Kaiser Permanente

Doula Webinar Training

June 6, 2025 12 to 1 p.m. Pacific time





Welcome | Webinar Housekeeping

Audio & Video Disabled

Participant audio and video are disabled to avoid any disruptions during the presentation.



Webinar Recording

This session is being recorded for training purposes.



Q&A Session

Q & A time will be allocated at the end of the presentation for additional questions. You may post questions at any time using the Q&A feature.



Resources

The presentation and materials will be sent to all participants following the meeting and will also be available on the Community Provider Portal on KP.org Southern California and Northern California

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Feedback

Your feedback is important to us. Following the webinar, you'll receive a brief survey via email. Please take a moment to share your thoughts. Your input will help us enhance future offerings.





Agenda

1.	Welcome & Introduction to Kaiser Permanente (KP) Health Plan	12:00 p.m.
2.	Doula Provider Enrollment, Member Eligibility & Covered Services	12:00 – 12:05 p.m.
3.	Claim Submission & Billing Guidelines	12:05 – 12:15 p.m.
4.	Claim Status, Determinations & Payment	12:15 – 12:25 p.m.
5.	Updates & Provider Resources	12:25 – 12:30 p.m.
6.	Q & A Session	12:30 – 1:00 p.m.



Doula Provider Enrollment, Member Eligibility & Covered Services





Kaiser Permanente's Doula Network

- Effective January 1, 2023, Doula Services are covered for Medi-Cal members, per State Plan Amendment (SPA) 22-0002. \bullet Effective January 1, 2025, Doula Services are covered for California Commercial members, due to Assembly Bill (AB) 904.

KP Welcomes Doulas to the Network!









Doula Provider Enrollment

To contract with Kaiser Permanente for Medi-Cal and/or Commercial lines of business, providers must complete the following required steps:

Step 1

- Enroll with the Department of Health Care Services (DHCS) via PAVE.
 - PAVE is DHCS's Provider Application and Validation for Enrollment

Step 2

KP Northern California

medi-cal-state-program@kp.org or

KP Southern California

Note: To be contracted with Kaiser Permanente, all doulas need to be PAVE enrolled Contact <u>CAMediCalContracting@kp.org</u> for general contracting questions

• Send an email of interest to KP:

<u>kp-scal-professional-contracting@kp.org</u>

KP will acknowledge receipt of the request, and the contracting team will reach out to you with next steps in completing the contract.

Step 3

Attend an onboarding session lacksquare(offered monthly) and/or review the **KP** Welcome Packet.







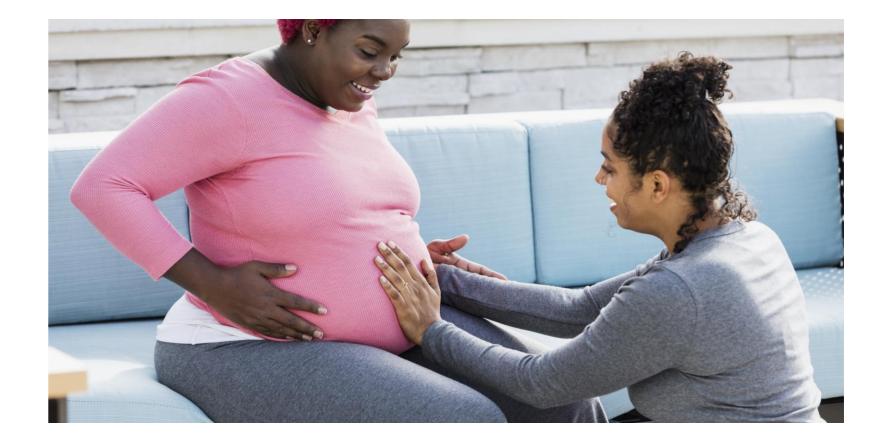
Member Eligibility and Covered Services

Member Eligibility:

- A member must be enrolled in a Commercial or Medi-Cal Health Plan on the date of service to be eligible for doula services.
- Doula services **do not** require a referral or pre-• authorization.
- Applicable plans cover the services of a doula for a pregnancy (including pregnancies that end in miscarriage, abortion or still birth).

