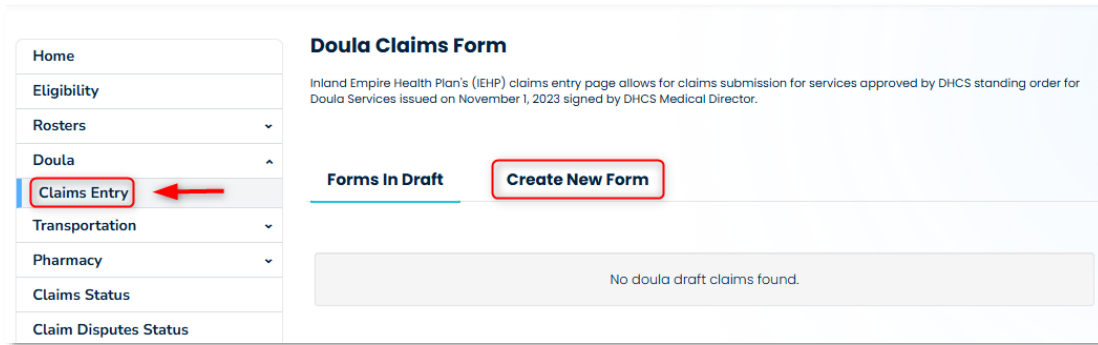


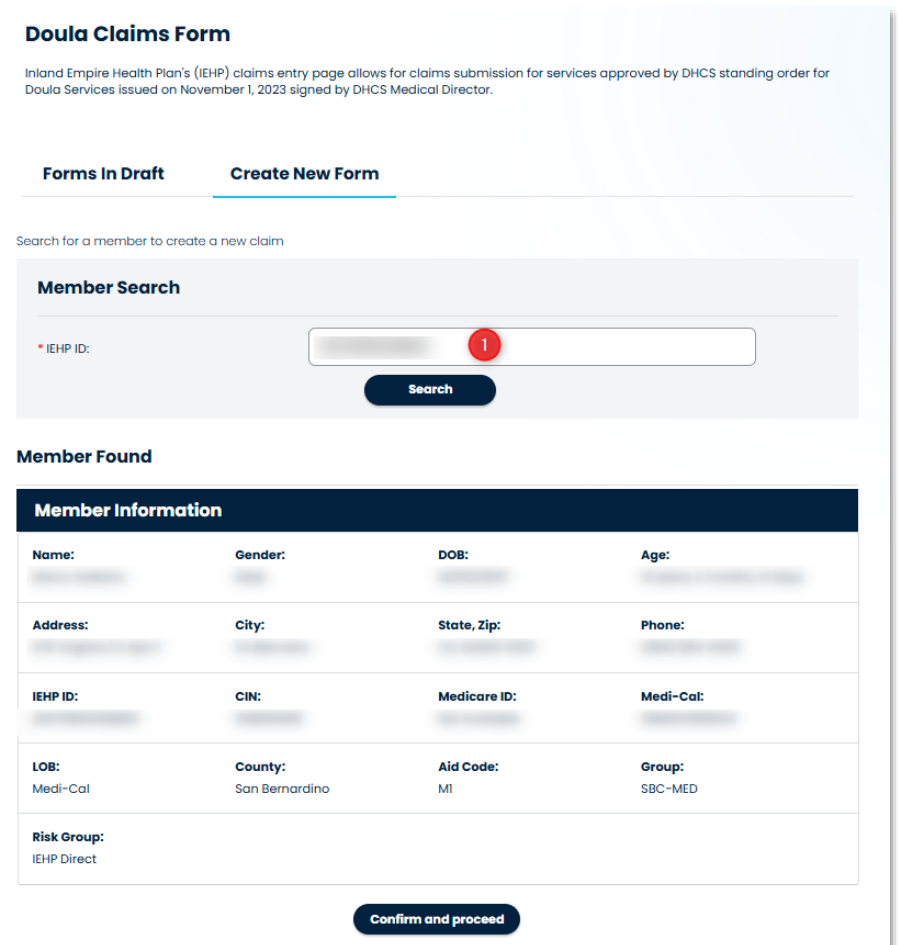
To: Doulas
From: IEHP
Date: July 1, 2026
Subject: Updated Doula Claims Form on Portal

To increase the ease of use for Doulas, you are now able to enter your encounter submissions in the Claims entry tab in our Provider Portal.



