

# The Unofficial Guide to Doula Onboarding

BILLING – CODING  
- ADMINISTRATIVE



# 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?



# 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.

# 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.



# 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.





# 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](#)



# 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



# 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](#)

buckeye  
health plan.

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

1

[LOGIN/REGISTER](#)

I am a:

Select One ▼  
Select One  
Member  
Provider

Submit

2

buckeye  
health plan  
Log In

Email Address \*

CONTINUE

CENTENE SSO

Create New Account

3

- 1) Click **Login/Register**
- 2) Select **Provider** and click **Submit**
- 3) Enter your Username (Email) and click **Continue**



# Member Eligibility – Buckeye Provider Portal

Viewing Eligibility For: TIN  Plan Type  GO

**Eligibility Check**

Date of Service: 02/25/2020 Member ID or Last Name: 123456789 or Smith DOB: mm/dd/yyyy **Check Eligibility**

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	LOG ER VISIT

Terms and Conditions Privacy Policy Copyright © 2020, Centene Corporation

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

**Eligibility Check**

Date of Service: 02/25/2020 Member ID or Last Name: 123456789 or Smith DOB: mm/dd/yyyy **Check Eligibility**

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	LOG ER VISIT
	02/25/2020		02/25/2020		<input type="button" value="ER Visit?"/> <input type="button" value="Remove"/>

Terms and Conditions Privacy Policy Copyright © 2020, Centene Corporation

- **Up = Eligible**
- **Down = Ineligible**

# Claim Submission – Buckeye Provider Portal

**Eligibility Check**

Date of Service: 02/25/2020 Member ID or Last Name: 123456789 or Smith DOB: mm/dd/yyyy [Check Eligibility](#) [Print](#)

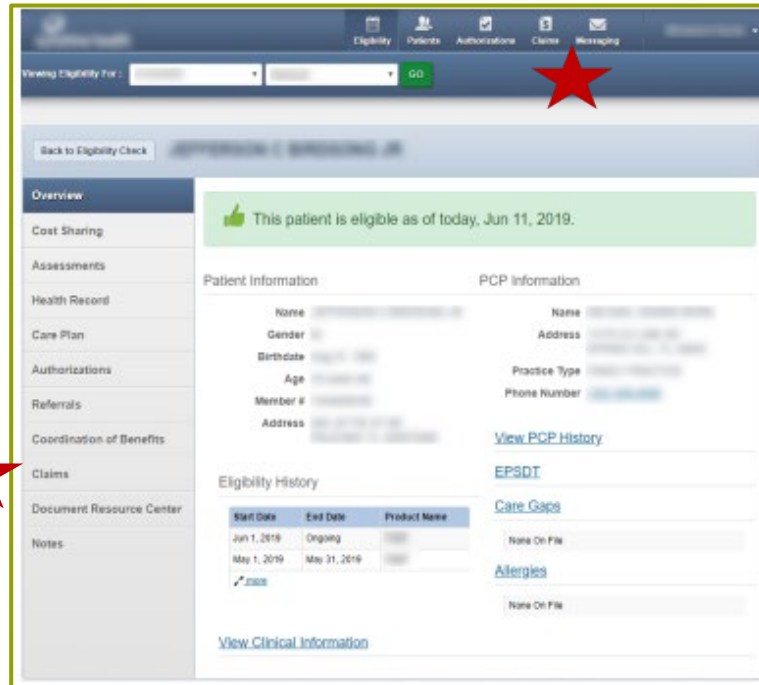
ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	LOG ER VISIT
	02/25/2020		02/25/2020		ER Visit? <a href="#">Remove</a>

[Terms and Conditions](#) [Privacy Policy](#) Copyright © 2020, Centene Corporation

From **Eligibility Check**, click the **Patient Name** Navigating to the **Member Record** and **Overview Screen**



