DENVER
PUBLIC HEALTH &
ENVIRONMENT

DANIELLE PETERS
CONSULTING

Medicaid Enrollment for Doula Providers

NAVIGATING MEDICAID PROVIDER ENROLLMENT: A DOULA'S JOURNEY

Objectives

1. Understand Difference Between Individual and Group
2. Understand Enrollment Process
3. Tips for Avoiding Pitfalls

Medicaid Enrollment

Program Overview

Doula services covered

Prenatal support, labor and delivery support, and postpartum support

Colorado Medicaid program

Health First Colorado covers approximately 40% of births in the state

Doula services administration

Administered by the Colorado Department of Health Care Policy & Financing (HCPF)

The Colorado Medicaid program, known as Health First Colorado, covers doula services to improve maternal health outcomes. These services are administered by the state's Department of Health Care Policy & Financing (HCPF).

Prerequisites to Enrollment

- **Certification or Experience Pathway**

  Submit documentation for either the certification or experience-based enrollment pathway

- **NPI and Tax ID**

  Provide your National Provider Identifier (NPI) number and Tax ID number/Social Security Number

- **Professional Liability Insurance**

  Submit verification of your professional liability insurance coverage

- **CPR Certification**

  Demonstrate your current CPR certification

- ***Background Check**

  Undergo a background check verification as part of the enrollment process

  **Can be done before or after enrollment*

Certification vs. Experience Pathway

Certification Pathway

Documentation from approved doula training organization, Certificate of completion

Experience Pathway

Documentation of experience serving as a doula, Attestations of service

Doulas can enroll through either the certification or experience-based pathway, providing the necessary documentation to demonstrate their qualifications and eligibility to participate in the Colorado Medicaid Doula program.

Enrollment types

individual

FOR DOULAS OPERATING INDEPENDENTLY AS A SOLO PROVIDER

group

A LEGAL BUSINESS ENTITY, WHICH INCLUDES MULTIPLE DOULAS UNDER ONE ORGANIZATION

individual within a group

INDEPENDENT DOULAS WHO RENDER SERVICES UNDER AN ORGANIZATION/GROUP

Individual Enrollment

Definition: A doula enrolls in Medicaid as a solo provider using their SSN and individual (type 1) NPI

Bills Medicaid independently

Responsible for own documentation, compliance, and billing

Ideal for doulas running an independent practice

Group Enrollment

Definition: A business entity (e.g., LLC) enrolls using a Group (Type 2) NPI and Tax ID

Note: All doulas within the group must enroll as a individual or as an individual within a group.

Organization becomes the billing entity

Can include multiple doulas

Handles admin, billing, and compliance

Ideal for agencies or collectives

Individual within a Group Enrollment

Definition: A doula enrolls with their own Type 1 NPI under a Medicaid-approved Group's Type 2 NPI

Group submits claims on doula's behalf

Doula focuses on care delivery

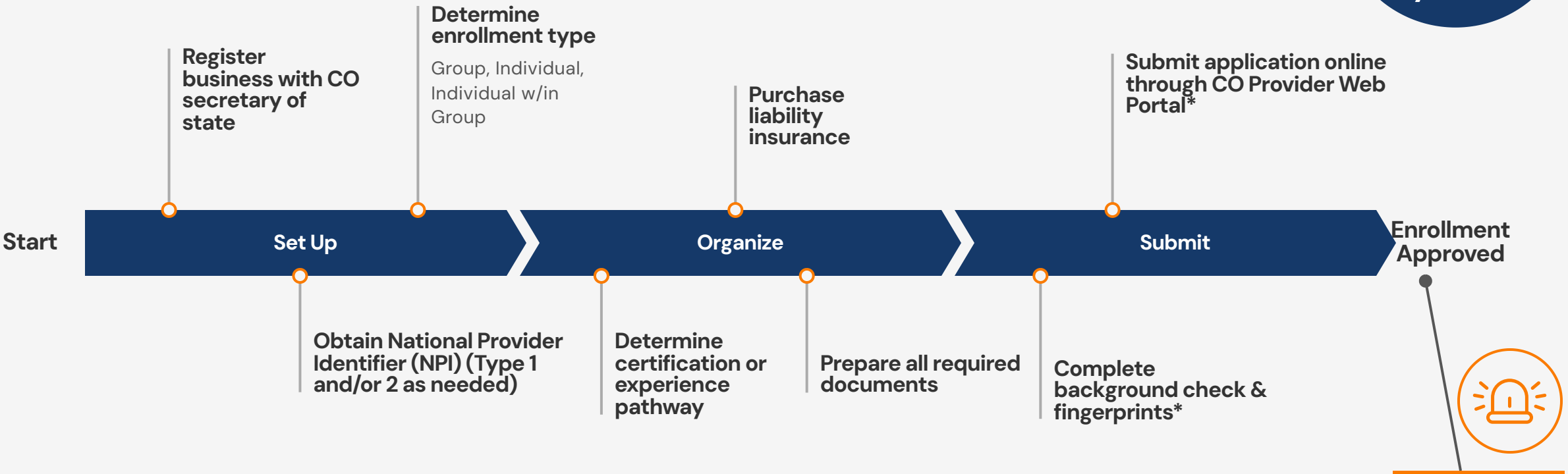
Ideal for doulas wanting to avoid admin responsibilities

Key Differences

Feature	Individual	Group	Individual in Group
NPI Type	Type 1	Type 2	Type 1 (linked to group)
Bills Medicaid	Self	Group	Group
Admin Responsibilities	Doula	Group	Group
Best For	Independent doulas	Agencies/collectives	Doulas joining a team

Overview: Steps for Enrollment

You must re-validate with the State (HCPF) every 5 years



Contract with each CHP+ MCO

*Background checks must precede approval, but application can precede background checks

CHP+ Managed Care Organizations (MCO)

The contracting process varies by MCO. Contact each to get next steps.

Managed Care Organization (MCO)	Phone Number	Counties Served
Colorado Access	800-511-5010	Adams, Alamosa, Arapahoe, Baca, Bent, Boulder, Broomfield, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Delta, Denver, Douglas, Eagle, El Paso, Elbert, Fremont, Gilpin, Huerfano, Jefferson, Kit Carson, Kiowa, Larimer, Las Animas, Lincoln, Logan, Mineral, Morgan, Otero, Park, Phillips, Prowers, Pueblo, Rio Grande, Sedgwick, Saguache, Summit, Teller, Washington, Weld, Yuma
Denver Health	303-602-2100	Adams, Arapahoe, Denver, Jefferson
Kaiser Permanente	303-338-3800	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson
Rocky Mountain Health Plans	877-668-5947	Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit

Required Information for Enrollment

For All Enrollment Types:

- **National Provider Identifier (NPI):** Type 1 for individuals; Type 2 for groups.
- **Tax Identification:** Social Security Number (SSN) for individuals; Employer Identification Number (EIN) for groups.
- **W-9 Form:** Signed within the last 6 months; must match NPI and banking information.
- **Voided Check or Bank Letter:** Includes account and routing numbers; letter must be signed by a bank representative.
- **CPR Certification:** Current and valid.
- **Liability Insurance Certificate:** Active policy covering the provider.
- **Background Check Confirmation:** Completed through IdentoGO using code 25YQG9.
- Doula Attestation Form: Signed and completed.
- Signed Doula Code of Conduct: Acknowledging adherence to professional standards.
- Lawful Presence Document: Signed and completed
- **Valid Identification:** Driver's license or passport

Additional for Experience Pathway Applicants:

- **Letters of Recommendation:** Four total; two from clinical birth team members and two from previous clients.
- **Training Certificate:** Certificate from a Health First Colorado approved Doula training organization

Additional for Group Enrollment:

- **TIN Match Document:** Verifying the group's Tax Identification Number.

Common Mistakes to Avoid

Uploading a deposit slip instead of a voided check or bank letter signed in ink

W-9 does not match NPI information or bank details, or is older than 6 months

Forgetting to connect Type 1 NPI to the Type 2 (Group) NPI

Incomplete address, EFT, or Network Participation Sections

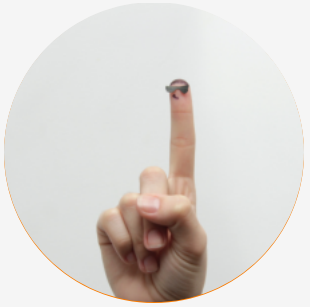
Filling out unrelated fields in the application

Not saving login credentials, application tracking number (ATN), or confirmation documents

