



Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

Dear Doula 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 of this letter for all required application documents.

Before submitting your application, you should review MassHealth's all-provider regulations (130 CMR 450.000) and all applicable program-specific regulations. You can access these regulations from the MassHealth website at www.mass.gov/eohhs/gov/laws-regs/masshealth/.

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/eohhs/gov/laws-regs/hhs/provider-payment-rates.html.

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.

Fax:

(617) 988-8974

Mail:

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.

If you have any questions about the enrollment process, please email PEC@Maximus.com. For general questions, you may contact MassHealth by email at 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 PROVIDER

Providers who participate in MassHealth are responsible for delivering crucial services to MassHealth members with disabilities and 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 guidance for providers on providing access to medical care for individuals with mobility disabilities. Please review this guidance and determine whether changes to your facilities, programs, and services are necessary. Please see www.ada.gov/medcare_mobility_ta/medcare_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. 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. All but two of the forms referenced on this checklist are available for download at www.mass.gov/masshealth-provider-forms.

A. ALL Doula applicants must submit the following.

- ☐ 1. A completed Doula Provider Application (PE-DOULA)
- ☐ 2. A signed MassHealth Provider Contract for Individuals (GEN-15)
- ☐ 3. A completed Data Collection Form (POSC-DC-PE)
- ☐ 4. A completed Federally Required Disclosure Form for Individual Practitioners (PE-FRD-IN)
- ☐ 5. An Attestation of Health Equity Resources for MassHealth Doula Providers (PE-DOULA-A)

B. Doula applicants applying through the experience pathway must submit the following.

- ☐ 1. Three unique Experience Pathway Client Recommendation Supplemental Forms (PE-DOULA-SUPP-EPC)
- ☐ 2. Two unique Experience Pathway Health Care Provider Recommendation Supplemental Forms (PE-DOULA-SUPP-EPP)

C. Doula applicants applying through the formal training pathway must submit the following.

- ☐ 1. A Formal Training Pathway Training Information and Attestation Form (PE-DOULA-SUPP-FTP)
- ☐ 2. A certificate of completion or other proof of doula training(s) attended, and/or proof of doula certification by a doula-certifying organization

D. Individual practitioners practicing independently, and individual practitioners practicing BOTH independently AND as part of a group practice or other organization, must submit the following. Individual practitioners practicing ONLY as part of a group practice or other organization are NOT required to submit the following.

- ☐ 1. Massachusetts Substitute W-9 Form (MA-W-9) (Refer to the Tips for Completing the Massachusetts Substitute W-9 Form (APP-2) when completing this form.) MassHealth does not accept the federal W-9 Form.
- ☐ 2. An Electronic Funds Transfer Enrollment/Modification Form (EFT-1)
(Please include a voided check with your EFT-1 form.)
- ☐ 3. An Electronic Remittance Advice Enrollment/Modification Form (ERA-1)
- ☐ 4. A signed Trading Partner Agreement (TPA)

The MassHealth Doula Provider Application (PE-DOULA), the Attestation Form (PE-DOULA-A), the Experience Pathway Client Recommendation Supplemental Form (PE-DOULA-SUPP-EPC), the formal training Pathway Training Information and Attestation Form (PE-DOULA-SUPP-FTP), and the Experience Pathway Health Care Provider Recommendation Supplemental Form (PE-DOULA-SUPP-EPP) are available by request from the MassHealth. Other forms related to this application are available for download at www.mass.gov/masshealth-provider-forms.