Getting Started:
Pre-Training Poll Questions

Doulas
How to Contract with Medicaid Managed Care Organizations (MCOs)

Introduction to Medicaid

Managed Care Organizations (MCO’s)

Terminology

OBN = Ohio Board of Nursing (the entity who will certify you prior to contracting with MCOs)

ODM = Ohio Department of Medicaid (the entity who will provide you with your Medicaid ID for contracting)

MCO = Managed Care Organization (the entities you will contract with to provide services for their members)

Contracting
Entering into a legally binding agreement to provide services to an MCO's Medicaid members

Medicaid ID
Unique identifier specific to the state's Medicaid program for Medicaid providers; obtained from ODM

Provider Application
Your submission to an MCO to initiate the contracting process

Medicaid Provider Agreement
Your signed contract with an MCO, outlining agreement details

Effective Date
The date when you can start submitting claims to an MCO for payment

Welcome Doulas!

Ohio is home to more than 200,000 active Medicaid providers.

The partnership between Ohio Medicaid and its provider network is critical in ensuring reliable and timely care for beneficiaries across the state.

Introduction to Ohio Managed Medicaid

Ohio Medicaid delivers healthcare coverage to more than 3 million Ohio residents.

Of those residents, more than 90% receive coverage through the Next Generation managed care program.

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How Medicaid Managed Care Works

MANAGED CARE WORKS LIKE REGULAR PRIVATE HEALTH INSURANCE.

SOME SERVICES MAY REQUIRE PRIOR AUTHORIZATION BEFORE MEMBERS CAN RECEIVE THEM, OR THERE MAY BE LIMITS ON THE NUMBER OF SERVICES MEMBERS CAN RECEIVE.

THE MCO IS AVAILABLE TO ANSWER YOUR QUESTIONS ABOUT MEMBER COVERAGE AND SUPPORT YOU AS A DOULA PROVIDER.

How managed care plans are selected

Most members are automatically selected for Medicaid managed care coverage

Shortly after a member enrolls in Medicaid, they will get a letter asking them to choose a Medicaid plan.

If a member does not choose a plan, ODM will choose one for them

Members can change plans up to 90 days from their date of initial enrollment or during our annual open enrollment period.

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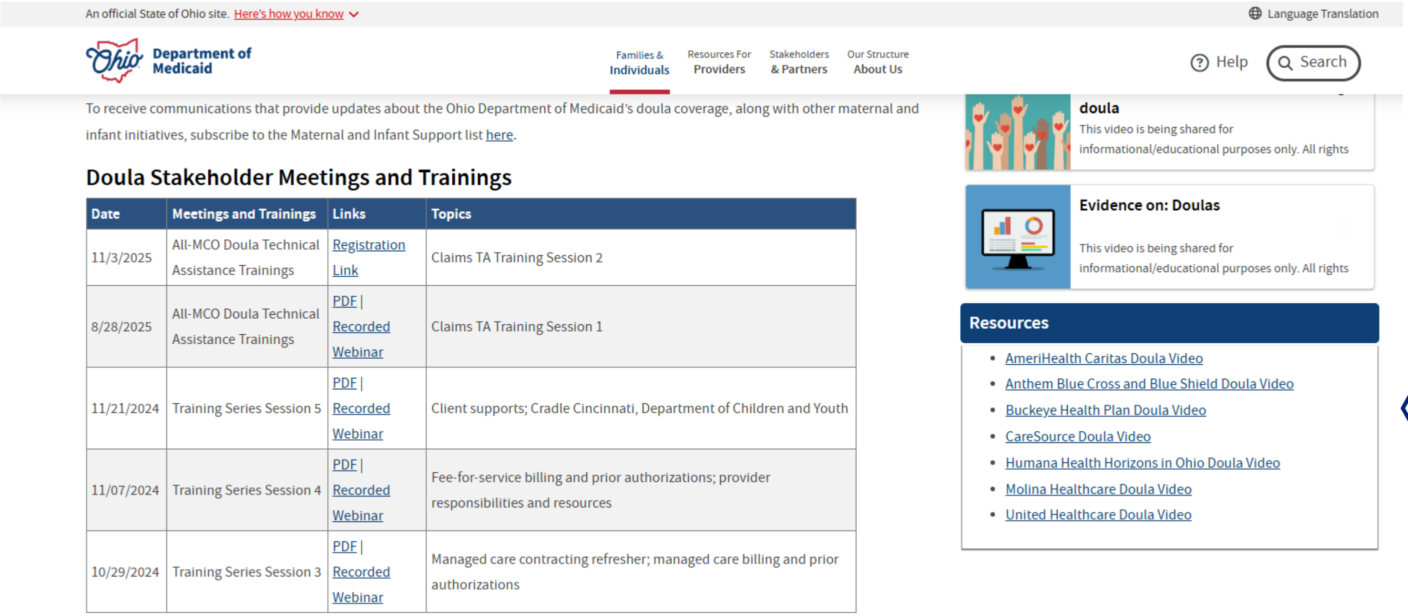
Getting Started: Resources

Managed Care Organizations (MCO's)

ODM Resources

- ODM & MCOs Doula resources https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/maternal-and-infant-support/doulas
  - MCO Billing Demos
  - Past Doula Trainings
  - Other Resources



An official State of Ohio site. Here's how you know

Language Translation

Ohio Department of Medicaid

Families & Individuals | Resources For Providers | Stakeholders & Partners | Our Structure About Us | Help | Search

To receive communications that provide updates about the Ohio Department of Medicaid's doula coverage, along with other maternal and infant initiatives, subscribe to the Maternal and Infant Support list here.

Doula Stakeholder Meetings and Trainings

Date	Meetings and Trainings	Links	Topics
11/3/2025	All-MCO Doula Technical Assistance Trainings	Registration Link	Claims TA Training Session 2
8/28/2025	All-MCO Doula Technical Assistance Trainings	PDF | Recorded Webinar	Claims TA Training Session 1
11/21/2024	Training Series Session 5	PDF | Recorded Webinar	Client supports; Cradle Cincinnati, Department of Children and Youth
11/07/2024	Training Series Session 4	PDF | Recorded Webinar	Fee-for-service billing and prior authorizations; provider responsibilities and resources
10/29/2024	Training Series Session 3	PDF | Recorded Webinar	Managed care contracting refresher; managed care billing and prior authorizations

doula

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Evidence on: Doulas

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Resources

- AmeriHealth Caritas Doula Video
- Anthem Blue Cross and Blue Shield Doula Video
- Buckeye Health Plan Doula Video
- CareSource Doula Video
- Humana Health Horizons in Ohio Doula Video
- Molina Healthcare Doula Video
- United Healthcare Doula Video

MCO'S Billing Demos

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ODM Resources – Cont.

All MCO Doula Resource Guide

OHIO MEDICAID MANAGED CARE ORGANIZATIONS (MCOs)
CONSOLIDATED DOULA RESOURCE GUIDE
February 2025

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https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/maternal-and-infant-support/doulas

Billing & Prior Auth Contacts

Note: Most MCOs will provide additional billing and prior auth details during the onboarding process once a doula has been contracted. Some MCOs are working to make additional training resources available to doulas regarding billing & prior auth by hosting on-demand trainings & office hours.

AmeriHealth Caritas Ohio	Anthem	buckeye health plan	CareSource	Humana Healthy Horizons	MOLINA HEALTHCARE	UnitedHealthcare Community Plan
Individual Plan Contact						
• For Billing questions call 1-833-644-6001 or email OhioProviderServices@amerihealthcaritasoh.com to be connected with your account executive. • Prior authorization call center, Monday – Friday, 8:30 a.m. to 5 p.m. ET. call 1-833-764-7700 • After hours and on weekends and holidays, call Member Services at 1-833-764-7700 to be connected with the on-call prior authorization nurse or licensed clinician	• Visit Contact us | Anthem Blue Cross and Blue Shield and scroll down to view the territory map for your contact. • For billing & prior auth questions call Provider Services at 1-844-912-1226	• For contracting questions, please email OhioContracting@centene.com • For general questions regarding Doula Participation, please email melinda.ridgeway@centene.com • For questions regarding claims or eligibility, please contact Provider Service at 866.296.8731.	• For contracting questions, please email ohio_provider_contracting@caresource.com • For questions regarding claims, eligibility, and other inquiries, please contact CareSource's Provider Services at 1-800-488-0134	• For contract questions, please email OhioNetworkSpecialist@humana.com or visit: Ohio Medicaid for Providers - Humana. • For general questions regarding Doula Participation, please email Shawnti OHPEX_PracticeTransformation@humana.com • For questions regarding claims or eligibility, please contact Provider Service at 877.856.5707 or email OHMedicaidProviderRelations@humana.com	• For billing & prior auth questions: 1-855-322-4079 • For contracting questions, please contact: oh_contract_requests@molinahealthcare.com • For all other inquiries, please contact Molina Provider Relations: ohproviderrelations@molinahealthcare.com	• For billing & prior auth questions: email UHC_OH_Doula_Support@uhc.com or call 1-763-283-2368

Contracting Process

Medicaid Managed Care Organizations

The MCO Contract Process

Certified

- Ohio Board of Nursing (OBN) certifies and makes doulas eligible to enroll with the Ohio Department of Medicaid (ODM)

Enrolled

- OBN Certification enables Doulas to enroll with ODM to receive a Medicaid ID
- Medicaid ID enables Doulas reimbursement for Doula services via claims & to contract with MCOs

Contracted

- Doulas contract with Medicaid MCOs to get reimbursed
- Doulas begin submitting claims to MCOs for payment after the effective date of the contract

Doulas contracting with MCOs

STEPS:

1	Create an Ohio ID prior to registering on the Provider Network Management Portal (PNM). Quick guide to create OH ID
2	Register on the PNM portal
3	Doula submits new provider application/contract request to each MCO
4	MCO confirmed doula is active with Ohio Medicaid
5	MCO sends provider agreement to doula via website or mail
6	Doula reviews and signs the provider agreement
7	Doula returns provider agreement to MCO
8	MCO countersigns provider agreement
9	MCO sends final agreement and welcome information to doula

What to Expect After the Contract is Signed

20 to 90 days Timeline (Varies by MCO)

Contract Setup → Execution Review → Contract Loading → Welcome Letter

(Doula Provider) Begin Submitting Claims

Billing & Prior Authorization

Medicaid Managed Care Organizations

Procedure Codes for Doula claims

Unless otherwise specified in your contract, reimbursement for services is as noted below:

- T1032
  - Up to 48 fifteen-minute units at any time from first prenatal visit to 12 months postpartum
  - Reimbursement set to $12.50 per unit, up to $600
  - Telehealth services require including the GT modifier alongside the procedure code
  - Payment for doula services in excess of these limits may be made through the prior authorization process. Prior Authorization process may vary by MCO
- T1033
  - Separate reimbursement for birth of $600 regardless of length of service time and reimburses for any place of service
- T1023 Report of Pregnancy
  - Payment $30 for one completed ROP at the first identification of pregnancy

High Level Steps

Check Eligibility

- Verify a member's eligibility prior to rendering services
- All MCOs offer provider portals or alternative options (e.g., member services) to verify member eligibility
- Doula services do not require a "doctor's note or referral"

Assess Prior Auth Need

- Assess whether planned services will require authorization
- When applicable, obtain authorization prior to rendering services
- Prior Authorization requirements vary by MCO

Render Services

- Deliver services outlined within ODM's doula benefit packages
- After verifying eligibility and obtaining prior authorization (if needed), providers may render doula services
- Applicable procedure codes and rates

Submit Claim to MCO

- Submit claim to member's MCO to request payment for services rendered
- Submit claims using EDI* or the provider portal within 365 days of the service date, unless your contract states otherwise

Check Claim Status

- View status of claims and payments at any time
- Providers can check claim, payment, and prior authorization status through MCO provider portals, and for some MCOs, via EDI portals or MCO's provider service 800 numbers

