

Doula Provider Participation Application

Please complete the Doula Provider Participation Application and submit to CalAIM_providers@healthnet.com.

Provider Type (check one):
<input type="checkbox"/> Doula <input type="checkbox"/> Doula collective <input type="checkbox"/> Other: _____

Section 1: Provider information			
Provider name:			
Tax ID:		NPI:	
Mailing address:	Street:		
	City:	State:	ZIP Code:
	County:		
Billing address (if different than mailing)	Street:		
	City:	State:	ZIP Code:
	County:		
Phone number:		E-mail address:	
Fax number:		Contact name:	
Do you have expertise in providing pregnant and postpartum services with the following Birth Equity Populations of Focus (please check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____			
Readiness to start the program: Check applicable box <input type="checkbox"/> 0 to 60 days <input type="checkbox"/> 60 to 90 days <input type="checkbox"/> 90 to 120 days			

Section 2: Required documentation			
Enrollment in the Provider Application and Validation for Enrollment (PAVE) is required for contracting. Submit documentation for ALL sections below if you are a new provider. If you are a contracted provider expanding into new counties to serve our Commercial members, skip sections 2 and 3 and complete sections 4 and 5.			
State/local operating license(s) (please include current copies):			
<input type="checkbox"/> Business license	License #:	Expiration date:	
Certifications (please include current copies):			
Enrolled in PAVE?	<input type="checkbox"/> yes <input type="checkbox"/> no		

Community Health Plan of Imperial Valley (“CHPIV”) is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

Section 3: Insurance requirements	
Please submit documentation for ALL sections below. Skip this section if you are expanding counties.	
Liability insurance (please attach current certificate(s) of insurance)	
Please provide evidence of professional liability and comprehensive general liability insurance (see definition below) or self-funded insurance information. The following minimums must be adhered to by all facilities:	
Health Net minimum malpractice coverage	
General liability: \$1,000,000 per occurrence \$3,000,000 in aggregate General liability insurance protects the assets of a business when it is sued for something that causes an injury or property damage.	Professional (malpractice): Ancillary \$1,000,000 per occurrence \$3,000,000 in aggregate
Enter your general liability coverage amounts	Enter your professional liability coverage amounts
\$ _____ per occurrence	\$ _____ per occurrence
\$ _____ in aggregate	\$ _____ in aggregate
Carrier name:	Carrier name:
Expiration date:	Expiration date:

Section 4: Existing providers expanding to new counties
Complete this section ONLY if you are an existing doula contractor
Account set-up Doula provider has successfully set up their accounts and feels comfortable using the following platforms as require by the health plan. <ul style="list-style-type: none"> • Provider portal: <input type="checkbox"/> yes <input type="checkbox"/> no • Can you submit claims? <input type="checkbox"/> yes <input type="checkbox"/> no
Provider utilization <ol style="list-style-type: none"> 1. Have you received community referrals? <input type="checkbox"/> yes <input type="checkbox"/> no 2. Do you have any utilization? <input type="checkbox"/> yes <input type="checkbox"/> no 3. Have you submitted any claims? <input type="checkbox"/> yes <input type="checkbox"/> no <p>Note: The health plan will review utilization in your existing counties for expansion determination.</p>

Section 5: Doula by service area (counties)		
If you are part of a network or hub, select each county your organization plans to contract for.		
County	# of active doulas	Engagement (in-person vs. virtual)
<input type="checkbox"/> Imperial		<input type="checkbox"/> in-person <input type="checkbox"/> virtual