DENVER PUBLIC HEALTH & ENVIRONMENT

DANIELLE PETERS CONSULTING

Colorado Medicaid Doula Documentation Best Practices

Documentation essentials and best practices for Doulas enrolled with Medicaid.

Training Objectives

1. Understand Medicaid documentation best practices
2. Demonstrate value through documentation
3. Support quality care delivery

Introduction

Health First Colorado Medicaid Program

Colorado's Medicaid program, covering approximately 40% of births in the state

Doula Documentation Training

Medicaid does not require uniform documentation for doulas, however, best practice guidelines have been established from Subject Matter Experts in the doula field.

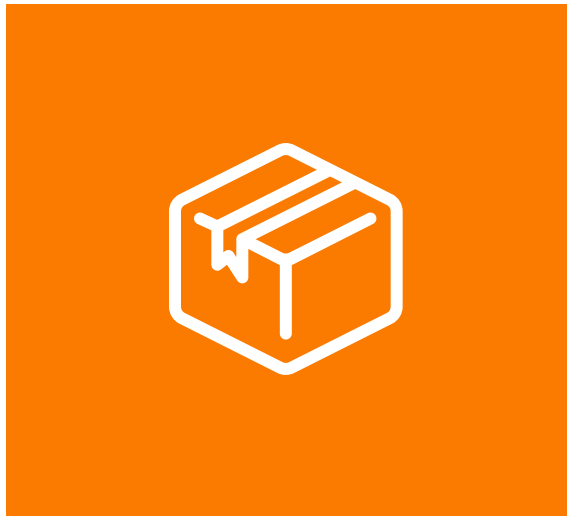
Importance of Documentation

Accurate billing documentation is essential for proper reimbursement and maintaining high-quality patient care

Required Documentation Elements

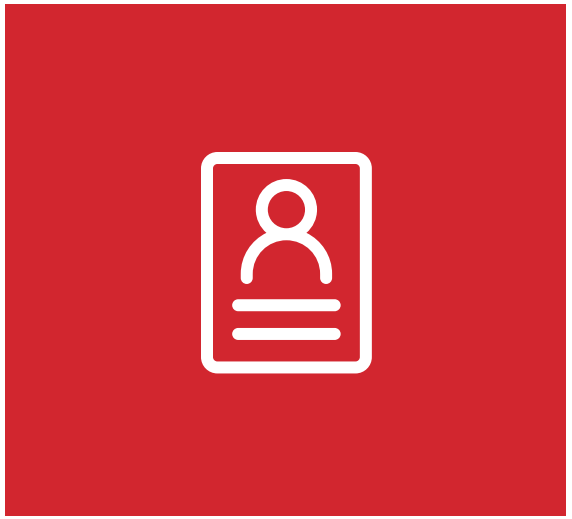
To ensure reimbursement of services

Documentation: Fundamentals



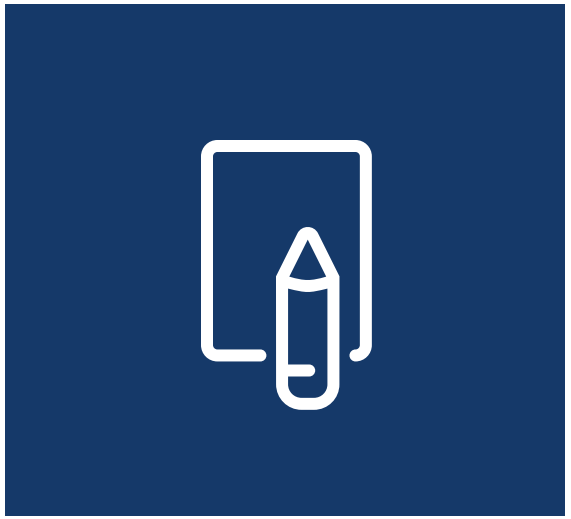
HIPAA Compliance

All documentation must adhere to HIPAA privacy and security regulations to protect patient confidentiality.



Member Records

Maintain detailed records for each Medicaid member before initiating doula services.



Service Documentation

Document the services provided, timestamps, and duration of each doula visit.

Member Information

Verify and record Medicaid member eligibility and contact details.

Documentation: Time Requirements

Exact Start and End Times

Document the exact start and end times for each doula service provided.

15-Minute Billing Intervals

Bill doula services in 15-minute increments using the HCPCS code T1032.

Billing Time Thresholds

Follow specific time intervals for billing 15-minute units: 8-22 minutes = 1 unit, 23-37 minutes = 2 units, and so on.

Accurate Time Reporting

Maintain documentation that supports the number of 15-minute units billed for each doula encounter.

