

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.



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.



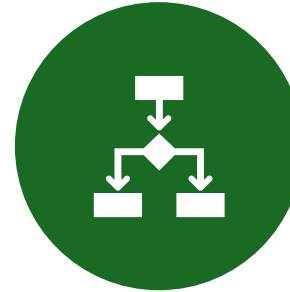
THE MCO IS AVAILABLE TO
ANSWER YOUR QUESTIONS
ABOUT MEMBER COVERAGE
AND SUPPORT YOU AS A DOULA
PROVIDER.



How managed care plans are selected



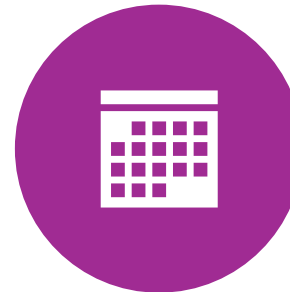
Most members are automatically selected for Medicaid managed care coverage



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.

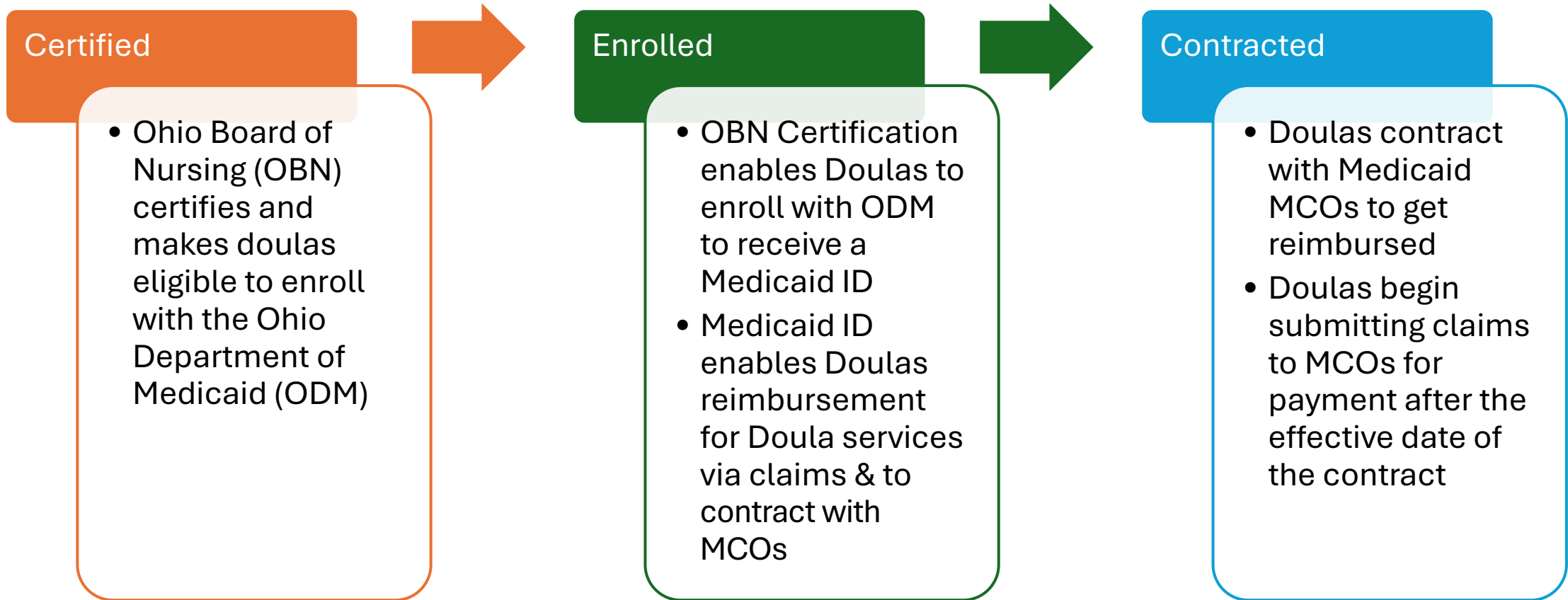


Contracting Process

Medicaid Managed Care Organizations



The MCO Contract Process



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

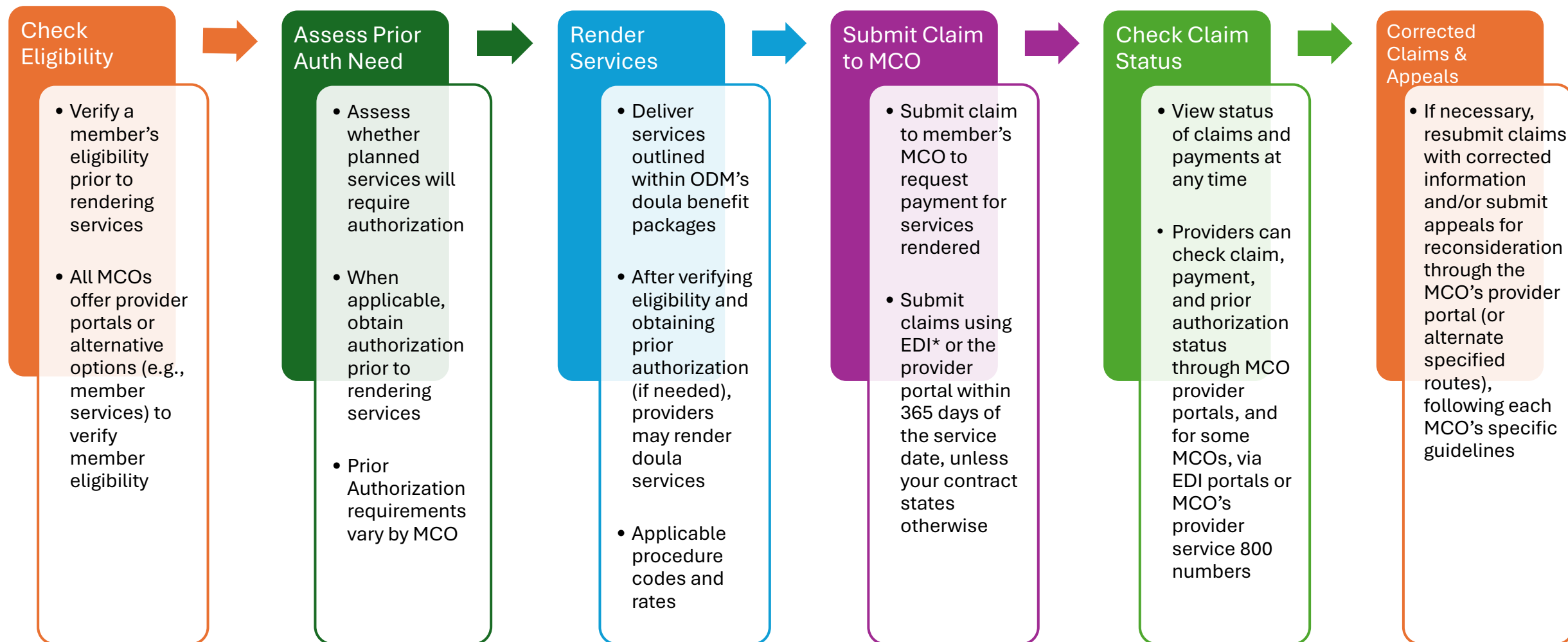


Billing & Prior Authorization

Medicaid Managed Care Organizations



High Level Steps



*EDI (Electronic Data Interchange)



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



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	See ODM Recommended Diagnosis List
Modifier		X	X	X		Report "GT" Modifier for Telehealth Services. Telehealth is approved to Perinatal Services, but not T1033 Delivery. T1032 = Perinatal Services \$12.50/15-Minute Unit; T1033 Attendance at delivery 1 Unit = \$600; T1023 = Report of Pregnancy 1 Unit = \$30
Procedure Code (CPT/HCPS)	X	X	X	X	X	
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 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. $\$12.50 \times 3 = \$37.50$ should be entered for that claim line.
- Invalid diagnosis code: [All Managed Care Organization Doula Resource Guide](#) page 7
 - All MCO’s systems are rejecting claims if code “Z37.9-Outcome of Delivery Unspecified” is used as Primary Diagnosis



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

The diagram shows a sample member ID card with the following fields and callouts:

- Member ID Number:** 000000000000 (Callout: A member's ID number can be found here)
- Primary Care Provider:** Dr. John Doe, Phone: 000-000-0000 (Callout: A member's Primary Care Provider's name and phone number can be found here)
- Issuance Date:** MM/DD/YYYY (Callout: When a member's ID card was issued can be found here)
- Member Services:** Phone: 000-000-0000, 24 Hour Emergency Services | Phone: 000-000-0000, OhioRISE Member Service | Phone: 833-711-0773 (Callout: If a member has questions or an emergency related to their benefits, they can use the phone numbers located here)
- OhioRISE and Aetna logos:** (Callout: If a member is enrolled in OhioRISE, they will have the OhioRISE and Aetna logo here)
- Pharmacy Benefit:** Rx Bin: 024251, Rx PCN: OHRXPROD, Phone: 833-491-0344, CSP Enrolled, Use Member ID for Billing (Callout: 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

[Admin](#) > [Home](#) > Claim Submission

Perform a Claim task

EXAMPLE

Select Claims Task:

☒ Submit a claim ☐ Check submission status ☐ Predetermination & bundling logic

Select Claim Type: ☒ Professional Claim ☐ Facility/Institutional Claim

All Doula claims are "Professional"

EXAMPLE

1. Insurance Type *

MEDICAID

11C. Insurance Plan Name Or Program Name (Optional)

EXAMPLE

11D. Is there another Health Benefit Plan? *

2

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	See ODM Recommended Diagnosis List
	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, Authorizations & Miscellaneous Claim Search

EXAMPLE

21. Diagnosis details

Diagnosis Pointer	Diagnosis Code *	Diagnosis Code Description	
1. Primary	Z32.2		Delete

Unsure what your code is?
[Look up Code](#)

Add Diagnosis

ODM Recommended Diagnosis for Doulas

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
Z37.9 is the ICD-10 code for an unspecified outcome of delivery
Z32.2 is for an encounter for pregnancy testing, childbirth, and childcare instruction
Z39.2 is the ICD-10 diagnosis code for a routine postpartum follow-up

Do not use Z37.9 as "Primary Diagnosis". All MCO's systems are rejecting claims

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	See ODM Recommended Diagnosis List
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	Douglas Report Units
6	Quantity Type			X		X	Select "Units"

EXAMPLE - Perinatal Service Claim

Line Item Number:1

Date From*
06/02/2025
MM/DD/YYYY

Date To*
06/02/2025
MM/DD/YYYY

Place of Service
12 - Home

EMG (Optional)

CPT/HCPC Code*
T1032

Look Up Code

Modifier (Optional)
GT

Diagnosis Pointers*
1

Charges
\$50.00

Family Plan (Optional)

Number of Days Or Units*
4

Units

EPSTD (Optional)

1

Location of the treating provider when service was delivered. There is no limitation on provider site

3

Modifier "GT" only to be used for telehealth visits

2

\$50 charge represent 4 units at \$12.50 each

4

This is the Qty Type Field

5

6

AmeriHealth Caritas

Anthem

buckeye health plan.

CareSource

Humana

MOLINA HEALTHCARE

UnitedHealthcare

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.

EXAMPLE – Report of Pregnancy Claim

Line Item Number:2

Date From *
06/02/2025
MM/DD/YYYY

Date To *
06/02/2025
MM/DD/YYYY

Place of Service (Optional)
12 - Home

EMG (Optional)

CPT/HCPC Code *
T1023
Look Up Code

Modifiers (Optional)

Diagnosis Pointers *
1

1Charges *
\$30.00

Family Plan (Optional)

Number of Days Or Units *
1
Units

EPSTD (Optional)

Modifiers only needed if you are billing for a telehealth service

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

Select Billing Provider Address * Search by Zip Code (Optional)

If the address you're looking for does not appear in the results, please do a zip code search.

Do you have a National Provider Identifier (NPI)?

☒ Yes ☐ No

34A. Servicing Provider NPI * **1**

34B. Taxonomy Code (Optional)

NOTE: For Medicaid, certain states require a taxonomy code. Enter a valid taxonomy code only for the Billing Provider if NPI/Secondary ID is the same for both Billing and Servicing Providers.

