pa health & wellness

Partnering for Better Care:

A Community-Based Doula Guide for Managed Care

Table of Contents

Introduction to the PA Health & Wellness Toolkit for Community-Based Doulas

Here you will find resources that will help you streamline care for pregnant members.

Dear Doula Partner,

Welcome, and thank you for the vital role you play in supporting the health and well-being of pregnant women and their families. At **PA Health & Wellness**, we recognize the profound impact doulas have on maternal and child health outcomes (MCH), and we are honored to partner with you in this important work. **PA Health & Wellness**, is part of the Centene Corporation, the leading provider of government-sponsored health care ensuring access to affordable and high-quality services through Medicaid, Medicare, and Marketplace to families across the United States.

This toolkit was created with you in mind. We understand that navigating health insurance processes can sometimes be complex, and our goal is to make your experience as smooth and supported as possible. To make this information accessible and actionable, the toolkit was designed as a digital guide with embedded links and downloadable PDF documents that can be referenced as needed. Inside, you will find step-by-step guidance on everything needed to work efficiently with pregnant members and their health insurance provider; from onboarding and communicating with the health plan to documentation and billing.

We value the compassionate care you provide to each member that meets their individual needs, and we are committed to minimizing barriers so you can focus on what you do best: caring for women and families during one of the most meaningful times in their lives.

This toolkit reflects our shared commitment to transforming the health of the communities we serve, one person at a time. Together, we look forward to building a strong, respectful, and collaborative relationship.

Start Smart for Your Baby® and Care Management

WELCOME TO START SMART FOR YOUR BABY: PARTNERING FOR BETTER BIRTH OUTCOMES

To improve outcomes for these families, we offer the Start Smart for Your Baby® (SSFB) program — an evidence-based maternity care management initiative that blends advanced data analytics with compassionate and whole-person support. SSFB is designed to identify risks early, coordinate care across disciplines, and provide personalized resources to support healthy pregnancies and postpartum experiences.

Care management is a structured, person-centered approach to coordinating healthcare and support services that addresses the medical, behavioral, and social needs of participants. It aims to improve health outcomes, enhance quality of care, and reduce barriers by developing individualized care plans, facilitating access to resources, and ensuring continuity of care.

At **PA Health & Wellness**, care managers, registered nurses, or licensed clinical social workers play a vital role in Care Management and the Start Smart for Your Baby (SSFB) program by serving as trusted guides for participants throughout their pregnancy journey. They assess each participant's medical and social needs, connect them to essential services such as prenatal care, behavioral health, and social support, and develop personalized care plans tailored to individual circumstances . From the initial Notification of Pregnancy (NOP) through **one year post delivery**, care managers maintain consistent contact with participants to ensure continuity of care and to address evolving needs throughout the pregnancy and postpartum period.

Doulas are vital partners in this model. Your ability to build trust, provide culturally responsive care, and advocate for pregnant participants enhances the care team's impact. By working closely with care managers, providers, social workers, and behavioral health professionals, you help ensure that care is not only clinically effective, but also person-centered and aligned with each person's values.

Your presence improves engagement and enhances satisfaction with the birth experience. To collaborate effectively with care managers, doulas are encouraged to:

Act as a bridge: Encourage members to communicate openly with their care management team or act as a bridge between the pregnant member and the health plan to ensure they are receiving available services and benefits that can improve care.

Engage early: When a pregnant member is identified, doulas can help ensure the NOP is completed and encourage members to enroll in SSFB.

Share insights: By having a close relationship with members during their pregnancy, doulas gain valuable insight into their needs, preferences, and challenges . Communicating these needs timely to care managers helps in building effective care plans.

Coordinate support: Work alongside care managers to align on care goals, reinforce health education, and connect members to resources such as transportation, housing, or mental health services.

Advocate for inclusive care: Both doulas and care managers play a key role in identifying and addressing disparities in care. Your advocacy helps ensure every pregnant member receives respectful and inclusive treatment.

To work directly with Care Managers at **PA Health & Wellness** please **email PHWCaseManagement@PAHealthWellness.com**

Doula Activities to Support Maternal Child Health Core Key Performance Indicators (KPIs)

At **PA Health & Wellness**, we track maternal and child health outcomes using Core Maternal-Child and HEDIS (Healthcare Effectiveness Data and Information Set) KPIs. This section outlines how your existing practices align with these national quality measures. It also highlights opportunities to further support improved outcomes through targeted, evidence-based actions. The goal is to connect your day-to-day work with the broader data-driven efforts to improve maternal and child health.

CENTENE CORE MATERNAL-CHILD HEALTH KPIS AND HEDIS MEASURES

Core Maternal-Child Health KPIs are standardized evidence-based performance measures used to track and improve the quality of care we provide. They focus on key aspects of patient care that are known to lead to better outcomes. This core set also includes HEDIS measures that are comprised of a set of standards that state governments use to measure and improve the quality of care. MCH KPIs and HEDIS Measures are reviewed annually.

CORE MCH MEASURES	
Metric Name	**Definition**
Severe Maternal Morbidity (SMM) Rate	Defined by the CDC as the unexpected outcomes of labor and delivery that result in significant short- or long-term health consequences. SMM events are identified by 21 indicators that include eclampsia, amniotic fluid embolism, and heart failure. SMM rate is defined as the number of SMM events per 10,000 hospital deliveries.
Maternal Mortality Rate	The death of a pregnant woman from conception to 12 months after the end of pregnancy. This can be defined as **pregnancy-related**, where the cause of death is related to or aggravated by pregnancy, or **pregnancy-associated,** where the death occurs in the specified timeframe, but it is not pregnancy-related. The Maternal Mortality rate is defined as the number of maternal deaths per 100,000 live births.
Infant and Neonatal Mortality Rate	**Infant mortality** is the death of a live-born infant within the first year of life. **Neonatal mortality** refers to the death of a live-born infant in the first 28 days of life. Rates are per 1,000 live births.
Preterm Birth Rate	The percentage of live-born infants delivered prior to 37 weeks gestational age.
Nulliparous Term Singleton Vertex (NTSV) Cesarean Section Rate	The percentage of first pregnancies (nulliparous) who are low risk that give birth by cesarean section. Low risk for this metric is defined as deliveries that are: • At full **term** (≥ 37 weeks) • A single baby (**singleton**) • In the head-down (**vertex**) position via C-section
Low Birth Weight Rate	Rate of infants weighing less than 5 1/2 pounds or 2500 grams at birth.
Neonatal Intensive Care (NICU) Admission Rate	The percentage of newborns admitted to the neonatal intensive care unit during the first 28 days of life.

CORE MCH HEDIS MEASURES	
Metric Name	**Definition**
Timeliness of Prenatal Care (PPC-1)	**Prenatal Care.** The percentage of live births that received a prenatal care visit in the first trimester, on or before the health plan enrollment start date, or within 42 days of enrollment in the health plan.
Postpartum Care (PPC-2)	**Postpartum Care.** The percentage of live births that had a postpartum visit on or between 7 and 84 days after delivery.

