



Douglas & Medicaid Managed Care Organizations

*Billing & Claims Overview
for the PA Doula Commission*

March 14, 2024

E. L. KATZ
CONSULTING



UPMC for You
Affiliate of UPMC Health Plan

Geisinger
Health Plan


AmeriHealth Caritas
Pennsylvania


Health Partners Plans
Health Partners

 **Keystone First**

 **UnitedHealthcare**
Community Plan


HIGHMARK
WHOLECARE

What is HealthChoices?

The terms, *Medicaid*, *Medical Assistance*, and *HealthChoices* all have the same meaning in PA

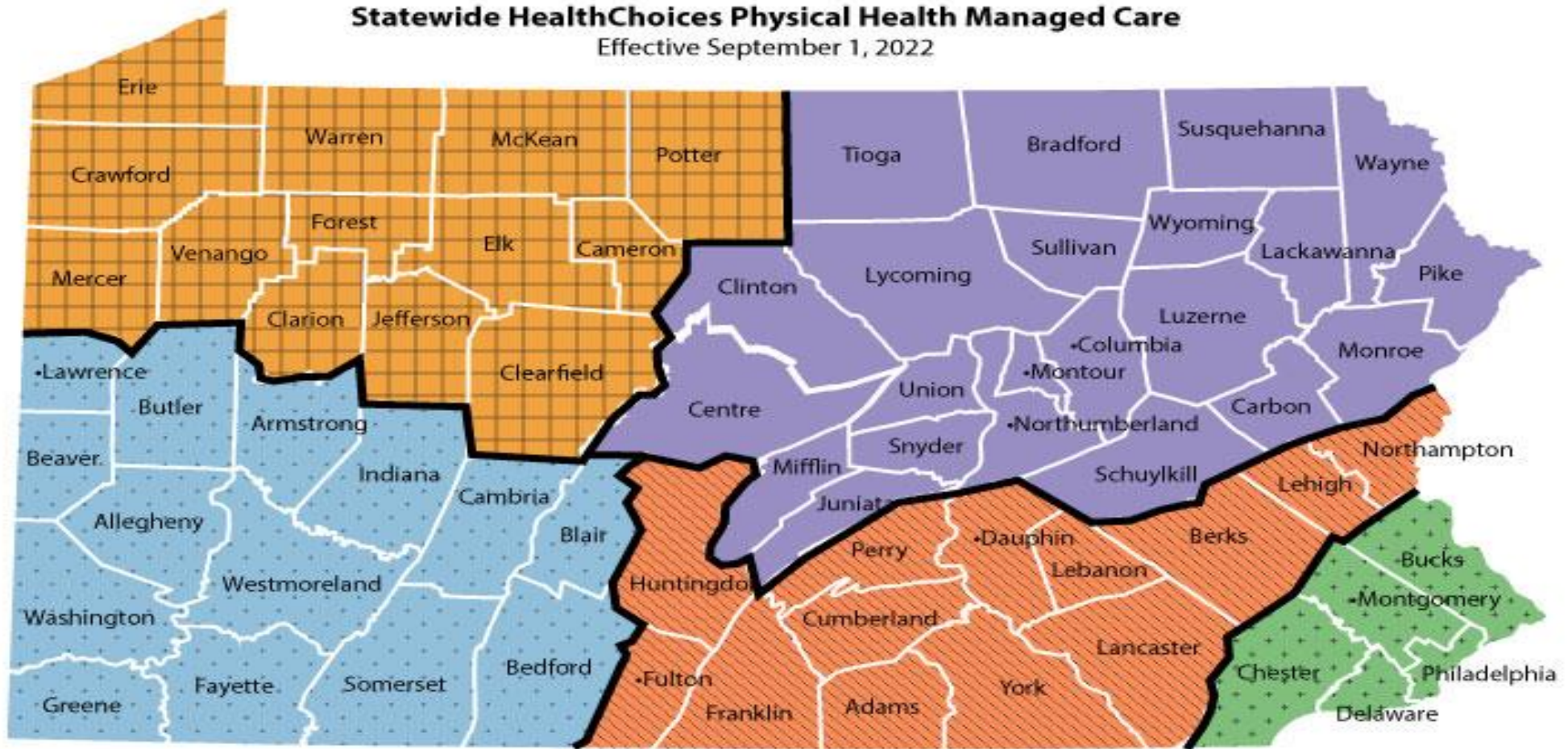
- **HealthChoices** is the name of Pennsylvania's **Medical Assistance** Program, which is the state's **Medicaid** program. PA has been employing the HealthChoices model for over 25 years.
- Through **Medicaid Managed Care Organizations (MCOs)**, eligible individuals in Pennsylvania receive access to high quality **physical** and **behavioral** medical care, as well as **Long Term Services & Supports (LTSS)** for qualifying individuals, known as Community HealthChoices.
- The Behavioral HealthChoices and Community HealthChoices programs are administered by a different set of MCOs; **PAMCO** is the organization of Physical Health MCOs. **These are the MCOs you will be working with to operationalize the Doula contracting process.**