Corrected Claims & Appeals

- If necessary, resubmit claims with corrected information and/or submit appeals for reconsideration through the MCO's provider portal (or alternate specified routes), following each MCO's specific guidelines

*EDI (Electronic Data Interchange)

Doula Prior Authorization Requirements

- Medicaid covers up to **$1,200 in doula services (benefit limit)** for each member. This includes:
  - **One labor and birth support visit** (code T1033, paid at **$600**)
  - **Up to 48 units** before and after birth (code T1032, each 15 minutes, paid at **$12.50 per unit**, totaling **$600**)
- If a member needs more services **after these benefits are used**, you may need to **request prior authorization** before providing additional services. Prior Authorization requirements vary by MCO (see below)

MCO	Requires Prior Authorization	Notes
AmeriHealth Caritas	**Yes**	Prior Auth submission via portal NaviNet, fax or calling 1-833-735-7700
Anthem	No	N/A
Buckeye	**Yes**	Prior Auth submission via https://www.buckeyehealthplan.com/providers.html
Caresource	No	N/A
Humana	No	N/A
Molina	**Yes**	See Provider Manual for submission requirements Ohio Providers Home
UnitedHealthcare	No	N/A

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COMMON ELEMENTS NEEDED FOR PRIOR AUTHORIZATION

- Member Information:
  - Full name, Medicaid ID, Date of Birth
- Requesting Doula Provider Information:
  - Doula's full name & NPI
- Requested Service Details:
  - Number of units requested
  - Service type: Antepartum support or for postpartum services
- Clinical Justification - Include relevant clinical and social factors that support the need for additional doula services:
  - **Maternal Behavioral Health**: History of mental health conditions before or during pregnancy
  - **Maternal Physical Health**: Conditions such as Type 1 or Type 2 diabetes, deep vein thrombosis, stroke, cardiomyopathy, eclampsia, chronic hypertension, ICU admission, etc.
  - **Infant Health Conditions**: Any health concerns affecting the newborn
  - **Social Risk Factors**: Housing instability, food insecurity, limited English proficiency, low health literacy
- ODM Doula Prior Authorization form ODM10381Fillx.pdf only applicable to Medicaid Fee for Service

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Documenting a Doula CLAIM in MCO Provider Portals

Medicaid Managed Care Organizations

Submitting Medicaid Claims Through MCO Provider Portals

- Doulas in Ohio must submit all Medicaid claims electronically via the MCOs' respective provider portals .
- Required claim fields may vary by each MCO's provider portal
- Always refer to your MCO's online portal and guidelines when submitting claim information
- MCO's Billing demos available at ODM's website https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/maternal-and-infant-support/doulas

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Required Data Elements for all MCO Provider Portals

Data Element	UHC	Buckeye	CareSource	AmeriHealth	Availity*	Notes
Member Name		X	X	X	X	Eligibility Verification Populates Member Demographics
Member ID (Subscriber ID)	X	X	X	X	X	
Member Date of Birth	X	X	X	X	X	
Member Gender		X	X	X	X	
Date of Service	X	X	X	X	X	Report One Date of Service "To and From". Do Not Report Date Range
Insurance Type (Medicaid)	X	X	X			Medicaid
Type of Claim (Professional/CMS 1500)	X	X	X	X	X	All Doula Claims as Professional Services/CMS 1500 Format
Claim Frequency			X	X	X	Is the Claim New, Corrected or Voided
Is there another Health Benefit Plan?	X	X				Note: System Requirement Coordination of Benefits Does Not Apply to Doula Services
Provider Accepts Assignment					X	Contracted Provider Accepts the Doula Fee Schedule as Payment in Full
Place of Service	X	X	X	X	X	Example: Office = 11; Home (Residence) = 12; Inpatient Hospital = 21; Birthing Center = 25; Independent Clinic = 49; Federally Qualified Health Center = 50 Link to CMS POS Set
Diagnosis Code(s)	X	X	X	X	X	Diagnosis Codes Currently Configured in MCO System
Modifier		X	X	X		Report "GT" Modifier for Telehealth Services. Telehealth is approved to Perinatal Services, but not T1033 Delivery.
Procedure Code (CPT/HCPS)	X	X	X	X	X	T1032 = Perinatal Services $12.50/15-Minute Unit; T1033 Attendance at delivery 1 Unit = $600; T1023 = Report of Pregnancy 1 Unit = $30
Diagnosis Pointer (Always Slot 1)	X	X	X	X	X	Slot 1 is the "Primary Diagnosis". Only 1 Diagnosis is Required for Doula Services
# of Days or Units (Units of Service/Qty)	X	X	X	X	X	Doulas Report Units
Quantity Type			X		X	Select "Units"
Amount of Charge	X	X	X	X	X	Report Charge per Unit and Verify Totals for Date of Service
Prior Authorization (PA) Number						Required when Standard Benefit is Exhausted. Note: Not Required by All MCOs.
Release of Information					X	Verifies that the Client has signed a Release of Information. Note: HIPAA allows providers and the MCOs to share PHI for the purpose of payment, treatment and healthcare operations.
Patient Account Number	X	X		X	X	A unique number created by the doula to identify each client in the doula's documentation and billing system.
Servicing or Rendering Provider NPI	X	X	X	X	X	
Billing Provider EIN/TIN	X	X	X	X	X	
Billing Provider NPI	X	X	X	X	X	
Billing Provider Name/Organization	X	X	X	X	X	
Billing Provider Address	X	X	X	X	X	

***Claims for Anthem, Humana, and Molina should be submitted via the Availity portal.**

Common Errors

- Providers submitting Tax IDs or NPIs not enrolled/registered with ODM (PNM) as a Medicaid provider
- Providers submitting claims **without** billing NPI or one that is not enrolled/registered for Medicaid with ODM
- Providers submitting an incorrect NPI
- Providers submitting an incorrect claim form. Doula claims are “Professional Type” (refer to slide 26)
- Incorrect modifier included in the claim. Doulas should only use the GT modifier when submitting telehealth claims
- Incorrect units
  - 1 unit=15 minutes
- Incorrect billed charges per line for T1032
  - A provider must calculate the total per line.
    - For example, 3 units billed for 1 line. $12.50 x 3=$37.50 should be entered for that claim line.

Member Information Needed on Doula Claim

	Data Element	UHC	Buckeye	CareSource	AmeriHealth	Availity*	Notes
	Member Name		X	X	X	X	Eligibility Verification Populates Member Demographics;
1	Member ID (Subscriber ID)	X	X	X	X	X	
	Member Date of Birth	X	X	X	X	X	
	Member Gender		X	X	X	X	
	Date of Service	X	X	X	X	X	Report One Date of Service "To and From". Do Not Report Date Range

Note: Provider portals may offer a search feature to help you quickly find member details

1 A member's ID number can be found here

A member's Primary Care Provider's name and phone number can be found here

When a member's ID card was issued can be found here

If a member has questions or an emergency related to their benefits, they can use the phone numbers located here

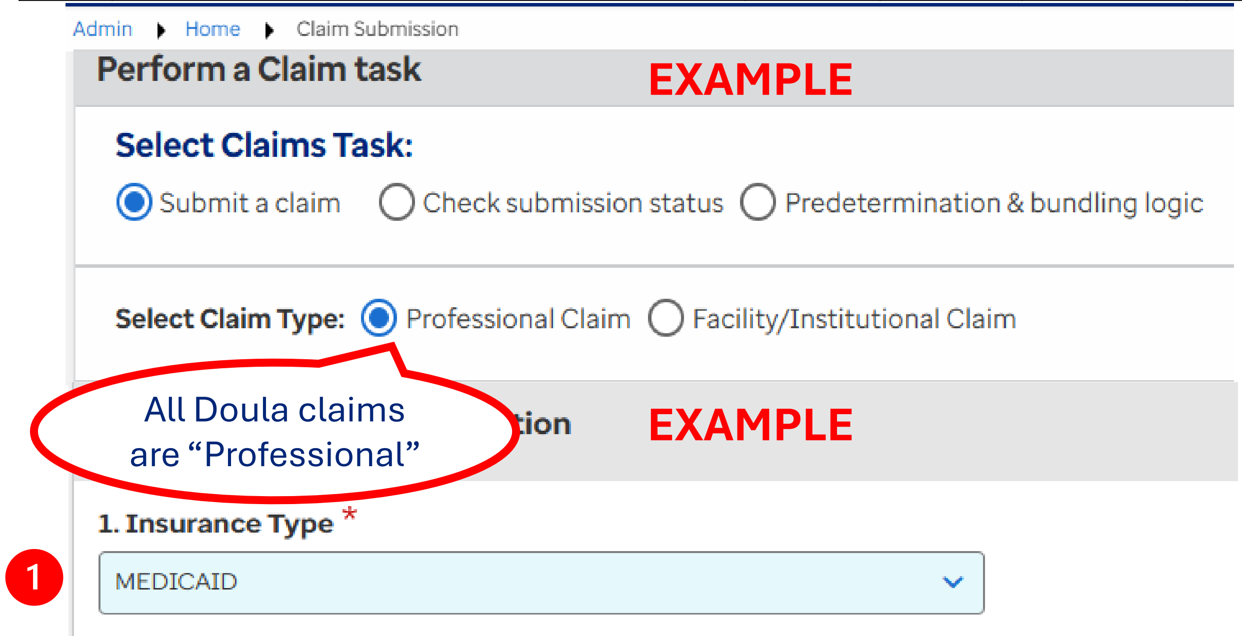
If a member is enrolled in OhioRISE, they will have the OhioRISE and Aetna logo here

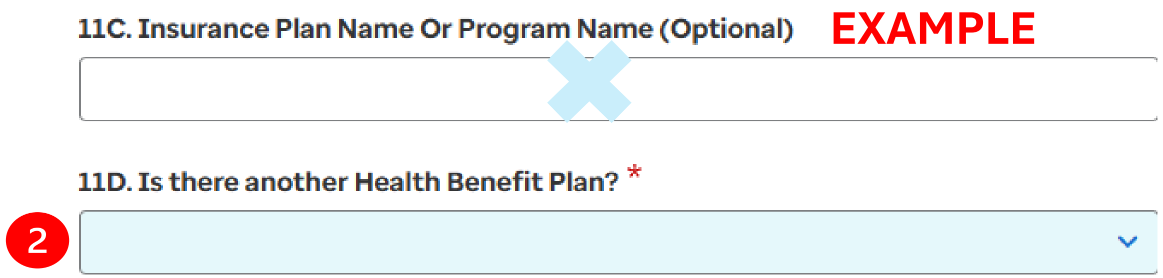
All member pharmacy information can be found here

***Claims for Anthem, Humana, and Molina should be submitted via the Availity portal.**

Claim Type & Coverage Information

	Data Element	UHC	Buckeye	CareSource	AmeriHealth	Availity*	Notes
1	Insurance Type (Medicaid)	X	X	X			Medicaid
	Type of Claim (Professional/CMS 1500)	X	X	X	X	X	All Doula Claims as Professional Services/CMS 1500 Format
	Claim Frequency			X	X	X	Is the Claim New, Corrected or Voided
2	Is there another Health Benefit Plan?	X	X				Note: System Requirement. Coordination of Benefits Does Not Apply to Doula Services
	Provider Accepts Assignment					X	Contracted Provider Accepts the Doula Fee Schedule as Payment in Full