Support & Troubleshooting

HCPF Provider Services Line

Phone: **(833) 468-0362**



Finger Printing

IdentoGO:
https://www.identogo.com/

Enrollment Info

https://hcpf.colorado.gov/

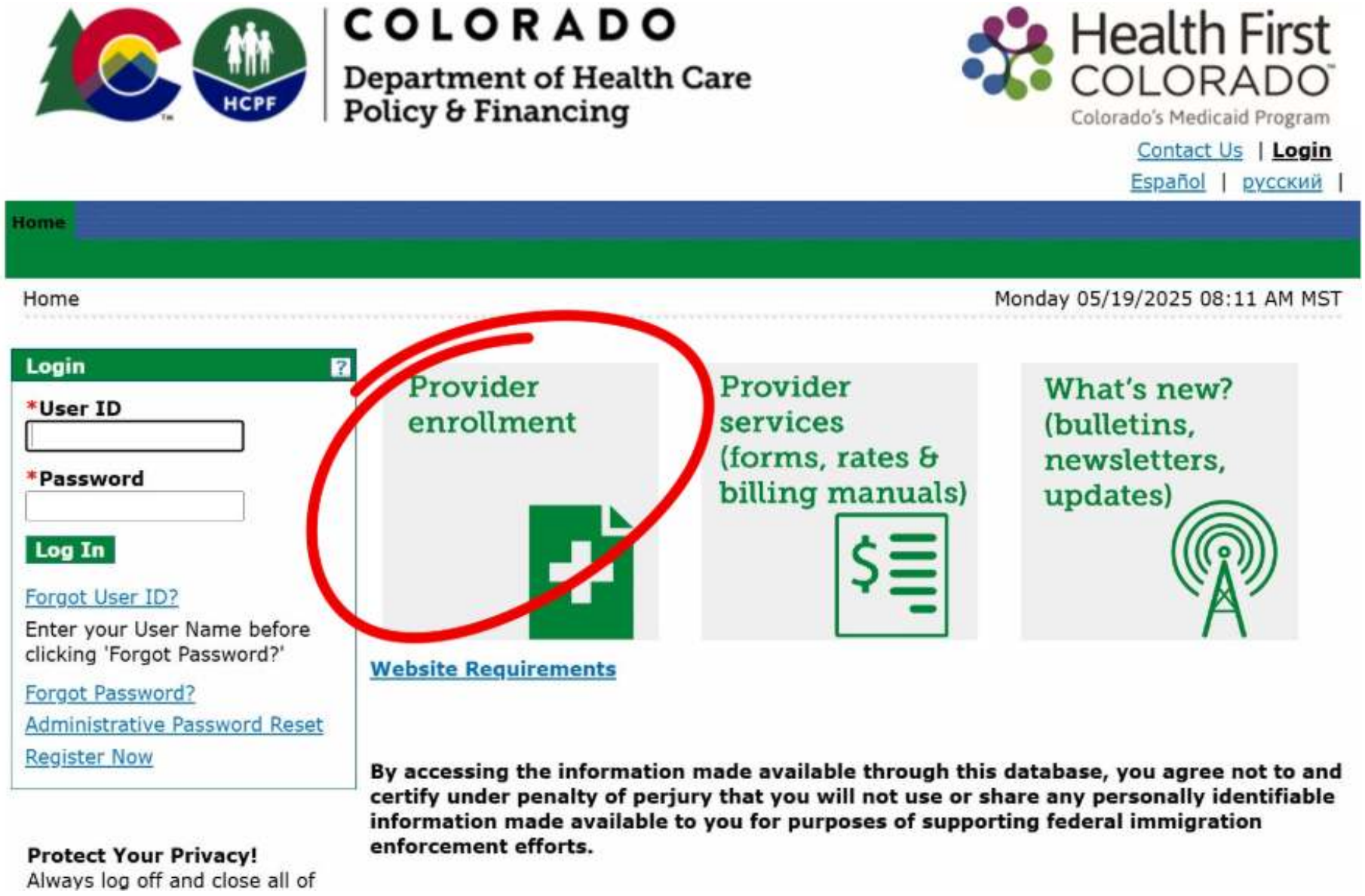
CONTINUE FOR A STEP BY STEP ENROLLMENT GUIDE

Doula Enrollment Process

Enrollment

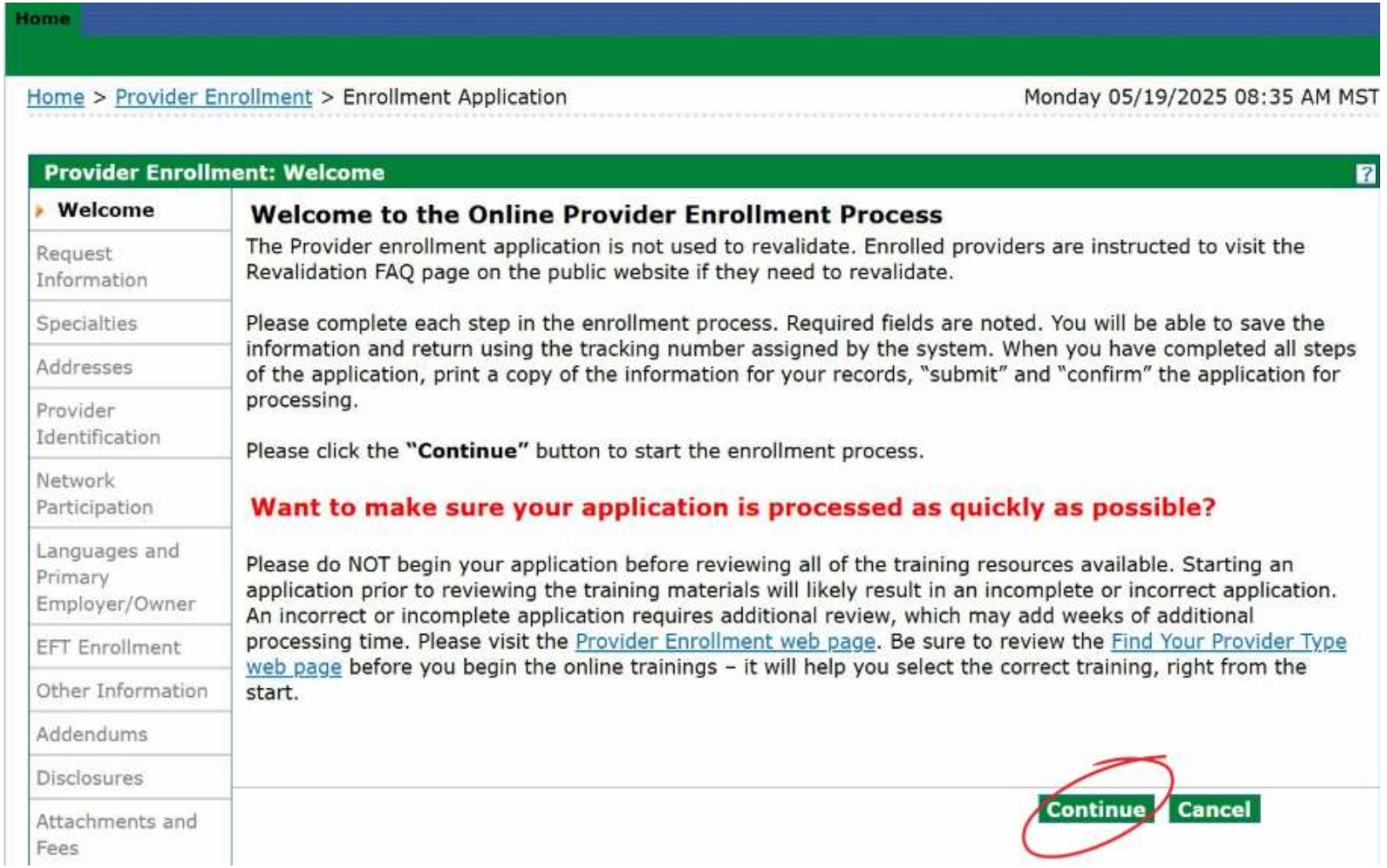
1) Go to the Provider Portal HERE

2) Click the provider enrollment square



Click *Enrollment Application*

Read the Welcome message and press *continue*



Request Information

1) Select Enrollment Type

- *Billing Individual/within a group (PT 79)*

- Group (PT 72)

3) Enrollment Effective Date should be the date you are submitting the application

Provider Information:

- Individuals/within a group: Enter your NPI number (Type 1)

- Groups: Enter your Org. NPI (Type 2)

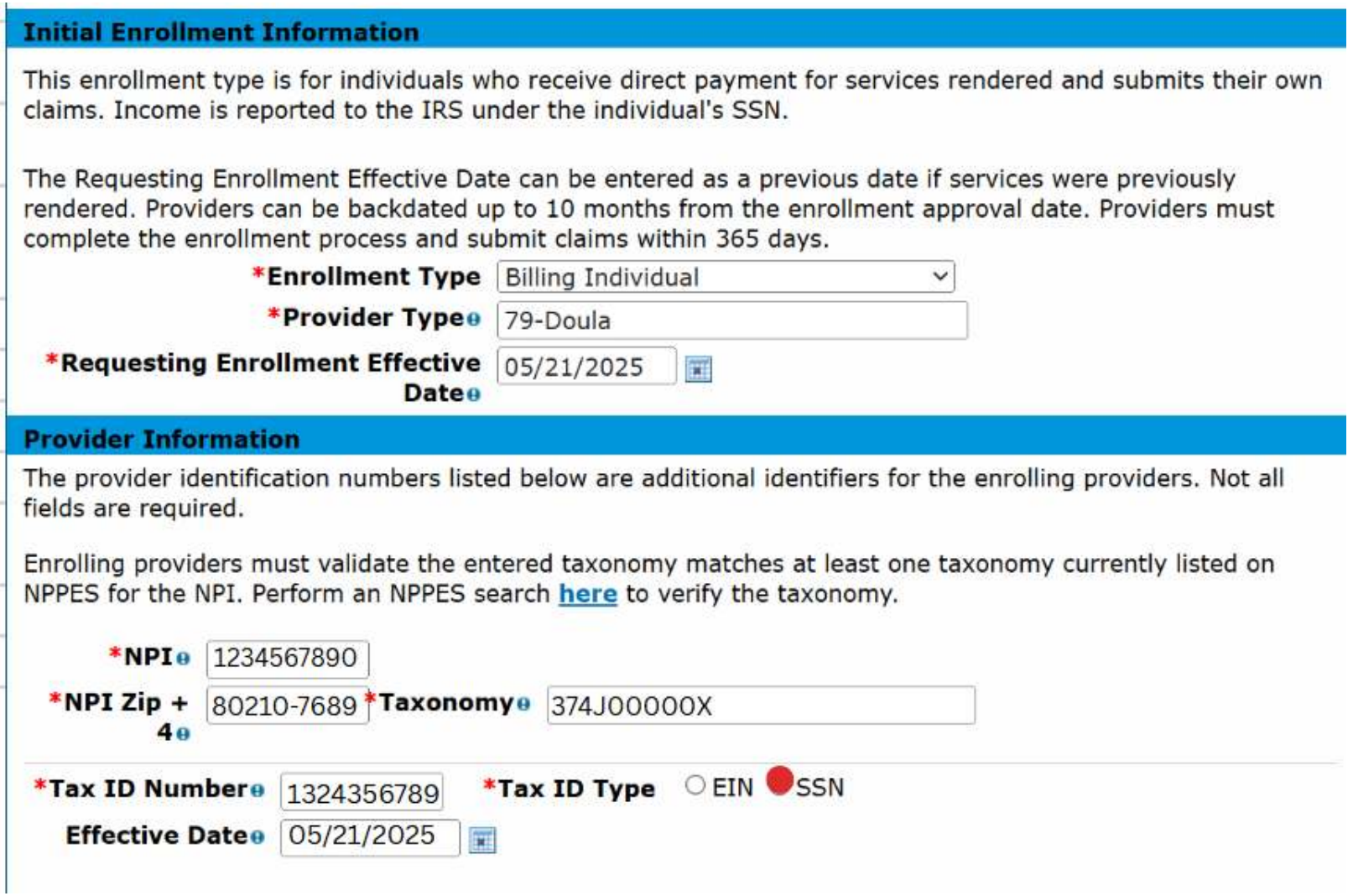
5) Type the 9 digit zip code attached to your NPI

6) Enter the Doula Taxonomy (374J00000X)

7) Individuals/within a group: Enter your SSN for Tax ID Number Groups: enter TIN

8) Select SSN for Tax ID Type

9) Enter today's date



Contact Information

On the same page enter:

1) Last Name

2) First Name

3) Phone Number

4) Contact Email

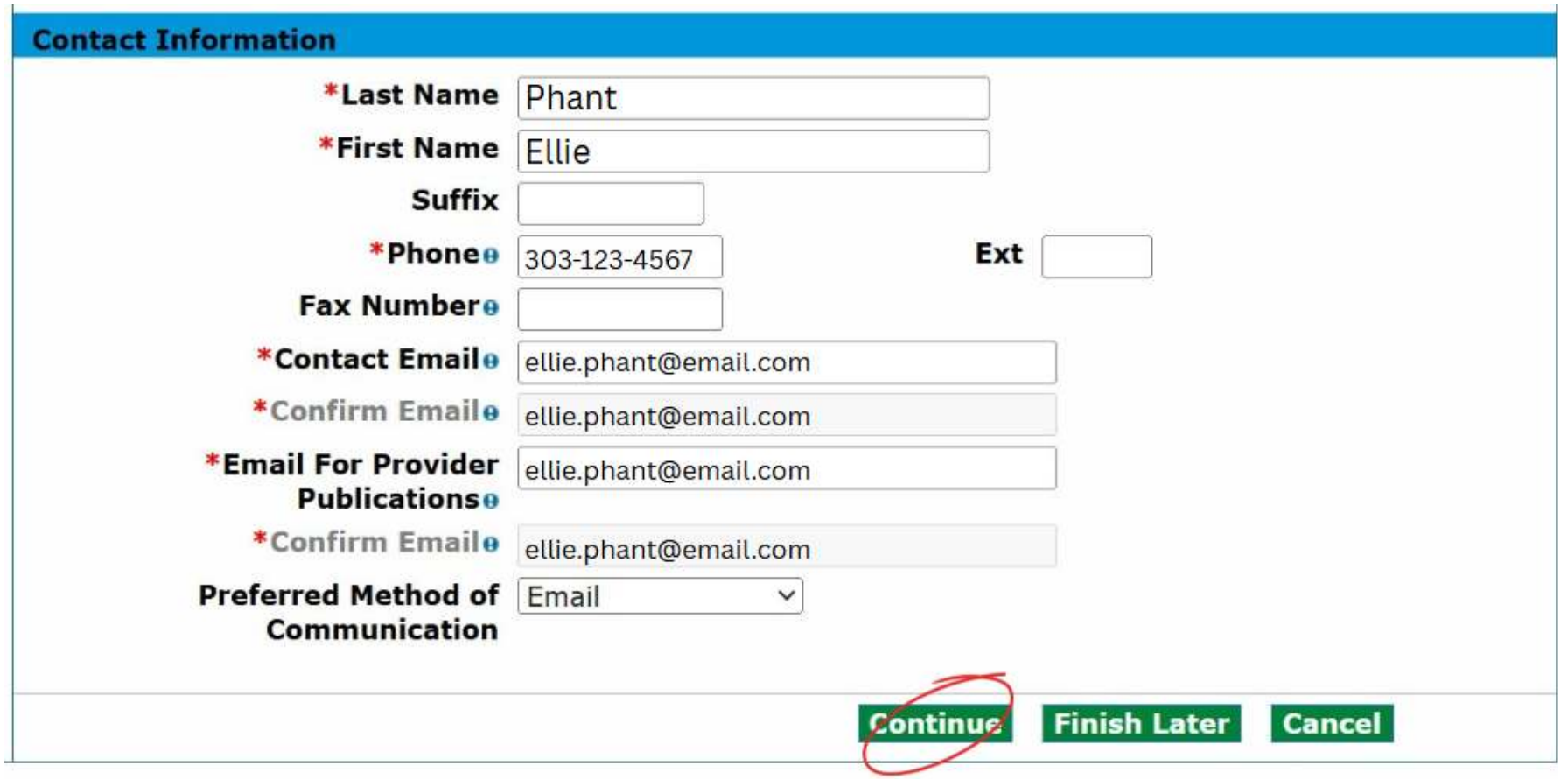
5) Confirm Email

6) Email for Provider publication

7) Confirm email

8) Preferred Method of Communication

Click *Continue*



Provider Enrollment Credentials:

