The Unofficial Guide to Doula Onboarding

BILLING – CODING - ADMINISTRATIVE

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Draft v2

Welcome!

Welcome to Buckeye Health Plan and thank you for being part of our Doula care network. We are excited to begin this important work for birthing parents and infants across our state.

The purpose of this training is to provide information to support your claims, billing and reimbursement needs.

Our goal is to provide an overview of the process and the tools to lead you to success.

Doula Training Topics 2025

1. Key Concepts and Common Questions
2. Claim Submission Process
3. Tools and Resources

Common Questions

- What is a Claim?
- What is a "Clean Claim"?
- How long does the claim process take?
- How often should I submit my claims to Buckeye?
- What is "Timely Filing"?
- What functions can I perform on the Secure Provider Portal*? (What are the advantages?)*
- How do I use Buckeye's Secure Provider Portal to submit and manage my Claims?

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What is a Claim?

- A Claim is a request for Reimbursement.

- **It may be submitted:**

  - Electronic

  - Paper

  - Secure Portal Entry

- A Claim may be Paid or Denied or Partially Paid.
  For each Claim processed, the Doula will receive a Remittance Advice
  (RA). This may be delivered electronically or by mail.

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What is a "Clean Claim"?

- A Clean Claim in medical billing is a claim that is free from errors and includes the necessary information to be processed.
- Claims with errors or lacking critical information may be denied or rejected.

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How long does the process take?

- Clean Claims are processed within thirty (30) days of receipt.
- Submitting claims through the Provider Portal allows for efficient tracking of the process and payments.
- See the Provider Manual on our website at:

  Buckeye/Provider/Provider Resources/Manuals, Forms and Resources

How often should I submit claims?

- Buckeye encourages providers to submit claims regularly and as soon as possible after the service is complete.
- Best practices can include Same Day or Weekly or Bi-Weekly Submissions.

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What is "Timely Filing"?

- Timely Filing refers to the requirement to submit a claim within a specific timeframe.
- Providers will have 365 days to timely file a claim, including any timely filing exceptions, in accordance with Ohio Administrative Code rule 5160-1-19.
- Failing to meet the timeframe may result in claim denials or rejections.
- See the Provider Manual on our website at:

  Buckeye/Provider/Provider Resources/Manuals, Forms and Resources

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What functions can I perform on the Provider Portal?

- Buckeye Health Plan's Secure Provider Portal includes functionality in all the following areas:

    - Member Eligibility Verification
    - Viewing and Submitting Claims
    - Claim and Payment Status and Tracking
    - Communicate with Buckeye via Secure Messaging
    - Submitting Corrected Claims

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Claim Submission Methods

- Secure Provider Portal
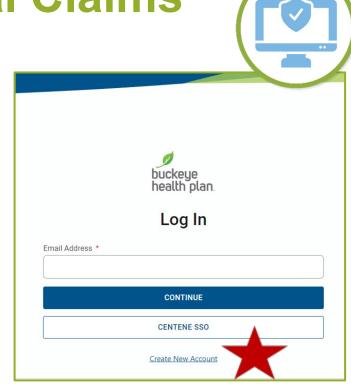- [Buckeye Provider Portal Manual](#)

Secure Provider Portal Claims

- Buckeye Health Plan encourages claim submission via our Secure Provider Portal.

- The Portal allows the Doula to verify **eligibility**, **submit** and **track claims**, as well as track **payments** and **communicate** securely with the Plan.

- **New User?** Create New Account
  [Register for Buckeye Provider Portal](#)

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Log In

Email Address *

CONTINUE

CENTENE SSO

Create New Account

Secure Provider Portal Claims

Provider Login

Secure Provider Portal Login

If you are a contracted Buckeye Health Plan provider, you can register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

Once you have created an account, you can use the Buckeye Health Plan provider portal to:

