Doulas Training

2025 | Molina Healthcare of Ohio, Inc.

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Agenda

- Provider Resources
- Background and Terminology
- Steps to Become a Doula in Ohio
- Contracting with Molina
- Onboarding
- Covered Services and Prior Authorization
- Claim Submission
- Report of Pregnancy
- Contact Molina

Provider Resources

Provider Relations

| Satisfaction	Communication	Technology
• Provider Relations Representatives and Engagement Teams • Annual Assessment of Provider Satisfaction • The You Matter to Molina Program that includes Monthly Forums, surveys and an Information Page on the Provider Website	• Provider Bulletin and Provider Newsletters • Online Provider Manuals • Online Trainings, Health Resources and Provider Resource Guides • Secure Messaging on the Availity Essentials Portal	• 24-hour Provider Portal • Online Prior Authorization (PA) and Claim Dispute Submission • PA Lookup Tool on Provider Portal and Provider Website • MCG Auto-Authorization for Advanced Imaging PA Submission • Availity Essentials Portal Overpayments

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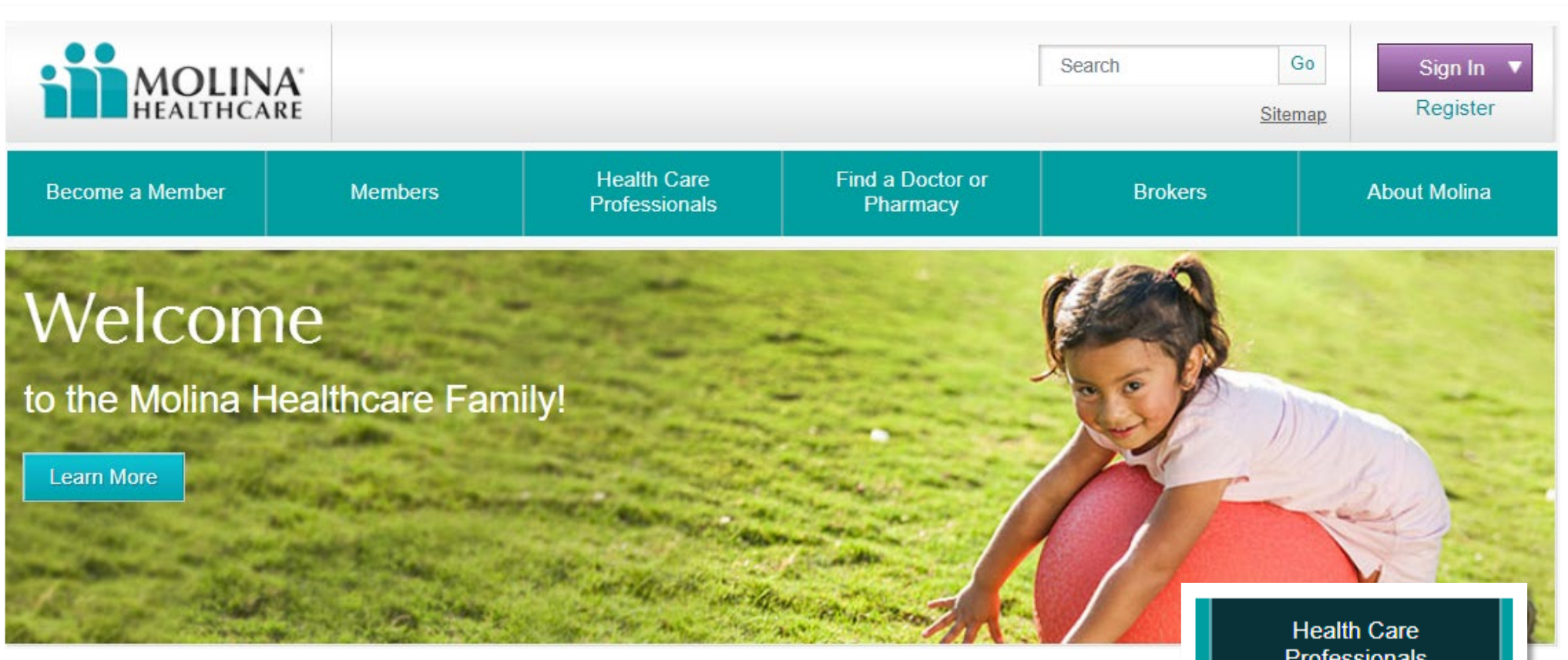
Provider Website

Molina has a Provider Website for each line of business, available under the Health Care Professionals drop-down menu.

Find the Provider Website at MolinaHealthcare.com.

Provider Online Resources

Molina's Provider Website has a variety of online resources:

Provider Manual	Dental Manual	Claims Information	You Matter to Molina Page and a Claims Payment Systemic Errors (CPSE) Page	Contact Information

Provider Online Directory

Availity Essentials Portal

Member Rights and Responsibilities

Preventive and Clinical Care Guidelines

Prior Authorization Information

Claim Dispute

Provider Communications: Provider Bulletins and Provider Newsletters

Fraud, Waste and Abuse Information

Advanced Directives

Molina Payment Policies
Molina Clinical Policies

Pharmacy Information

Health Insurance Portability and Accountability Act (HIPAA)