1) Enter a password

2) Confirm password

3) Answer question 1

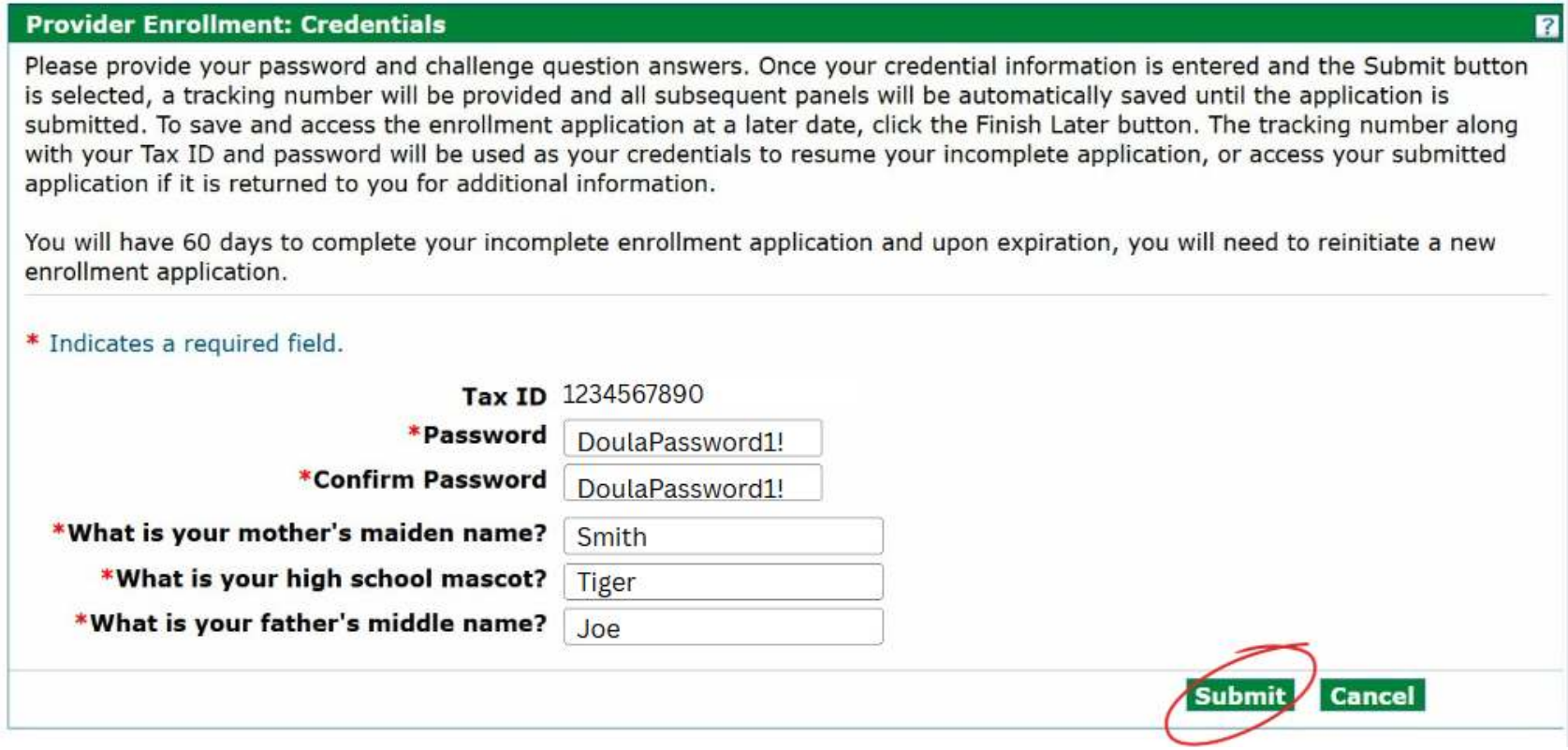
4) Answer question 2

5) Answer question 3

6) Hit Submit

NOTE: This password is NOT for the provider portal. This password is only if you decide to start your application, save it, and want to return to submit it at a later date

Tracking the application only requires the tracking number and Tax ID number not password

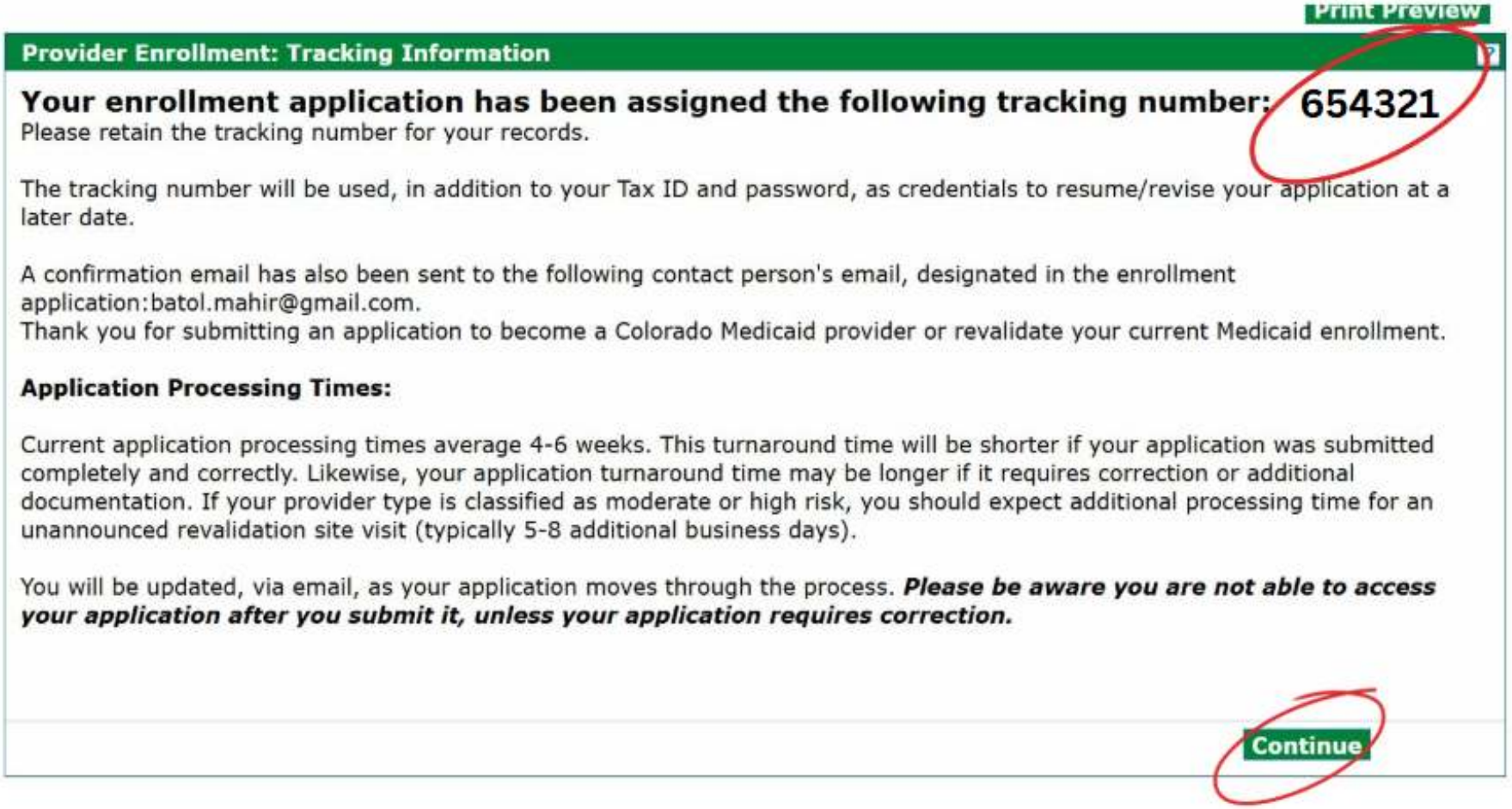


Save this information!

Provider Enrollment: Tracking Information

1) Write down the unique 6 digit tracking number you were given

2) Hit *continue to return to the application*



Save this information!

Specialties

- Select "Doula" from the drop-down menu

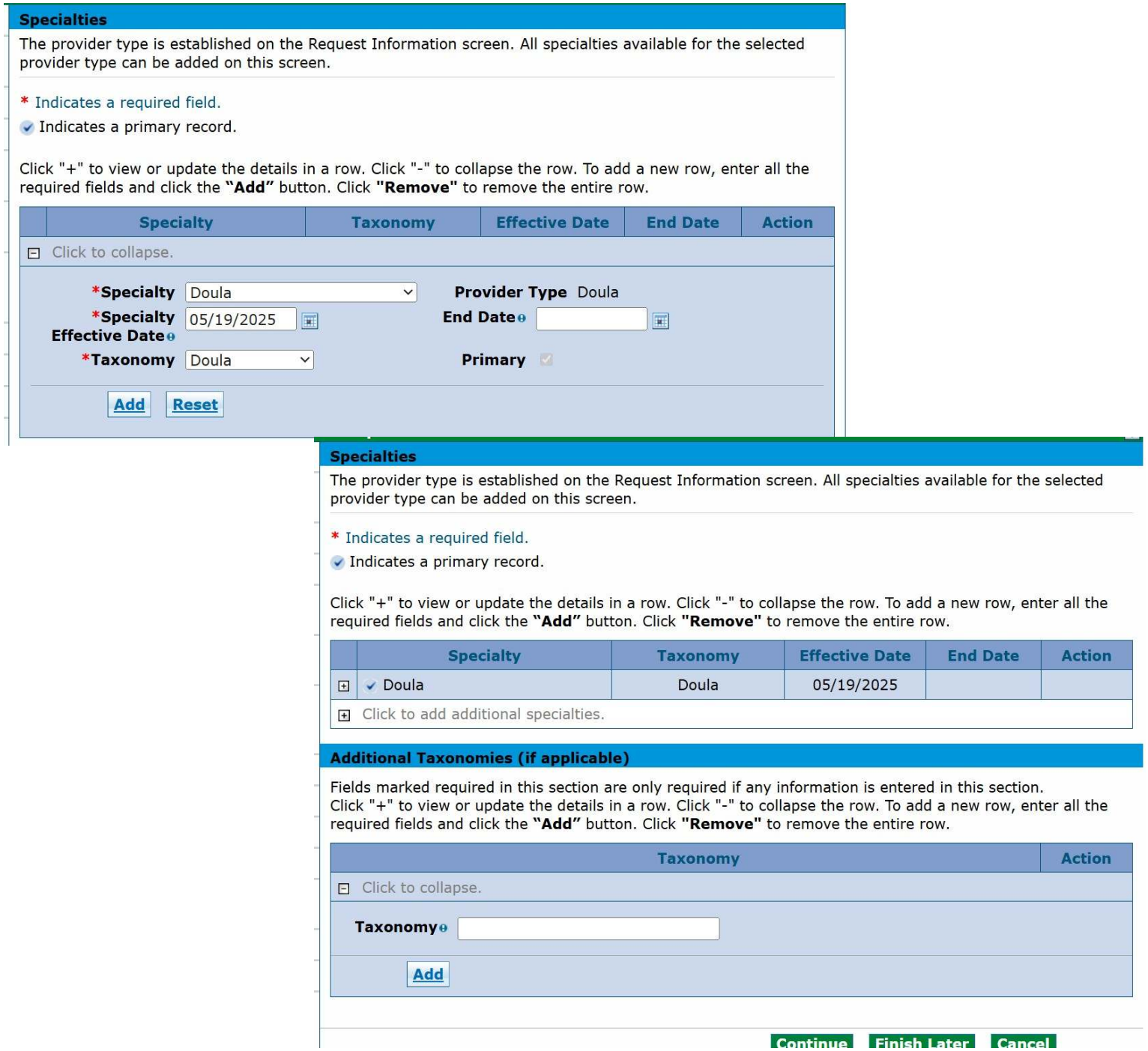
- Enter today's date for effective date (you do not need an end date)

- Enter Taxonomy Code: 374J00000X (Doula)

- Press ADD

Scroll down and disregard "Additional taxonomies"

Hit *continue*



Provider Address

- Enter billing, mailing, and service location (must match W-9 and NPI)

- You must have a billing, mailing, and service location address. This must match the information on your W9 and NPI.

