



Partnering for Better Care:

*A Community-Based Doula
Guide for Managed Care*

Table of Contents

Introduction For Community-Based Doulas.....	3
Start Smart For Your Baby® And Care Management.....	4
Doula Activities To Support Maternal Child Health Core Key Performance Indicators (KPIs).....	5
Doula Insurance Coverage Benefit.....	7
Scope Of Doulas Within Managed Care.....	8
Understanding Covered Doula Services.....	8
Understanding Non-Covered Doula Services.....	9
Doula Certification Requirements.....	9
Enrolling As A Medicaid Provider.....	10
Register as a Provider.....	12
Liability Insurance.....	13
Enrolling And Contracting As A SilverSummit Healthplan Provider.....	14
Place Of Service.....	15
Members' Eligibility For Doula Services.....	16
Member Verification.....	17
Referrals To Other Centene Services.....	19
Claim Submissions.....	19
Payment.....	24
Handling Provider Concerns And Questions.....	25
Handling Member Concerns And Questions.....	26
Quality, Monitoring, And Oversight.....	27
Conclusion.....	28
Appendix Terms & References.....	29

Introduction to the SilverSummit Healthplan Toolkit for Community-Based Doulas

Dear Doula Partner,

Welcome, and thank you for the vital role you play in supporting the health and well-being of pregnant women and their families. At [SilverSummit Healthplan](#), 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. [SilverSummit Healthplan](#), 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 pregnant 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 women 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.



Here you will find resources that will help you streamline care for pregnant members.

Start Smart for Your Baby[®] and Care Management

WELCOME TO START SMART FOR YOUR BABY: PARTNERING FOR BETTER BIRTH OUTCOMES

SilverSummit Healthplan supports over 1600 births each year, with more than 41% 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 SilverSummit Healthplan, 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 a minimum of 6 weeks postpartum (or until needs are met), 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 SilverSummit
please email: [Care Managers](#)

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

At [SilverSummit Healthplan](#), 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 <u>low risk</u> 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)
- 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)

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.

BILLING CODES	DESCRIPTION OF SERVICE	MODIFIER	LIMITS	COVERAGE PERIOD
59409	Attendance at vaginal delivery only	U1	1	per pregnancy
59514	Attendance at cesarean delivery only	U1	1	per pregnancy
59612	Attendance at vaginal delivery only after previous cesarean delivery	U1	1	per pregnancy
59620	Attendance at delivery cesarean delivery only after attempted vaginal delivery after previous delivery	U1	1	per pregnancy
S9445	Patient education not otherwise classified non physician provider, individual per session	U1	4*	per pregnancy

KEY BILLING REMINDERS

- These codes should be billed with the U1 modifier. If Doula services are provided to recipients in a rural area, providers should bill procedure codes with the TN modifier in addition to the U1 modifier. The rates for TN modifier include an additional 10%.
- Four (4) visits during the prenatal, antepartum, and/or postpartum period up to 90 days postpartum (procedure code S9445). Code S9445 also has a limitation of 1 visit per day.
- Prior Authorization (PA) may be submitted for additional medically necessary doula visits for code S9445. PA request must be requested at least three (3) business days prior to service.

Scope of Doulas within Managed Care

As [SilverSummit Healthplan](#) increasingly recognizes the value of doula care in improving health outcomes and advancing inclusive care, culturally responsive care, it is important that we establish a shared understanding of the role doulas play across the care continuum. Doulas provide a wide range of non-clinical, supportive services to pregnant members, including emotional support, education, advocacy, and guidance before, during, and after childbirth.

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 [SilverSummit Healthplan](#) and may be subject to training, certification, or credentialing requirements as determined by [SilverSummit Healthplan](#) 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.

Doula Certification Requirements

Nevada requires doulas to meet established standards to participate in Medicaid services. Doulas must complete either a CAQH profile that includes their qualifications or the Nevada State application. Doulas are required to be enrolled in Nevada Medicaid. Certification helps ensure doulas meet essential benchmarks in knowledge, skills, and professional ethics, while building trust with pregnant members, healthcare providers, and managed care organizations.

The following covers the requirements for Doulas supporting **SilverSummit Healthplan**.

