

Doula Stakeholder Implementation Workgroup Meeting Closed Caption

Date: March 14, 2025
Time: 10:00AM to 12:00PM
Number of Speakers: 23
Duration: 2 hours

Speakers:

Department of Health Care Services

- Michael Freeman
- Erica Holmes
- Jim Elliott
- Raquel Saunders
- Rafael Davtian
- Nicholas Leach
- Bambi Cisneros
- Michel Huizar
- Andy Potter

RACE For Equity

- Deitre Epps
- Zachary Epps

Panelist

- Khefri Riley
- Ajira Darch
- Linda Jones
- Priya Batra
- Sayida Peprah-Wilson



Speakers:

Panelist

- Samsarah Morgan
- Kate Ross
- Kristin Schlater
- Dr. Jennifer Nuovo
- Crystal Haswell
- Sydney Turner
- Michai Freeman

TRANSCRIPT:

[Michael Freeman] 10:03:33

Hello, everyone. I think it's time we will kick it off.

Welcome. On behalf of DHCS, I just want to officially welcome you to the doula stakeholder implementation work group meeting. It's good to see everyone. For those of you that don't know me, I'm Michael Freeman. I'm the Assistant Deputy Director for Healthcare Benefits and Eligibility at the department.

And we're just really grateful for your continued engagement and all this collaboration throughout the time with this work group. And just look forward to another very meaningful discussion again today. It's pretty hard to believe, and the time has been flying by, but we've been meeting since March of 2023. Which does mark those two years since we formed this particular work group. So I just couldn't believe that looking back. We've made really significant strides in the progress of the Doula Medi-Cal benefit. And now as we approach this July 1st date, the work group will really be focused on one of the key objectives and outcomes from the group, which is to make those recommendations to DHCS for the report to the legislature that we are looking to publish by July 1st. We will definitely have detailed discussion and much time later in the meeting on that particular topic. So we look forward to your continued feedback. So now I'm going to ask if everyone could please put your name, organization, and also which part of the state you operate in or where you reside into the chat. That would be really awesome so we could recognize all of you that are joining us today.



I also want to acknowledge that we have many representatives across DHCS in this meeting. That includes, as you all know very well, our Benefits Division. We also have folks from our Health Care delivery systems, the Quality and Population Health Management, Provider Enrollment Division and also Health Care Financing. So a really broad representation from most areas of DHCS just to have all the right folks in the room to be able to respond to your questions and collaborate as we go.

And also, just so we can dive into the meeting, I'm thinking we can have all the DHCS folks also put your name and title into the chat. And then as you come up throughout the meeting, you can introduce yourselves if you're answering a question or before you present, that would be fantastic.

So again, I welcome you to the meeting today. And with that, I'm going to turn it over to my colleague, Raquel.

[Raquel Saunders] 10:06:36

Okay, so I'm going to go over the meeting logistics. Next slide, please. So the work group members in the meeting are the only stakeholders who have the ability to speak during the meeting. All attendees will be in listen-only mode. All stakeholders do have the ability to use the chat feature. And we ask that all questions should be sent to the question-and-answer (Q&A) feature so that way we're able to really see those questions that come in because the chat can get pretty busy and we're not able to address some of the questions that come in as quickly and kind of see them at our forefront. Please put any questions that you may have in the question and answer and we'll be monitoring that.

All stakeholder work group meetings are open to the public in listen-only mode.

And DHCS will be reviewing feedback and comments on discussion topics submitted via our email, which is at DoulaBenefit@dhcs.ca.gov and via the chat function.

Next slide, please. So I am going to turn it over to Deitre to go over the agenda and agenda and her role.

[Deitre Epps] 10:07:51

Sure. Good morning, everyone. My name is Deitre Epps. I'm the president and CEO of RACE for Equity, and we have the great honor of serving as facilitators and documenting the doula stakeholder work group meetings and the doula implementation work group meetings. And so I'd love to invite my team to raise your hands so folks can see who you are.



And the team will be support your virtual hands will help you come up to the top. There we go. And then you'll be able to hear from or see our participation in the group. And then as facilitators and documenting, and will also help support bringing in information back into the group as needed. So thank you, team.

As you can see on the agenda here listed on the page, Khefri, you have your hand up. I'm not sure. Yeah. Okay, thank you. I didn't know if you needed something urgent. Okay. So the agenda is listed on the screen. And so you'll see that we're going through the welcome purpose and agenda now.

We'll take some time in just a moment for managed care updates and discussion.

This is an important part of feedback that you've been asking about.

And then there'll be some time for the California doula feedback form, some information, some updated information around that.

There will be time left for chat and questions and answer. And so as was stated earlier, please put that in the question-and-answer section.

We do realize that this is a lengthier meeting, so we'll take a 10-minute break, and then we'll come back and the remainder of the meeting will be focused on the doula implementation report. So the bulk of the rest, the last part will be the report, and then we'll talk about next steps and closing.

We would like to appreciate all the members of the Co-Design team who helped to bring today's topics together and to help to help the Co-Design team helps to prepare for the upcoming meetings and debriefs previous meetings. So if you are a member of the Co-Design team, would you please raise your hand so you'll come up to the top and folks can see who you are? And that way you get a sense for those individuals who are giving additional time and effort to making these meetings be what they are, responsive to the needs of you and the community. Thank you everyone for sharing and Co-Design of the meeting.

Okay, so the purpose, we're going to move forward, and the purpose of this first conversation is for all of you as participants to recognize the progress of the doula Medi-Cal benefit implementation. And you'll be updated on the doula reimbursement and the ongoing work with the plans. So at this time, I'll pass it over to the DHCS team



who will introduce themselves individually, and then give information on each part of their update.

[Rafael Davtian] 10:11:08

Good morning, everyone. Rafael Davtian, Deputy Director for Healthcare Financing at DHCS. Thank you for having me. I'm here for the first portion of today's work group, roughly the first half hour or so to share an update on the targeted rate increases (TRI) and, of course, to hear and answer your questions.

So just as a very quick bit of background, the targeted rate increases were authorized through the state budget effective for dates of service starting January 2024 for over 700 procedure codes, including services provided by doulas. These rate increases were implemented in our fee-for-service delivery system as of January 2024 and then in our managed care delivery system, we issued formal guidance to our plans in June of last year with a requirement that full compliance with these payment levels be reached by December 31st of last year.