- Verify member eligibility
- Manage claims
- Manage authorizations
- View patient list
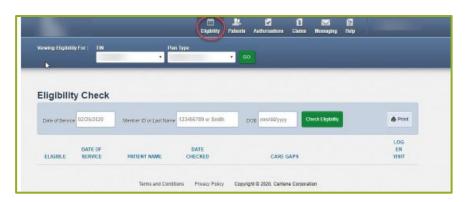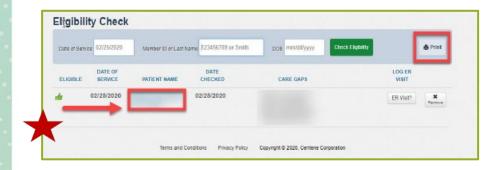- Login/Register

LOGIN/REGISTER

1

I am a:

Select One ▼

Select One
Member
Provider

Submit

2

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Log In

Email Address *

[   ]

CONTINUE

CENTENE SSO

Create New Account

single password   reliable security
EntryKeyID

3

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1) Click **Login/Register**

2) Select **Provider** and click **Submit**

3) Enter your Username (Email) and click **Continue**

Member Eligibility – Buckeye Provider Portal

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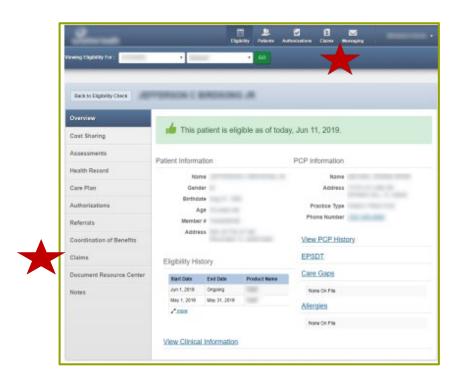- Date of Birth

- **Up =** Eligible 👍
- **Down =** Ineligible 👎

Claim Submission – Buckeye Provider Portal

From **Eligibility Check**, click the **Patient Name** Navigating to the **Member Record** and **Overview Screen**
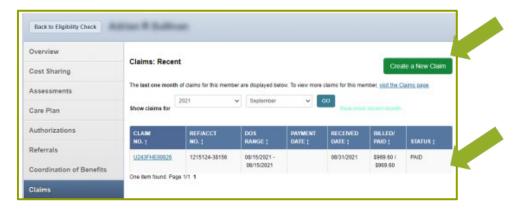
Claim Submission – Buckeye Provider Portal

1. From the **Member Record Overview** screen
2. Select **Claims**

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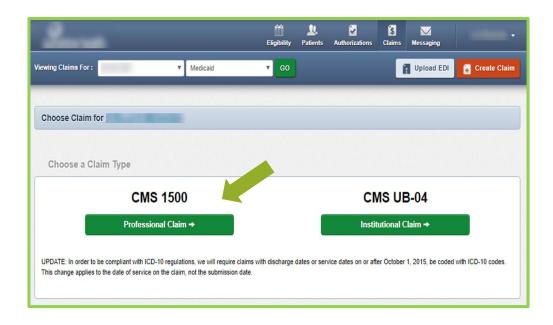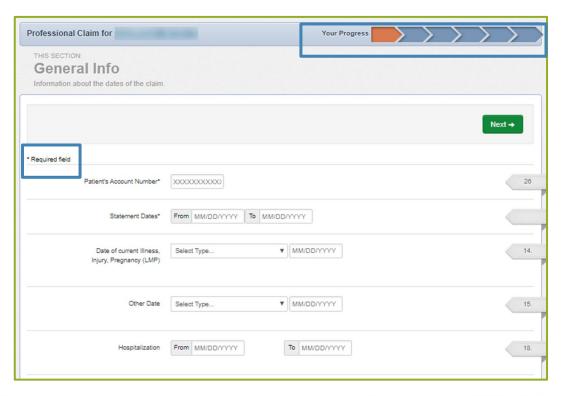# Claim Submission – Buckeye Provider Portal

