# LOGISTICS

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# Transforming Maternal Health (TMaH) Webinar:

## Managed Care Plan (MCP) Essentials for Doulas, Part 1



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**PRESENTED BY:**
Julie Rabinovitz, MPH
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Felicia Sears
Darnique Williams, MHA
LaNita Gragg-Jennings

**Tuesday, August 11, 2026**
11:30 AM–12:30 PM ET

Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF). This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS). A total of $1,527,057.67, or 57 percent, of the project is financed with federal funds, and $1,147,478.36, or 43 percent, is funded by non-federal sources. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS or the U.S. Government.

DHCF Department of Health Care Finance

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# TODAY'S AGENDA

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- Welcome and Session Orientation
- July Webinar Recap
- Working Breakout Sessions
  - Credentialing
  - CMS 1500 Form
- Conclusion and Next Steps

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# LEARNING OBJECTIVES

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- Identify challenges with completing necessary processes for serving as a Medicaid maternal health care provider in the District and determine concrete actions to overcome barriers.
- Identify key requirements, documentation, and common challenges associated with managed care plan (MCP) credentialing and determine strategies for overcoming barriers in the application process.
- Distinguish key sections of the CMS 1500 claim form and identify common errors that may delay or prevent reimbursement.
- Apply practical tools, resources, and troubleshooting strategies to support MCP credentialing and billing activities within their practices.

# PRESENTERS

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- Health Management Associates (HMA), #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. HMA maintains responsibility for this course. ACE provider approval period: 09/22/2025–09/22/2028. Social workers completing this course receive 1 continuing education credit.
  - *To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.*
- The American Academy of Family Physicians (AAFP) has reviewed Integrated Care DC Webinar Series and deemed it acceptable for AAFP credit. Term of approval is from 05/12/2026 to 05/11/2027. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session is approved for 1 Online Only, Live AAFP Prescribed credit.
  - **<u>If you would like to receive CME credit, the online evaluation will need to be completed</u>.**
  - You will receive a link to the evaluation shortly after this webinar.
- Certificates of completion will be emailed within 12 business days of course completion.

# JULY WEBINAR RECAP

# TMAH PAYMENT MODEL

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| | |
|---|---|
| **Overall Approach** | **Maternal Health Episode of Care**<br>280 days prior to delivery through….60 days postpartum |
| **Accountable Providers** | • OB-GYNs, Federally Qualified Health Centers, Birth Centers<br>• Held accountable for their attributed beneficiaries' perinatal journey |
| **Doula Considerations** | • Encourages doula services to improve overall quality of care and cost<br>• Required service delivery elements include prenatal care, labor and delivery, postpartum care, and community supports such as integration of doulas, community health workers, community-based organizations, and referral pathways<br>• TMaH will include telehealth and home monitoring services where appropriate<br>• Doulas are not required to be employed by the accountable providers but are encouraged to establish formal partnerships |
| **Payment** | • Monthly Case Rate Payment + Shared Savings/Shared Risk Incentive Payment<br>• Centers for Medicare & Medicaid Services (CMS)-directed Infrastructure Payments<br>• Cost of doula services not included in Total Cost of Care |

**What You Should Know:**

- The TMaH payment model is **not** final.
- The model will not require doulas to be employed by the health system entity but rather encourages formal partnerships.

# KEY TAKEAWAYS FROM JULY SESSION

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1

**One key takeaway about team-based maternal care or payment structure:**

- Communication is critical. Doulas need to know who to contact regarding credentialing, billing, and denials.

2

**Operational barriers/payment challenges that doulas shared:**

- Inability to bill in a timely manner due to credentialing approval still being in process.
- Encountering errors with “quantity” and “place of service” when submitting claims and not receiving explanation of the errors.
- Experiencing challenges with claims not showing up in managed care plans’ (MCPs’) billing systems and repayment due to duplicate billing.

3

**Opportunities for technical assistance:**

- Building understanding of and capacity for credentialing, contracting, and billing.

# BREAKOUT SESSIONS

# BREAKOUT ROOM LOGISTICS

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## *Breakout Group Composition*

- Participants will be placed into the following working groups with a facilitator:
  - Credentialing
  - CMS 1500 Form

## *Breakout Focus*

- **Credentialing**: Understanding credentialing needs and walking through the process.
- **CMS 1500 Form**: Step-by-step completion of the form.

***Interested in both topics?***

You will have opportunities to discuss the topic you did not select for today's breakout session during your individual coaching calls and future group learning sessions.