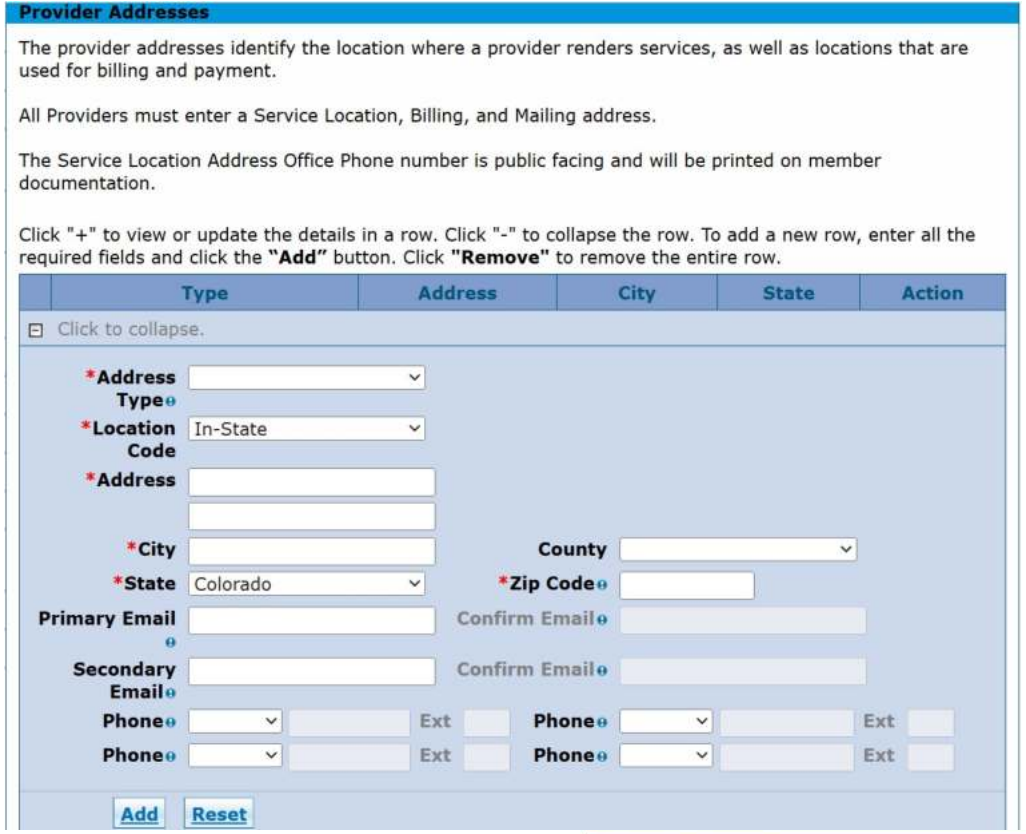
- Primary Email and office phone are required for each address even though there is no asterisk (*)

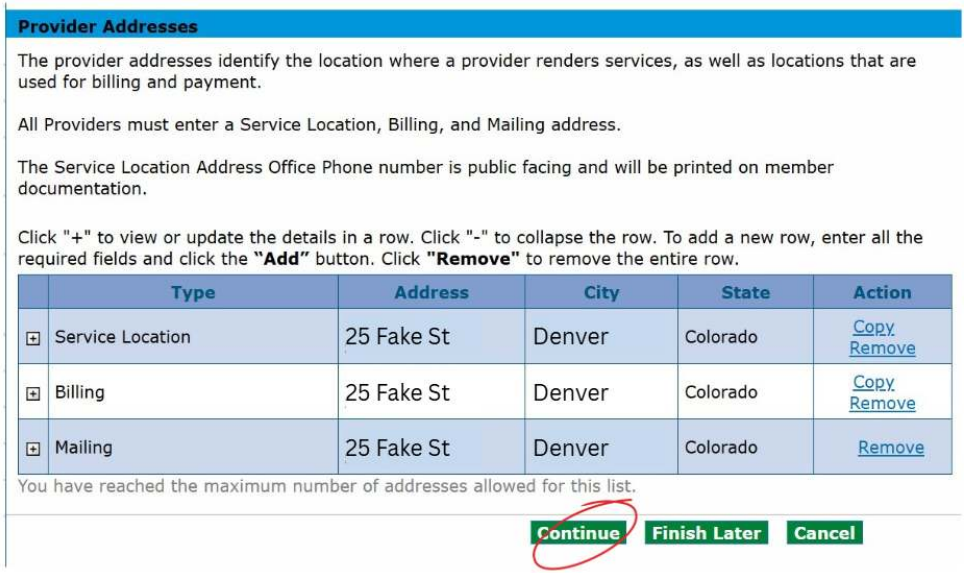
- You can select copy in the right hand column and the address will copy to a new location.

- Change the location to reflect the appropriate title (billing, mailing, service) and complete accordingly

- Press add each time

Select continue when all 3 addresses are entered





Provider Identification

- For Individuals/ individuals within a group: use your legal first and last name

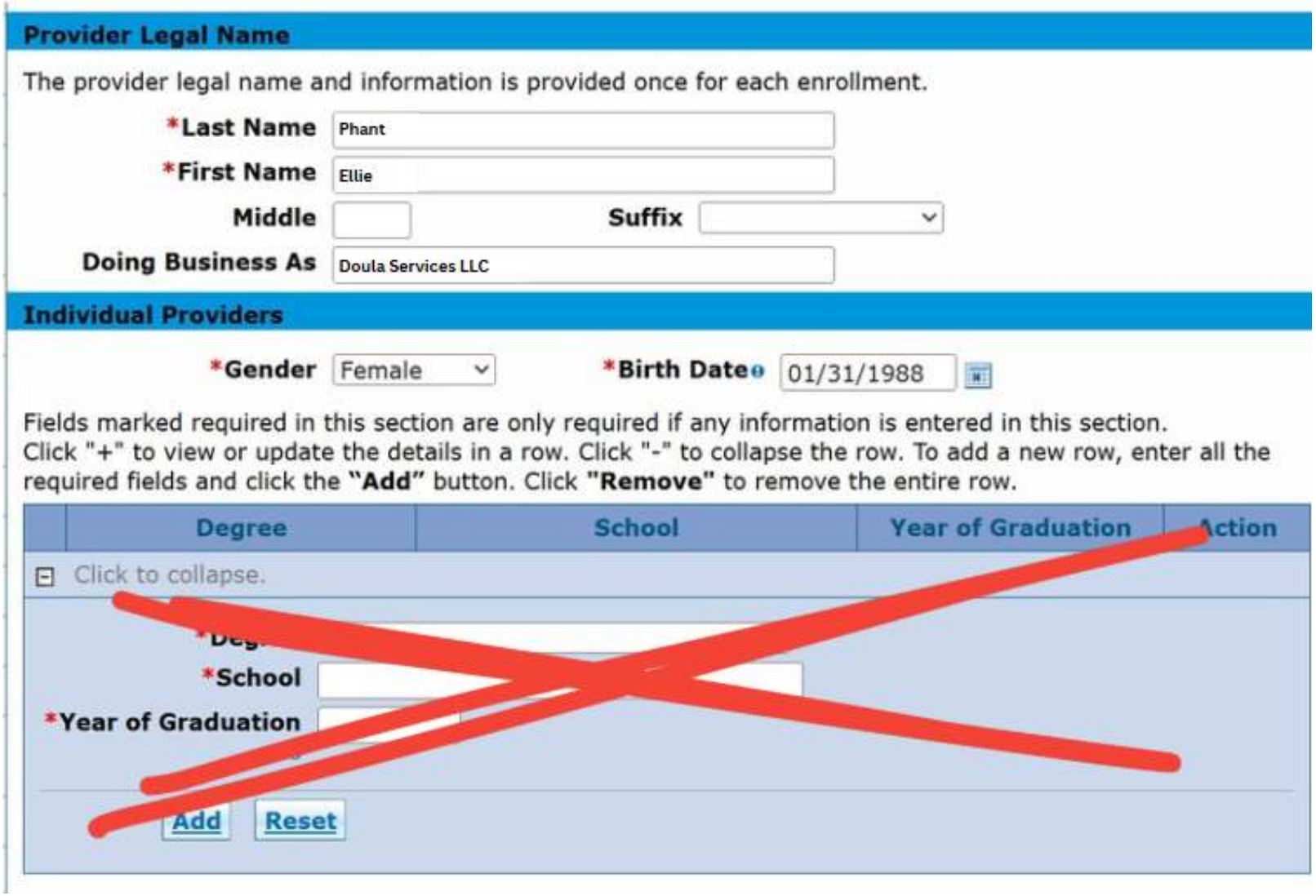
- For Groups: Use the business name (this must match your W-9 and NPI information). If you have a DBA, list it here (ensure it matches your W-9 and NPI).

- Enter your LLC name in "Doing Business As" if you desire

- Select Gender

- Enter Birth Date

- Skip Degree, School and Education even though it has red asterik



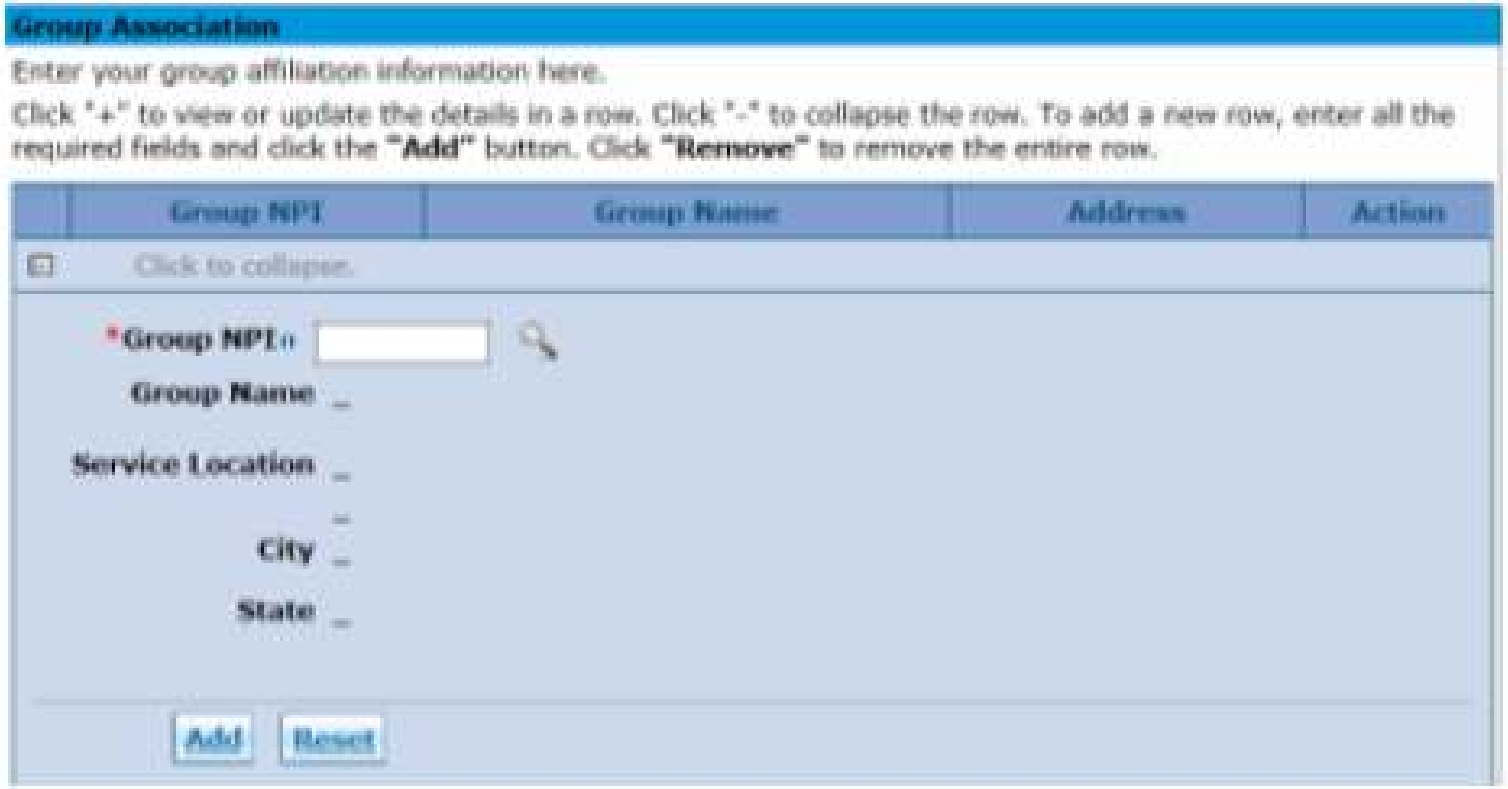
Provider Information

- **Individuals within a group ONLY:** enter the groups' type 2 NPI and search. *This will "link" you to the organization and allow you to work under the organization's TIN*

