

Ohio Department of Medicaid

Doula Training Webinar Series

November 7, 2024

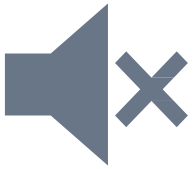
Department of Medicaid

Access, Inclusion, and Reasonable Accommodation

“Ohio Department of Medicaid is committed to providing access, inclusion, and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM’s Civil Rights/ADA Coordinator at 614-995-9981/TTY 711, fax 1-614-644-1434, or ODM_EEO_EmployeeRelations@medicaid.ohio.gov. Requests should be made at least three business days prior to the scheduled event.

If you believe ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM’s civil rights coordinator and/or file a civil rights complaint with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights. Further information on these processes and ODM’s compliance with civil rights and other applicable laws can be found in their Notice of Nondiscrimination.”

Housekeeping



All participants will be muted



Today's presentation is attached, you can download it from the Handouts section



Submit your questions and comments via the Questions box- responses will be provided verbally and/or as a direct response to you

Make sure to also check the chat box for messages that may be sent to all attendees

Today's Agenda

Doula Training Session Four

- Doula overview
- Fee-for-service billing
- Fee-for-service prior authorizations
- Provider Responsibilities and Resources
- What comes next
- Questions & answers session



Department of Medicaid

Doula Overview

Why Ohio is Supporting Doulas and Doula Services



- Doula services have been shown to improve birth outcomes, maternal experiences, and reduce racial disparities in maternal and infant outcomes
- Doula services are associated with improved birth outcomes:
  - Fewer low birth weight babies
  - Fewer birth complications
  - Higher breastfeeding initiation rates
- Doula services result in improved maternal experiences:
  - Higher maternal engagement in care
  - Higher maternal satisfaction scores
  - Improved health equity through provision of culturally contextual and competent care
  - Medicaid focus groups involving Black women indicated a need and desire for doula service coverage
- Doula services are shown to be cost effective for Medicaid
  - Lower pre-term birth rates
  - Lower Cesarean section rates

Doula Survey Results

ODM surveyed stakeholders earlier this year to assist in reimbursement structures regarding:

- Where doulas meet with clients
- Approximately how many prenatal and postpartum visits occur per client
- Duration of services during the birthing process
- Affiliations with medical groups and provider organizations
- Telehealth utilization for service provision



Service Breakout Breakdown

Visits

- Up to 48 fifteen-minute units at any time from first prenatal visit to 12 months postpartum
- Allow more flexibility in visit length and timing
- Units can be delivered via telehealth
- Reimbursement set to $12.50 per unit, managed care cannot pay less than FFS rate for two years

Birth

- Separate reimbursement for birth of $600 regardless of length of service time
- Reimburses for any place of service
- Managed care cannot pay less than FFS rate for two years

Ohio Board of Nursing (OBN) and Department of Medicaid (ODM)

How certification and enrollment fit together

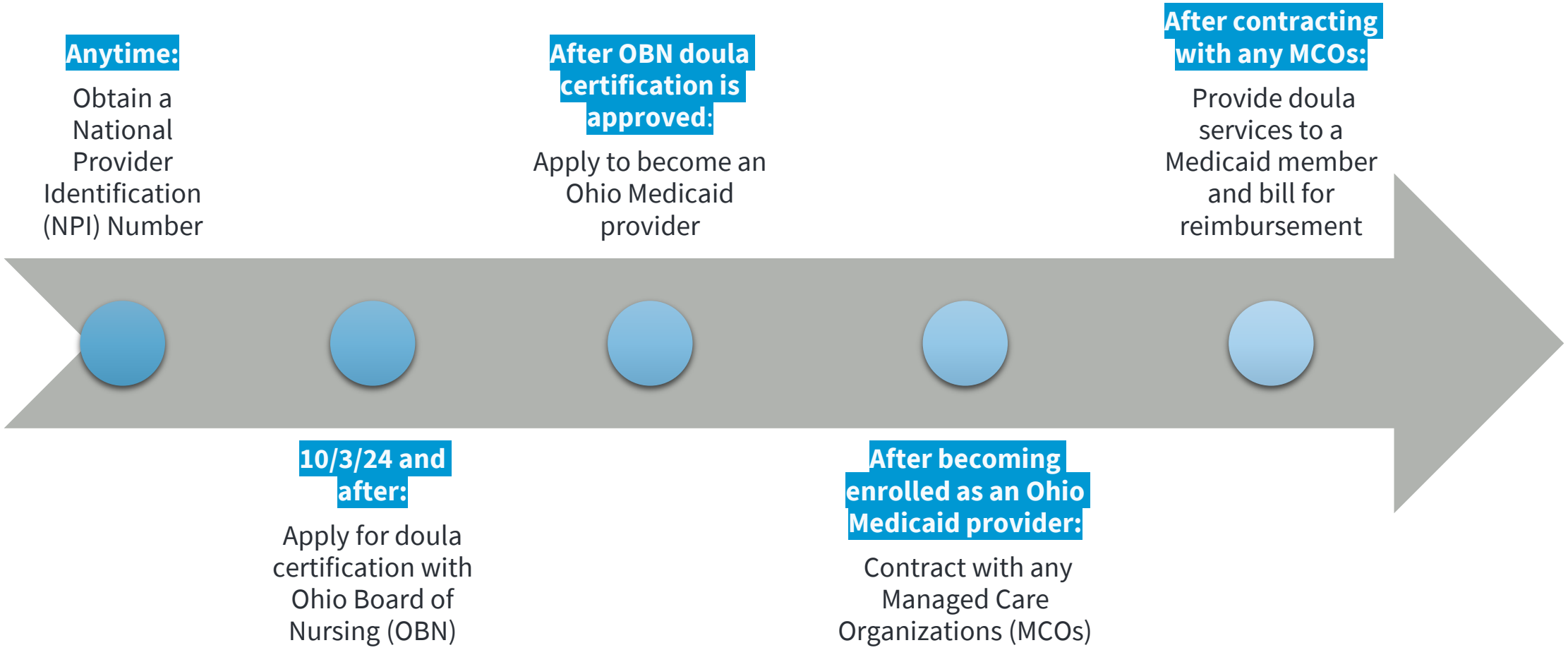
Board of Nursing Certification

- Develops and processes applications for Doula Certification
- Appoints and supports Doula Advisory Group

Department of Medicaid Enrollment

- Requires Board of Nursing Certification to enroll as Doula
- Enables reimbursement for Doula services via claims

Steps to Becoming an Ohio Medicaid Doula



Doula Provider Types

- A doula may enroll as an independent doula (PT 09)
- And be affiliated with:

  - A professional medical group (PT 21)
  - A rural health clinic (RHC) (PT 05)
  - A federally qualified health center (FQHC) (PT 12)
  - An ambulatory health care clinic (PT 50)
  - A hospital (PT 01)
  - A free-standing birth center (PT 11)



Please note: At this time, anyone already enrolled with Ohio Medicaid as an individual provider type will have to choose whether to continue as is and hold on becoming a Medicaid doula until future program updates allow the doula PT 09 specialty to be added to your existing provider agreement, or you will have to disenroll as your current provider type and then complete a doula enrollment application.

Fee-for-service Billing

When To Bill Fee-for-Service (FFS) Medicaid

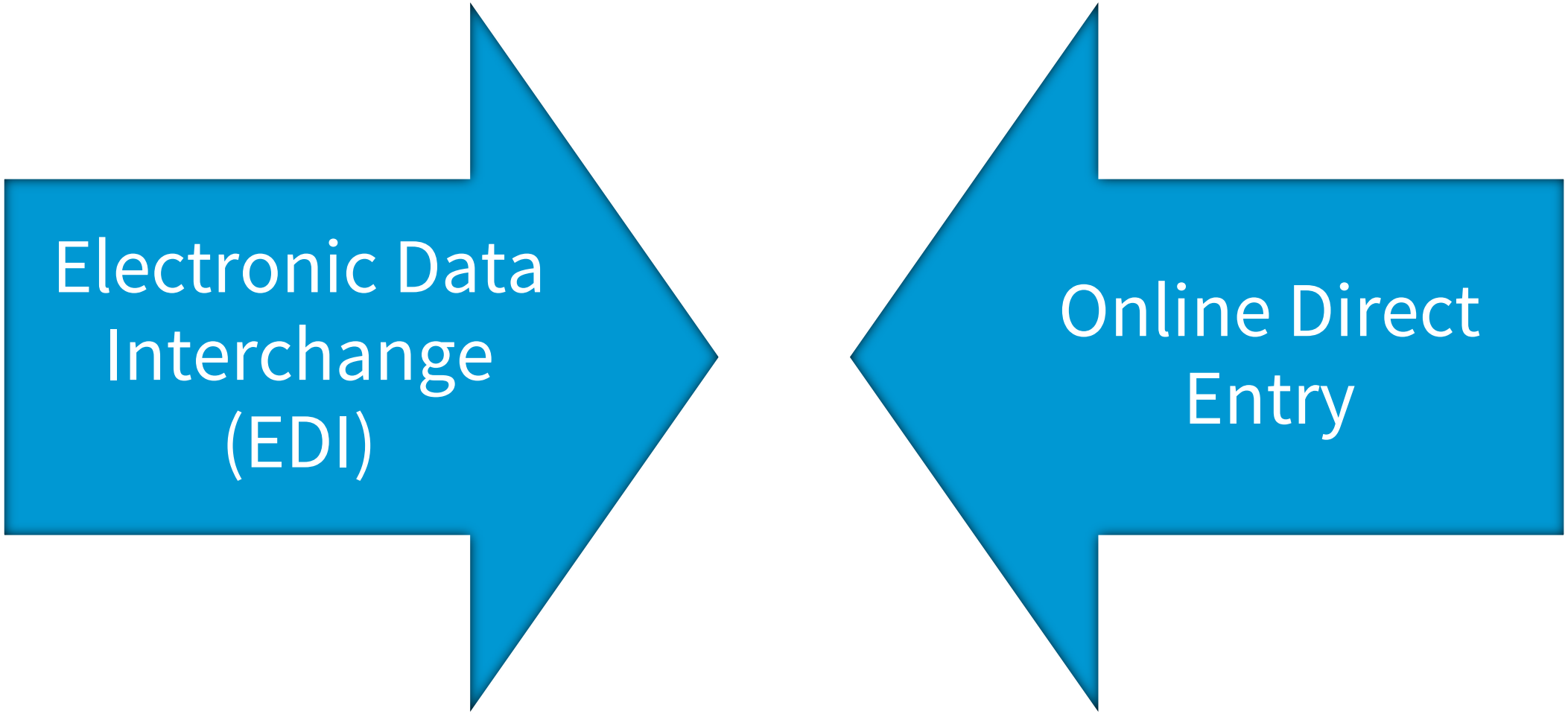
- You are ready to bill FFS Medicaid once the following steps have occurred:
  1. Received Board of Nursing certification
  2. Medicaid provider agreement has been approved
  3. Begun doula services for a client who is not covered by a managed care plan

-If your client starts off on FFS Medicaid and ends up switching to a managed care plan, you will bill FFS for the services that took place prior to the start of their managed care plan coverage

  -All services after managed care coverage begins are billed to the proper MCO

-No services performed prior to your Medicaid provider agreement are billable for Medicaid reimbursement

Two Ways to Bill Fee-For-Service (FFS) Medicaid



Note: ODM does not accept paper claims

What is EDI and Why Use it?

https://medicaid.ohio.gov/resources-for-providers/billing/trading-partners/trading-partners

- What is EDI?
  - Electronic Data Interchange is the direct, application-to-application, electronic transmission of business documents between healthcare Trading Partners.

- Why use EDI?
  - By using Electronic Data Interchange, your company can send business documents directly from your internal computer applications to your Trading Partner's computer system, without human intervention. Electronic Data Interchange minimizes staff involvement and reduces errors and the delays associated with the manual processing of business documents.

How does EDI Work?

