meridian

Partnering for Better Care:

A Community-Based Doula Guide for Managed Care

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Introduction to the Meridian 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 perinatal women and their families. At Meridian, 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. Meridian 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 prenatal 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 members 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

Meridian supports over 10,000 births each year, with more than 57% classified as high-risk. 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 members. 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 Meridian, 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 members throughout their pregnancy journey. They assess each member'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 postpartum, care managers maintain consistent contact with members 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 members 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 Meridian, please contact Meridian's customer service at **1-888-437-0606** to request a referral to Care Management.

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

At Meridian, 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)
- Chlamydia and Gonorrhea Screening in women under 25
- Lead Screening in Children at One and Two Years of Age
- 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)
- Lead Screening
- HIV Screening
- Childhood Immunization Status (CIS) measure
- Hep B Screening
- Repeat testing in third trimester for HIV, HEP B, and Syphilis
- Childhood immunization

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.

Doula Service	HCPCS/CPT Code	Modifier	Primary Diagnosis Code	Limits	May be Delivered via Telemed	Reimbursement Rate*
Prenatal Visit	S9445	HD	Z33.1	12 total visits per pregnancy, prenatal and postpartum services combined	Yes , in addition to modifier HD, report modifier 95	$100 .00 per visit
Postpartum Visit	S9445	HD	Z39.2	12 total visits per pregnancy, prenatal and postpartum services combined	Yes, in addition to modifier HD, report modifier 95	$100.00 per visit
Labor and Delivery Support	T1033	HD	Z33.1	One per six months. T1033 is covered in the inpatient hospital setting only.	No, services must be in person	$1500 .00 per service

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 Meridian and may be subject to training, certification, or credentialing requirements as determined by Meridian 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:

- Prenatal visits
- Guidance on nutrition, exercise, and wellness during pregnancy
- Assistance with birth planning preferences
- Continuous labor and birth support
- Lactation support
- Postpartum follow-up and care
- Education on pregnancy, childbirth, postpartum recovery, and newborn care
- Emotional support and reassurance
- Monitoring for prenatal and postpartum depression or anxiety and referring when needed
- Assistance with navigating healthcare and community resources
- Assistance with social drivers of health needs and referring when needed



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.



REQUIREMENTS FOR DOULA CERTIFICATION

- Be at least 18 years old and possess a high school diploma or equivalent
- Must hold liability insurance as an individual or through a doula supervising organization
- Possess a current certificate issued by a national or state-based doula training organization

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 members, healthcare providers, and MCOs alike. The following covers the requirements for Doulas supporting Meridian.

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

- AMANI Birth
- Ancient Song Doula Services
- BEST Doula Training
- Birth Arts International
- Birthing Advocacy Doula Trainings
- Birthing from Within
- Birthworkers of Color Collective (BWOCC)
- BirthWorks International
- Childbirth and Postpartum Professional Association (CAPPA)
- Childbirth International
- Commonsense Childbirth Institute
- Cornerstone Birthwork Training
- Day One Doula Collective
- DONA International
- Doula Trainings International (DTI)
- HealthConnect One (or a HealthConnect One replication site)
- International Childbirth Education Association (ICEA)
- International Doula Institute
- LifeSpan Doulas
- Madriella Doula Network
- MaternityWise Institute
- National Black Doulas Association (NBDA)
- New Beginnings Doula Training
- Postpartum Healing Lodge
- ProDoula
- Sisters in Loss
- SMC Full Circle Doula Birth Companion Training, LLC
- Zaagi'idiwin Doula Training

Enrolling As a Medicaid Provider

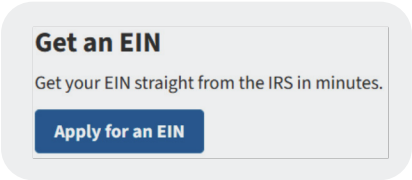
Being a Medicaid provider is a powerful way to champion inclusive health, deliver compassionate care to those who need it most, and make a lasting impact on the lives of vulnerable individuals and families in our communities. By completing the enrollment process, you ensure your services are recognized, 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

