

# ALAMEDA ALLIANCE FOR HEALTH REQUIREMENTS FOR DOULAS

## Eligibility

To be eligible for credentialing and contracting in a Medi-Cal plan like Alameda Alliance for Health (Alliance), all doulas must:

- Be at least 18 years old at the time the application is submitted.
- Provide proof of an adult/infant cardiopulmonary resuscitation (CPR) certification from the American Red Cross or American Heart Association.
- Have completed Health Insurance Portability and Accountability Act (HIPAA) training.
- Have a National Provider Identifier (NPI) number (create one for yourself at <https://nppes.cms.hhs.gov>).
- Meet qualifications either through the Training Pathway or Experience Pathway.
  - Training Pathway:
    - Obtain a Certificate of Completion for a minimum of 16 hours of training in the following areas:
      - Lactation support
      - Childbirth education
      - Foundations on the anatomy of pregnancy and childbirth
      - Nonmedical comfort measures, prenatal support, and labor support techniques
      - Developing a community resource list
    - Provide support at a minimum of three (3) births
  - Experience Pathway:
    - At least five (5) years of active doula experience in either a paid or volunteer capacity within the previous seven (7) years.
    - Attestation to skills in prenatal, labor, and postpartum care as demonstrated by the following: Three (3) written client testimonial letters, or professional letters of recommendation from any of the following: a physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, or community-based organization. Letters must be written within the last seven (7) years. One (1) letter must be from either a licensed Provider, a community-based organization, or an enrolled doula. “Enrolled doula” means a doula enrolled either through DHCS or through an MCP.

## To start working with the Alliance

- To request onboarding materials, please contact:
  - Alliance Provider Services Department
  - Phone Number: **1.510.747.4510**
  - Email: **providerservices@alamedaalliance.org**
- Send us an IRS W-9 form regarding yourself or your doula business as soon as possible to fill in the contract.
- Review and sign the Alliance Provider Services Department contract.
- Complete and send the Credentialing Application with supporting documents by mail, fax, or email to:

Alameda Alliance for Health  
1240 South Loop Road  
Alameda, CA 94502  
ATTN: Credentialing Department  
Fax: **1.510.747.4176**  
Email: **distgrprecredentialing@alamedaalliance.org**

## Credentialing Application Requirements

For the Credentialing Application to be considered complete and ready for processing, the following items must be submitted by email, mail, or fax to the Alliance Credentialing Department. Documents provided by the Alliance Provider Services Department are designated by an asterisk (\*):

- Completed, signed, and dated application\* – Completed to the best of your abilities and filling in only relevant sections.
- Language assessment included in the application above\* (*if you speak another language; for initial applications only*).
- Completed, signed, and dated attestation page from the Alliance New Provider Training\* (*for initial applications only*).
- Completed Doula Attestation\*.
- Documentation to support Training Pathway or Experience Pathway.
- Adult/infant cardiopulmonary resuscitation (CPR) certification from the American Red Cross or American Heart Association.
- IRS form W-9.
- Federal Employer Identification Number (FEIN) verification using any of the documents below. (**Note:** The legal name of the applicant or provider on the application must match the name on the IRS document.)
  - IRS-generated Letter 147-C, or
  - IRS-generated Form 941 (Employer’s Quarterly Federal Tax Return), or
  - IRS-generated Form 8109-C (Deposit Coupon), or
  - IRS-generated Form SS-4 (only the official Confirmation Notification of FEIN assignment).
- Driver’s license or state-issued identification card.

- Local business license, tax certificate, or permit for any city and/or county where business activities are conducted. Include a fictitious business name permit if you have one.
- Malpractice insurance face sheet – Minimum coverage.
- CV or resume covering, at minimum, the most recent five (5) years of employment and the year and month that you started or ended each position.
  - Include an explanation of any employment gaps lasting more than six (6) months.
  - If you have fewer than five (5) years of work history as a doula, the CV should cover the entire time that you have been practicing as a doula.
- Completed, signed, and dated Addendum C & D\* or proof of Medi-Cal Enrollment (included in the application).
- Completed, signed, and dated DHCS form 6207 or proof of Medi-Cal enrollment. (**Note:** Required for incorporated doulas and doula groups. Not required for solo practitioners.)
- Completed, signed, and dated DHCS form 6208 or proof of Medi-Cal enrollment. (**Note:** Required for all practitioners.)

For questions or more information, providers may contact:

Alliance Provider Services Department  
Monday - Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**  
Email: **providerservices@alamedaalliance.org**