Approx 34% of births in PA are covered by HealthChoices



Statewide HealthChoices Physical Health Managed Care

Effective September 1, 2022



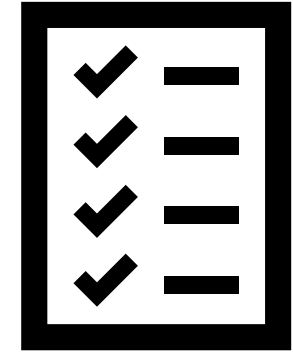
-  **HealthChoices Northwest**
AmeriHealth Caritas PA, Geisinger**, Health Partners**, UPMC
-  **HealthChoices Northeast**
AmeriHealth Caritas PA, Geisinger, Health Partners**, UPMC**
-  **HealthChoices Southwest**
AmeriHealth Caritas PA**, Geisinger**, Health Partners**, Highmark Wholecare (formerly Gateway), UPMC
-  **HealthChoices Southeast**
Geisinger**, Health Partners, Keystone First, United, UPMC**

-  **HealthChoices Lehigh/Capital**
AmeriHealth Caritas PA, Geisinger**, Health Partners**, Highmark Wholecare (formerly Gateway), UPMC
-  **HealthChoices Southwest**
AmeriHealth Caritas PA**, Geisinger**, Health Partners**, Highmark Wholecare (formerly Gateway), UPMC

** New MCO in Zone

Step by Step – Working with MCOs

- **Enrollment with DHS** - As a healthcare provider in PA, enrolling with DHS is required to ensure that you can provide necessary medical services to Medicaid beneficiaries.
- Provider enrollment involves completing an application, submitting documentation, and meeting eligibility requirements – (certified perinatal Doula credential is required)
- Enrolling with DHS means providers can then begin the **credentialing and contracting process** with MCOs, and, upon completion of contracting, bill for and receive payment for the services they provide to Medicaid beneficiaries.
- If an enrolled MA provider wants to participate in a HealthChoices MCO network, the provider must contact the participating MCO(s) directly.
 - A provider can enroll with more than one MCO
- The DHS enrollment process can take several weeks to several months, depending on the complexity of the application and the completeness of the documentation submitted. The credentialing process also takes several weeks, up to 60 days, depending on the completeness of the application.



There was a training on the DHS enrollment process held on Jan 10, 2024, and a training on the contracting and credentialing process held on Jan 25, 2024.