- How?
  - Data/information is extracted from computer software applications and converted into paperless, computer-readable business documents that are transmitted via telephone lines and other telecommunications devices. At the receiving end, the data is fed directly into the Trading Partner's computer system where it will be automatically processed by the receiver's internal applications. All of this is accomplished in minutes. Your company's computer system may already serve as a repository for the health care data needed to support the required Electronic Data Interchange transactions. Electronic Data Interchange extends the value of the investment you've made in business application software. Creating, sending, receiving, and processing Electronic Data Interchange business documents as X12 transactions can be automated and integrated with your existing internal computer applications

What are the Benefits of EDI?

- Some benefits include:
  - Include improved speed, economy and accuracy in handling business documents
    - Convenient exchange of business documents during business and/or non-business hours
    - Reduced business/administration transaction costs
    - Improved customer service
    - Quick, accurate and automatic reconciliation of documents
- EDI FAQ:

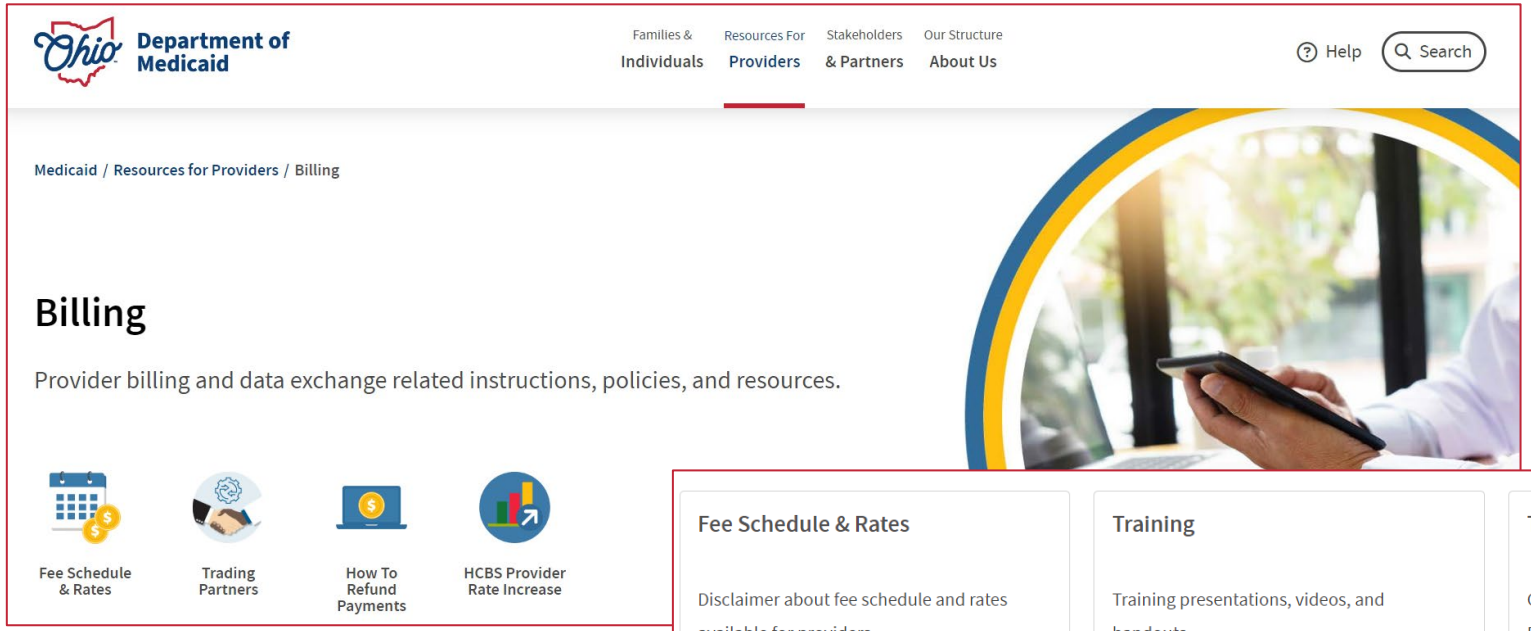
https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/Providers/Billing/TradingPartners/CompanionGuides/EDI-FAQ.pdf

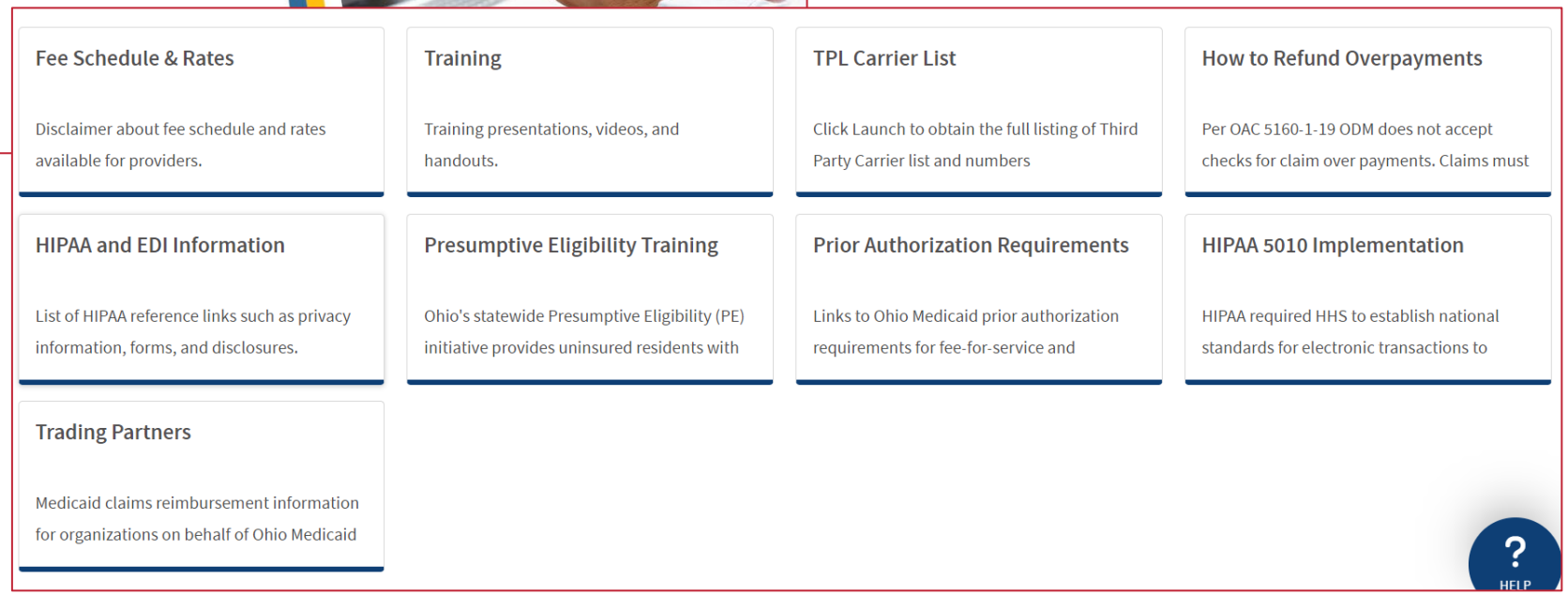
EDI Resources

-Go to the *Providers* tab

-Scroll down to the tiles at the bottom of the page

-Click the *Trading Partners* tile





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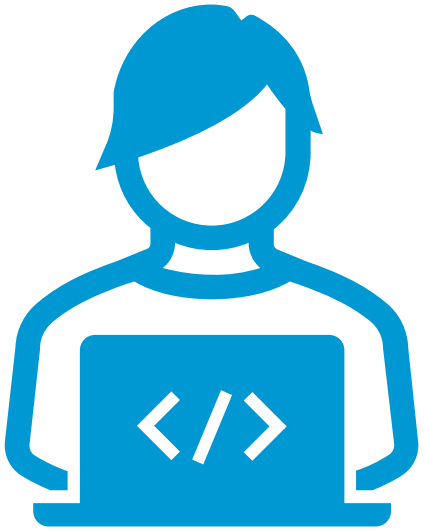
Online Direct Entry

PNM: https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx

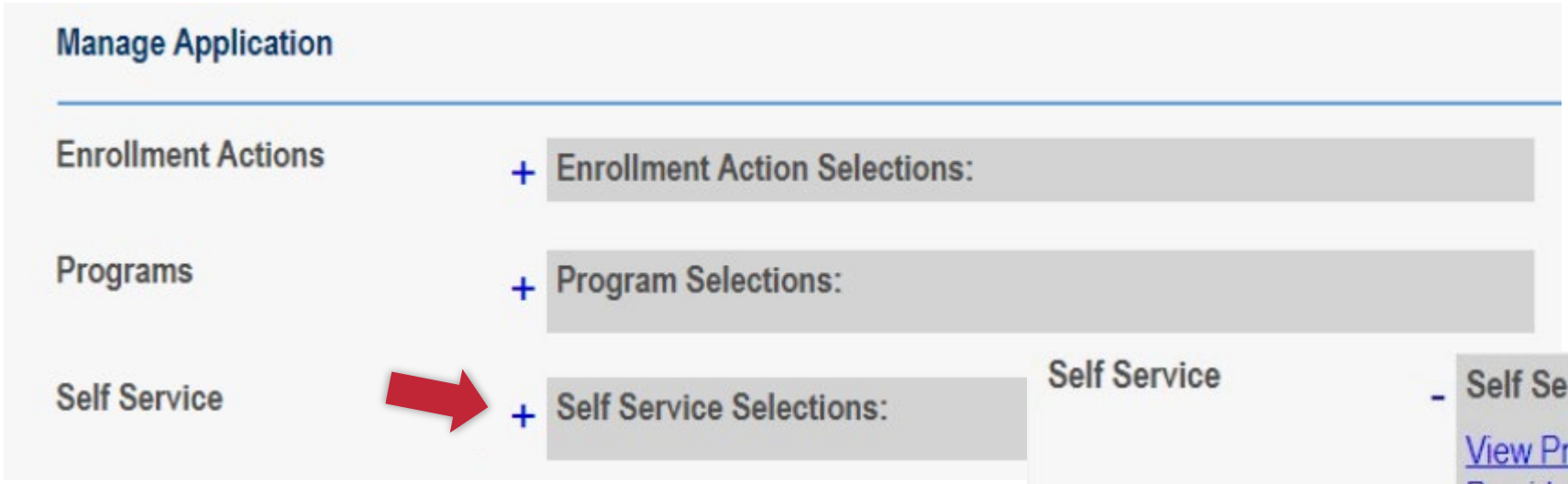
- The other way to submit FFS claims is via the Provider Network Management (PNM) module

- The claims are entered directly in the PNM system and electronically processed once the claim is submitted



- These claims must be completed one claim at a time – however multiple dates of service may be on the same claim