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

- [Birthing Advocacy \(BADT\)](#)
- [Childbirth and Postpartum Professional Association \(CAPPA\)](#)
- [Childbirth International](#)
- [Doulas of North America \(DONA\)](#)
- [Doula Training International](#)
- [Expert Rating \(Doula\)](#)
- [International Doula Institute](#)
- [Prodoula](#)



REQUIREMENTS FOR DOULA CERTIFICATION

Below is a list of suggested requirements

- Be at least 18 years old
- 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

For more information: [Birth Doula Certification Requirements - Nevada Certification Board](#)

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”

Get an EIN

Get your EIN straight from the IRS in minutes.

[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)

IRS.gov Help | Apply for New EIN | Exit

EIN Assistant

Important Information Before You Begin

Use this assistant to apply for and obtain an Employer Identification Number (EIN).

[Do I need an EIN?](#)
[Do I need a new EIN?](#)

For help or additional information on any topic, click the underlined key words, or view Help Topics on the right side of the screen. Make sure that pop-ups are allowed from this site.

About the EIN Assistant

- You must complete this application in one session, as you will **not** be able to save and return at a later time.
- For security purposes, your session will expire after 15 minutes of inactivity, and you will need to start over.
- You will receive your EIN immediately upon verification. When not I be able to use the EIN?
- If you wish to receive your confirmation letter online, we strongly recommend that you install Adobe Reader before beginning the application if it is not already installed.

Restrictions

- Effective May 21, 2012, to ensure fair and equitable treatment for all taxpayers, the Internal Revenue Service will limit Employer Identification Number (EIN) issuance to one per responsible party per day. This limitation is applicable to all requests for EINs whether online or by phone, fax or mail. We apologize for any inconvenience this may cause.
- If a third party disposes (TPD) is completing the online application on behalf of the taxpayer, the taxpayer must authorize the third party to apply for and receive the EIN on his or her behalf.
- The business location must be within the United States or U.S. territories.
- Foreign filers without an Individual Taxpayer Identification Number (ITIN) cannot use this assistant to obtain an EIN.
- If you were incorporated outside of the United States or the U.S. territories, you cannot apply for an EIN online. Please call us at 267-941-1099 (this is not a toll free number).

[Begin Application](#)

If you are not comfortable sending information via the Internet, download the [Form 1040](#) and the instructions for alternative ways of applying.

3: Select Your Entity Type

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

IRS.gov Help | Apply for New EIN | Exit

EIN Assistant

Your Progress: 1. Identify 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

What type of legal structure is applying for an EIN?

Before applying for an EIN you should have already determined what type of legal structure, business, or type of organization is being established.

Choose the type you are applying for. If you don't see your type, select "View Additional Types."

- ☒ **Sole Proprietor**
Includes individuals who are in business for themselves and household employers.
- ☐ **Partnerships**
Includes partnerships and joint ventures.
- ☐ **Corporations**
Includes S corporations, personal service corporations, real estate investment trusts (REIT), regulated investment conduits (RIC), and settlement funds.
- ☐ **Limited Liability Company (LLC)**
A limited liability company (LLC) is a structure allowed by state statute and is formed by filing articles of organization with the state.
- ☐ **Estate**
An estate is a legal entity created as a result of a person's death.
- ☐ **Trusts**
All types of trusts including conservatorships, custodianships, guardianships, irrevocable trusts, revocable trusts, and receiverships.
- ☐ **View Additional Types, Including Tax-Exempt and Governmental Organizations**
If none of the above fit what you are establishing, there are several others to choose from.

[<< Back](#) [Continue >>](#)

IRS.gov Help | Apply for New EIN | Exit

EIN Assistant

Your Progress: 1. Identify 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

You have chosen Sole Proprietor.

Sole proprietor includes individuals who are in business for themselves, or household employers. Read the descriptions below and choose the type for which you are applying.

- ☒ **Sole Proprietor**
A sole proprietorship is a business that has only one owner and is not incorporated or registered with the state as a limited liability company (LLC). A sole proprietor can be a self-employed individual or an independent contractor. Sole proprietors (self-employed individuals) report all business income and expenses on their individual tax returns (Form 1040, U.S. Individual Income Tax Return, Schedule C, E, or F). A sole proprietor may or may not have employees.
- ☐ **Household Employer**
You are a household employer if you have hired someone to do household work and that under a your employee. Household employees include: babysitters, nannies, as pairs, cleaning people, housekeepers, maids, drivers, health aides, private nurses, caretakers, yard workers, and similar domestic workers.