ADDITIONAL MCH MEASURES AND HEDIS MEASURES

In addition to the metrics listed in the Core MCH KPIs, other metrics related to maternity and women's health may be tracked. These include:

- Postpartum Diabetes Screening
- Syphilis Screening and Treatment
- ASCVD (Atherosclerotic Cardiovascular Disease) Risk Evaluation
- Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome(NOWS)
- Cervical Cancer Screening (CCS-E)
- Chlamydia Screening (CHL)
- Contraceptive Care – Postpartum women (CCP)
- Prenatal Immunization Rates (PRS-E):
- Prenatal Depression Screening and Follow-Up (PND-E):
- Postpartum Depression Screening and Follow-Up (PDS-E)
- Social Need Screening and Intervention (SNS-E)
- Well Child Visits (through duration of postpartum intervention) (W30)

DOULAS CAN SUPPORT THE MCH CORE KPIS AND HEDIS MEASURES BY:

- Encourage attendance at all appointments and discuss questions regarding pregnancy journey
- Assist in identifying providers and scheduling appointments if needed
- Attend appointments to assist with barriers to understanding plan of care (e.g., language, literacy, and cultural barriers)
- Educating on maternal mental health
- Educate on all aspects of pregnancy, labor, delivery, postpartum, infant care, and transition to parenthood
- Encourage self-advocacy
- Refer to health plan care management department for additional resources and education
- Assist with social drivers of health needs (SDoH) (e.g., transportation, childcare resources, and food)

Your presence, advocacy, and care can help pregnant members feel informed, respected, and empowered throughout their pregnancy, birth, and postpartum journey. By understanding how your work fits into the bigger picture, you can strengthen your practice, support more effectively, and help advance inclusive care in maternal and child health.

Doula Insurance Coverage Benefit

INTRODUCTION TO DOULA BENEFITS

Health plans use the word “benefit” to describe a service that is paid for by the insurance company. Recognizing the profound impact doulas have on maternal and child health outcomes, many health plans now offer a doula benefit — a covered service designed to improve access to competent, continuous, and compassionate care. This is designed to help you understand how the doula benefit is defined, accessed, and utilized within our health plan. To help you understand how the doula benefit is defined, accessed, and utilized within our health plan, the below table outlines services covered and billing codes used.

This benefit may be covered by:

Expanded Benefit

- Health plans can include doula benefits as a supplemental or additional benefit. This allows reimbursement for specific services (e.g., prenatal visits, labor support and postpartum care).

Covered Service through Medicaid

- Inclusive doula services as a reimbursable benefit under the state’s Medicaid program.

Fee for Service

- Health plans can reimburse doulas for each visit or event (e.g., prenatal visits, labor support and postpartum care) using designated billing codes.

PROCEDURE CODES	DESCRIPTION OF SERVICE	MODIFIER	LIMITS
T1032	Doula Services (Prenatal Visit)	U7	Combined limit of 12 visits per calendar year
T1032	Doula Services (Postpartum Visit)	U8	Combined limit of 12 visits per calendar year
T1032	Doula Services (Fertility and pre-conception counseling, pregnancy loss, infant loss or termination of pregnancy	U9	2 total "other services" per calendar year
T1033	Labor and Delivery	No Modifier	Limit one per pregnancy

KEY BILLING REMINDERS

Procedure code T1032 must be billed with one of three pricing modifiers – U7 (prenatal visit), U8 (postpartum visit), or U9 (other services). The initial prenatal visit and the first postpartum visit must be provided in person. All visits using procedure code T1032 must be a minimum of 30 minutes. Procedure code T1032 with the pricing modifier U9 (other services) indicates a visit for doula support or counseling for fertility/pre-conception, pregnancy loss, infant loss, or termination of pregnancy, and is limited to a total of two visits for “other services” per 365 days. Doula services provided during labor and delivery must be provided in person. No payment will be made for procedure code T1033 (Labor and Delivery) if doula services are not provided in person and if delivery did not occur.

Scope of Doulas within Managed Care

As our health plan increasingly recognizes the value of doula care in improving health outcomes and advancing inclusive care, it is important that we establish a shared understanding of the role doulas play across the care continuum. We understand that doulas provide a wide range of services to pregnant members.

SCOPE OF A DOULA

The scope of a doula's work is strictly non-medical and non-clinical, centered on providing emotional, physical, and informational support to pregnant women while complementing the care provided by physicians or midwives.

Doulas are encouraged to support births in collaboration with qualified healthcare providers and avoid attending unassisted births to help ensure the safety and well-being of all involved. To participate in care delivery, doulas must be enrolled as a provider with **PA Health & Wellness** and may be subject to training, certification, or credentialing requirements as determined by **PA Health & Wellness** or the state. The goal is to foster a strong partnership between doulas and care teams, with doulas working alongside care managers and other healthcare professionals to provide coordinated, person-centered care. Building this partnership involves clearly defining doulas' roles and scopes of practice, including them in care coordination teams, and supporting their continued training and development.

Understanding Covered Doula Services

This section outlines the doula services that are covered under our health plan. It is intended to provide a clear understanding of which services are eligible for reimbursement. Use this as a reference to ensure alignment with health plan guidelines and to support accurate documentation and billing .

COVERED DOULA SERVICES

Services include:

- Accompany pregnant individuals to healthcare and social service appointments.
- Connect pregnant individuals and families to community-based resources.
- Attend labor and delivery and provide charting throughout labor and immediately postpartum.
- Provide continuous physical labor support to pregnant individuals and families.
- Provide educational support to individuals with evidence-based information through pregnancy, childbirth, and postpartum period.
- Provide emotional support throughout the prenatal and postpartum periods no matter the outcome, including birth or loss.

Understanding Non-Covered Doula Services

This section outlines services that are not covered by our health plan. It is intended to help identify which activities fall outside the scope of reimbursement. Awareness of non-covered services helps prevent claim denials and ensures pregnant members receive care within approved parameters.

If the pregnant member requests or requires one of the pregnancy-related services listed below that is not covered under the doula benefit, the doula can work with a member of the care management team to facilitate a referral to an in-network provider able to render the service.

NON-COVERED DOULA SERVICES

Services include:

- Meal preparation
- Housekeeping
- Shopping
- Childcare for other children
- Photography – still or video
- Placenta encapsulation
- Birthing ceremonies
- Group babywearing classes
- Massage
- Yoga
- Vaginal steams
- Belly binding after cesarean section
- Hypnotherapy
- Night Nurse

Doula services do not include diagnosis of medical conditions, provision of medical advice, or any type of clinical examination or procedure.

Doula Certification Requirements

Most state Medicaid agencies determine specific criteria for Doula certification. Managed Care Organizations (MCO) rely on certification to establish consistent standards of quality and professionalism across the field. Certification not only ensures that doulas meet essential benchmarks in knowledge, skills, and ethics, but also fosters trust among pregnant participants, healthcare providers, and MCOs alike. The following covers the requirements for Doulas supporting **PA Health & Wellness**.

The national or **Pennsylvania** based doula training organizations currently recognized as meeting the curriculum standards are listed below:

- Birth Arts International
- Birthing Advocacy Doula Trainings
- BirthWorks International
- Common Sense Childbirth Institute
- Doulas of North America (DONA) International
- International Doula Institute

REQUIREMENTS FOR DOULA CERTIFICATION

- Requires Doula certification by PA Certification Board.
- Requires PA MA program enrollment.