33A. Billing Provider NPI * **2**

33B. Taxonomy Code (Optional)

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

Select Billing Provider Address * Search by Zip Code (Optional)

If the address you're looking for does not appear in the results, please do a zip code search.

Do you have a National Provider Identifier (NPI)?

☒ Yes ☐ No

34A. Servicing Provider NPI * **1**

34B. Taxonomy Code (Optional)

NOTE: For Medicaid, certain states require a taxonomy code. Enter a valid taxonomy code only for the Billing Provider if NPI/Secondary ID is the same for both Billing and Servicing Providers.

33A. Billing Provider NPI * **2**

33B. Taxonomy Code (Optional)

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 TIN Type
38-9999999 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.



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:** ROP Reimbursement by ODM is expected to be effective 10/1/2025. ROP effective reimbursement date may vary by MCO.



Accessing Nurture Ohio

Step One:

Access Nurture Ohio

<https://nurtureohio.com/login>

Select: OH ID

Enter ID and Password

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



Nurture

Care ♥ Encourage

Ohio

Department of Medicaid

PRAF 2.0 Ohio Department of Medicaid's Online Notification of Pregnancy System

Ohio Medicaid Providers/Practices: Select "OHID" from dropdown to log in with your OHID Username and Password to submit pregnancy notifications, prescriptions, and referrals for patients currently insured by Ohio Medicaid.

All Other Users, including MCPs, County and Home Health: Select "Internal" from dropdown to login with your NurtureOhio Username and Password provided to you via email.

System:

OHID ▼

LOG IN WITH OHID

Help ?



Update New User Profile

 Nurture

PRAF 2.0 Archived PRAF 2.0 Analytics Video Library Help

  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)



You must set up your profile.

USER INFORMATION (Provided by OH|ID)

First Name



Last Name



User Type

Practice

Group(s)



Email / Username



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



SAVE & BEGIN









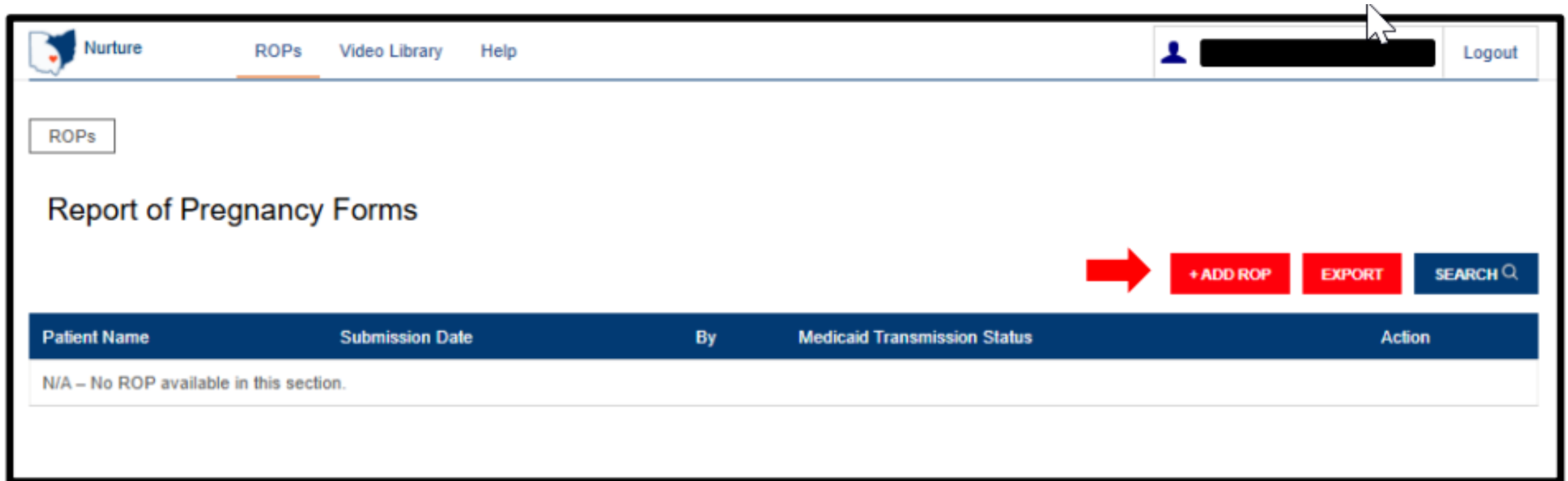






How to Submit a Report of Pregnancy (ROP)