Frequently Used Forms

Provider Manual Highlights

Provider Manuals are specific to each line of business. Each Provider Manual is customarily updated annually but may be updated more frequently. Information in the Provider Manual includes:
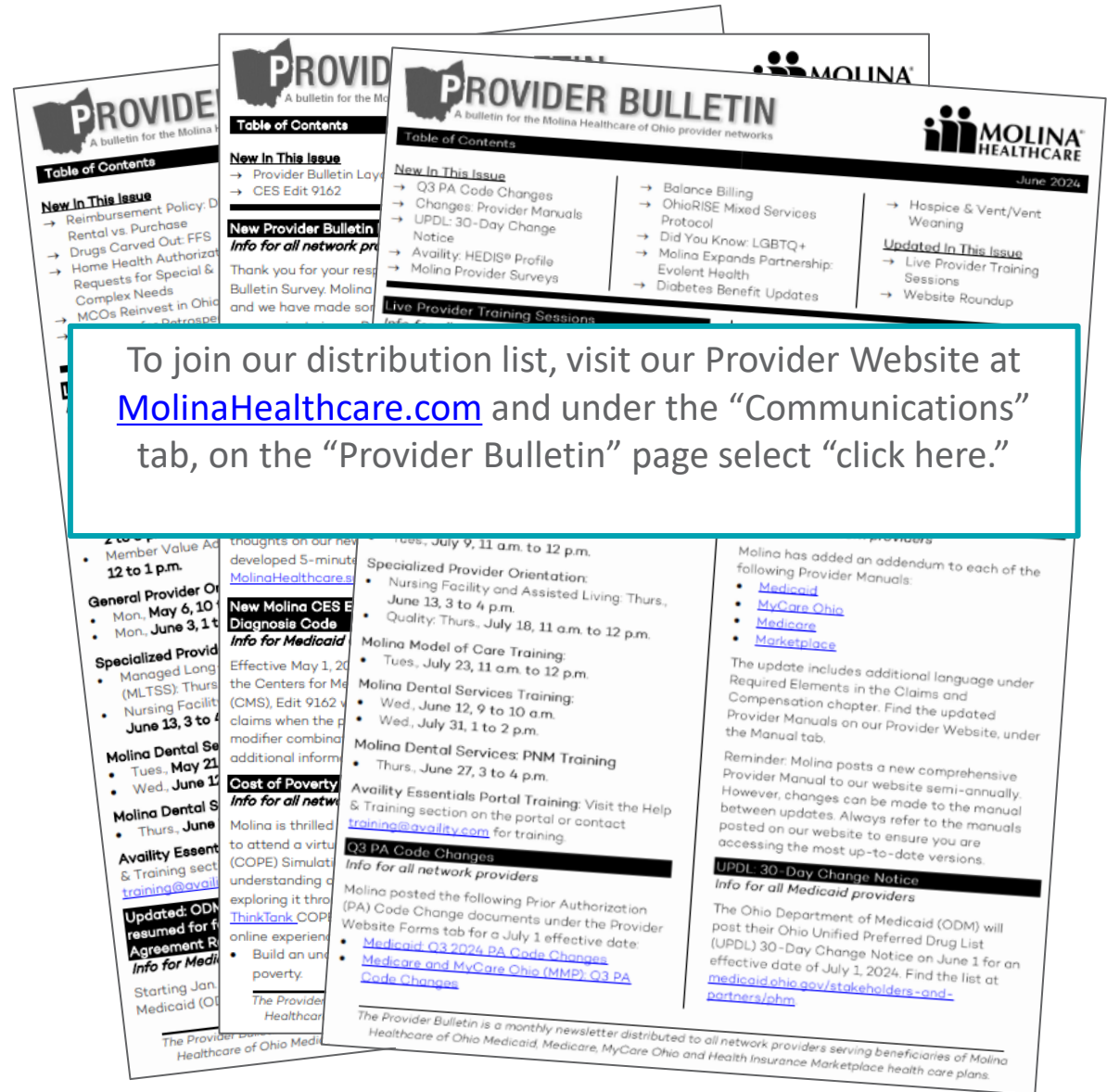
Benefits and Covered Services	Member Rights and Responsibilities
Claims and Compensation	Preventive Health Guidelines
Member Appeals and Grievances	Quality Improvement
Credentialing and Recredentialing	Transportation Services
Delegation Oversight	Referral and Authorizations
Enrollment and Disenrollment	Provider Responsibilities
Eligibility	Pharmacy
Health Care Services	Address and Phone Numbers
Interpreter Services	Provider Data Accuracy
HIPAA	Long-Term Services and Supports

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Provider Bulletin

A monthly Provider Bulletin is sent to Molina's provider network to share news and updates.

The Provider Bulletin includes:
- Prior authorization changes
- Training opportunities
- Updates to the Availity Essentials portal
- You Matter to Molina Corner
- Changes in policies that could affect:
  - Claim submissions
  - Billing procedures
 - Payment
  - Disputes & Appeals (Reconsiderations)

To join our distribution list, visit our Provider Website at MolinaHealthcare.com and under the "Communications" tab, on the "Provider Bulletin" page select "click here."

You Matter to Molina

At Molina of Ohio, our providers matter! Our "You Matter to Molina" program connects us directly to our entire network of providers as we support their efforts to delivery high-quality and efficient health care for Molina members.

- The program gives providers access to monthly Provider Bulletins, newsletters, trainings, surveys, presentations, videos, resource documents, reference guides and more.

- Free access to the PsychHub platform offering free mental health educational courses and CEU opportunities for providers, as well as patient-facing resources.

- Availity Essentials Portal access and training resources.

- Learn more now at MolinaHealthcare.com/OH/YouMatterToMolina.
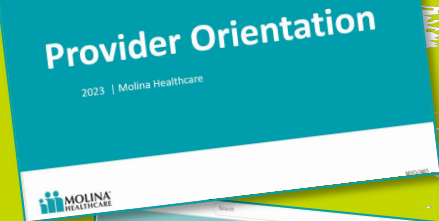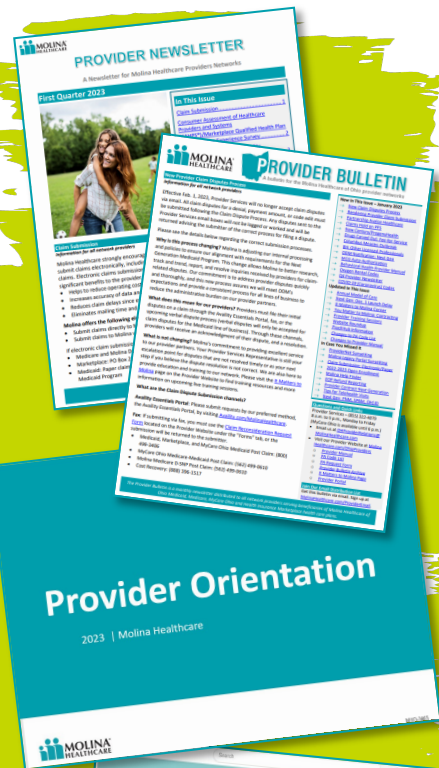
Thank you for being part of the Molina family.

