

Guidelines for Doula Services



This guide has been developed to give guidance to Doula providers who render services during the continuity of care (COC) period and thereafter to members who transition into Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA).

National Doula Network

Simply and CHA use the National Doula Network* for doula services. For doulas wanting to provide care to Simply and CHA members, please contact the National Doula Network for participation via:

- Phone: **877-436-8527**
- Email: hello@nationaldoula.com
- Website: nationaldoulanetwork.com/network
> Join us

Continuity of care

We want to remind providers that the Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) requirements for COC for new members mandate that we pay for COC services rendered to new enrollees transitioning to Simply and CHA. In the event a new Simply or CHA member is receiving prior authorized, ongoing treatment with any provider, including services previously authorized under the fee-for-service delivery system or by the enrollee's previous managed care plan, Simply or CHA is responsible for the costs of continuation of such treatment. This responsibility stands without any form of authorization and without regard to whether such services are being provided by participating or nonparticipating providers for up to 60 days after the effective date of enrollment. Simply and CHA will reimburse nonparticipating providers at the rate they received for services rendered to the enrollee immediately before the enrollee transitioning for a minimum of 30 days unless said provider agrees to an alternative rate. The provider must have a National Provider Identifier (NPI) number and an active Medicaid ID (MID) in order to be eligible for payments.

For reimbursement outside of the COC period, a prior authorization and single case agreement will be required for doulas who are not contracted with Simply or CHA.

Prior authorization process

- Phone: **844-445-4296**
- Fax: **800-964-3627**
- Availability: **availity.com**
- Please complete the *Pre-Certification Request Form*: <https://provider.simplyhealthcareplans.com> > Resources > Forms > Other Forms > Medicaid/Florida Healthy Kids Precertification Request Form.

Paper claims process

Please ensure that claims are submitted on a *CMS-1500* claim form and include but are not limited to the following:

- Complete and correct member demographic (for example, DOB, Medicaid ID, etc.)
- Correct plan information
- Billing and rendering provider MID number and NPI number
- Billing provider address cannot be a P.O. Box (a Medicaid agency requirement)
- Member diagnosis
- Procedure codes as listed on *Single Case Agreement (SCA)* — also listed under approved service codes
- Procedure code — diagnosis pointer

Submit SMMC MMA program claims to the following address:

Paper claims

Simply Healthcare Plans, Inc.
Attn: Statewide Medicaid Managed Care
Managed Medical Assistance
P.O. Box 61010
Virginia Beach, VA 23466-1020

Electronic claims process

Electronic claims can be submitted to Simply and CHA using our claims clearinghouse, Availity.* See the instructions below on how to register with Availity.

Registering to use Availity

To register with Availity, go to [availity.com](https://www.availity.com) and select **Register**.

After your registration is complete, you can log in to verify your patients' eligibility and benefits, submit claims, track remittances and more.

When logging in for the first time, Availity will prompt you to:

- Accept privacy and security statements.
- Accept a confidentiality agreement.
- Choose three security questions and answers.
- Create a new password.
- Verify your email address.

It's important that you don't share your user ID or password with others. You will receive a verification email after you enter this information. Select the link in the email to complete your registration with Availity.

Submitting a claim via Availity:

- Log in to the Availity Portal at [availity.com](https://www.availity.com).
- Select **Claims & Payments** from the top navigation bar.
- Select **Professional Claim** from the options displayed.
- In the *Payer* field, select **Simply Healthcare Plans, Inc.** for Simply members and select **Clear Health Alliance** for CHA members.
- All fields reflecting an asterisk (*) must be completed for the submission of the claim.

Clean claims are paid or denied within 15 days for electronic or 20 days for paper from the date of receipt. A paper check will be issued for approved claims.

Electronic claims	
Simply payer ID:	SMPLY
Clear Health Alliance payer ID:	CLEAR

Approved Doula service codes and diagnosis

Codes	Description
S9445	Prenatal education (patient education non classified, non-physician)

Codes	Description
S9445 TS	Postpartum education (patient education non classified, non-physician)
59400 XU	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409 XU	Doula support for vaginal delivery only
59510 XU	Standard doula benefit with support at cesarean delivery; Global code: routine obstetric care including antepartum care, C-section delivery, and postpartum
59514 XU	Doula support during Cesarean delivery only. 1 per delivery
59610 XU	Standard doula benefit with support at VBAC delivery; Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612 XU	Doula support for VBAC delivery only, with or without episiotomy and/or forceps
59618 XU	Doula support for routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after failed attempt at vaginal delivery after cesarean.
59620 XU	Doula support for Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery

Codes	Description
Z32.2	Encounter for childbirth instruction
Z32.3	Encounter for childcare instruction

Submit corresponding Z codes for potential hazards identified that may impact the health status of members via claims submissions. Use the *SDoH Diagnosis Code Reference Sheet (Z Codes)* at <https://provider.simplyhealthcareplans.com/docs>.

Claims dispute process

Verbal dispute
844-405-4296
Online dispute
availity.com
Written dispute
Simply Healthcare Plans, Inc. Payment Appeals P.O. Box 61599 Virginia Beach, VA 23466-1599

Provider Services

Phone	844-405-4296
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Network contracting and participation

Contact	Ellen Syvertsen, Provider Network Manager
Phone	813-599-4391
Email	esyvertsen1@simply healthcareplans.com

Resources

For additional resources and training material, visit the websites for Simply and CHA:

Simply
https://provider.simplyhealthcareplans.com
Clear Health Alliance
https://provider.clearhealthalliance.com

For guidance on how to submit a Florida Medicaid Provider Enrollment Application, please visit the Medicaid ID Enrollment website:

Florida Medicaid Provider Enrollment Application Guide
portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/Public Misc Files/Florida Medicaid Provider Enrollment App Guide.pdf

Electronic remittance advice (ERA) enrollment

Go to **availity.com** and select **Enrollments Center** in the *My Account Dashboard* on the home page. Select **ERA Enrollment** in the *Multi-Payer Enrollments* section. Then, follow the wizard and submit. You will be notified by email that enrollment is complete and begin receiving 835 electronic remittance files through Availity.

Availity	800-282-4548
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* National Doula Network is an independent company providing assisted birth services on behalf of Simply Healthcare Plans, Inc. and Clear Health Alliance. Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc and Clear Health Alliance.

<https://provider.simplyhealthcareplans.com> | <https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.