# Claim Submission – Buckeye Provider Portal



The screenshot shows the Buckeye Provider Portal interface. At the top, there's a navigation bar with links for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a search bar with the text "Viewing Eligibility For:" and a "GO" button. A red star is placed over the "GO" button. The main content area is titled "Overview" and displays a green message: "This patient is eligible as of today, Jun 11, 2019." Below this, there are two columns: "Patient Information" and "PCP Information". The "Patient Information" column includes fields for Name, Gender, Birthdate, Age, Member #, and Address. The "PCP Information" column includes fields for Name, Address, Practice Type, and Phone Number. Below these columns is an "Eligibility History" table with columns for Start Date, End Date, and Product Name. The table shows two rows: one for "Jun 1, 2019" to "Ongoing" and another for "May 1, 2019" to "May 31, 2019". A red star is placed over the "Claims" link in the left sidebar. At the bottom of the page, there are links for "View PCP History", "EPSDT", "Care Gaps", "Allergies", and "View Clinical Information".

Start Date	End Date	Product Name
Jun 1, 2019	Ongoing	
May 1, 2019	May 31, 2019	

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

# Claim Submission – Buckeye Provider Portal

Back to Eligibility Check

Overview

Cost Sharing

Assessments

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

**Claims: Recent**

Create a New Claim

The last one month of claims for this member are displayed below. To view more claims for this member, [visit the Claims page](#).

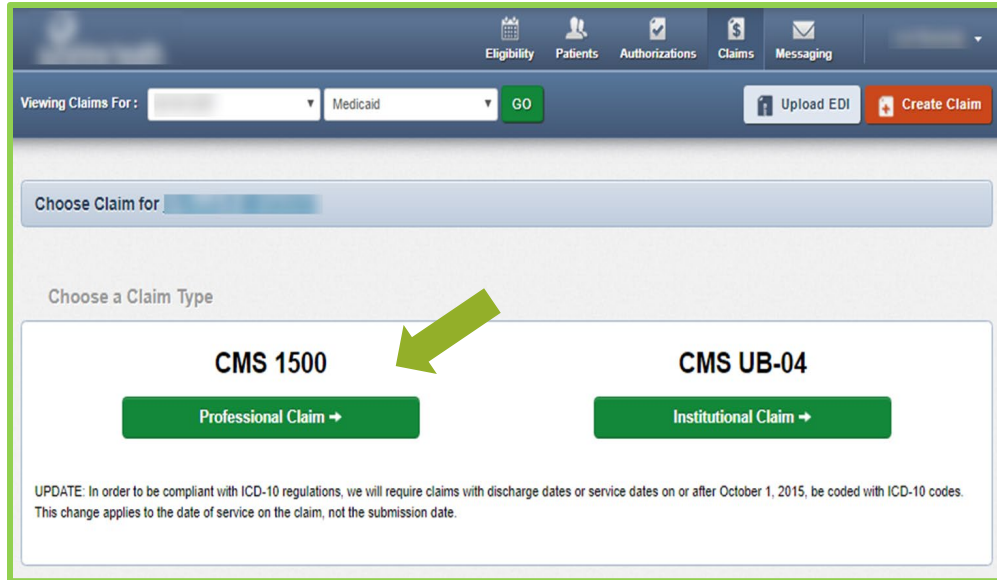
Show claims for: 2021 September GO [View most recent month](#)

CLAIM NO. ↓	REF/ACCT NO. ↓	DOS RANGE ↓	PAYMENT DATE ↓	RECEIVED DATE ↓	BILLED/PAID ↓	STATUS ↓
<a href="#">U241FHE00020</a>	1215124-38156	08/15/2021 - 08/15/2021		08/31/2021	\$969.60 / \$969.60	PAID

One item found: Page 1/1 1

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

# Create a Claim – Claim Type Selection



The screenshot shows a web application interface for creating a claim. At the top, there is a navigation bar with icons and labels for 'Eligibility', 'Patients', 'Authorizations', 'Claims', and 'Messaging'. Below this, a header section contains a 'Viewing Claims For:' dropdown menu, a 'Medicaid' dropdown menu, and a 'GO' button. To the right of these are 'Upload EDI' and 'Create Claim' buttons. The main content area is titled 'Choose Claim for' and features a 'Choose a Claim Type' section. This section contains two options: 'CMS 1500' with a 'Professional Claim →' button, and 'CMS UB-04' with an 'Institutional Claim →' button. A green arrow points to the 'CMS 1500' button. At the bottom, there is an 'UPDATE' notice regarding ICD-10 regulations.