Background and Terminology

Background

The Ohio Department of Medicaid (ODM) implemented the new Ohio Administrative Code (OAC) 5160-8-43 Doula Services in accordance with House Bill 101 on Oct. 3, 2024.

OAC 5160-8-43 sets forth coverage and payment policies for services provided by a doula.

Doula services have been shown to improve maternal and birth outcomes and reduce health care disparities. Doulas provide advocacy, physical, educational and emotional support during pregnancy and childbirth. Consistent with the provisions of 42 CFR 440.130(c), ODM has determined that doula services are medically necessary for all pregnant or postpartum Medicaid individuals as a preventive service to improve health care outcomes.

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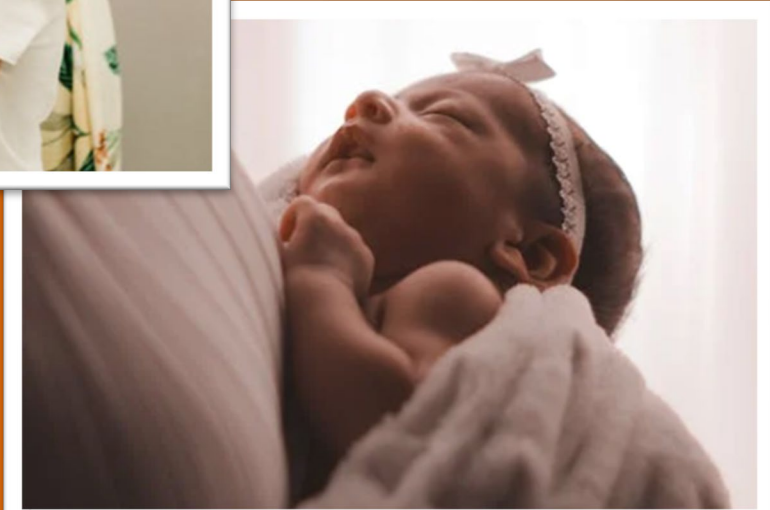
Terminology

Contracting: Entering into a legally binding agreement to provide services to Molina Medicaid members.

Medicaid Identification (ID) Number: Unique identifier specific to the state's Medicaid program; obtained from ODM.

Provider Application: Your submission to Molina to initiate the contracting process.

Provider Contract: Your signed contract with Molina, outlining agreement details.

Appeal: A formal request to review a denied payment or prior authorization for reconsideration.

Claim: A bill from a provider for health care services assigned a unique identifier; providers must submit claims to Molina for payment consideration.

NPI (National Provider Identifier): A 10-digit unique identification number for covered healthcare providers.

TIN (Tax Identification Number): A 9-digit number that identifies the provider, physician, practice or supplier to whom payment is made for the service.

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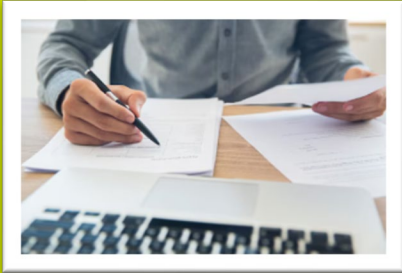
Terminology, Continued

Corrected Claim: A resubmitted claim which corrects missing or inaccurate information which initially prevented payment of services.

Eligibility: Any Medicaid recipient who is a legal resident of the managed care service area and is in one of the categories eligible for managed care enrollment.

Prior Authorization: A request to Molina for approval of services prior to rendering.

Availity Essentials Portal: Molina's designated portal used for verifying member eligibility, requesting and checking status of prior authorizations, submitting and checking status of claims and payments, filing claim disputes and providing educational resources.

EDI (Electronic Data Interchange): Clearinghouses used by some providers, generally larger provider groups.

ODM (Ohio Department of Medicaid): The entity who will provide you with your Medicaid ID for contracting.

PNM (Provider Network Management): Module of the Ohio Medicaid Enterprise System (OMES) that allows providers access to submit and adjust fee-for-service claims, prior authorization requests, hospice applications and verify recipient eligibility.

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Steps to Become a Doula in Ohio

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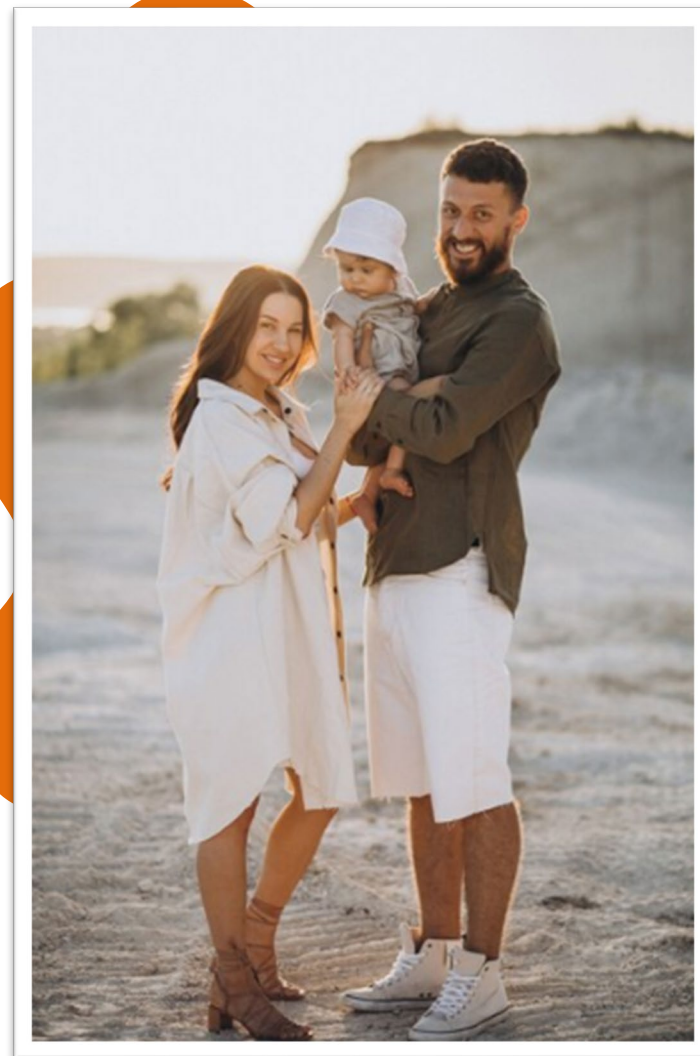
Steps to Becoming an Ohio Medicaid Doula