Enrolling As a Medicaid Provider

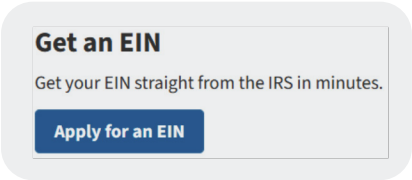
Being a Medicaid provider is a powerful way to champion inclusive health, deliver compassionate care to those who need it most, and make a lasting impact on the lives of vulnerable individuals and families in our communities. By completing the enrollment process, you ensure your services are recognized, reimbursed, and seamlessly integrated into the broader healthcare system, helping to close gaps in access and improve outcomes for underserved populations.

STEP-BY-STEP ENROLLMENT PROCESS

1 Step 1: Apply for a Tax ID (EIN) number

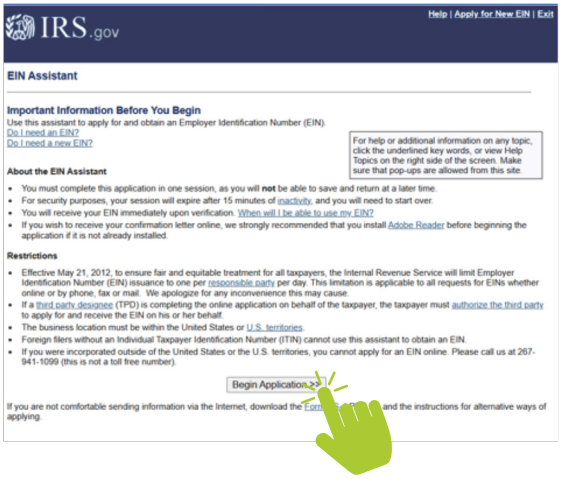
1. Go to the IRS Employer Identification Number (EIN) Application Page

- Visit: IRS EIN Application
- Click "Apply for an EIN"



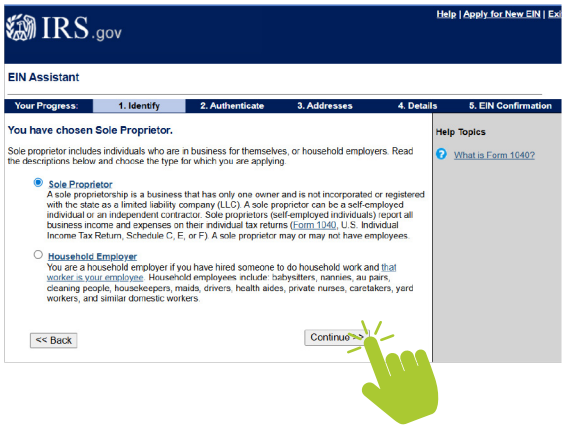
2: Begin the Application

- Click "Begin Application"
- You must complete the application in one session (it will time out after 15 minutes of inactivity)



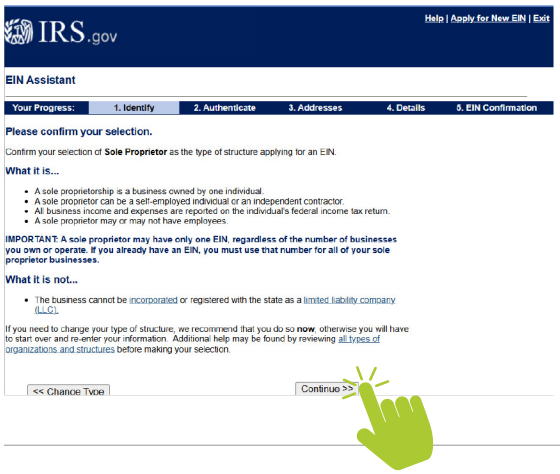
3: Select Your Entity Type

- Choose "Sole Proprietor" (most doulas use this unless you've formed an LLC or other entity)
- Click Continue



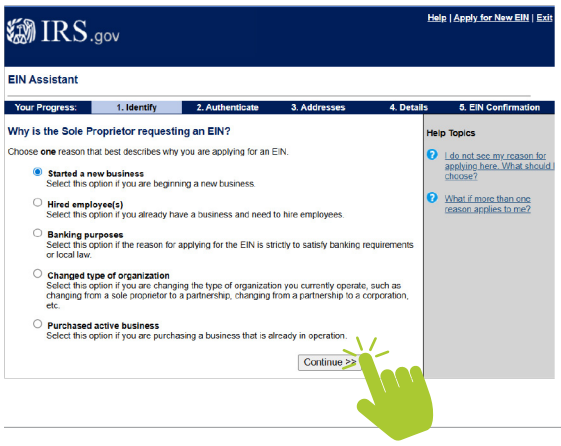
4: Confirm Your Selection

Confirm your entity type and click “Continue”



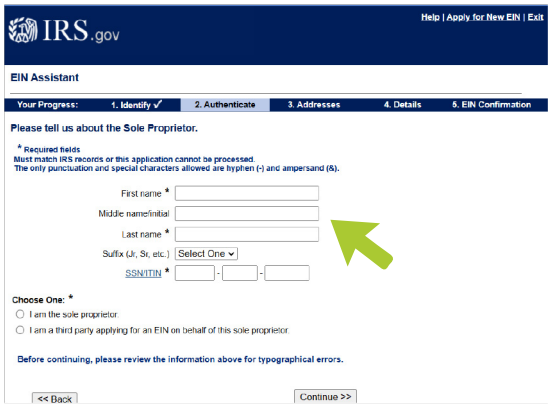
5: Confirm Your Selection

Select why you are requesting an EIN



6: Enter Your Personal Information

Enter your name and Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)



7: Provide Your Business Address

Enter your mailing address (it can be your home address if you don’t have a business location)

8: Provide Details About Your Business

Legal name of your business (can be your name if you're a sole proprietor)

- Trade name or “Doing Business As” (DBA), if applicable
- Start date of your business

9: Choose Why You Are Applying

Select “Started a new business”

10: Answer Additional Questions

- You’ll be asked if you plan to hire employees, file excise taxes, etc .
- Most doulas will answer “No” to these unless applicable

11: Choose How to Receive Your EIN

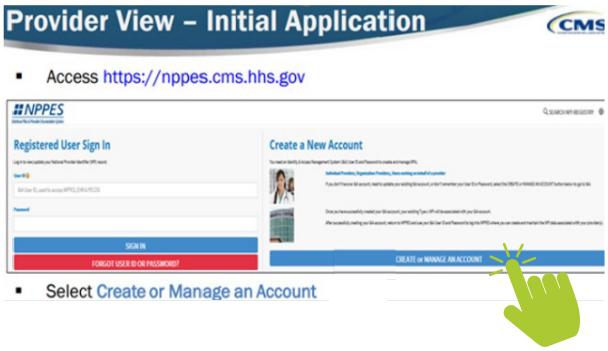
Choose to receive your EIN immediately online (PDF download) or by mail

12: Review and Submit

- Review all your information carefully
- Submit the application
- You will receive your EIN instantly if approved
- Download and save the confirmation letter for your records

2 Step 2: Apply for National Provider Identifier (NPI)

The NPI is an identification number that is unique to you. It is a 10-digit number used by Medicaid and Health Plans for administrative and to ensure reimbursement for services



To obtain an NPI number

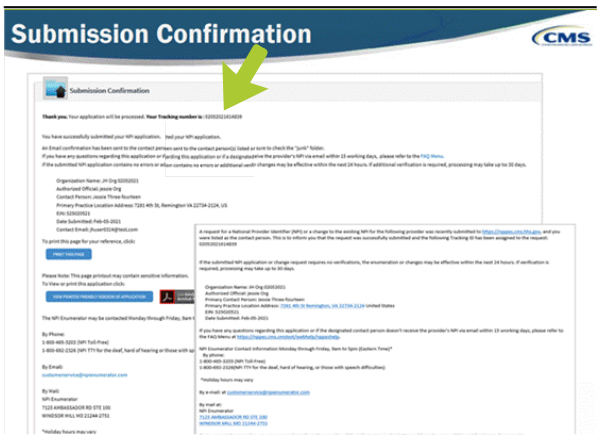
1: Access the Access and Identity Portal

2: Create a User ID and Password
Select: "Create a New Account"

Note: To finalize your User ID and Password, you need to verify your identity with an access code that is delivered to you by email or text.