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

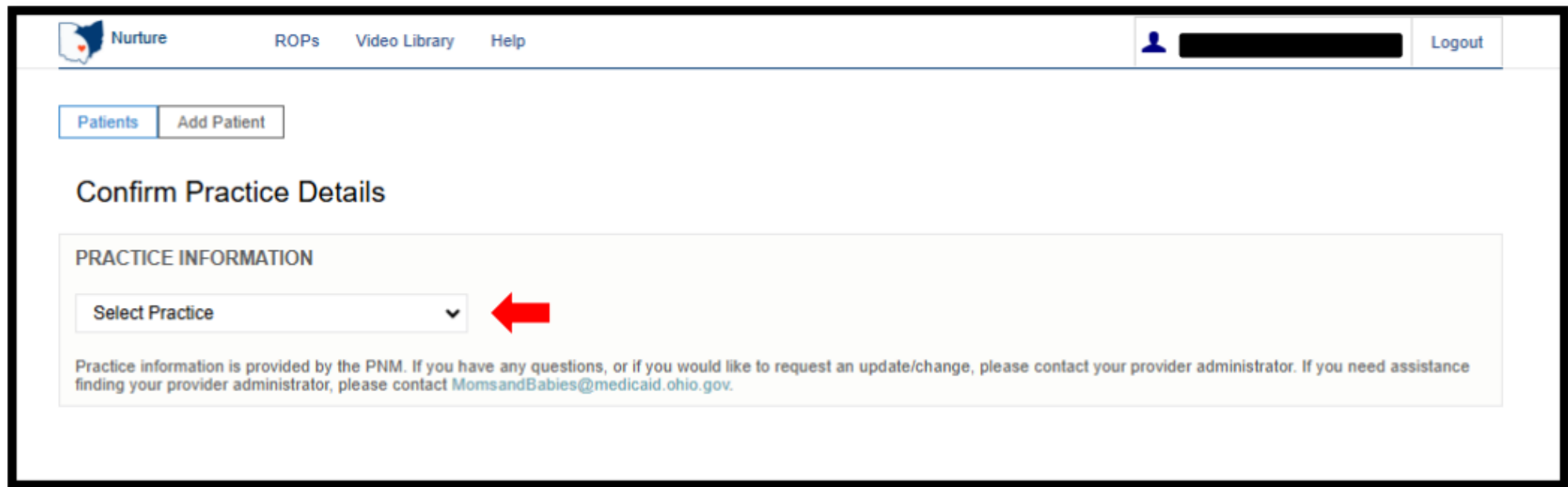


The screenshot shows the 'Nurture' application interface. At the top, there is a navigation bar with 'Nurture', 'ROPs', 'Video Library', and 'Help'. On the right, there is a user profile icon and a 'Logout' button. Below the navigation bar, there is a 'ROPs' tab. The main heading is 'Report of Pregnancy Forms'. To the right of this heading, there is a red arrow pointing to a red button labeled '+ ADD ROP'. Next to it are two other buttons: 'EXPORT' (red) and 'SEARCH' (blue with a magnifying glass icon). Below these buttons is a table with the following headers: 'Patient Name', 'Submission Date', 'By', 'Medicaid Transmission Status', and 'Action'. The table body contains a single row with the text 'N/A – No ROP available in this section.'

Patient Name	Submission Date	By	Medicaid Transmission Status	Action
N/A – No ROP available in this section.				

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.***



Nurture ROPs Video Library Help

Patients Add Patient

Confirm Practice Details

PRACTICE INFORMATION

Select Practice ▼

Practice information is provided by the PNM. If you have any questions, or if you would like to request an update/change, please contact your provider administrator. If you need assistance finding your provider administrator, please contact MomsandBabies@medicaid.ohio.gov.