# CREDENTIALING

# CREDENTIALING BREAKOUT: OPERATIONAL QUESTIONS

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1

## Who is in the process of credentialing?

Participating doulas are at different stages of credentialing with MCPs. Some have been credentialed with all plans, others have been credentialed with just one or two, while others have applications pending or have not started yet.

2

## What successes have you experienced?

Some doulas have been able to successfully complete the credentialing process with one or more MCPs. If you completed the CAQH process, that includes all the information you will need to fill out other credentialing applications.

3

## What barriers are you facing?

When there are issues with the credentialing process, doulas are unable to reach someone at the MCP; or, when they do, their concerns are not addressed. There is turnover at the MCPs, and the credentialing process with each MCP can be time-consuming and redundant.

Need to go deeper? 1:1 Technical Assistance is available—connect with your coach after today's session.

# MCP CREDENTIALING PREREQUISITES

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To get credentialed as a doula with **both MedStar Family Choice DC and AmeriHealth**, you must first complete enrollment with the District of Columbia Department of Health Care Finance (DHCF).

**Prerequisites and Documentation**

- **DHCF Enrollment and National Provider Identifier (NPI):** Must be actively enrolled as a Medicaid provider with DHCF. Finish your state registration with DHCF to receive your individual NPI and specialized taxonomy numbers.
- **Business Verification:** Active and current copy of business license, certificate of occupancy, or lease agreement.
- **Tax Documents:** Completed W-9 form and Disclosure of Ownership statement.
- **Certifications:** Proof of professional doula training/certification from an approved training entity (such as Doula Trainings International).
- **Insurance:** Proof of current, active, professional liability insurance (at least $1 million per occurrence/$3 million aggregate).

Need to go deeper? 1:1 Technical Assistance is available—connect with your coach after today's session.

# CREDENTIALING SUBMISSION: MEDSTAR FAMILY CHOICE

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**Submission and Contact Steps:**

- **Processing Timeline:** Applications are processed within 120 days once the MCP affirms that the submission is complete.
- **Next Steps to Apply:**
  - Click here to access the Information Page: https://www.medstarfamilychoicedc.com/providers/become-a-provider.
  - Complete MedStar's **Doula Data Request Form** and submit along with your Doula Certification, W-9 form, Ownership Disclosure Form, and Professional liability insurance certificate.
- **Contact Support:**
  - **Provider Relations**: Contact the Provider Relations team at **855-798-4244** or fax inquiries **to 855-616-8763** for credentialing application status updates.

3

Need to go deeper? 1:1 Technical Assistance is available—connect with your coach after today's session.

# CREDENTIALING SUBMISSION: AMERIHEALTH CARITAS DC

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## Submission and Contact Steps

- **Processing Timeline:** Applications are processed within 120 days once the MCP affirms the submission is complete.
- **Next Steps to Apply:**
  - Click here to access the information page: https://www.amerihealthcaritasdc.com/provider/new-to-the-plan/begin-credentialing-process.
  - Register for Council for Affordable Quality Healthcare (CAQH), a Universal Provider Data source, if not already enrolled, and enable AmeriHealth Caritas DC to view your information by changing your settings in CAQH.
  - Complete the Provider Intake Data Form and submit it, along with your W-9 form, Ownership Disclosure Form and current, active Medical Malpractice insurance, via email to dcprovidernetwork@amerihealthcaritasdc.com.
- **Contact Support**
  - **Networking**: Contact the Provider Network Team at **1-877-759-6186** or via email at dcprovidernetwork@amerihealthcaritasdc.com for credentialing updates.
  - **Contracting**: Contact the Provider Services Department at **202-408-2237** to coordinate your contract alongside the credentialing review.

Need to go deeper? 1:1 Technical Assistance is available—connect with your coach after today's session.

# CREDENTIALING: KEY DIFFERENCES

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- **AmeriHealth Caritas DC** relies heavily on the Council for Affordable Quality Healthcare (CAQH).* **MedStar Family Choice** uses a plan application form for doulas.
- **AmeriHealth Caritas DC** requires submission of contract at time of application (more contract paperwork-heavy.)

*The Council for Affordable Quality Healthcare (CAQH) is a secure online platform in which providers enter professional background data (e.g., licenses, certifications) for future verification in credentialing. It is now operated by Dataspring.

## Share Your Experience

*What differences have you experienced in engaging with these plans and their credentialing processes?*

Need to go deeper? 1:1 Technical Assistance is available—connect with your coach after today's session.