Obtain a National Provider Identification (NPI) Number: Apply for an NPI at the National Plan and Provider Enumeration System (NPPES) website.

Apply for Doula Certification with the Ohio Board of Nursing (OBN): Apply on the eLicense Ohio Professional Licensure System website.

Apply to become an Ohio Medicaid Provider: Apply to become an Ohio Medicaid provider on the Ohio Department of Medicaid (ODM) website.

Contract with Molina.

Provide Doula services to a Medicaid member and bill for reimbursement.

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Contracting with Molina

Doula Provider Types

A doula may be enrolled as an independent doula (PT09) or be affiliated with:
- A professional medical group (PT 21)
- A rural health center (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)

If you are enrolled with Ohio Medicaid as an individual provider type, you will need to either:
- Continue as an independent provider until future updates allow the doula PT 09 specialty to be added to your existing provider agreement.
- Disenroll as your current provider type and then complete a doula enrollment application.

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Contracting Process

9. Molina sends final contract and welcome information to the provider.

8. Molina countersigns provider contract.

7. Provider returns provider contract to Molina.

6. Provider reviews and signs the provider contract.

5. Molina sends provider contract to the provider via secure email.

4. Molina confirms provider is active with Ohio Medicaid.

3. Provider submits new provider contract request to Molina.

2. Provider registers on the PNM portal.

1. Provider creates an Ohio|ID prior to registering on the Provider Network Management Portal (PNM). Quick guide to create OH ID.

Contracting: Questions and Answers

Q.   When can a provider initiate the contracting process?

    A.   Molina can begin the contracting process once the provider is actively enrolled with ODM.

Q.   How long is the contracting process?

    A.   Molina Provider Contracting responds to contract requests within 30 days of receipt. The time needed to complete a contract depends upon the provider's timely provision of information needed to build the contract, as well as a timely return of a partially-executed contract and all required contract documents.

Q.   How can a provider request to contract with Molina?

    A.   Providers can initiate the contracting process by submitting an [Ohio Provider Contract Request Form](#).

Q.   Are there resources available regarding the contracting process?

    A.   The Provider Contract Request Form contains essential information about the contracting process, and any additional questions can be sent to OHContractRequests@MolinaHealthcare.com.

Q.   Following the executed agreement, how long until a provider can begin services?

    A.   The provider may begin services immediately following the effective date of the contract.

Onboarding

Onboarding with Provider Relations

- Following an executed contract, Provider Relations will connect with your organization to assist with onboarding.

- Provider Relations will provide you with your Provider ID which is needed to perform Availity Essentials portal transactions with Molina.

Quick links to onboarding efficiently:

- [Medicaid Provider Manual](#)

- [Pregnancy Resources](#) page with access to the Ohio Medicaid [MCOs Consolidated Doula Resource Guide](#)

- [You Matter to Molina](#) page for upcoming live trainings, training decks and recorded trainings

- Molina [Provider Bulletin](#) to stay informed on changes that may impact payment and prior authorization processes
  - Visit [Provider Email](#) to enroll to receive our Provider Bulletin.

- [ODM Doulas](#) page with ODM meetings and trainings.

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Covered Services and Prior Authorization

Doula Covered Services

Medicaid coverage for doula services begins on the date of conception (if known), or the date of the first antepartum visit and ends 365 days after delivery.
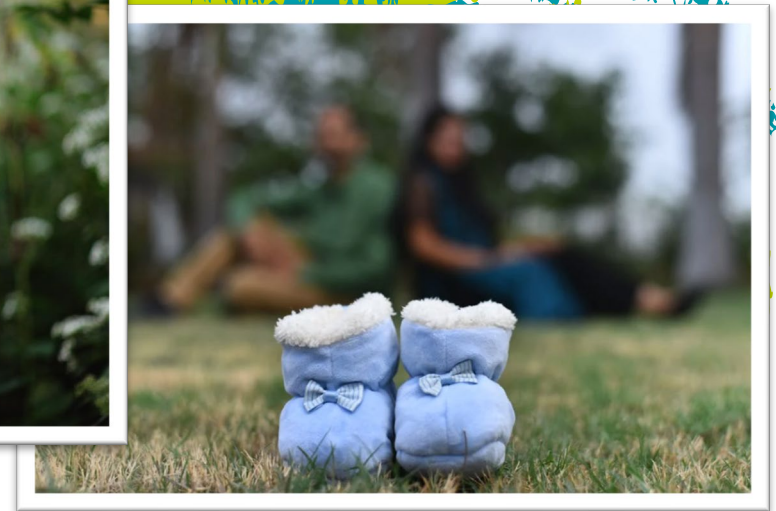
Covered doula support services include:

- One comprehensive support service (regardless of duration), provided during labor and delivery
- Antepartum and postpartum support services (including consultation and telehealth visit) provided in 15-minute units up to a maximum of 48 units
    - Services in excess of these limits may be requested through the PA process, as described in OAC 5160-1-31 Prior Authorization

Services to Payment Flow
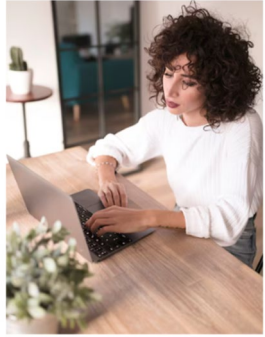
Check Member Eligibility: Verify a member's eligibility prior to rendering services.