- **Complete** the NPI application in National Plan and Provider Enumeration System (NPPES)
- **Select** "Registered User Sign In"
- **Begin** the NPI Application

3: Confirm Application Submission



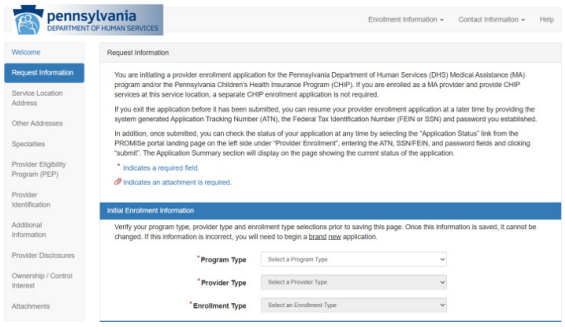
Your NPI will be delivered by email from the NPPES team .

For a complete guide (Step by Step including screenshots) visit I&A and NPPES

3 Step 3: Enrolling with State Medicaid

Apply on the Pennsylvania PROMISe Internet (opens in a new tab) located on the left-hand side of the Homepage, under Provider Enrollment, using New Application. Providers should prepare their NPI, provider type, taxonomy, license information, service location details, ownership information, tax information, and required supporting documents before starting the application.

1.Initiate enrollment by entering Program Type, Provider Type and Enrollment Type as well as entering contact information of person completing application. Save & Continue.



2. **Enter** NPI, tax, license, address, ownership, and contact details.
3. **Upload** required documents.
4. **Review** every page for consistency.
5. **Submit** the application from the summary page.

After approval, the provider receives a Pennsylvania Medicaid provider ID and can move forward with billing setup, MCO contracting, claims configuration, and compliance maintenance.

The DHS Quick Tips document says the approved application summary includes the 13-digit provider ID, provider effective date, and revalidation date. https://www.pa.gov/agencies/dhs/resources/for-providers/providers-quick-tips

After approval, providers should:

- Save the approval confirmation.
- Record the provider ID and effective date.
- Verify service location details.
- Set up billing software or clearinghouse connections.
- Confirm EFT and remittance advice setup.
- Contact relevant HealthChoices MCOs for network participation.
- Match MCO records to PROMISe records.
- Calendar the revalidation date.

Liability Insurance

As a doula, having professional liability insurance, also known as "errors and omissions insurance," is an important step in protecting yourself and your practice and may be required by state Medicaid agencies. This type of insurance helps cover legal costs and potential damage if a pregnant participant claims that your services were inadequate or caused harm.

Some states may use the term "malpractice insurance" when referring to liability insurance for doulas. It is recommended to speak to a professional who can provide advice that is relevant to you and your business regarding what insurance coverage is needed.

TYPES OF LIABILITY INSURANCE INCLUDE

Professional Liability Insurance
Covers claims that advice or support was given that caused harm to pregnant participants.

General Liability Insurance
Protects from non-medical accidents or incidents that could happen while working with pregnant participants.

Enrolling and Contracting as a **PA Health & Wellness** Provider

After receiving approval from Medicaid, doulas can apply to become a provider with **PA Health & Wellness**. Doulas who are interested in contracting with **PA Health & Wellness** can visit our website https://www.pahealthwellness.com/providers/become-a-provider.html

This section includes a step-by-step guide to help you navigate the enrollment process. You'll find helpful examples, and direct links to important resources, all designed to support you through each stage of the process.

Below is an example of a step-by-step guide for doulas to enroll as a **PA Health & Wellness** provider.

DOULA ENROLLMENT & CREDENTIALING CHECKLIST

1. **Complete Doula Interest Form** (Voluntary)
2. **Submit Certified Doula for Medicaid Reimbursement Application**
3. **Apply for NPI for doula taxonomy with NPPES** https://nppes.cms.hhs.gov/#/
4. **Enroll with DMAP as Doula** (NPI & taxonomy required)
5. **Complete online Request to Contract and Practitioner Data Form** (Coming Soon)
6. **Review application and send participating provider agreement**
7. **Once agreement is fully executed, 'Welcome Letter' is emailed to provider for the group**
8. **Send fully executed agreement and credentialing for review/processing**
9. **Complete New Provider Orientation**
10. **Approve or deny credentialing** (Provider has right to appeal)

Becoming a **PA Health & Wellness** contracted doula opens the door to serving more families who need your care the most. By contracting with an insurance company, you gain access to a broader network of pregnant and postpartum participants, many of whom may not otherwise be able to afford doula support. This not only increases your access to pregnant participants and income potential but also helps reduce disparities in maternal health by making your services more accessible to underserved communities. Whether you're just starting out or have years of experience, enrolling as a **PA Health & Wellness** provider is a powerful way to grow your practice and make a meaningful impact.

https://www.pahealthwellness.com/providers/become-a-provider.html

What to have ready:

- Licensing and Certification details
- National Provider Identifier (NPI) number
- Medicaid ID
- Proof of insurance
- W-9

Contract Request for PA Health & Wellness

When can a doula initiate the contracting process?

The doula may initiate the contracting process once enrollment in **PA** Medicaid is completed, and a Medicaid Provider ID is assigned

How long is the contracting process?

Once **PA Health & Wellness** receives the request, including all the necessary documents, the contract is typically sent within

[Health Plan specify timeframe]

How can a doula request a contract with PA Health & Wellness?

Requests to contract with **PA Health & Wellness** should be submitted through our website **https://www.pahealthwellness.com/providers/become-a-provider.html.**

Are there resources available during the contracting process?

- **PA Health & Wellness'** "Become A Provider" web page is a great resource during the contracting process.
- Upon submission of a contract request (see previous page for details).

Contracting with PA Health & Wellness helps doulas reach more families and reduce maternal health disparities.

Place of Service

As a doula, your support can be provided in a variety of settings, depending on the needs of the pregnant woman and the policies of the health plan. Understanding the places of service is essential for accurate documentation, billing, and ensuring your services are covered.

Places of service where doula support may be provided can be found on page 39 of the Provider Manual. https://www.pahealthwellness.com/providers/resources/forms-resources.html

Pregnant women may benefit from receiving services in more than one location, depending on where they live. For example, participants in rural areas may require both a community-based setting and telehealth services . Accurate documentation of the place(s) of service may be necessary for claims processing.

Participants' Eligibility for Doula Services

Understanding who is eligible for doula services is key to delivering timely, inclusive, and effective care . This section provides an overview of the eligibility requirements for pregnant women to access doula support through **PA Health & Wellness**. By becoming familiar with these guidelines, you will be empowered to advocate, support pregnant women, and help ensure that those in need receive the care they deserve .