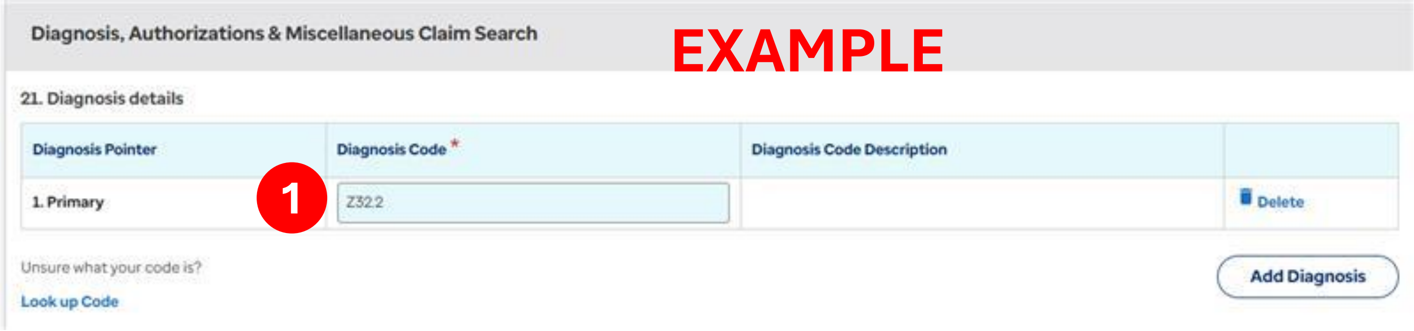


Note: The Health Benefit Plan is a system requirement question for UHC. Doulas should answer “No” since Coordination of Benefits (COB) do not apply to doula services

***Claims for Anthem, Humana, and Molina should be submitted via the Availity portal.**

Service & Diagnosis Details

	Data Element	UHC	Buckeye	CareSource	AmeriHealth	Availity*	Notes
	Place of Service	X	X	X	X	X	Example: Office = 11; Home (Residence) = 12; Inpatient Hospital = 21; Birthing Center = 25; Independent Clinic = 49; Federally Qualified Health Center = 50 Link to CMS POS Set
1	Diagnosis Code(s)	X	X	X	X	X	Diagnosis Codes Currently Configured in MCO Systems
	Modifier		X	X	X		Report "GT" Modifier for Telehealth Services. Telehealth is approved to Perinatal Services, but not T1033 Delivery.
	Procedure Code (CPT/HCPS)	X	X	X	X	X	T1032 = Perinatal Services $12.50/15-Minute Unit; T1033 Attendance at delivery 1 Unit = $600; T1023 = Report of Pregnancy 1 Unit = $30
	Diagnosis Pointer (Always Slot 1)	X	X	X	X	X	Slot 1 is the "Primary Diagnosis". Only 1 Diagnosis is Required for Doula Services
	# of Days or Units (Units of Service/Qty)	X	X	X	X	X	Doulas Report Units
	Quantity Type			X		X	Select "Units"



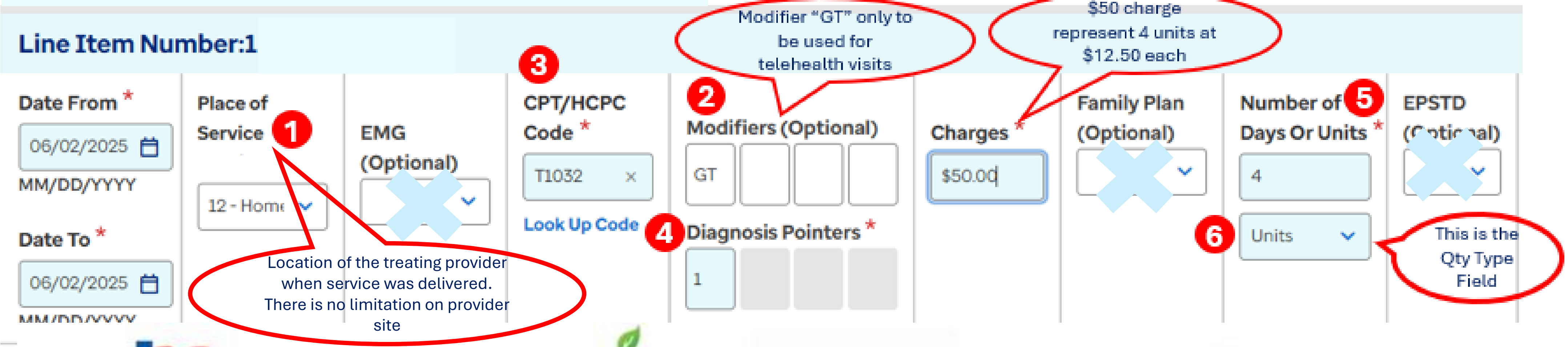
Diagnosis Codes Currently Configured in MCO System

- Z34.x
  - Z34.0: Supervision of a normal first pregnancy
  - Z34.8: Supervision of another normal pregnancy
  - Z34.9: Supervision of a normal pregnancy, unspecified
  - Z34.00: Encounter for supervision of a normal first pregnancy, unspecified trimester
  - Z34.80: Applicable to female patients aged 12–55 years
  - Z34.90: Applicable to female patients aged 12–55 years
  - Z34.83: Applicable to mothers in the third trimester of pregnancy, which is defined as between equal to or greater than 28 weeks since the first day of the last menstrual period
- O80.0: Spontaneous vertex delivery, which includes cases with minimal or no assistance
- Z32.2 is for an encounter for pregnancy testing, childbirth, and childcare instruction

Service & Diagnosis Details

	Data Element	UHC	Buckeye	CareSource	AmeriHealth	Availity*	Notes
1	Place of Service	X	X	X	X	X	Example: Office = 11; Home (Residence) = 12; Inpatient Hospital = 21; Birthing Center = 25; Independent Clinic = 49; Federally Qualified Health Center = 50 Link to CMS POS Set
	Diagnosis Code(s)	X	X	X	X	X	Diagnosis Codes Currently Configured in MCO System
2	Modifier		X	X	X		Report "GT" Modifier for Telehealth Services. Telehealth is approved to Perinatal Services, but not T1033 Delivery. Link to Telehealth Billing Guidelines 2025 Pg 4
3	Procedure Code (CPT/HCPS)	X	X	X	X	X	T1032 = Perinatal Services $12.50/15-Minute Unit; T1033 Attendance at delivery 1 Unit = $600; T1023 = Report of Pregnancy 1 Unit = $30
4	Diagnosis Pointer (Always Slot 1)	X		X	X	X	Slot 1 is the "Primary Diagnosis". Only 1 Diagnosis is Required for Doula Services
5	# of Days or Units (Units of Service/Qty)	X	X	X	X	X	Doulas Report Units
6	Quantity Type			X		X	Select "Units"

EXAMPLE - Perinatal Service Claim



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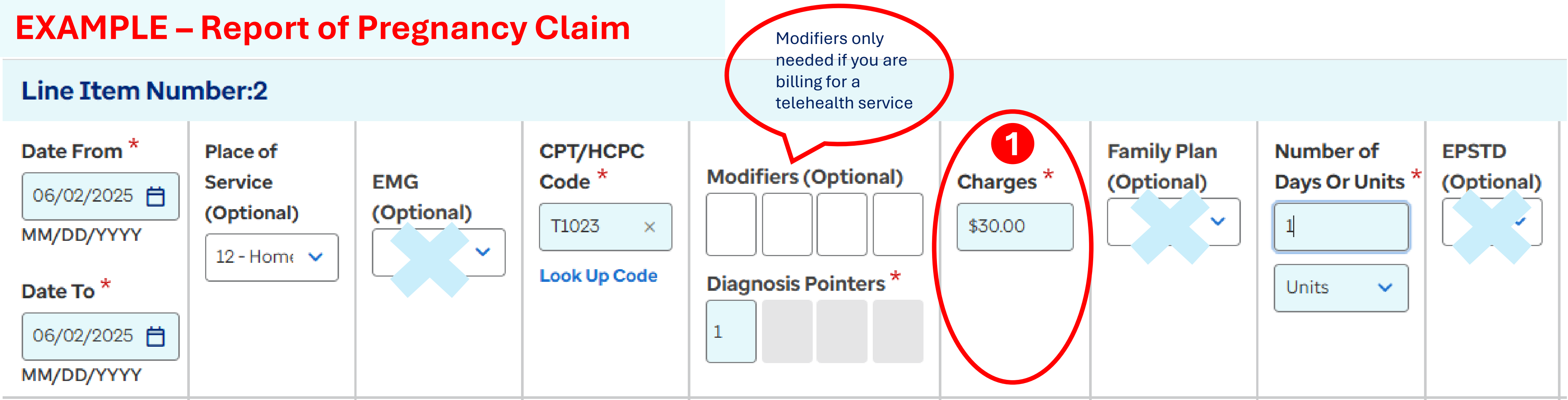
Charges & Authorizations

	Data Element	UHC	Buckeye	CareSource	AmeriHealth	Availity*	Notes
1	Amount of Charge	X	X	X	X	X	Report Charge per Unit and Verify Totals for Date of Service
	Prior Authorization (PA) Number						Required when Standard Benefit is Exhausted. Note: Not Required by All MCOs. System will auto locate PA number for claim payment.



Note: Modifiers may not be required for all services in the provider portals. However, if doulas are billing for telehealth services, they MUST include the GT modifier

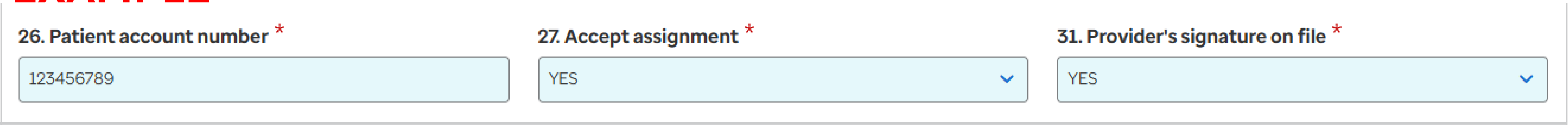
***Claims for Anthem, Humana, and Molina should be submitted via the Availity portal.**

Patient Identifiers

	Data Element	UHC	Buckeye	CareSource	AmeriHealth	Availity*	Notes
	Release of Information					X	Verifies that the Client has signed a Release of Information. Note: HIPAA allows providers and the MCOs to share PHI for the purpose of payment, treatment and healthcare operations.
1	Patient Account Number	X	X		X	X	A unique number created by the doula to identify each client in the doula's documentation and billing system.

EXAMPLE

1

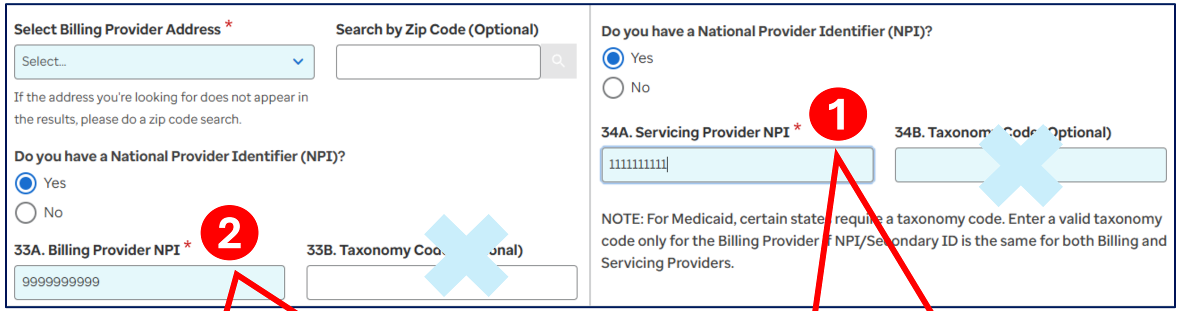

26. Patient account number *
123456789
27. Accept assignment *
YES
31. Provider's signature on file *
YES

***Claims for Anthem, Humana, and Molina should be submitted via the Availity portal.**

Provider Identifiers – Servicing & Rendering

	Data Element	UHC	Buckeye	CareSource	AmeriHealth	Availity*	Notes
1	Servicing or Rendering Provider NPI	X	X	X	X	X	Only used if billing under group
	Billing Provider EIN/TIN	X	X	X	X	X	
2	Billing Provider NPI	X	X	X	X	X	
	Billing Provider Name/Organization	X	X	X	X	X	
	Billing Provider Address	X	X	X	X	X	

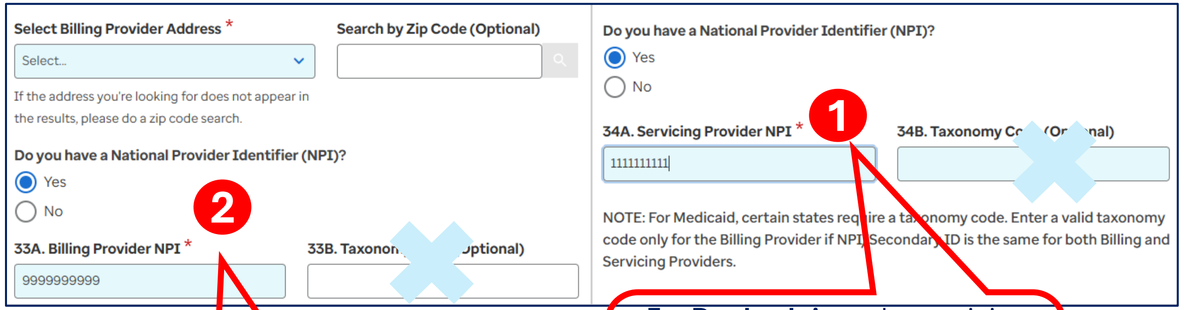
EXAMPLE #1: Individual Doula Provider



If you are an independent doula (not working under a doula group or organization), use your own NPI as the Billing Provider when submitting claims.