Covered Doula services include the following (applicable to Medi-Cal and Commercial beneficiaries):

- 1 initial visit \bullet
- Up to 8 additional visits, which can be provided in any combination of prenatal and postpartum visits
- Support during labor and delivery (including for pregnancies that end in miscarriage, abortion or still birth)
- Up to 2 extended 3-hour postpartum visits after the end of a pregnancy

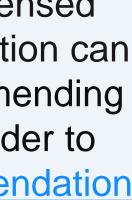


Medi-Cal beneficiaries:

Up to nine additional postpartum visits is available with additional recommendation from a physician or other licensed practitioner of the healing arts acting. This recommendation can be noted in the member's medical record by the recommending licensed provider, or a member can ask a licensed provider to complete the DHCS Medi-Cal Doula Services Recommendation form and give the form to the doula.



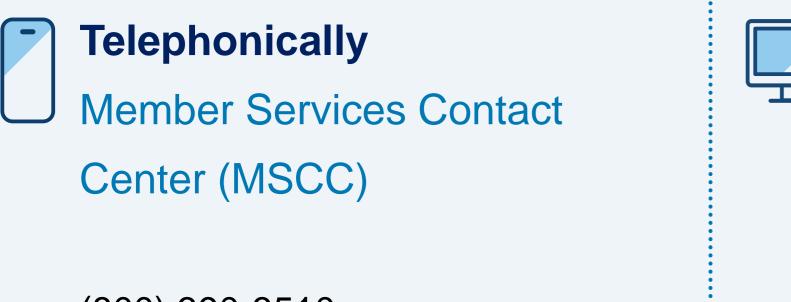




Member Eligibility

Verifying Member Eligibility

Doula providers must contact KP to confirm the member's eligibility by verifying the member's enrollment for the month of service using one of the following methods:

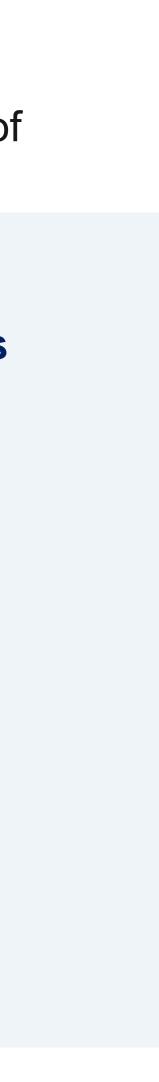


(800) 390-3510 Live representative available 24/7 (excluding major holidays)



Online for Contracted Providers $= \bullet$ **KP Online Affiliate Provider Portal Guest Access Portal** Click link to access : Available secure single sign on **Eligibility Guest Access Portal** Register or sign-on for access (basic search & results) (see next slide for details)