Viewing Claims For :  Medicaid

Choose Claim for

Choose a Claim Type

<b>CMS 1500</b> <input type="button" value="Professional Claim →"/>	<b>CMS UB-04</b> <input type="button" value="Institutional Claim →"/>
--	--

UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.

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

Professional Claim for [Redacted]

THIS SECTION:  
**General Info**  
Information about the dates of the claim.

**\* Required field**

Patient's Account Number\* [XXXXXXXXXX] 26

Statement Dates\* From [MM/DD/YYYY] To [MM/DD/YYYY] 26

Date of current illness, Injury, Pregnancy (LMP) Select Type... [MM/DD/YYYY] 14.

Other Date Select Type... [MM/DD/YYYY] 15.

Hospitalization From [MM/DD/YYYY] To [MM/DD/YYYY] 18.

Next →

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

# Create a Claim – Buckeye Provider Portal

Professional Claim for
Your Progress

THIS SECTION:  

# Service Lines

Enter maximum of 50 service lines.

← Back

Provider Details →

Total: \$0.00

+ New Service Line

Your added service lines  
will appear here.

\* Required field

Save / Update

Add New Service Line

Dates of Service\*

From

MM/DD/YYYY

To

MM/DD/YYYY

Place of Service\*

Select...

▼

Emergency

Yes

No

Procedure Code\*

XXXXX e.i

Modifiers

XX

Add

Please enter the modifier and click the Add button.

Diagnosis Code(s)\*

☐ L730 - FOLLICULAR DISORDER UNSPECIFIED

☐ Z23 - ENCOUNTER FOR IMMUNIZATION

24.a

24.b

24.c EMG

24.d

24.e

- **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 Code(s)\* ☒ R6889 - OTHER GENERAL SYMPTOMS AND SIGNS 24.e

Charges\* XX.XX 24.f

Units / Minutes / Days\* XXXX Type \* UN - Units/ 24.g

**Save / Update**

- **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

Professional Claim for [View Details](#) Your Progress

THIS SECTION:  
**Providers**  
Providers on this claim

**Rendering Provider** Only enter rendering provider information if not the same as Billing Provider information.

NPI:  Tax ID:  [Find Provider](#) 24

Taxonomy #  Last Name or Organizational Name  First Name  [Clear X](#)

**Billing Provider**

Tax ID:  33

Name\*  NPI  Taxonomy\*

Address\*  City\*  State\*  Zip\*

**Service Facility Location** [Same As Billing Provider](#)

Name  NPI  12

Address  City  State  Zip

[← Back](#) [Next →](#)

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

# Create a Claim – Buckeye Provider Portal

Professional Claim for [redacted] Your Progress [progress bar]

THIS SECTION:  
**Review**  
Please review your claim and submit.

[← Back](#) [Submit →](#)

**Almost done!**  
You can go back to review your claim or submit now.

**Claim Id:** 822 [redacted]  
**Member Record Number:** [redacted]  
**Member Claim Amount Paid:** [redacted]  
**Patient's Account Number:** [redacted]