We have heard, of course, and I understand that some of you are continuing to experience problems and have not received the appropriate rate that you should be getting. Perhaps not only currently, but also for the services that you provided during 2024. I don't have a specific number of how many folks are impacted, but even one is too many, of course. And I understand that there are other issues broader than TRI that folks are grappling with but I'm going to keep my update to the targeted rate increases today. So where we are as of today is that we have received attestations of full compliance from all but five of our plans. When I'm referring to the attestation of full compliance, that means they have complied with all of the requirements in the guidance that we issued in June and subsequent clarifying guidance. For those remaining plans that have not attested to their full compliance that doesn't mean that they have not issued any payments, it just means that they're not at 100%. They may be at 50, 70, 90%, but they're not at 100% compliance. We're working actively with those plans to bring them into compliance and leveraging the enforcement tools that are available to us under our contract with plans.

In addition, in several cases, we have received specific requests, information, or inquiries from particular doula providers that have highlighted challenges with specific individual plants. We have reached out, we recently reached out to those specific plans with that information. I'm referring to information that basically came in late January or through the month of February, we reached out to those plans to understand what is going on. Some responses have come in. I think all of the responses should be coming in this week. And we'll be following through on all of these, of course.



I'm happy to share that in some cases the plan is indicating that they were able to resolve the issues, the reimbursement issues. And so, of course, we'll be following up with those providers to confirm that they did indeed get the money. In other cases, we're hearing that there may be certain other complicating factors like a contract may not be executed yet for, for example. What this is, I think, really highlighting for us is that there can, of course, be very specific circumstances at play when there are reimbursement challenges. And of course, it is very important for us and it's the whole premise of the targeted rate increase is that that the money the increased payments reach the providers, reach all of you who are actually directly serving our members.

So... those specific circumstances of play or unique circumstances that may be at play in your individual circumstance in your individual cases are important. We do always encourage you to work through your plan first, to go through your contractual dispute resolution process if you need to, and then if you are still just not making headway to then reach out to us. But particularly to reach out to us and share the specific circumstances that you are/were experiencing so that we can help troubleshoot.

I will share what we have heard, the message we were hearing from our conversations with plans is that plans are every plan we have talked to, they've indicated they're committed to trying to resolve these issues. Specific information again helps and those plans that have not yet been able to attest to their full compliance with the TRI have indicated to us that they're actively working to get there. And so we'll continue working with them as well until we do have all of the attestations, all of the attestations received and all of the payments are in fact confirmed as having been having been issued, hopefully soon.

So I will pause there. Happy to take questions, of course.

[Deitre Epps] 10:17:17

Thank you. I'm looking at...

The questions that are in the chat. I don't know if there are any specifically for Raphael or if we want to continue.

[Zachary Epps] 10:17:37

There are a few questions in the Q&A that... are currently being answered or we'll give an opportunity. DHCS, did you want to answer any of them live this could be an opportunity to do so.



[Deitre Epps] 10:17:42

Okay, thank you.

[Rafael Davtian] 10:17:54

Yeah, I'm happy to do so. I may not be able to see. I'm not sure if I'm able to see all of them, but I can see some of them. So I will... I will answer the ones that I can see.

One of the questions is whether plans are supposed to continue paying those 2024 rates into 2025? And the answer is yes. Those 2024 rates are still in force for 2025 as well. And the expectation is those payments are continuing.

The... I see a question about...Plans making a distinction between certain plans making a distinction between the fee-for-service rate and the TRI rate. And the questioner is asking for, I think it's asking for discussion about the interaction between the TRI rate or the fee for service rate, basically whether the TRI rate is on top of fee for service or if it is increasing the fee for service. So the TRI rate is for those particular procedure codes and for those procedure codes for qualifying services, and for qualifying provider types, which include doulas.

The TRI rate is the fee-for-service rate in effect for January 2024 forward.

So the requirement under TRI is that plans pay that rate or pay, in a capitated arrangement, pay the equivalent of that rate for all qualifying procedure codes.

[Deitre Epps] 10:19:58

I think we'll pause, Raphael, were you finished with that question? Okay.

So I think we'll go to Kate and then Khefri, whose hands are both up.

[Kate Ross] 10:20:07

Thank you. Yeah. Hi, Raphael. Thanks for joining us and sharing the information. I think just making a few notes. I could be wrong, but I do think it's also important to point out that information you referenced that came from DHCS did come in June, but that attestation, if I'm remembering right, that didn't come to plans till October. So just a little more context for you all. I think everyone's just working hard in those last months of the year to get everything through the line. And DHCS, they were great partners with the plans, right? We were working together to get things out as fast as possible, but it's pretty late in the year. And then for the plans who have not, oh, I'm sorry, Raphael, did I just cut you off?



[Rafael Davtian] 10:20:51

No, no, I just wanted to acknowledge that. Yes, you're right. The original, the formal guidance came out in June. There was additional clarification that was provided on a on a flow basis over the coming months. And yes, it was really I want to echo what you're saying, Kate. It was a new experience for both DHCS plans. This is the first time the targeted rate increases or the first time that the Medi-Cal program has implemented this type of requirement in managed care over this many codes over 700 plus codes. The last time anything even close to this had been implemented, I believe it was only for about two dozen codes, so the scale of the scale of the exercise was much larger than anything we had done before.

[Kate Ross] 10:21:48

Nice, thanks. Yeah, and then, you know, checking in with the plans based off feedback we're hearing, right, and the commitment to get payments out. I just wanted the group to know what I'm hearing is a lot of the issues around attestation in those last few months, those were more specific to groups like IPAs and there were less concerns around getting payments to doulas. The plans I'm hearing who are having trouble providing that full attestation, it's about those provider groups used in and less so about doulas, but to Raphael's point, even one is too much, right? So not saying that there are no problems, and we need to address any problems there are getting payments to doulas. The problems I'm hearing are more around that and less around getting payments to their doula providers. And I think that was all, I guess, yeah, just to expand on that, those attestations, right, cover a plan's universe of providers, right? So not just do lists. So when they're attesting they're having to ensure compliance across their entire network. Hope that that is more helpful context. But again, wanting to work through any issues there are because it's very important. So thank you.