The **Claims** screens will display recent claims and **Status** and an option to **Create a New Claim**
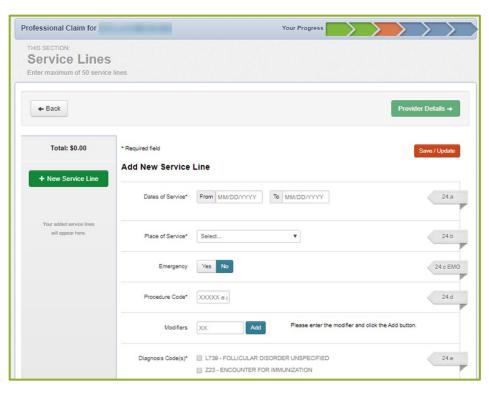
Create a Claim – Claim Type Selection

The **Claims** screen will display Provider **Viewing Claim For** and Member name in
Choose Claim for
Verify Member
Select **CMS 1500**

Create a Claim – Buckeye Provider Portal

- **Progress Bar**
- **Next** to Navigate
- **Number Tabs**
  CMS 1500 Box
- **Hover** on
  Tabs for "Help"
- *** Required Field**

Create a Claim – Buckeye Provider Portal

- **Date of Service:** (24a)
- **Place of Services:** (24b)
- **Procedure Code** (24d)
- **Diagnosis Code** (24e)
- **Modifier (Telehealth)**
- **Save/Update**
- **New Service Line Additional DOS**

Create a Claim – Buckeye Provider Portal

- **Diagnosis** (24e)
- **Charges** (24f)
- **Units** (24g)
- **Save/Update**
- **New Service Line Additional DOS**

Create a Claim – Claim Type Selection

- **Date of Service = 1 Date** (From and To)

- **Charges Enter Decimal**

  Example 50.00

- **Units T1032 = 1 for Each 15 Minutes** ($12.50/Unit)

- **ICD-10 Code Examples**

  Supervision of Normal Pregnancy
  CPT Z34.00 - Z34.30
  CPT Z34.80 - Z34.83
  CPT Z34.90 - Z34.93

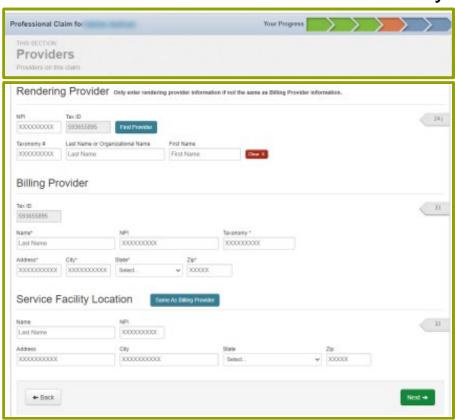- **Required Modifier**

  GT = Telehealth Only

Doula Benefits, Coding and Reimbursement

- **Perinatal Doula Care Benefit**
  - Prenatal through 12 Months Postpartum
  - 48 15-minute Units reimbursed at $12.50/Unit
  - Prior Authorization required for additional Perinatal Doula Services
- **Delivery Benefit**
  - One-time payment of $600 Delivery Attendance
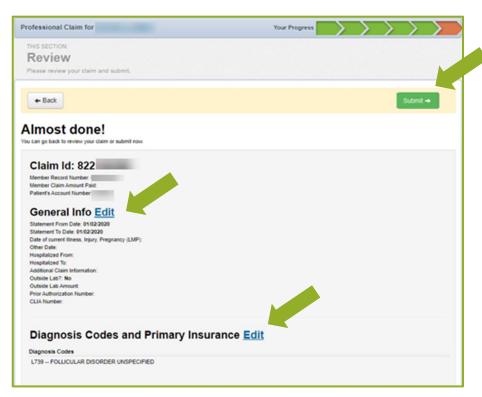- **Coding Set for Doula Services**

