support person.
- Attendance at a minimum of one (1) breastfeeding class or a certification of completion of an International Board-Certified Lactation Consultant program.
- Completion of a client confidentiality training.
- Completion of an emergency safety training.

# Recommendations: Training Requirements

Through the consensus building process, we reached agreement on the following recommendations:

## Legacy Doulas\*

- Documentation of completing at least 1,500 hours total of hands-on care in Indiana over three (3) years.
- Attendance at a minimum of one (1) birth within the past three (3) years.
- Attendance at a minimum of three (3) births while serving as the primary Doula support person.
- Minimum of three (3) letters of recommendation from one (1) birthing individual and two (2) of the following licensed health care providers who have worked with the Doula within the preceding three (3) years and can attest to the Doula's competency in providing services:
  - Physician
  - Health services provider in psychology (HSPP)
  - Advanced practice nurse (APN)
  - Physician assistant (PA)

\*Additional conversations are needed around experience in client confidentiality and experience in emergency safety protocol.



# Recommendations: Doula Verification Body

Based on feedback from doulas, we reached agreement on the following recommendations:

## **Provide a web-based platform for application and document submission**

- Mobile friendly and easy to locate and navigate. Accessible in multiple languages and through audio guidance
- Provide live technical support pre and post application (e.g. office ours/phone/email)
- Provide 24/7 support via online videos, resources and FAQs

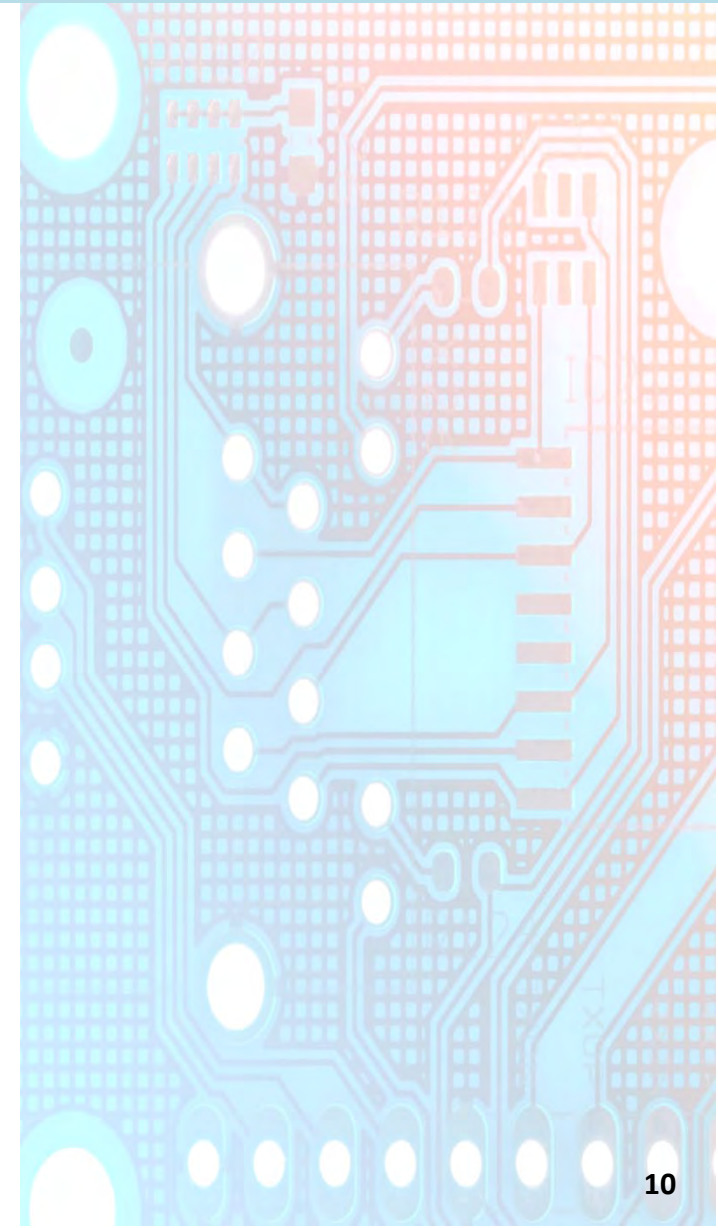
## **Provide low/limited cost certification fees**

- Develop an application fee waiver or low-cost option
- The platform supports multiple payment options

## **Establish a clearly defined application and documentation submission process**

- Communicate estimated time for completion
- Provides the ability to view application status

## **Simple, no/low-cost recertification process to reduce barriers in maintaining verification status**





# Simplified Doula Enrollment Process for Medicaid Reimbursement

Through the consensus building process, and in consultation with Doulas we reached agreement on recommending an enrollment process that is streamlined, low-barrier, equality-focused, and offers support to doulas from start to completion.