For **Doula claims**, the servicing provider ***must always be a doula***. Use your NPI as the servicing provider if you are the doula who provided the services. In this example, the servicing provider NPI will be the same NPI as the billing provider.

EXAMPLE #2: Group or FQHC Doula Provider



If you are part of a doula group or an FQHC, use the group's or FQHC's NPI as the Billing Provider.

For **Doula claims**, the servicing provider must always be a doula. Use the NPI of the doula who provided the services, even if they are part of a group.

***Claims for Anthem, Humana, and Molina should be submitted via the Availity portal.**

Provider Identifiers – Servicing & Rendering

	Data Element	UHC	Buckeye	CareSource	AmeriHealth	Availity*	Notes
	Servicing or Rendering Provider NPI	X	X	X	X	X	Only used if billing under group
1	Billing Provider EIN/TIN	X	X	X	X	X	
	Billing Provider NPI	X	X	X	X	X	
	Billing Provider Name/Organization	X	X	X	X	X	
	Billing Provider Address	X	X	X		X	

Provider Information **EXAMPLE**

1 25. Provider Tax ID Number

38-9999999

TIN Type

EIN

For most business and billing purposes, the 9-digit EIN is used as the Tax ID. If you are an independent doula this could be your Social Security Number (SSN), it is also 9 digits, formatted as: **XXX-XX-XXXX**.

***Claims for Anthem, Humana, and Molina should be submitted via the Availity portal.**

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Report of Pregnancy

Medicaid Managed Care Organizations

Report of Pregnancy (ROP)

- **Purpose:** Identifies Medicaid Member’s pregnancy and assists with eligibility and care coordination.
- **Goal:** Connecting Member to obstetrical care and other services and to ensure coverage throughout the prenatal and postpartum period.
- **Timing:** Providers submit the ROP at the first positive pregnancy screening.
- **Providers:** Non-OBGYN Providers may submit the report of Pregnancy
  Examples: Doulas, Primary Care Providers, Urgent Care, Same Day Care Centers, Emergency Rooms or Health Departments
- **Reimbursement:** Procedure Code T1023 Report of Pregnancy at $30

Accessing Nurture Ohio

Step One:

Access Nurture Ohio

https://nurtureohio.com/login

Select: OH ID

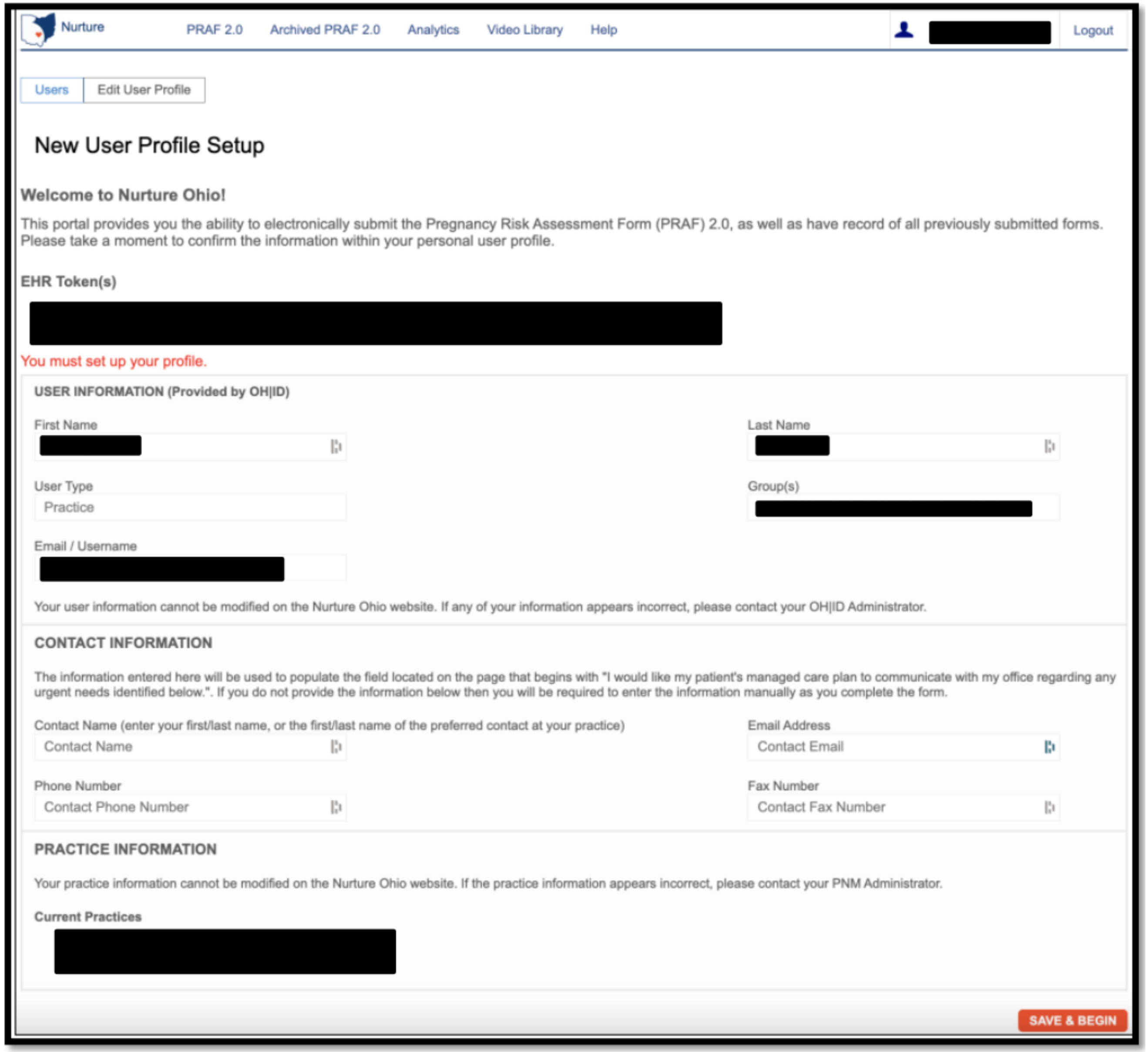
Enter ID and Password

Doulas establish this when enrolling with Ohio Medicaid (Provider Network Management).

Update

New User

Profile



Nurture PRAF 2.0 Archived PRAF 2.0 Analytics Video Library Help [redacted] Logout

Users | Edit User Profile

New User Profile Setup

Welcome to Nurture Ohio!

This portal provides you the ability to electronically submit the Pregnancy Risk Assessment Form (PRAF) 2.0, as well as have record of all previously submitted forms. Please take a moment to confirm the information within your personal user profile.

EHR Token(s)

[redacted]

You must set up your profile.

USER INFORMATION (Provided by OH|ID)

First Name [redacted]

Last Name [redacted]

User Type: Practice

Group(s) [redacted]

Email / Username [redacted]

Your user information cannot be modified on the Nurture Ohio website. If any of your information appears incorrect, please contact your OH|ID Administrator.

CONTACT INFORMATION

The information entered here will be used to populate the field located on the page that begins with "I would like my patient's managed care plan to communicate with my office regarding any urgent needs identified below.". If you do not provide the information below then you will be required to enter the information manually as you complete the form.

Contact Name (enter your first/last name, or the first/last name of the preferred contact at your practice): Contact Name

Email Address: Contact Email

Phone Number: Contact Phone Number

Fax Number: Contact Fax Number

PRACTICE INFORMATION

Your practice information cannot be modified on the Nurture Ohio website. If the practice information appears incorrect, please contact your PNM Administrator.

Current Practices

[redacted]

SAVE & BEGIN

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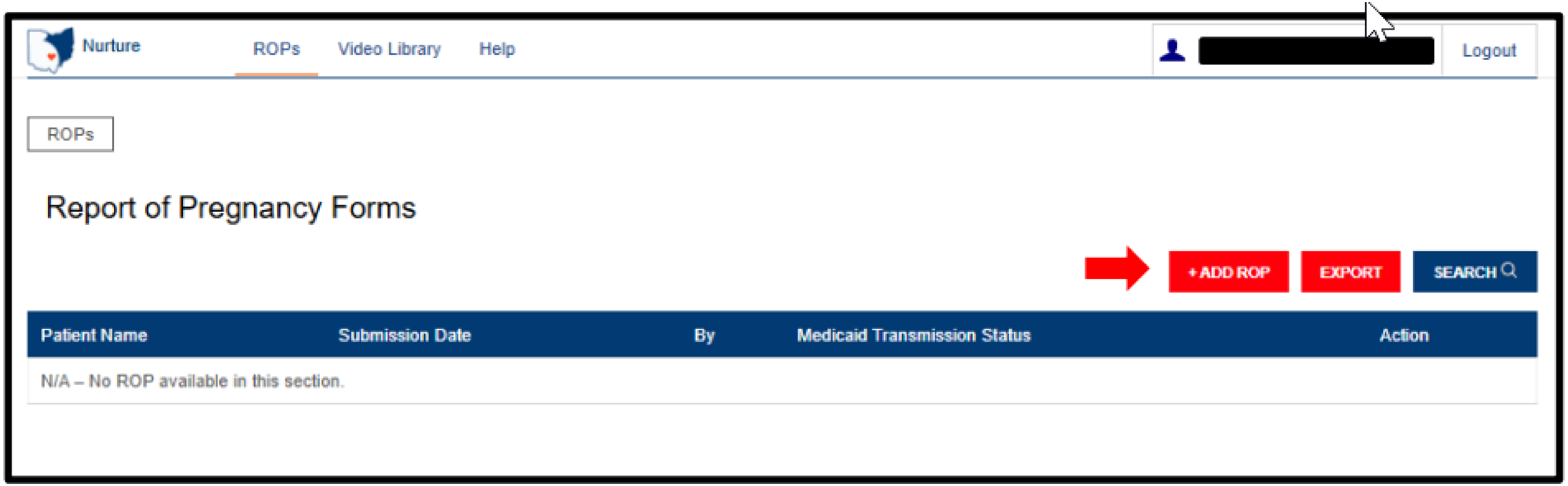
How to Submit a Report of Pregnancy (ROP)