Prior Authorization: Confirm if the service requires prior authorization or if there is an existing authorization on file.
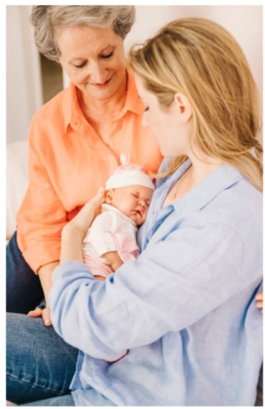
Render Services to Member: Provide authorized services.

Submit Claim to Molina: Submit claim to Molina to request payment for services rendered.

Check Claim Status: View status of claims and payments at any time via Availity Essentials portal.

Corrected Claims and Appeals: If necessary, resubmit claims with corrected information and/or submit appeals for reconsideration.
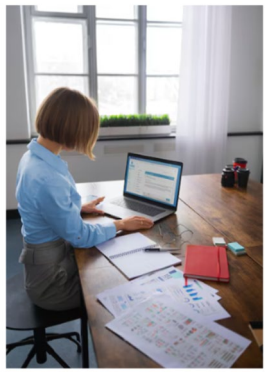
Authorization Eligibility

Providers who contract with Molina may verify a member's eligibility by:

- Logging in to the ODM [Provider Network Management (PNM)](#) system.
- Logging into the [Availity Essentials portal](#).
- Call Provider Services at (855) 322-4079, Monday through Friday from 7 a.m. to 8 p.m.
- Call the ODM Interactive Voice Response (IVR) System 24 hours a day, seven days a week, 365 days a year to confirm eligibility for MCO or Fee-for-Service Medicaid consumers. Providers must have a PIN number to access this information.

Reminder: Possession of a Medicaid ID Card does not mean an individual is eligible for Medicaid services. A Provider should verify a recipient's eligibility each time the recipient receives services. The verification sources can be used to verify a recipient's enrollment in an MCO. The name and telephone number of the MCO are given along with other eligibility information.

Obtaining Prior Authorization

Assess Prior Authorization (PA) Need: Per ODM, services exceeding the standard benefit requires PA, up to 48 15-minute units for prenatal and postpartum services.

Health Care Professionals
Medicaid
Medicare
MyCare Ohio
Marketplace
Provider Portal
Prior Auth LookUp Tool

Prior Authorization (PA) is a request for prospective review. Requests for services on the Molina PA Code List are evaluated by licensed nurses and trained staff.

Utilize the PA Lookup Tool on our Provider Website and Provider Portal to determine if a PA is required

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Doula Diagnosis Codes

- 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
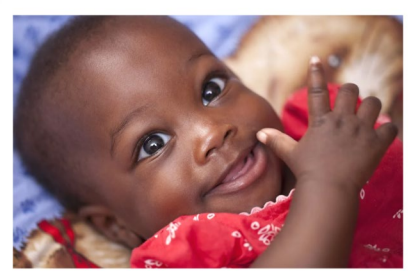
Claim Submission

Claim Submission
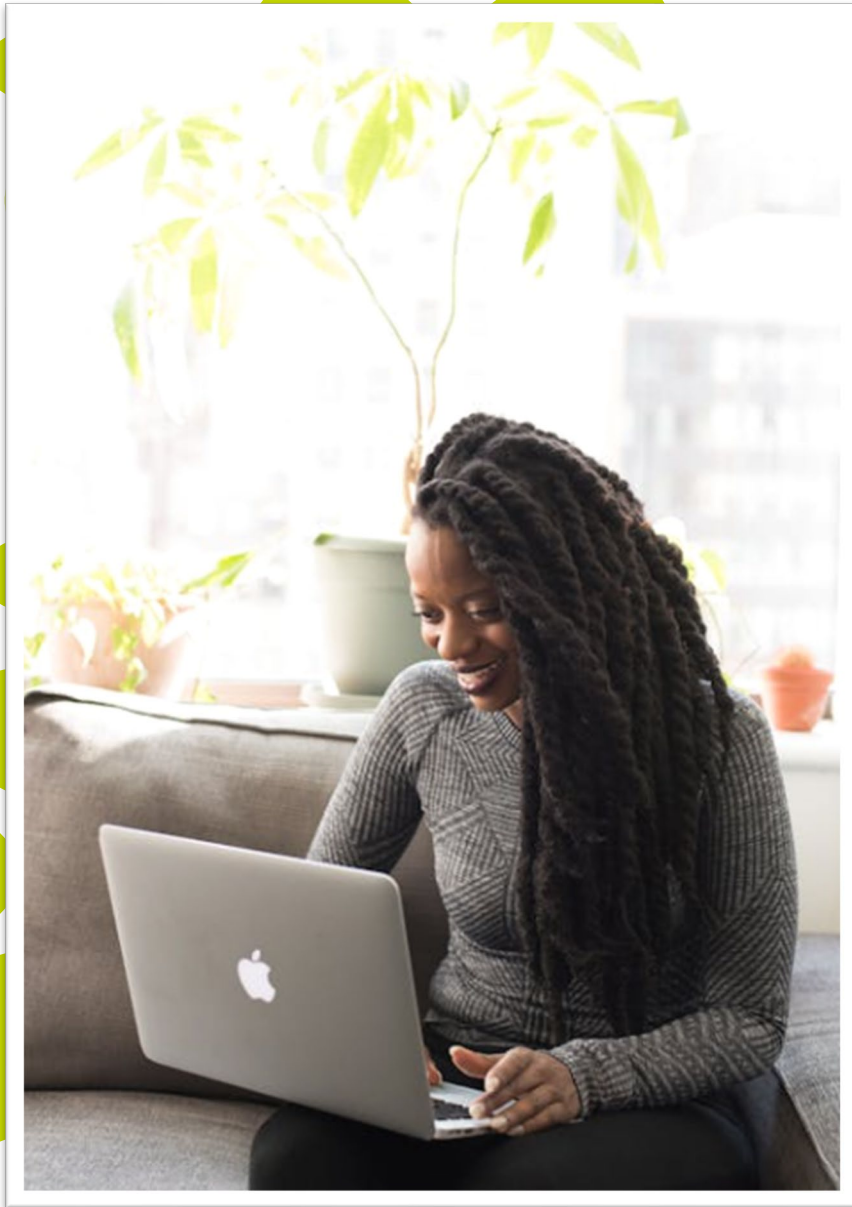
Electronic Data Interchange (EDI) Submission of Provider Claims
- Providers may submit claims, eligibility inquiries, claim status inquiries and associated attachments using Electronic Data Interchange (EDI) by being a [Trading Partner (TP)](#) authorized by ODM or by contracting with an ODM-authorized TP.