Client (Patient) Validation

Validation Fields

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

The screenshot shows a web application interface for 'Nuture'. The top navigation bar includes 'ROPs', 'Video Library', and 'Help'. A user profile icon and 'Logout' button are on the right. A 'Patients' tab is active. The main heading is 'Patient Validation for ROP'. A blue banner states: '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.' The form contains several input fields: 'Patient Medicaid ID', 'Patient First Name*', 'Patient Last Name*', 'Patient Social Security Number (9 digit - no dashes)', 'Patient Date Of Birth*', and 'Estimated Due Date*'. To the right of these fields, a text block says: '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:' followed by a bulleted list: 'Patient Medicaid ID' and 'Patient Social Security (9-Digit)'. A button labeled 'How to Submit a Report of Pre...' is also visible. At the bottom right, there is a red button labeled 'SUBMIT FOR VALIDATION'.

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

Next Generation managed care member ID cards
The Next Generation managed care member ID cards were designed to include important information, including pharmacy benefit information, in one place and in a format that is easy to understand.

Every Ohio Medicaid managed care member should use this card

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

Card Fields:

- <MCO Logo Here>
- Member Services | Phone: 000-000-0000
- 24 Hour Emergency Services | Phone: 000-000-0000
- OhioRISE Member Service | Phone: 833-711-0773
- Member Name: JaneHasVeryLongNameVeryLongName
- Member ID Number: 000000000000
- Plan ID Number: 000000000000
- OhioRISE logo
- Aetna logo
- Primary Care Provider: Dr. John Doe, Phone: 000-000-0000
- Issuance Date: MM/DD/YYYY
- Pharmacy Benefit: Sunwell, Rx: B00-004251, Rx PCN: OH000000, Phone: 833-835-0344, CSP Enrolled, Use Member ID for Billing

Step Four:

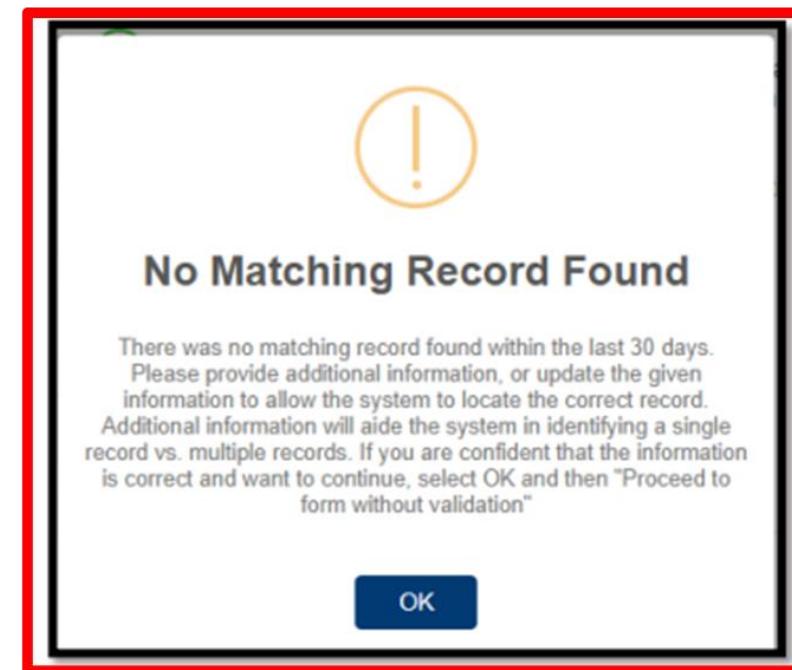
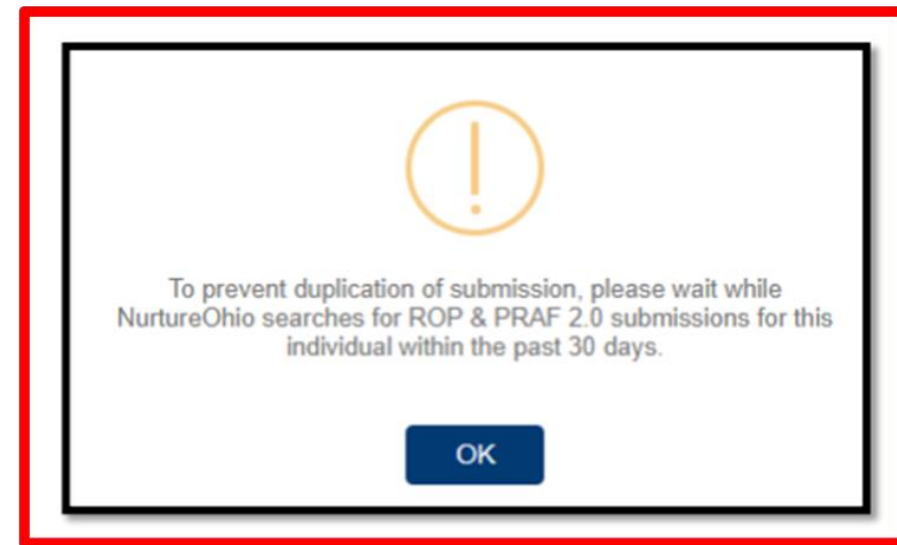
Validate Client