**General Info** [Edit](#)

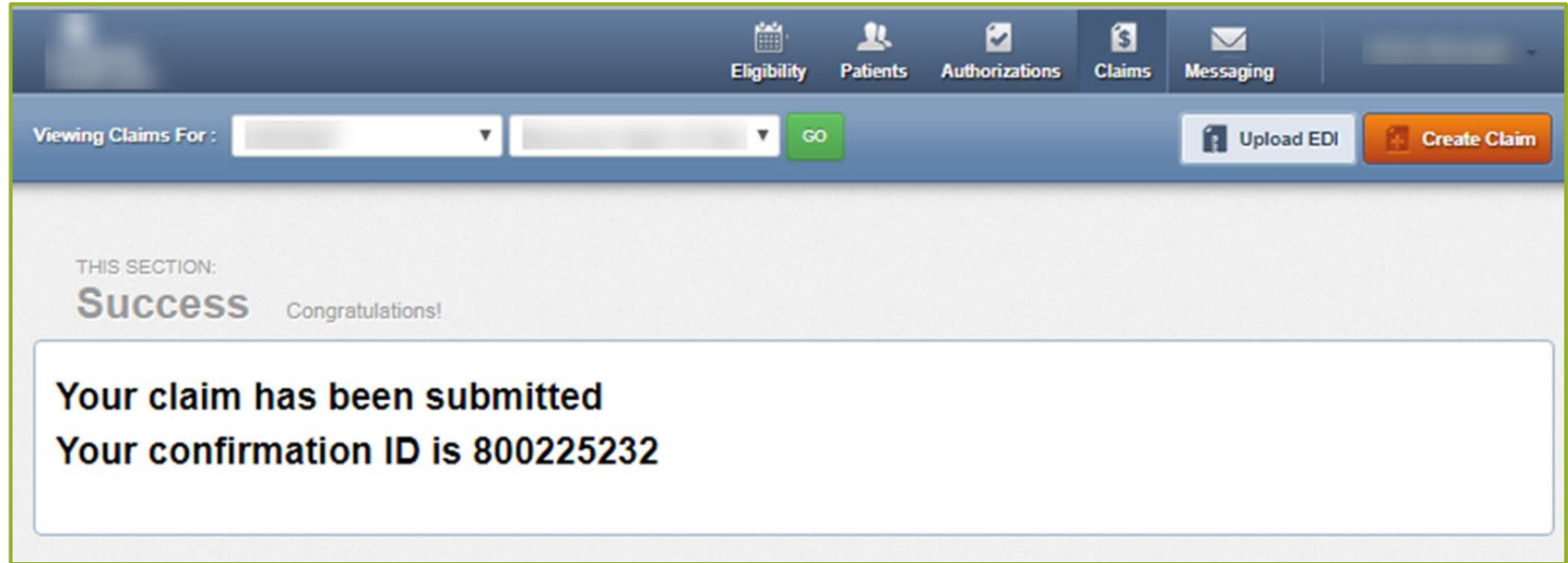
Statement From Date: 01/02/2020  
Statement To Date: 01/02/2020  
Date of current illness, injury, pregnancy (LMP):  
Other Date:  
Hospitalized From:  
Hospitalized To:  
Additional Claim Information:  
Outside Lab?: No  
Outside Lab Amount:  
Prior Authorization Number:  
CLIA Number:

**Diagnosis Codes and Primary Insurance** [Edit](#)

Diagnosis Codes  
L739 – FOLLICULAR DISORDER UNSPECIFIED

- Claim Overview Displays
- Final Review before Submission

# Create a Claim – Submission Confirmation



The screenshot shows a web interface for the Buckeye Health Plan. At the top, there is a navigation bar with icons and labels for 'Eligibility', 'Patients', 'Authorizations', 'Claims', and 'Messaging'. Below this is a search bar labeled 'Viewing Claims For :' with two dropdown menus and a green 'GO' button. To the right of the search bar are two buttons: 'Upload EDI' and 'Create Claim'. The main content area has a light gray background. It starts with the text 'THIS SECTION:' followed by 'Success' in a large, bold font, and 'Congratulations!' in a smaller font. Below this, a white box with a thin border contains the following text: 'Your claim has been submitted' and 'Your confirmation ID is 800225232'.

Eligibility Patients Authorizations Claims Messaging

Viewing Claims For :

THIS SECTION:  
**Success** Congratulations!

**Your claim has been submitted**  
**Your confirmation ID is 800225232**

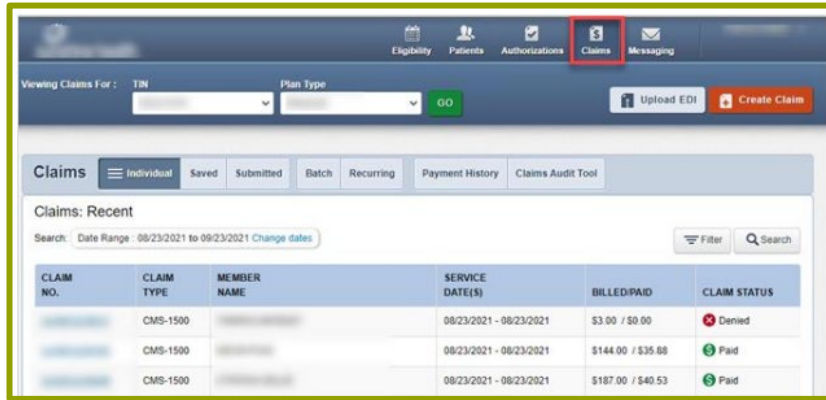
# Claim Status and Corrected Claims

- [Buckeye Provider Portal Manual](#)