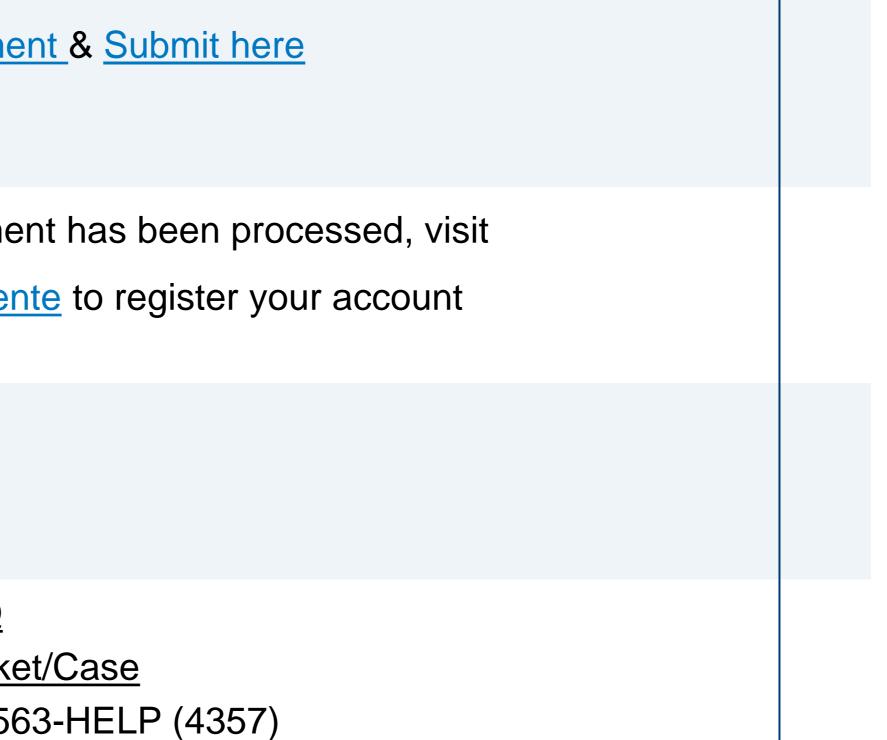




KP Online Affiliate

Online Affiliate is Kaiser Permanente's self-service portal available to externally contracted providers. With access, providers and users can check member benefits and eligibility, view claim status, and view and print EOPs (Explanation of Payments). Additional features include online submission of claim disputes, submitting supporting documentation, and requesting replacement checks.

Enroll	Complete Enrollment Agreeme
Register	Once your enrollment agreeme Registration - Kaiser Permaner
Manage Account	Kaiser Permanente Sign On
Get Support	 Online Affiliate Support/FAQ Online Affiliate Submit a Tick KP IT Service Desk: 1-844-56





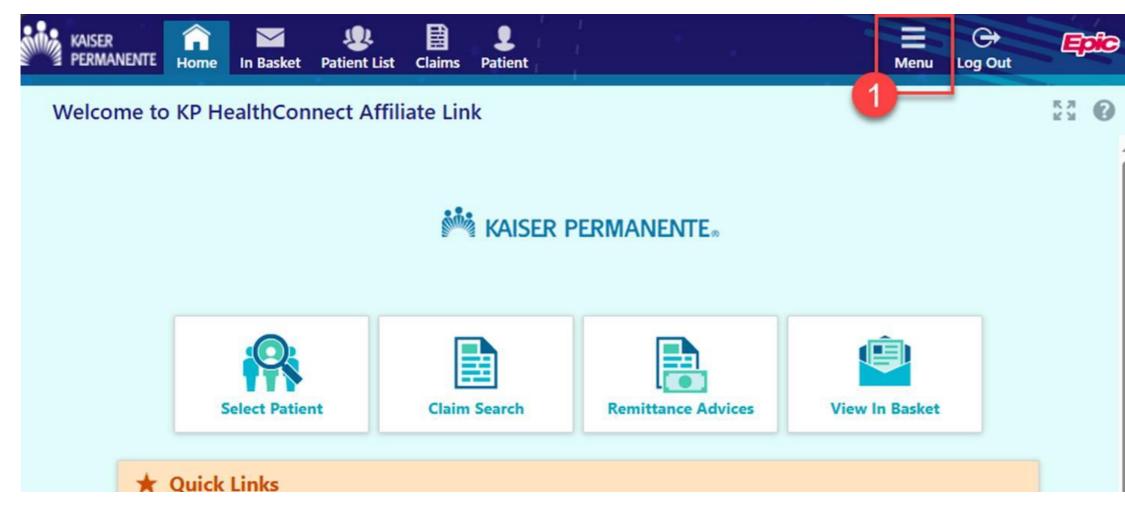




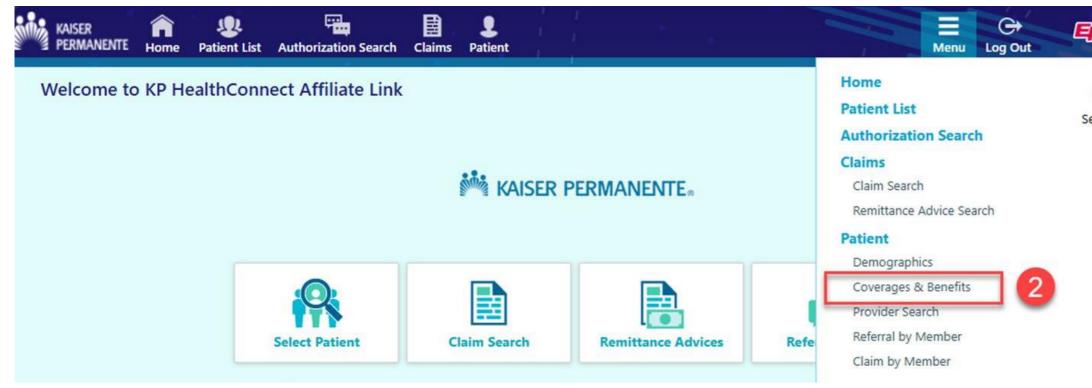
KP Online Affiliate

Verifying Member Eligibility

Step 1: From the Home screen click 'Menu'



