

Doula Services

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Provider Training Opportunities

	Provider Training Information: Link to the provider training information on the DHS website
	Ability to schedule an individual new provider training (virtual or in-person) with your MMIS Outreach Specialist
	Medicaid 101 webinars (last Tuesday of each month)
	New Provider Workshops (every quarter-March, June, September, and December)
	Annual Billing Conference-Virtually or In-person (occurs yearly)

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MMIS Outreach Team



MMIS Outreach Team Map

MMIS Outreach Specialists Information Sheet

ARKANSAS DEPARTMENT OF HUMAN SERVICES · gainwell · afmc

1020 W. 4th St., Suite 400 • Little Rock, AR 72201 • afmc.org/mmis

MMIS OUTREACH SPECIALISTS

HOURS OF OPERATION:
Monday–Friday • 8 A.M.–5 P.M.

MMIS Manager

Becky Andrews 501-212-8738
bandrews@afmc.org

MMIS Supervisors

Tanasia Johnson-Kamal.....501-212-8798
mmissupervisor@afmc.org

Angie Riggan 501-212-8795
mmissupervisorll@afmc.org

Outreach Specialists

Pulaski County.....501-906-7566 Ex. 1
pulaskibilling@afmc.org

Christy Owens
NW—North West .....501-906-7566 Ex. 2-2
northwestbilling@afmc.org

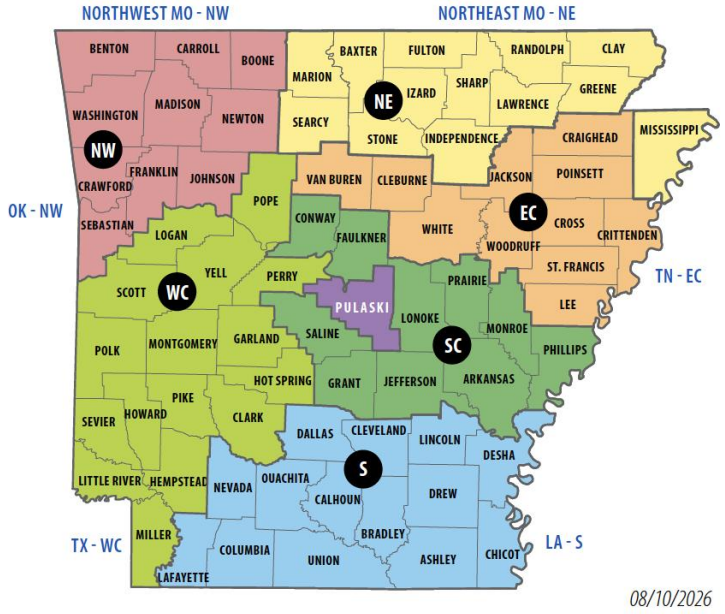
Rose Bruton
NE—North East.....501-906-7566 Ex. 2-1
northeastbilling@afmc.org

Mary Riley
EC—East Central..... 501-906-7566 Ex. 4-1
eastcentralbilling@afmc.org

Kristie Williams
SC—South Central ....501-906-7566 Ex. 3-1
southcentralbilling@afmc.org

Renee Smith
WC—West Central .....501-906-7566 Ex. 5-1
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Shiveeta Robertson
S—South.....501-906-7566 Ex. 3-2
southbilling@afmc.org



08/10/2026

ARKANSAS DEPARTMENT OF HUMAN SERVICES, DMS

ARKIDS FIRST/MEDICAID
https://humanservices.arkansas.gov/
ARKids First Enrollment Information.....888-474-8275

MEDICAID FRAUD CONTROL UNIT (PROVIDERS)
Central Arkansas.....501-682-8349

ARKANSAS MEDICAID MANAGED CARE VOICE INFORMATION SERVICES
Toll free.....800-805-1512

PHARMACY
Prime Therapeutics
Help Desk 800-424-7895

TPL INFORMATION
Local 501-537-1070
Fax.....501-682-1644
DHS Division of Medical Services,
TPL Unit • P.O. Box 1437, Slot S296
Little Rock, AR 72203-1437

GAINWELL TECHNOLOGIES *(Claims Processing)*

Gainwell Provider Assistance Center

ELECTRONIC DATA INTERCHANGE (EDI), PROVIDER ASSISTANCE CENTER (PAC), AND PROVIDER ENROLLMENT
In-state toll free 800-457-4454
Local and out-of-state 501-376-2211
Monday through Friday 8 a.m. until 5:00 p.m.