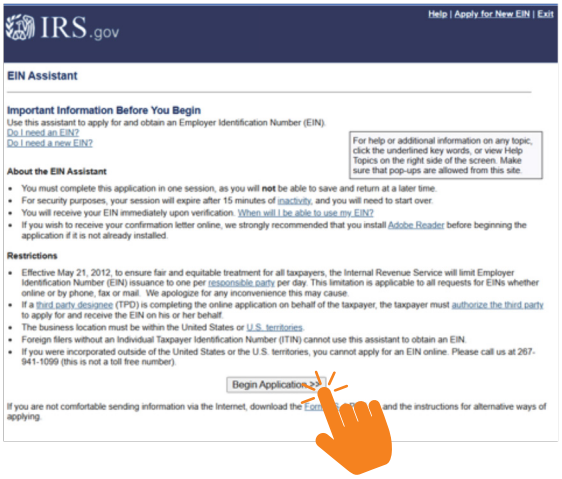
1. Go to the IRS Employer Identification Number (EIN) Application Page

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



2: Begin the Application

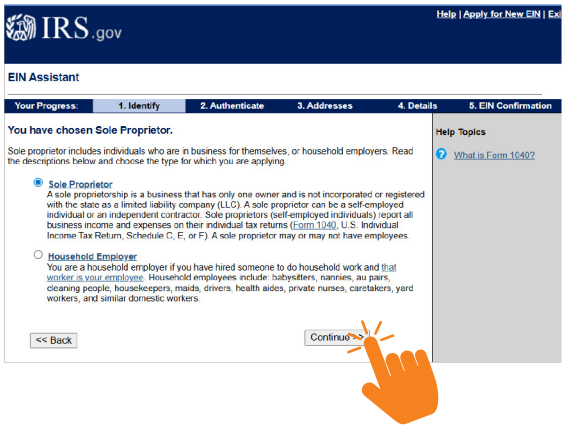
- Click "Begin Application"
- You must complete the application in one session (it will time out after 15 minutes of inactivity)



3: Select Your Entity Type

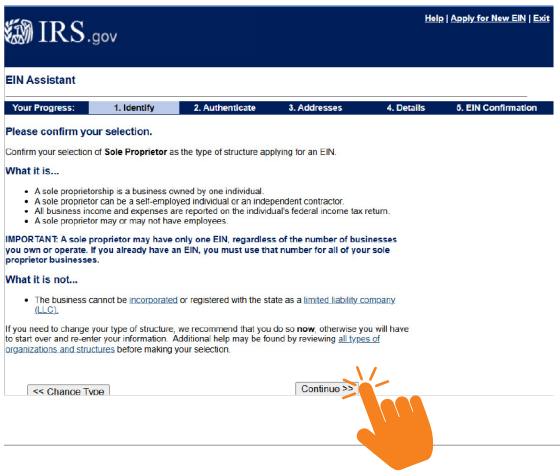
- Choose "Sole Proprietor" (most doulas use this unless you've formed an LLC or other entity)
- Click Continue





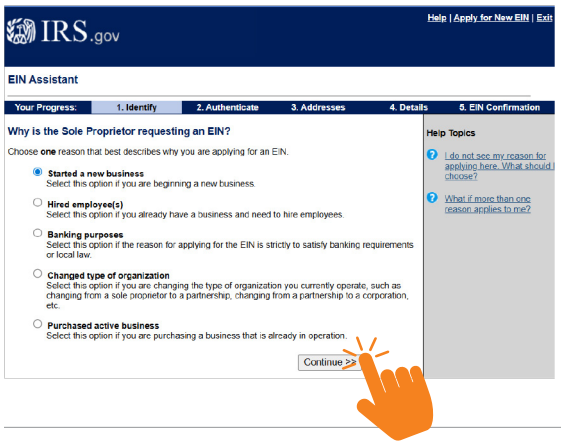
4: Confirm Your Selection

Confirm your entity type and click “Continue”



