

New York State Medicaid Doula Services Pilot Summary

Introduction

On April 23, 2018, New York State announced a comprehensive initiative to target maternal mortality and reduce racial disparities in health outcomes. This initiative included a program to pilot Medicaid coverage for doula services for pregnant and postpartum people. A doula is a non-licensed, non-medical person who has received training to provide physical, emotional, and informational support to pregnant individuals before, during, and after childbirth. A doula, also known as a birth companion, birth coach, or post-birth supporter, assists an individual during the antepartum period, labor, delivery, and postpartum period. Doulas do not prescribe treatment, complete a physical or behavioral health assessment, or provide medical care or advice. Doulas receive training from either a national organization or a community-based organization, and these trainings vary in content, requirements, and duration. There are no universally accepted standards for doula certification.

The New York State Department of Health (Department) evaluated the Medicaid doula services pilot for reach, effectiveness, and enrolled doula and Medicaid member satisfaction. Maternal outcomes evaluated included breastfeeding rates and adherence to postpartum visits. This report summarizes the results of this evaluation.

Medicaid Doula Pilot Overview

Beginning December 1, 2018, doulas in Erie and Kings Counties could enroll in New York State Medicaid as doula providers. Starting March 1, 2019, pregnant and postpartum Medicaid members living in Erie County were eligible to receive covered doula services from Medicaid-enrolled doulas via the Medicaid doula services pilot. During the course of this pilot, postpartum coverage for Medicaid members was extended from 60 days to 12 months after the end of pregnancy.ⁱ While the pilot was originally designed to be implemented in Kings County and Erie County, as counties with some of the highest maternal and infant mortality rates and largest number of Medicaid births in downstate and upstate New York, implementation advanced only in

Erie County due to low provider enrollment in Kings County based on concerns with the Medicaid reimbursement rate. The New York State Medicaid fee-for-service (FFS) Program and Medicaid Managed Care (MMC) plans reimbursed participating doulas for up to four prenatal visits, support during labor and delivery, and up to four postpartum visits.

To participate in the pilot, a doula needed to enroll as a New York State Medicaid provider. To do so, a doula needed to apply for a National Provider Identifier (NPI), submit a signed and dated attestation of training in the doula core competencies, submit a doula training completion certificate or signed and dated letter from a doula training organization, and submit the required Provider Enrollment forms. Once enrolled as a New York State Medicaid provider, a doula could then reach out to the MMC plans that participated in the Medicaid doula pilot to apply to join the plan's doula provider network. The Medicaid doula pilot was initially established for a two-year period and was extended for a third year. Doulas were able to enroll in Medicaid via the pilot through February 28, 2023, and reimbursement for services under the pilot continued through February 29, 2024.

Following a state budget investment in 2023 to expand Medicaid coverage of doula services statewide, a Medicaid State Plan Amendment was submitted by the Department and approved by the Centers for Medicare and Medicaid Services. As of March 1, 2024, doula services were added to the State Plan for permanent, statewide coverage. Doulas who had enrolled via the Medicaid doula services pilot had their enrollment extended and were to revalidate before February 28, 2025, to ensure continuity of service. The doulas who enrolled via the Medicaid doula pilot were to follow initial revalidation requirements according to statewide guidance.

Methodology

The Department evaluated the pilot from the perspective of Medicaid members and the enrolled doulas using surveys and focus groups, in addition to outcome measures for Medicaid members. The evaluation period was March 2019 through February 2024.

Methodology for Count of Services

MMC plans submit encounters to the Department, which are defined as professional contacts or transactions between a MMC enrollee and a medical service provider reimbursed by the MMC plan. Medicaid claims are paid claims for health care provided in the Fee-for-Service Medicaid program. This report will use claims to encompass both claims and encounters. The Department documented participation in the pilot using doula service claims and doula enrollment as Medicaid service providers. Counts of claims were obtained from the Department's Medicaid Data Warehouse using information submitted directly by doula providers or MMC plans according to specifications provided by the Department. Accuracy of the counts of services may be impacted by billing difficulties and/or edits on claims not being in place for the pilot. The counts of service types and providers are shown in Tables 1, 6, and 7 below.