1

Doula contacts the Hub and signs up to participate in a meeting to learn more about the requirements.

2

If the doula would like to become verified, they submit the verification documents to the verification body.

3

The verification body reviews the documents submitted. If all documentation is in place, the doula is verified and added to the doula registry.

4

Once verified, if the Doula would like to become a Medicaid provider: complete the provider enrollment process/application. The Doula support entity/HUB provides support to the Doula to complete the process.

5

If the Doula is approved to enroll as a Medicaid provider, the HUB receives notification and adds their information to the standard roster for health plans. This roster is also shared with the MCEs. MCEs will communicate to members that doula services are available via HUBs. Members can choose their provider for Doula services.

6

Once a Doula provides the services, the Doula provides electronic visit verification or documentation of visit to the Hub. The Hub submits the claim to the MCE, and once the Hub receives payment, it reimburses Doula (in approximately 30 days).

# Recommendations: Doula Caseloads & Rates

Through the consensus building process, the Doula Survey and discussions with Doulas we reached agreement on the following recommendations:

- “Ideal” number of clients for a full-time doula to serve **per year: 20-30**
- “Ideal” number of clients for a full-time doula to serve **at one time: 4-6**
- Determine Indiana’s appropriate reimbursement rate
- 6:1 model – 6 pre-postnatal visits and 1 labor-and-delivery visit



# Recommendations: Doula Support Entity

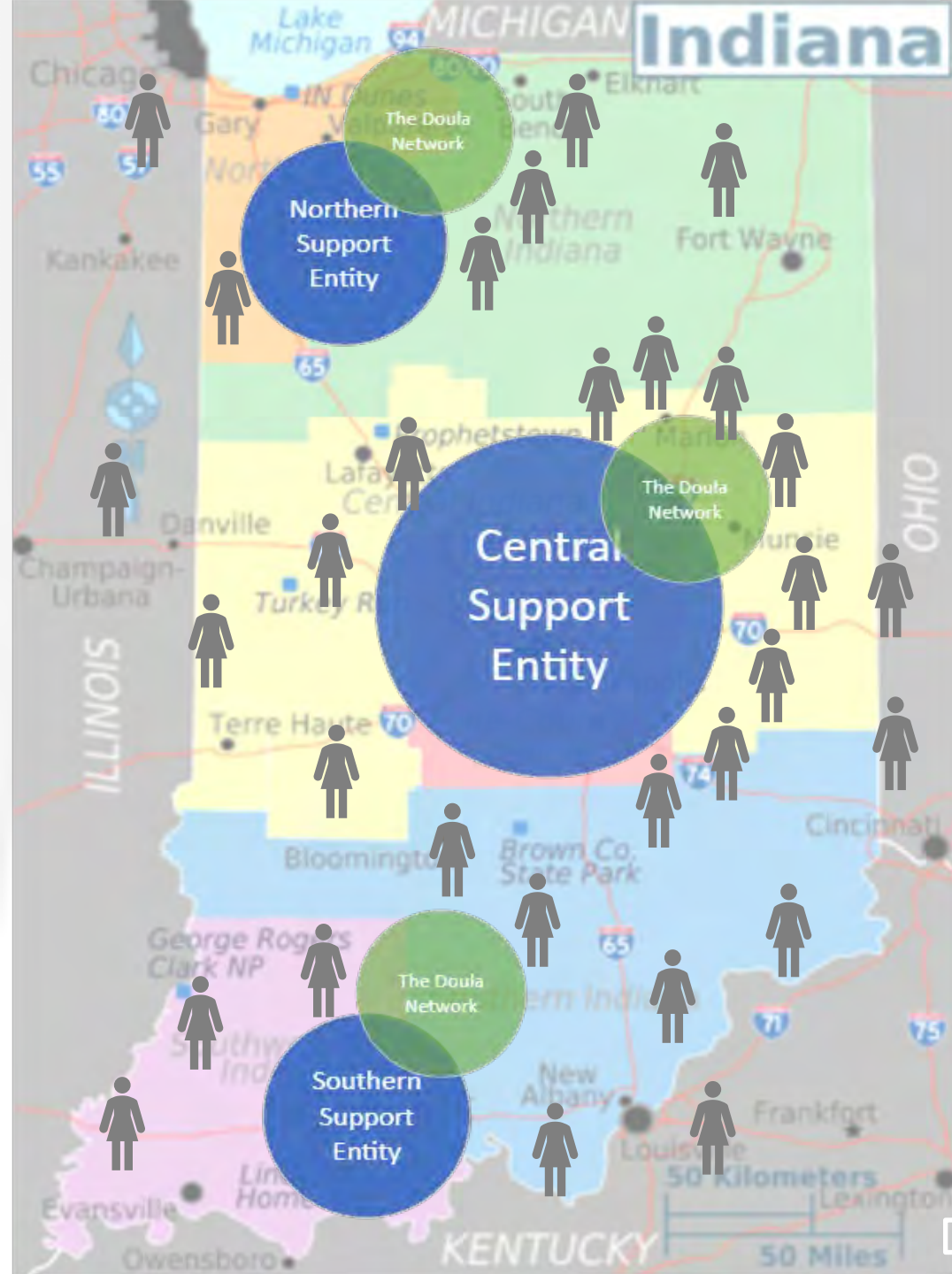
Based on Doula and Stakeholders feedback, we recommend having a doula support entity that helps with the following:



- Enrollment processes and applications for becoming a Medicaid provider
- General support (in-person or virtually), training and professional development
- Networking / creating a Doula Association / engaging with natural referral partners such as WIC programs
- Medicaid reimbursement and appeals
- Creating and maintaining the doula registry, and assisting doulas through registration
- Serving as a central point of contact for MCEs and hospital systems, encouraging connection and collaboration
- Recruitment and credentialing of doulas in under-resourced communities
- Establish a Regional Hub Model (Please see next slide)



# Recommended Doula Hub Model



- Doulas would need to be a part of a support entity (or HUB) to obtain Medicaid reimbursement – could be on the roster for up to 3 hubs.
- Hubs would contract with IN FSSA and the MCEs to provide doula services.
- Provider directories would list the hubs and not each individual doula.
- Hubs would submit rosters of doulas to IN FSSA and MCEs with any changes and at least on the 15th of each month.
- Members would contact the Hub and be matched to a doula based on language, culture and special needs.
- No prior authorization needed and self referral only.
- Hubs would need to be an enrolled provider with IN FSSA and need an LPI; Doulas would also need to enroll with IN FSSA and need an NPI #.
- MCEs would like to have monthly meetings with Hubs to review quality metrics.
- Hubs would train on standard visit documentation that would be submitted electronically for claims.
- Hubs could have a website with bios and photos of their doulas.
- Proposed that FSSA oversee the support entities/hubs at start

This is a proposed model and does not constitute a guarantee or binding agreement with FSSA.

# List of Stakeholders

- 150+ Doulas and Community Doulas
- Anthem/Elevance Health
- CareSource
- Community Health Network
- Community HealthNet Health Centers
- Eskenazi Health Center
- Franciscan Health
- Goodwill Industries of Michiana, Inc. – Nurse Family Partnership
- Health Management Associates (HMA)
- Healthier Moms & Babies (HMB)
- IN Midwives Association
- Indiana Community Health Workers Association (INCHWA)
- Indiana Department of Child Services (DCS)
- Indiana Department of Correction (IDOC)
- Indiana Department of Health (IDOH)
- Indiana Department of Workforce Development
- Indiana Family and Social Services Administration (FSSA)
- Indiana Hospital Association (IHA)
- Indiana Minority Health Coalition (IMHC)
- Indiana Office of Healthy Opportunities (OHO)
- Indiana Office of Medicaid Policy and Planning (OMPP)
- Indiana Pregnancy Promise Program (IPPP)
- Indiana Primary Health Care Association (IPHCA)
- IU Health
- Joy’s House
- Little Timmy Project
- Managed Health Services (MHS) Indiana
- MDwise Indiana
- Purdue University Healthcare Advisors
- The Black Doula Project
- The Doula Network
- The National Service Office for Nurse Family Partnership and Child First
- United Health Care (UHC) Indiana

# List of Key Informant Interviewees

- Approximately 15 doulas (private, CBO and hospital-based)
- ASPIN
- Community Health Network
- Doulas of Evansville
- Eskenazi
- Healthier Moms and Babies
- IHOPE Project Collaboration
- IN MCEs: Anthem, CareSource, Managed Health Services IN, MD Wise
- Indiana Minority Health Coalition
- Indiana Primary Health Care Association
- Joy's House
- Lake County
- Little Timmy Project
- MelaMama Maternal Wellness
- Purdue University
- Reps from Indiana Dept. of Health
- Tandem Bloomington
- The Doula Network