Availity Essentials Portal
- Providers are required to submit claims via OMES EDI transactions or the Availity Essentials portal.
- Find a step-by-step guide to claims data entry in the Availity Essentials portal slide later in this presentation.

Availity Essentials Portal

Register for the Availity Essentials portal at availity.com/provider-portal-registration and select your organization type.

Log into the Availity Essentials portal at:
apps.availity.com/availity/web/public.elegant.login.

Availity Essentials Portal

Once registered providers will have access to the Availity Essentials portal training by following these steps:

Log in to the Availity Essentials portal

Select Help & Training > Get Trained

In the Availity Essentials portal Learning Center (ALC) that opens in a new browser tab, search the catalog and enroll for this title: Availity Essentials Overview for Molina Providers - Recorded Webinar

Atypical Providers:
Under "News and Announcements" select "Atypical Providers: Here's your Ticket to Working with the Availity Essentials portal" to view training sessions.

Availity Essentials Portal

The Availity Essentials portal is secure and available 24 hours a day, seven days a week. Self-service Provider Portal options include:

Online Claim Submission

Claims Status Inquiry

Corrected Claims

Member Eligibility Verification and Benefits

Secure Messaging

Check Status of Claim Dispute

Manage Overpayment Request

Healthcare Effectiveness Data and Information Set (HEDIS®)

Online Non-Clinical Claim Dispute (Claim Reconsideration) Requests

Care Coordination Portal

Remittance Viewer

View PCP Member Roster

Submit and Check Status of PA Requests

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Step-by-Step Guide to Claim Data Entry in the Availity Essentials portal

Providers can access the [Ohio Medicaid Doula Claim Entry – Recorded Webinar](#) in the Availity Essentials portal.

- The provider will be prompted to log into the Availity Essentials portal using the link above. Once logged in, the video will resume playing.

- The video is located on the Availity Essentials portal, under Help & Training, then Get Trained. Type in Ohio Medicaid Doula Claim Entry in the search bar.

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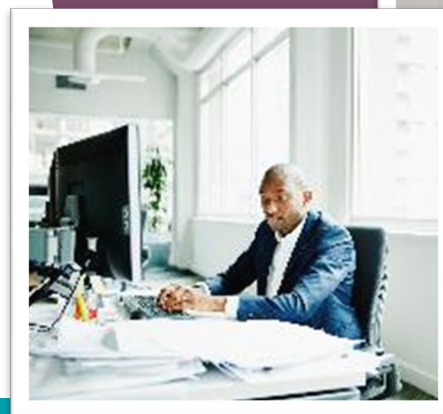
Claim: Question and Answer

Q. How does a provider access the provider portal?

A. Molina's provider portal is through [Availity Essentials](). Register on the [Availity Molina Website](). To register, a provider must be loaded in the Molina system and have a valid Provider ID. Find additional information in the [Molina Provider Manual.]() View the [Register and Get Started]() training if you need help registering.

Q. How does a provider verify member eligibility?

A. Member eligibility may be verified through the Availity Essentials portal under Eligibility and Benefits Inquiry or by calling Provider Services at (855) 322-4079 (Mon-Fri 8 a.m. - 6 p.m.).

Q. What methods can providers use to submit claims?

A. Claims may be submitted electronically through EDI or via direct data entry to Molina via the Availity Essentials portal. View the Submission of Claims section in the [Molina Provider Manual]() for a list of Payer IDs.

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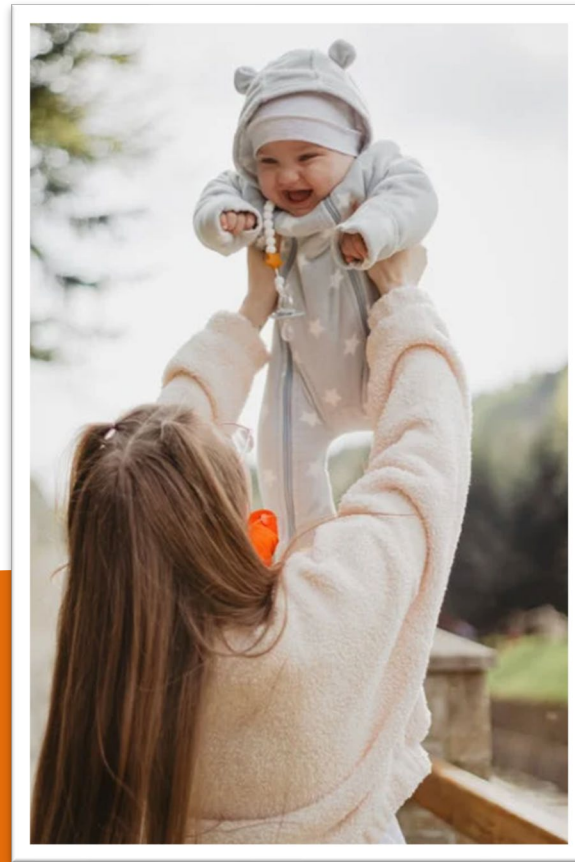
Claim: Question and Answer, Continued

Q. How does a provider check claim/payment status?

1. The Availity Essentials portal through Claim Status Inquiry.
2. Electronic Data Interchange (EDI) transaction for claim status.
3. Calling Molina at (855) 322-4079 (Mon.-Fri. 8 a.m. - 6 p.m.).

