

Health Share Birth Doula Billing Guide

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Introduction

Health Share of Oregon (Health Share) is committed to making birth doula services available to all members. We are working closely to build our relationships with birth workers across the state to improve access to doula services, and to increase awareness of this benefit to our members.

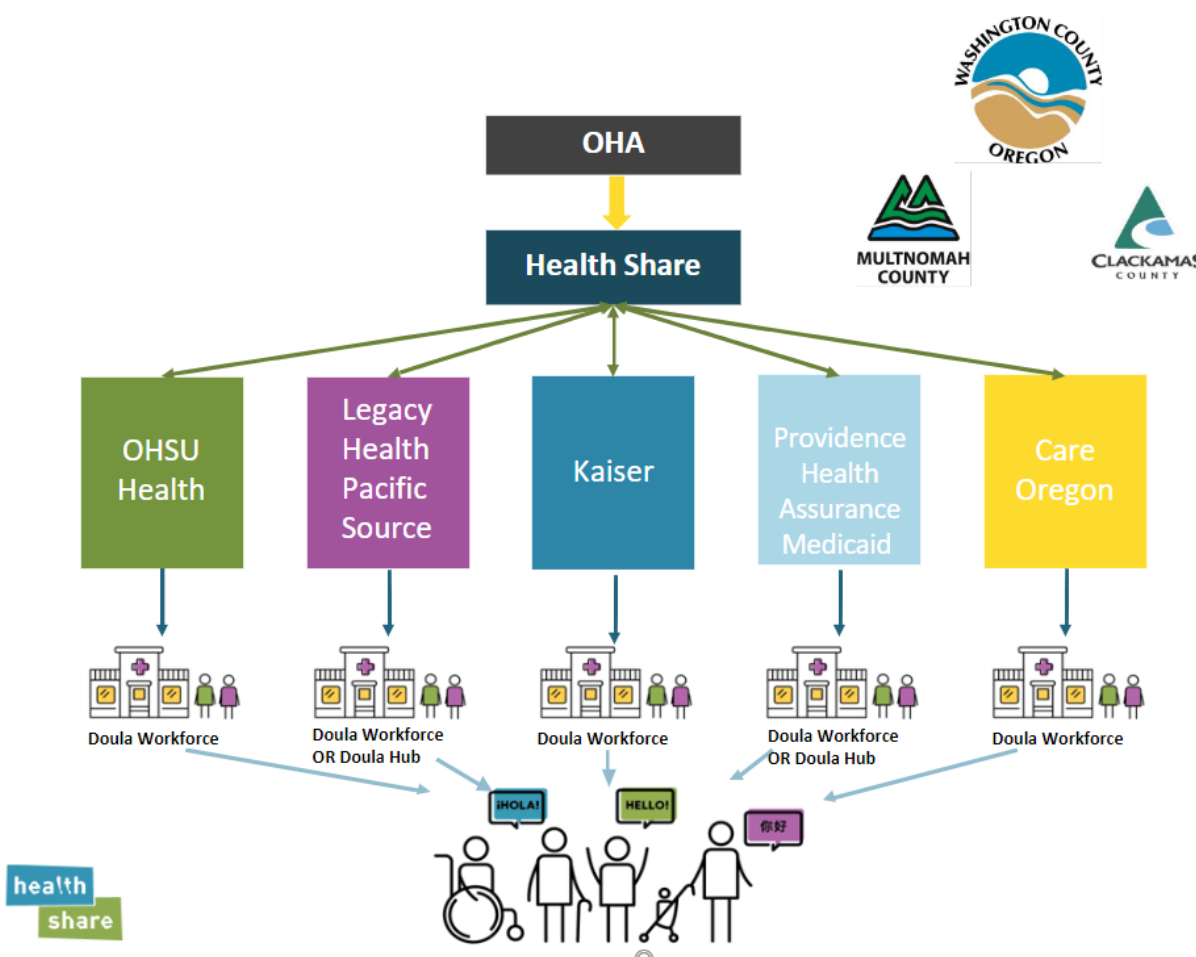
Health Share is working to support the doula community with clear and coordinated information on all steps in the billing and payment process from doula certification with OHA (Oregon Health Authority) through payment of claims.

The following guide provides general information about Health Share and its partners along with detailed information on billing and payment steps.

Health Share Overview

Health Share is a Coordinated Care Organization (CCO) serving Oregon Health Plan Members across Clackamas, Multnomah, and Washington counties. Health Share brings together health plans, providers, and community health resources so our members can access the care they need to be well.