Step 2: Select 'Coverage & Benefits'



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Step 3: Use the 'Search All Patients' tab, enter all necessary information, and click 'Search'

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Settings











KP Online Affiliate

Verifying Eligibility

Step 4: You will now see the following 'Coverage & Benefits' page, insurance type and date of which coverage has become effective

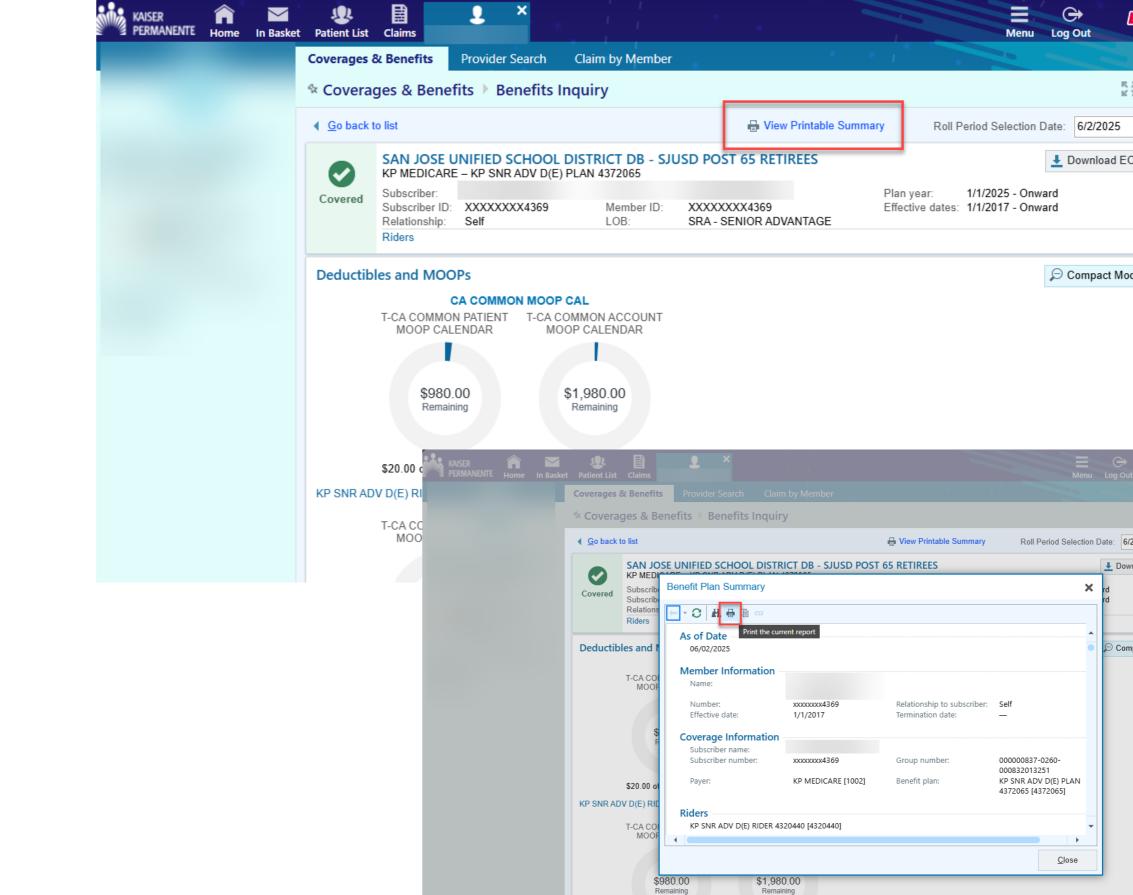
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Step 5: Click 'Benefits Inquiry' you'll be able to view additional benefit information

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Optional: You may print the Benefit Plan Summary, by clicking 'View Printable Summary' KAISER **n** \sim Ξ, 17 G PERMANENTE Home In Basket Menu Log Out Patient List Claims Coverages & Benefits Provider Search Claim by Member 57.0







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Claim Submission & Billing Guidelines

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Claim Submission

Submitting claims to Kaiser Permanente

Submitting clean claims to KP is key to getting paid accurately and promptly.