Q. How does a provider submit corrected claims or appeals?

A. Corrected claims may be submitted through the regular claim submissions process. For more information review [Corrected Claims Billing Guide](#).

A. Appeals may be submitted online via the Availity Essentials portal or via fax using the [Claim Reconsideration Request Form](#). To learn more about Appeals review the [MyCare Ohio and Medicare Authorization and Claim Reconsideration Guide](#).

CMS-1500 Claim Form

The National Uniform Billing Committee (NUBC) CMS-1500 claim form includes 33 fields and is used by non-institutional providers, up to and including:

- Individual Provider
- Ambulatory Surgery Center
- FQHC & RHC
- Therapists & Specialists
- Outpatient Clinic

Molina strongly encourages providers to submit claims electronically, including secondary claims.

Claim Detail Requirements

Primary detail needed to submit your claim:

Member Information:
- Name
- Date of birth
- Managed Care Organization (MCO) ID number

Provider Information:
- Rendering provider name and National Provider Identifier (NPI)
- Billing provider name, NPI and Tax Identification Number (TIN)

Service Information:
- Date(s) of service
- Diagnosis code(s)
- Current Procedural Terminology (CPT) Code(s), number of units, charge amount

Note: This list is not all-encompassing.

Reimbursement: Procedure Codes for Doula Claims

In accordance with OAC 5160-8-43, Molina will reimburse for Doula Services at the below rates:

T1032 - Per 15-minute unit:
- Reimbursement set to $12.50 per unit, up to $600.
- Up to 48 15-minute units at any time from the first prenatal visit to 12 months postpartum.
- Telehealth services require the GT modifier alongside the procedure code.
- Payment for doula services in excess of these limits may be made through the prior authorization process. PA process may vary by MCO.

T1033 - Performed during a member's delivery:
- Separate reimbursement for birth of $600 regardless of the length of service time and reimburses for any place of service.

T1023 – Report of Pregnancy (ROP):
- Payment of $30 for one completed ROP at the first identification of pregnancy.
- Find additional information in the Report of Pregnancy section.

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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 x 3=$37.50 should be entered for that claim line.

- Invalid diagnosis code: All Managed Care Organization Doula Resource Guide page 7

Claim and Payment Status

Following submission, providers may check their claim and payment status:

Via the Availity Essentials portal

Provider Services Contact Center at (855) 322-4079, Monday – Friday 7 a.m. to 8 p.m.

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Report of Pregnancy

Report of Pregnancy (ROP)
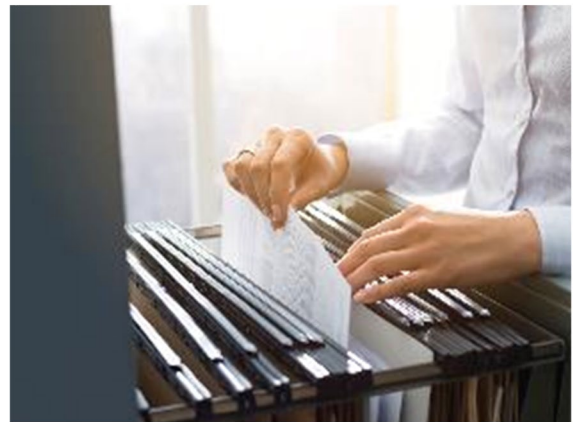
Purpose: Identifies Medicaid Member's pregnancy and assists with eligibility and care coordination.

Goal: Connecting Member to obstetrical care and other services and to ensure coverage throughout the prenatal and postpartum period.
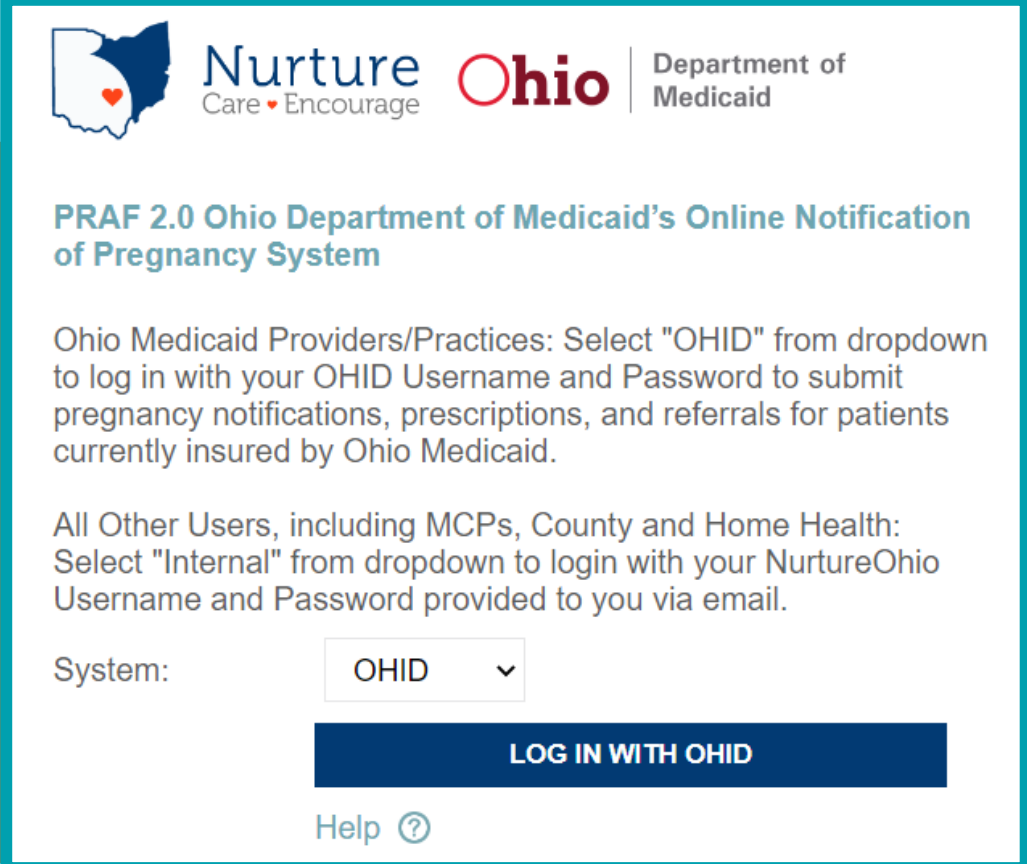
Timing: Providers submit the ROP at the first positive pregnancy screening.