- Select organization type

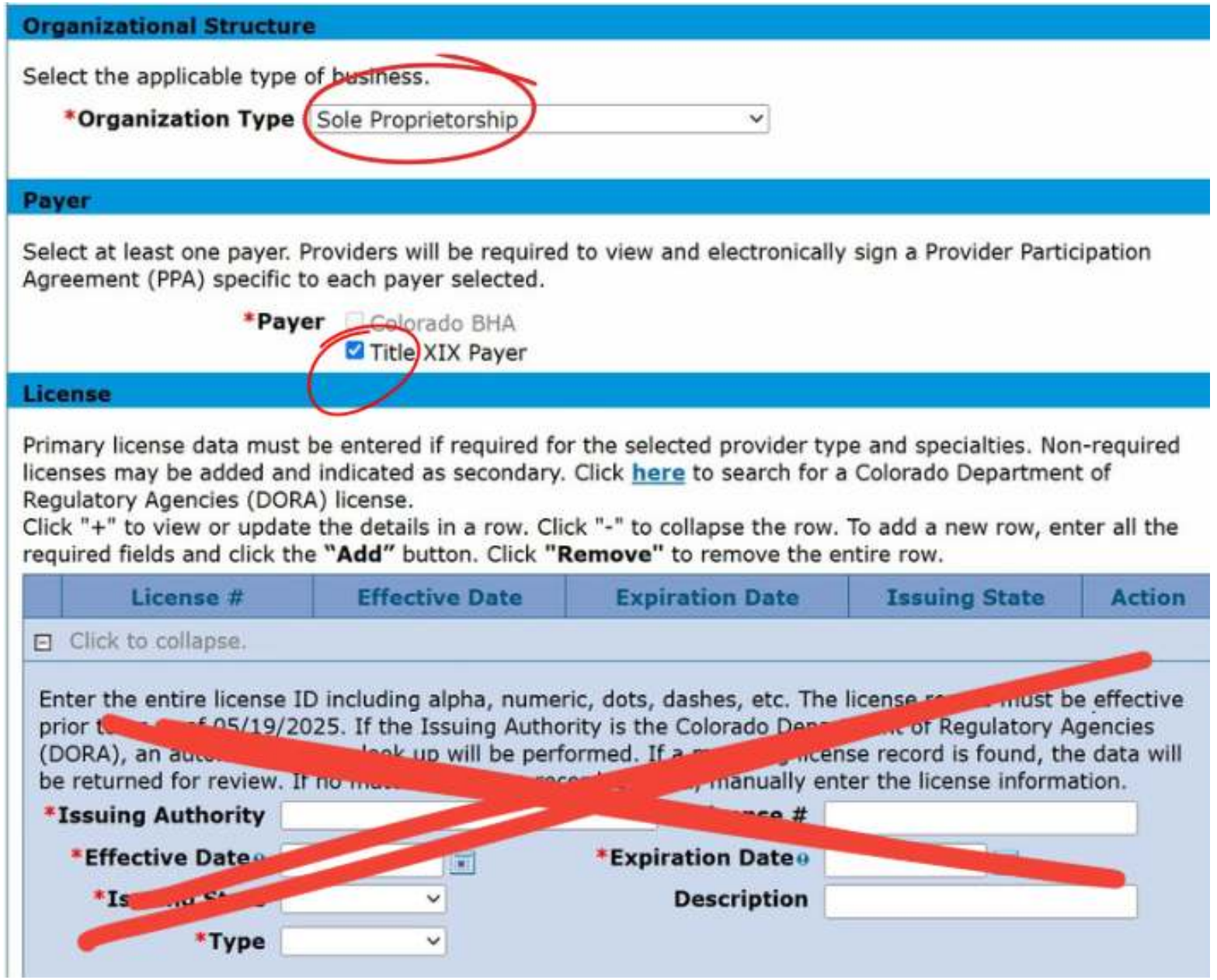
- Select Title XIX Payer

- *Skip license and certification sections (even though there is an asterisk*)*



Provider Information

- Select organization type
- Select Title XIX Payer
- *Skip license (even though there is an asterisk*)*



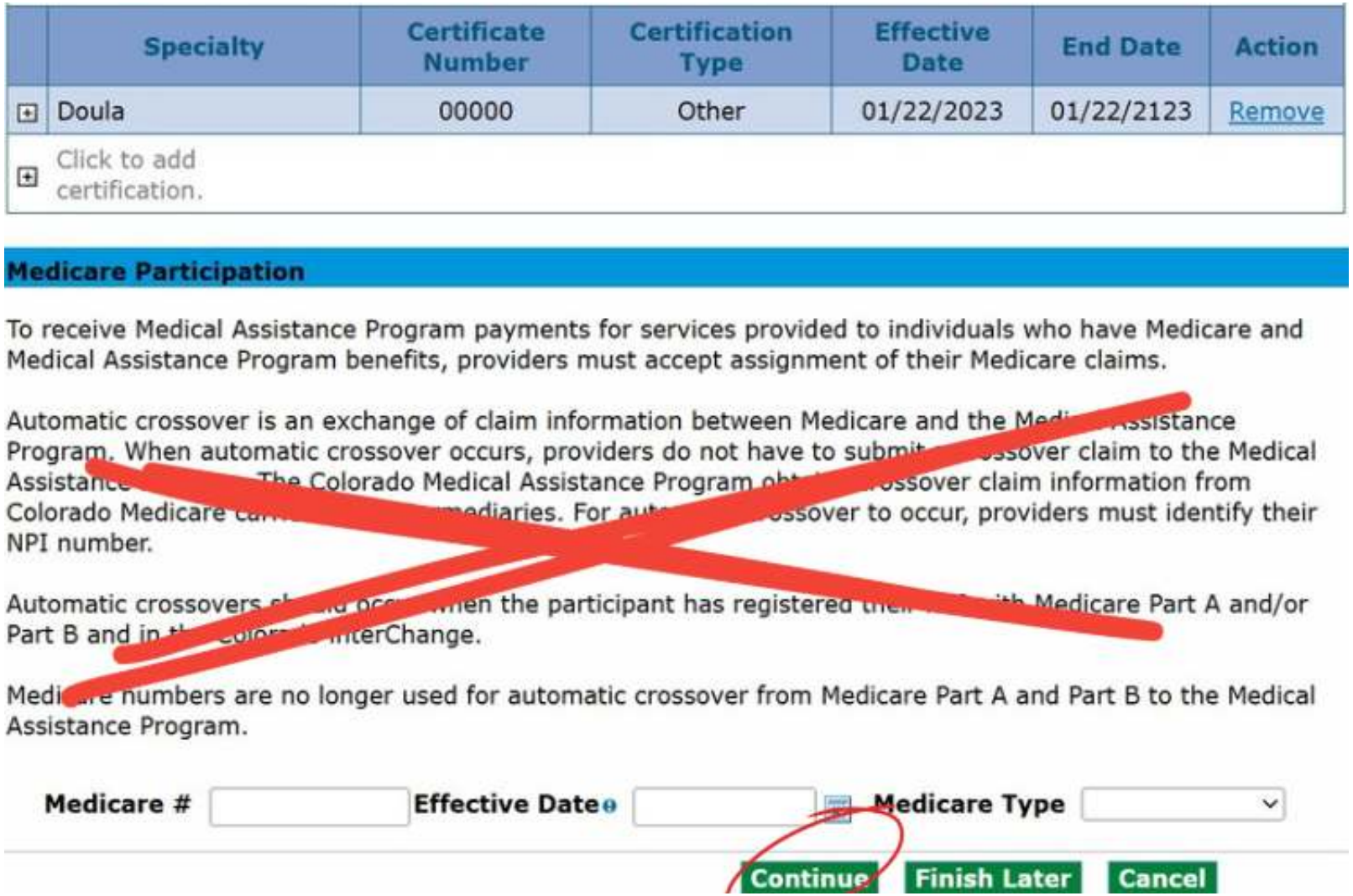
Provider Information

- Press the plus (+) sign under certification
- Specialty = Doula
- Certification Type = Other
- Write the effective and end dates from your certification or training certificate
- Enter the Certificate number (if no number put 00000)
- Press Add

Medicare Participation

- Skip

- Press continue at the bottom of the page



	Specialty	Certificate Number	Certification Type	Effective Date	End Date	Action
⊞	Doula	00000	Other	01/22/2023	01/22/2123	Remove
⊞	Click to add certification.					

Medicare Participation

To receive Medical Assistance Program payments for services provided to individuals who have Medicare and Medical Assistance Program benefits, providers must accept assignment of their Medicare claims.

Automatic crossover is an exchange of claim information between Medicare and the Medi Assistance Program. When automatic crossover occurs, providers do not have to submit ossover claim to the Medical Assistance The Colorado Medical Assistance Program ob ossover claim information from Colorado Medicare ca mediaries. For aut ossover to occur, providers must identify their NPI number.

Automatic crossovers sh occ hen the participant has registered the ith Medicare Part A and/or Part B and in th Colora nterChange.

Medi re numbers are no longer used for automatic crossover from Medicare Part A and Part B to the Medical Assistance Program.