[Deitre Epps] 10:23:07

Thank you. Kate. Would you be willing to introduce yourself and your role? And if each person can introduce yourself and your role prior to sharing, that would be helpful. Thank you.

[Kate Ross] 10:23:15

Yeah, yeah, of course. Kate Ross, and I'm with the California Association of Health Plans.

[Deitre Epps] 10:23:22

Thank you. Khefri and then Priya.

[Khefri Riley] 10:23:28



Thank you, Khefri Riley, Co-Founder and Director of Frontline Doulas. I just wanted to thank you guys for addressing this concern. And I did want to uplift that the people, the doulas and the advocates have worked really hard to make sure that that information came back to DHCS. I really wanted to acknowledge the hard work of the doulas who are providing the services and then having to report the challenges that they had. And for the advocates on this call. And in the birthing streets who gathered that information to bring it back to you guys and so acknowledging all of that happened in order for this to happen, to take place. I also want to uplift that doulas can make complaints, provider payment complaints to the managed care plans, and they should so that those are logged and they're getting addressed through that process as well that they can make complaints if they still are not addressed with the Department of Managed Healthcare. They can submit a provider complaint there. I mean, these are just the rights that you have as a provider once you've been approved to ensure that you're getting payment for the services to beneficiaries. Also, I'm curious about late payments as doulas have been waiting months, but they've submitted a clean claim. And I'm wondering if that's going to be addressed as well, as I know that that's part of the All Plan Letter and part of the normal processes when a claim isn't paid over a certain amount of time. So I just want to make sure our doulas have access to their due process of how they can submit a complaint. And that way that information goes directly to the people who can support them and that if there are any late fees that are owed to them. That they are paid that and that they are made whole.

[Rafael Davtian] 10:25:08

Thank you. I'll thank you for that. I'll offer just a quick response, particularly to that last item. And yes, I agree. Appreciate you highlighting the rights that doulas have. I would again, I think, reiterate and encourage folks to look at and pursue the options available under your contracts with managed care plans with respect to information to dispute resolution. And again, if that fails or if rather if folks are hitting roadblocks to reach out to us with specific examples and specific information so that we can help to try to troubleshoot situations or maybe moments where things have just gotten, the process has just gotten stuck. With respect to late penalties or interest penalties, we have we have guidance issued to plans with respect to timely payments. We have contractual requirements with respect to timely payments, of course.

There are also provisions within our targeted rate increases guidance specific to these payments and the compliance the compliance expectation as of December 31st. With respect to late financial late penalties or interest penalties, there are provisions in state law of course and I would refer folks to their rights under state law or under their contracts with managed care plans, which may also contain similar provisions.



Our focus, what we're really focusing on is getting all plans and supporting those few remaining plans that have not yet been able to attest to their full compliance, helping them get across the finish line so that all of the payments that are owed that should have been issued are in fact issued.

And then we, of course, recognize and respect that folks have folks have additional, may have additional rights under their contracts or state law to pursue.

[Deitre Epps] 10:27:41

So thank you. Priya will be the final comment on this area around targeted rate increase, and then we need to shift to the managed care plan updates, which is also a critical conversation.

[Priya Batra] 10:27:55

Thank you. I think. What would be really helpful and I'm for this at least the past two claims' data. So we have a lot of experience now with health plans submitting claims information to DHCS. So are we going to, I didn't see it on the agenda today, but when are we going to see claims paid? Can I get an update? I've asked at the last two meetings, and I feel like it'd be helpful to have some objective information about what this benefit really looks like today.

[Jim Elliott] 10:28:32

Hi, this is Jim from the Benefits Division. The data is still being collected by our Quality Population Health Management team, and that will be a major focus of the next stakeholder meeting in April.

[Priya Batra] 10:28:45

Wonderful. And I'd like to see that included as like a regular metric we're monitoring here because like we have questions again and again about claims being paid. I'd like to see, you know, that's one way to really understand.

[Jim Elliott] 10:28:59

Yes, thank you.

[Deitre Epps] 10:29:02

Thank you. And we'll shift, at this time for another part of the conversation, which will be led by Bambi.



Um and uh and you'll introduce yourself and then a few of the managed care plan representatives who also want to share for a couple of minutes each. We have 10 minutes total for this conversation.

[Bambi Cisneros] 10:29:26

Okay, great. Thank you so much. Good morning, everyone. My name is Bambi Cisneros. I'm the Assistant Deputy Director for Managed Care here at the department, and I'm joined by my colleague, Michael Huizar, who is the Branch Chief over the Program Oversight Branch. And we will share some updates pertaining to managed care plan implementation with this group.

And so we can go to the next slide, please

So here, I think just wanted to take a moment to step back and say that we have heard your concerns and appreciate your candid feedback. On the challenges that you have experienced when first newly working with managed care plans as this benefit was implemented in the managed care delivery system. And we really want to just take a moment to lift up some of the ways that the department and the managed care plans have really work to address these concerns to date. And so based on the feedback that you have provided, we see that they mainly fall in these six categories.

And so for credentialing and contracting, DHCS did communicate to managed care plans to encourage them to be flexible when contracting with doulas.

And so this means that if DHCS has already reviewed and verified the information submitted through the Provider Application and Validation for Enrollment (PAVE), which is our enrollment portal, then managed care plans would not be required to also review the same information. And so, for example, PAVE requires doulas to submit proof of CPR certification, an attestation to complete basic HIPAA training, and other kind of attestation or certification of completion for experience and testimonial letters. And then we did conduct a survey last July and nearly all managed care plans have reported applying these flexibilities. And then we also know that some managed care plans have also done other things to streamline in the space.

And some of those things that we have seen include modifying their contracts so that there's unnecessary legal unnecessary legal terms that would be removed. Some plans have created new contracts that are specific to doulas.

They've created toolkits, created a specific email inbox to help address questions, created submission checklists and have also looked at their credentialing requirements.