- From the welcome page, the user will choose the “+ ADD ROP” button



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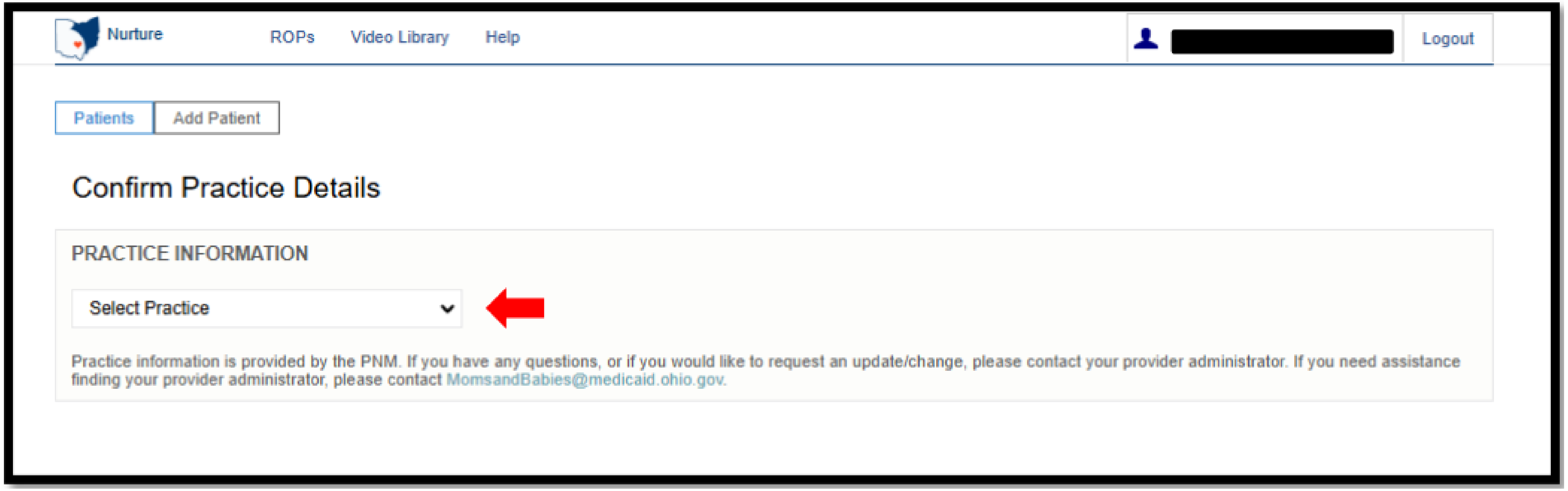
Confirm Practice Details

- Select practice information
- If you have multiple associated practices, this is where you will select the practice for which you are entering the ROP
- ***If you are enrolled as a solo doula and are also affiliated with a group, you may see more than one "Practice". Select the one that applies to this client.***



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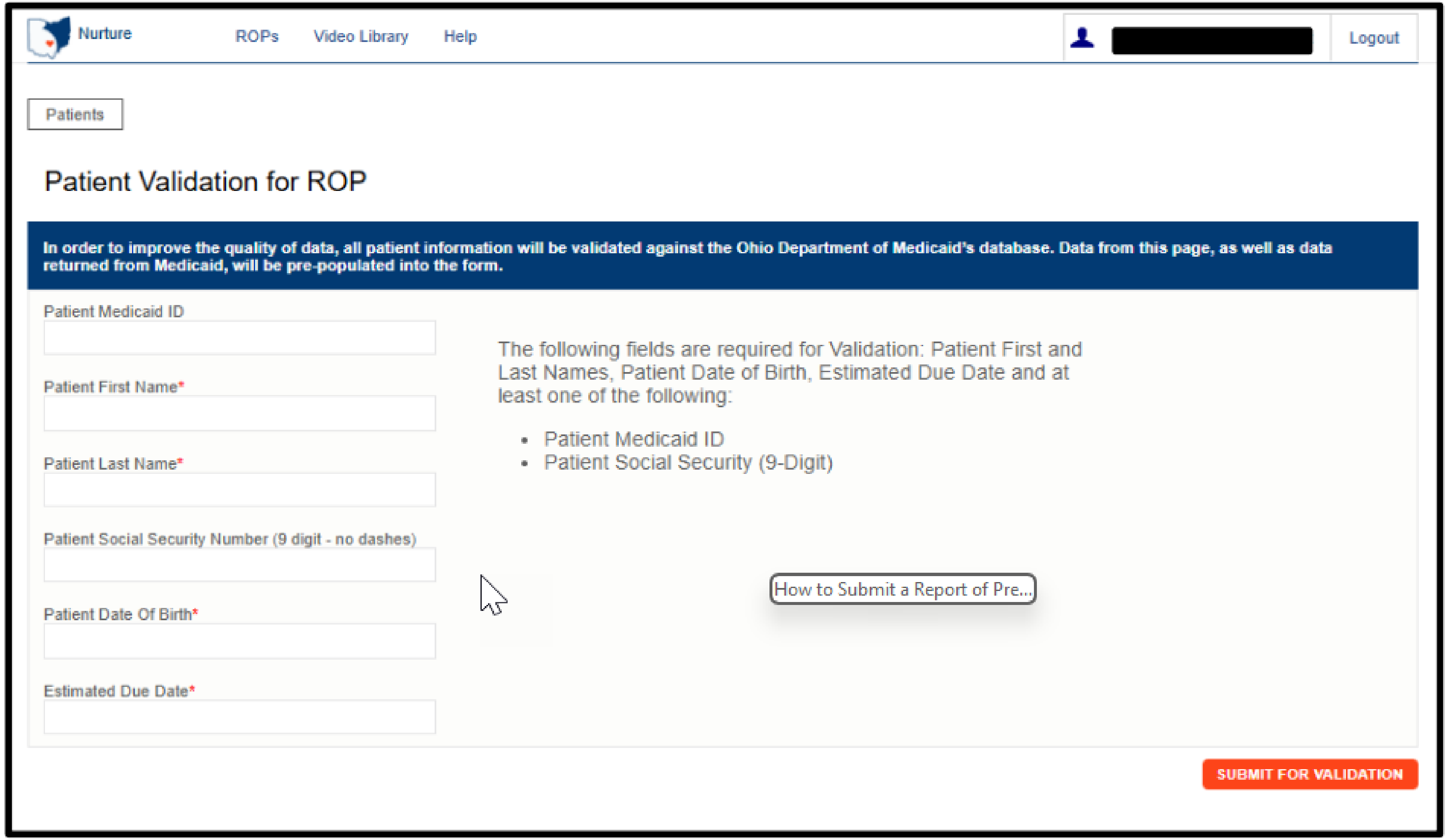
Client (Patient) Validation

Validation Fields

- Client Name
- Date of Birth
- Estimated Due Date
- Medicaid ID
  or
  Social Security Number (9-digit)



Note: *If the information entered does not match, the user will have the opportunity to correct, re-validate, and resubmit.*

Step Four: Validate Client Sample ID Card

- The Patient's Medicaid ID may be found on the Medicaid card as shown in the graphic below

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Step Four:

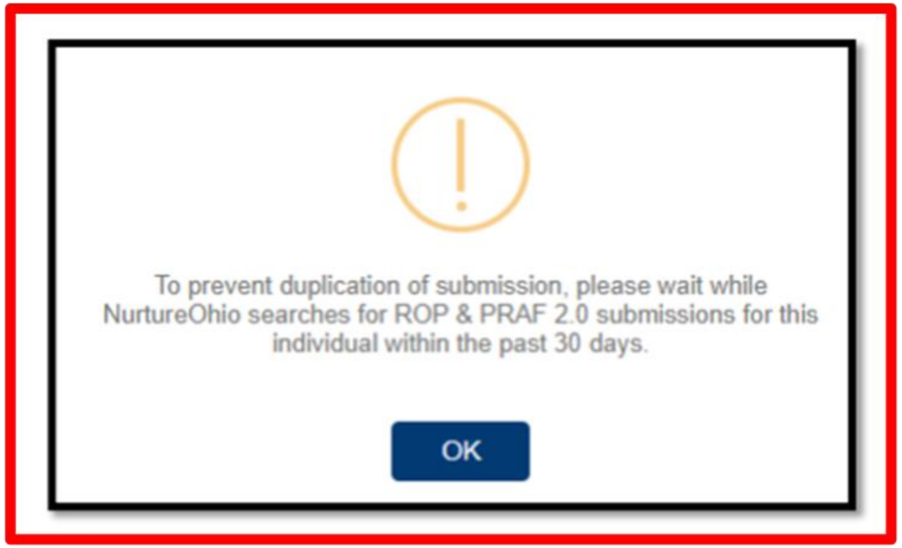
Validate Client

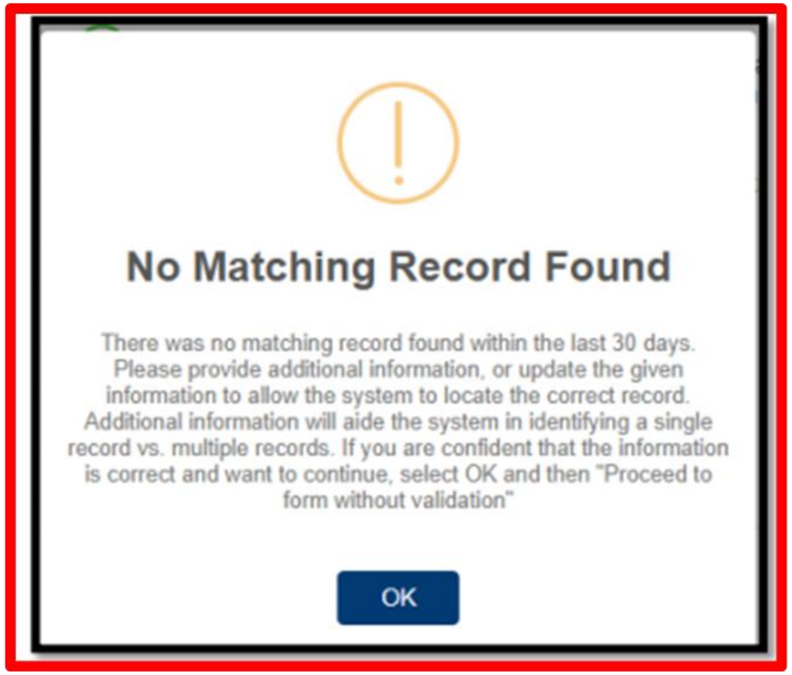
At validation, Nurture searches for ROP Submissions in the last 30 Days to avoid duplicate submissions.

Select "OK"

If the system does not identify an ROP submitted in past 30 day for this Member, the User will be notified that "No Matching Record Found".

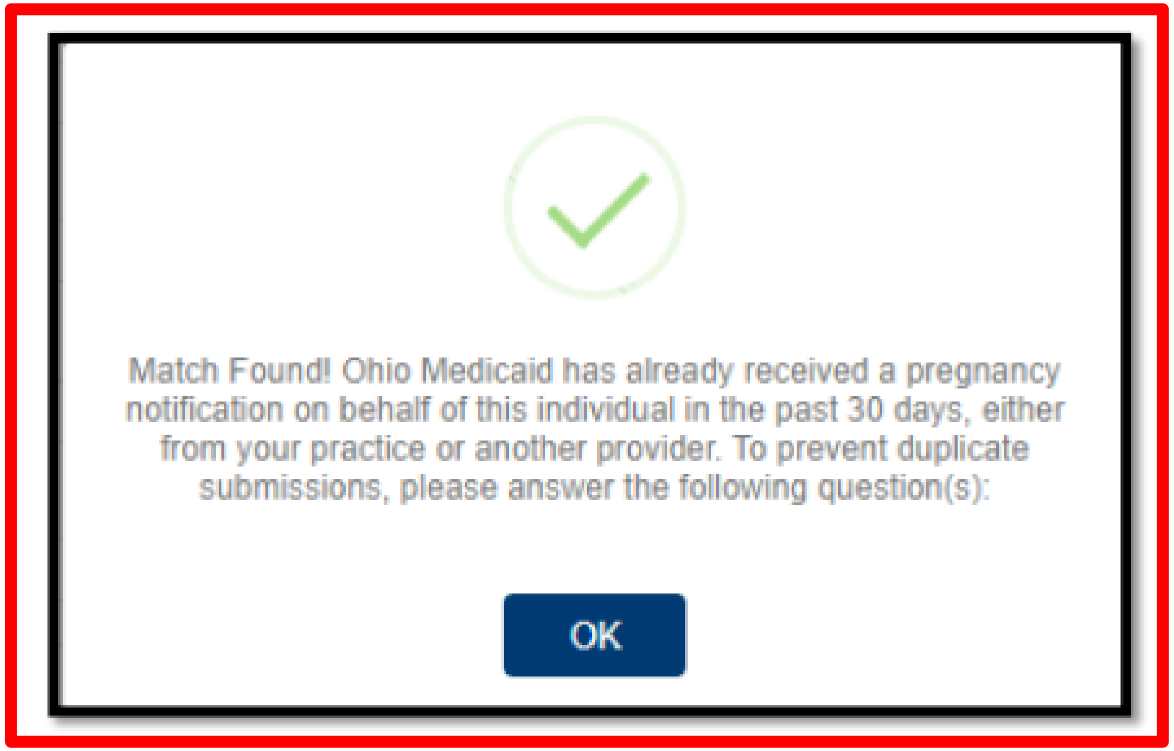
Select "OK" and begin submission.