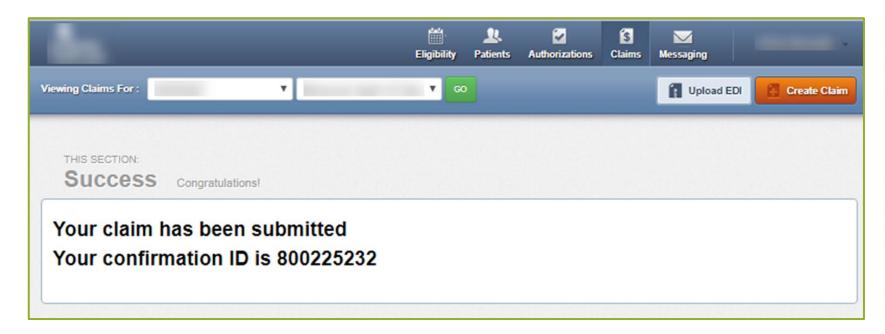| HCPS Procedure	Description	Rate	Benefit
T1032	Services Performed by Doula	$12.50 / Unit	48 15-Minute Perinatal Units
T1033	Delivery Attendance	$600 / Delivery Attendance	One-Time Payment Delivery

Create a Claim – Buckeye Provider Portal

- **Enter Provider Detail**
- **Billing Provider**
- **Add Rendering Provider** (*only if different from Billing*)

Create a Claim – Buckeye Provider Portal

- Claim Overview Displays
- Final Review
  before Submission

Create a Claim – Submission Confirmation

THIS SECTION:

Success   Congratulations!

Your claim has been submitted
Your confirmation ID is 800225232

Claim Status and Corrected Claims
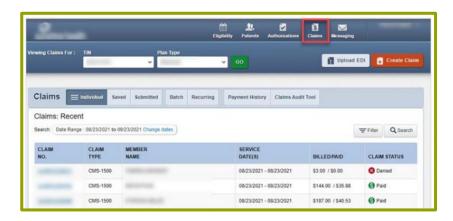
- [Buckeye Provider Portal Manual](#)

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Managing and Tracking Claims

- Navigate to Claims and Individual Claims

- The following claim details display:
  - Claim Number
  - Service Dates
  - Member Name
  - Billed/Paid
  - Claim Status

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Managing and Tracking Claims

- To view details of the individual claim

- From the **Individual** tab, click the blue claim number to open that claim.

- The following screens appears. 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 screens correcting the information that you may have omitted when the claim was originally submitted.

3. Continue clicking **Next** to move through the screens required to resubmit.

4. Review the claim information and click **Submit**.

Note: Claim Corrections are not available if the provider data on the first submission is different from the corrected claim submission.

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Managing Claims

- Claims Overview

In addition to reviewing Individual Claims, Doulas may also search Payment History, review saved draft claims that have not be submitted.

This legend lists the definitions for each of the Claims Search Tabs

Term	Definition
Individual Claims:	List of manual claims submitted using the Provider Portal, Clearing House, or paper
Saved Claims:	Saved drafts of manual claims that have errors or missing information that have not been completed
Submitted Claims:	List of manual claims submitted using the Provider Portal only
Batch ClaimsL	List of 837 electronic claim files uploaded from the Provider Portal to EDI. Only the last 24 months of batch files are available online.
Upload EDI Claims:	Tool to upload 837 electronic claim files from your shared drive or other location.
Recurring Claims:	Bulk uploaded claims template for long-term care. Complete only a few key fields. All other required service line details are auto-completed for you.
Payment History Claims:	Provides Explanation Of Payments (EOP) documents for claims. Payment history is available up to 24 months.
Claims Audit Tool:	Clear Claim Connection is the claims audit tool used to look up Procedure Code, Quantity, Modifiers, Date and Place of Service, and Diagnosis for a claim proactively before you submit or retroactively after you submit a claim to get coverage details.

Claims: Tracking & Status Tips

- Voided Claims will not display in the portal

- When Searching the Individual Tab, the From Date must be on or before the first date of service (DOS) in the claim

- Portal users can access up to 24 months (from the current date) of claims history using the Filter buttons to change the date range

- Date range is limited to one-month (at a time)

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Key Contacts

- **Provider Services**
  - 1-866-296-8731
- **Start Smart for Your Baby** (Care Managers)
  - 1-866-246-4358
  - Ask for Start Smart for Your Baby
- **Your Provider Engagement Team**
  - Our Provider Engagement Administrators
  - Search by County or Zip Code
- **Mindy Ridgeway**, MSW
  - Buckeye Health Plan – Comprehensive Maternal Care
  - Melinda.ridgeway@centene.com

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