And so those are some of the ways that they've really heard the feedback when it comes to credentialing and contracting. And try to really make some changes in this space. And then we did conduct a survey on the managed care plans in January. And to get an update on executed contracts. And we do see that managed care plans continue to execute contracts with doulas. And between November of 2024 through January 2025, when we received the survey, we did see over a 10% increase in the number of contracts that have been executed, which is great. And so we will continue to work with managed care plans on their progress with contracting.

In terms of general plan responsiveness, DHCS is researching some reports from some doulas who have provided specific information where they have experienced delayed responses. And so we are also kind of using this forum FAQs and then continued updates to the doula webpage to be able to share some information out. But what I can say here in terms of plan responsiveness is that we are in constant communication with the health plan associations who also continue to work with their plan members on responsiveness. And then based on our review, it appears that some plans are reporting that they are requiring one to three business day response when doulas contact them regarding billing, claims, payment assistance, or other questions. So that's generally their turnaround times.

And then one other way that we're trying to really help this responsive on the responsiveness front is the doula directory, which is being updated. So the department did survey the plans in January to get updated points of contacts for both members and providers. So this is one of the feedback that was shared at the last December work group meeting in terms of just making sure that we have the right contacts for the plan. So when the doulas do reach out they get a point of contact that can really help them navigate through the planned processes. And so we are working closely with the plan associations to verify the information and then we'll post the doula directory on the doula webpage once we have that finalized. And so we'll be able to share that information really soon.

And then it sounds like top of mind here, as we just also talked about pertaining to TRI, for example, for timely payments. And I think we talked about this at the last meeting as well, which is that there is a contractual and regulatory requirement for plans to pay clean claims. And I think, you know, I think some of the challenges perhaps that the doulas have experienced, you know, not just the timely payments, but kind of getting to the place where the claim is clean. And so that means that plans are able to receive the information they need to make sure that they can properly pay that claim timely. And so the important part that I would stress out here, and it's also part of our timely payments All Plan Letter (APL), is the training and education component.



So, you know, as doulas are newly working with managed care plans and managed care plans can have different billing protocols, it's important for plans to work closely with their doula providers to make sure that they understand how to bill, what codes to use, et cetera. And so that's that's an existing contract requirement and it's spelled out in our All-Plan Letter pertaining to timely payments as well.

And then lastly, the department does continue to meet with the hospital associations to discuss any barriers to access. And I think you may have seen the update that DHCS made to the doula APL, I believe late in late 2023, where we updated the APL to make sure that the plans collaborate with our hospitals to facilitate access. And then additionally, plans have shared that they have done outreach with hospitals through various ways, and they've done this through bulletins, letters, presentations, et cetera. And so these outreach materials really stress on the benefits of utilizing doulas and their impact on healthcare disparities and moving the needle there. And so just a lot of work in this space in terms of just getting the good word and messaging out there.

And then we can move to the next slide, please.

I think Raphael was talking about this a little bit. Khefri, I think you kind of touched on this as well. In terms of just, you know, what are the rights that are available for providers when they have concerns pertaining to, and it sounds like mostly around timely payments and what process they can avail to. So this provider dispute resolution process is something that all managed care plans are required to have contractually so it's a process whereby have to review complaints from providers. And the complaints typically are pertaining to authorizations or denial of service or timely payments or any interest paid on those payments. I know there were questions about that as well. And so plans are to work and resolve those issues. And we continue to work with plans on how they're kind of resolving those challenges. And so, and this is kind of the first line of escalation, we would say, is because you know these are this is the plans process, and they have these plans contracts and agreements with their providers. And so we really want to make sure that the plans are messaging this process with their providers and they're working with their providers through this process. And then what we're hearing is if there are continued concerns after the doula providers have undergone this provider dispute process at the plan level, then we will certainly at the department be I'm happy to help out. We just want to make sure that your kind of going through this process because again, like once we ask for this pretty detailed information, which we need to be able to work with plans. We'll need to share this with the managed care plan so that they can go back and do some research on their end to see if this is kind of what they're seeing on their end and we can work towards resolving those concerns.



So if you're not getting the responses that you need from the plan or are not satisfied with what you're getting through that process, then doula's can reach out to the department and provide the information we put like a list here of some of the information that we're going to need. Again, we need this detailed information to be able to follow up with plans. And so that's the reason why we're asking for this level of detail. And then we'll take this information and then we will work with plans to kind of resolve those concerns.

And then I think what we'll do is I will pass it over to Michel Huizar to go over the doula directory. And I think we'll go through the next couple of slides and then we'll pause to see if there's questions.

[Deitre Epps] 10:38:59

Bambi, we have about two minutes left in this section for managed care plans, just FYI.

[Michel Huizar] 10:39:06

Alrighty, I will be quick. Hello, everyone. My name is Michel Huizar. And as I put in the chat, I'm a Branch Chief in the Managed Care Quality and Monitoring Division of DHCS. As Bambi mentioned, with respect to our managed care plan doula directory, we did survey our plans to update their points of contact for the managed care plan directory. And the updated directory will include points of contact for providers and members. Just also noting, as many of you know, the directory also includes matrixes or will also include matrixes for counties by Medi-Cal managed care plan and Medi-Cal managed care plan by county. So it'll be a bit of a combo. And plans will be posting this information on their respective doula web pages. Oh, excuse me, we will be posting information on the THCA webpage. My mistake.

Next slide, please. Oh, no, I'm sorry, not next. So what's the survey? There we go. One more. So what's ahead? We just wanted to let you know that we are sending a planned survey in March 2025, so the purpose of the March survey is to gather information on the plan's continued progress towards engaging with providers and how the plans are mitigating provider challenges. The survey questions for planning mitigation include but aren't limited to the items listed on this slide. So billing, claims, and payments, enrollment application credentialing, contracting and onboarding, access to provider training and resources, general responsiveness, and provider dispute resolutions. So we hope this information will be an important step towards addressing challenges and new opportunities as we deeply do respect the wisdom and care you bring to this sacred work in your presence is a gift to those that you serve. I'll pause there just for any questions that you might have for us, but thank you so much.



[Deitre Epps] 10:40:58

And thank you. Bambi, did you want to close out with anything?

[Bambi Cisneros] 10:41:04

No, I think we shared a lot of information, so we'll kind of see if folks have questions or comments.