Frequency of ROP

- If Nurture identifies a ROP submitted in the past 30 days, the User will receive the following notification.
  - Select “OK” to Continue
- *Note: If an ROP has been submitted in the past 30 day, the user must answer questions regarding a change in health or social risk in order to proceed with the submission.*



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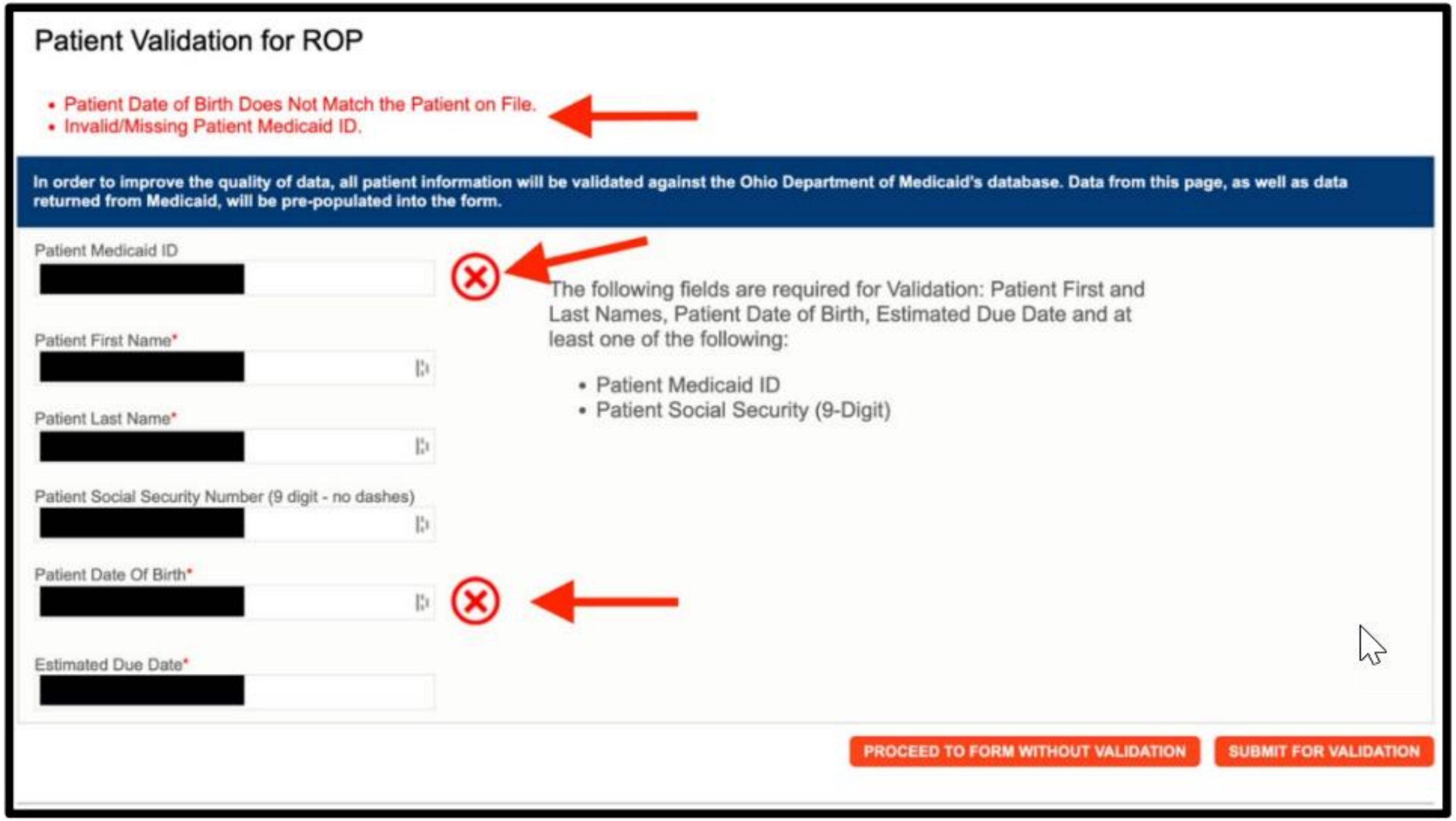
Common Errors

- The red “X” indicates that the information provided does not match the Medicaid Record for the client/patient and needs to be addressed
- Common Errors Include:
  - Invalid/Missing Date of Service
  - Invalid or Missing DOB, Medicaid ID or Client Name
  - Client Not Found
  - Inactive Coverage

Example: Failed Validation


Patient Validation for ROP

- Patient Date of Birth Does Not Match the Patient on File.
- Invalid/Missing Patient Medicaid ID.

In order to improve the quality of data, all patient information will be validated against the Ohio Department of Medicaid's database. Data from this page, as well as data returned from Medicaid, will be pre-populated into the form.

Patient Medicaid ID
[redacted]

Patient First Name*
[redacted]

Patient Last Name*
[redacted]

Patient Social Security Number (9 digit - no dashes)
[redacted]

Patient Date Of Birth*
[redacted]

Estimated Due Date*
[redacted]

The following fields are required for Validation: Patient First and Last Names, Patient Date of Birth, Estimated Due Date and at least one of the following:

- Patient Medicaid ID
- Patient Social Security (9-Digit)

PROCEED TO FORM WITHOUT VALIDATION

SUBMIT FOR VALIDATION

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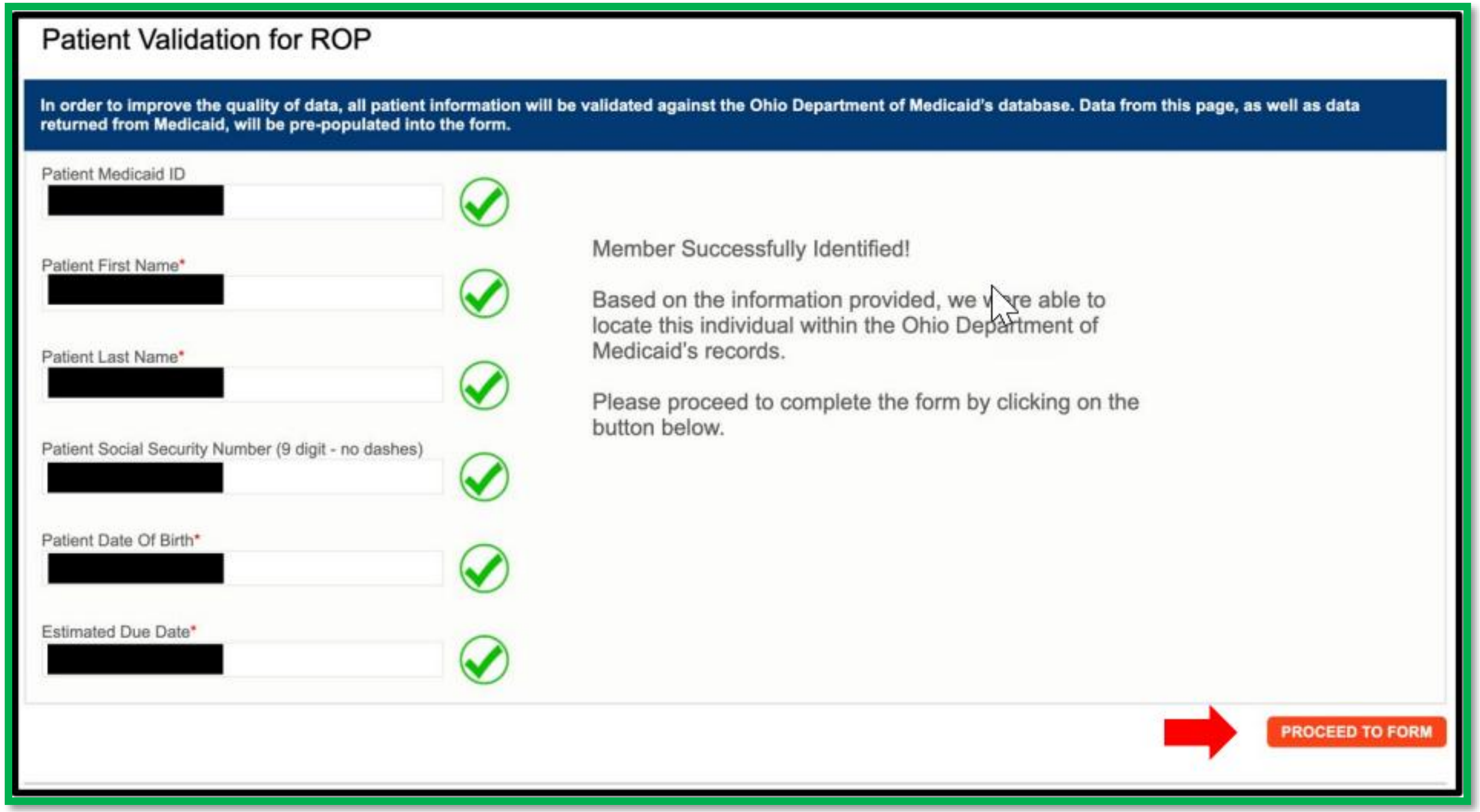
To Proceed with the Validation

- The user must verify the patient's information
- Correct errors
- Resubmit for validation

Means the information provided has a matching Medicaid record and the user may proceed to the form


Patient Validation for ROP

In order to improve the quality of data, all patient information will be validated against the Ohio Department of Medicaid's database. Data from this page, as well as data returned from Medicaid, will be pre-populated into the form.

Patient Medicaid ID
[redacted]

Patient First Name*
[redacted]

Patient Last Name*
[redacted]

Patient Social Security Number (9 digit - no dashes)
[redacted]

Patient Date Of Birth*
[redacted]

Estimated Due Date*
[redacted]

Member Successfully Identified!

Based on the information provided, we were able to locate this individual within the Ohio Department of Medicaid's records.

Please proceed to complete the form by clicking on the button below.