The visual below shows how Health Share is structured and outlines the five health plans that are part of Health Share. Every Health Share OHP member is covered by one of these five plans: OHSU Health, Legacy Health PacificSource, Kaiser, Providence Health Assurance Medicaid, or CareOregon.



When thinking about Health Share, it's important to understand the differences between a health plan, a health system, and a doula hub.

The visual below defines the roles and relationships between each. Key takeaways for doulas are provided in the blue bar.

Health Share Medical Health Plans

Metro Area patients with Oregon Health Plan Medicaid coverage have either Open Card, Health Share, or Trillium. Within Health Share there are 5 health plans. Verify a patient's eligibility to know what plan they have.

Oregon Health Plan Open Card (State Medicaid)

Trillium CCO



Health Share CCO

Providence Health Assurance

Kaiser Permanente

Legacy Health PacificSource

OHSU Health

CareOregon

Health Systems

Several of the health plans are related to a healthcare delivery system. A delivery system is the network of hospital, clinics, and other providers where patients receive services. Health Share members often receive services within these systems but can also receive services outside of these health systems.

Providence

Kaiser Permanente

Legacy Health

OHSU Health



Doula Hub

Doula hubs provide services that doulas may find valuable such as providing referrals, checking insurance eligibility, and completing billing. There are many doula hubs in the metro area. Hubs can be community-based or hospital based.

Providence Doula Access Collaborative

Legacy Doula Program

Community Based Doula Hubs



Key Points for Doulas

Doulas can provide services to patients on any of the Health Share OHP plans without contracting with the health plan or obtaining pre-authorization. OHP rates will be paid as long as the doula is OHA THW certified.

A doula may be able to contract with a health plan for a higher rate and can contact the plan directly to inquire about opportunities

Doulas can provide services in many locations (home, birth center, hospital). Payment depends on insurance coverage, not location of services

Doulas do not have to contract with the Legacy Doula program or the Providence Doula Access Collaborative to provide services at Legacy and Providence hospitals or to be reimbursed by Legacy Health PacificSource or Providence Health Assurance. Doulas may choose to serve members through hubs outside of Legacy or Providence, or as an independent entity, and will still be reimbursed.

Definitions for key terms introduced in this section can be found in the [glossary](#).

Billing Guide Purpose and Overview

This billing guide provides education and information on Health Share billing and payment practices for birth doulas. As described in the previous section, there are five health plans that cover Health Share members. This guide will help doulas navigate Health Share and the health plans and will guide doulas to more detailed information by plan.

Here's a high-level overview of key topics covered in this billing guide:



Training, Certification, and Enrollment

What steps do I need to take before providing services to OHP members?

Prior to providing services to OHP members and receiving payment, Doulas must complete all OHA requirements, become certified, and be added to Oregon's State THW Registry. Then, doulas need to obtain a National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES) and enroll as an OHP provider.



The table below provides detail about each step and resources and resource links for each topic:

Step:	Background:	Resources:
OHA Certification	<ul style="list-style-type: none"> OHA requires various trainings and steps before a Doula can be certified to provide services in Oregon 	<ul style="list-style-type: none"> See the current OHA guidelines and requirements for doulas here: OHA Birth Doula Page Find the OHA process for how to become a THW here: How to Become a THW

Step:	Background:	Resources:
Oregon State THW Registry	<ul style="list-style-type: none"> Once all OHA steps are completed and the doula's application is approved, a background check will be completed. Once the background check is completed and the doula is certified by OHA, the doula is added to Oregon's State THW Registry 	<ul style="list-style-type: none"> Traditional Health Worker Registry Portal
National Provider ID	<ul style="list-style-type: none"> Before billing, doulas need to apply for and receive a national provider identifier through the National Plan and Provider Enumeration System (NPPES) 	<ul style="list-style-type: none"> The NPPES website can be found here: NPPES For reference, the doula taxonomy code is: 374J00000X
OHA / OHP Enrollment	<ul style="list-style-type: none"> Once all the steps above are complete, a doula can enroll with OHA to become an OHP provider Once the OHP enrollment is complete, a DMAP ID will be issued 	<ul style="list-style-type: none"> OHP Provider Enrollment: OHP Provider Enrollment Page OHA Birth Doula Fee For Service Billing Guide

Overview of Covered Doula Services and Reimbursement

Once OHA certification is complete and a birth doula is enrolled with OHA and has received a DMAP ID, they can begin billing for services with the Health Share health plans. A contract with each plan is not required. Each plan will pay the current DMAP payment rates.