# CMS 1500 FORM

# CMS 1500 FORM BREAKOUT: OPERATIONAL QUESTIONS

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1

## Are you currently billing the District's managed care plans (MCPs) as contracted provider?

- Most participants reported that they are not yet actively billing managed care plans.
- Several participants indicated they are:
  - Waiting for MCP contracts to be finalized.
  - Credentialed with one or more MCPs but have not received clients.
  - Newly credentialed and uncertain about next steps for claim submission.
- A few participants reported limited billing experience, including billing with AmeriHealth and MedStar.

2

## Are you filling out a paper form or submitting electronically?

- The participants who have started billing are primarily submitting claims electronically.
- Several participants had not yet started submitting claims and therefore have no submission method.

3

## What barriers are you facing?

- MCP Contracting and Onboarding
  - Delays receiving MCP contracts.
  - Uncertainty about their MCP point of contact.
  - Lack of clarity regarding post-credentialing onboarding steps after approval.
- Understanding Billing Requirements
  - Understanding the CMS 1500 Form.
  - Determining which billing codes and modifiers should be used.
  - Understanding required documentation and supporting materials.
- Limited Client Volume
  - Some participants noted they had received MCP credentialing approvals but not yet received client referrals, preventing them from gaining billing experience.

Need to go deeper? 1:1 Technical Assistance is available—connect with your coach after today's session.

# CMS 1500 FORM BREAKOUT: SUBMISSION TIPS

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Key elements of the form include patient demographics, diagnosis codes, and procedure codes.

## Key Sections of the Form

- **Boxes 1–13:** Patient and insured personal details, insurance policy info, and accident indicators.
- **Boxes 14–23:** Dates of illness/injury, referring provider, and up to 12 ICD-10 diagnosis codes.
- **Box 24:** The main service section detailing dates of service, CPT/HCPCS procedure codes, charges, units, and rendering provider NPI.
- **Boxes 25–33:** Billing provider tax ID, total charges, physical signature/status, and billing address/NPI.

## Key Submission Errors

- **Demographic mismatches:** Misspelled names, wrong birth dates, or incorrect member IDs
- **Code linkage issues:** Failing to link the proper CPT code to its corresponding diagnosis code in Box 24E.
- **Missing provider data:** Omitted or incorrect NPI numbers, incorrect Place of Service (POS) codes, or missing signatures.

**For more details on codes:**

- ICD-10: ICD-10-CM | Classification of Diseases, Functioning, and Disability | CDC
- HCPCS: Healthcare Common Procedure Coding System (HCPCS) | CMS
- CPT: List of CPT/HCPCS Codes | CMS

# CMS 1500 FORM BREAKOUT: SUBMISSION BEST PRACTICES

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To ensure clean claim submission and fast payment on a CMS 1500 Form, follow these best practices:

## Quick Verification Tips

- Copy patient and insurance card details verbatim,
- Use uppercase black ink or clean Courier New text,
- Match ICD-10 diagnosis pointers accurately in box 24ER
- Verify provider NPI and Tax ID numbers prior to electronic or paper filing.

## Demographics and Insurance Information

- Match the patient's legal name, date of birth, and member ID precisely to their active insurance card.
- Designate the relationship to the insured properly in Box 6 (mark "Self", "Spouse", etc.).
- Complete secondary insurance fields (Boxes 9a–9d) only if coordination of benefits applies.

# CMS 1500 FORM BREAKOUT: SUBMISSION BEST PRACTICES (CONT'D.)

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To ensure clean claim submission and fast payment on a CMS 1500 Form, follow these best practices:

## Coding and Medical Necessity

- List up to 12 valid ICD-10 diagnosis codes in Box 21, sequencing the primary reason for care first.
- Connect service lines to the correct diagnosis pointer letter (A, B, C, etc.) in Box 24E.
- Verify that CPT/HCPCS procedure codes and modifiers in Box 24D match the clinical documentation and payer rules.

## Provider and Formatting Guidelines

- Enter the rendering provider's unique NPI in Box 24J and the billing provider/facility NPI in Box 33a.
- Use upper case text, type cleanly within field boundaries, and avoid special characters, correction fluid, or staples over barcodes.
- Use electronic submission tools whenever possible to speed up processing and minimize postal rejections.