[Deitre Epps] 10:41:11

Okay, thank you. So if we're noticing that there are some questions in the chat. If everyone could please put your question in the question and answer function and that way the DHCS team can be answering the questions as the presentation is happening and there will be a record of the questions so people can be informed about what questions are in place. The question and answer is at the bottom of your screen. If you look at the bottom of your screen, you'll see a question mark box. On mine, it's next to the share box. It'll say icon. It'll say Q&A underneath it. So you click on that and then you should be able to type your question in.

So thank you everyone for that. We're following up with the questions that you have.

We did want to leave time for the California Doula Medi-Cal Feedback form conversation. And so this conversation is aiming to help inform you about information that has been collected from doulas providing care to Medi-Cal recipients. And so I'll pass it over to Khefri at this time.

[Khefri Riley] 10:42:27

Thank you so much, Deitre, and thank you, everybody. And Bambi, that was so informative and helpful and deeply responsive to what the doulas have been requesting and what the advocates have been requesting in our communications with DHCS. And so we really want to acknowledge all the hard work and collaborations that are taking place with this team to help make this a more equitable benefit and we still have more to go, a lot more to go. So just want to acknowledge all the hard work so far. I also want to ask that both Ajira and I have share abilities. If you could at least give Ajira Darch who is accompanying us on this section so she can screen share and we can talk more about the California Medi-Cal doula feedback form, which is one of the forms that has been helping us to communicate these challenges to DHCS how they've been so responsive to all of the unique situations. And so as a jewel is being given.

That process to share screen I just wanted to highlight that there are still some challenges happening with doulas being able to give services inside of the hospital. And this complaint was submitted to DHCS that you guys were able to review it. But



this was regarding Pomona Valley Hospital, where the doula was not allowed in triage or the OR. And they allege that the Nurse was dismissive of the client's birth plan and willingness to acknowledge the doula as part of the care team. And I think it's important to continue to share these stories as they are not fantasies, they're real and they're blocking the families from getting the doula care that this benefit is designed to give. So I know that we are collectively working on that as well, but I'm wondering how will we also please center the need for hospitals to still be in compliance, for the doulas to be able to deliver their services? If this keeps happening, all this hard work goes to moot and the nurses and or the doctors and or the hospital staff aren't aware of the doula benefit. And so I think that the awareness is still an important piece here. And we don't want to miss that. So I really wanted to honor that because that's not easy to report that. It takes a lot of humility to state "I wasn't allowed to give care". And then therefore they can't bill. And they can't vote for their time and be paid. There's also another important point, and I think Samsarah, you will also like to speak on this.

And this is important just for an overarching understanding of some of the inequities that are happening with contracting. This is reported by a doula regarding Kaiser Permanente, LA Care. They say, when I approached Kaiser about being a Medi-Cal doula provider, they provided me a contract to become a provider for both Medi-Cal and Kaiser commercial insurance providers. With the same compensation rates at 100% of Medi-Cal rates. When I inquired about the possibility of contracting as a Medi-Cal provider, they said there was no way to do that. I believe this is creating a barrier to Medi-Cal members who need services because they're not allowing doulas who disagree with compensation rates or commercial insurance to contract for Medi-Cal insurance only.

I am contracted with Elli Care through the Doula Network, and I've had clients match with me who have LA Care commercial insurance I didn't know that I had signed on as a commercial insurance provider with LA Care with the same compensation rates as Medi-Cal, but it looks like that also has happened. This is very concerning legally; you need to know what you're signing and understand what you're saying before you sign a legal document. And there's not a lot of access to legal services for doulas right now. And we can see with all the complicated codes and different messaging around LOIs or single case agreements, and different rate increases that doulas aren't understanding them or aren't getting the proper legal representation. And so they're entering into these agreements in an unfair manner.

I'm sorry.

[Samsarah Morgan] 10:46:14



I'm there. Yes, I was muted, but not anymore. Thank you, Khefri, for... that open door. I'll just say bluntly that Kaiser's been highly uncooperative to the doulas both on the Medi-Cal side and the commercial side. The persons that we I've been told at least four different people to contact regarding how to onboard with them. And nobody knows. My clients have been told that they could bill Kaiser for my services and wanting me to provide them my social security number, which I am just not handing out my social security number to every client. To get this process going is it seems massively unconcerned about. It is not a priority. And as if that's very disappointing after really over two years of working on this that we're still having these roadblocks on people receiving care and for even their own even their own members not getting answers to their questions about how they get their doula services covered. So, um. We really need to take a look at this, and no way feel that we're done, we're not done and we're not done a smooth process is really required. Because what's happening is that doulas are getting frustrated. It has been over two years. And they need to be paid. They have families' mortgages and rent like everybody else. And we know in the Bay Area that's quite a bit so if we can have a smooth process, we'd have more doulas and we know we need more doulas of all. Different backgrounds serving the birthing people.

[Khefri Riley] 10:48:11

Thank you, Samsarah. Some doulas are reporting some of their challenges in the chat.

We don't have a very long presentation, Deitre, so we will be efficient.

I did want to uplift the 171 folks that signed the coalition sign-on letter that brought much of this attention towards Managed care plans being out of compliance and other requests. And why I'm saying that is it's taken a lot to bring this action forward and it's taken a lot to be responsible from DHCS. And so really acknowledging how these things were addressed in today's meeting and how far we've come, And I think that just being in a state of gratitude for a moment is really great. Otherwise, there's a lot of hard work and with not a lot of results, but right now we're getting results. And I think it's important to acknowledge that.

For those who might be new to this feedback form, when you click on that bit.ly link, you will be directed here to the California Doula Benefit Feedback Form for both community doulas and providers, and pregnant people, beneficiaries. This is a form that has been utilized to report any concerns to DHCS and managed care plans or other relevant parties, such as the California Hospital Association, et cetera.

Here's where if you are enrolling as a doula provider and you have problems, you can share that here on this form. If you are delivering services as an approved doula



provider and are having any challenges. We want to hear from you. And if your families are receiving services as a Medi-Cal beneficiary or managed care from a managed care plan, this is where you can report if there's challenges with the delivery of services or you being able to give those services or even mistreatment by a care provider. We want to hear it so we can share it and we can try to resolve it.

So thank you so much for those who've taken the time to do it. We know that it's extra time out of your schedule, out of your already heavy work serving clients so gratitude there. And Ajira, we can go to the next slide and...