Under the current OHP benefit, Health Share partners will provide reimbursement for doula services when a certified doula submits a claim with required billing information. This includes being listed as active on Oregon's State THW Registry.

- Birth doula care shall be billed as a global birth doula package. A global package shall include at a minimum two (2) prenatal face-to-face visits, care during the labor and delivery phase, and two (2) postpartum face-to-face visits
- Effective January 1, 2025, OHA will pay for up to four *additional* support visits beyond the visits covered by the standard global birth doula benefit. The fee-for-service rate is \$215.00 per visit. These additional visits:
 - May occur either before or after the birth, in any combination.
 - Are covered for up to 12 months following the end of the pregnancy.
 - May be billed only after delivering the standard global benefit.
- Support visits can take place at the birthing parent's home, as part of an office visit, or [virtually](#).
- Doula care can only be reimbursed when a certified doula submits a claim with the required billing information following coding guidelines per OAR 410-130-0015 Doula Services.
- Doulas can be compensated at a bundled rate when they provide all covered services or at the itemized rate when not all services can be provided.
- Additional services may be covered by the Health Share plan partners.

Code	Modifier	Description	Rate
T1033	HD	Global doula benefit with support at delivery	\$1505
T1033		Support visit (each visit, up to 2 prenatal and 2 postpartum)	\$215 per visit
T1033	22	Doula services – day of delivery only	\$645

To understand what contract opportunities are available with each health plan, reach out to the contracting departments for the health plans. See the contact info below.

Health Plan	Contracting Details and Contact Information
CareOregon	metrothw@careoregon.org
Providence Health Assurance Medicaid	<p>Doulas should email the following to: providercontracting@ayin.com</p> <p>Name THW Registry # NPI # Medicaid Provider # Effective / State date</p>
OHSU Health	ohsuhealthprvrelations@ohsu.edu
Kaiser Permanente NW	NW-Medicaid@kp.org
Legacy PacificSource	<p>Email contact info: THWinfo@pacificsource.com</p> <p>Certification instructions: Certification Instructions</p>

Telehealth Services

While face-to-face visits remain essential for doula practice and highly encouraged by OHA, OHA recognizes that telehealth may be appropriate in certain instances. Providers should use their best judgment, knowing that they may be subject to audit.

Examples of what may be allowable for telehealth include:

- Informational/resource navigation.

Examples of what is not allowable for telehealth include:

- Requests for referrals,
- Assisting the birthing parent/family with baby care (e.g., feeding, bathing),
- Household chores, massages, etc.

If conducting telemedicine for doula support visits, please ensure the following:

- Obtain and document verbal consent from patients prior to providing telemedicine services.

- Use telephone (audio-only) or electronic communications (e.g., patient portals) may be used to remove barriers such as the patient not having video capability or internet access.
- Ensure the use of HIPAA-compliant platforms with the appropriate business agreements.
- Document telehealth services with the same level of detail as in-person visits, including medical necessity and coverage determinations.

Client Referrals

There are several ways doulas and clients can connect. For Health Share plans, clients do not need to have a primary care referral. Clients can self-refer. Clients may find doulas on the Oregon Health Authority THW registry, through doula hubs, or through Health Plan provider directories. If you are contracted with a health plan you will be included in their provider directory.

As you are engaging with the community it's helpful to make it clear that you accept Oregon Health Plan patients.

When working with a new client it's important to ask if they are working with or planning to work with any other doulas. Two doulas cannot bill for the same services so clarifying this early on is helpful.

As you receive referrals, note that processes may differ between doula hubs and other referring organizations. It's important to always follow the processes of the referring organization.

Checking Member Eligibility

There are several ways to check OHP member eligibility.

Here is an overview of the different methods. When checking eligibility, check the eligible dates to understand when coverage started and if it has ended.

Ask your patient if they have any other health insurance. Any other insurance is primary to Medicaid and needs to be billed before OHP. If a patient does have other insurance, request a copy of the ID card which should have the contact information and member information needed to verify insurance.

It may be difficult to always identify a primary insurance through the eligibility verification methods below, so asking the patient is another way to seek this information.

