DOULA ENROLLMENT INSTRUCTIONS

(For enrollment as a New York State Medicaid Perinatal Doula Services Provider)

NYS DEPARTMENT OF HEALTH ENROLLMENT FORM INSTRUCTIONS:

	Applicants are required to use the NYS Department of Health enrollment forms.
	Enrollment forms can be completed electronically except for initials and signatures. Initials
6	and signatures <u>mus</u> t be in ink. Electronic initials and signatures will not be accepted.

ALL APPLICANTS MUST MEET THE FOLLOWING REQUIREMENTS:

- □ Possess a Type 1 Individual National Provider Identification Number (NPI)
 - You will be asked to provide your Individual NPI on the enrollment forms. If you do not
 already have a Type 1 Individual NPI, you can apply for one at the National Plan and
 Provider Enumeration System (NPPES) website: https://nppes.cms.hhs.gov/#/
- □ Be age 18 years or older
- □ Possess current Adult and Infant CPR certification
 - Certification must be current, for both adults and infants, and in the applicant's name
- □ Possess current liability insurance coverage
 - Policy must be current, in the applicant's name, and specify doula services.
- □ Complete the New York State Medicaid Fee-for-Service Doula Directory Form.
 - The form can be found here: https://forms.office.com/g/Qupri80Zin
- □ Become familiar with the Health Insurance Portability and Accountability Act (HIPAA).
 - HIPAA is a federal law that created national standards to protect sensitive patient health information from being shared without the patient's consent or knowledge. All NYS Medicaid-enrolled providers must comply with current HIPAA requirements and standards. For more information, applicants can review HIPAA information on eMedNY.org at https://www.emedny.org/hipaa/5010/online_resources.aspx
- Qualify for enrollment under the Training Pathway or Work Experience Pathway
- □ Complete required forms and provide required information specified in the CHECKLIST OF REQUIRED FORMS AND INFORMATION (on next page).

CHECKLIST OF REQUIRED FORMS AND INFORMATION

FORM REQUIREMENTS FOR ALL APPLICANTS

- 1. Complete and **print** the NYS Medicaid Practitioner Enrollment Form form #436801.
- Complete and print Electronic Funds Transfer (EFT) Authorization form #701101.
 Disregard the mailing address on the EFT form and mail with your enrollment application forms.
- 3. Complete and print ETIN Certification Statement for New Enrollments form #490602.
- 4. Complete and **print** the Doula Attestation Form form #433402.
- 5. **Electronically** complete the New York State Medicaid Fee-for-Service Doula Directory Form.

FORM REQUIREMENTS FOR TRAINING PATHWAY

6. Print a copy of your doula training certificate(s). If the doula training organization(s) that provided doula training does <u>not</u> provide a certificate of completion, a signed and dated letter on the doula training organization's letterhead stating the doula has completed a doula training course can be substituted for a certificate.

FORM REQUIREMENTS FOR WORK EXPERIENCE PATHWAY

Complete and print a total of three
 Doula Client and/or Professional
 Recommendation Forms – form #433403.
 These forms must be completed by three different individuals.

All required printed forms listed above should be mailed in one envelope to the address listed under Mailing Instructions on the eMedNY doula services website.