

## 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</b> (check one):
<input type="checkbox"/> Doula <input type="checkbox"/> Doula collective <input type="checkbox"/> Other: _____
<b>Which line of business are you applying for?</b> (check all that apply)
<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Commercial (HMO, PPO, POS)

<b>Section 1: Provider information</b>			
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			

<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.			
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

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<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	