



Dear Doula Group Practice Applicant:

Thank you for your interest in participating in MassHealth. Enclosed are an enrollment packet with the required application forms and a checklist on the reverse side for all required application documents.

Before submitting your application, you should review MassHealth's all-provider regulations (130 CMR 450.000), including, without limitation, provisions specific to group practice organizations and all applicable program-specific regulations. You can access these publications from the MassHealth website at [www.mass.gov/masshealth-and-eohhs-regulations](http://www.mass.gov/masshealth-and-eohhs-regulations).

Note: Provider payment rates that are applicable to MassHealth-covered services can be accessed on the Executive Office of Health and Human Services website at [www.mass.gov/service-details/eohhs-regulations](http://www.mass.gov/service-details/eohhs-regulations).

To ensure that your application is processed in a timely manner, you must return to the following fax number or mailing address all of the required application documents listed on the checklist.

<b>Fax:</b>	<b>Mail:</b>
(617) 988-8974	MassHealth Provider Enrollment and Credentialing
	PO Box 278
	Quincy, MA 02171-0278

MassHealth will notify you in writing of its decision about your application. You are not a participating MassHealth provider until you have satisfied the enrollment requirements and have been notified that your enrollment has been approved. Payment will not be made for any claims submitted for services, care, or supplies furnished before the enrollment date authorized by MassHealth.

Please note that each individual doula in a group practice organization must also be individually enrolled as a provider in MassHealth.

If you have any questions about the enrollment process, please email [PEC@Maximus.com](mailto:PEC@Maximus.com). For general questions, you may contact MassHealth by email at [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com). Please note: These email boxes are only for general questions. They are not secure. Please do not send documents to these email boxes, or include any personal health information (PHI) or personally identifiable information (PII). You may also call (800) 841-2900, TDD/TTY: 711.

Sincerely,

MassHealth

## PROVIDER ENROLLMENT CHECKLIST: DOULA GROUP PRACTICE ORGANIZATION

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Providers who participate in MassHealth are responsible for delivering crucial services to MassHealth members with disabilities and to other vulnerable populations. Providers should be aware of the Americans with Disabilities Act (ADA) and its requirements. The U.S. Department of Justice, which enforces the ADA, has issued guidelines for providers on providing individuals with mobility disabilities access to medical care. Please review these guidelines and determine if changes to your facilities, programs, and services are necessary. Please see [www.ada.gov/medicare\\_mobility\\_ta/medicare\\_ta.htm](http://www.ada.gov/medicare_mobility_ta/medicare_ta.htm).

Please carefully review the following list of items that you need to include with your application. This list is designed to help ensure that your application is complete. Submitting an incomplete application may result in the delay or denial of your application. Each of these documents has been included in the application packet you received. All forms referenced on this checklist except for items 1, 9, 10, and 11 are available for download at [www.mass.gov/masshealth-provider-forms](http://www.mass.gov/masshealth-provider-forms).

- ☐ 1. A completed Doula Group Practice Organization Application (PE-DOULA-GPO)
- ☐ 2. A signed MassHealth Provider Contract for Entities (GEN-16)
- ☐ 3. A completed Federally Required Disclosure Form (PE-FRD-E) (One form for each service location listed in section 2.1 of the PE-DOULA-GPO application.)
- ☐ 4. A Massachusetts Substitute W-9 form (Refer to Tips for Completing the Massachusetts Substitute W-9 Form (APP-2) when completing this form.) MassHealth does not accept the federal W-9 form.
- ☐ 5. A signed Trading Partner Agreement (TPA)
- ☐ 6. An Electronic Funds Transfer Enrollment/Modification Form (EFT-1) (Please include a voided check with your EFT-1 form.)
- ☐ 7. An Electronic Remittance Advice Enrollment/Modification Form (ERA-1)
- ☐ 8. A completed Data Collection Form (POSC-DC-PE)
- ☐ 9. A completed Provider Application for Doula Providers (PE-DOULA) for each individual practitioner listed in Section 2.2 of the PE-DOULA-GPO application, and who is not currently enrolled with MassHealth as an individual provider.
- ☐ 10. If applying as a result of a merger, acquisition, closure, or change in corporate structure, include a copy of Purchase of Sale or other documentation of changes.
- ☐ 11. Providers who are Qualified Medicare Beneficiary (QMB)-Only Providers must submit a MassHealth Contract for QMB-Only Providers (QMB-1).

Please note that this list is only a guide and is not intended to alter or supersede any application requirements set forth in the applicable state and federal regulations.

The Doula Group Practice Organization Application (PE-GPO-Doula) and the Provider Application for Doula Providers (PE-DOULA) are available by request from MassHealth. Other forms related to this application are available for download at [www.mass.gov/masshealth-provider-forms](http://www.mass.gov/masshealth-provider-forms).