How to Submit a Claim



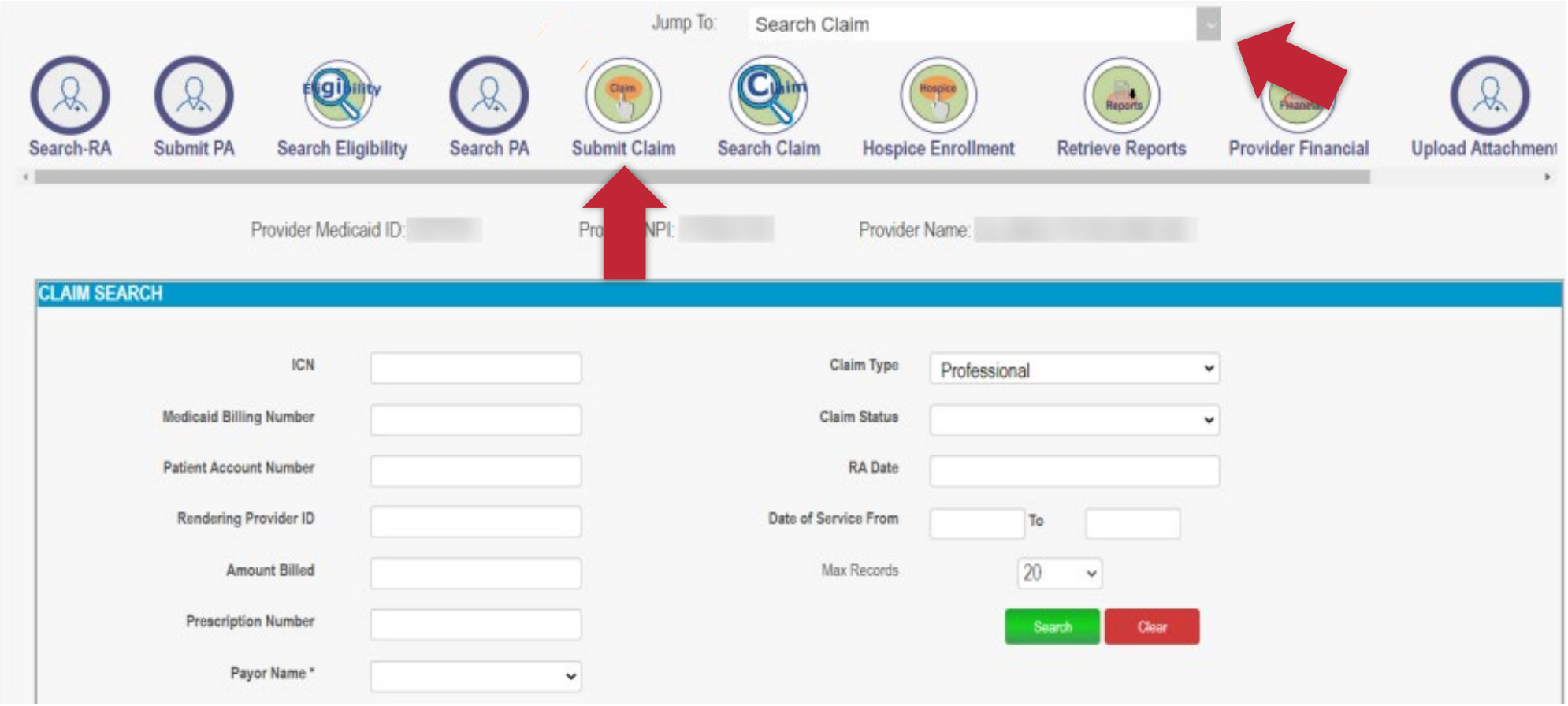
- Log into PNM
- Click into your provider file

- Expand the *Self Service* section
- Click on *Claims*



How to Submit a Claim, cont.

- Click the *Submit Claim* icon, or
- Select ‘submit claim’ from the *Jump To* drop-down menu



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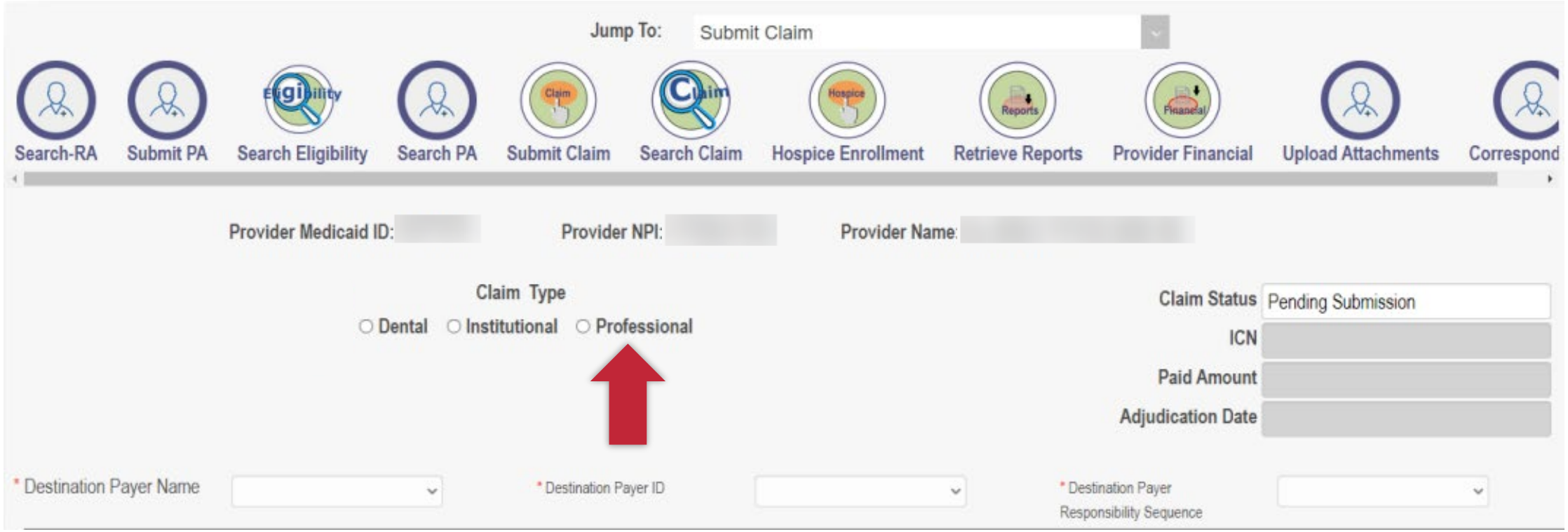
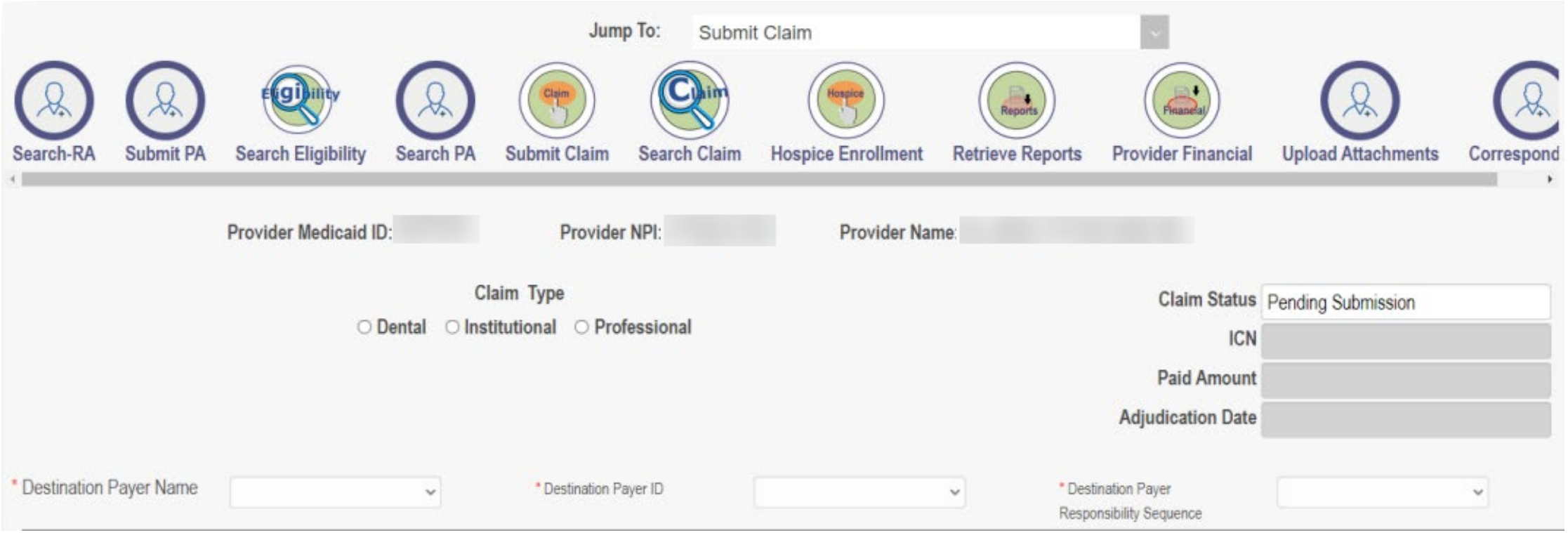
How to Submit a Claim, cont.

- Under Claim Type, select the Professional radio button
- Proceed through filling out the rest of the claim



How to Submit a Claim, cont.

- Make sure to complete all required fields of the claim
- If you are unable to finish the claim right then, click save



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Necessary Claim Details

- Client's Medicaid billing ID and date of birth
- Diagnosis code:
  - Z34.X
  - O80
  - X37.9
  - Z32.2
  - Z39.2
- Procedure code – T1032 and T1033
- Modifier – GT (Telehealth)
- Units
- Rendering doula's NPI – must be enrolled as PT 09



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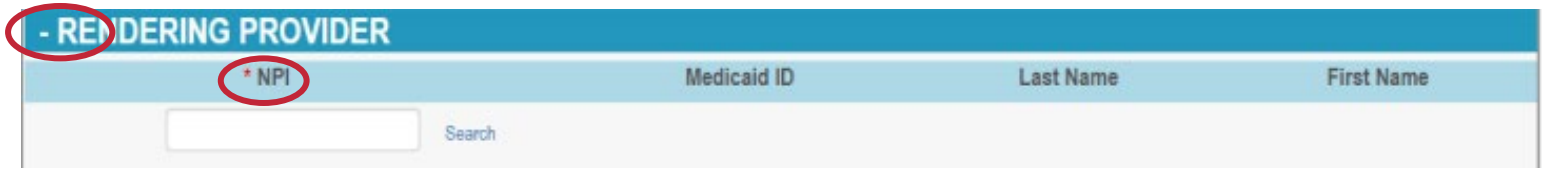
Required Claim Fields

- A red asterisk appearing on the section header/title indicates that section is required to be completed
  - The required fields within that section are marked with a red asterisk
- If a section header/title does not display a red asterisk, it means that section is not required to be completed on all claim submissions
  - These sections are situational and may need data entered depending on the claim being submitted
  - Red asterisks listed for fields in these sections indicate that if information is filled out in these sections, at minimum, the asterisk marked fields are required to be completed



Claim Submission Statuses

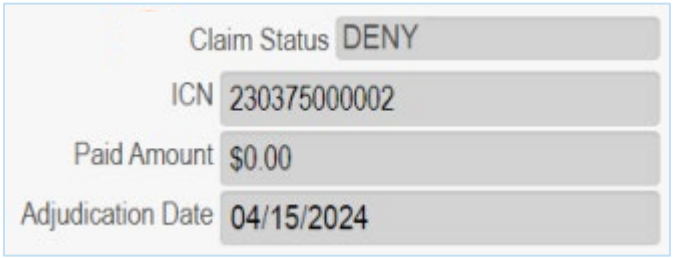
- The buttons below appear at the bottom of the Claims page:
  - Save: saves the claim form and data entered up to that point
    - Claim times out after 72 hours if it not modified or submitted
    - Find a saved claim via a search of the Claim Search panel for the status 'Submission Pending’
  - Submit: sends the claim for review
  - Cancel: cancels the claim and erases data entered



Claim Submission Statuses, cont.

- If no errors are present, after clicking submit, verify the submission was successful by reviewing the claim status at the top of the page
  - If the claim display a status other than a ‘Pending Submission’ status, it was successful
  - Claim adjudication may happen instantly. If a claim receives a denied status, review the adjudication errors section/panel or the CARC and RARC information section/panel to get additional details







Claims Overview

- Submitted claims are assigned an Internal Control Number known as an ICN
  - INC is created based on type of claim submission, Julian date, calendar year, and how many claims have been received

Example:

If today were 2/25/2024 and the claim received came from the Provider Portal, the ICN would be the following:

24056W256347

Year	Days this Year	Source of Claim	Number of the claim depending on the number of claims received today

Claims Overview, cont.

- To look up previously submitted claims, you must use the same system that was used for the original claim submission to view or edit a claim

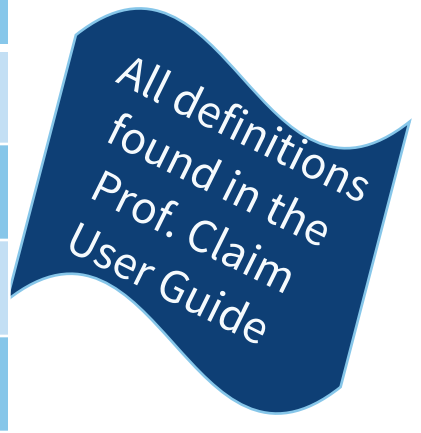
- Action on a previously **paid** claim
  - *Copy*: Allows you to copy the data from a paid claim into a new claim
  - *Adjust*: Allows data to be changed to submit the claim again
  - *Void*: Allows you to void the previously paid claim, previous paid amount will be recouped in a future claims payment cycle

- Action on a previously **denied** claim
  - *Resubmit*: Allows you to fix the claim and resubmit for payment

Claims Overview, cont.