Participants are eligible for doula services through PA Health & Wellness if:

- They are currently pregnant or have delivered in the last 12 months
- Are enrolled and eligible with **PA Health & Wellness**
- They would benefit from doula services or request doula services
- Participants much have a recommendation from an MA enrolled licensed practitioner prior to the provision of doula services.

Doula services can only be provided during pregnancy; labor and delivery, including stillbirth; miscarriage; abortion; and within one year of the end of the participant's pregnancy.

NON-COVERED SERVICES

Non-Covered services are services that are not covered by **PA Health & Wellness**. Participants may be able to obtain Non-Covered Services under the Medicaid State Plan. **PA Health & Wellness** is responsible for informing Participants about how to access Non-Covered Services, providing all required referrals, and assisting in the scheduling of these services. These services will be paid for by the State on an FFS basis.

Please visit our website at PAHealthWellness.com or call Provider Services at 1-844-626-6813 for a complete listing of these services.

Member Verification

It is important to verify the pregnant participant's eligibility with **PA Health & Wellness** prior to every visit and/or interaction. Eligibility means whether the participant qualifies to receive health care coverage through Medicaid. Medicaid is based on ongoing eligibility and can change daily. The participant must be eligible on the date of service.

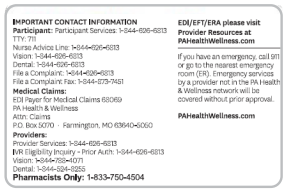
1. Log on to our Secure Provider Web Portal at **PAHealthWellness.com or Availity Essentials at https://www.availity.com/**. Using our secure Provider Portal, you can check Participant eligibility. You can search by date of service and either of the following: Participant name and date of birth, or Participant Medicaid ID and date of birth.

2. Call our automated participant eligibility IVR system. Call **1-844-626-6813** from any touch-tone phone and follow the appropriate menu options to reach our automated Participant eligibility-verification system 24 hours a day. The automated system will prompt you to enter the Participant Medicaid ID and the month of service to check eligibility.

3. Call PA Health & Wellness Provider Services. If you cannot confirm a Participant's eligibility using the methods above, call our toll-free number at **1-844-626-6813.** Follow the menu prompts to speak to a Provider Services Representative to verify eligibility prior to rendering services. Provider Services will need the Participant name, Participant Medicaid ID, and Participant date of birth to check eligibility.

PARTICIPANT ID CARDS

Below are examples of the participant ID cards to help you become familiar with what to look for.



IMPORTANT:

Record the confirmation number for your records each time you check eligibility.

For assistance, please reach out to the health plan at **PA Health & Wellness**.

Referrals to other PA Health & Wellness Services

As a doula, you play a vital role in supporting the overall health and well-being of our pregnant members. In addition to the assistance you provide, members may benefit from additional services, such as behavioral health, nutrition counseling, care coordination, or social services.

This section offers guidance to help you connect them with **PA Health & Wellness** programs and resources that can help.

By making timely and appropriate referrals, you help ensure our pregnant members receive comprehensive, person-centered care throughout their pregnancy journey.

DOULA COLLABORATION WITH CARE MANAGEMENT

Contracted doulas partner with the health plan and the participant's Care Manager (CM) to support coordinated, participant-centered prenatal and postpartum care. This collaboration focuses on sharing non-clinical insights, identifying participant needs, and connecting participants to appropriate plan resources to reduce barriers and improve engagement.

Examples of Doula–Care Management Collaboration at PA Health & Wellness include:

- Sharing brief, non-clinical updates with the CM using the plan's preferred communication process
- Alerting the CM to new or emerging member needs (e.g., transportation, housing, food, benefits)
- Coordinating warm hand-offs to care management or health plan programs when appropriate
- Notifying the CM when doula services begin and conclude to support care plan updates

REFERRALS

If the Participant's PCP is not a women's health Specialist, PA Health & Wellness will provide direct access to a network Specialist for core benefits and services necessary to provide women routine and preventive health care. Participants are allowed to utilize their own PCP or any family planning service Provider for family planning services without the need for a referral or a prior authorization. In addition, Participants will have the freedom to receive family planning services and related supplies from an out-of-network provider without any restrictions. Family planning services include examinations, assessments, traditional contraceptive services, preconception and interconception care services. In situations where a new Participant is pregnant and already receiving care from an out-of-network OB/GYN Specialist at the time of enrollment, the Participant may continue to receive services from that Specialist throughout the pregnancy and postpartum care related to the delivery. PA Health & Wellness will make every effort to contract with all local family planning clinic and Providers and will ensure reimbursement whether the Provider is participating or out-of-network.

Your collaboration helps ensure that every pregnant participant receives the full spectrum of care they deserve.

Claim Submissions

Submitting claims accurately is essential for accurate and timely reimbursement for your services. As a doula, ensuring your claims are filled out correctly helps avoid delays, denials, or extra paperwork. It also ensures that

we have all the information needed to process your reimbursement more efficiently . We are here to assist you in submitting accurate claims that help you get paid faster, so you can focus on caring for our pregnant members.

WHAT IS A CLAIM?

- A claim is a request for reimbursement of services provided
- A claim may be submitted through the following methods:
  - Electronically
  - Paper submission
  - Secure portal entry
- A claim may be paid or denied . For each claim processed the doula will receive Remittance Advice (RA). This may be delivered electronically or by mail
- At enrollment you can sign up to receive remittance and payment by mail or electronically

Below are guidelines for claims submissions (examples provided)

CLAIM SUBMISSION METHOD

- Preferred method: Electronic Submission (EDI) Paper Format Secure Provider Portal
- PA Health & Wellness Forms and Resources https://www.pahealthwellness.com/providers/resources/forms-resources.html

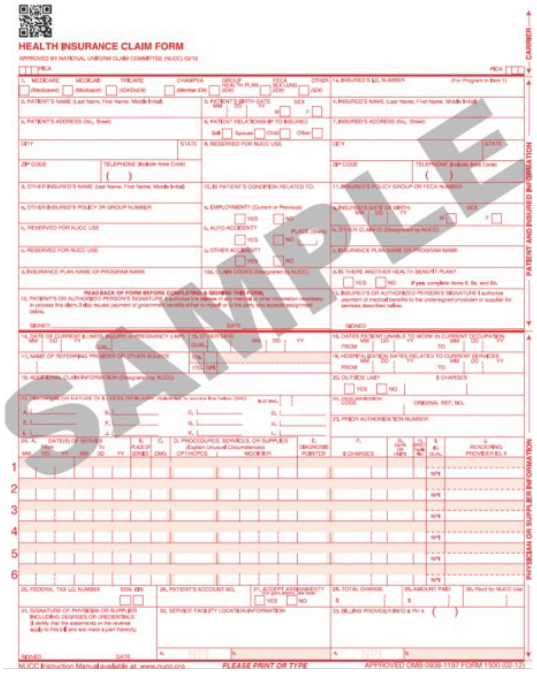
ELECTRONIC DATA INTERCHANGE (EDI)

- **PA Health & Wellness** Payer ID = **68069**
- EDI allows healthcare providers, payers, and businesses to communicate claims, eligibility, benefits, and payment information electronically
- Provider systems communicate to the health plan by way of a hub, also known as a clearing house