CLAIMS
P.O. Box 8034
Little Rock, AR 72203

SPECIAL CLAIMS
ATTN: Research Analysts
P.O. Box 8036
Little Rock, AR 72203

CROSSOVER CLAIMS
P.O. Box 34440
Little Rock, AR 72203

New Provider Training and Support



MMIS Outreach Specialists offer individualized New Provider Training tailored to provider needs and available in both virtual and in-person formats.



An MMIS Outreach Specialist will contact you by phone within 10 days of enrollment to schedule a complementary training session.

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Agenda



Policy

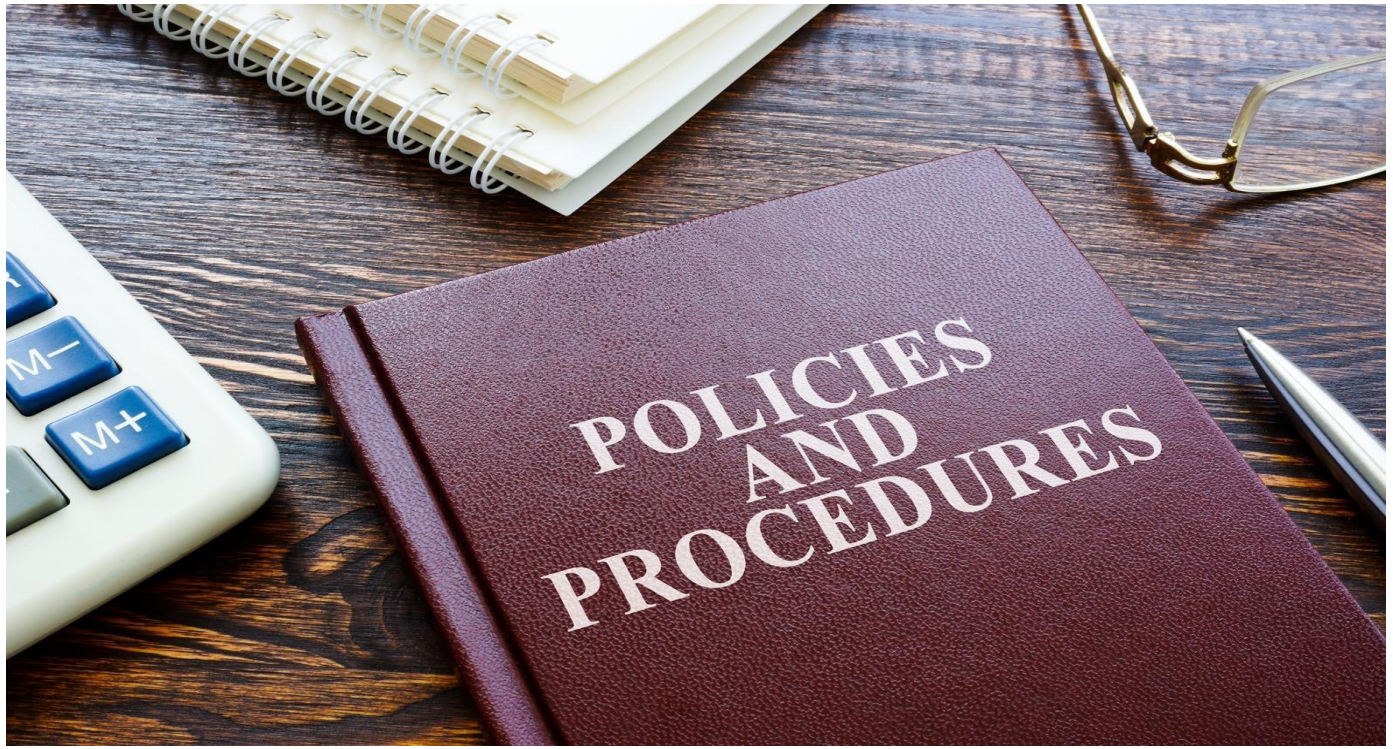


Provider Type and Specialties



Doula Billing

Policy Manuals and Resources



Supportive Maternal Care Manual

AR Medicaid will cover Breastfeeding and Lactation services effective September 1, 2026.