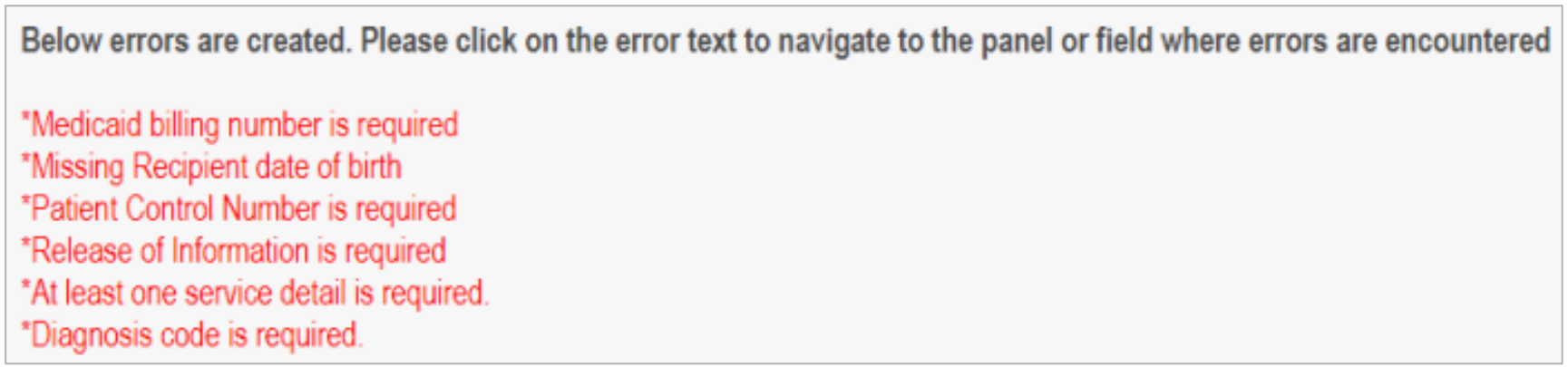
- Claim Statuses – it is best to familiarize yourself with all the possible claim statuses:

Adjudicated	Rev
Denied	Reversed
Deny	RevSynch
Open	Void
Paid	WaitDeny
Pay	WaitPay
Pend	WaitRev
Pending Submission	Warn



Claims Overview, cont.

- Claim errors can prevent a claim from submitting
  - Error messages will display at the top of the page
  - Click the error message text and PNM will direct you to the section that needs reviewed and corrected
  - Error message in pop-up windows also need reviewed and worked for correction



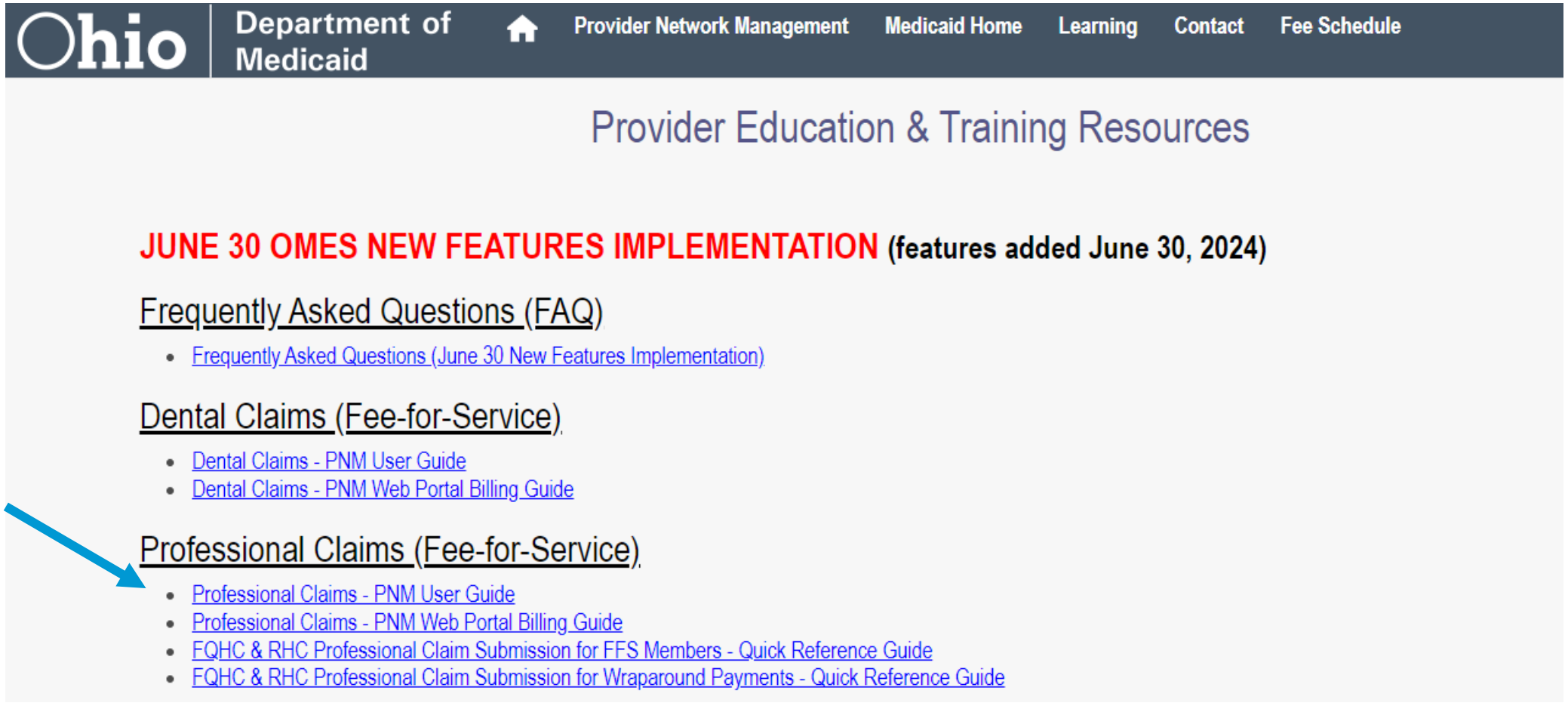


Professional Claims – PNM User Guide

- Utilize this resource for a step-by-step guide on claims

Click on the Learning tab

Scroll down and click Professional Claims



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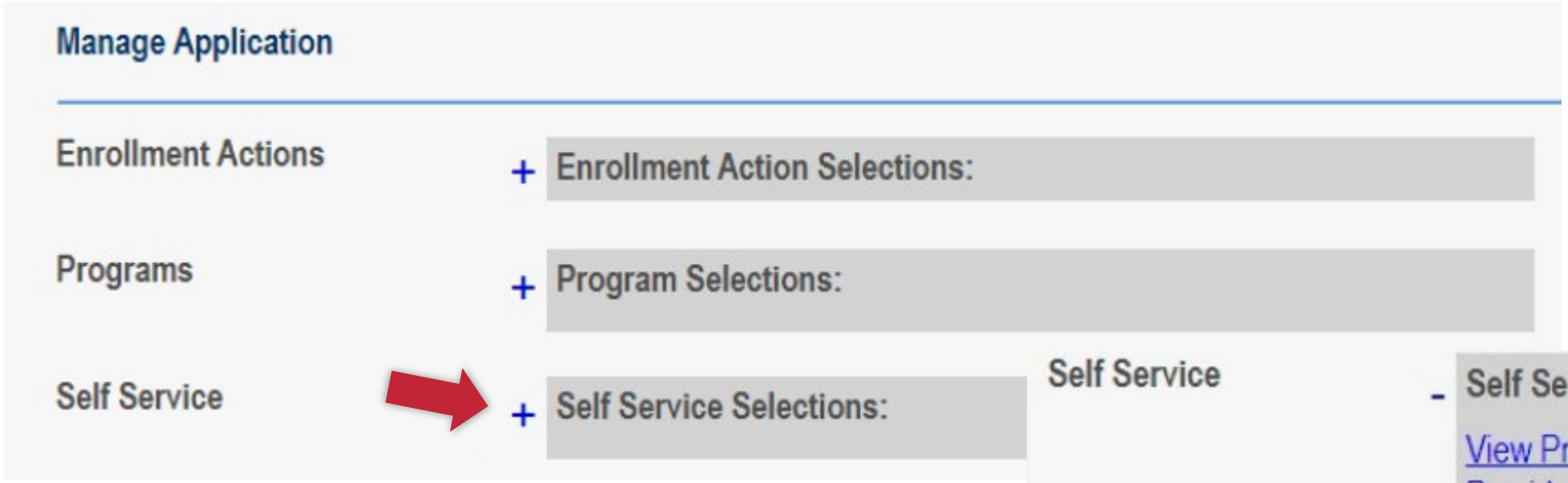
Fee-for-service Prior Authorization

Why FFS Prior Authorization?

- Requesting a prior authorization (PA) would be necessary if doula services for a pregnancy need to exceed the allowed 48 units
- When requesting a PA, the number of additional units requested will be reviewed and what is approved will be dependent on the needs of the client
- It is helpful if you can document and share on the PA any known existing conditions and/or social risk factors
  - This information will be helpful in making sure the PA gets approved quickly
  - Examples can include:
    - Depression
    - Anxiety
    - Housing and/or food insecurity
    - English as a second language



