



NETWORK *Notification*

Notice Date: June 23, 2026
To: Ohio Medicaid Providers
From: CareSource
Subject: Doula Services and Coordination of Benefits (COB)
Effective Date: July 1, 2026

Summary

Starting July 1, 2026, doulas must bill a member's primary (non-Medicaid) insurance before billing Medicaid. This update follows federal rules requiring Medicaid to pay only after other insurances have paid. The change ensures proper billing while maintaining access to doula care.

Impact

Important Update for Doulas: Billing Primary Insurance Before Medicaid

There's a change in how doula services are billed for members who have Medicaid. This change does not affect the care members receive.

What is Coordination of Benefits (COB)?

COB is the process of figuring out which insurance pays first when a person has more than one insurance (like a regular insurance plan plus Medicaid).

What's changing?

Before, Medicaid paid for doula services right away because other insurance plans didn't cover them. Now, some commercial insurance plans cover doula services. Federal rules state Medicaid must only pay after all other insurances have paid.

Additional information can be found in the [OAC rule](#) regarding COB. CareSource has additional information on how to bill claims for COB in our [provider manual](#) on pages 89-90 and online in our [FAQs | Ohio – Medicaid | CareSource](#).

When does this start?

Starting July 1, 2026, doulas must bill a member's other insurance before billing Medicaid.

This change ensures we follow federal rules while continuing to support access to doula care in Ohio.

Thank you for your attention and cooperation.

Questions?

Please contact Provider Services at 1-800-488-0134. We are available Monday through Friday, 7 a.m. to 8 p.m., Eastern Time (ET).

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