Provider Manuals-Supportive Maternal Care

1

Section I

- General policy
- General information, sources, client eligibility and responsibilities, provider participation, administrative (and non-compliance) remedies and sanctions, PCP case management program, and required services and activities

2

Section II

- Provider manual (varies by provider type)
- Program or provider-specific information, program coverage, prior authorization, reimbursement, and billing procedures

3

Section III

- Billing information: General information, remittance advice and status report, adjustment request, additional or other payment sources, pseudo claims, and reference books

4

Section IV

- Glossary
- Arkansas Medicaid acronyms and terms

5

Section V

- Forms
- Claim forms, Arkansas Medicaid forms, contacts, and links

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Doula Services-Who Is Eligible? | 210.100

A. All Arkansas Medicaid beneficiaries who are pregnant or within sixteen (16) weeks postpartum, not enrolled in a Life 360 Home program, and not receiving services from a community health worker employed by an OB/GYN clinic, are eligible for services provided by certified community-based doulas.

B. Doula services may be provided upon the confirmation of pregnancy or delivery.

C. Doula services are available for up to sixteen (16) weeks postpartum, depending on the beneficiary's continued Arkansas Medicaid eligibility.

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Doula Services-Who Is Eligible? | 210.100 cont'd

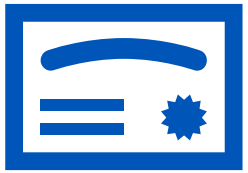
D. Certified community-based doulas shall provide only the following services:

1. Childbirth education
2. Assistance with navigating the healthcare system
3. Beneficiary advocacy before, during, and after the birth of a child
4. Connection with community resources; and
5. Continuous emotional and physical support throughout labor and birth and intermittently during the prenatal and postpartum periods.

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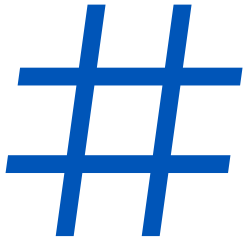
Eligible Providers

To bill Arkansas Medicaid, doulas must:



Be 18 or older and certified as a community-based doula by the Arkansas Department of Health

ADH Doula Certification Page



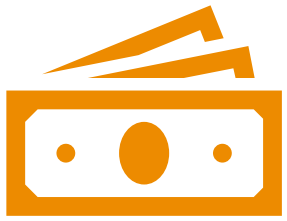
Have ***National Provider Identifier*** (NPI) number

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Rendering vs. Billing/Group Providers



Rendering Providers are healthcare professionals who perform the service



Billing/Group Provider is the individual or organization that submits the claim and receives payment

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Provider Type and Specialties

Arkansas Medicaid recognizes the following **provider specialties for doulas** under Provider Type 77:

- **77- Non-Clinical Maternal Care**
  - **DL – Certified Maternal Doula (Individual)**

Please note: Providers who are dually certified as a doula and lactation consultant/counselor and wish to offer services under both specialties must enroll in each specialty.

Refer to Provider Enrollment for additional requirements and details.

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Preventative Services Requirements | 210.200

- Doula services, as preventative services, require a recommendation from an Arkansas Medicaid-enrolled physician, physician assistant, or advanced practice registered nurse, including a certified nurse midwife.
- DHS has obtained a statewide standing recommendation from a licensed healthcare provider for doula services for all pregnant or postpartum Medicaid beneficiaries.
- The statewide standing recommendation applies to Medicaid beneficiaries eligible for doula services.
- Separate documentation regarding the recommendation by doula providers is not required.

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Visit Requirements | 210.300-210.400

Labor and delivery services may not be conducted via telehealth.

The labor and delivery care visit may not occur in the beneficiary's residence.

A qualifying visit for attendance at labor and delivery requires the doula to be physically present during labor, delivery, and the immediate postpartum period.

The doula will work with the beneficiary to determine how to utilize the visits to best meet the needs of the beneficiary, including how many visits will occur during the prenatal period or postpartum period. For prenatal and postpartum visits, doulas must coordinate directly with the beneficiary to determine the most appropriate service location, including telehealth, for prenatal and postpartum visits

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Visit Requirements

	The minimum visit length for doula services is sixty (60) minutes.
	The initial visit must be in person, and at least one (1) visit must take place at the beneficiary's home.
	After the initial visit, subsequent prenatal and postpartum visits may be conducted in person or via telehealth.
	**Limit:** 6 visits during the prenatal and postpartum period.
	Extension of benefits allowed for extenuating circumstances.

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Billing Terminology

Procedure Code/CPT Code	• explains what service was performed
Modifier	• provides additional details about the service
Diagnosis Code/ICD-10	• explains why the service was needed
Place of Service Codes	• two-digit codes used to identify the location where services were provided.
Limits	• restrictions on how many times a service can be provided or reimbursed during a certain time frame.