[<< Back](#) [Continue >>](#)

4: Confirm Your Selection

Confirm your entity type and click “Continue”

IRS.gov Help | Apply for New EIN | Exit

EIN Assistant

Your Progress: 1. Identify 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

Please confirm your selection.

Confirm your selection of **Sole Proprietor** as the type of structure applying for an EIN.

What it is...

- A sole proprietorship is a business owned by one individual.
- A sole proprietor can be a self-employed individual or an independent contractor.
- All business income and expenses are reported on the individual's federal income tax return.
- A sole proprietor may or may not have employees.

IMPORTANT: A sole proprietor may have only one EIN, regardless of the number of businesses you own or operate. If you already have an EIN, you must use that number for all of your sole proprietor businesses.

What it is not...

- The business cannot be incorporated or registered with the state as a limited liability company (LLC).

If you need to change your type of structure, we recommend that you do so now, otherwise you will have to start over and re-enter your information. Additional help may be found by reviewing [all types of organizations and structures](#) before making your selection.

<< Change Type >> Continue >>

5: Confirm Your Selection

Select why you are requesting an EIN

IRS.gov Help | Apply for New EIN | Exit

EIN Assistant

Your Progress: 1. Identify 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

Why is the Sole Proprietor requesting an EIN?

Choose one reason that best describes why you are applying for an EIN.

- ☒ **Started a new business**
Select this option if you are beginning a new business.
- ☐ **Hired employee(s)**
Select this option if you already have a business and need to hire employees.
- ☐ **Banking purposes**
Select this option if the reason for applying for the EIN is strictly to satisfy banking requirements or local law.
- ☐ **Changed type of organization**
Select this option if you are changing the type of organization you currently operate, such as changing from a sole proprietor to a partnership, changing from a partnership to a corporation, etc.
- ☐ **Purchased active business**
Select this option if you are purchasing a business that is already in operation.

Continue >>

6: Enter Your Personal Information

Enter your name and Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)

IRS.gov Help | Apply for New EIN | Exit

EIN Assistant

Your Progress: 1. Identify 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

Please tell us about the Sole Proprietor.

* Required fields
Must match IRS records or this application cannot be processed.
The only punctuation and special characters allowed are hyphen (-) and ampersand (&).

First name *

Middle name/initial *

Last name *

Suffix (Jr., Sr., etc.) [Select One]

SSN/ITIN * [] - [] - []

Choose One: *

- ☐ I am the sole proprietor.
- ☐ I am a third party applying for an EIN on behalf of this sole proprietor.

Before continuing, please review the information above for typographical errors.

<< Back Continue >>

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

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

Provider View – Initial Application

- Access <https://nppes.cms.hhs.gov>

- Select **Create or Manage an Account**

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

Provider View – Initial Application

- Once back at <https://nppes.cms.hhs.gov>, the user will sign in under **Registered User Sign In** to begin the initial NPI application.

3: Confirm Application Submission

Submission Confirmation

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: Nevada Medicaid Provider Flex through Gainwell Technologies

Please click the link to [Gainwell Technologies](#)

Have the following information on hand to begin your application:

Doula Group

- ✓ Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- ✓ Nevada Secretary of State Business License
- ✓ Type 2 National Provider Identifier (NPI)

Individual Provider

- ✓ Doula certificate from the Nevada Certification Board
- ✓ Taxpayer Identification Number (SS-4 or CP575 or W-9)
- ✓ If not linking to a group, Nevada Secretary of State Business License (Sole Proprietor)
- ✓ Type 1 National Provider Identifier (NPI)

Register as a Provider - Nevada Medicaid Web Portal

- 1 Click Register Now on the PWP Home page for the first time.

The screenshot shows the Nevada Medicaid Web Portal home page. At the top, there is a header with the Nevada state seal. Below the header, there are several links: 'User ID', 'Password', 'Forgot Password?', 'Log In', 'Forgot User ID?', and 'Register Now'. The 'Register Now' link is highlighted with a red asterisk and a hand icon.

- 2 Select the option that best describes your role, such as Provider or Delegate. For example click Provider.