[Ajira Darch] 10:50:02

I thought it might be helpful. Oh, hello, everyone. Ajira here from Roots of Labor Birth Collective. And one of the folks who's monitoring this community feedback form. I thought it might be helpful to see whether the response is shifting over time. So this is what we had in January and this is what we had in March. So it looks like folks are receiving less responses. At least of the people who are responding to our feedback form. Since our January stakeholder meeting we've had 36 more folks complete this one, and most of them have been approved Medi-Cal providers. And then doulas enrolling as medical providers and then folks who are receiving benefits. And finally, someone who classified themselves as a supporter.

Out of the 36 folks who responded since January, 31 of them were talking about challenges with managed care plans. Six of them were talking about challenges with hospitals. And one person was talking about challenges with Medi-Cal doula enrollment PACE, in other words and then out of all the respondents that we've had since we started tracking this ourselves.

102 reported challenges with managed care plans, 24 reported challenges in hospitals. And 17 reported challenges with medical enrollment. So the vast majority of the responses we receive are talking about challenges with managed care plans.

These are the managed care plans, hospitals and birth centers that folks, the 36 respondents we are tracking in this last period since our last meeting.

These are the managed care plans, hospitals, birth centers that folks mentioned.

And I've you know put into a tone color the ones that were mentioned more frequently, and you can see it Kaiser, Partnership, LA Care, Health Net were mentioned more than anyone else.



And I think that you know. This is echoed by some of the responses you've heard from other folks as well. And I'll just name that a lot of the complaints have to do with nonpayment or payment the difference between 2023 rates and 2024 rates not being paid yet. But there's also mention of folks not being having troubles accessing their clients in hospitals Not being allowed in triage, nurses being dismissive of the client's birth plans and unwilling to work with the doula. Doctor providers not willing to work with Doula being denied the ability to support the client in the operating room has been coming up a few times as well during cesarean births and also in postpartum. And then we've also had a couple of specific shares about experiences at Kaisers in particular, Kaiser hospitals in particular where folks are well, I'll just read what one person said, which was "I had two clients give birth at Kaiser in 2024. I was paid the 2023 which I was expecting. However, I'm still waiting for the back pay on the first birth. It has been months. The total owed remaining is \$600. My second Kaiser client gave birth in October right after the pills were adjusted. I billed using the old codes and then realized and try to correct them. And Kaiser rejected my adjustment every single time. For this, I'm owed \$500. And at this point I'm not sure it's worth the time, which is a real shame. I was looking forward to serving Medi-Cal clients and Kaiser is one of the main hospitals near me for births. But at this point, I'm turning down people because I don't want to deal with the literal hours of hassle it takes to get paid."

I think it's highlighting that these issues need to be resolved. And if they're not then we are very much risking doulas no longer wishing to engage with this benefit.

[Khefri Riley] 10:54:34

Thank you, Ajira. And also with the contracting that's happening with commercial plan rates and leveraging that so that those doulas have to also accept Medi-Cal rates as some of the doulas are observing and sharing in the chat, this compromises us being able to serve the Medi-Cal beneficiaries who are most marginalized and who are most in need of this care. So this is why we're asking on a systemic level for this to be addressed from the top down. And we're doing our best to bring up the voices from the bottom up. But we've got to meet in the middle here because the main thing is to address the disparities that are happening in Black and Indigenous communities. And if we cannot address this, that we're continually not having enough workforce to serve those families. And that means those babies and that means the disparity rates that happened primarily in the first year of life and postpartum. So I was going to bring it back to the people that we're serving. And if there's these huge barriers with contracting still and payment still, then the families are receiving the brunt of that. So I do appreciate Dr. Priya, you asking just directly when are we going to address this?

[Deitre Epps] 10:55:45



Thank you, Khefri. We have about... five minutes before a break and we wanted to leave time for anyone to share any additional concerns that you may not have heard today but that you feel are important enough to bring to the attention of the group.

Are there any specific additional challenge you would like to bring to your partners in managed care hospitals or local health offices, for example.

Mama Linda, and then we'll also be looking in the chat as well. Yes.

And then Dr. Saida.

[Linda Jones] 10:56:26

Yeah, I think it was asked early on in the questions when it was stated that five Managed care plans had not complied. I'd like to know who they are. I think we need to call these people out. I'm tired of hiding behind whatever we're hiding behind and letting these people get away with not paying dual is what they're what they do. They're owed lots of money. You know, Khefri didn't read some of the ones where people are owed 10,000, 20,000, \$30,000. That is not \$500. That's a lot of money. And as we keep saying as the newspaper article stated doulas are not going to do this if they're not going to get paid. And as I keep saying, no one on here would work and come to work and keep working if they were owed 10, \$20,000. We need to name who these people are who are not paying the doulas and not complying with this and just kind of spitting in the face of the state and saying, I'll do it when I get around to it. I want to know who they are.

[Samsarah Morgan] 10:57:45

I'll just say really quickly that I really agree with that. We've taken a lot of our personal time. There is a certain dignity for serving a client at no fee if we decide that and decide with the family that they need our support.

Doulas have been independent and proud for a long time. We don't want to feel like we're begging for the money. That we have put our time and energy into. So it's no professional person should be in that position and is feeling that way too. Quite a few doulas. That's why we don't have more.

[Deitre Epps] 10:58:37

The question is on the floor to be answered and um while that is on the floor, we'll go to Dr. Saida and Kristen?



[Sayida Peprah-Wilson (Dr/She/her), Diversity Uplifts, Inc.] 10:58:49

Thank you. I wanted to lift up questions that I heard earlier or saw in the chat. In the Q&A. One is... this issue of the LOAs Well, I'll start with folks being Medi-Cal doulas and enrolled and being automatically enrolled by managed care plans or being told that they have to do both or they're not accepted. Is that legal? Is that we want to hear from DHCS. Is that appropriate? Is that standard? Do they just tell every psychologist that signs up to be a Medi-Cal enrollee that they also have to take something. And if they don't they can remove them or they can deny them. The doulas are new to this workforce in this kind of way. It will be helpful to know what standard because that seems to be what's happening across a number of managed care plans.