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Billing Terminology (cont'd)

Extension of benefits	• a formal approval process that allows a patient to receive additional medical services even after they have reached their yearly or monthly limit
Rate	• the payment amount (reimbursement) the state agrees to pay for a specific service.
Prior Authorization	• a requirement by health plans (Medicaid) to obtain approval of a health care service or medication before the care is provided. Certain medical and surgical procedures are covered only with prior authorization (PA).
Retrospective Reviews	• a review of a service, claim, or medical record that occurs after the service has been provided and, in some cases, after payment has been made.

Medicaid uses all this information to determine reimbursement for the service

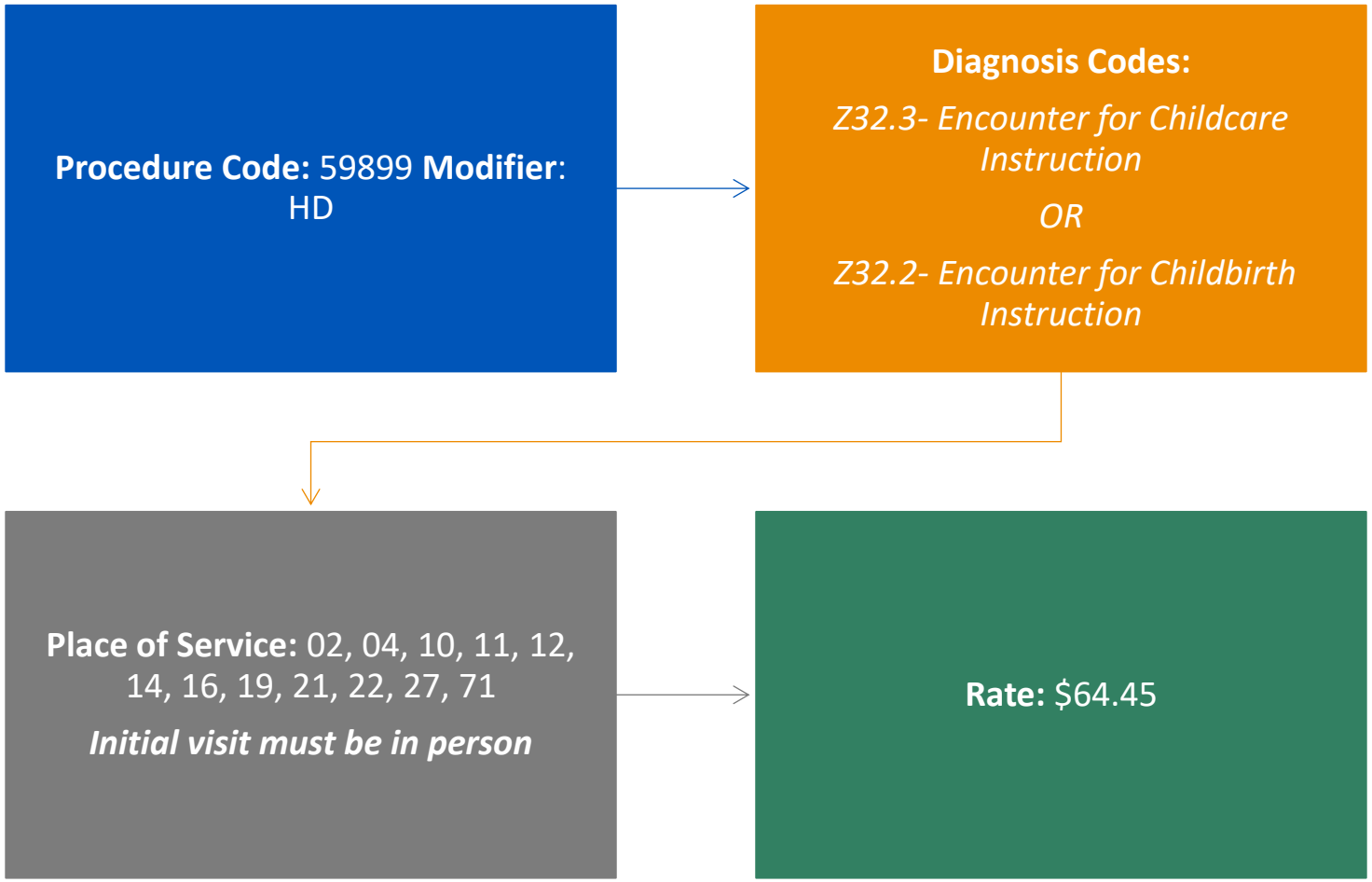
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Place of Service/Service Location Codes