PAPER FORMAT

- **PA Health & Wellness** only accepts the CMS-1500 (aka HCFA-1500)
- Doulas wishing to submit paper claims should purchase these from their supplier of choice (search: CMS-1500 + Form + Purchase)
- All paper forms must be typed or printed on the original red and white version
- All claims with handwritten information on a black and white form will be rejected
- Link to CMS-1500 — National Uniform Claim Committee CMS-1500 Claim

Below is a sample of the CMS-1500 health insurance claim form, with instructions for completion



INSTRUCTIONS FOR COMPLETION OF FORM

- Carrier Block Upper Right Corner
- Name of Carrier (Insurance Company)
- First Line of Address
- Second Line of Address
- City, State (2 Character) and Zip Code

PAPER CLAIM

Box 1: Insurance Type "Medicaid"

Box 1a: Participant's ID Number

- Found on participant's ID Card or Provider Portal Eligibility

Box 2: participant's Name (Last, First, Middle Initial)

Box 3: participant's Date of Birth/Sex

Box 4: Insured's Name

- From Box 2 and as it appears on the participant ID or Provider Portal

Box 5: participant's Address

Box 6: Self

Box 7: Insurer's Address

- From Box 5

Box 8: Is the condition related to Employment? Auto or Other Accident

Box 14: LMP Date

Box 14: Qualifier "484" Last Menstrual Period

Box 21: ICD 10 Code Z32 .2 Encounter for Childbirth Education (ICD 10 Code Example: Z32.2 Encounter for Childbirth Education)

Box 23: Prior Authorization Number (if applicable)

Box 24a: Date of Service

- Report only one date of service and one CPT code for each line **Box 24b:** Place of Service
- Examples: Home 12; Office 11; Hospital Inpatient 22; Birthing Center 25
- Place of Service Code Set | CMS
- **Box 24c:** EMG = "Emergency"

Box 24d: Procedure Code and Modifier

- T1032 Prenatal/Postpartum Care
- T1033 Attendance at Delivery

Box 24e: Diagnosis pointer

Box 24f: Charges for this Date of Service = Dollar amount

Box 24g: Units

Box 24j: Performing Doula's Individual NPI

Box 25: Federal Tax ID (Check EIN)

Box 27: "Yes" to Accept Assignment

Box 28: Total Charges

Box 31: Signature of Doula Provider

Box 32: Service Facility Address if different from Doula Provider Billing Address

Box 33: Doula Billing Provider Name, Address, Zip+4, Phone Number and NPI

BILLING INFORMATION

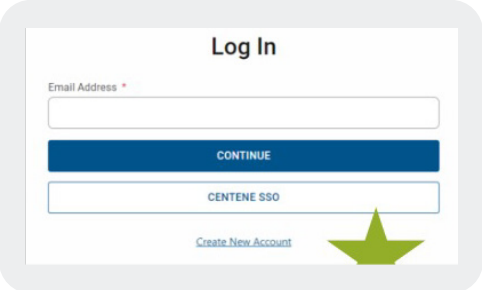
- Use only Original CMS 1500 Forms
- One per participant
- One Date per participant (Box 24a)
- Black ink – printed 10 pt font
- Refer to National Uniform Claim Committee Guide
- National Uniform Claim Committee CMS-1500 Claim

PAPER CLAIMS SUBMISSION

PA Health & Wellness
Attn: Claims Department
P.O. Box 5070
Farmington, MO 63640

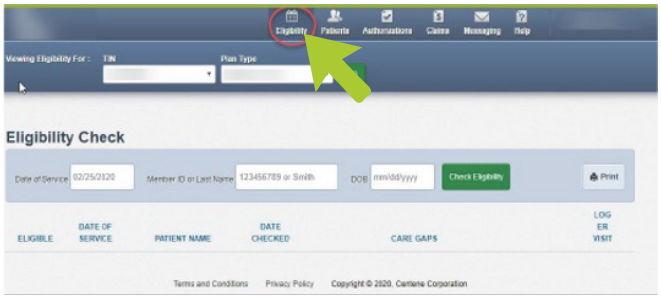
SECURE PROVIDER PORTAL CLAIMS

- **PA Health & Wellness** encourages electronic submission claim via our Secure Provider Portal
- The portal allows the Doula to verify eligibility, submit and track claims, request prior authorization (if applicable), as well as track payments and communicate securely with the plan 22
- **New User?** Create a New Account
- https://www.pahealthwellness.com/providers/resources.html for manuals, tools, and resources



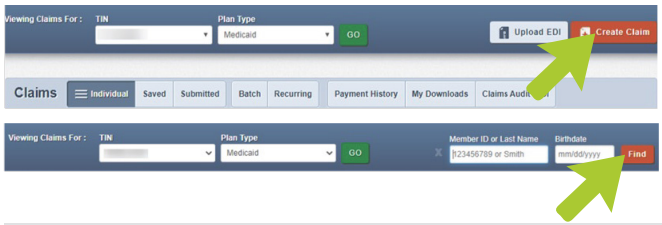
participant Eligibility

- Enter Date of Service
- Participant ID or Last Name
- Participant Date of Birth

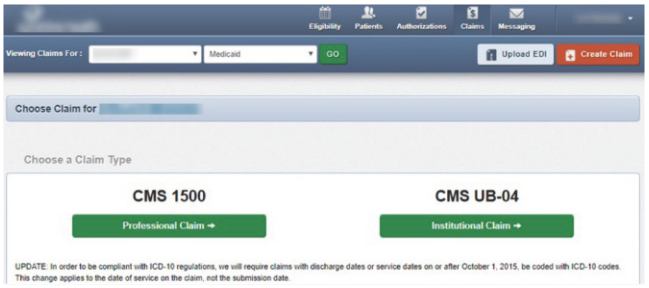


Claim Submission

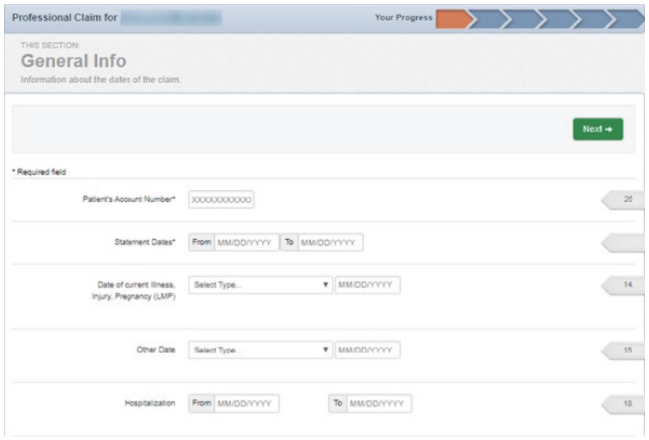
- Click Create a Claim
- Enter Participant ID or Last Name
- Enter Participant's Date of Birth
- Click Find