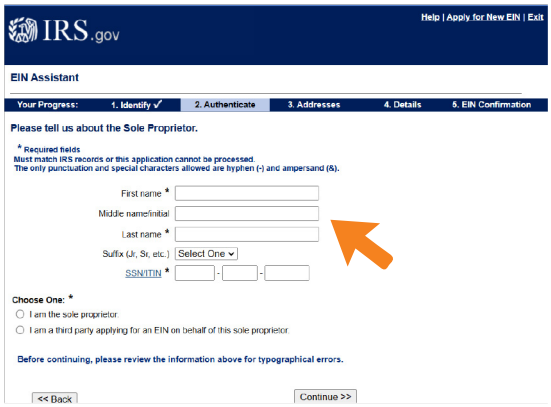
5: Confirm Your Selection

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

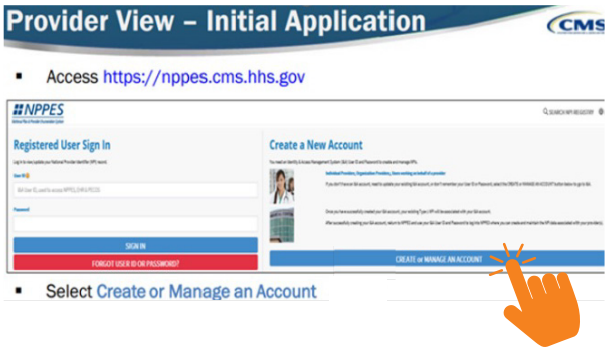
Choose to receive your EIN immediately online (PDF download) or by mail

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



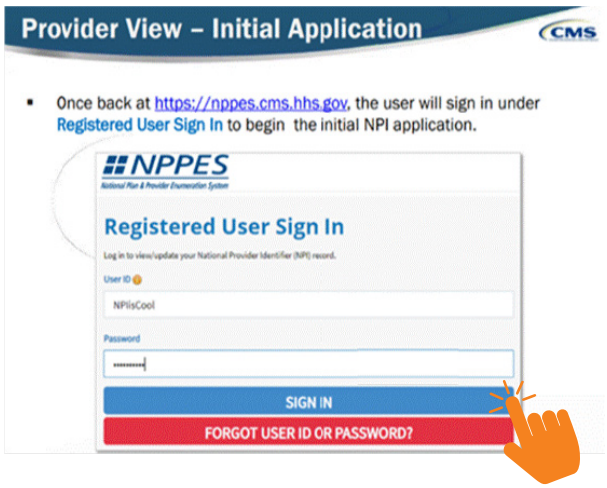
To obtain an NPI number

1: Access the Access and Identity Portal

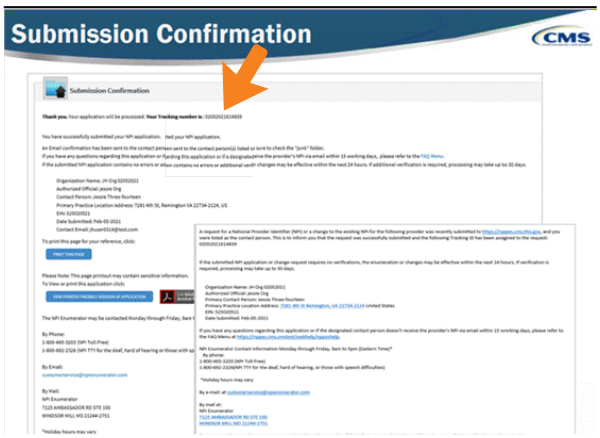
2: Create a User ID and Password
Select: "Create a New Account"

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

Quick reference guides:

bit.ly/Michigan_Doula

- Complete a MDHHS Doula Registry Application
- Register for SIGMA Vendor Self-Service
- Register for a MILogin Account for Access to Community Health Auomated Medicaid Processing System (CHAMPS) - Instructions
- Complete an Application in CHAMPS - User Guide

Enrolling and Contracting as a Meridian Provider

After receiving approval from Medicaid, doulas can apply to become a provider with Meridian. Doulas who are interested in contracting with Meridian can visit our **Join Our Network web page**.

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 Meridian provider.

DOULA ENROLLMENT & CREDENTIALING CHECKLIST

1. **Submit Certified Doula for Medicaid Reimbursement Application**
   https://www.dcbotboard.org/doula
2. **Apply for NPI for doula taxonomy with NPPES**
   https://nppes.cms.hhs.gov/#/
3. **Enroll with DMAP as Doula** (NPI & taxonomy required)
4. **Complete Doula Interest Form**
   bit.ly/MeridianJoinNetwork
5. **Review application and conduct credentialing**
   Credentialing confirms:
   - DMAP enrollment
   - No federal provider exclusions
   - Certification by Michigan Certification Board
6. **Approve credentialing and send doula provider agreement OR deny credentialing** (Doula has right to appeal)
7. **If credentialing approved, sign and return provider agreement to Meridian**
8. **Counter-execute the agreement**
9. **Kick off Doula Provider Orientation** (Welcome step)

Becoming a Meridian 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 members, many of whom may not otherwise be able to afford doula support. This not only increases your access to pregnant members 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 Meridian provider is a powerful way to grow your practice and make a meaningful impact.