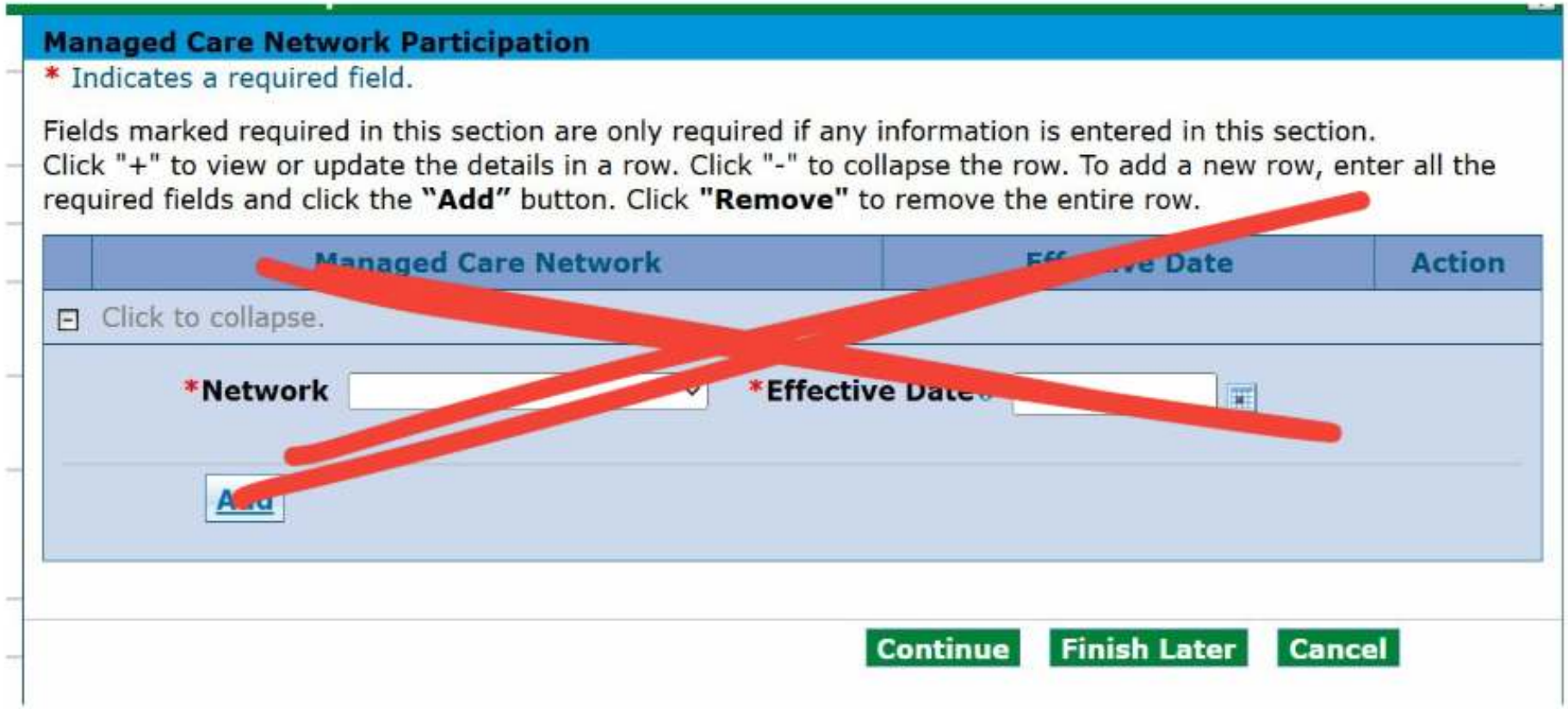
Medicare # **Effective Date** **Medicare Type**

Continue Finish Later Cancel

Managed Care Network Participation

- Skip

- Press continue at the bottom of the page

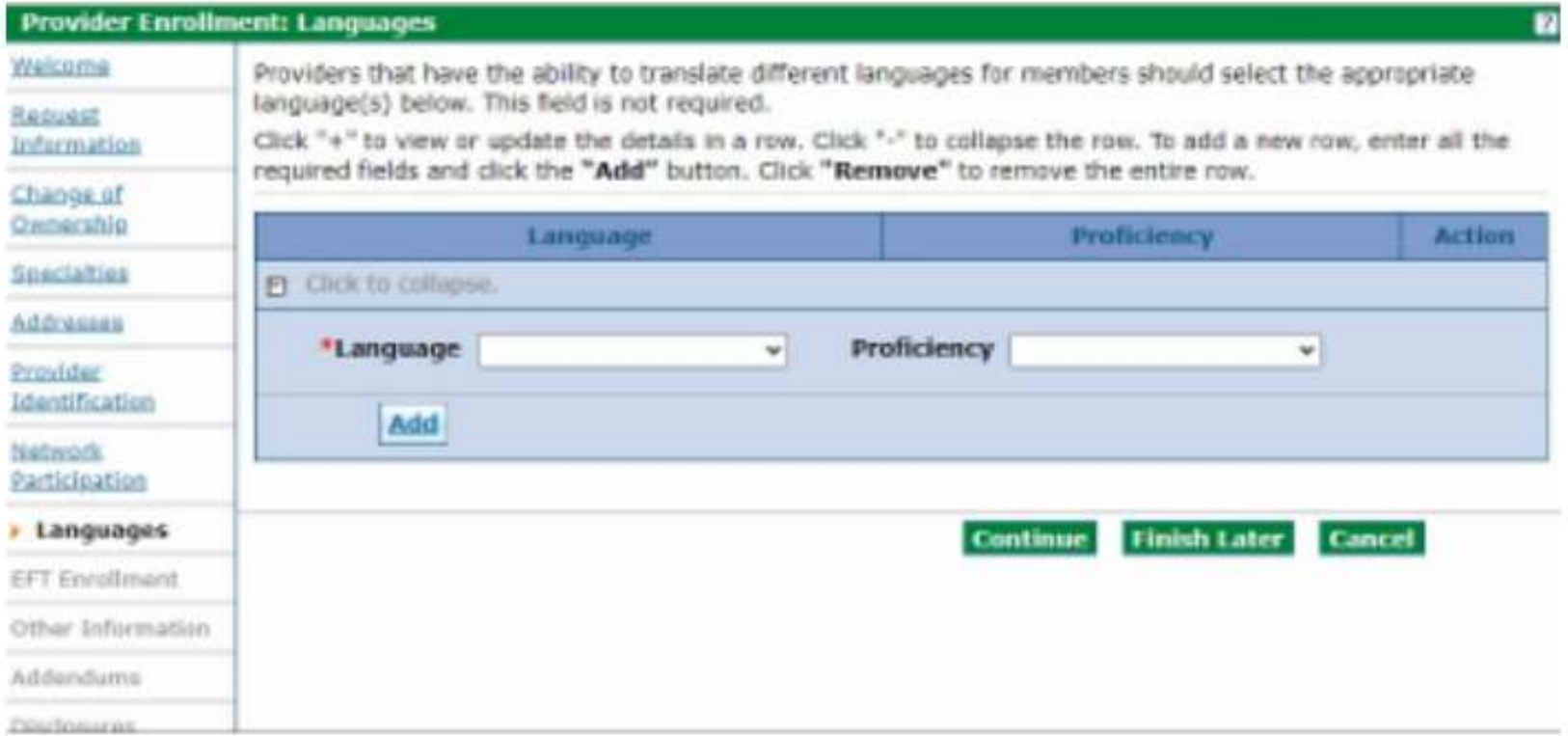


Languages

List spoken languages and proficiency

- Press Add (at least one language must be listed)

- Press Continue



EFT/Direct Deposit

- Information must match W-9, NPI, and voided check/bank letter information exactly.

- Most field should autopopulate at the top of this page, example on the right

Direct deposit forms or electronic checks are not accepted.

- Provider Information:

- Individuals: list your legal name

- Groups/Individuals within a group: list business name

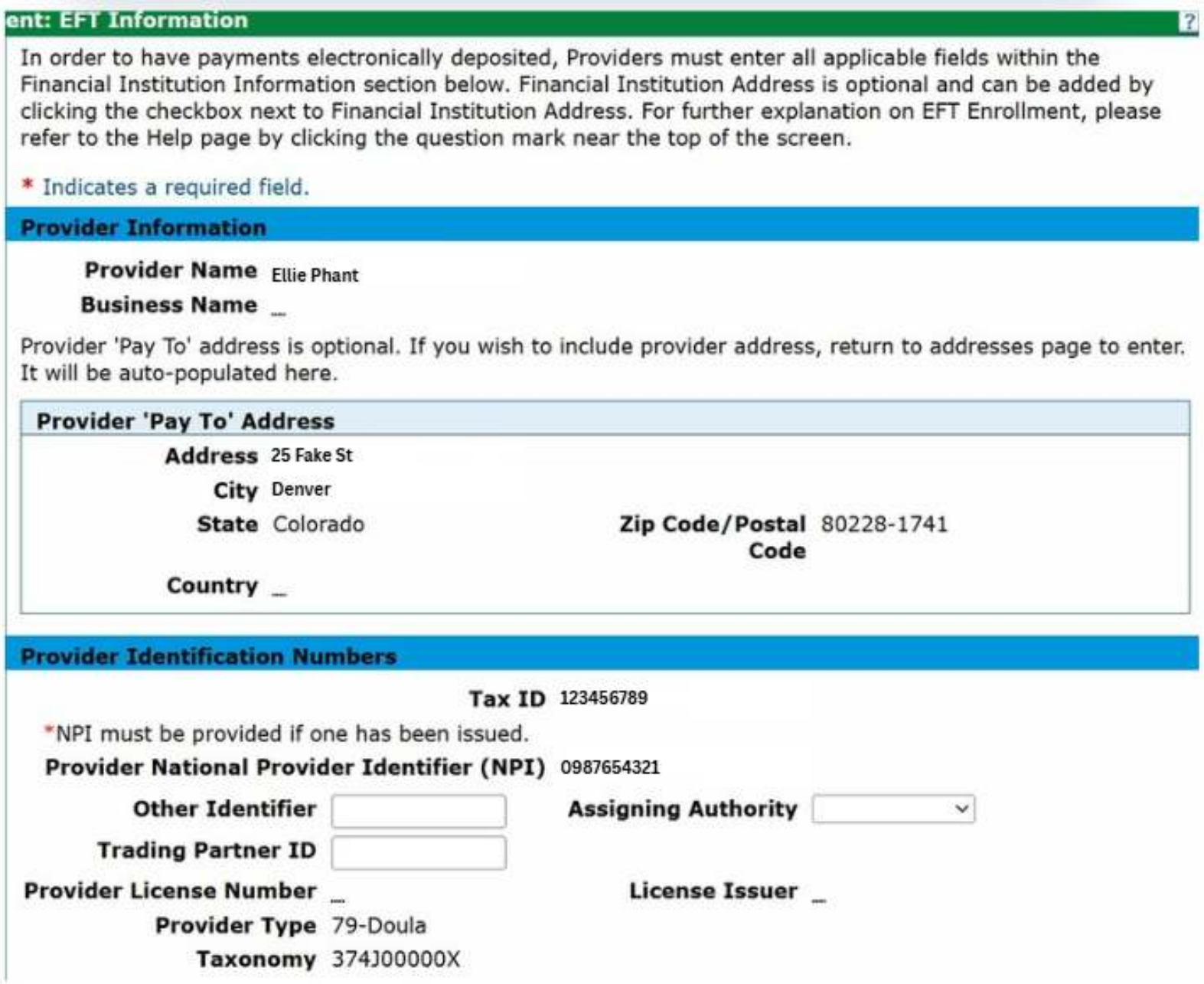
- Pay to address: provide address listed on the sections above that is reflected on your W-9 and voided check/bank letter

-Provider Identification numbers:

- Individuals: list NPI

- Groups/Individuals within a Group: select TIN

Select "new enrollment" and select either a voided check or bank letter form the drop-down menu