PROCEED TO FORM

Data Fields

- Date of Service
- Client Name
- Provider ID
- Provider Address
- MCO Name
- Client Medicaid ID #
- Client DOB
- Client Full Name

Note: Some information populates from PNM/Enrollment

Report of Pregnancy Form

Date of Service
MM/DD/YYYY

Practice Name
[redacted]
Practice Information Not Known

Provider MCO ID

Practice Street
[redacted]

Practice City
[redacted]

Practice State
[redacted]

Practice Zip Code
41017

Name of Managed Care Plan
Choose One
(If patient was validated on previous page, this value will be pre-filled with the correct MCO from the Ohio Department of Medicaid)

Patient Medicaid ID
900000000009

Patient Managed Care Plan ID

Patient Social Security Number
[redacted]

Patient Date of Birth
01/01/1995

Patient First Name
[redacted]

Patient Last Name
[redacted]

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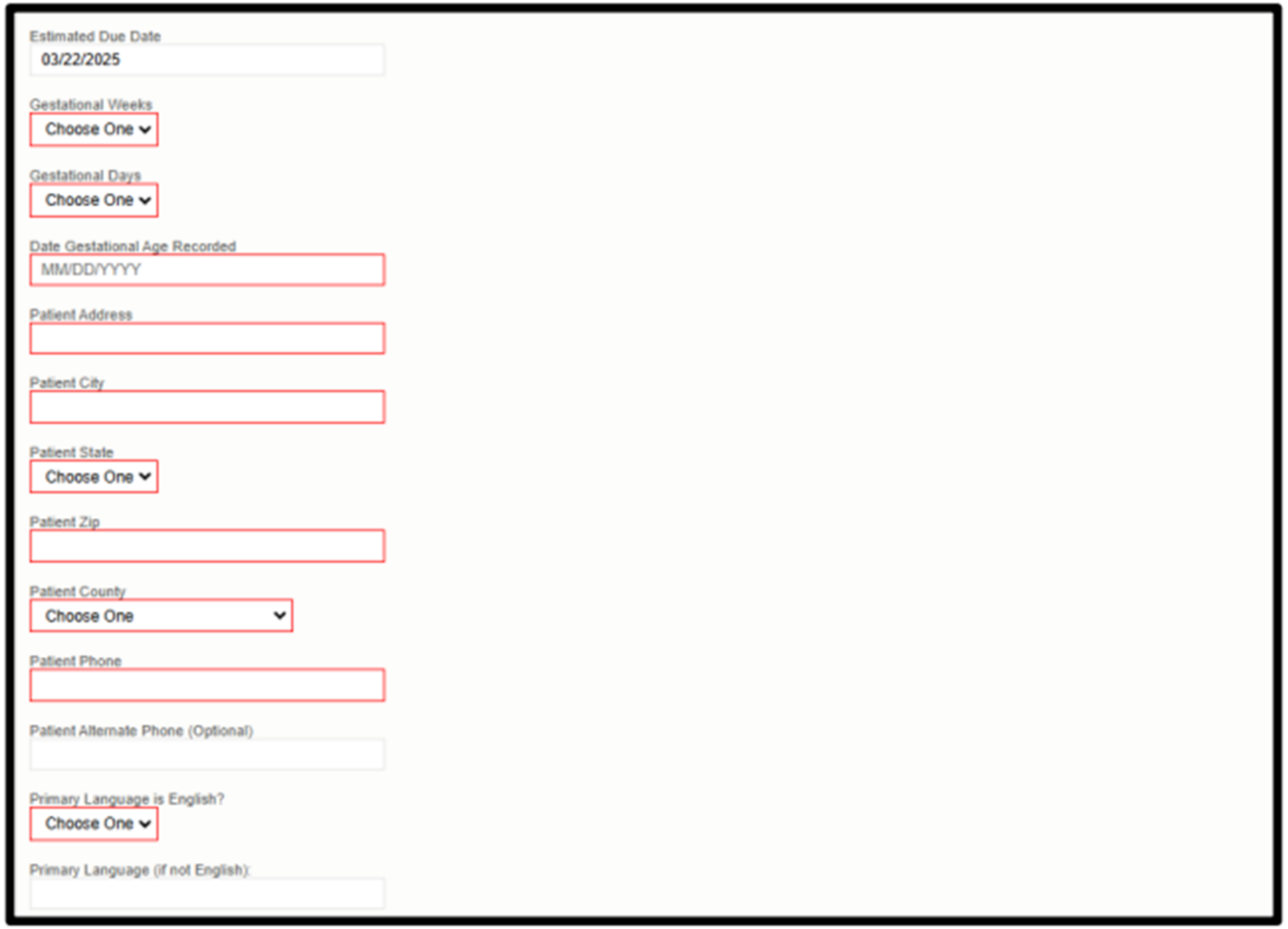
Data Fields

- Estimated Due Date
- Gestational Weeks/Days
- Date Gestational Age Recorded
- Client Address
- Client Phone Number
- Primary Language


Estimated Due Date
03/22/2025
Gestational Weeks
Choose One
Gestational Days
Choose One
Date Gestational Age Recorded
MM/DD/YYYY
Patient Address
Patient City
Patient State
Choose One
Patient Zip
Patient County
Choose One
Patient Phone
Patient Alternate Phone (Optional)
Primary Language is English?
Choose One
Primary Language (if not English):

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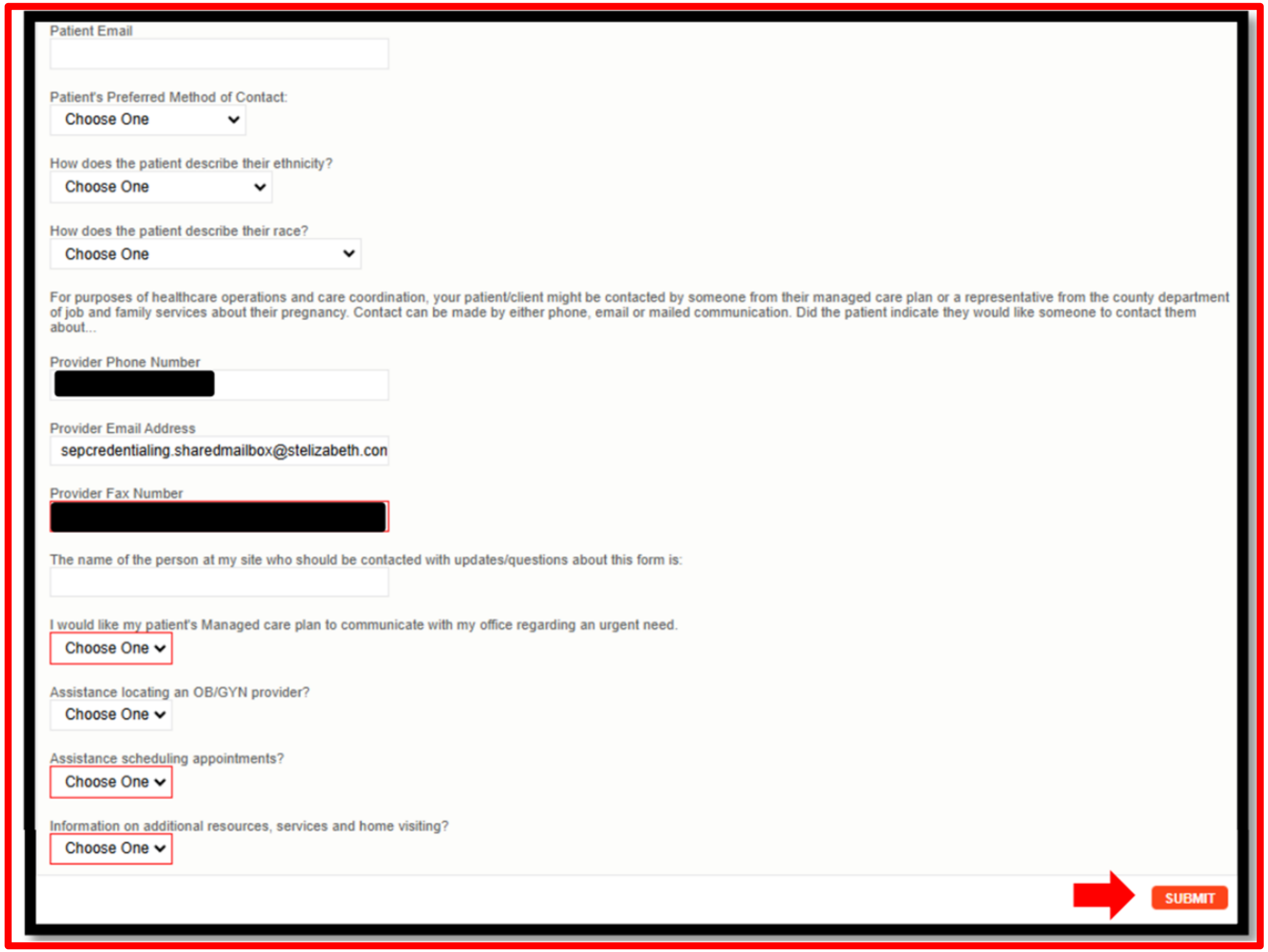
Date Fields

- Client Email
- Preferred Method for Contact
- Race
- Provider Phone Number and
  Email for MCO Outreach
- Needs Assessment


Patient Email

Patient's Preferred Method of Contact:
Choose One

How does the patient describe their ethnicity?
Choose One

How does the patient describe their race?
Choose One

For purposes of healthcare operations and care coordination, your patient/client might be contacted by someone from their managed care plan or a representative from the county department of job and family services about their pregnancy. Contact can be made by either phone, email or mailed communication. Did the patient indicate they would like someone to contact them about...

Provider Phone Number
[redacted]

Provider Email Address
sepcredentialing.sharedmailbox@stelizabeth.con

Provider Fax Number
[redacted]

The name of the person at my site who should be contacted with updates/questions about this form is:

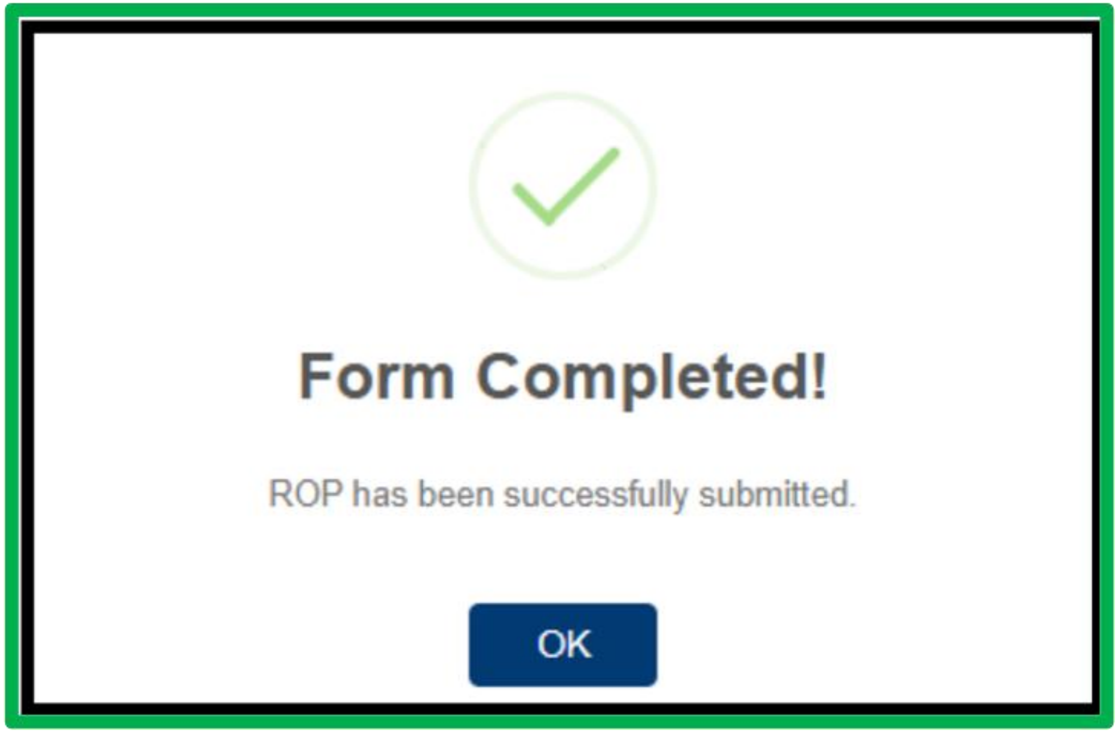
I would like my patient's Managed care plan to communicate with my office regarding an urgent need.
Choose One