System	Description	Link	Resources:	Considerations
MMIS	MMIS is the Oregon Medicaid Management Information System. MMIS provides eligibility information for	MMIS Provider Portal	Oregon Medicaid Provider Portal Overview: Verifying OHP Eligibility and Enrollment	Check eligibility for the dates of service and ideally check again before billing to ensure coverage hasn't changed and the correct plan is billed. MMIS has a TPL section that shows other insurances the patient has, if OHA knows about the insurance. This is not always

	all OHP members (open card, CCO plans). After enrolling as a DMAP provider, you should receive a PIN to access MMIS.		One pager on understanding the MMIS eligibility response: MMIS Eligibility Verification Screen Overview To learn more and set up access: Oregon Medicaid Provider Portal	100% accurate, so asking the patient is important. Check the Managed Care / Primary Care Home Section of the MMIS eligibility response to ensure the member has physical health coverage and to see if it's covered by a CCO or by OHA (FFS). Only CCOA and CCOB indicate physical health coverage by the CCO. <table border="1"><thead><tr><th>Code</th><th>Plan Type</th></tr></thead><tbody><tr><td>APM</td><td>Primary Care Home. Contact this provider to coordinate care.</td></tr><tr><td>CCOA</td><td>CCO: Covers physical, mental and dental health care</td></tr><tr><td>CCOB</td><td>CCO: Covers physical and mental health care</td></tr><tr><td>CCOE</td><td>CCO: Covers mental health care only</td></tr><tr><td>CCOF</td><td>CCO: Covers dental care only</td></tr><tr><td>CCOG</td><td>CCO: Covers mental and dental health care</td></tr></tbody></table>	Code	Plan Type	APM	Primary Care Home. Contact this provider to coordinate care.	CCOA	CCO: Covers physical, mental and dental health care	CCOB	CCO: Covers physical and mental health care	CCOE	CCO: Covers mental health care only	CCOF	CCO: Covers dental care only	CCOG	CCO: Covers mental and dental health care
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Health Plan Portals	Each health plan has a provider portal that can be accessed to verify member eligibility.		Contact each health plan for information about their specific portal and set up process.	If you are not contracted with the health plan, you may not be able to set up access.														
Member ID Card	Every OHP member should have an Oregon Health ID card. The card will show the client's member ID and issue date.		Sample Oregon Health ID: Example Oregon Health ID Card	Member ID cards may be outdated. A member might have an ID card, but not currently have OHP coverage. It's important to always verify eligibility using another method.														

Documentation of Services

Birth doula providers shall document services provided for each encounter. The birth doula's record shall include:

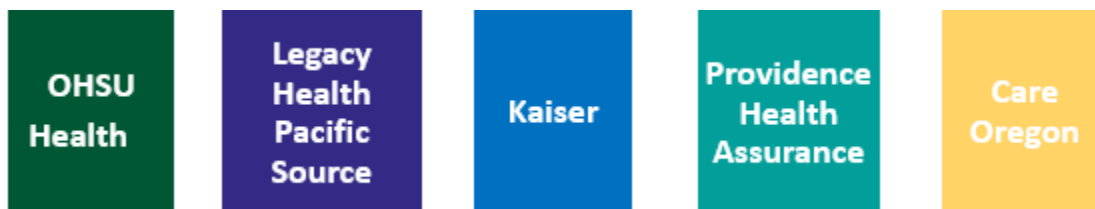
- The dates of service
- A brief description of education or services provided
- Assessment of any client or member needs beyond routine care
- Any referrals made

The goal of documentation is to verify services were provided and facilitate communication with other members of the birthing team.

These documentation requirements are part of OAR 410-130-0015 (Doula Services) which can be found here: <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=313803>

Claims Submission

After service is provided, a doula can bill insurance for payment. For an OHP patient assigned to the Health Share CCO, claims will be billed to one of the five health plans.



Be sure to check the MMIS eligibility response to know what plan the patient was covered by on the date of service. If a patient is covered by any other insurance, that insurance should be billed first.

To bill, a CMS-1500 claim form must be completed. When completing the CMS-1500 form, ensure all required elements are completed. Below is information and links for some of the required fields:

- Place of service:** The place of service identifies where the service was rendered. When billing for itemized services, include the most appropriate place of service on the claim form. When billing for bundled services, use the place of service that best describes where labor and delivery took place. The most common places of service for Doula services are below. See this link for a full list of place of service codes: [CMS Place of Service Code Set](#)

Place	Code	Notes
Inpatient Hospital	21	
Home	12	
Birthing Center	25	
Telemedicine Services	2	<ul style="list-style-type: none"> For services delivered via synchronous video and audio, use Modifier 95 in addition to other appropriate modifiers. For telephone-only services, use POS 02 with no additional modifiers.