The screenshot shows the Registration page, Step 1 of 2: Personal Information. It asks the user to select one of the following options that best describes their role. The options are: Provider, Delegate, Trading Partner, and Managed Care Org. The 'Provider' option is selected with a red asterisk and a hand icon.

- 3 Step one of the Registration page opens.

The screenshot shows the Registration page, Step 1 of 2: Personal Information. It asks the user to select one of the following options that best describes their role. The options are: Provider, Delegate, Trading Partner, and Managed Care Org. The 'Provider' option is selected with a red asterisk and a hand icon.

- 4 Enter provider information in the fields with a red asterisk (*)

The screenshot shows the Registration page, Step 1 of 2: Personal Information. It asks the user to select one of the following options that best describes their role. The options are: Provider, Delegate, Trading Partner, and Managed Care Org. The 'Provider' option is selected with a red asterisk and a hand icon.

- 5 Click Continue. Step two of the Registration page opens.

The screenshot shows the Registration page, Step 2 of 2: Security Information. It asks the user to provide their contact information below. The fields are: Display Name, Phone Number, Email, and Confirm Email. The 'Continue' button is highlighted with a red asterisk and a hand icon.

- 6 Enter a User ID and Password

The screenshot shows the Registration page, Step 2 of 2: Security Information. It asks the user to provide their contact information below. The fields are: Display Name, Phone Number, Email, and Confirm Email. The 'Continue' button is highlighted with a red asterisk and a hand icon.

- The password must be 8 to 20 characters in length, not be the same as your User ID or contain the user's first or last name, and must contain at least 1 character from three of the categories: numeric digit, uppercase letter, lowercase letter and non-alphanumeric characters: !@#%&^&
- The following error message will display if the password does not meet the complexity or minimum length requirements.

The screenshot shows the Registration page, Step 2 of 2: Security Information. It asks the user to provide their contact information below. The fields are: Display Name, Phone Number, Email, and Confirm Email. The 'Continue' button is highlighted with a red asterisk and a hand icon.

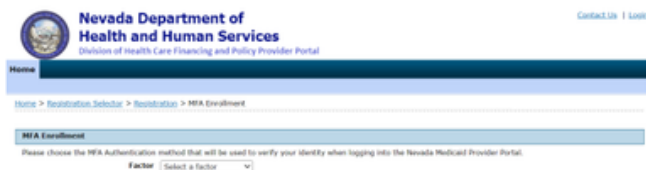
- 7 Check user ID availability. If available, you will see a window appear stating the user ID is available

The screenshot shows the User ID Availability window. The message 'The User ID is available.' is displayed. The 'OK' button is highlighted with a red asterisk and a hand icon.

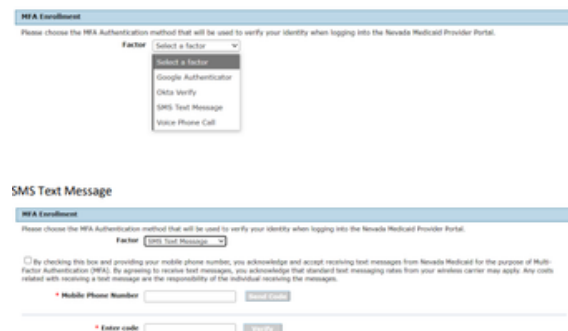
- 8 Enter contact information including a phone number and email address

- 9 Click Submit

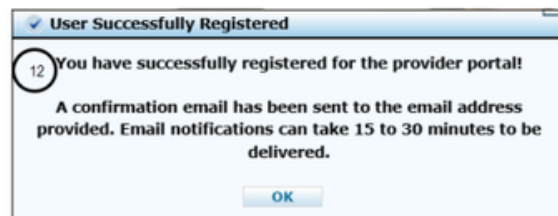
10 Enroll in Multi -Factor Authentication (MFA)



11 Select a Factor method and set-up MFA - SMS Text Message



12 Click Ok



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 email **Network Management at NETWORKMGMTNV@SilverSummitHealthplan.com**
if you have questions.