Methods for submitting claims electronically or by paper:

Online via Electronic Data Exchange (EDI)

Visit: Electronic Data Interchange for set up & instructions EDI Support: EDI Support Home Page

Clearinghouse	NCAL Payer ID	SCAL Payer ID
Office Ally	94135	94134
Relay Health	94135/RH009/KS003	94134/KS001
SSI	NKAISERCA	SKAISERCA



Mail completed original CMS 1500 paper claim form (red form) to Kaiser Permanente, depending on region, to:

Northern California Region:

KFHP National Claims Administration P.O. Box 8002 Pleasanton, CA 94588

Southern California Region

KFHP Claims Department P.O. Box 7004 Downey, California 90242



Billing Guidelines

Doula Coding Options

- Applicable to both Medi-Cal and Commercial lines of business
- The specified HCPCS and diagnosis code combinations define the service as a doula service.

Doula Service	Associated Diagnosis Codes	Associated Billing Codes
One initial visit, either prenatal or postpartum (at least 90 minutes)	 Z32.2 (childbirth instruction) Z32.3 (childcare instruction) Z39.1 (care/examination of lactating mother) Z39.2 (routine postpartum follow-up) 	Z1032 (can be used for prenatal or postpartum)
Up to eight one-hour (at least 60 minutes) visits that may be provided in any combination of prenatal and postpartum	 Z32.2 (childbirth instruction) Z32.3 (childcare instruction) Z39.0 (care/examination of mother immediately after delivery) Z39.1 (care/examination of lactating mother) Z39.2 (routine postpartum follow-up) 	Z1034 (prenatal) Z1038 (postpartum)
Support during labor and delivery (limited to once per pregnancy)	Z33.1 (pregnant state, incremental) Z39.0 (care/examination of mother immediately after delivery)	59409 (vaginal delivery) 59612 (vaginal delivery after cesarean delivery) 59620 (cesarean delivery) 59840 (abortion) T1033 (miscarriage)
Up to two additional postpartum visits may be available (at least 180 minutes)	 Z39.0 (care/examination of mother immediately after delivery) Z39.1 (care/examination of lactating mother) Z39.2 (routine postpartum follow-up) 	T1032

• Providers must use the HCPCS codes listed in the Doula Billing Code Crosswalk below to report Doula services.





Billing Guidelines

Required Modifiers

- Doula services require modifier XP on every line, and on all claim submissions. This modifier is the only field that ulletdifferentiates the services of a doula from that of a physician.
- If doula services are provided through telehealth, the modifiers (93) or (95) must also be included. •

Modality	Definition	Required Modifiers
In-person	Face-to-face interaction with a member	XP
Audio-visual	Real-time interaction with a member through a secure audio-visual platform	XP, 95
Audio-only	Real-time interaction with a member through a secure telehealth line	XP, 93

Place of Service

• There are no place of service restrictions for doula services, but code suggestions include:

Place of service code	Place of service name
02	Telehealth
12	Home
21	Inpatient Hospital
25	Birthing Center
99	Other







Claim Status, Determinations & Payment

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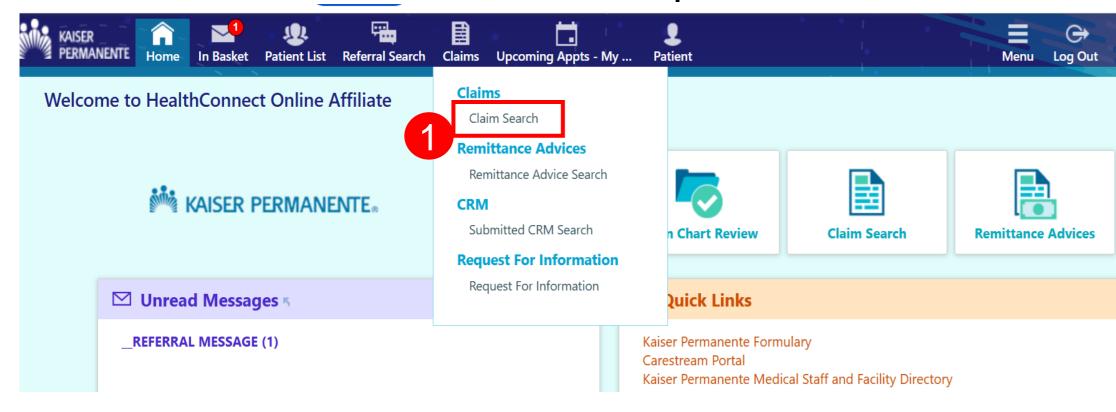