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

Select "OK"

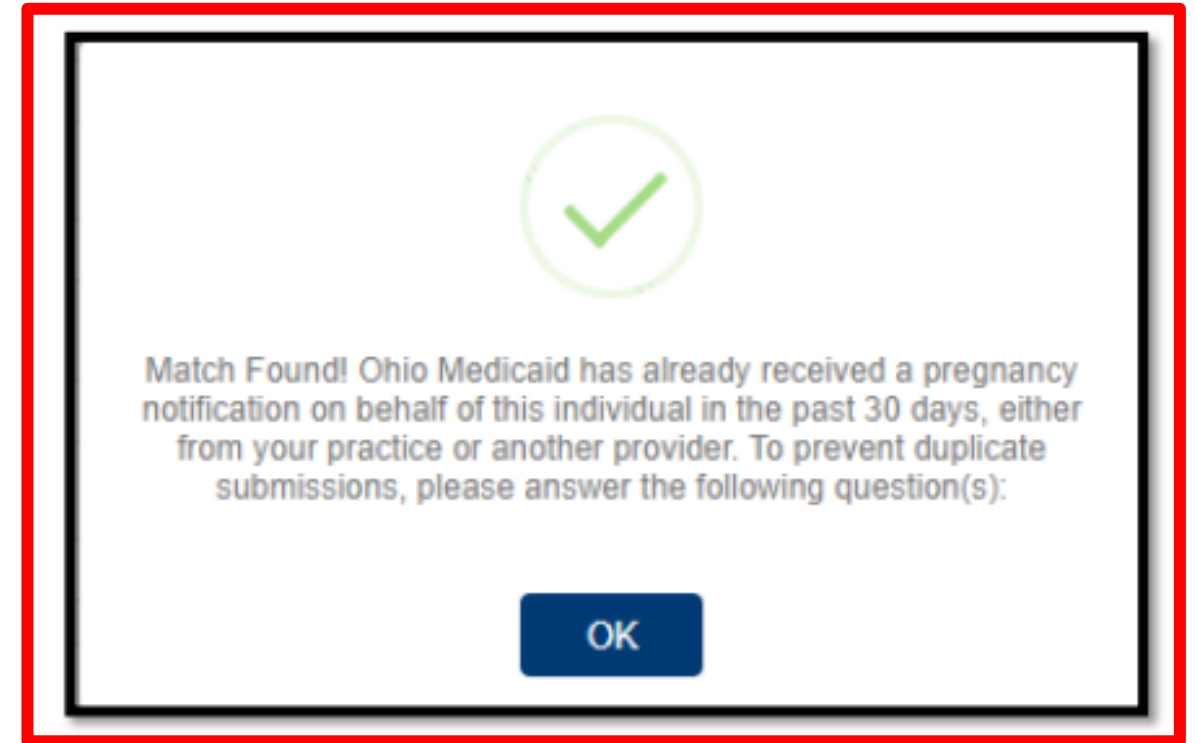
If the system does not identify an ROP submitted in past 30 day for this Member, the User will be notified that "No Matching Record Found".