Enrolling and Contracting as a SilverSummit Healthplan Provider

After receiving approval from Medicaid, doulas can apply to become a provider with **SilverSummit Healthplan**. Doulas who are interested in contracting with **SilverSummit Healthplan** can reach out directly to us at **Network Management at NETWORKMGMTNV@SilverSummitHealthplan.com** or visit website **[Become a Provider](https://www.silversummithealthplan.com/providers/become-a-provider.html)** - <https://www.silversummithealthplan.com/providers/become-a-provider.html>

Becoming a **SilverSummit Healthplan** 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 **SilverSummit** provider is a powerful way to grow your practice and make a meaningful impact.

SilverSummit Enrollment and Contracting

What to have ready:

- Licensing and Certification details
- National Provider Identifier (NPI) number
- Medicaid ID
- General Liability Insurance with \$3M to \$1M threshold
- W-9



Grow your
practice.
Support more
families.

Contract Request for SilverSummit

When can a doula initiate the contracting process?

The doula may initiate the contracting process once enrollment in Nevada Medicaid is completed, and a Medicaid Provider ID is assigned

How long is the contracting process?

Once SilverSummit receives the request, including all the necessary documents, the contract is typically sent within 30-45 days for the entire contracting process.

How can a doula request a contract with SilverSummit Healthplan?

Requests to contract with SilverSummit Healthplan should be

submitted through our website [Become a Provider](#)

<https://www.silversummithealthplan.com/providers/become-a-provider.html>



Are there resources available during the contracting process?

- SilverSummit “Become A Provider” web page is a great resource during the contracting process .
- Upon submission of a contract request, if we have question our contracting team will reach out to you.

Please reach out to Network Management at NETWORKMGMTNV@SilverSummitHealthplan.com with questions about enrolling and contracting as a SilverSummit provider.

Contracting with SilverSummit Healthplan helps doulas reach more families and reduce maternal health disparities.

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 contact:

Silversummit Healthplan's Provider Relations Team NVSS_ProviderRelations@SilverSummitHealthplan.com

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 pregnant women to access doula support through our [SilverSummit Healthplan](#). By becoming familiar with these guidelines, you will be empowered to advocate, support pregnant women, and help ensure that those in need receive the care they deserve.

Members are eligible for doula services through SilverSummit Healthplan if:

- They are currently pregnant
- Have delivered in the last 90-days
- Are enrolled and eligible with [SilverSummit Healthplan](#) services
- They would benefit from doula services or request doula

Doula services can only be provided during pregnancy; labor and delivery, including stillbirth; miscarriage; abortion; and within 90-days of the end of the member's pregnancy.

NON-COVERED SERVICES

Below are services that are not covered through [SilverSummit Healthplan](#).

- | | | |
|--------------------------------|-----------------------------|--|
| • Meal preparation | • Placenta encapsulation | • Vaginal steams |
| • Housekeeping | • Birthing ceremonies | • Belly binding after cesarean section |
| • Shopping | • Group babywearing classes | • Hypnotherapy |
| • Childcare for other Children | • Massage | • Night Nurse |
| • Photography – still or video | | • Yoga |

Please reach out to [SilverSummit Healthplan's Provider Relations Team](#) NVSS_ProviderRelations@SilverSummitHealthplan.com for questions about covered and non-covered services.



Member Verification

It is important to verify the pregnant member's eligibility with SilverSummit Healthplan 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 check eligibility, you can access the State website:

<https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>



If you are unable to access the State website - contact Customer Service Department at 1-844-366-2880.

Provider Portal:



fb.it.ly/4wt7sqI

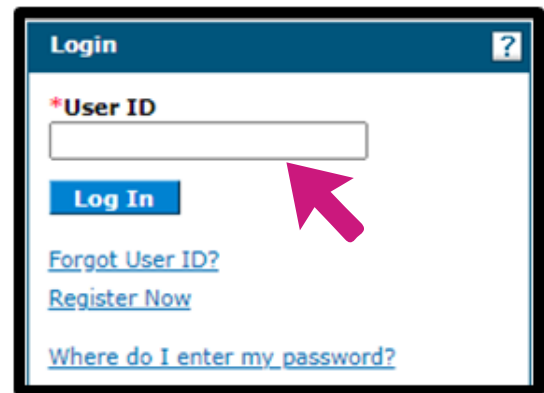
Availability:



fb.it.ly/4wt7sqI

To verify eligibility online Electronic Verification System (EVS)

1. Log into EVS Portal



The screenshot shows the 'Login' page of the EVS Portal. It features a text input field for the 'User ID' with a red asterisk indicating it is required. Below the field is a blue 'Log In' button. To the right of the button, a pink arrow points towards it. Below the button are three links: 'Forgot User ID?', 'Register Now', and 'Where do I enter my password?'.