Survey Methodology for Medicaid Members and Doulas

Each month from March 2019 through February 2024, MMC plans submitted a cumulative roster to the Department of all members who received doula services under the pilot. This file contained the estimated date of delivery per MMC member and was the cohort from which surveys were sent and statistics generated. Using the roster cohort, MMC members were sent a survey at 4-6 weeks after birth and at 3 months postpartum. The first survey was specific to the pregnancy and delivery experience, and the 3-month survey was specific to the postpartum experience. If the first survey was not returned, a combined survey was sent that encompassed the pregnancy, delivery, and postpartum experiences. Due to a very low response rate to the first survey, in October 2021, the Department moved to only sending out the combined pregnancy, delivery, and postpartum survey.

A single doula survey was sent after a Medicaid-enrolled doula provider had provided doula services to at least one Medicaid member. The doula survey sought feedback on the doula's experience on becoming a Medicaid provider, usefulness of Department-provided support, billing guidance, credentialling, and challenges.

Outcome Measurement Methodology

The Department investigated the impact of doula services on the outcome measures of breastfeeding and postpartum visits utilizing the survey and Medicaid claim information. Pregnancy Risk Assessment Monitoring System (PRAMS) data was included to compare differences between MMC members in Erie County who received doula services versus those who did not. PRAMS is a joint surveillance project between New York State and the Centers for Disease Control and Prevention. PRAMS was developed to reduce infant morbidity and mortality by influencing maternal behaviors before, during, and immediately after live birth. The population included in the outcome measures were those submitted on the roster files by the MMC plans and who then responded to the survey with breastfeeding information or had a Medicaid claim for postpartum care.

Focus Group Methodology

Assisted by the Department's External Quality Review organization, the Department conducted four focus groups in Erie County. The four groups were: Medicaid-enrolled doulas who provided a service and who were employed by a single Federally Qualified Health Center (FQHC), Medicaid-enrolled doulas who provided a service and worked independently, Medicaid members who participated in the Medicaid doula pilot and received care through a single FQHC, and Medicaid members who participated and were not affiliated with a single FQHC.

Results

Population of Participating Medicaid Members

A total of 1,337 Medicaid members received covered doula services under the pilot. Table 1 shows the breakdown of the total covered services received.

Table 1. Counts of Medicaid Members with a Doula Claim by Service Type

Service Type*	Member Count* (%)
Prenatal Visit	1,300 (97%)
Labor and Delivery	403 (30%)
Postpartum Visit	454 (34%)

*N=1,337 Medicaid members

Federally Qualified Health Center Participation

One Federally Qualified Health Center (FQHC) started direct billing of MMC plans prospectively on November 19, 2020, only for services provided by doulas employed by the FQHC. The Medicaid-enrolled doulas employed by the FQHC served the largest proportion, 73%, of the roster participants (n=1,117) and delivered the largest proportion (61%) of doula services (n=7,077) under the pilot.

Population of Participating Doulas

Sixty-five doulas were enrolled over the duration of the Medicaid doula services pilot in Erie County.

Medicaid Member Satisfaction and Pilot Experience of Care Survey

Eighty-three MMC members that received doula services via the Medicaid doula pilot returned surveys, which is a 9.2% response rate. Tables 2 and 3 below represent the 83 MMC members who responded to the experience of care survey, adjusting for the four respondents with multiple surveys and overlapping questions.

Table 2. Doula Support Pre- and Postnatally (Survey)

Survey Question	Percent
How did your doula support you before your baby was born?	
• <i>Gave information about childbirth</i>	85.7
• <i>Gave information on childbirth classes</i>	54.3
• <i>Went with me to childbirth classes</i>	14.3
• <i>Talked about how I want to deal with pain during labor*</i>	64.1
• <i>Went with me to doctor visits</i>	17.1
• <i>Talked about ways to feed my baby</i>	70.0
How did your doula support you after your baby was born?	
• <i>Showed me ways to take care of my baby</i>	62.5
• <i>Showed me ways to keep my baby safe</i>	50.0
• <i>Talked to me about ways to feed my baby</i>	65.0
• <i>Helped me with light housekeeping</i>	20.0
• <i>Discussed the importance of seeing my doctor</i>	35.0
• <i>Discussed the importance of taking my baby to their doctor</i>	27.5
• <i>Went with me to doctor visit</i>	10.0
• <i>Checked in with how I was doing emotionally*</i>	50.0