# REMINDERS AND NEXT STEPS

# TIMELINE FOR 2026

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**May**
Cross-Provider Journey Mapping (5/12/26)
1:1 TA

**June**
Improving Coordination Across Screening and Referral Workflows (6/9/26)
1:1 TA

**July**
Operational Sustainability for Maternal Health Services (7/14/26)
1:1 TA

**August**
Doula Essentials, Part 1
(8/11/26)
1:1 TA

*We are here!*

**September**
Doula Essentials, Part 2
(9/8/26)
1:1 TA

**October**
In-Person Workshop (10/20/26)
1:1 TA

**November**
Group Learning (11/10/26)
1:1 TA

**December**
Group Learning (12/8/26)
1:1 TA

# MILESTONE 7 ACTIVITIES DUE DATE

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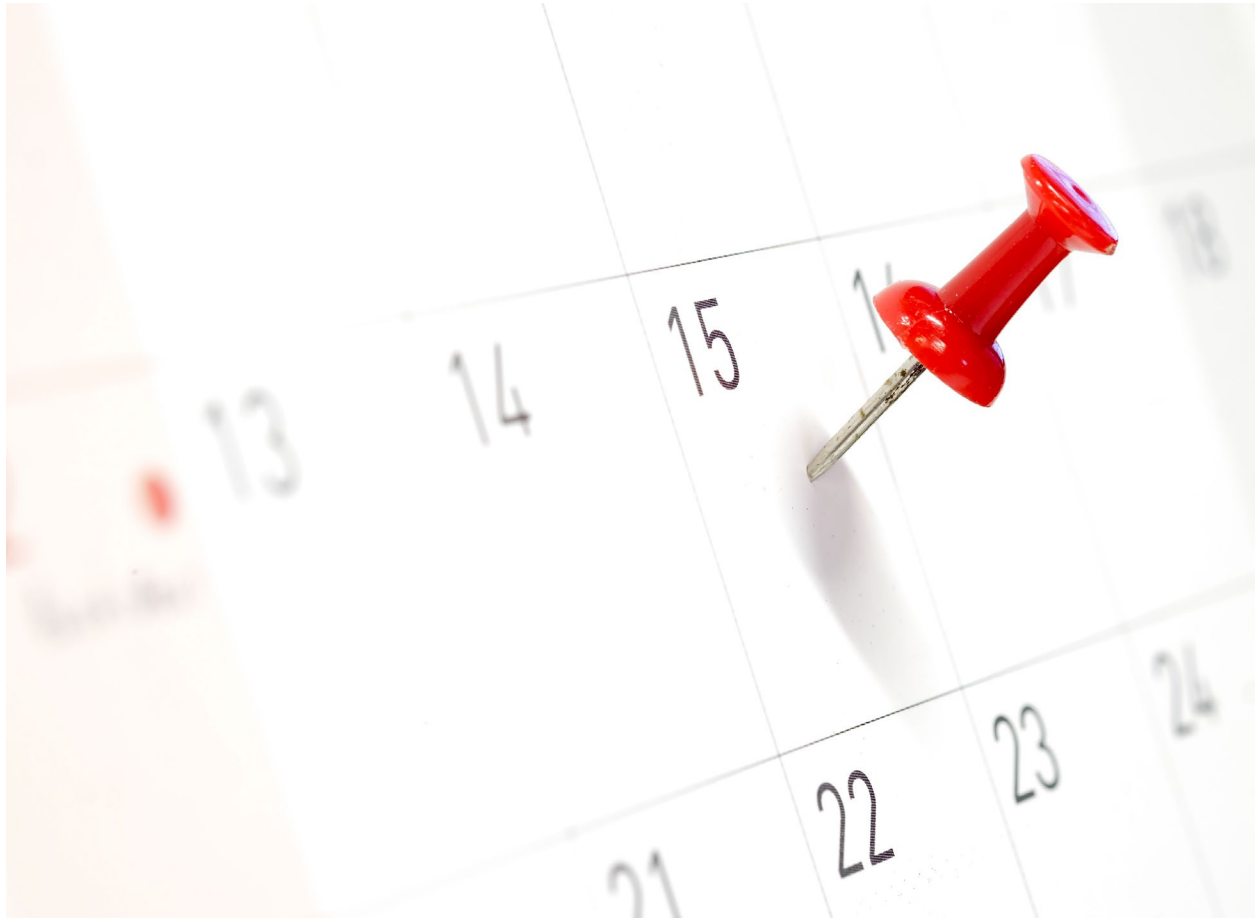
***For doulas participating in the TMaH Incentive Program:***

All Milestone 7 activities (Learning Collaborative participation) and required documentation must be completed and uploaded in D-TIPs by **December 15, 2026**, to receive the incentive payment of $15,000.