<https://padoulacommission.org/resources>



Doula Commission Presentation.PAMCO.125.24.FINAL - Copy.pdf



DHS Perinatal DOULA Enrollment Presentation 01.10.2024.pdf

MCO Contracting

- Federal law requires MCOs have a contract with enrolled providers in order to pay for services
- Each MCO will have different payment rates/conditions set forth in their contracts
- Doulas must contract with each individual MCO with which they want to submit a claim and bill for their services
- Enrollment with DHS does not guarantee payment by an MCO



Payment Rates

- It is an MCO by MCO process to establish contractual payment rates
- Each MCO may have different service limits, payment structures, and different payment rates
- DHS will at some point in the future set a fee schedule
 - This applies to FFS only

Doula Medicaid Payments – State Examples (FFS Examples Only)

Maryland

- 8 total prenatal or postpartum visits:
- \$16.62/15 minutes of prenatal care, up to four units per visit; and
- \$19.62/15 minutes of postpartum care, up to four units per visit
- Flat rate of \$800 for labor and delivery services

New Jersey

- \$1,065 for up to 8 visits and labor support
- \$500 flat rate for attendance during delivery
- \$100 value-based incentive payment if the doula performs at least one postpartum service visit and the client is seen by an obstetric clinician for a postpartum visit after a labor and delivery claim.

Virginia

- \$859 for up to 8 prenatal/postpartum visits and labor support
- \$50 value-based incentive payment if the doula performs at least one postpartum service visit and the client is seen by an obstetric clinician for one postpartum visit after a labor and delivery claim
- \$50 value-based incentive payment will be made if the doula performs at least one postpartum service and the newborn is seen by a pediatric clinician for one visit after a labor and delivery claim.

Claims Overview

- MCO's pay contracted providers via claims
- A medical claim is a request for payment by a provider to a patient's health insurance company after providing care
- Claims submission process will vary by MCO
 - All MCOs utilize the same claims form

Claims Resources

- Doulas will need to use a CMS 1500 form to submit claims for payment
- Doulas will submit a claim **for each visit**
- Claims and Billing resources/guidebooks can be found on each individual MCO's website
- [Live Demo](#) **EXAMPLE ONLY**

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
Abbott, Aaron

3. PATIENT'S BIRTH DATE
08 | 27 | 1984 M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
Abbott, Aaron

5. PATIENT'S ADDRESS (No., Street)
1 Beverly Drive B6

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)
1 Beverly Drive B6

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:
a. OTHER INSURED'S POLICY OR GROUP NUMBER
b. RESERVED FOR NUCC USE
c. OTHER ACCIDENT?
d. INSURANCE PLAN NAME OR PROGRAM NAME

11. INSURED'S POLICY GROUP OR FECA NUMBER
1234567890

12. IS THERE ANOTHER HEALTH BENEFIT PLAN?
 YES NO

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)
MM | DD | YY

15. OTHER DATE
QUAL. MM | DD | YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM MM | DD | YY TO MM | DD | YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
DH | Dr Mark Jenkins

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM MM | DD | YY TO MM | DD | YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer to A-L to service line below (24E))
A. 255 11 B. 280 1 C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. PROCEDURE(S), SERVICES, OR SUPPLIES	D. DIAGNOSIS	E. CHARGES	F. G. H. I. J.
From MM DD YY To MM DD YY	EMG CPT/ACPOS MODIFIER	(Specify Unusual Circumstances)	ICD Incl. POINTER	\$ CHARGES	RENDERING PROVIDER ID. #
05 16 14 05 16 14 11		97804	AB	64.00 2	NPI
					NPI
					NPI
					NPI
					NPI
					NPI

25. FEDERAL TAX I.D. NUMBER

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? YES NO

28. TOTAL CHARGE \$ 64.00

29. AMOUNT PAID \$ 50.00

30. REVD FOR NUCC USE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER
Ashley Wilson DATE 04-12-14

32. SERVICE FACILITY LOCATION INFORMATION
ABC General Store
123 Main Street
Suite 1020
Pittsburgh, PA 15222

33. BILLING PROVIDER INFO & PH #
Flipside Media, Inc.
PO Box 310442
Des Moines, IA 50331-0442

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Coding

- MCOs will designate specific procedure codes (CPT or T codes) for Doulas with a modifier
 - CPT or T codes define the service provided
 - Modifiers create specificity on who does the visit or what type of visit