*Questions added to survey March 2020

Table 3. Satisfaction with Doula Services (Survey)

Survey Question	Percent
Do you think having a doula improved your childbirth experience? (Somewhat/Yes)	94.4
Did you and your doula come up with a birth plan for childbirth? (Yes)	78.5
Did your doula help you to feel more comfortable during childbirth using breathing, relaxation, movement, positioning or comfort touch methods? (Somewhat/Yes)	94.2
My doula understood my needs (Always/Sometimes):	
• <i>While I was pregnant</i>	98.6
• <i>During childbirth</i>	98.5
• <i>After childbirth</i>	94.6
My doula devoted enough time to me (Always/Sometimes):	
• <i>While I was pregnant</i>	97.2
• <i>During childbirth</i>	97.0
• <i>After childbirth</i>	92.1
My doula was able to answer my questions in a way that I could understand (Always/Sometimes):	
• <i>While I was pregnant</i>	98.6
• <i>During childbirth</i>	100
• <i>After childbirth</i>	100
I was able to talk to or contact my doula when I needed her (Always/Sometimes):	
• <i>While I was pregnant</i>	100
• <i>During childbirth</i>	100
• <i>After childbirth</i>	100
Rating of doula (Good/Excellent)	92.3
Would you recommend having a doula to others? (Yes)	84.0

Outcome Measures

Breastfeeding/Chestfeeding

The Medicaid member satisfaction survey also collected information on how long the MMC member breast-/chestfed their baby. Table 4 below shows the MMC members who responded to the survey had initiated breast-/chestfeeding at a very similar rate as Medicaid members reporting in PRAMS. At 3 months postpartum, 82% of respondents were still feeding their baby breast-/chestmilk.

Table 4. Performance on Medicaid Doula Pilot Outcome Measure: Breast-/Chestfeeding among Medicaid Members with a Medicaid PRAMS Comparison

	Doula Pilot Medicaid Member (N=83)	2021 PRAMS Medicaid
To date, did you ever breastfeed or pump breast milk to feed your baby, even for short period of time (% yes)?	87.3	87.5
What were you feeding your baby at 3 months old (% any breastmilk)?	82.2	68.1*

*PRAMS measure is 8 weeks of age

Postpartum Visits

Table 5 includes information on postpartum visit attendance, which demonstrates that Erie County, overall, had low postpartum visit attendance when compared to statewide percentages. However, for MMC members who had a doula, the rate of postpartum attendance was higher than Erie County rates and exceeded or nearly met statewide percentages in 2020 and 2022, respectively.

Table 5. Performance on Medicaid Doula Pilot Outcome Measure: Postpartum Visits (Medicaid Data)

Postpartum Visit Measurement Year	Statewide Medicaid Percent	Erie County Medicaid Percent	Doula Pilot Medicaid Member Percent
2019	65.7	48.8	60.2
2020	63.2	50.3	68.0
2021	66.4	52.5	58.4
2022	67.7	55.0	66.9

Medicaid Members' Repeat Utilization of Doula Services in Erie County

Ninety MMC members utilized doula services in subsequent pregnancies. Eighty-five Medicaid members utilized doula services with two pregnancies, and five Medicaid members utilized doula services in three pregnancies.

Impact of COVID-19

The COVID-19 pandemic was declared in March 2020, at the beginning of the second year of the pilot. Hospital visitation policies in New York State allowed one visitor per birthing person through April 29, 2020, when the Governor signed an executive order requiring birthing partners and/or doulas to be allowed in the delivery room. To evaluate the impact of COVID-19, the Department compared the count of visits during the pandemic compared with before the pandemic, how many doulas were participating in the pilot before and during the pandemic, and the frequency of telehealth visits during the pandemic.

From March 1, 2019 through February 29, 2020, (before the pandemic), there were 1,200 claims and 23 active doulas. From March 1, 2020 through February 28, 2021, (during the pandemic), there were 1,872 claims and 21 active doulas. There was an increase in doula support as demonstrated by the increase in claim counts the second year of the pilot.

Total Claims and Doula Counts

Table 6 notes overall claims for doula services and doula counts across the pilot.

Claims for doula services for year one was 1,200, year two was 1,871, year three was 1,507, year four was 981, and year five was 1,518. Doula counts (of doulas who submitted claims for services) was 23 in year one, 21 in year two, 22 in year three, 20 in year four, and 23 in year five.