# Managing and Tracking Claims

- Navigate to Claims and Individual Claims



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

# 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.

[Back to Claims](#) **Claim Details**

✖ Claim # [REDACTED] : Denied

[+Copy Claim](#) [/Correct Claim](#) [/Void/Recoup Claim](#) [/Reconsider Claim](#)

✔

✔

✖

Claim Accepted

In Process

Denied

**Member**

**Provider**

**Claim**

**Most Recent Payment**

Member Name:  
[REDACTED]

Ref/Acct No.:  
[REDACTED]

Member ID:  
[REDACTED]

Servicing Provider:  
[REDACTED]

Member DOB:  
[REDACTED]

Servicing NPI:  
[REDACTED]

DOS Range:  
08/23/2021 - 08/23/2021

Received Date:  
08/26/2021

Billed Amount:  
\$3.00

Payment Date:  
[REDACTED]

Check/EFT Number:  
[REDACTED]

Check Date:  
[REDACTED]

Paid Claim Amount:  
\$0.00

Total Check Amount:  
\$0.00

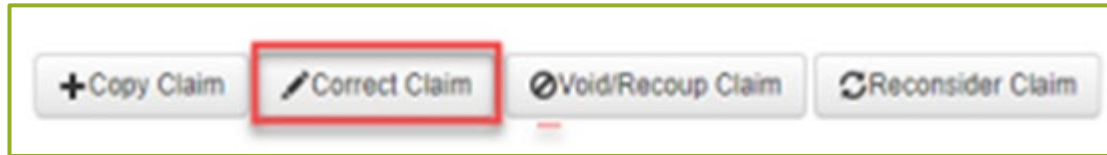
**Service Lines**

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Paid Amount	Payment Date	Check/EFT Number	Status	Payment Codes
1	08/23/2021	36415	Z13228		50	\$3.00	\$0.00	09/02/2021		✖ DENY	IE



# To Correct a Claim

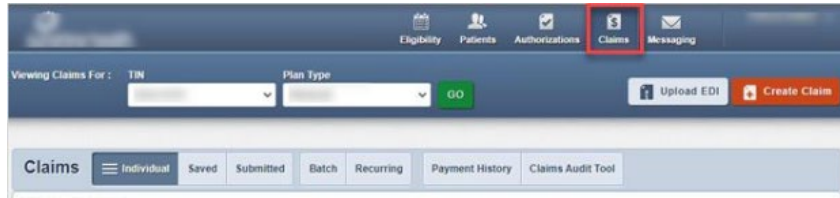
1. Click the **correct claim** button.
2. Proceed through the Claims screens correcting the information that you may have omitted when the claim was originally submitted.
3. Continue clicking **Next** to move through the screens required to resubmit.
4. Review the claim information and click **Submit**.



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

# Managing Claims

- Claims Overview



Term	Definition
<b>Individual Claims:</b>	List of manual claims submitted using the Provider Portal, Clearing House, or paper
<b>Saved Claims:</b>	Saved drafts of manual claims that have errors or missing information that have not been completed
<b>Submitted Claims:</b>	List of manual claims submitted using the Provider Portal only
<b>Batch Claims</b>	List of 837 electronic claim files uploaded from the Provider Portal to EDI. Only the last 24 months of batch files are available online.
<b>Upload EDI Claims:</b>	Tool to upload 837 electronic claim files from your shared drive or other location.
<b>Recurring Claims:</b>	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.
<b>Payment History Claims:</b>	Provides Explanation Of Payments (EOP) documents for claims. Payment history is available up to 24 months.
<b>Claims Audit Tool:</b>	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.

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

# 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)



# 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](mailto:Melinda.ridgeway@centene.com)

