

## Doula Provider Participation Application

Please complete the Doula Provider Participation Application and submit to [CalAIM\\_providers@healthnet.com](mailto:CalAIM_providers@healthnet.com).

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

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

<b>Section 2: Required documentation</b>			
<b>Enrollment in the Provider Application and Validation for Enrollment (PAVE) is required for contracting.</b>			
Submit documentation for <b>ALL</b> 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.			
<b>State/local operating license(s) (please include current copies):</b>			
<input type="checkbox"/> <b>Business license</b>	License #:	Expiration date:	
<b>Certifications (please include current copies):</b>			
<b>Enrolled in PAVE?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no		

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

<b>Section 4: Existing providers expanding to new counties</b>
Complete this section <b>ONLY</b> if you are an existing doula contractor
<b>Account set-up</b> 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"> <li>• Provider portal: <input type="checkbox"/> yes <input type="checkbox"/> no</li> <li>• Can you submit claims? <input type="checkbox"/> yes <input type="checkbox"/> no</li> </ul>
<b>Provider utilization</b> <ol style="list-style-type: none"> <li>1. Have you received community referrals? <input type="checkbox"/> yes <input type="checkbox"/> no</li> <li>2. Do you have any utilization? <input type="checkbox"/> yes <input type="checkbox"/> no</li> <li>3. Have you submitted any claims? <input type="checkbox"/> yes <input type="checkbox"/> no</li> </ol> <p><b>Note:</b> The health plan will review utilization in your existing counties for expansion determination.</p>

<b>Section 5: Doula by service area (counties)</b>		
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"/> Fresno		<input type="checkbox"/> in-person <input type="checkbox"/> virtual
<input type="checkbox"/> Kings		<input type="checkbox"/> in-person <input type="checkbox"/> virtual
<input type="checkbox"/> Madera		<input type="checkbox"/> in-person <input type="checkbox"/> virtual