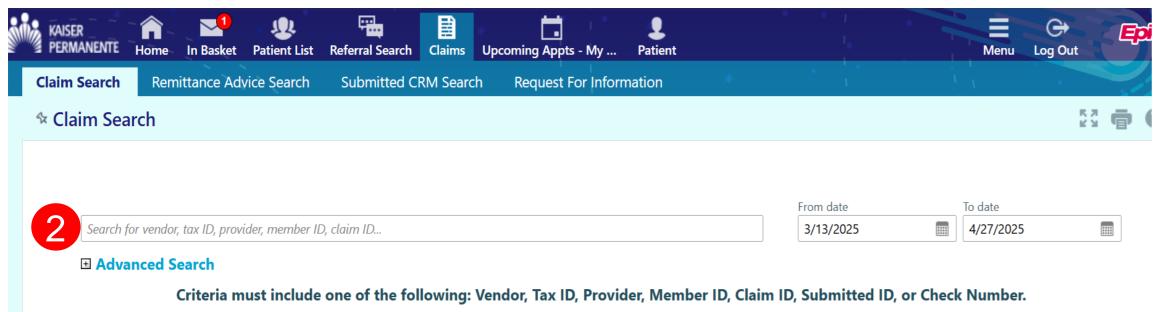
Claim Status & Determinations

Checking Claim Status through Online Affiliate

Step 1: From the home screen, click on the 'Claims' tab and then 'Claims Search' to look up the claim.



Step 2: In the search bar, enter one of the required criteria, and date range.

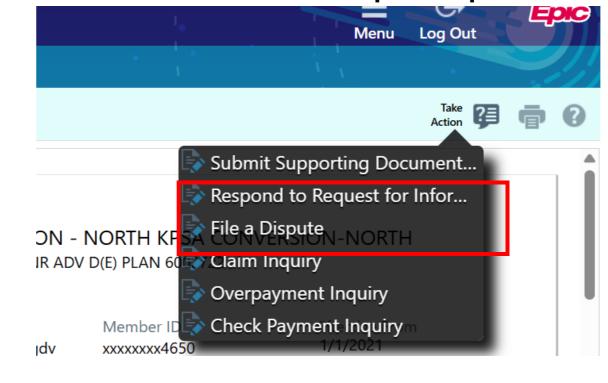


You can check status of your claim(s) via the MSCC line, KP Claims Guest Access portal, or through Online Affiliate as follow:

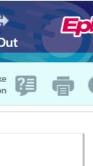
Step 3: After you double click the claim # you'd like to view, select 'Claim Review Report' to see the status of the claim.

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O Denied		Patient total:	- \$0.00	Member	Member ID	Effective From	
Payment		Net Payable: Interest:	\$0.00 + \$0.00			1/1/2021	
Check/EFT Date Amount		Penalty:	+ \$0.00	Line of Business SRA - SENIOR ADVANTAGE	Payment Method Primary Coverage	Paid As Primary	
Z2000263646 01/10/2025	\$0.00	Total Payment:	\$0.00	SIX - SENIOR ADVANTAGE	Fillinary Coverage	riinary	
Billing Info	·			≱r Authorizations			

Note: You may click 'Take Action' for other options and/or to initiate the claim dispute process.









Claim Status & Determinations

Additional Information on the KP Claim Dispute Process

Disputes must be submitted within 365 calendar days from claim determination and include: KP Claim Number, Tax ID Number (TIN), Medical Record Number (MRN), Date of Service (DOS), Dispute Reason & Documentation.