Add these elements to your client notes to ensure you are able to bill for services

Documentation: Visit Essentials

- **Date of service**
  Document the date each doula service was provided.
- **Location/setting of service**
  Note whether the service was provided in the member's home, a clinic/provider office, or a community-based setting.
- **Services provided**
  Clearly describe the specific doula services delivered during the visit.
- **Member's goals for care**
  Document the member's emotional and physical care goals discussed during the visit.
- **Progress toward goals**
  Note any progress made by the member in achieving their established care goals.
- **Referrals and coordination**
  Document any referrals made or coordination with the member's healthcare team.
- **Plans for future visits**
  Outline any plans or next steps for continuing doula services.

Documentation: Service Location

Member's Home

Document the appropriate place of service code when providing doula services in the member's home.

Clinic or Provider Office

Use the correct place of service code when delivering doula services in a clinic or provider's office setting.

Community-Based Setting

Document the place of service code when providing doula support in a community-based location, such as a birth center or other non-clinical venue.

Telehealth

Use the appropriate telehealth place of service codes (02 or 10) when delivering prenatal or postpartum doula services via virtual visits, except for labor and delivery support.

Accurately documenting the place of service for each doula encounter is crucial for proper Medicaid reimbursement and ensuring the delivery of high-quality, accessible care.

Documentation: Telehealth

Document patient consent for telehealth services

Obtain and document verbal or written consent from the patient to receive doula services via telehealth.

Use appropriate Place of Service (POS) codes

Use POS code 02 for telehealth services delivered via interactive audio and video telecommunications systems, or POS code 10 for telehealth services delivered via asynchronous (store-and-forward) technologies.

Additional documentation requirements

Be prepared to provide any additional documentation that may be required for telehealth services, such as technology used, location of the patient, and provider, and any issues or challenges encountered during the telehealth visit.

Proper documentation of telehealth services is essential for ensuring compliance and successful reimbursement. By following these guidelines, doulas can confidently provide high-quality virtual care to Colorado Medicaid members.

Colorado Referring Provider Essentials

Collaboration with "Referring" Provider

- Patients should disclose their doula's involvement to their provider
- The NPI number of the 'referring' provider must appear on all claims submitted by doulas
- Acceptable referring Providers include:
  - Physicians (MD, DO)
  - Nurse Practitioners
  - Certified Nurse MidWives
  - Physician Assistants
  - Licensed Psychologist
  - Licensed Behavioral Health Clinicians (LCSW, LPC)

Best Practice Recommendations

Documentation Best Practices: Client Intake

- **Client Demographics**
  - First and last legal name
  - address
  - phone number
  - email
  - Medicaid ID#
- **Support System**
  - Partner name (if applicable)
  - Partner phone number (if applicable)
  - Support person during birth name (if applicable)
  - Support person phone number (if applicable)
- **Pregnancy Information**
  - Expected due date
  - Current pregnancy symptoms/experience
  - any relevant mental/physical health conditions that the doula should be aware of
  - information about previous pregnancies (if applicable)
- **Health Care Provider**
  - Name of prenatal health care provider
  - phone number of prenatal health care provider
- **Birth Wishes**
  - intended location for delivery
  - Initial desires you have related to doula care

Documentation Best Practices: Labor & Delivery

- **Time and Location**
  - Where delivery occured
  - When delivery occured
  - Start and end time
- **Delivery**
  - Means of delivery (vaginal or c-section)
  - Epidural information (if applicable)
  - Time baby was born
- **Outcome observations**
  - Relevant baby outcomes
  - Relevant birth parent outcomes

Documentation Best Practices: Client Consents

- **Client Agreements**
  - ✓ Overview of what services doulas provide and do not provide
  - ✓ Understanding that doulas are not 'clinical' providers
  - ✓ Signature of client to demonstrate understanding of agreement
  - ✓ Signaure of client allowing doulas to bill their insurance (Medicaid)

Compliance and Quality Assurance

Documentation: Compliance

Quality review

Documentation may be requested for quality assurance and improvement purposes

Fraud prevention

Documentation may be reviewed to detect and prevent fraudulent billing practices

Service verification

Provider records may be audited to confirm that billed services were actually delivered

Reimbursement validation

Documentation must support the units of service billed for proper reimbursement

Medicaid reserves the authority to audit claims and records submitted by doulas for reimbursement.

Colorado Compliance Considerations

Common Compliance Risks

- Incomplete documentation
- Insufficient verification of client
- Medicaid ineligibility
- Improper service documentation
- Billing errors

Colorado Audit Processes

- Expect audits within 1-2 years.
- Group practices face organizational and individual provider reviews.
- High-volume groups face greater scrutiny

Record Maintenance

Keep information up-to-date in the Medicaid Provider Web Portal

Maintain accurate contact information and be prepared for periodic revalidation requirements (every 5 years)

Failure to respond to revalidation requests may result in provider suspension

Be responsive to any revalidation requests from the Department of Health Care Policy & Financing

Accurate provider data is vital for Colorado Medicaid Doula program participation; revalidation ensures uninterrupted service and payment.

Questions?

Contact the Department's Doula Benefit policy specialist at hcpf_maternalchildhealth@state.co.us