

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: _____
Which line of business are you applying for? (check 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:		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):			
<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) (include current copies):			
<input type="checkbox"/> Business license	License #:	Expiration date:	
Certifications (include current copies):			
Enrolled in PAVE?	<input type="checkbox"/> yes <input type="checkbox"/> 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

\$_____ per occurrence

\$_____ in aggregate

Carrier name:

Expiration date:

Enter your professional liability coverage amounts

\$_____ per occurrence

\$_____ in aggregate

Carrier name:

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
<input type="checkbox"/> Alameda		<input type="checkbox"/> in-person <input type="checkbox"/> virtual	<input type="checkbox"/> Orange		<input type="checkbox"/> in-person <input type="checkbox"/> virtual
<input type="checkbox"/> Alpine		<input type="checkbox"/> in-person <input type="checkbox"/> virtual	<input type="checkbox"/> Placer		<input type="checkbox"/> in-person <input type="checkbox"/> virtual
<input type="checkbox"/> Amador		<input type="checkbox"/> in-person <input type="checkbox"/> virtual	<input type="checkbox"/> Plumas		<input type="checkbox"/> in-person <input type="checkbox"/> virtual
<input type="checkbox"/> Butte		<input type="checkbox"/> in-person <input type="checkbox"/> virtual	<input type="checkbox"/> Riverside		<input type="checkbox"/> in-person <input type="checkbox"/> virtual
<input type="checkbox"/> Calaveras		<input type="checkbox"/> in-person <input type="checkbox"/> virtual	<input type="checkbox"/> Sacramento		<input type="checkbox"/> in-person <input type="checkbox"/> virtual

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

Section 6: Specializations (check 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 (check all that apply)

<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 (check all that apply)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
<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	