How to Submit a PA



- Log into PNM
- Click into your provider file

- Expand the *Self Service* section
- Click on *Prior Authorization*

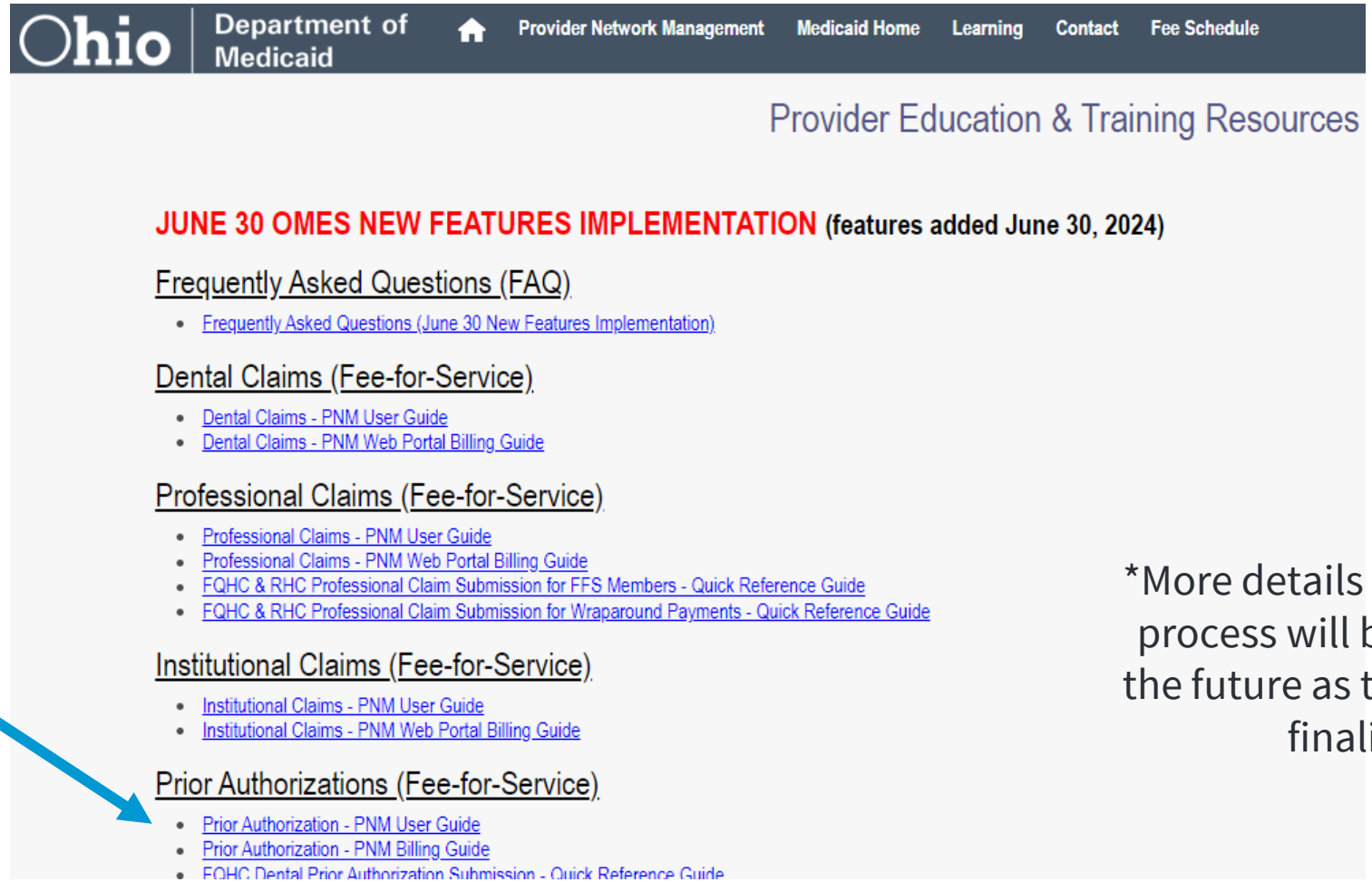


Professional Claims – PNM User Guide

- Utilize this resource for a step-by-step guide on PAs

Click on the Learning tab

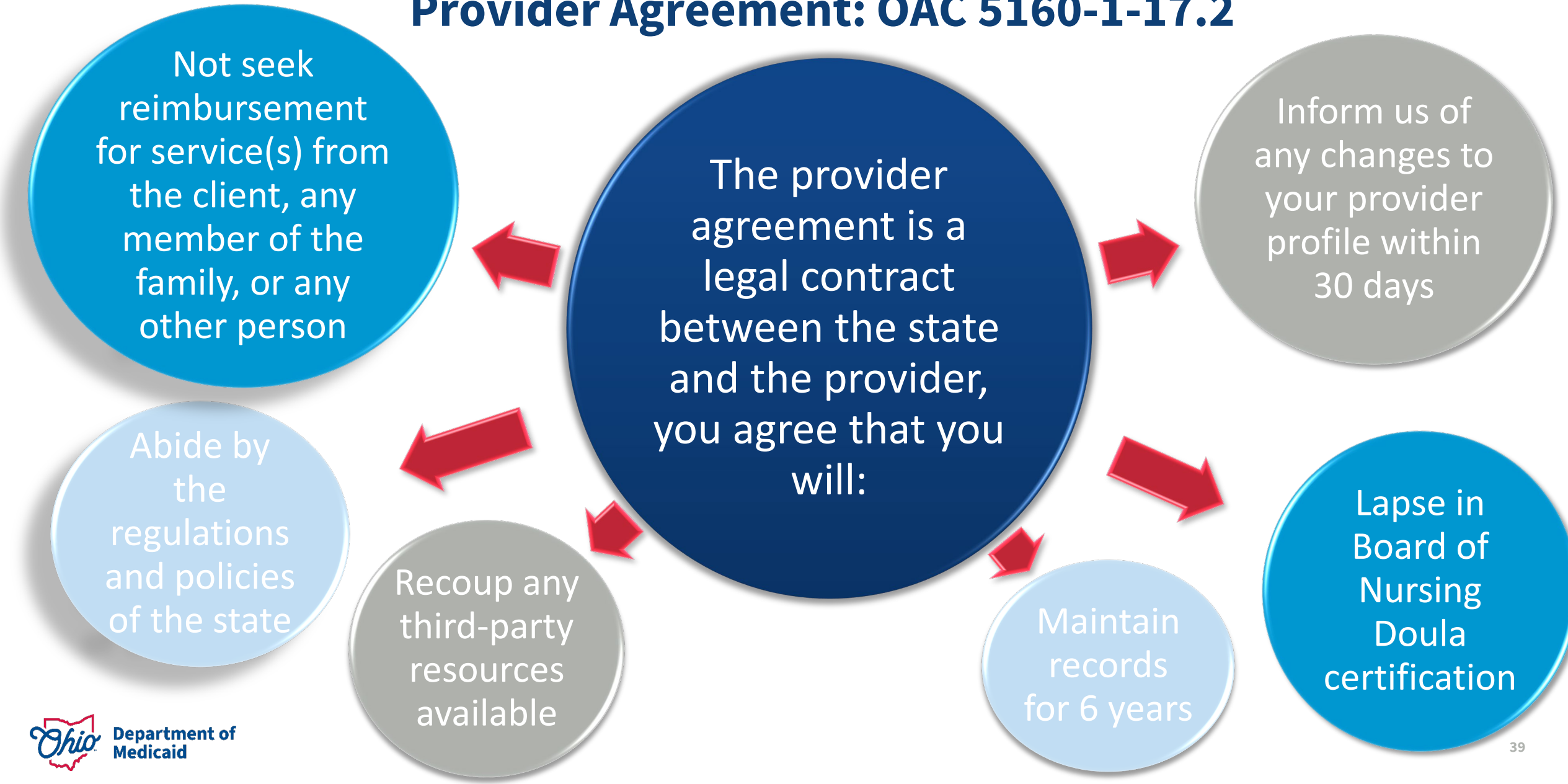
Scroll down and click Prior Authorization



*More details about the PA process will be coming in the future as the process is finalized

Provider Responsibilities and Resources

Provider Agreement: OAC 5160-1-17.2



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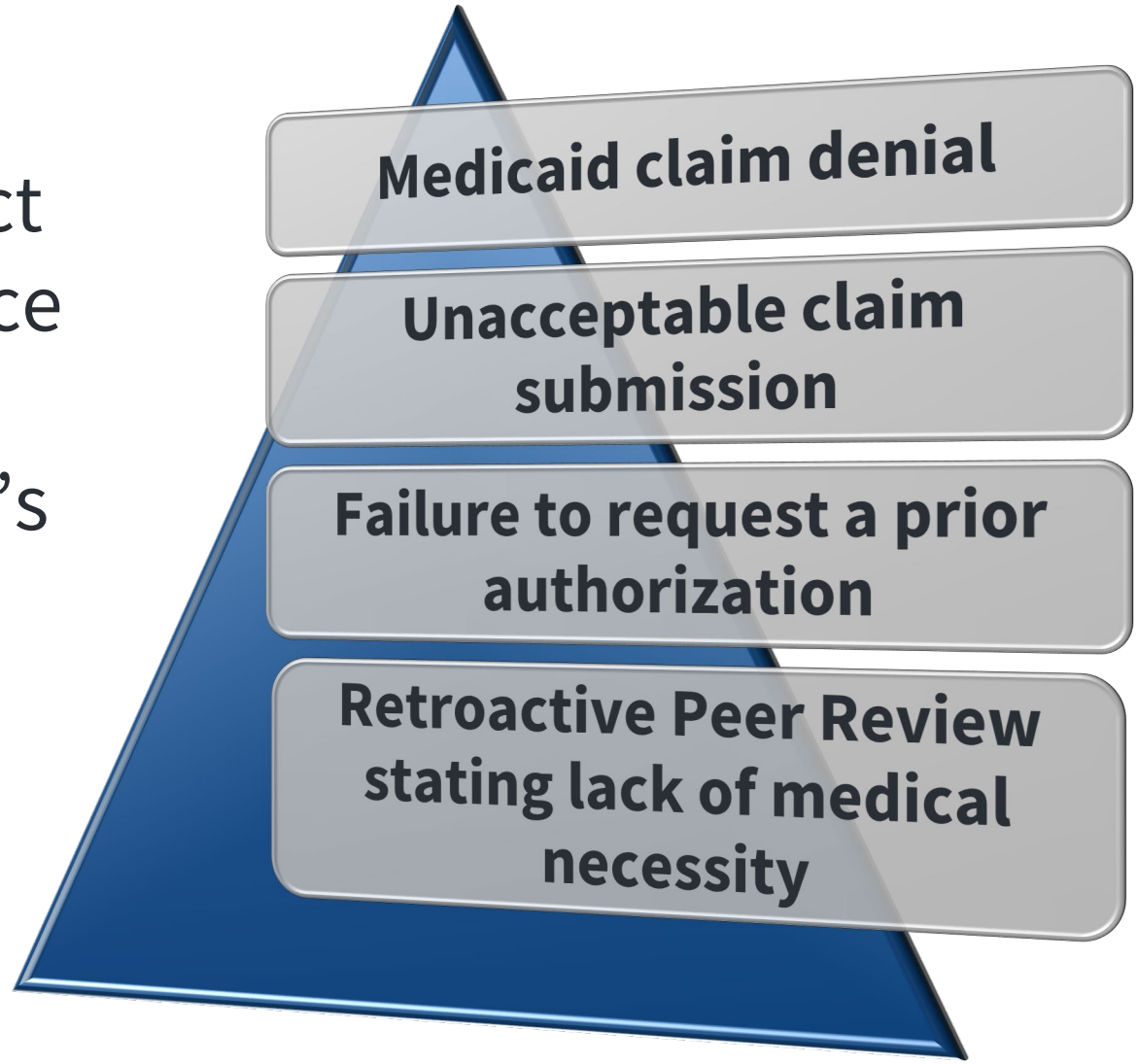
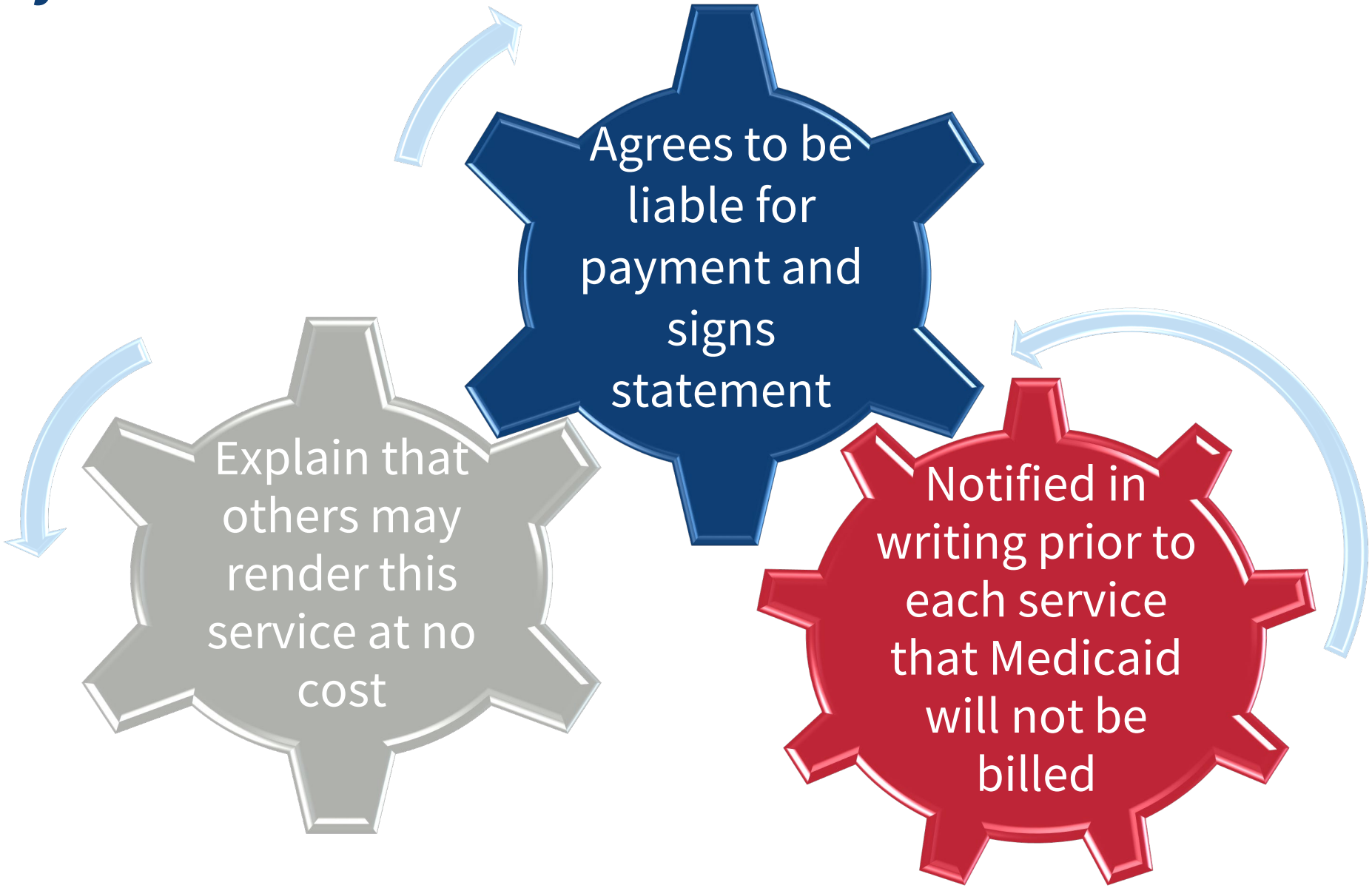
Medicaid Recipient Liability: OAC 5160-13.1

A provider may **NOT** collect and/or bill for any difference between the Medicaid payment and the provider's charge, as well as for the following reasons:



When Can you Bill a Medicaid Member?



