Doula Provider Participation Application

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

Provider Type (check one)**:**
☐ Doula   ☐ Doula collective   ☐ Other:_____
Which line of business are you applying for? (check all that apply)
☐ Medi-Cal   ☐ Commercial (HMO, PPO, POS)

Section 1: Provider information

Provider name/Doing Business As (DBA) 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 (check all that apply):

☐ **Black** ☐ **American Indian and Alaskan Native** ☐ **Pacific Islander** ☐ **Other**_____

Readiness to start the program (check applicable box):

☐ 0 to 60 days   ☐ 60 to 90 days   ☐ 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) (include current copies):			
☐ **Business license**	License #:		Expiration date:
Certifications (include current copies):			
Enrolled in PAVE?	☐ yes ☐ no		

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.

- Provider portal: ☐ yes ☐ no
- Can you submit claims? ☐ yes ☐ no

Provider utilization

1. Have you received community referrals? ☐ yes ☐ no
2. Do you have any utilization? ☐ yes ☐ no
3. Have you submitted any claims? ☐ yes ☐ no

Note: The health plan will review utilization in your existing counties for expansion determination.

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	County	# of active doulas	Engagement
☐ Alameda		☐ in-person ☐ virtual	☐ Orange		☐ in-person ☐ virtual
☐ Alpine		☐ in-person ☐ virtual	☐ Placer		☐ in-person ☐ virtual
☐ Amador		☐ in-person ☐ virtual	☐ Plumas		☐ in-person ☐ virtual
☐ Butte		☐ in-person ☐ virtual	☐ Riverside		☐ in-person ☐ virtual
☐ Calaveras		☐ in-person ☐ virtual	☐ Sacramento		☐ in-person ☐ virtual

☐ Colusa		☐ in-person ☐ virtual	☐ San Benito		☐ in-person ☐ virtual
☐ Contra Costa		☐ in-person ☐ virtual	☐ San Bernardino		☐ in-person ☐ virtual
☐ Del Norte		☐ in-person ☐ virtual	☐ San Diego		☐ in-person ☐ virtual
☐ El Dorado		☐ in-person ☐ virtual	☐ San Francisco		☐ in-person ☐ virtual
☐ Fresno		☐ in-person ☐ virtual	☐ San Joaquin		☐ in-person ☐ virtual
☐ Glenn		☐ in-person ☐ virtual	☐ San Luis Obispo		☐ in-person ☐ virtual
☐ Humboldt		☐ in-person ☐ virtual	☐ San Mateo		☐ in-person ☐ virtual
☐ Imperial		☐ in-person ☐ virtual	☐ Santa Barbara		☐ in-person ☐ virtual
☐ Inyo		☐ in-person ☐ virtual	☐ Santa Clara		☐ in-person ☐ virtual
☐ Kern		☐ in-person ☐ virtual	☐ Santa Cruz		☐ in-person ☐ virtual
☐ Kings		☐ in-person ☐ virtual	☐ Shasta		☐ in-person ☐ virtual
☐ Lake		☐ in-person ☐ virtual	☐ Sierra		☐ in-person ☐ virtual
☐ Lassen		☐ in-person ☐ virtual	☐ Siskiyou		☐ in-person ☐ virtual
☐ Los Angeles		☐ in-person ☐ virtual	☐ Solano		☐ in-person ☐ virtual
☐ Madera		☐ in-person ☐ virtual	☐ Sonoma		☐ in-person ☐ virtual
☐ Marin		☐ in-person ☐ virtual	☐ Stanislaus		☐ in-person ☐ virtual
☐ Mariposa		☐ in-person ☐ virtual	☐ Sutter		☐ in-person ☐ virtual
☐ Mendocino		☐ in-person ☐ virtual	☐ Tehama		☐ in-person ☐ virtual
☐ Merced		☐ in-person ☐ virtual	☐ Trinity		☐ in-person ☐ virtual
☐ Modoc		☐ in-person ☐ virtual	☐ Tulare		☐ in-person ☐ virtual
☐ Mono		☐ in-person ☐ virtual	☐ Tuolumne		☐ in-person ☐ virtual
☐ Monterey		☐ in-person ☐ virtual	☐ Ventura		☐ in-person ☐ virtual
☐ Napa		☐ in-person ☐ virtual	☐ Yolo		☐ in-person ☐ virtual
☐ Nevada		☐ in-person ☐ virtual	☐ Yuba		☐ in-person ☐ virtual

Section 6: Specializations (check all that apply)

☐ Abortion	☐ Foster care	☐ Postpartum
☐ Abortion support	☐ Full spectrum	☐ Refugee or immigrant population
☐ Adolescent	☐ Lactation	☐ Substance use disorder
☐ Antepartum	☐ LGBTQIA+	☐ Unhoused
☐ Birth/labor	☐ NICU	☐ Other
☐ Birth support	☐ Perinatal/grief	_____

Section 7: Languages (check all that apply)

☐ Arabic	☐ English	☐ Hmong	☐ Korean	☐ Spanish	☐ Vietnamese
☐ Armenian	☐ Farsi	☐ Japanese	☐ Punjabi	☐ Tagalog	☐ Other
☐ Chinese	☐ Hindi	☐ Khmer	☐ Russian	☐ Thai	_____

Section 8: Ethnicities (check all that apply)

☐ American Indian or Alaska Native	☐ Hispanic or Latino	☐ White
☐ Asian	☐ Middle Eastern or North African	
☐ Black or African American	☐ Native Hawaiian or Pacific Islander	