Provider Dispute Resolution Request (form)

Acknowledgement & Resolution

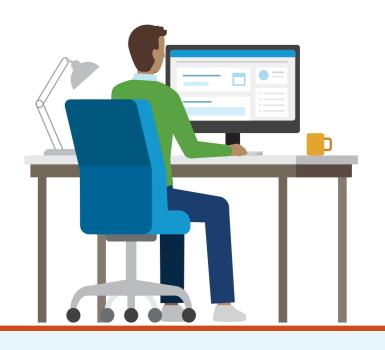
KP will acknowledge electronic disputes within 2

KP will make a determination within 45 business days of receipt and Doulas will be notified of resolution via resolution letter (or Explanation of Payment) with payment details.

Acknowledgement & Resolution

KP will acknowledge written disputes within 15

KP will make a determination within 45 business days of receipt and Doulas will be notified of resolution via resolution letter (or Explanation of Payment) with payment details.



Dispute Escalation

If you do not agree with the resolution of your dispute and have followed all necessary steps, you can contact KP by calling Claims Inquiry Assistance, Member Services Contact Center at (800) 390-3510.





Claim Status & Determinations

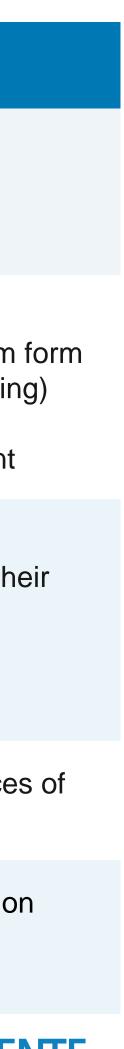
Common Claim Issues

- Here are some common reasons why claims are denied: •

Claim Issue	Description	Note
Duplicate Denials	Claims denied because a claim is on file as paid or denied with the same claims data (e.g., claims DOS, billed amount, etc.)	 Top reason for duplicate denials include: Providers not submitting corrected claims Billing overlapping DOS (date of service)
Corrected Claims	Not indicating on a corrected claim that it is a corrected claim will result in the claim being kicked back as a duplicate and denied	 Corrected claims must be submitted: With a frequency code 7 in box 22 of the CMS-1500 claim f Including the original claim number (claim you are replacing Within your timely filing period or Within 90 calendar days from date of the original payment
Timely Filing Denials	Original claims must be submitted within a defined timeframe	 For Contracted Providers Medi-Cal and Commercial: Doulas should refer to their fully executed agreement for the respective timely filing limit Non-Contracted Providers: 180 calendar days from date of service
Missing Modifier	Claim must include modifier XP on every line of the claim	 This modifier is the only field that differentiates the services a doula from that of a physician.
Not Receiving Information Timely	KP will occasionally request additional information required to process claims. If we do not receive the additional information within the specified timeframe, we will deny the claim.	If this denial happens, please upload the requested information (RFI) to the claim using our Online Affiliate Portal

• Recognizing and understanding why a claim was denied is key to resolving issues and preventing future denials.





Payment

Receiving Payments

- KP will process clean claims within the regulatory timeframe.
- You will **receive payment** via:
 - Paper check to your remittance address on file with an EOP (Explanation of Payment) or
 - EFT/ERA (Electronic Funds Transfer/Electronic Remittance Advice) if you enroll

Understanding your EOP:

- Watch this brief video: <u>EOP and EOB Updates</u>
- KP uses industry standard reason codes on the EOP, click the links to learn more about these codes: Claim Adjustment Reason Codes | X12 Remittance Advice Remark Codes | X12

Enrolling in EFT & ERA:

KP has partnered with Citi Payment Exchange to provide a portal for enrolling in EFT & ERA.

- - SCAL Region: Click here to enter a secure portal. Activation code MN4WX2 is required at login.
 - NCAL Region: Click here to enter a secure portal. Activation code 6WLKT7 is required at login.

Need assistance?