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FFS Claims Timely Filing

OAC 5160-1-19

Providers have 365 days of the actual date the service was provided

Providers have 365 days from the date of service for denied claims that are re-submitted for payment

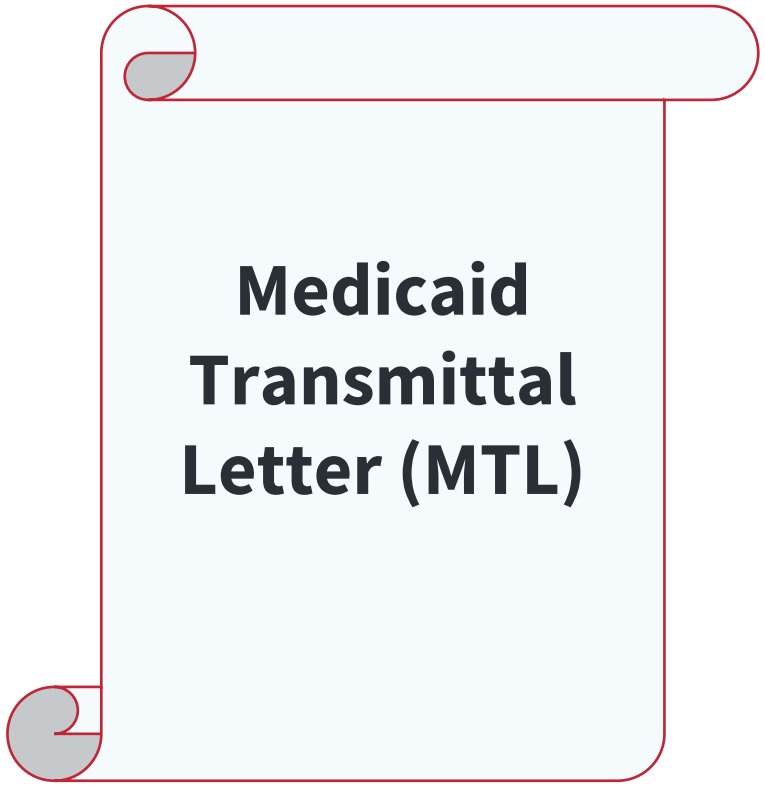
Delays in Medicaid eligibility determinations allow an exception

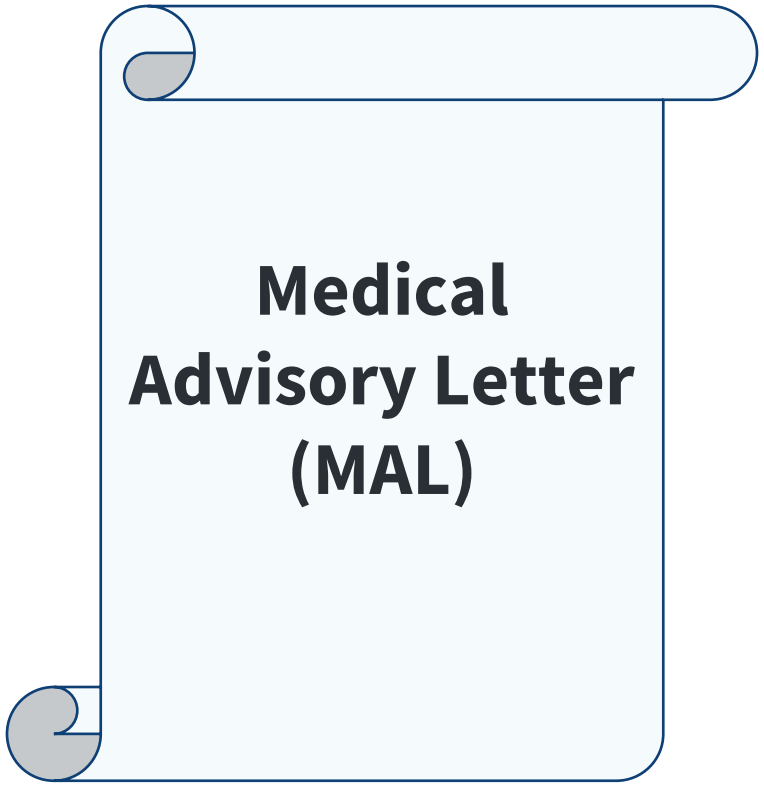
Claim adjustments are only submitted through EDI or PNM portal



Watch for Policy Updates

Notices from ODM announcing changes to the OAC and providing policy clarifications





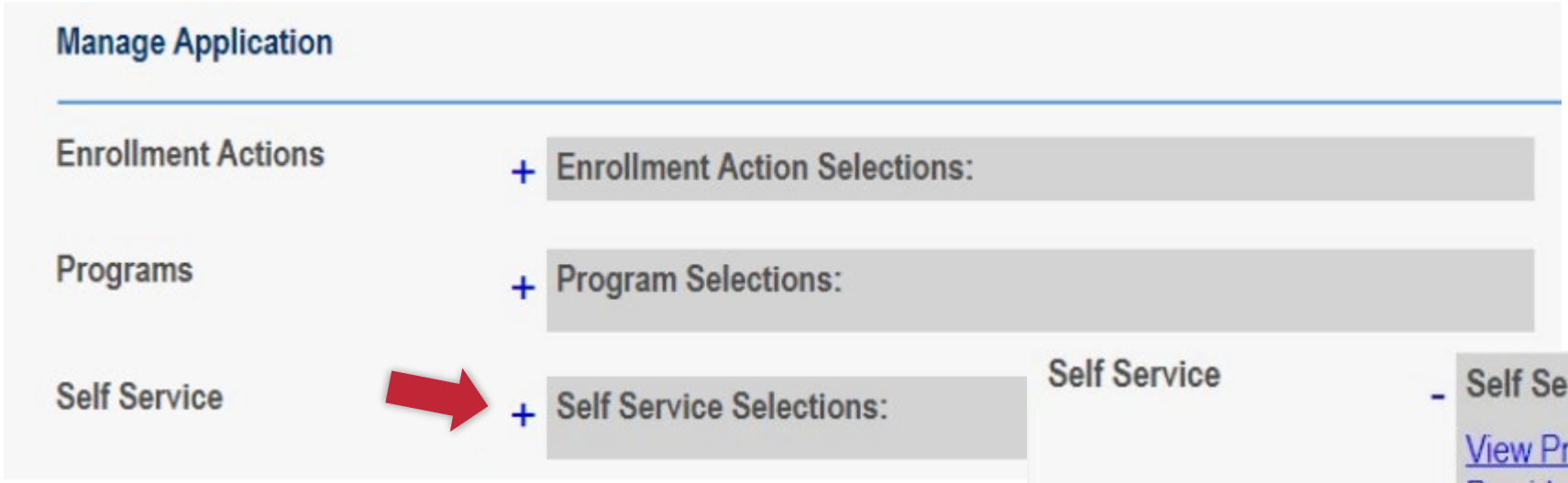
FFS Claims Payments

https://ohpnm.omes.maximus.com/OH_PNM_PROD/pages/ShowFiles.aspx?mode=inline&FileName=QRG%20-%20Updating%20or%20Adding%20EFT%20Banking%20Information.pdf

- ODM pays providers via electronic funds transfer (EFT)
- Adding and editing EFT banking information via the enrolled provider, in PNM
- Can be completed by a PNM Administrator or an Agent with the "Enrollment Agent" user role
- Why EFT?
  - Quicker funds – transferred directly to your account
  - No worry – no lost or stolen check or postal holiday delays
  - Address change – your payment will still be deposited into your banking account

Department of Medicaid

How to Search for Medicaid Eligibility



- Log into PNM
- Click into your provider file

- Expand the *Self Service* section
- Click on *Recipient Eligibity*

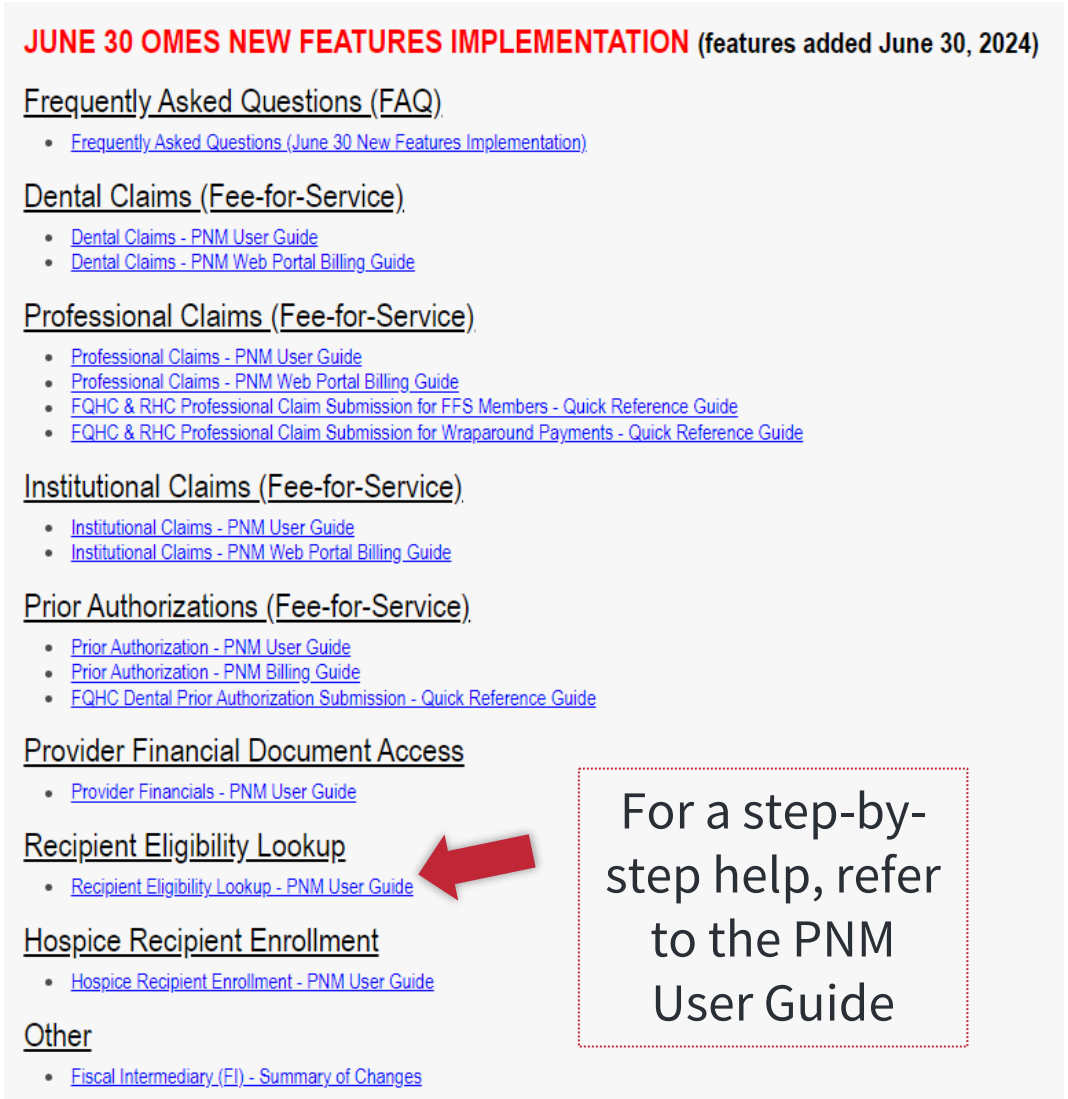


Ohio Department of Medicaid

Medicaid Eligibility Search

https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx

- A PNM Administrator or a PNM Agent user with the “Eligibility” user role is needed
  - The link will not appear for anyone without the proper access
- Two key pieces of information are necessary for the search:
  - Enter the Medicaid billing number of the Social Security Number
  - Date of Birth