- CPT codes and Modifiers:** The CPT codes and modifiers can be found here: [OHA Birth Doula Fee For Service Billing Guide](#). A summary of the current codes is below. The global (bundled) benefit means all visits and delivery services are billed as one charge. To bill individual (itemized) services, the second two options would be used to bill each separate service.

Code	Modifier	Description	Rate
T1033	HD	Global doula benefit with support at delivery	\$1505
T1033		Support visit (each visit, up to 2 prenatal and 2 postpartum)	\$215 per visit
T1033	22	Doula services – day of delivery only	\$645

- **Diagnosis Codes:** Claims must have a valid diagnosis code. The diagnosis is a pregnancy diagnosis. This CMS website provides a link to an OB/GYN guide with pregnancy related diagnoses: [CMS ICD-10 Resources](#)
- **Rendering Provider:** The rendering provider is the certified doula.

Doula claims fall under the OHP pregnancy benefit, where a pregnancy diagnosis is used; therefore, timely filing requires a claim to be received within 365 days from the date of service (OAR 410-141-3565).

To submit a claim, follow the process for the Health Share plan you are billing. The table below outlines the high-level process and provides helpful links for each plan.

OHSU Health	Legacy Health PacificSource	Kaiser	Providence Health Assurance Medicaid	CareOregon
https://www.ohsu.edu/health-services/traditional-health-workers	<p>Legacy Health PacificSource accepts electronic claims through InTouch which is accessed through OneHealthPort. Paper claims are also accepted.</p> <p>To learn more about both options go to:</p> <p>PacificSource Doula Billing FAQ</p> <p>PacificSource Medical Claim Guidelines</p>		<p>Providence Health Assurance Medicaid accepts electronic and paper claims through Ayin.</p> <p>To learn more, go to:</p> <p>Provider EDU & Electronic Claims</p> <p>Paper & Online Claim Submission</p>	<p>CareOregon accepts electronic claims or paper claims.</p> <p>For more detail go to:</p> <p>CareOregon - Traditional health workers</p> <p>CareOregon THW Claims Submission Guide</p> <p>CareOregon Connect Provider Portal</p>

Claim Denials, Corrections, and Appeals

If your claim is denied, you should receive a remittance showing the reason for the denial. If you are signed up for the plan's provider portal, you can log in to the portal to see why the claim was denied. If you submitted a paper claim, you may receive a paper remittance with the denial reason.

Often times, a change can be made to a denied claim and the claim can be resubmitted. Sometimes the change is simple, like adding a modifier. Follow the plans instructions for submitting corrected claims.

If the denial is not something a claim correction will resolve, you may be able to appeal the denial. Each plan has instructions for submitting an appeal.

If you need further assistance with a denial, contact the provider customer service for the plan you are billing. Billing Customer Service contact information can be found below:

OHSU Health	Legacy Health PacificSource	Kaiser	Providence Health Assurance Medicaid	CareOregon
ohsuhealthprvrelations@ohsu.edu	Provider Service Representatives Directory Customer Service: 800-431-4135		Ayin Help Center	metrothw@careoregon.org

Compliance and Legal Considerations

As services are documented and billed, doulas will be handling sensitive patient information. It's important to understand regulations around protection of patient information.

Key compliance areas are outlined below with helpful resources.

Compliance Area	Resources
Compliance with State Regulations and Laws – OAR 410-130-0015 – Doula Services	<ul style="list-style-type: none"> https://oregon.public.law/rules/oar_410-130-0015
HIPAA and Privacy Regulations in Billing	<ul style="list-style-type: none"> https://www.hhs.gov/hipaa/for-professionals/training/index.html
Record-Keeping and Documentation Requirements	<ul style="list-style-type: none"> https://oregon.public.law/rules/oar_333-505-0050

Additional Resources

Contact Information for Health Share Health Plans and Oregon Doula Association

Organization	THW / Doula Contact Information
OHSU Health	ohsuhealthprvrelations@ohsu.edu
Legacy Health PacificSource	THWinfo@pacificsource.com
Kaiser	NW-Medicaid@kp.org
Providence Health Assurance Medicaid	https://help.ayin.com/hc/en-us
CareOregon	metrothw@careoregon.org
Oregon Doula Association	support@ordoulas.org