Contact Electronic Remittance Advice (ERA) & Electronic Funds Transfer support by clicking here

• Each Kaiser Permanente region requires a separate enrollment. Here's how you can create a new enrollment for EFT/ERA:



Updates & Provider Resources

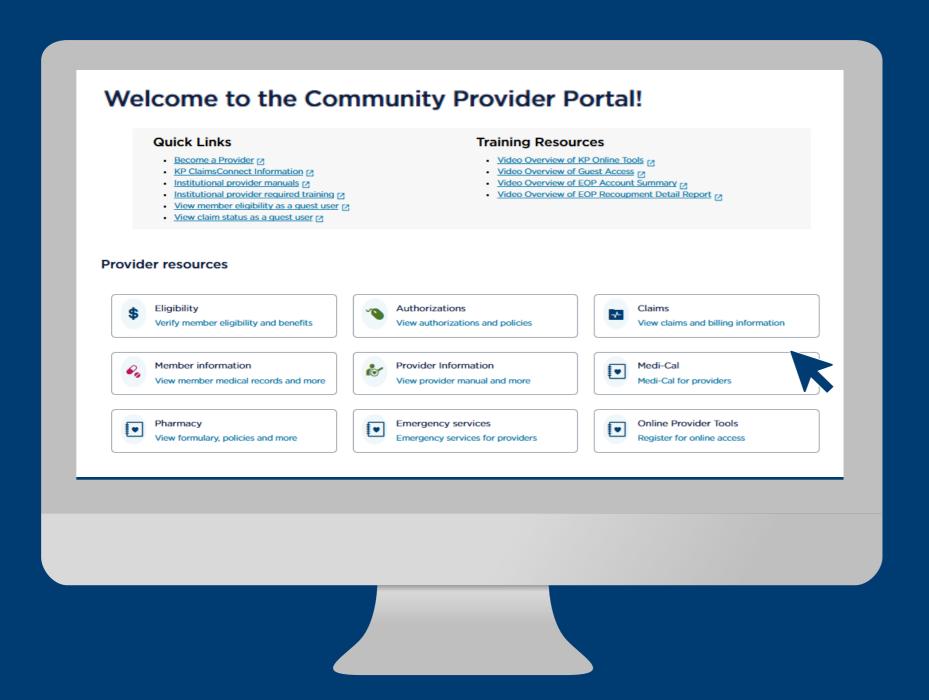
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Provider Updates & Resources



Stay Connected: Visit the KP Community Provider Portal for the latest updates, resources, and upcoming webinar sessions.

KP.org Southern California or Northern California

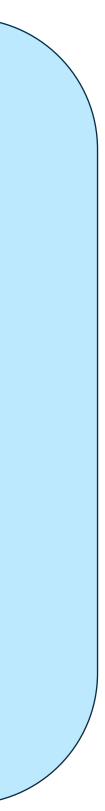
Contact us Member Services Contact Center (MSCC): (800) 390-3510

<u>Medi-CalDoulaLiaison@kp.org</u> For general assistance or questions

CAMediCalContracting@kp.org For general contracting questions

Thank you for your participation!







Q & A Session

Please use the Q & A feature to post a question.

You may also raise your hand to be called on to ask your question.







Appendix

- DHCS State Plan Amendment (SPA) 22-0002: <u>SPA 22-0002 Public Notice</u>
- DHCS Doula Services All Plan Letter (APL) 23-024: <u>APL 23-024</u>
- DHCS Doula Services as a Medical Benefit: Doula Services
- DHCS Medi-Cal Doula Services Recommendation: DHCS Recommendation Form
- KP Member Doula Care Webpage: Doula Services: Pregnancy, Birth & Postpartum | Kaiser Permanente
- KP Guest Access Portal to Verify Eligibility: KP HealthConnect Affiliate Link ullet
- Permanente
- KP Enrollment for EDI/EFT/ERA: <u>Getting started with EDI/EFT/ERA Kaiser Permanente claims</u>
- KP Claims Guest Access Portal: KP Find a Claim
- KP Claims Settlement Practices & Provider Dispute Resolution Mechanism : <u>KP Claims Settlement & PDR</u>
- Instructions for Completing the CMS-1500 form: The National Uniform Claims Committee

DHCS Provider Application and Validation for Enrollment (PAVE): PAVE - Provider Application and Validation for Enrollment KP Online Affiliate Enrollment, Registration, Sign-On & Support: Online Provider Tools Community Provider Portal Kaiser