For a step-by-step help, refer to the PNM User Guide

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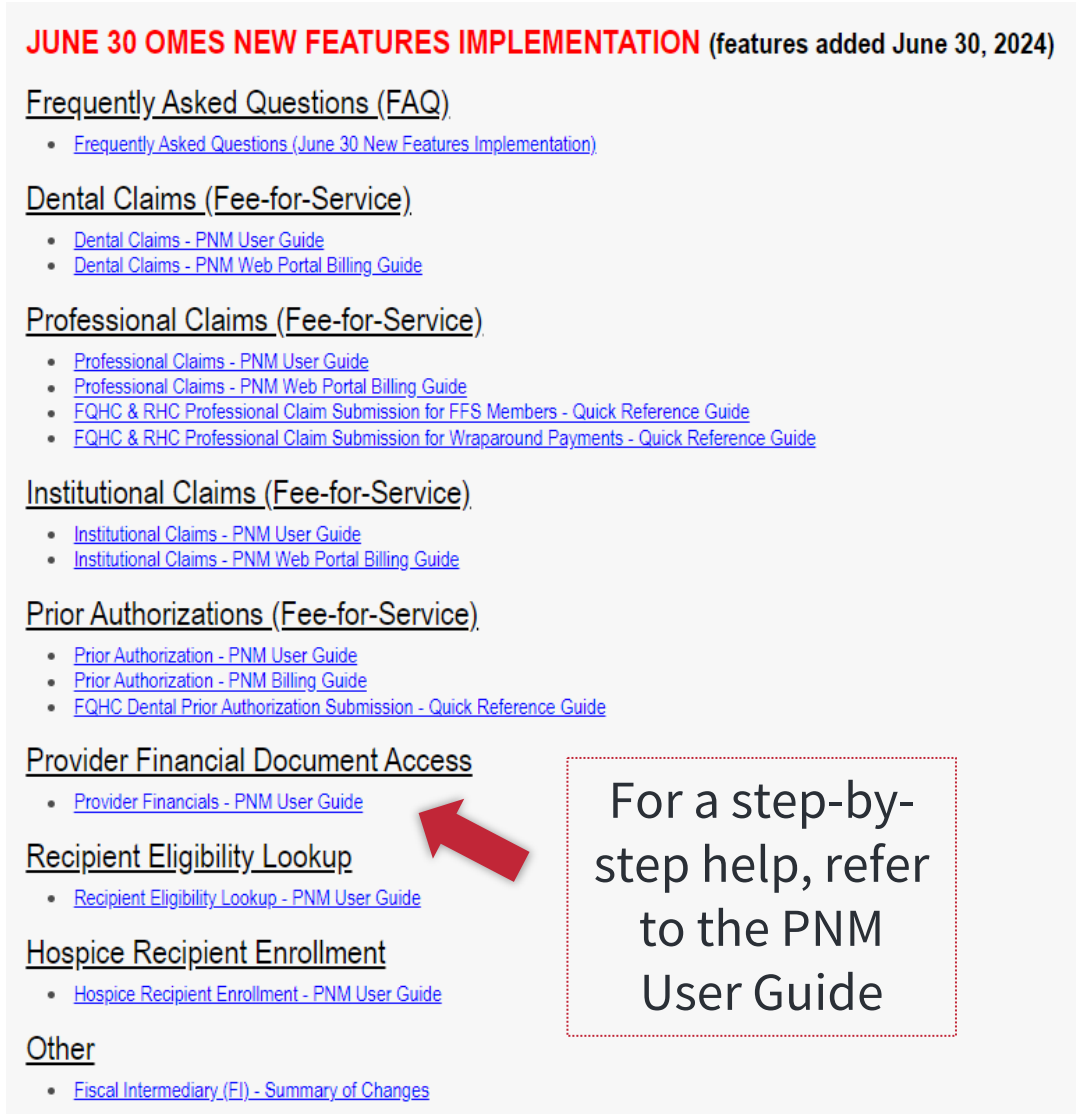
Medicaid FFS Remittance Advices (RAs)

https://ohpnm.omes.maximus.com/OH_PNM_PROD/Account/Login.aspx

- A PNM Administrator or a PNM Agent user with the “View Remittance Advice” user role is needed
- A PNM Administrator or PNM Agent with the “1099 Information” user role is needed
- Access is necessary for the Medicaid ID in which financials want to be viewed



JUNE 30 OMES NEW FEATURES IMPLEMENTATION (features added June 30, 2024)

Frequently Asked Questions (FAQ)
- Frequently Asked Questions (June 30 New Features Implementation)

Dental Claims (Fee-for-Service)
- Dental Claims - PNM User Guide
- Dental Claims - PNM Web Portal Billing Guide

Professional Claims (Fee-for-Service)
- Professional Claims - PNM User Guide
- Professional Claims - PNM Web Portal Billing Guide
- FQHC & RHC Professional Claim Submission for FFS Members - Quick Reference Guide
- FQHC & RHC Professional Claim Submission for Wraparound Payments - Quick Reference Guide

Institutional Claims (Fee-for-Service)
- Institutional Claims - PNM User Guide
- Institutional Claims - PNM Web Portal Billing Guide

Prior Authorizations (Fee-for-Service)
- Prior Authorization - PNM User Guide
- Prior Authorization - PNM Billing Guide
- FQHC Dental Prior Authorization Submission - Quick Reference Guide

Provider Financial Document Access
- Provider Financials - PNM User Guide

Recipient Eligibility Lookup
- Recipient Eligibility Lookup - PNM User Guide

Hospice Recipient Enrollment
- Hospice Recipient Enrollment - PNM User Guide

Other
- Fiscal Intermediary (FI) - Summary of Changes

For a step-by-step help, refer to the PNM User Guide

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Online Resources for June 30 Implementation

https://medicaid.ohio.gov/resources-for-providers

- June 30 FAQ: https://medicaid.ohio.gov/wps/wcm/connect/gov/9883cf9b-3509-4142-be45-308a4310747a/June+30+New+Features+Implementation+FAQ.pdf?MOD=AJPERES&CVID=p1GVlhV
- PNM FAQ: https://ohpnm.omes.maximus.com/OH_PNM_PROD/pages/ShowFiles.aspx?mode=inline&FileName=PNM%20FAQ%20(June%2030%202024%20New%20Features).pdf

What resources are available to assist providers?

We understand that this is a big change, and we appreciate your contributions that have made the Next Generation of Medicaid program possible. We have developed resources to help providers with this implementation. We encourage you to read and share the following:

- View the Who to Contact for Help document to learn who providers should contact if they need assistance. Most questions about this implementation should be directed to the Integrated Helpdesk at (800) 686-1516.
- Review the June 30 New Features Implementation Frequently Asked Questions (FAQ) document for answers to some of the most common questions about the implementation.
- Review the PNM module FAQ document for more information on PNM functionality.
- Visit the Implementation Training and Resources page on the Next Generation website to learn more about training, and other available resources, and the June 30 implementation.

What Comes Next?

Doula Training Webinar Series Schedule

9/10/24

Training Session One

- Ohio Medicaid 101
- NPI
- Ohio Board of Nursing (BON) certification process
- Provider enrollment

9/26/24

Training Session Two

- MCO Basics
- MCO contracting

10/29/24

Training Session Three

- Managed Care Organization (MCO) billing process
- MCO prior authorization process

11/7/24

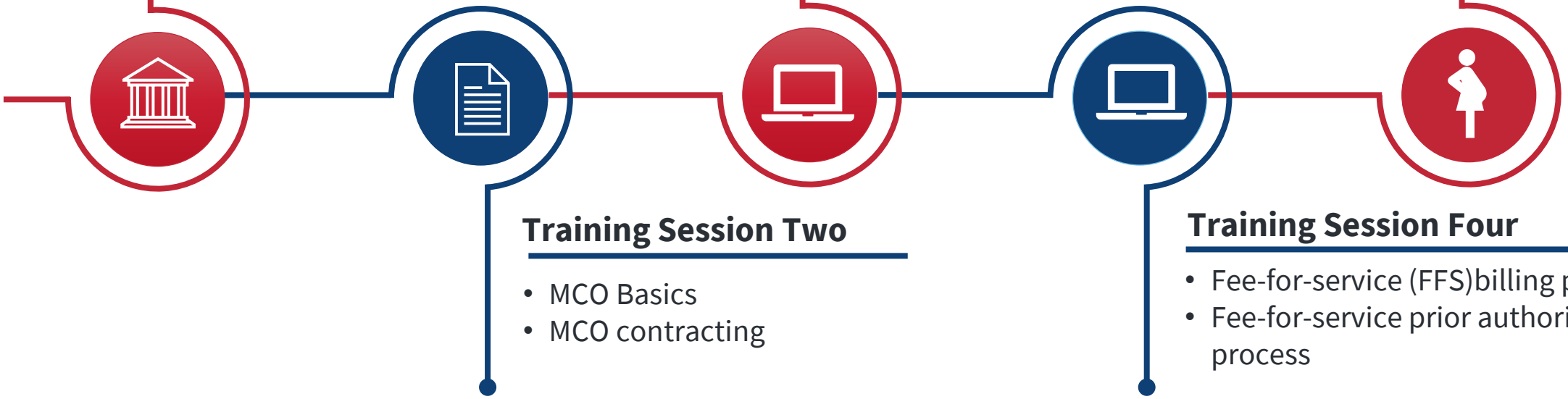
Training Session Four

- Fee-for-service (FFS)billing process
- Fee-for-service prior authorization process