D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	
CPT/HCPCS	MODIFIER

- Diagnostic codes are required on claims
 - Doulas will need to use a diagnosis code for pregnancy

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)		
A. <input type="text"/>	B. <input type="text"/>	C. <input type="text"/>
E. <input type="text"/>	F. <input type="text"/>	G. <input type="text"/>
I. <input type="text"/>	J. <input type="text"/>	K. <input type="text"/>

T Code Example: CMS 1500 Form



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 03/12

PICA										PICA	
1. MEDICARE (Medicare) <input type="checkbox"/> MEDICAID (Medicaid) <input type="checkbox"/> TRICARE (TRICARE) <input type="checkbox"/> CHAMPVA (Champion) <input type="checkbox"/> GROUP HEALTH PLAN (Group Health Plan) <input checked="" type="checkbox"/> FECA BENEFIT (FECA Benefit) <input type="checkbox"/> OTHER (Other) <input type="checkbox"/>										16. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Smith, Mary										8523898520001	
3. PATIENT'S BIRTH DATE (MM DD YY) 07 04 1994										4. INSURED'S NAME (Last Name, First Name, Middle Initial) Smith, Mary	
5. PATIENT'S ADDRESS (No., Street) 1 Delmont Way										7. INSURED'S ADDRESS (No., Street) 1 Delmont Way	
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										8. RESERVED FOR NUCC USE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10d. CLAIM CODES (Designated by NUCC)	
11. INSURED'S POLICY GROUP OR FECA NUMBER 09876										12. INSURED'S DATE OF BIRTH (MM DD YY) SEX 07 04 1994 M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
13. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) <i>Signature on file</i> SIGNED: DATE 03/12/2024										14. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) <i>Signature on file</i> SIGNED:	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 06 29 24										15. OTHER DATE QUAL. MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (3-4)) A. Z33.1 B. Z32.2 C. D. E. F. G. H. I. J. K. L.										22. RESUBMISSION CODE ORIGINAL REF. NO.	
23. PRIOR AUTHORIZATION NUMBER										24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. RATE OF SERVICE C. EMO D. PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances) E. MODIFIER F. DIAGNOSIS POINTER G. \$ CHARGES H. DAYS OR UNITS I. CPT/ICD-9-CM Par J. I.D. QUAL. K. RENDERING PROVIDER ID. #	
1 07 01 23 03 12 24 11 T1032 AB 1500 00 1 NPI											
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	
25. FEDERAL TAX I.D. NUMBER 199-50-xxxx SSN EIN <input checked="" type="checkbox"/> <input type="checkbox"/>										26. PATIENT'S ACCOUNT NO. 52	
27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ 1500 00	
29. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <i>Karen Jones</i> 03/12/2024 SIGNED: DATE										29. AMOUNT PAID \$	
30. SERVICE FACILITY LOCATION INFORMATION Smith Home 1 Delmont Way Pittsburgh, PA 15201										30. Rev'd for NUCC Use	
31. BILLING PROVIDER INFO & PH # (412) 796-1528 Karen Jones 134 Allegheny Rd. Pittsburgh, PA 15239										32. BILLING PROVIDER INFO & PH # (412) 796-1528	

Submitting Claims

- Claims must be received by the MCO within a maximum of 180 days after the date the services were provided
- Claims for billable services provided to members must be submitted by the provider who performed the services.
- Claims are usually submitted electronically, but sometimes can be submitted via mail
- Claims are usually paid by the MCO within 30 days
- Doulas should submit a claim as determined by MCO contract

Documentation Requirements

What is required for documentation?