And also the question of are they allowed to pay a lower rate than Medi-Cal? Can a managed care plan electively say that they are going to give less for the benefit that Medi-Cal is giving. Those are the questions. Thank you.

[Deitre Epps] 11:00:19

So those questions are on record and awaiting that response. We'll go to Kristen and then Kate

[Kristin Schlater, L.A. Care Health Plan, Los Angeles] 11:00:28

Thank you. Good morning, everyone. Kristen Schlater, Health Education Program Manager, LA Care Health Plan. And I just want to thank DHCS, the Doula Hub, and doulas for sharing their feedback. It's very important feedback. I think that full transparency LA Care has is one of the health plans with the late pays. We're the largest in LA County, so working with a lot of members and doulas, but that's no excuse. We were able, since we've received this feedback, we've been able to escalate to our leadership. I want to say that there's a lot more eyes on the doula benefit now, a lot more traction, we've been able to change some of our processes, address things more directly now that we have higher leadership involved.

So, I'm in total agreement that one day, even one day late is too late.

Full transparency, I am not the contracting manager. I'm not in claims but I can help be an advocate for doulas and the benefit and help raise these questions and advocate for better systems as well. And oftentimes there may be only one or two people within the plan really advocating for this. And just keep in mind that we are... in full agreement with the with raising the issues we've heard here, and glad to get that feedback because it does help to elevate and escalate to leadership.



Just another note that we have reinstated offering letters of agreements to our doulas and under those letters of agreement, they do get the new TRI rates, the full rates. So they should receive, whether they're on full contract or LOA, they should be receiving those new rates moving forward. Again, we have been meeting with our partners more readily and more often to work through these issues. But again.

Apologies on our side. I know that doesn't hold much, but just to let you know, we do have advocates in there pushing and raising to leadership.

Thank you.

[Deitre Epps] 11:02:43

Thank you. Kristin.

[Kate Ross] 11:02:47

Oh, Deitre, I'm sorry. I took my hand down, but do you mind if I, and then, okay, thanks. I just wanted to say, first of all, Kristen, thank you for saying that. Lots of good information and transparency. And I would just note that that is very generous of you all to give those increased TRI rates with a letter of the LOA because that's not required, right? So appreciate you all doing that and taking that extra step and your transparency.

But to the question about who has not provided attestation. I do want to remind the group that's not specific to doulas. And I know of a few instances of a plan who has not provided attestation to DHCS but has paid all of their doulas because they're directly contracted. So I guess I will say transparency is great, but in this case, I don't think it answers the question that you guys are looking for, which is what is the problem and how do we solve it?

And I think we're doing a lot of good with this honest feedback and providing specifics and you're seeing results like with LA Care just now and with others. And so I would urge us to keep going in this conversation and just be really clear that a missing attestation does not mean doulas are not getting paid. So thank you all very much.

[Deitre Epps] 11:04:12

Thank you, Crystal and then Dr. Sayida, and then we'll take a break just after that.

Crystal? Yes.



[Crystal Haswell, Kaiser Permanente (she, her)] 11:04:18

Good morning, everyone. My name is Crystal Haswell, and I'm from Kaiser Permanente. And I want to just sincerely thank all of the doulas that are both on this advisory committee, the ones who have joined the call and all of the doulas who serve Medi-Cal members across the state. I know I've been joining these meetings since the inception and so I hear the concerns and I want you to know that we at Kaiser are committed to eliminating racial disparities in maternal and infant health outcomes across the state. We are very much focusing on doulas and expanding our network and providing more custom outreach to doulas that are having issues in our process. And so I just want to acknowledge that, like Kristin said, I'm not like a claims or contracting or billing person, but I am on our Medi-Cal policy and advocacy team. And so I am advocating within our system and taking your concerns and trying to push forward kind of what we think are the best things to help the doulas, the doula community, and our doula network to help our members. I will say we are paying the TRI rates and we've been doing that as of February 10th. We have issued back pay with interest to all the claims from 2024 and 2025. And so those should have gone out and those doulas who were awaiting payment and increases should have that payment now. If not, please let us know and we will result, we'll try to troubleshoot those issues with you.

We are looking monthly at denials and claims reports so that we can see what trends there might be. And use that information to really customize our training and our outreach to the doula community and our doula network.

We are developing a doula specific training, a webinar training but we won't have that ready until April.

We do have lots of different contacts and email addresses that you can use to get your claims issues worked through with us. We can provide some information about why you may be seeing claims denied and also contracting issues as well. So I just want to know, thank you so much for continuing to share your feedback with us. We really are using this within our system to try to make this better for everyone.

And this does have the attention of our leadership. So we are committed to moving things forward.

Thank you.

[Sayida Peparah-Wilson (Dr/She/her), Diversity Uplifts, Inc.] 11:07:11

My question, I can actually Crystal, if it's possible for you to, because I wrote in the chat, I met with Jillian, who's a representative for Kaiser over those regions, what San



Bernardino, Riverside Ventura. But what I learned from my conversation with her is that there are now regional representatives that can be connected to doulas that have any issues. They're the ones that are overseeing it.

If you could share that in the chat for folks, like who are the people that the doulas can reach out to in each of the regions. I know I'm hearing that people are not getting clear communication. And it sounds like you are trying to create people to do that, but I don't know that the doulas know who those people are.

The question I was going to raise back up is related to something Kate said about the LOI.

That um it's not required that the LOI rate is the same. So can somebody from DHCS speak to that? Because that has also been something that has never been clearly communicated that the Medi-Cal doula rate that has been identified is not the rate that managed care plans are required to keep to when they do direct contracts with doulas. And of course, that's a big issue because in order for doulas, many in the beginning, in everybody's effort to get doulas out, they were offering LOIs, which people would have expected would be the same rate. And so we're hearing that that is not the case. And that's a bit concerning. And can we get clarification there?

And also I saw that somebody from DHCS asked, could I repeat my question from earlier? And it was about whether or not the MCPs are allowed to contract for a different rate for the commercial plans than Medi-Cal, as in under. We understand that they can be more. That's very common that people get insurance reimbursement on the direct service on the direct side, much higher than Medi-Cal. Medi-Cal is typically the floor, are they allowed to not to pay less than Medi-Cal in the commercial rate? That would be helpful because we are hearing that that has been proposed and people are being signed up that way.