11/21/24

Training Session Five

- Other maternal health related topics

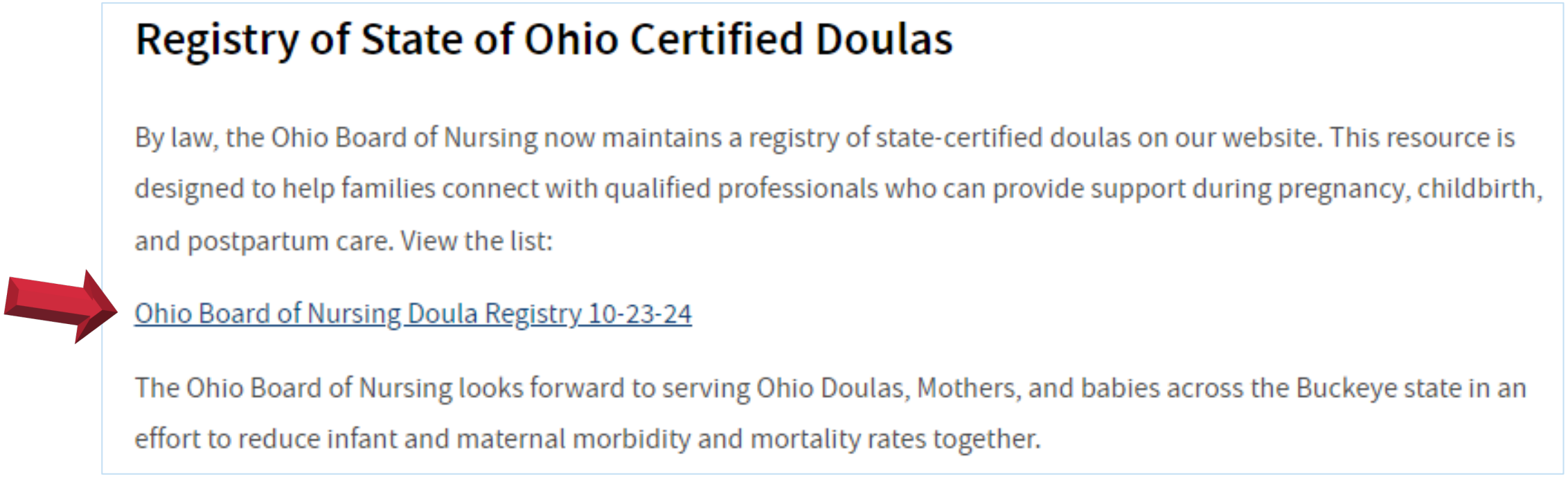


Department of Medicaid

Ohio Board of Nursing Doula Registry

https://nursing.ohio.gov/doula

- Scroll to the bottom of the webpage to find the link to their registry
  - It is best to always link to the registry directly from the webpage, to ensure you are reviewing the most recent version



Registry of State of Ohio Certified Doulas

By law, the Ohio Board of Nursing now maintains a registry of state-certified doulas on our website. This resource is designed to help families connect with qualified professionals who can provide support during pregnancy, childbirth, and postpartum care. View the list:

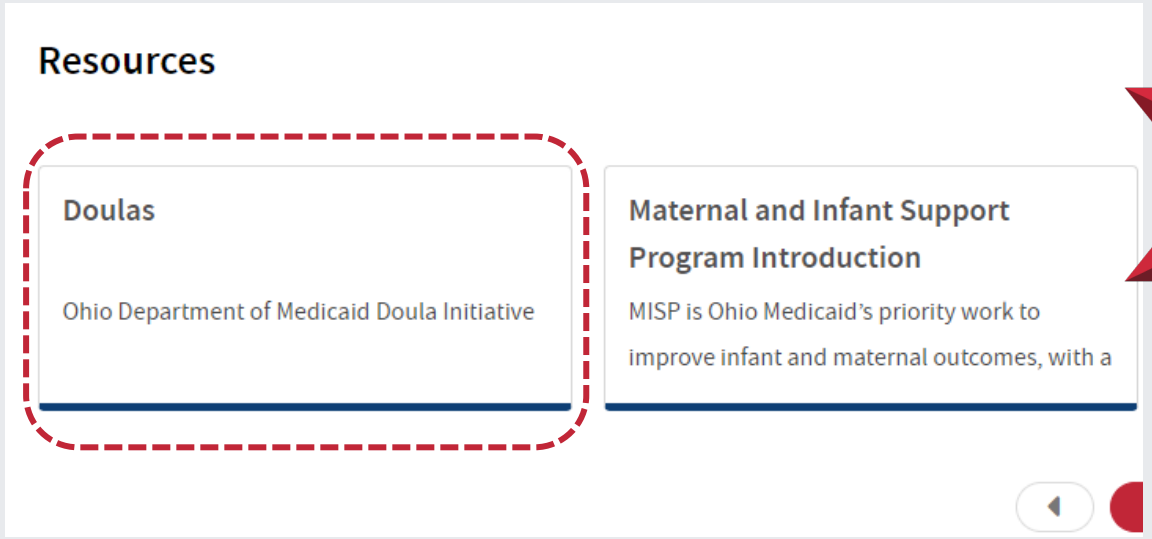
Ohio Board of Nursing Doula Registry 10-23-24

The Ohio Board of Nursing looks forward to serving Ohio Doulas, Mothers, and babies across the Buckeye state in an effort to reduce infant and maternal morbidity and mortality rates together.

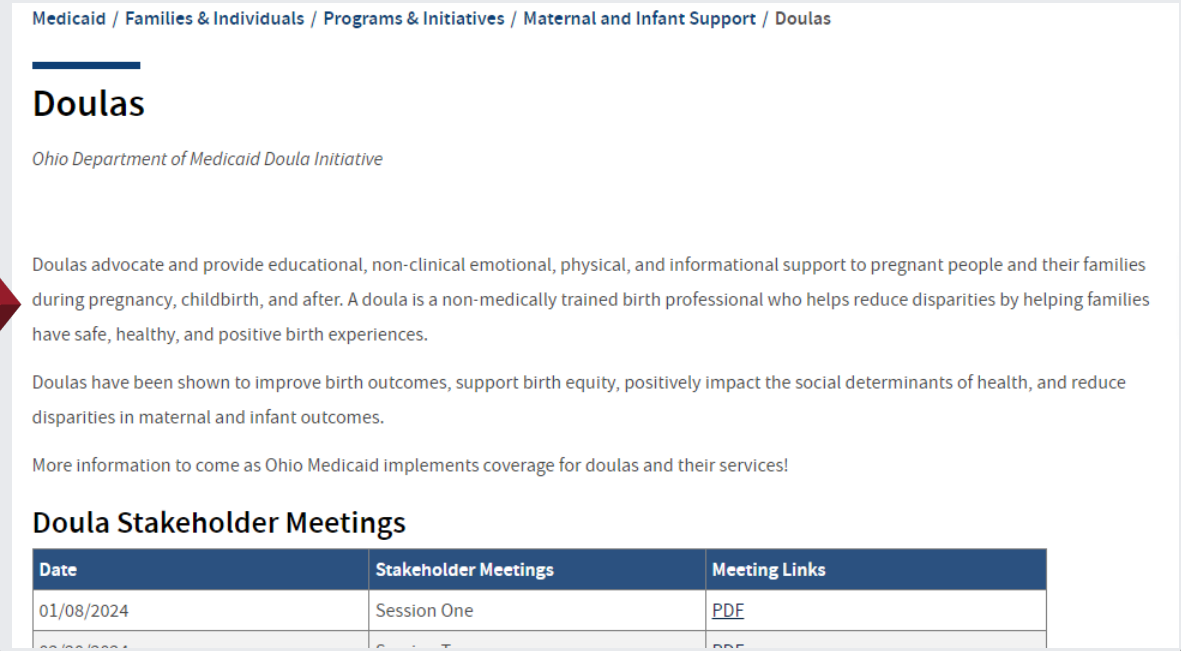
Bookmark Our Doula Webpage – FAQ is Coming Soon!

Click the Doula resource tile at the bottom of the Maternal and Infant Support Program (MISP) webpage to access our doula webpage

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



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

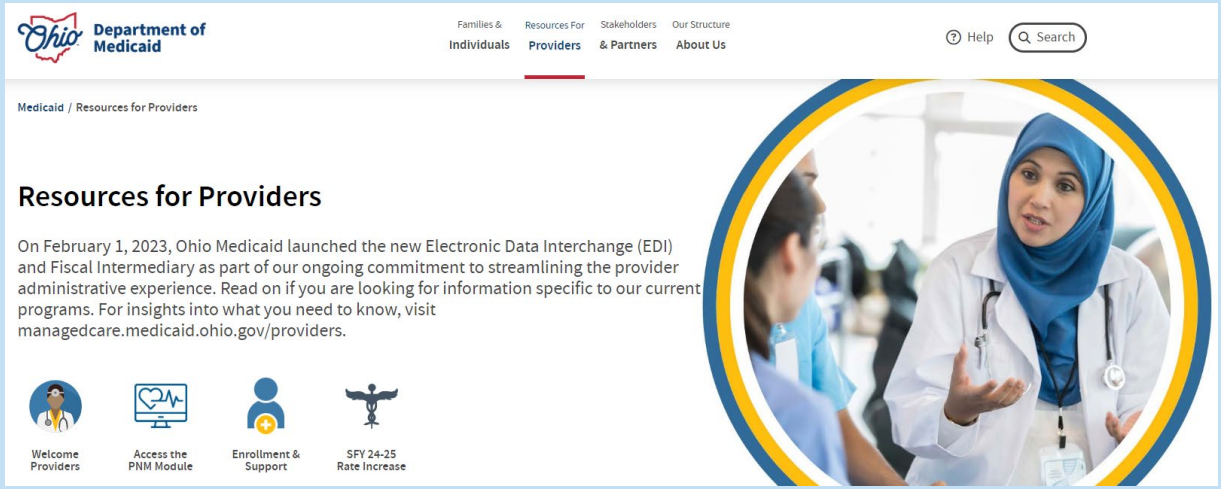


Department of Medicaid

Bookmark the Provider Resource Webpages

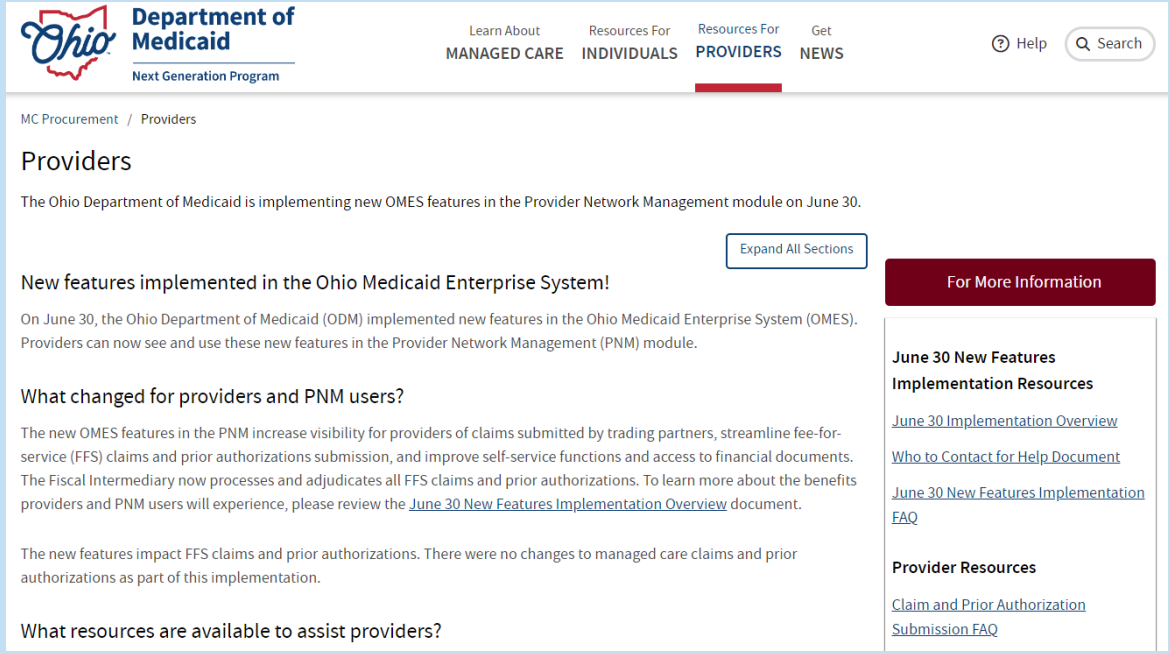
ODM provider webpage

https://medicaid.ohio.gov/resources-for-providers



ODM Next Generation Program provider webpage

https://managedcare.medicaid.ohio.gov/providers



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A newsletter designed to help Ohio Medicaid's provider community with changes to Ohio's Medicaid program

Subscribe to the **MISP listserv**

Insights into the latest initiatives, policies, and programs specific to the wellbeing of mothers and children

Ways to Engage



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MISP@medicaid.ohio.gov

Integrated Helpdesk (IHD) 1-800-686-1516

Call us



Learning

Absorb Learning Management System https://ohiopnm.myabsorb.com/#/login

Medicaid Consumer Hotline 1-800-324-8680

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Department of Medicaid

Questions & Answers Session



Questions?