Table 6. Claim and Doula Counts for All Services Before the Pandemic (March 1, 2019 – February 29, 2020) and During and After the Pandemic (March 1, 2020 – February 29, 2024)

March 1, 2019 – Feb 29, 2020		March 1, 2020 – Feb 29, 2021		March 1, 2021 – Feb 28, 2022		March 1, 2022 – Feb 28, 2023		March 1, 2023 – Feb 29, 2024	
Claims	Doulas	Claims	Doulas	Claims	Doulas	Claims	Doulas	Claims	Doulas
1,200	23	1,871	21	1,507	22	981	20	1,518	23

Telehealth Services

The first telehealth visit occurred on March 18, 2020. Table 7 below shows total telehealth claims for the Medicaid doula services pilot.

Table 7. Telehealth Claims and Doula Counts

	Telehealth Claims	Doulas
Total	3,314	16

Doula Survey Information

Twelve doulas responded to the New York State survey on their experience. Two doulas answered limited questions, and ten doulas answered all questions. All ten doulas responded that the Department's doula web page on becoming a Medicaid provider and that the eMedNY Provider Enrollment web page for enrolling as a Medicaid provider were somewhat useful or useful. Respondents also reported that the Department can improve upon how to contact MMC plans. The doulas reported

challenges on the lack of internal support for proper billing, as well as the need for assistance on credentialing with and billing MMC plans.

Focus Groups

The report on the focus groups was published in September 2023 and can be found here: [Findings from Focus Groups of Doulas and Clients in Buffalo](#).

Summary of Findings

The Medicaid doula pilot in Erie County allowed doulas to enroll as Medicaid providers and receive reimbursement for services rendered. The pilot was initially intended to launch in Kings County as well but did not due to low provider enrollment and concerns regarding the reimbursement rate. The statewide doula services benefit was developed in anticipation of the end of the pilot, and the statewide benefit began immediately after the pilot ended. Notably, the doula service reimbursement rates under the statewide benefit increased significantly from the pilot reimbursement rates; the reimbursement rate for perinatal and labor and delivery doula support increased from \$600 under the pilot to \$1350-\$1500 under the statewide benefit,

There were inconsistencies in claims and encounter data throughout the pilot, which signals a need for strict criteria for claim/encounter submissions and support to Medicaid-enrolled doula providers. As new Medicaid providers, doulas may benefit from clear guidance, support and training, and points of contact for MMC plan contracting and billing. The Department has followed these suggestions for statewide implementation, facilitating ongoing public engagements to provide education and receive feedback and ongoing support for provider enrollment and billing. The Department has compiled a list of points of contact at each MMC plan for doulas to address these concerns. Additionally, the Department is operationalizing the enrollment of doula groups to address the challenges of some doulas to bill as individuals.ⁱⁱ

The pilot data demonstrates many successes when Medicaid members engage doulas:

- Medicaid members had higher rate of postpartum visits and experienced high degrees of satisfaction and perceived quality of care.
- Medicaid members demonstrated sustained, continued utilization and engagement with doulas. Overall, 1,337 different Medicaid FFS and MMC members received doula services in Erie County across the pilot and 90 MMC members engaged in doula services with their successive pregnancies.
- The overall engagement with doula services and repeated utilization of doula services across second and third pregnancies speaks to the satisfaction with doula services delivered for the Medicaid population via the Medicaid doula pilot. Medicaid member engagement and satisfaction, and improvements in postpartum visit attendance, all justify the need for and the interest in a Medicaid doula services benefit. Doula services are a unique service that address a gap in the Medicaid program.

For information on the Medicaid doula pilot, visit:

health.ny.gov/health_care/medicaid/redesign/doulapilot/pilot.htm

For more information on the statewide doula services benefit, visit:

health.ny.gov/health_care/medicaid/program/doula/index.htm

ⁱ New York State Department of Health. (2023). New York State Medicaid Update – March 2023 Volume 39 – Number 6. health.ny.gov/health_care/medicaid/program/update/2023/no06_2023-03.htm#postpartum

ⁱⁱ New York State Department of Health. (2025). New York State Medicaid Update – February 2025 Volume 42 – Number 2. https://www.health.ny.gov/health_care/medicaid/program/update/2025/no02_2025-02.htm#enrollment