2. Hover over "Eligibility" and select "Eligibility Verification"



The screenshot shows the 'Nevada Department of Health and Human Services' portal. The header includes the department's name and the subtitle 'Division of Health Care Financing and Policy Provider Portal'. Below the header is a navigation bar with links: 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The 'Eligibility' link is highlighted with a pink arrow. Below the navigation bar, the 'Eligibility Verification' section is visible, with a sub-link 'Eligibility' and a button labeled 'Eligibility'. A pink arrow points to the 'Eligibility' button.

3. Input Recipient Medicaid ID or Last Name, First Name, Social Security Number (SSN) and Birth Date. Select appropriate Service Type Code from the drop-down menu.

Select “Submit”

4. Results will then appear below the search criteria. Click on the Coverage or Other Insurance Detail Information to view the specifics of the benefit coverage information.

Reminder: Users should verify eligibility each month as eligibility is reflected for only one month at a time. After a recipient is determined eligible, it will take up to 48 hours for the EVS to reflect eligibility.

Eligibility Verification Request

* Indicates a required field.
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please verify response below as not all information is currently used during search.

Recipient ID: Last Name: First Name:

SSN: Birth Date:

*Effective From: 06/24/2020 Effective To:

Service Type Code Search

Service Type Code: 30-Health Benefit Plan Coverage

Eligibility Verification Request

* Indicates a required field.
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please verify response below as not all information is currently used during search.

Recipient: 1422 Last Name: First Name:

SSN: Birth Date:

*Effective From: 06/24/2020 Effective To: 06/30/2020

Service Type Code Search

Service Type Code: 30-Health Benefit Plan Coverage

Eligibility Verification Information SSN from 06/24/2020 to 06/30/2020

Recipient	425	Birth	1258		
Coverage	Effective Date	End Date	Primary Care Provider	Date of Decision	
Medicaid Fee For Service	06/24/2020	06/30/2020	0000000000	05/17/2006	
Non-Emergency Transportation	06/24/2020	06/30/2020	MEDICAL TRANSPORTATION MANAGEMENT INC (113426078)		
Other Insurance Detail Information					

Always Confirm coverage before each visit

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 to the health plan at **SilverSummit Healthplan.**

Referrals to other SilverSummit Healthplan Services

As a doula, you play a vital role in supporting the overall health and well-being of our pregnant 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 **SilverSummit Healthplan** 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 SilverSummit Healthplan 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 **SilverSummit Healthplan** services.

To initiate a referral:

1. Contact the Care Management team at SilverSummit_CareCoordination@CENTENE.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 pregnant members.

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

Below are guidelines for claims submissions (examples provided)

CLAIM SUBMISSION METHOD

- Preferred method: Electronic Submission (EDI) Secure Provider Portal, Paper Format and Availity
- SilverSummit Healthplan
 - [Provider Portal](#)
 - [Availity](#)
 - [Provider Manual](#)
 - [Quick Reference Guide](#)

ELECTRONIC DATA INTERCHANGE (EDI)

SilverSummit Healthplan

Payer ID 68069



Provider Resources

- EDI allows healthcare providers, payers, and businesses to communicate claims, eligibility, benefits, and payment information electronically
- Provider systems communicate to the health plan by way of a hub, also known as a clearing house

PAPER FORMAT

- SilverSummit Healthplan only accepts the CMS-1500 (aka HCFA-1500)
- Doulas wishing to submit paper claims should purchase these from their supplier of choice (search: CMS-1500 + Form + Purchase)
- All paper forms must be typed or printed on the original red and white version
- All claims with handwritten information on a black and white form will be rejected
- Link to CMS-1500 — [National Uniform Claim Committee CMS-1500 Claim](#)

Below is a sample of the CMS-1500 health insurance claim form, with instructions for completion

The image shows a sample of the CMS-1500 health insurance claim form. It is a complex form with multiple sections and fields. The form is titled "HEALTH INSURANCE CLAIM FORM" and includes instructions for completion. The form is divided into several sections, including Patient Information, Provider Information, and Claim Details. The form is printed on red and white paper, which is the standard format for CMS-1500 forms.