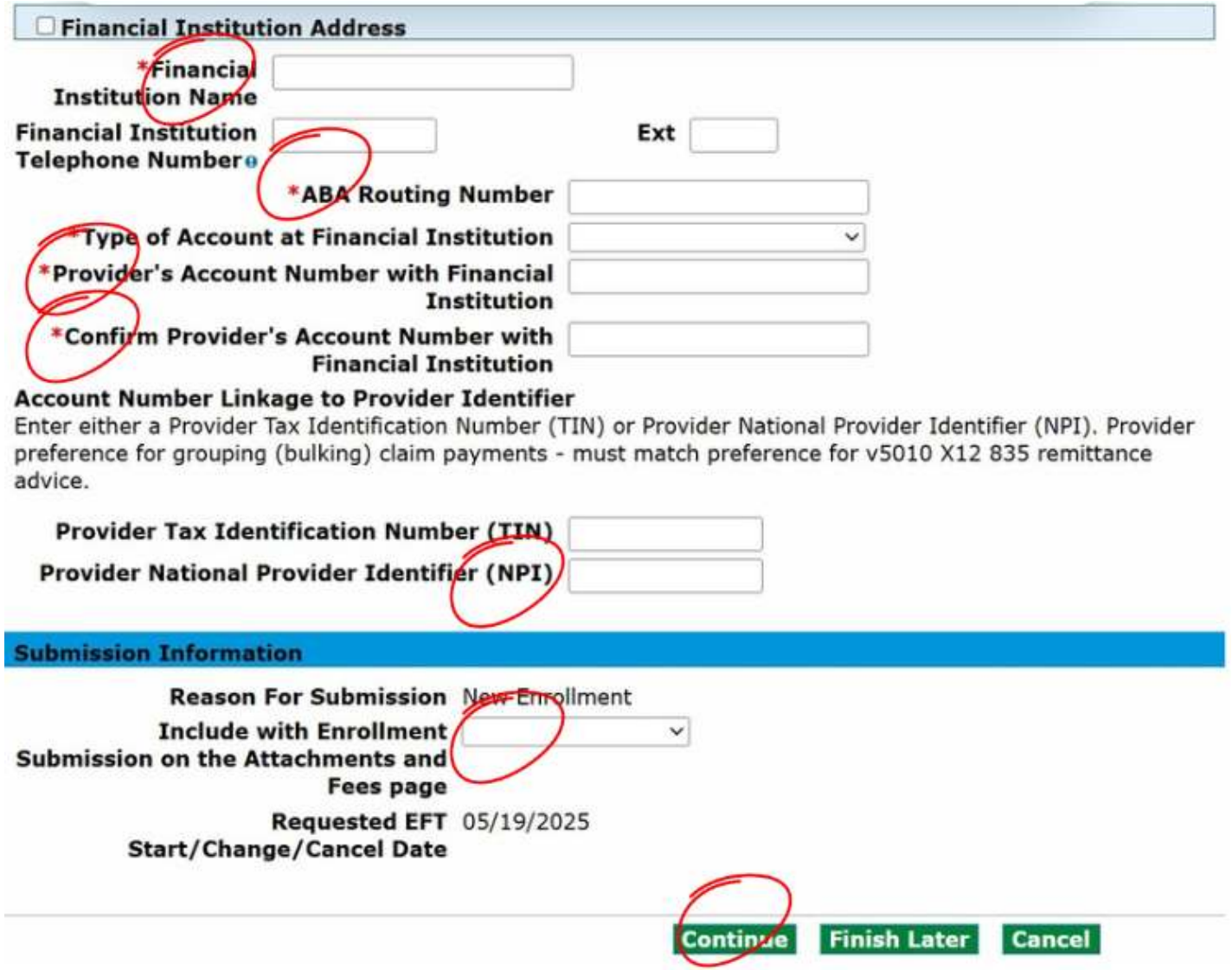


EFT/Direct Deposit

- Information must match W-9, NPI, and voided check/bank letter information exactly.

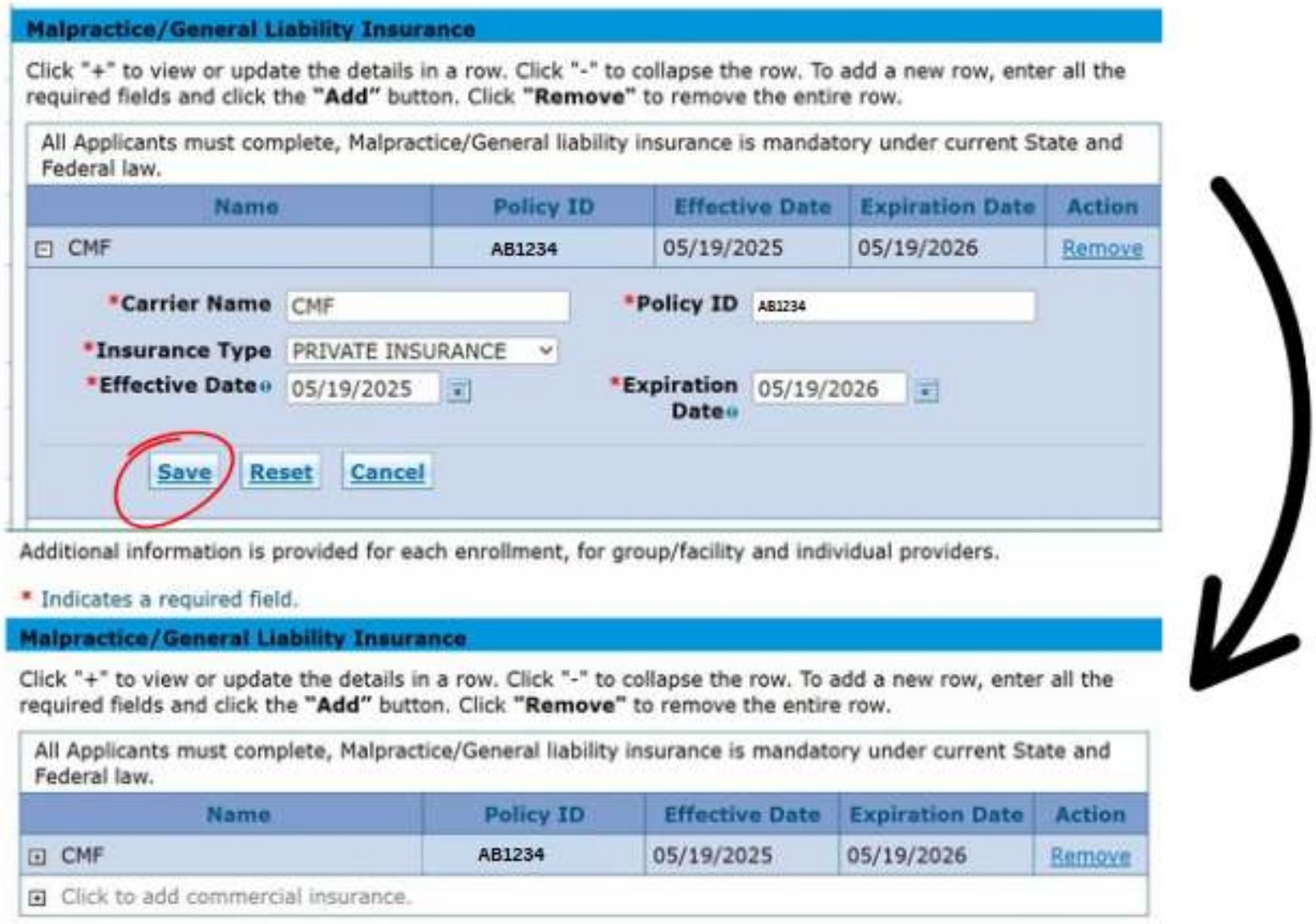
Direct deposit forms or electronic checks are not accepted.

- Enter your bank name
- ABA Routing Number
- Type of Account
- Provider's Account Number
- Confirm provider's account number
- Individuals put NPI (NOT TIN)
- Select Voided check OR bank letter based on which document you will attach in the end
- Select Continue



Insurance

- Enter your insurance policy information at the top of this page
- Carrier Name
- Policy ID
- Insurance Type is Private insurance
- Effective date
- Expiration date
- Press save
- Scroll down



Medicaid Participation Questions

- Answer truthfully

- Tip: Generally, all answers will be no except Question 7

- Enter your website address if you desire

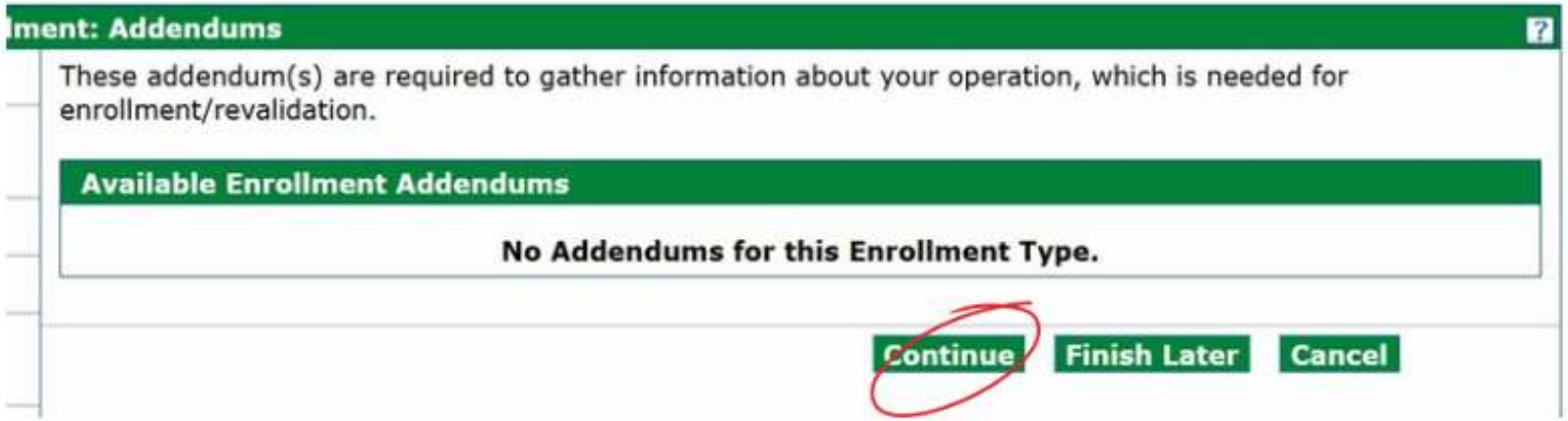
- Select any applicable cultural competency and community organizations from the drop down list (always press add to save)

- If you have a preferred name other than your legal name enter it here (optional)

- Press Continue at the bottom of the page

Addendums

– skip this page and press continue



Disclosure Questions

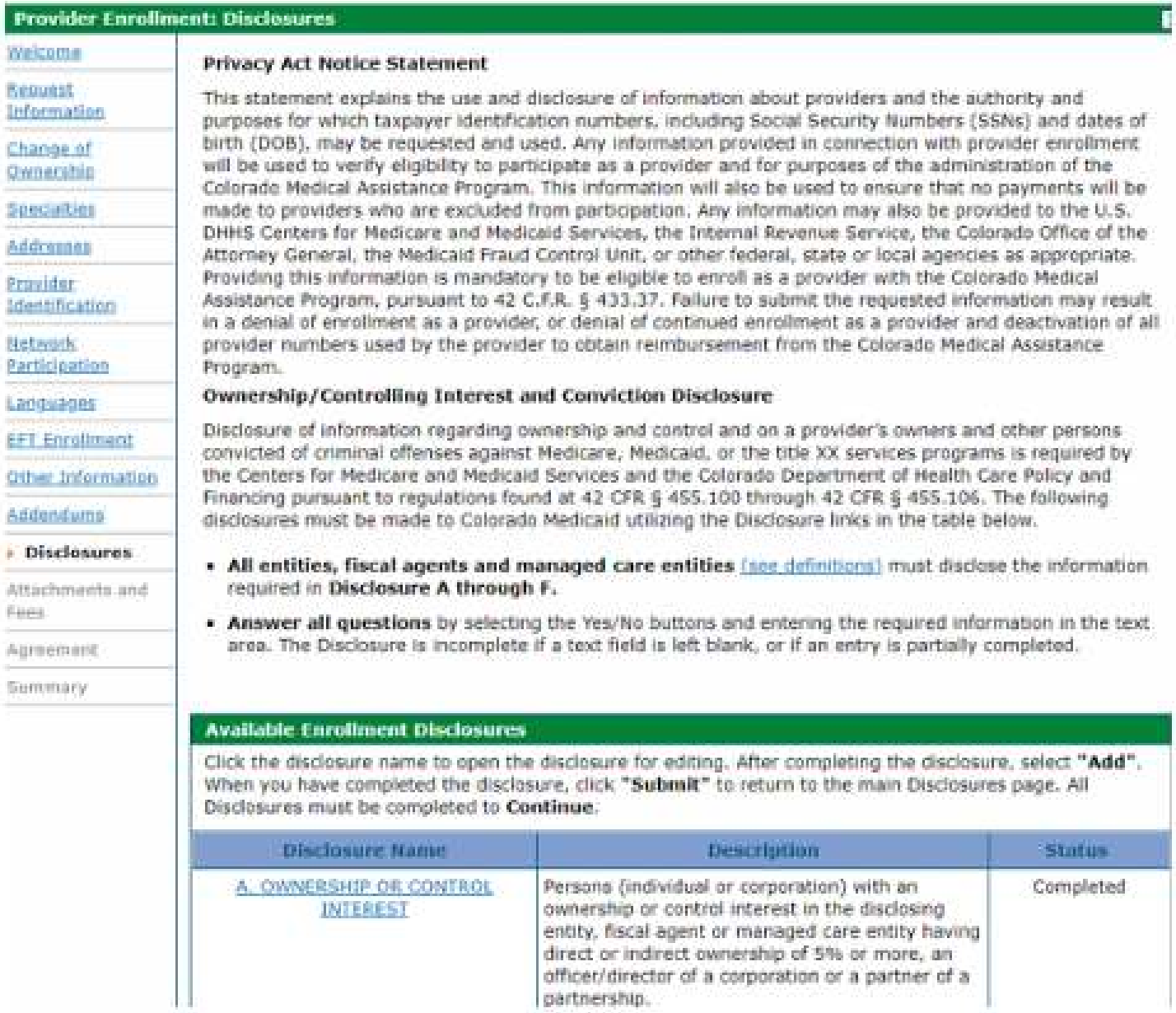
Click on each disclosure and answer accordingly.