- Doulas are required to document the dates and time/duration of services provided to beneficiaries. Documentation should also reflect information on the nature of the care and service(s) provided and support the length of time spent with the beneficiary that day.
 - For Example: “Discussed childbirth education with beneficiary and discussed and developed a birth plan for 1 hour.”
- Documentation must be accessible to MCOs upon request
- MCOs conduct annual medical record review on a random selection of practitioners to ensure the visits line up with the billing
- 7 years worth of records should be kept



PH-MCO Name	Contact	Title	Email	Phone
Amerihealth Caritas	Meghan Stroud	Director, Provider Network Management	mstroud@amerihealthcaritaspa.com	570-209-1037
Geisinger Health Plan	Kim Spath	Senior Director, Provider Engagement	kspath@thehealthplan.com	
Health Partners (Jefferson HealthPlans)	Chris Ward	Director, Credentialing & Provider Data Management	cward@jeffersonhealthplans.com	215-991-4424
Highmark Wholecare	Stacey Matuga	Director, Provider Relations	SMatuga@highmarkwholecare.com	412-255-4509
Highmark Wholecare	Tiffany Ayers	Manager of Network Credentialing	tayers@highmarkwholecare.com	412-255-7113
Keystone First (part of the Amerihealth family of companies)	Kim Beatty	Director, Provider Network Management	kbeatty@keystonefirstpa.com	215-863-6614
United	Jodi Kreger	Director Physician Contracting, Network Management	jodi_kreger@uhc.com	612-383-4607
United	Jill Kirby	Manager, Engagement & Experience Team	jill_e_kirby@uhc.com	952.222.7450
UPMC	Catherine Brennan	Director, Claims	brennancv@upmc.edu	1-866-918-1595

MCO Contacts: Billing & Claims

(as of March 2024)



Appendices: AmeriHealth Caritas Pennsylvania

- **Contact:** Meghan Stroud
- **Title:** Director, Provider Network Management
- **Email:** mstroud@amerihealthcaritaspa.com
- **Phone:** 570-209-1037
- **Claims/Billing Website:**
<https://www.amerihealthcaritaspa.com/provider/billing/index.aspx>

Appendices:

- **Contact:** Kim Spath
- **Title:** Senior Director, Provider Engagement
- **Email:** kspath@thehealthplan.com
- **Phone:** 800-447-4000 and say, "claims"
- **Claims/Billing Website:** <https://www.geisinger.org/health-plan/providers/claims-and-e-transactions>

Appendices:



- **Contact:** Chris Ward
- **Title:** Director, Credentialing & Provider Data Management
- **Email:** cward@jeffersonhealthplans.com
- **Phone:** 215-991-4424
- **Claims/Billing Website:**
<https://www.healthpartnersplans.com/providers/eligibility-and-claims/claim-processing-info>

Appendices: HIGHMARK WHOLECARE

- **Contact:** Stacey Matuga
- **Title:** Director, Provider Relations
- **Email:**
SMatuga@highmarkwholecare.com
- **Phone:** 412-255-4509
- **Claims/Billing Website:**
<https://hbs.highmarkprc.com/Availity/Provider-Portal-Transition>
- **Contact:** Tiffany Ayers
- **Title:** Manager of Network Credentialing
- **Email:**
tayers@highmarkwholecare.com
- **Phone:** 412-255-7113

Appendices: **Keystone First**

- **Contact:** Kim Beatty
- **Title:** Director, Provider Network Management
- **Email:** kbeatty@keystonefirstpa.com
- **Phone:** 215-863-6614
- **Claims/Billing Website:**
<https://www.keystonefirstpa.com/provider/claims-billing/index.aspx>

Appendices:



- **Contact:** Jill Kirby
- **Title:** Manager, Engagement & Experience Team
- **Email:** jill_e_kirby@uhc.com
- **Phone:** 952.222.7450
- **Claims/Billing Website:** <https://www.uhcprovider.com/>
- **Contact:** Jodi Kreger
- **Title:** Director Physician Contracting, Network Management
- **Email:** jodi_kreger@uhc.com
- **Phone:** 612-383-4607

Appendices: **UPMC *for You*** Affiliate of UPMC Health Plan

- **Contact:** Catherine Brennan
- **Title:** Director, Claims
- **Email:** brennancv@upmc.edu
- **Phone:** 1-866-918-1595
- **Claims/Billing Website:**
<https://www.upmchealthplan.com/providers/online/>