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 member 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 members.

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

Please reach out to **Meridian Provider Services** if you have questions.



Meridian Enrollment and Contracting

When can a doula initiate the contracting process?
The doula may initiate the contracting process once enrollment in Michigan Medicaid is completed, and a Medicaid Provider ID is assigned

How long is the contracting process?
Once Meridian receives the request, including all the necessary documents, the contract is typically sent within:

- Standard agreements and enrollments - **80 days**
- Custom agreements and enrollments **- 125 days**

How can a doula request a contract with Meridian?

Requests to contract with Meridian should be submitted **through our website**. (bit.ly/MeridianJoinNetwork)

What to have ready:

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

Please reach out through our **Provider Contact Form** (bit.ly/MeridianProviderContact) with questions about enrolling and contracting as a Meridian provider.

Mae.

Healthier births start here.

How does Mae work?
We manage seamless billing and Medicaid reimbursement for our doulas, providing access to insurance plans, client matching, and deep administrative support—all at no cost to you. Unlike other platforms, we are uniquely invested in the doula-client relationship, ensuring continuity of care, and a sustainable future for doulas.

Scan the QR code to learn about Mae.

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:

- In person/Virtual
- Member's Home or Place of Residence
- Community Setting
- Hospital or Birth Center
- Clinic
- Office
- Telehealth

Pregnant women may benefit from receiving services in more than one location, depending on where they live. For example, members 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. If you have any questions, please reach out through our **Provider Contact Form**.

Members' 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 birthing women to access doula support through Meridian . By becoming familiar with these guidelines, you will be empowered to advocate, support birthing women, and help ensure that those in need receive the care they deserve.

Members are eligible for doula services through Meridian if:

- They are currently pregnant
- Have delivered in the last 12 months
- Are enrolled and eligible with Meridian

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

NON-COVERED SERVICES

Below are services that are not covered through Meridian

- 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

Please reach out to Meridian Member Services for questions about covered and non-covered services.

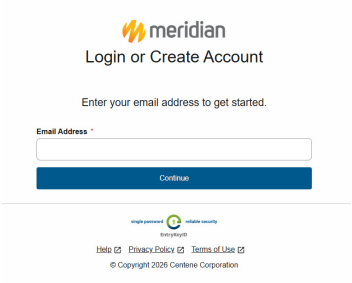


Member Verification

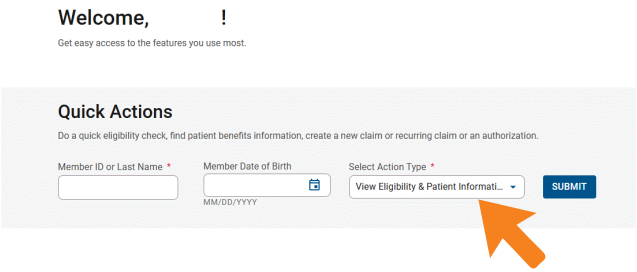
It is important to verify the pregnant member's eligibility with Meridian prior to every visit and/or interaction. Eligibility means whether the member qualifies to receive health care coverage through Medicaid. Medicaid is based on ongoing eligibility and can change daily. The member must be eligible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

To verify eligibility online

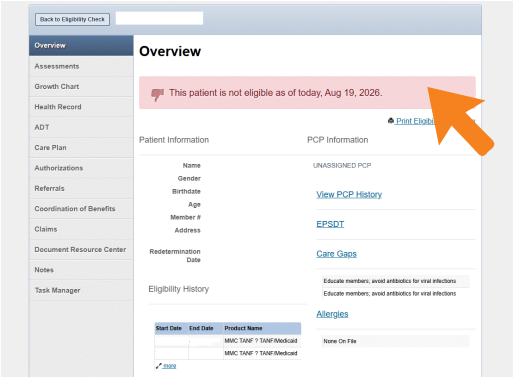
1. Log into the Meridian provider page using your user ID and Password:



2. In the Quick Actions area, enter the member's ID or last name, date of birth, and select **View Eligibility & Patient Information.**



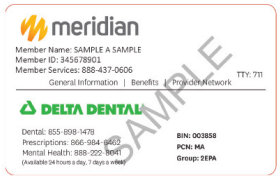
3. Eligibility information will be listed at the top of the screen.