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.*



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

Patient First Name*

Patient Last Name*

Patient Social Security Number (9 digit - no dashes)

Patient Date Of Birth*

Estimated Due Date*

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](#)



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		✓
Patient First Name*		✓
Patient Last Name*		✓
Patient Social Security Number (9 digit - no dashes)		✓
Patient Date Of Birth*		✓
Estimated Due Date*		✓

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
[Redacted]

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
900000000000

Patient Managed Care Plan ID
[Redacted]

Patient Social Security Number
[Redacted]

Patient Date of Birth
01/01/1995

Patient First Name
[Redacted]

Patient Last Name
[Redacted]

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
[Redacted]

Patient City
[Redacted]

Patient State
Choose One ▼

Patient Zip
[Redacted]

Patient County
Choose One ▼

Patient Phone
[Redacted]

Patient Alternate Phone (Optional)
[Redacted]

Primary Language is English?
Choose One ▼

Primary Language (if not English):
[Redacted]

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:

How does the patient describe their ethnicity?

How does the patient describe their race?

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

Provider Email Address

Provider Fax Number

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.

Assistance locating an OB/GYN provider?

Assistance scheduling appointments?

Information on additional resources, services and home visiting?





OK

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

EXAMPLE – Report of Pregnancy Claim

Line Item Number:2								
Date From * 06/02/2025 MM/DD/YYYY	Place of Service (Optional) 12 - Home	EMG (Optional)	CPT/HCPC Code * T1023 Look Up Code	Modifiers (Optional)	Charges * \$30.00	Family Plan (Optional)	Number of Days Or Units * 1 Units	EPSTD (Optional)
Date To * 06/02/2025 MM/DD/YYYY				Diagnosis Pointers * 1				



ROP Billing & Reimbursement Differences by MCO

MCO	ROP Must Be Billed with Prenatal Services (T1032)?	Reimbursing for ROPs <u>Before</u> 10/1/2025?
AmeriHealth Caritas	No	No
Anthem	No	No
Buckeye	No	No
Caresource	No	No
Humana	No	TBD
Molina	No	Currently Reimbursing
UnitedHealthcare	No	Reimbursing for ROPs as of 7/1/2025



Post-Training Poll: Your Feedback Matters



Question & Answers



Appendix



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>

🗑 Imported 📠 Fax 📠 IPRO 📠 PH Collab Space 🔒 Secure 📠 Immerse 📠 Healthy First Steps ~... 📠 Icon library | Brand... 📠 ServiceNow

An official State of Ohio site. [Here's how you know](#) ▼



[Families & Individuals](#)[Resources For Providers](#)[Stakeholders & Partners](#)[Our Structure About Us](#)

member and would like to find out more about receiving doula services, please reach out directly to your MCO or the Medicaid Consumer Hotline at 800-324-8680.

- [OAC 5160-8-43: Doula Services](#)
- [Medicaid Transmittal Letter No. 3336-24-12](#)
- [HB33](#)
- [HB101](#)
- [Maternal and Infant Support Funding](#)
- [Medicaid Managed Care](#)
- [All Managed Care Organization Doula Resource Guide](#)
- [Ohio Board of Nursing – Doula Certification](#)
- [E-License Ohio - Find a Doula](#)

Billing & Prior Auth Contacts N...



- <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.

						
Individual Plan Contact						
• Email OhioProviderServices@amerihealthcaritasoh.com to be connected with your account executive.	• Visit Contact us Anthem Blue Cross and Blue Shield and scroll down to view the territory map for your contact.	• 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 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: UHC_OH_Doula_Support@uhc.com



Links to Provider Portals

	Claims and Billing AmeriHealth Caritas Ohio
	Availity
	Ohio Medicaid and Health Plans For Providers Buckeye Health Plan
	https://providerportal.caresource.com/OH
	https://www.availity.com/
	Availity Essentials
	https://www.uhcprovider.com/



What diagnosis codes should be submitted on a Doula claim?

ODM recommends submitting a diagnosis from the list below:

- 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
- Z37.9 is the ICD-10 code for an unspecified outcome of delivery
- Z32.2 is for an encounter for pregnancy testing, childbirth, and childcare instruction
- Z39.2 is the ICD-10 diagnosis code for a routine postpartum follow-up



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 for one completed ROP at the first identification of pregnancy



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

						
• 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/Next%20Year%20Ohio%20Medicaid%20Managed%20Care%20Health%20Plan%20Comparison.pdf>