Assistance locating an OB/GYN provider?
Choose One

Assistance scheduling appointments?
Choose One

Information on additional resources, services and home visiting?
Choose One

SUBMIT



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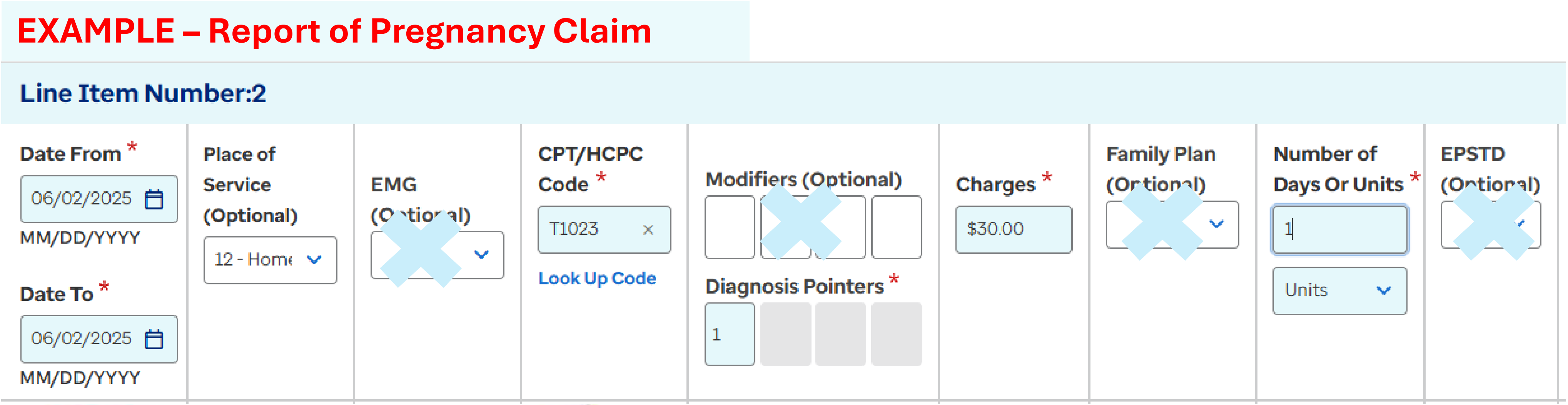
Billing Guidance for Report of Pregnancy (ROP)

- Procedure Code T1023 Report of Pregnancy
- Include the Date of Service
  - *Date the information was collected*
  - *May be the same date of service as Prenatal Doula Service*
  - *Once per pregnancy*
- Include a Pregnancy Diagnosis (for example, use code Z32.2 for Report of Pregnancy)
- Fee Schedule = $30.00
- Billing guidance varies by MCO



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ADDITIONAL RESOURCES

Ohio Department of Medicaid Support

- **General Questions Support for ROP**

MomsandBabies@medicaid.ohio.gov

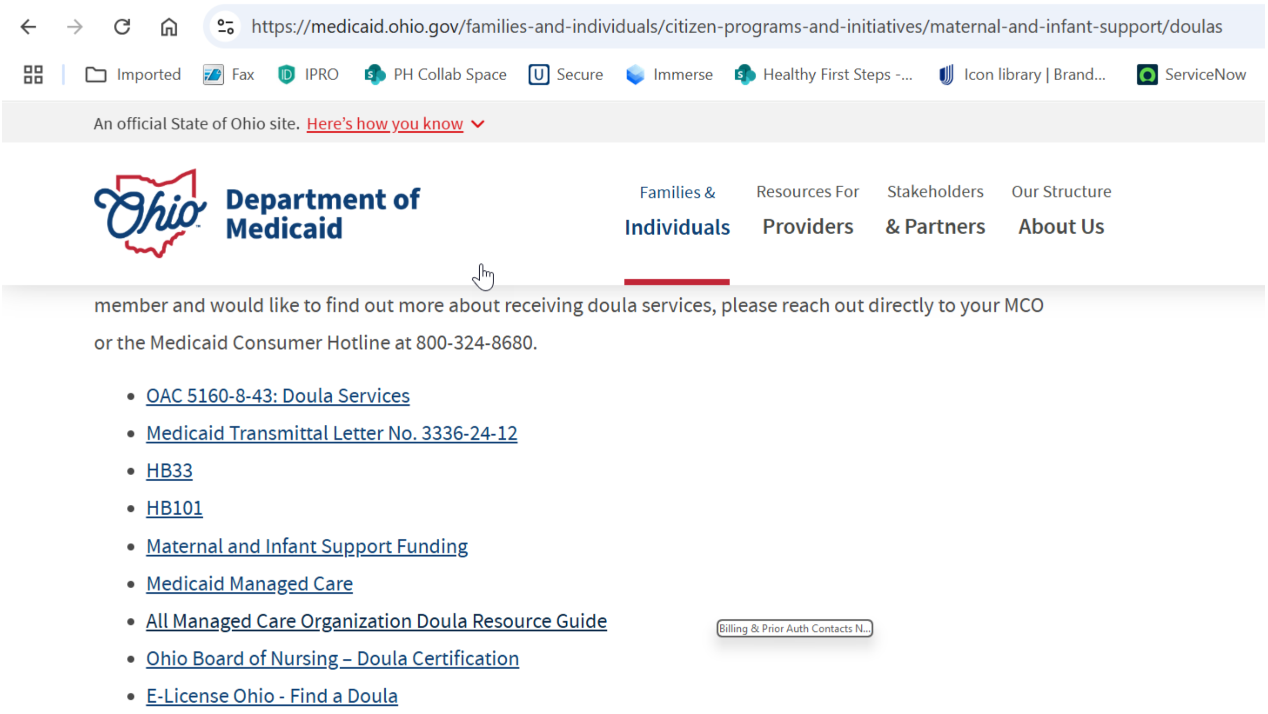
- **ROP User Manual**

Nurture User Guide

- **NurtureOhio Webpage:**

Nurture Ohio

ODM DOULA RESOURCE WEBSITE



- https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/maternal-and-infant-support/doulas

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Billing & Prior Auth Contacts

Note: Most MCOs will provide additional billing and prior auth details during the onboarding process once a doula has been contracted. Some MCOs are working to make additional training resources available to doulas regarding billing & prior auth by hosting on-demand trainings & office hours.

AmeriHealth Caritas Ohio	Anthem	buckeye health plan	CareSource	Humana Healthy Horizons	Molina Healthcare	UnitedHealthcare Community Plan
Individual Plan Contact						
• For Billing questions call 1-833-644-6001 or email OhioProviderServices@amerihealthcaritasoh.com to be connected with your account executive. • Prior authorization call center, Monday – Friday, 8:30 a.m. to 5 p.m. ET. call 1-833-764-7700 • After hours and on weekends and holidays, call Member Services at 1-833-764-7700 to be connected with the on-call prior authorization nurse or licensed clinician	• Visit Contact us | Anthem Blue Cross and Blue Shield and scroll down to view the territory map for your contact. • For billing & prior auth questions call Provider Services at 1-844-912-1226	• For contracting questions, please email OhioContracting@centene.com • For general questions regarding Doula Participation, please email melinda.ridgeway@centene.com • For questions regarding claims or eligibility, please contact Provider Service at 866.296.8731.	• For contracting questions, please email ohio_provider_contracting@caresource.com • For questions regarding claims, eligibility, and other inquiries, please contact CareSource's Provider Services at 1-800-488-0134	• For contract questions, please email OhioNetworkSpecialist@humana.com or visit: Ohio Medicaid for Providers - Humana. • For general questions regarding Doula Participation, please email Shawnti OHPEX_PracticeTransformation@humana.com • For questions regarding claims or eligibility, please contact Provider Service at 877.856.5707 or email OHMedicaidProviderRelations@humana.com	• For billing & prior auth questions: 1-855-322-4079 • For contracting questions, please contact: oh_contract_requests@molinahealthcare.com • For all other inquiries, please contact Molina Provider Relations: ohproviderrelations@molinahealthcare.com	• For billing & prior auth questions: email UHC_OH_Doula_Support@uhc.com or call 1-763-283-2368

Links to Provider Portals

AmeriHealth Caritas Ohio	Claims and Billing | AmeriHealth Caritas Ohio
Anthem	Availity
buckeye health plan	Ohio Medicaid and Health Plans For Providers | Buckeye Health Plan
CareSource	https://providerportal.caresource.com/OH
Humana Healthy Horizons	https://www.availity.com/
MOLINA HEALTHCARE	Availity Essentials
UnitedHealthcare Community Plan	https://www.uhcprovider.com/

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Diagnosis Codes Currently Configured in MCO System

- Z34.x
  - Z34.0: Supervision of a normal first pregnancy
  - Z34.8: Supervision of another normal pregnancy
  - Z34.9: Supervision of a normal pregnancy, unspecified
  - Z34.00: Encounter for supervision of a normal first pregnancy, unspecified trimester
  - Z34.80: Applicable to female patients aged 12–55 years
  - Z34.90: Applicable to female patients aged 12–55 years
  - Z34.83: Applicable to mothers in the third trimester of pregnancy, which is defined as between equal to or greater than 28 weeks since the first day of the last menstrual period
- O80.0: Spontaneous vertex delivery, which includes cases with minimal or no assistance
- Z32.2 is for an encounter for pregnancy testing, childbirth, and childcare instruction

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Additional Links to Billing & Training Resources for Doulas

- **Anthem, Humana, and Molina Providers**
  - For a video tutorial on submitting claims, click this link Ohio Medicaid Doula Claim Entry – Recorded Webinar
  - You will be prompted to log into Availity; the video will resume playing once logged in.
- **Anthem Blue Cross and Blue Shield**
  - Training resources | Anthem Blue Cross and Blue Shield
- **Caresource**
  - HealthPlanResources.com
- **UnitedHealthcare**
  - Claim Submission

- **Instructions:** Click the relevant link for your provider. Follow any login prompts to access video tutorials or training resources.

Health benefits all plans must offer

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- Inpatient hospital services.
- Outpatient hospital services (including those provided by rural health clinics and federally qualified health centers).
- Physician services.
- Laboratory and x-ray services.
- Screening, diagnosis, and treatment services for children under 21 years old, under Healthchek, Ohio's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.
- Immunizations.
- Contraceptive services and counseling.
- Home health and private duty nursing services.
- Podiatry services.
- Chiropractic services.
- Blood glucometers and blood glucose test strips.
- Behavioral health services, including treatment for mental health and substance use disorders (see appendix for more information).
- Physical, occupational, developmental, and speech therapy services.
- Nurse-midwife, certified family nurse practitioner, and certified pediatric nurse practitioner services.
- Durable medical equipment and medical supplies.
- Nursing facility services.
- Respite services for eligible children receiving Supplemental Security Income (SSI).
- Hospice care.
- Telehealth.
- Coverage for mom and baby for 12 months following delivery.
- Dental services, including:
    - For members 21 and older - one cleaning per calendar year.
    - For members under 21 years old – one cleaning every six months and, in extreme cases with prior authorization, braces.
    - For pregnant members – two cleanings per calendar year.
    - Dentures, fillings, extractions, crowns, medical and surgical dental services, and root canals (based on medical necessity).
- Vision care services, including:
    - For members under 21 years old – one exam and eyeglasses every 12 months.
    - For members 21 to 59 years old - one exam and eyeglasses every 24 months.
    - For members over 60 years old – one exam and eyeglasses every 12 months.
- Transportation services, including:
    - Necessary transportation by ambulance or wheelchair van, without regard to distance.
    - Necessary transportation by standard vehicle (e.g., taxicab, sedan) when the nearest network provider is located at least 30 miles away.
    - For OhioRISE members, necessary transportation by standard vehicle, without regard to distance.
    - If the member exhausts the value-added transportation benefit, the health plan works with the member to transition them to their county non-emergency medical transportation (NEMT), if possible.

- Prescription drugs (see appendix for more information).

Link to all MCO Value-Added Benefits

- https://ohfiles.blob.core.windows.net/public/OhioMHWebsite/Documents/Ohio%20Medicaid%20Managed%20Care%20Health%20Plan%20Comparison%202026.pdf?utm_medium=email&utm_source=govdelivery
- Last Updated September 24, 2025

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Post-Training Poll: Your Feedback Matters

Question & Answers