Code	Description
02	Telehealth – not patient's home
04	Homeless Shelter
05	IHS Free-Standing Facility
06	IHS Provider-Based Facility
10	Telehealth – patient's home
11	Office
12	Home
14	Group Home
16	Temporary Lodging
19	Off Campus – Outpatient Hosp
21	Inpatient Hospital
22	On Campus – Outpatient Hosp
23	Emergency Room
24	Ambulatory Surgical Center
27	Outreach Site/Street
71	Public Health Clinic

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Prenatal and Postpartum Doula Visits



Labor and Delivery Doula Support

Labor and delivery coverage is **limited to one** of the following codes per **9-month period**.
No extension of benefits is allowed.

Procedure Code	Description	Rate	Place of Service	Diagnosis
59409 HD	Vaginal Delivery Only	$468.55	05, 06, 11, 19, 21, 22, 23, 24	Z32.2
59514 HD	Cesarean Delivery Only	$325.45	05, 06, 11, 19, 21, 22, 23, 24	Z32.2
59612 HD	Vaginal Delivery After Previous Cesarean	$527.78	05, 06, 11, 19, 21, 22	Z32.2
59620 HD	Cesarean After Attempted VBAC	$546.50	05, 06, 11, 19, 21, 22	Z32.2

The labor and delivery care visit may not occur in the beneficiary's residence.

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Documentation Requirements | 210.500

- Date of service
- Start time and end time of services provided
- Any new needs identified during the service
- Person or persons to whom services were rendered, including Medicaid ID number
- Description of the professional services rendered by the doula on behalf of the beneficiary, including results of assessments for health-related social needs and a birth plan
- Original or electronic signature of the doula, including the credentials of the doula
- ***Failure to maintain documentation may result in recoupment.***

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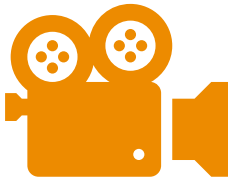
Extension of Benefits Contact Information



A request for extension of benefits may be submitted for beneficiaries with extenuating circumstances if there is a need for additional visits beyond the six (6) prenatal and postpartum visits. Extension of benefits requests must be sent to the Department of Human Services (DHS)-contracted entity that processes extensions of benefits for beneficiaries.



View or print contact information to obtain the DHS or designated vendor step-by-step process for extension of benefits.



Extension of Benefits Video

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Claim Combinations and Rates



Reimbursement | 210.600

A. All doula services outlined in this manual are reimbursed per the methodology established in the Arkansas Medicaid State Plan.

B. Doulas who are also breastfeeding and lactation consultants may bill for breastfeeding and lactation services separate from the services they provide as doulas for the same beneficiary.

C. Doulas who are also certified nurse-midwives may not bill for both doula services and midwife services for the same pregnancy.

D. Healthcare professionals employing doulas may bill for services the doulas provide.

E. Doula services may be billed separately from the hospital per diem for both inpatient and outpatient visits.

F. Federally qualified health centers and rural health centers may bill for doula services outside the core encounter visit.

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Summary

1

Arkansas Medicaid covers certified doula services during pregnancy, labor and delivery, and the postpartum period.

2

Doulas provide non-clinical emotional, physical, and educational support to improve maternal and infant outcomes.

3

Services must be provided by certified, enrolled Medicaid providers and properly documented for reimbursement.

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Arkansas Medicaid Contacts

State Medicaid Resources

- **Division of Medical Services**
  Provider Enrollment and Claims
- **County Offices (DCO)**
  Beneficiary Eligibility

AFMC Resources

- **MMIS Outreach Specialists** -501-906-7566-
  Billing and Training
- **ProviderRelations@afmc.org**- 501-212-8686
  Provider Policy and Support
- **AFMC Clinical Services**-479-649-8501
  Extension of Benefits

Provider Support

- **Office of Medicaid Inspector General** -1-855-527-6644
  Program Integrity and Compliance
- **Gainwell Technologies 1-800-457-4454**
  Medicaid Fiscal Agent
  Claims Processing and Payment

Maternal Health Providers

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Helpful Training Tools and Resources

	Registering on the Portal—Provider
	Eligibility Verification Video
	Eligibility Verification Guide
	Submitting and Reviewing a Claim
	How to Submit a Claim with Third Party Liability Video
	How to Submit a Claim with Third Party Liability Guide

QR Code to Access Training Resources

Use your IOS, Android or any device to access all our MMIS Tools and Resources for your convenience.