1. Select **Create New Form** and input the Member ID, hit **Search**.

Member information will auto-populate. Select **Confirm and Proceed**.



2. Click the magnifying glass to select the servicing provider:

The screenshot shows the 'Doula Claims Form' interface. At the top, it says 'Inland Empire Health Plan's (IEHP) claims entry page allows for claims submission for services approved by DHCS standing order for Doula Services Issued on November 1, 2023 signed by DHCS Medical Director.' Below this is a 'Servicing Provider' search box with a magnifying glass icon. A dropdown menu is open, showing a search result for 'World's Greatest Doula' with NPI and TIN fields. A red arrow points to the magnifying glass icon in the search box. Below the search box is a 'Servicing Provider Information' section with a search bar labeled 'Search Provider of Service' and a red circle with the number '2' next to it.

3. Enter the **Member's account number**, which can be their Member ID or any identifying number the provider/office uses.

4. Select the **Place of Service (POS)** by clicking the arrow

5. Enter the ICD code. Click **Add** to input another code.

The screenshot shows the 'Claims Information' section with a 'Patient's Account Number (MRN)' field containing '123' and a 'POS:' dropdown menu set to '12 - Home'. Below this is the 'Diagnosis Codes' section with a 'Max Allowed: 12 ICDs' indicator. A search bar contains the code 'A Z39.2' and an 'Add +' button is highlighted with a red box. The text 'Encounter For Routine Postpartum Follow-Up' is visible below the search bar.

6. To enter the **Service** information, click the arrow:

The screenshot shows the 'Visit Information' section. It features a 'Service 1:' field with a right-pointing arrow icon and a red circle with the number '6' next to it. Below this is an 'Add Service +' button. At the bottom, a summary box shows 'Total Services: 1' and 'Total Charges: \$0.00'.

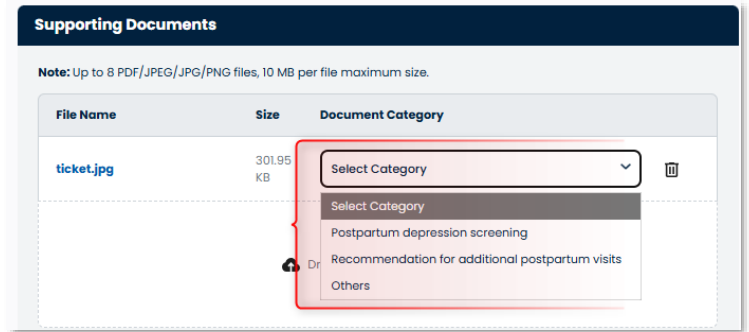
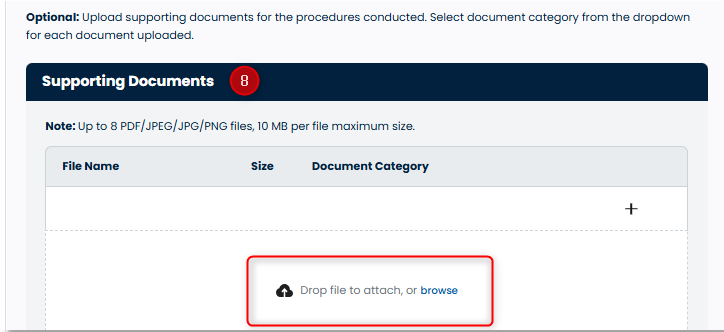
7. Record all required information in the service section:

- A. Date of service
- B. Time of service
- C. Duration of service
- D. CPT – choose from the pop-up codes
- E. Diagnosis pointer – choose from options
- F. Quantity – 1 is max
 - a. If T1032 is chosen, quantity is calculated in 15 min intervals, with a max of 12 units
- G. Modifier – additional can be added
- H. Service type
- I. Topics of discussion during appointment
- J. Resources/Other – use these spaces to include details from the visit
- K. Referrals made:
 - a. MMH – Maternal Mental Health
 - b. BIH – Black Infant Health
 - c. IBCLC - International Board-Certified Lactation Consultant
 - d. ECM – Enhanced Care Management
- L. Charges

The screenshot shows the 'Visit Information' form with the following fields and callouts:

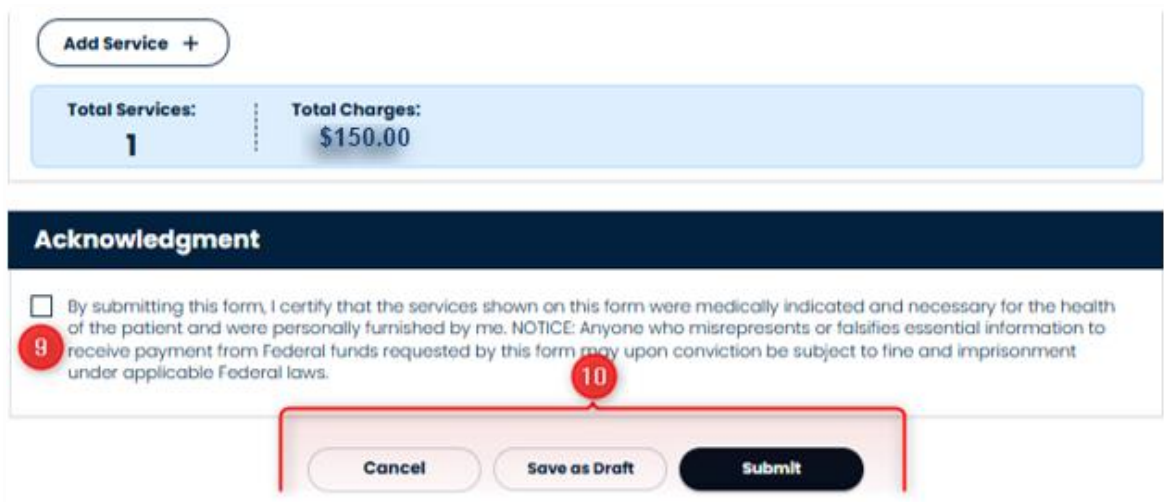
- Service 1** (7)
- Date of Service:** 08/12/2025 (A)
- Time of Service:** 09:00 (B)
- Duration of Service:** 3 hrs (C)
- CPT I:** 59409 (D) - A red callout bubble says 'choose from options' pointing to this field.
- Diagnosis Pointer:** A (E)
- Qty:** Qty (F)
- Modifier 1:** XP (G)
- Add Modifier +**
- Service Type:** (H) - Includes checkboxes for Prenatal, Labor/Delivery, Miscarriage, Abortion, Postpartum.
- Please select the topics you provided the member education on (select all that apply):** (I) - Includes checkboxes for Prenatal Care, Prenatal Vaccines, Lactation, Making Doctor's Appointments, After Birth Care.
- Resources (maximum 3000 characters, including spaces)** (J) - Text area with 'Please specify'.
- Other (maximum 3000 characters, including spaces)** (J) - Text area with 'Please specify'.
- Did you refer the member to any of the following?** (K) - Includes checkboxes for MMH, BIH, IBCLC, ECM, and Others (please specify below if this is selected, maximum 3000 characters including spaces).
- Charges:** (L) - Text area with '\$'.

8. Attach any documentation to support your claim, then choose the category from the dropdown:



9. The total service charge will populate what was entered in step 7, and an additional service can be input. Click the **acknowledgment**.

10. Either **Cancel**, **Save as Draft**, or **Submit**. If you **Save as Draft**, it will be saved in the area shown in step 1, **Forms in Draft**.



If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

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