Create a Claim - Claim Type Selection

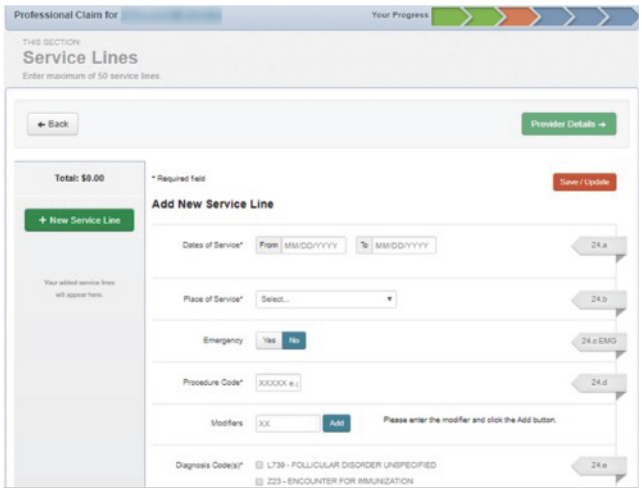


Complete General Information

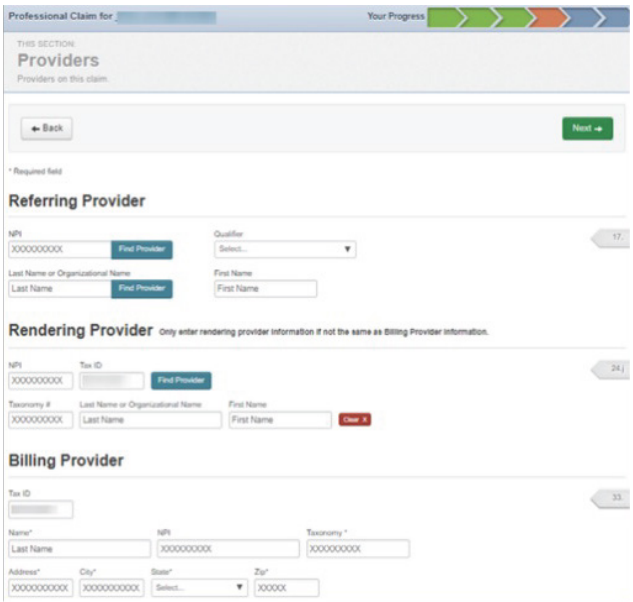


Create a Claim

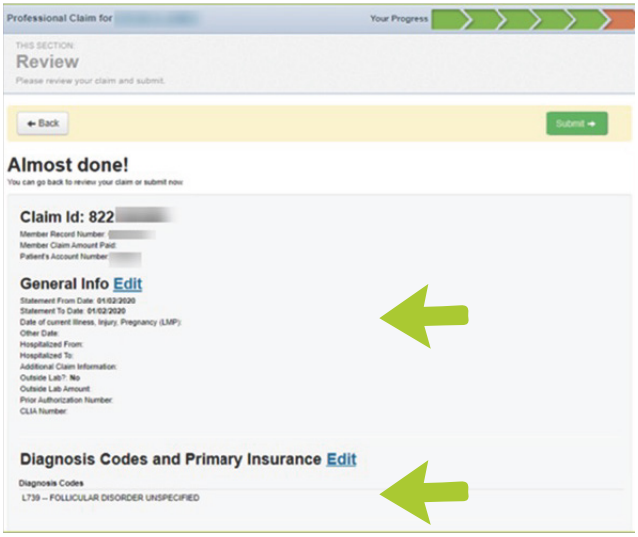
- Date of Service: one date
- Procedure Code: T1032 or T1033
- Modifier: U7/U8/U9
- Diagnosis Code
- Save/Update
- New Line of Service for additional DOS

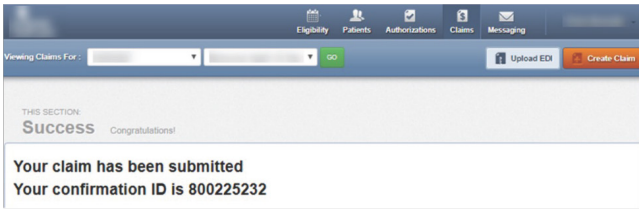


- Rendering Provider = Doula
- Enter NPI click Find
- Enter and Verify Billing Information
- Referring Provider is not Required



- Claim Overview Displays
- Final Review before Submission





Timely Filing of Claims

Providers must submit all first-time claims for reimbursement within 12 months of the Date of Service

Corrected Claims Requests for Reconsideration and Claims Dispute

Claims must be received within 12 months of the date of service or 60 calendar days after payment, denial, or partial denial of a timely submission (whichever is greater)

Please use link below for additional support.

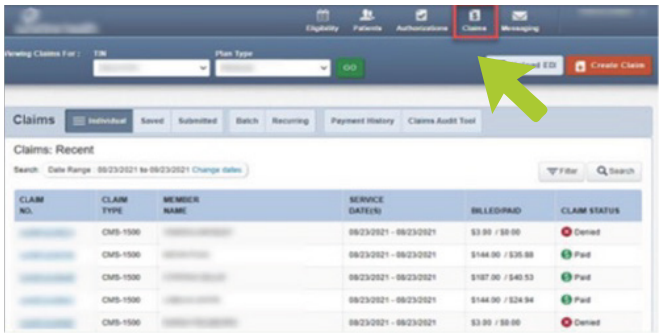
Manuals, Forms and Resources
https://www.pahealthwellness.com/providers/resources/forms-resources.html

Claims Status and Corrected Claim Submission

Preferred method: Secure Provider Portal
https://www.pahealthwellness.com/providers.html

Managing Individual Claims

1. To access individual claims: Select Individual. A list of individual claims will appear

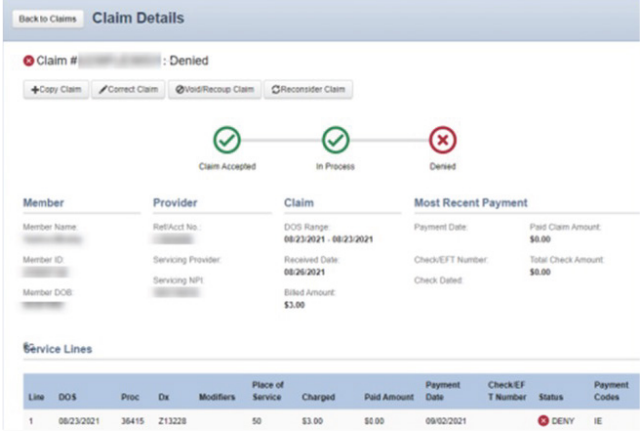


The following claim details will display

- Claim number
- Claim status
- Billed/Paid
- Participant name
- Service dates

2. To view details of the individual claim
3. From the individual tab, click the claim number to open tab

4. The following screens will appear. You can see which services were covered or denied, view the payment amount, date, and check number



To Correct a Claim

1. Click the correct claim button
2. Proceed through the claims screen correcting the information you may have omitted when the claim was originally submitted
3. Continue clicking Next to move through the screens required to submit
4. Review the claim information and click Submit

Please reach out to **PA Health & Wellness** with questions.

Payment

As a valued provider, your support is essential to the health and well-being of our pregnant participants and their families. Ensuring you are paid accurately and on time is a top priority. Once services are approved, payment will be issued directly to you according to **PA Health & Wellness** reimbursement schedule. This section outlines how and when you can expect to receive payment, what to do if there are delays, and how to keep your payment information up to date. Your time and expertise matter, and we are committed to honoring that through reliable and timely compensation.