INSTRUCTIONS FOR COMPLETION OF FORM

- Carrier Block Upper Right Corner
- Name of Carrier (Insurance Company)
- First Line of Address
- Second Line of Address
- City, State (2 Character) and Zip Code

PAPER CLAIM

Box 1: Insurance Type “Medicaid”

Box 1a: Member’s ID Number

- Found on Member’s ID Card or Provider Portal Eligibility

Box 2: Member’s Name (Last, First, Middle Initial)

Box 3: Member’s Date of Birth/Sex

Box 4: Insured’s Name

- From Box 2 and as it appears on the Member ID or Provider Portal

Box 5: Member’s Address

Box 6: Self

Box 7: Insurer’s Address

- From Box 5

Box 8: Is the condition related to Employment?

Auto or Other Accident

Box 14: LMP Date

Box 14: Qualifier “484” Last Menstrual Period

Box 21: ICD 10 Code Z32 .2 Encounter for Childbirth Education [Health Plan populates]

Box 23: Prior Authorization Number (if applicable)

Box 24a: Date of Service

• Report only one date of service and one CPT code for each line Box 24b: Place of Service

- Examples: Home 12; Office 11; Hospital Inpatient 22; Birthing Center 25

- Place of Service Code Set | CMS
- Box 24c: EMG = “Emergency”
- Box 24d: Procedure Code and Modifier
 - T1032 Prenatal/Postpartum Care
 - T1033 Attendance at Delivery

Box 24e: Diagnosis pointer

Box 24f: Charges for this Date of Service = Dollar amount

Box 24g: Units

- T1033 = 1 unit or T1032 Units = Number of 15-minute units provided on that date of service

Box 24j: Performing Doula’s Individual NPI

Box 25: Federal Tax ID (Check EIN)

Box 27: “Yes” to Accept Assignment

Box 28: Total Charges

Box 31: Signature of Doula Provider

Box 32: Service Facility Address if different from Doula Provider Billing Address

Box 33: Doula Billing Provider Name, Address, Zip+4, Phone Number and NPI

BILLING INFORMATION

- Use only Original CMS 1500 Forms
- One per Member
- One Date per Member (Box 24a)
- Black ink – printed 10 pt font
- Refer to National Uniform Claim Committee Guide
- National Uniform Claim Committee CMS-1500 Claim

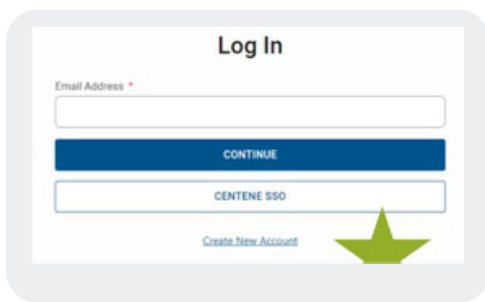
PAPER CLAIMS SUBMISSION

SilverSummit Healthplan
Attn: Claims Department
PO Box 5090
Farmington, MO 63640-5090



SilverSummit SECURE PROVIDER PORTAL CLAIMS

- SilverSummit encourages electronic submission claim via our Secure Provider Portal
- The portal allows the Doula to verify eligibility, submit and track claims, request prior authorization
- (if applicable), as well as track payments and communicate securely with the plan 22
- New User? Create a New Account
- [SilverSummit Healthplan Portal](#) for manuals, tools, and resources



Member Eligibility

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

Claim Submission

- Click Create a Claim
- Enter Member ID or Last Name
- Enter Member's Date of Birth
- Click Find

Create a Claim - Claim Type Selection

Complete General Information

Create a Claim

- Date of Service: one date
- Procedure Code:
- Modifier: U1
- Diagnosis Code:
- Save/Update
- New Line of Service for additional DOS

- Rendering Provider = Doula
- Enter NPI click Find
- Enter and Verify Billing Information
- Referring Provider is not Required

Professional Claim for [Progress Bar]

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

← Back Next →

* Required field

Referring Provider

NPI: [X00000000X] Find Provider
Qualifier: [Select...]
Last Name or Organizational Name: [Last Name] First Name: [First Name]