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

Submitting Report of Pregnancy

Visit [Access Nurture Ohio](#).

View the [Doula – How to Contract with Managed Medicaid Plans (MCPs)](#) for a step-by-step guide to using Access Nurture.

Date Fields for Report of Pregnancy

Date Fields:
- Member Contact Information
- Member Ethnicity
- Provider Contact Information
- Member Assistance Needs

Billing Guidance for Report of Pregnancy

- 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)
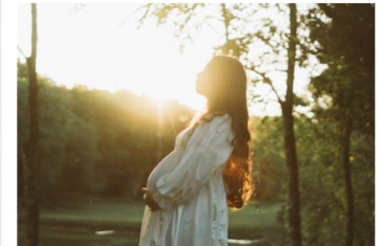- Fee Schedule = $30.00

EXAMPLE – Report of Pregnancy Claim

Ohio Department of Medicaid Support

General Questions for Report of Pregnancy: MomsandBabies@medicaid.ohio.gov

Report of Pregnancy User Manual: [Nurture User Guide]
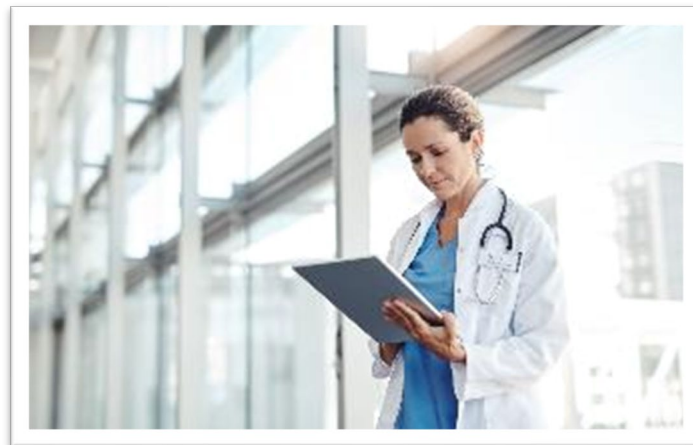
NurtureOhio Webpage: [Nurture Ohio]

Contact Molina

Molina Provider Training Survey

The Molina Provider Relations Team hopes you have found this training session beneficial.

Please share your feedback with us so we can continue to provide you with excellent customer service!

Please take a few minutes to complete the Molina Provider Training survey to provide feedback on this session. The survey is located on the You Matter to Molina Page of our Provider Website, under the "Communications" tab.

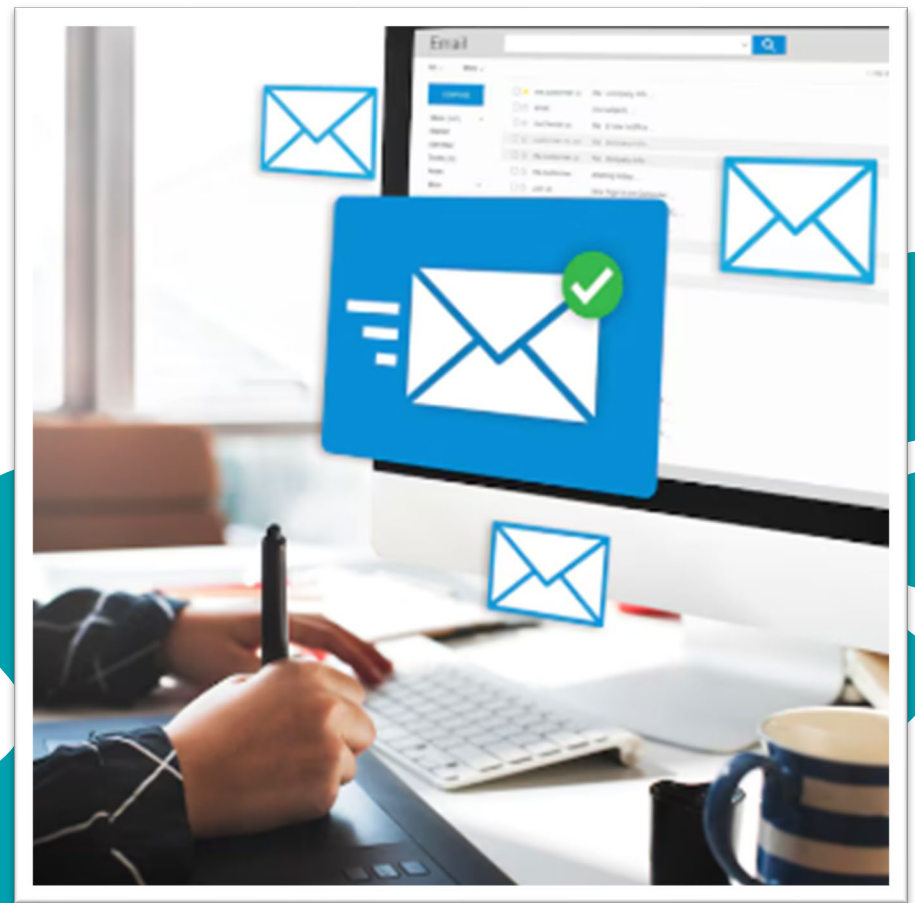**Molina wants to hear about what other topics you'd like training on in the future.**

Contact Molina

Contracting: OH_Contract_Requests@MolinaHealthcare.com

Healthcare Services: OHMCHReferrals@MolinaHealthcare.com

Provider Relations: OHProviderRelationsPhysician@MolinaHealthcare.com

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Thank You

Questions?

Open Discussion

YOUR VOICE MATTERS!

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Thank you for participating in today's meeting!