



Doula Provider Participation Application

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

Provider type (select one):
<input type="checkbox"/> Doula <input type="checkbox"/> Doula collective <input type="checkbox"/> Other: _____
Which line of business are you applying for? (Select all that apply.)
<input type="checkbox"/> Medi-Cal <input type="checkbox"/> 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:		Email address:	
Fax number:		Contact name:	
Website:			
Social media handle(s):			
Preferred communication for member referrals:			
<input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Direct message on social media <input type="checkbox"/> Other: _____			
Do you have expertise in providing pregnant and postpartum services with the following Birth Equity Populations of Focus? (Select all that apply.):			
<input type="checkbox"/> Black <input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____			
Please describe your experience in supporting individuals with doula services:			
What connections do you have to local organizations to increase referrals to doula services:			
Readiness to start the program (check applicable box):			
I can provide doula services to Plan members within:			
<input type="checkbox"/> 0 to 60 days <input type="checkbox"/> 60 to 90 days <input type="checkbox"/> 90 to 120 days			



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Section 2: Required documentation

Enrollment in the Provider Application and Validation for Enrollment (PAVE) system 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):

<input type="checkbox"/> Business license	License number:	Expiration date:
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Certifications (include current copies):

Enrolled in PAVE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Application in process	Date applied: _____
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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 Plan 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 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 Plan will review utilization in your existing counties for expansion determination.



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Section 5: Doula by service area (counties)

Please select the counties you are requesting to provide doula services within as part of this application. For the selected counties, please provide all details requested in the grid below.

County	# of active Doulas	Engagement
<input type="checkbox"/> Imperial		<input type="checkbox"/> In-person <input type="checkbox"/> Virtual

Section 6: Specializations Select all areas where you or your doulas have provided support or have relevant experience. (Select all that apply.)

<input type="checkbox"/> Abortion	<input type="checkbox"/> Foster care	<input type="checkbox"/> Postpartum
<input type="checkbox"/> Abortion support	<input type="checkbox"/> Full spectrum	<input type="checkbox"/> Refugee or immigrant population
<input type="checkbox"/> Adolescent	<input type="checkbox"/> Lactation	<input type="checkbox"/> Substance use disorder
<input type="checkbox"/> Antepartum	<input type="checkbox"/> LGBTQIA+	<input type="checkbox"/> Unhoused
<input type="checkbox"/> Birth/labor	<input type="checkbox"/> NICU	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Birth support	<input type="checkbox"/> Perinatal/grief	

Section 7: Languages (Select all languages spoken by you or any doula in your organization.)

<input type="checkbox"/> Arabic	<input type="checkbox"/> English	<input type="checkbox"/> Hmong	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Armenian	<input type="checkbox"/> Farsi	<input type="checkbox"/> Japanese	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chinese	<input type="checkbox"/> Hindi	<input type="checkbox"/> Khmer	<input type="checkbox"/> Russian	<input type="checkbox"/> Thai	

Section 8: Ethnicities Which ethnicities are represented among you and your doulas? (Select all that apply.)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern or North African
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White	