MEMBER ID CARDS

Below are examples of the member 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 on the Provider Contact Form page.

Referrals to other Meridian Services

As a doula, you play a vital role in supporting the overall health and well-being of our maternity 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 Meridian 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 member's Care Manager (CM) to support coordinated, member-centered prenatal and postpartum care. This collaboration focuses on sharing non-clinical insights, identifying member needs, and connecting members to appropriate plan resources to reduce barriers and improve engagement.

Examples of Doula–Care Management Collaboration at Meridian 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

HOW TO MAKE A REFERRAL

The **Care Management department** is your main point of contact for connecting members to additional Meridian services.

To initiate a referral:

1. Contact the Care Management team at MeridianMaternityPod@mimeridian.com
2. Share relevant information about the members' needs.
3. The team will guide you through the referral process and coordinate the appropriate services.

Your collaboration helps ensure that every pregnant member 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 maternity members.

Use this guide to complete and submit professional or facility claims through Availity Claims & Encounters, then review submission results and claim status.

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

CLAIM SUBMISSION METHOD

Before You Begin

- Confirm the patient, subscriber, payer, and provider information is available.
- Have all diagnosis, service-line, charge, and date-of-service information ready.
- For a replacement or voided claim, have the Payer Claim Control Number from the ERA or EOB.

STEP 1 - Enter Insurance Company / Benefit Plan Information

1. **Select your organization.**
2. **Select the appropriate claim type.** Professional Claim, Facility Claim, Dental Claim, Professional Encounter, or Facility Encounter.
3. **Select the payer.**
4. **Select the responsibility sequence.** Choose Primary, Secondary, or Tertiary.

IMPORTANT NOTES

- Facility claims require statement-from and statement-to dates and a facility type.
- Professional and facility encounters are for reporting only.
- Workers' Compensation requires selection of the specific Workers' Compensation payer.

STEP 2 - Enter Patient Information

- **Search for and select the patient when available.** Selecting a returned patient can populate patient information automatically.
- **Review the populated information for accuracy.**
- **Select the patient's relationship to the subscriber.** If the patient is not the subscriber, additional subscriber fields will display.

IMPORTANT NOTES

- For professional claims, add ancillary claim or treatment information when applicable.
- Employment-related condition: select EM and enter the accident date.
- Auto accident: select AA and enter the accident date and requested location details.
- Other accident: select OA and enter the accident date.
- Auto accident and other accident cannot both be selected.

STEP 3 - Enter Billing Provider Information

- **Enter the billing provider's physical address.** A P.O. Box or lockbox address is not permitted.
- **Use Select a Provider when available.**
- **Enter the NPI and EIN/Tax ID required by the payer.** Use the same NPI and EIN combination used for payer registration.
- **Add other provider information when applicable.** Add the rendering provider, pay-to address, or service facility location if different from the billing provider.

IMPORTANT NOTES

- For atypical providers, only the EIN may be required after the provider is established as atypical in Manage My Organization.
- Notify the payer if the provider address changes.

STEP 4 - Enter Subscriber Information

- **Complete the subscriber information.**
- **If the relationship is Self, complete the required fields.** Subscriber ID, Group Number, and Authorized Plan to Remit Payment to Provider.
- **If the relationship is not Self, complete the additional subscriber fields.**
- **Add secondary or tertiary insurance information when applicable.**

IMPORTANT NOTES

- Adding secondary or tertiary insurance information is informational only. Submit a separate claim to each additional insurance plan.

STEP 5 - Enter Diagnosis Codes

- **Enter the ICD-10 principal diagnosis code or description.**
- **Confirm the selected code is valid for the claim's date of service.**
- **Add additional diagnosis codes as needed.** Up to 11 additional codes may be entered.
- **For facility claims, complete the Present on Admission Indicator when required.**

IMPORTANT NOTES

- If an additional diagnosis field is added, it becomes required until it is removed.
- For professional claims, invalid or expired codes will not display in the Diagnosis Code Pointer fields.