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# LOOKING AHEAD: NEXT STEPS

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**Homework**

» Identify one or two next steps from today's session that you would like to consider advancing in your practice for your individual coaching sessions.

**Collaboration and Support**

» **Goal**: Complete all Learning Collaborative activities before **December 15, 2026**.

- This pertains **only** to those participating in the TMaH Learning Collaborative (Milestone 7).

**Coming Next!**

» **Session 5**: Tuesday, September 8, 2026, 11:30 AM–12:30 PM

- Focus: MCP Essentials for Doulas, Part 2

» **In-Person Workshop**: Tuesday, October 20, 2026 (***SAVE THE DATE!)***

# WRAP UP AND NEXT STEPS

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- Please complete the online **evaluation by <u>August 21</u>!**
  - **<u>If you would like to receive CME and CE credit, the evaluation will need to be completed</u>.** You may use the link in the chat box or scan the QR code to access the evaluation.

- The slides and a recording of the webinar will be emailed to registered participants and available soon on the Integrated Care DC website.

- For more information about Integrated Care DC, please visit: www.integratedcare.dc.gov

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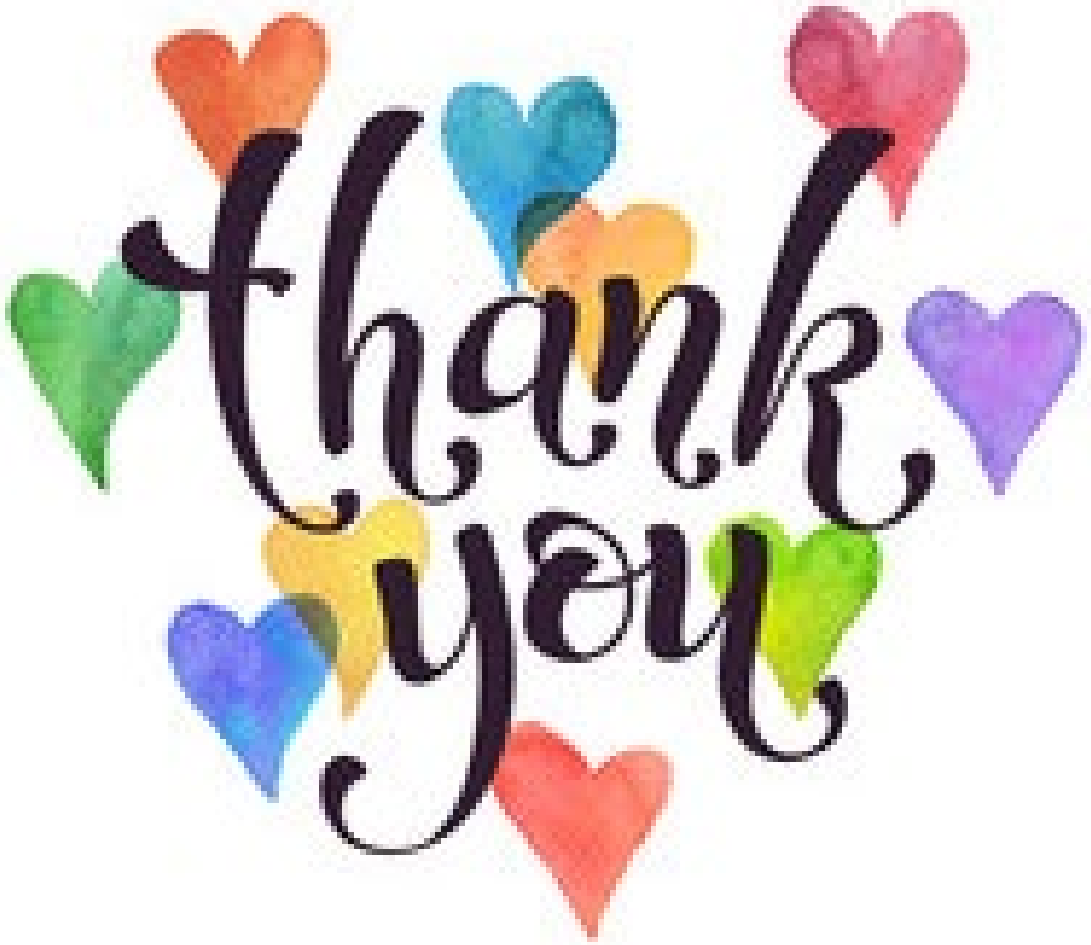


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# REFERENCES

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