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

NPI: [X00000000X] Tax ID: [] Find Provider
Taxonomy ID: [X00000000X] Last Name: [Last Name] First Name: [First Name] Clear X

Billing Provider

Tax ID: []
Name*: [] NPI: [X000000000X] Taxonomy*: [X000000000X]
Last Name: [] City*: [] State*: [Select...] Zip*: [X0000X]
Address*: [X000000000X] [X000000000X]

- Claim Overview Displays
- Final Review before Submission

Professional Claim for [Progress Bar]

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

← Back Submit →

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

Claim ID: 822 []
Member Record Number: []
Member Claim Amount Paid: []
Patient's Account Number: []

General Info [Edit](#)

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

Diagnosis Codes and Primary Insurance [Edit](#)

Diagnosis Codes
L739 - FOLLICULAR DISORDER UNSPECIFIED

THIS SECTION: **Success** Congratulations!

Your claim has been submitted
Your confirmation ID is 800225232

THIS SECTION: **Success** Congratulations!

Your claim has been submitted
Your confirmation ID is 800225232

Timely Filing of Claims

Providers must submit all first-time claims for reimbursement within 180 day of the Date of Service.

Corrected Claims Requests for Reconsideration and Claims Dispute

Corrected Claims must be received within 180 days from DOS or 60 days after last adjustment.

Reconsiderations and Appeals must be received within 60 days from the last Explanation of Payment (EOP).

Please scan QR code below for additional support.

SilverSummit Manuals, Tools and Resources



Claims Status and Corrected Claim Submission

Preferred method: [Secure Provider Portal](#)

Managing Individual Claims

1.To access individual claims: Select Individual. A list of individual claims will appear

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATES	BILLED/PAID	CLAIM STATUS
[Link]	CMS-1500	[Redacted]	09/23/2021 - 09/23/2021	\$3.00 / \$0.00	Denied
[Link]	CMS-1500	[Redacted]	09/23/2021 - 09/23/2021	\$144.00 / \$35.00	Paid
[Link]	CMS-1500	[Redacted]	09/23/2021 - 09/23/2021	\$107.00 / \$40.53	Paid
[Link]	CMS-1500	[Redacted]	09/23/2021 - 09/23/2021	\$144.00 / \$24.94	Paid
[Link]	CMS-1500	[Redacted]	09/23/2021 - 09/23/2021	\$3.00 / \$0.00	Denied

The following claim details will display

- Claim number
- Member name
- Claim status
- Service dates
- Billed/Paid

2.To view details of the individual claim

3.From the individual tab, click the claim number to open tab

- The following screens will appear. You can see which services were covered or denied, view the payment amount, date, and check number

To Correct a Claim

- Click the correct claim button
- Proceed through the claims screen correcting the information you may have omitted when the claim was originally submitted
- Continue clicking Next to move through the screens required to submit



Please reach out to SilverSummit Healthplan with questions
Key Contacts:

- SilverSummit Healthplan's Provider Relations Team
NVSS_ProviderRelations@SilverSummitHealthplan.com
- Provider Services
- Start Smart for Your Baby (Care Managers)
- Your Provider Engagement Team

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 SilverSummit Healthplan 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.

Payments are issued weekly on Wednesday

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

- SilverSummit Healthplan 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
- Visit our partner PaySpanHealth.com to register to receive payments and remittance electronically

Please reach out to:

SilverSummit Healthplan's Provider Relations Team
NVSS_ProviderRelations@SilverSummitHealthplan.com
with questions regarding payment



Handling Provider Concerns and Questions

As a doula partnering with **SilverSummit Healthplan**, 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 SilverSummit's provider support via the designated 1-844-366-2880 or email Provider Engagement at NVSS_ProviderRelations@SilverSummitHealthplan.com
- 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. **SilverSummit Healthplan** 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.

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 [SilverSummit Healthplan'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 **SilverSummit Healthplan** 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 pregnant 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 pregnant 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. [SilverSummit Healthplan](#) 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 SilverSummit Healthplan Products and Services:

<https://www.centene.com/products-and-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
Provider Engagement**

NVSS_ProviderRelations@SilverSummitHealthplan.com