STEP 6 - Enter Claim Information

- **Complete all information that applies to the entire claim.**
- **Select the appropriate Frequency Type.** Use Admit Through Discharge Claim for most initial submissions; use Replacement of Prior Claim or Void/Cancel of Prior Claim when applicable.
- **For a replacement or void, enter the Payer Claim Control Number.** Obtain this number from the ERA or EOB.
- **Add other claim-level information when needed.** Use Add Additional Claim Information for items such as attachments or claim notes.

IMPORTANT NOTES

- A claim may contain up to 50 service lines. An encounter contains one service line.
- Claim Note Text allows up to 80 characters when Add - Additional Information is selected as the reference code.

STEP 7 - Enter Service Line Information

- **Enter at least one service line.** Include the applicable dates, procedure information, diagnosis pointer, charge, quantity, and other required details.
- **Add additional service lines as needed.** A claim can include up to 50 service lines.
- **Review charge formatting.** Use a decimal for cents; whole-dollar amounts do not require a decimal; amounts below one dollar require a leading zero.
- **Manage lines as needed.** Use Add a Line, edit existing fields, Remove Line, or Clone Line.

IMPORTANT NOTES

- Availity totals the service-line charges and submits the sum as the claim total.
- If a diagnosis is missing from the professional claim pointer options, confirm that the code is valid for the claim date.

STEP 8 - Review and Submit the Claim

- **Select Continue.**
- **Review the complete claim for accuracy.**
- **Select Submit.**

IMPORTANT NOTES

- If a submission error occurs, the claim is saved automatically in Saved Drafts.
- Correct and submit drafts within 30 days.
- A successful submission generally displays confirmation that the payer received the claim or encounter.

STEP 9 - Review Claim Results

- **Print the claim summary if needed.**
- **Review submission confirmation or error information.**
- **Monitor payer responses.** Use ReceiveFiles for batch responses when directed.
- **Check ongoing status.** Use Claim Status when the payer supports real-time status.
- **Review remittance information when available.** Use Remittance Viewer for supported 835 ERA information.

IMPORTANT NOTES

- Allow up to 21 days for processing.
- For questions about adjudicated results, contact the payer.
- Availity stores claim information history for most payers for 24 months.

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)

FINAL REVIEW CHECKLIST

- ☐ Correct organization, claim type, payer, and responsibility sequence selected
- ☐ Patient and subscriber information verified
- ☐ Billing provider NPI, EIN/Tax ID, and physical address verified
- ☐ Diagnosis codes are valid for the date of service Frequency Type is correct
- ☐ Payer Claim Control Number entered for replacement or void claims
- ☐ All service lines and charges reviewed
- ☐ Claim confirmation or error message reviewed
- ☐ Claim status and remittance follow-up completed as appropriate

Tip: For repeatable claims, consider creating and applying a claim template to reduce manual entry.

Payment

As a valued provider, your support is essential to the health and well-being of our pregnant members 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 Meridian 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.

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

- Meridian 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.

- To receive payments and remittance electronically, visit our website to learn about our third-party payer and register following the how to guide: https://www.mimeridian.com/providers/resources/billing-and-payments/payspan-eft-direct-deposit.html

PAYMENT SCHEDULE

- Twice a week: Tuesday and Friday



Please reach out to **Meridian Provider Relations** with questions regarding payment.



Handling Provider Concerns and Questions

As a doula partnering with Meridian, you play a vital role in supporting members 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 Meridian'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, member 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. Meridian 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.

Social Needs

Doulas play a critical role in identifying and supporting members' social needs, which can significantly impact health outcomes during pregnancy and postpartum. Needs such as food insecurity, housing instability, transportation, or financial stress. If a client expresses these needs, please refer to Meridian for community resource connection.

Mandated Reporting Responsibilities

Doulas are considered mandated reporters. If a members is experiencing domestic violence or intimate partner violence. Doulas should report to proper authorities such as Adult Protective Services or police.

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 members to Meridian's Member 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 Meridian members, 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 perinatal 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 perinatal 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. Meridian 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 Meridian Products and Services:
https://www.mimeridian.com/members/medicaid/benefits-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 [HealthPlanContact@centene.com]