Helpful Links

- [Oregon Doula Association Website](#)
- **Oregon Administrative Rules for doulas**
 - Please refer to the following Oregon Administrative Rules (OARs) for more information about doula services and requirements:
 - [OAR 410-130-0015, Doula Services](#)
 - [OAR 410-180-0315, Birth Doula Certification Requirements](#)
 - [OAR 410-180-0375, Birth Doula Certification Curriculum Standards](#)
- [OHA Birth Doula Page](#)
- [OHA's Office of Equity and Inclusion Division](#)
- [OHA's THW Registry](#)

Glossary of Terms

Term	Definition
CCO (Coordinated Care Organization)	A coordinated care organization is a network of all types of health care providers (physical health care, addictions and mental health care) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid).
CMS (Centers for Medicare & Medicaid Services NPI (National Provider Identifier) Application	Process of submitting an application for a national provider ID number through the National Plan and Provider Enumeration System (NPPES) Required to bill and receive payment from the Oregon Health Plan and Managed Medicaid Plans.
Covered Services	Medically necessary and appropriate health services and items described in ORS Chapter 414 and applicable Oregon Administrative Rules and the Prioritized List of Health Services above the funding line set by the Oregon Legislature. Covered Services include services that are (a) ancillary services; (b) diagnostic services necessary to determine the existence, nature, or extent of the Member's disease, disorder, disability or condition; (c) necessary for compliance with the requirements for parity in mental health and substance use disorder benefits in 42 CFR part 438, subpart K; and (d) necessary for compliance with the requirements

Term	Definition
	for Early and Periodic Screening, Diagnosis and Treatment as specified in the Oregon Health Plan 1115 Demonstration Project.
<i>Doula Hub</i>	A doula hub is a business, agency, or community organization that has been established to support doulas by billing on their behalf. Doula hubs often serve additional purposes beyond billing, including support for referrals, supervision, and serving as a liaison between doulas and providers.
<i>Enrollment</i>	Completing the process of signing up to be an Oregon Health Plan provider.
<i>Fee-for-Service / Open Card</i>	Fee-for-service / open card means an Oregon Health Plan member is not covered by a CCO. Services for fee-for-service / open card members are billed directly to the Oregon Health Plan.
<i>Member</i>	An Oregon Health Plan client enrolled with Health Share of Oregon.
<i>Non-Participating Provider</i>	A provider of health care services that does not have a contractual relationship with a Health Share Subcontractor, but can, in certain circumstances, provide Covered Services to Members.
<i>Oregon Health Authority</i>	The State of Oregon acting by and through its Oregon Health Authority (OHA), Health Services Division.
<i>OHA THW Certification</i>	<p>OHA THW certification refers to the completion of the OHA requirements to become a THW. This includes completing OHA approved doula training, completing contact hours, and passing a background check. Once requirements are complete, an OHA THW application is submitted. Once approved, the THW is added to the state THW registry.</p> <p>Required to bill and receive payment from the Oregon Health Plan and Managed Medicaid Plans.</p>
<i>OHA Provider Enrollment</i>	<p>Process of submitting all information to be enrolled as an Oregon Health Plan provider. Upon completion, a DMAP ID will be issued.</p> <p>Required to bill and receive payment from the Oregon Health Plan and Managed Medicaid Plans.</p>
<i>Oregon Health Plan</i>	The Oregon Health Plan (OHP) is Oregon's Medicaid program. It provides free coverage for people in Oregon who meet eligibility criteria. Coverage includes doctor visits, hospital care, mental health services, dental, and some vision care.
<i>Payor Contracting</i>	<p>Refers to the process of reaching agreement on payment rates and terms with an individual health plan.</p> <p>To bill Medicaid and Health Share Managed Medicaid plans, this step is not required. All birth doulas can bill without contracting and receive the OHP fee schedule rates as long as they are a DMAP registered provider.</p> <p>If a doula wishes to explore higher rates, a contract with an individual plan may be possible. Contact the contracting department for the individual plan.</p>
<i>Validation</i>	<p>Validation is a term some health plans use to describe the process of reviewing and approving a THW's certifications, qualifications, and competencies.</p> <p>This step is only required when a doula is contracting with a health plan. OHP rates can be paid without this step.</p>
<i>Plan Partner</i>	An entity that: 1) holds a fully capitated contract with Health Share of Oregon to provide services as defined in the Health Plan Services Contract for Coordinated

Term	Definition
	Care Organizations between the Oregon Health Authority and Health Share; 2) assumes the financial risk of providing health services to Members; and 3) is compensated on a prepaid capitated basis. The current Health Share plan partners are OHSU Health, Legacy Health PacificSource, Kaiser, Providence Health Assurance Medicaid, and CareOregon.