# REIMBURSEMENT RATES IN OTHER STATES

	Rates			Number of Visits	Total Reimbursement
	Prenatal	Postpartum	L&D		
<b>MI</b>	\$75	\$75	\$700	Up to 6 total (prenatal & postpartum) Labor & delivery visit	Up to \$1,150
<b>NY</b>	\$30.30	\$30.30	\$363.60	Up to 4 prenatal Up to 4 postpartum Labor & delivery visit	\$1,930 (Currently a pilot program; rate is not finalized)
<b>RI</b>	\$100	\$100	\$900	Up to 3 prenatal Up to 3 postpartum Labor & delivery visit	\$1,500
<b>MN</b>	\$38.92	\$25.71	\$257.10	Unidentified	Unidentified
<b>NJ</b>	\$66	\$66*	\$235	Up to 12 total (prenatal & postpartum) Labor & delivery visit	\$1,166 *Plus an additional \$100 incentive for an initial postpartum visit & obstetric postpartum visit
<b>OR</b>	N/A	N/A	N/A	Minimum of 2 prenatal visits 2 postpartum visits Care during delivery	\$1,500 per pregnancy
<b>CA</b>	\$60.48	\$60.48*	\$544.28	1 initial visit 8 visits total (prenatal & post partum) Labor & delivery *Up to 2 extended 3-hour postpartum visits	\$1,095 per pregnancy

# STATE REQUIREMENTS FOR VISITS

Each state provides guidance on requirements for reimbursable visits under their respective doula program.

	Requirements for Visits	Time Allocations
<b>MI</b>	Face-to-face Prenatal and postpartum may be delivered via telehealth	At least 20 minutes in duration
<b>NY</b>	Face-to-face on an individual basis	At least 20 minutes in duration
<b>MN</b>	In-home	None identified
<b>NJ</b>	In the community, in clinicians' offices, or in the hospital	Billed in 15-minute increment units (\$16.52/unit) Initial prenatal visit has a maximum of 6 units All other visits have a maximum of 4 units
<b>CA</b>	None identified	No more than 1 visit per day per member (except for those that occur the same day as labor & delivery, stillbirth, abortion, or miscarriage) Billed in 15-minute increments Extended postpartum visits cannot exceed 3 hours

# Medicaid Provider Enrollment Process by State

## Requirements for individual enrollment

<b>MI</b>	<ul style="list-style-type: none"><li>• Obtain Type 1 (individual) National Provider Identifier (NPI)</li><li>• Complete online application in Community Health Automated Medicaid Processing System (CHAMPS)</li><li>• Enroll as a Medicaid provider</li><li>• Register with the Michigan Department of Health and Human Services Doula Registry</li></ul>
<b>NY</b>	<ul style="list-style-type: none"><li>• Enroll as Medicaid provider</li><li>• Enroll separately in each MCO's provider network</li></ul>
<b>RI</b>	<ul style="list-style-type: none"><li>• Submit proof of Doula certification by the Rhode Island Certification Board</li><li>• Obtain NPI and Taxonomy numbers</li><li>• Enroll separately with each MCO's provider network</li></ul>
<b>MN</b>	<ul style="list-style-type: none"><li>• Must be provided under physician or advance practice provider and doula must be certified by one of 8 organizations</li></ul>
<b>NJ</b>	<ul style="list-style-type: none"><li>• Complete Doula Provider Enrollment Application</li><li>• Contact each MCO provider department for information on enrolling</li></ul>
<b>OR</b>	<ul style="list-style-type: none"><li>• Become certified as a birth doula by completing at least 40 contact hours of Oregon Health Authority-approved training or be certified through the legacy pathway</li><li>• Obtain CPR certification, background check, HIPAA training, and oral health training</li></ul>
<b>CA</b>	<ul style="list-style-type: none"><li>• Complete Medi-Cal provider enrollment through the PAVE portal</li><li>• Contract separately with each MCO</li></ul>

# Medicaid State Plan Amendment (SPA) Summary - By State

The program covers doula services for pregnant and postpartum beneficiaries as a preventive service consistent with 42 CFR §440.130(c) to promote positive maternal physical and mental health during the perinatal period. Services must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice.

Doula services are provided if recommended by a physician or other licensed practitioner of the healing arts within the practitioner's scope of the practice under State law.

Childbirth education and support services (emotional and physical support) provided during pregnancy, labor, birth, and postpartum. Must be provided under the supervision of a physician, nurse practitioner, or nurse-midwife by a doula certified by a specified organization. Pregnancy-Related and Post Partum Services for 60 Days After the Pregnancy Ends.

Perinatal counseling and education, including infant care, to prevent adverse outcomes; Labor support, including development of a birth plan; Coordination with community-based services, to improve beneficiary outcomes.

The 2017 SPA summarizes the doula covered services and addresses scope of practice, provider qualifications, certification standards, core curriculum, and the reimbursement at the time of approval. A second SPA was submitted in 2022 to increase rates from a total of \$350 to \$1,500 per pregnancy.

Doula services encompass the health education; advocacy; and physical, emotional, and nonmedical support provided before and after childbirth or end of a pregnancy, including throughout the postpartum period.