Press Add and Submit after each disclosure

For individual enrollment, the answer will likely be no to all.

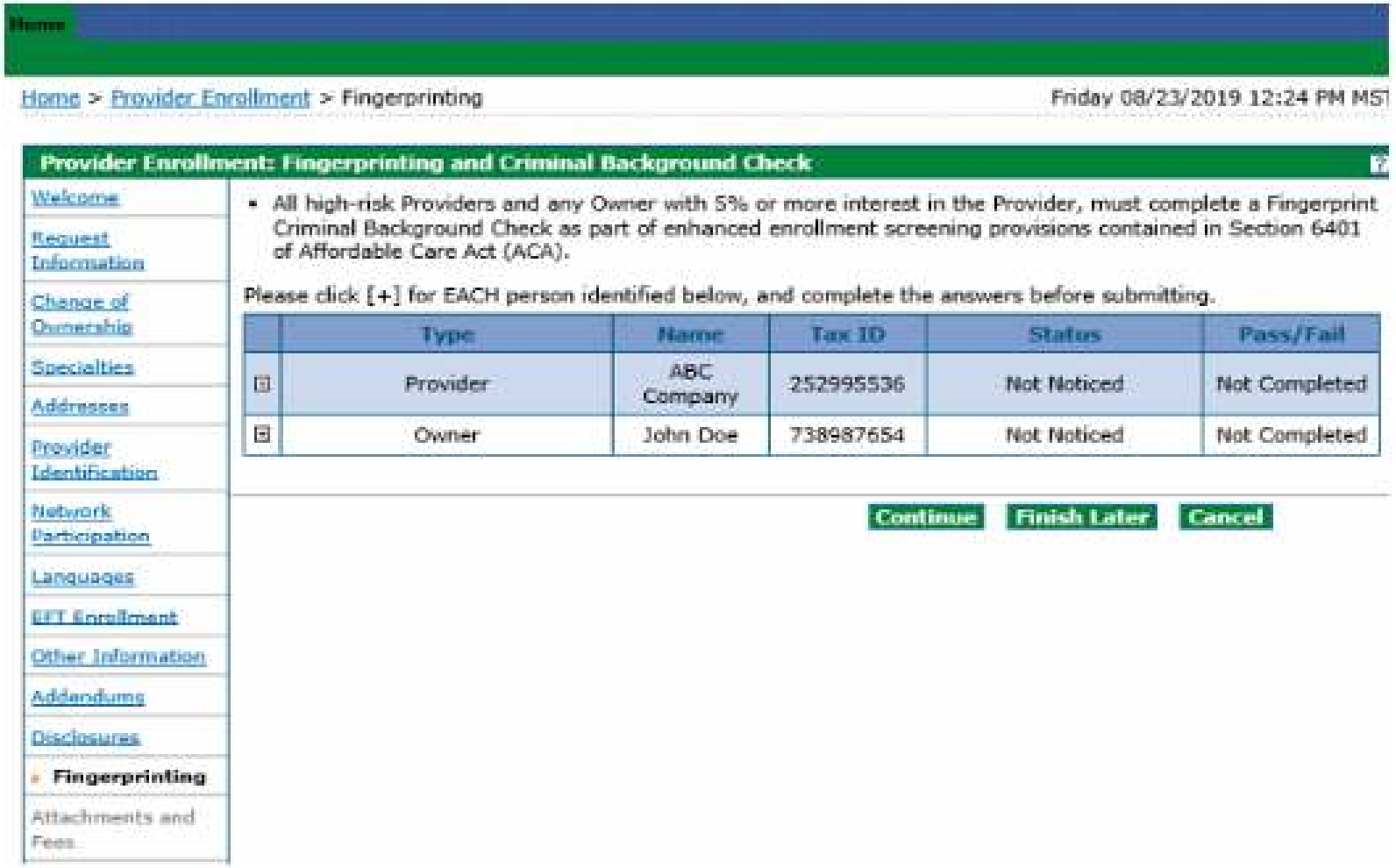
Groups must list owner/controlling interest (You will need the owner's SSN, practice address, and DOB)

Once all completed press continue



Fingerprints

Indicate whether this has been completed or not; the system will update status once fingerprints/background check is received/approved



Attachments & Submission

- Attach each document individually (make sure the attachment type W9 & Voided Check/bank letter go to their particular document – all other documents are *other*)

- No fees to apply

- Read and accept Title XIX Payer Provider Participation Agreement (you must open this document before checking the box)

- *Submit application, print a copy of your application, and save for your records*

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Attachment Type	Action
1	FT-File Transfer	Ebtihal Back ID.jpg (269K)	Other	Remove
2	FT-File Transfer	Ebtihal Check.jpg (191K)	Required-Voided Check/Bank Letter	Remove
3	FT-File Transfer	Ebtihal ID Front.jpg (260K)	Other	Remove
4	FT-File Transfer	Ebtihal Insurance.pdf (34K)	Other	Remove
5	FT-File Transfer	EE Areij LOR.pdf (96K)	Other	Remove
6	FT-File Transfer	EE Colorado Doula Code of Conduct.pdf (164K)	Other	Remove
7	FT-File Transfer	EE CPR.jpg (60K)	Other	Remove
8	FT-File Transfer	EE Doula Provider Attestation Form.pdf (204K)	Other	Remove
9	FT-File Transfer	EE Lawful Presence Affidavit.pdf (139K)	Other	Remove
10	FT-File Transfer	EE Leah LOR.pdf (97K)	Other	Remove
11	FT-File Transfer	EE Nahed LOR.pdf (96K)	Other	Remove
12	FT-File Transfer	EE W9.pdf (81K)	Required-Federal W-9 Form	Remove
13	FT-File Transfer	EE Whitney LOR.pdf (97K)	Other	Remove

Click to add attachment.

Attachments

Certification Pathway

- Front / Back ID
- W9
- Voided Check or Bank Letter
- Doula Certification
- Doula Provider Attestation
- Doula Code of Conduct
- Lawful Presence Affidavit
- Copy of Insurance Policy
- Copy of CPR Certification

Experience Pathways

- Front / Back ID
- W9
- Voided Check or Bank Letter
- Doula Training Certificate
- Doula Provider Attestation
- Doula Code of Conduct
- Lawful Presence Affidavit
- Copy of Insurance Policy
- Copy of CPR Certification
- 4 Letters of Recommendation

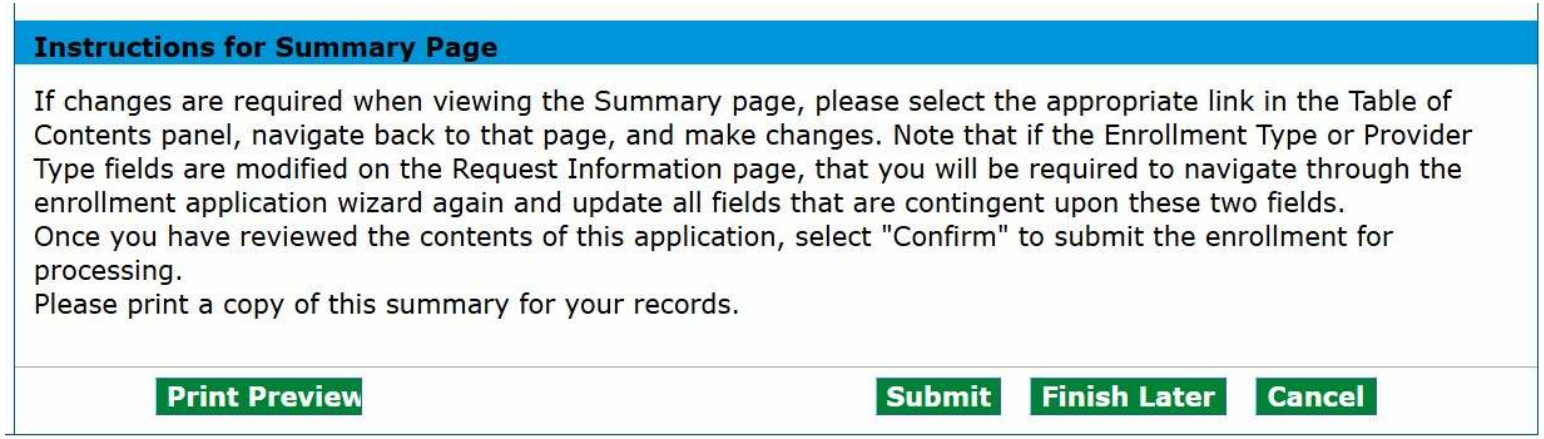
After Submission

Save ATN, login, and password

Processing time: ~5 business days

Site visit or extra review may be required (not required for individuals)

Application may be approved or returned for revisions with instructions to edit your application

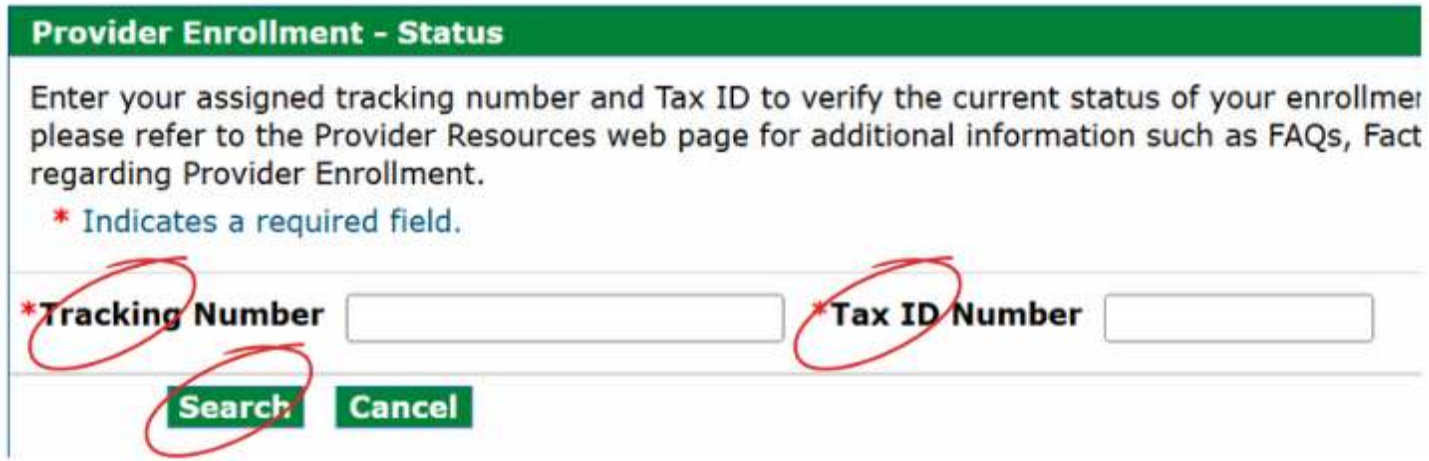


Status

Application status can be checked on the Provider Web Portal.

You will need your ATN, TIN/SSN, login information, and password to access your application.

If you would like to see CHP+ members, you will need to contract with each CHP+ MCO separately.



Thank You