T1032-U7 Prenatal visit: $100
T1032-U8 Postpartum visit: $100
T1032-U9 Other services: $175
T1033 Labor and Delivery: $1000

ELECTRONIC FUNDS TRANSFER (EFT) AND ELECTRONIC REMITTANCE ADVICE (ERA)

- **PA Health & Wellness** provides Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) to its participating providers to help reduce cost, speed billing, and improve cash flow by enabling online access of remittance information and straightforward reconciliation of payments
- Visit our partner PaySpanHealth.com to register to receive payments and remittance electronically

Please reach out to PHWproviderrelations@pahealthwellness.com with questions regarding payment

Handling Provider Concerns and Questions

As a doula partnering with **PA Health & Wellness**, you play a vital role in supporting participants throughout their pregnancy journey. We understand that navigating administrative processes such as billing, enrollment, and service documentation can sometimes be challenging. If you encounter any issues, whether it's delayed payments, questions about covered services, or other operational concerns, help is available.

What to Do When You Encounter Issues:

1 Reach Out to Provider Support

- Contact **PA Health & Wellness**'s provider support via the designated phone number or email
- Clearly describe your concern and include any relevant documentation (i.e., claim numbers, service dates, participant ID, etc.)

2 Document Your Communications

- Keep a log of all interactions, including:
- Date and time of contact
- Name and role of the person you spoke with
- Summary of the conversation or guidance provided
- This record can be helpful for follow-up or escalation if needed

3 Use Provider Portals

If available, log into the provider portal to:

- Check claim status
- Submit inquiries
- Access payment history
- Review service documentation requirements

4 Follow Up Promptly

- If you don't receive a response within the expected timeframe, follow up with the provider support team
- Your advocacy helps improve the system for everyone

Your Voice Matters

Your feedback and questions help improve the experience for all doulas and providers. **PA Health & Wellness** is committed to responding within a reasonable timeframe and working with you to resolve any concerns. Don't hesitate to speak up as your role is essential.

Handling Member Concerns and Questions

Doulas play a vital role as trusted partners for members throughout pregnancy, birth, and postpartum care. Because of the close and supportive relationship you build, you may be the first to hear about a member's challenges not only with health coverage or access to services, but also with medical concerns such as pain, complications, or emotional distress.

Your ability to respond with empathy and clarity can make a significant difference in their experience. When a member shares a health-related concern, encouraging them to reach out to their healthcare provider promptly can help ensure they receive the care they need. You can also help by guiding them to available resources, clarifying benefits, or connecting them with care coordination support.

COMMON MEMBER CONCERNS

Members may share a variety of issues with you, including:

Eligibility or Benefits
Questions about what services are covered, how long coverage lasts, or whether specific providers are in-network.

Access Barriers to Health Plan Services
Difficulty using services such as transportation, behavioral health, lactation support, or home visits.

Referral or Care Coordination Questions
Uncertainty about how to get a referral, connect with specialists, or coordinate care across providers.

HOW YOU CAN SUPPORT MEMBERS

When concerns arise, here are steps you can take to assist:

1 Verify Coverage

Use the Member Verification process to confirm the member's current eligibility and benefits. This helps clarify what services they can access.

2 Refer to Member Services or Care Coordination

Direct participants to **PA Health & Wellness**'s participant Services team for help with benefits, referrals, or service access. If applicable, connect them with care coordinators who can assist with complex needs.

3 Document and Escalate

Record the concern in accordance with your organization's documentation protocols or the requirements outlined in your health plan agreement. If the issue requires further attention, follow the health plan's escalation process to ensure it is addressed promptly and appropriately.

WHY YOUR ROLE MATTERS

Your support helps bridge gaps in understanding and access, ensuring members receive timely, appropriate care. By listening carefully and guiding members to the right resources, you contribute to better health outcomes and a more positive care experience.

Quality, Monitoring, and Oversight

As a doula working with **PA Health & Wellness** participants, you might wonder why we are focused on tracking data and what this has to do with your day-to-day work. The support you provide plays a powerful role in improving health outcomes for pregnant women and their families. We use specific metrics, like preterm birth rates or postpartum visit completion rates, to understand what is working and where more support is needed. The information below breaks down how and why these metrics are used, and how they help show the real impact doulas make in improving care, reducing disparities, and shaping the future of maternal health.

YOUR CONTRIBUTIONS AS A DOULA PLAY A VITAL ROLE IN ADVANCING KEY HEALTH GOALS, INCLUDING:

Increasing Prenatal and Postpartum Visit Rates
By encouraging consistent engagement with healthcare providers, doulas help ensure that pregnant individuals receive timely care throughout pregnancy and after delivery.

Reducing Low Birth Weight and Preterm Births
Through emotional support, education, and advocacy, doulas help reduce stress and promote healthier pregnancies, which can lead to better birth outcomes.

Improving Member Satisfaction
Doulas foster trust, cultural responsiveness, and personalized care, which enhances the overall experience for members and strengthens their connection to the health care community.

TO SUPPORT THESE GOALS, YOU MAY BE ASKED TO:

Submit Documentation of Services
Accurate and timely records help us track service utilization, outcomes, and ensure compliance with Medicaid and managed care requirements

Participate in Training and Continuing Education
Ongoing learning opportunities help you stay informed about best practices, emerging research, and policy updates

Share Feedback and Insights
Your experiences and observations are invaluable in shaping program improvements and advocating for the needs of the communities you serve

These efforts are essential to demonstrating the value of doula care to stakeholders, including Medicaid programs, managed care organizations, and policymakers. Together, we are building a stronger, more equitable maternal health system.

Conclusion

As a community-based doula, your role is vital, not only to pregnant women and the families you serve, but to the broader effort to improve maternal and infant outcomes. Your knowledge, advocacy, and connection help build trust and bring compassion to the healthcare system. As you continue this work, know that you are not alone. **PA Health & Wellness** is committed to partnering with doulas like you to support healthier pregnancies, safer births, and stronger families. We hope this toolkit has offered practical guidance, resources, and encouragement to support you in your journey. Thank you for the care you give, the voices you lift, and the impact you make every day.

Together, we can ensure that every pregnant woman receives the respectful, informed, and continuous support they deserve before, during, and after childbirth.

Appendix Terms & References

KEY RESOURCES

Links to PA Health & Wellness Products and Services:
https://www.centene.com/products-and-services.html

Start Smart for Your Baby® (SSFB) program: An evidence-based maternity care management initiative that blends advanced data analytics with compassionate and whole-person support
https://www.startsmartforyourbaby.com/

IRS EIN (Employer Identification Number) Application: Apply for a Tax ID
https://www.irs.gov/businesses/small-businesses-self-employed/get-an-employer-identification-number

National Provider Identifier (NPI): Unique 10-digit ID for healthcare providers
https://nppes.cms.hhs.gov/login

CMS-1500 Claim Form Guide: Instructions for completing paper claims
https://www.nucc.org/images/stories/PDF/1500_claim_form_instruction_manual_2024_07-v12.pdf

PaySpan Health: Electronic Funds Transfer and Remittance Advice
https://www.payspanhealth.com/nps

KEY TERMS

Fee-for-Service (FFS)
A payment model where you're paid for each service you provide

Managed Care Organization (MCO)
A type of health care delivery system that coordinates and oversees the provision of medical services to ensure appropriate utilization and quality of care

Medicaid Managed Care Organization (Medicaid MCO)
A health plan that works with Medicaid to deliver services

Place of Service (POS)
The location where you provide care (e.g., home, clinic)

Core Metrics
Health outcomes used to measure the impact of doula services

For questions related to this toolkit please contact
PHWProviderRelations@PAHealthWellness.com