[Linda Jones] 11:09:14

So are they forced to do commercial if they really just want to take Medi-Cal?

[Sayida Peprah-Wilson (Dr/She/her), Diversity Uplifts, Inc.] 11:09:17

Right. And are they forced to? Do they have to do both? Can they say that they won't accept them for Medi-Cal if they don't do the commercial side as well?

Thank you, Mama.

[Bambi Cisneros] 11:09:26



Yeah. Oh. If I can respond to that, maybe others can chime in too. So those should be two separate contracts. I know, you know, some of our managed care plans also have commercial lines of business, but the Medi-Cal contract would be separate and distinct from that. And from my perspective, shouldn't be used as like leverage for that contract either. So that's what I'll say in that piece. And then just kind of seeing some of the questions on the chat.

I think maybe need to establish some clarifying comments about the LOA. It looks like there's some concerns with Molina pertaining to the LOA and the prior authorization. So I just wanted to make sure folks are aware like those are two separate and distinct things. So a letter of agreement is typically like some sort of contract with the managed care plan. So like if the provider is not if they don't have a typical network provider agreement with the managed care plan, which is their normal provider when the providers in their network, typically what plans would do is do a single case agreement or a letter of agreement. And this really just is an agreement between the plan and the provider that the plan is saying, hey, provider, this is the member that I'm delegating to you to provide services to. And so that's more like a provider agreement, like on terms, payment, et cetera. The prior authorization piece is different and it shouldn't be tied to that. It shouldn't be tied to that LOA or that single case agreement. And what that really does is basically say that the plans are authorizing the provider to provide those services and pay them for it. And so with doula services, these are preventative services benefits. And so they wouldn't require a prior authorization. So I just wanted to make sure we, you know, we're kind of keeping those two concepts kind of separate.

And then the other thing I wanted to clarify, just seeing the chat, I think someone had added like SHARP OR. And so SHARP is not one of our direct contracts. They're not one of our direct managed care plans. So that probably means our managed care plan is contracted with SHARP as a hospital and so the things that we talked about today in terms of the provider dispute process, the timely payments, these are requirements that DHCS places on the managed care plan. And then they then push these requirements downstream to like their providers, including hospitals.

So I just wanted to say that because it sounds like there were some maybe concerns with SHARP so I don't know off the top which of our plans are working with Sharp Hospital, but just a flag for the plans that are on the line. It sounds like maybe there's a concern with that particular hospital. So I just wanted to mention that. But yeah, I just want to overall just thank you all for your feedback. Someone had mentioned earlier about just, you know, we wouldn't want the doulas to engage. And I would say that that's our Department priority as well. So very helpful that we're talking through these issues.



We just want to make sure we get to the heart of it because it sounds like some of these issues have persisted for some time and we want to be able to close them out as well.

[Sayida Peprah-Wilson (Dr/She/her), Diversity Uplifts, Inc.] 11:12:28

Well, Bambi, when you say that it's a different issue that LOA versus the contracted doula, is that financially as well? Are you able to speak to, can they just say, we're going to pay you \$10? Right? Like, is it just That's whatever you agree to.

[Bambi Cisneros] 11:12:43

Oh, there's typically the plans do use like the fee for service rate as a floor unless there's, and I don't know if other the rates folks can maybe correct me if I'm wrong here, but I think just absent like a federal directed payment rate, because sometimes we have to pay, we have to direct plans to pay providers a certain rate. So absent that in place it really is between the plan and the provider to negotiate those payments unless there's something like, for example, here, like we have the TRI rates. That's a DHCS policy. So the plans have to pay their providers that. And typically, yeah, so it's like the LOA would talk about, you know, the ways that it's basically like an agreement for how the plan and the provider will work together as like a like between a contract. Again, it's because it's a form of a contract. But it's not like an authorization for services.

Does that make sense? So it's like once the provider's kind of quote unquote contracted with this provider via a normal network provider agreement or like in this particular case, a letter of agreement then that provider is then authorized to provide care to that member. So hopefully that kind of help to explain.

[Sayida Peprah-Wilson (Dr/She/her), Diversity Uplifts, Inc.] 11:13:52

But it's just this is just the financial part is really the clarification I'm wanting for the doula to hear. Can they set their own rates in those contracts or do they have to follow the rates that DHCS set for the Medi-Cal benefit?

[Bambi Cisneros] 11:14:07

Again, I don't know if others can chime in on whether there's a directed payment here, which is like a federal policy, I don't think there is. And so in that particular case, the plan and the provider can come to an agreement on the rate unless there's a fee for service floor, which it sounds like based on the update that Raphael provided earlier.



That it would be those TRI rates. But we're happy to take that question back because I think we'll need to confer with our finance colleagues but understand the question and see how that would be very important to make sure that you're all getting paid the right rates. So we'll take that one back.

[Deitre Epps] 11:14:43

So I just want to note that we're about 15 minutes past the time of this conversation or more.

Mama Linda, is it possible you can take your comment to a minute, about one minute?

[Linda Jones] 11:14:58

I would just like to ask Bambi what the doulas do? How do they push back against these managed care plans they're saying this is all one thing. You either have to sign up with both or not. When you're saying these are two separate entities.

[Bambi Cisneros] 11:15:13

Yeah, I don't know if there's only specific plans that you're encountering that with, but we're happy to check in with our plans who also have commercial lines of business just to make sure I know some of them are on the line and our plan associations as well. So we'll take that we'll take that back Linda, and then if there's any additional details that you want to share with us.

[Linda Jones] 11:15:31

I saw them and there were several people in the chat that said it was happening to them. So I just wanted to make sure they got an answer.

[Bambi Cisneros] 11:15:38

Yes.

[Deitre Epps] 11:15:42

So we will Bambi, if you can answer that perhaps in the question and answer and or share with the group in that question and answer when that answer will be able to come forward.

I do recognize that this is a very important topic. And that it's not the end of the topic. A lot of good information has been shared.

We have actually discussed it through the 10-minute break. So it's quite a bit of, we're quite a bit past the original timeframe. So we're not going to be able to do a 10 minute



break in order to leave time for the doula benefit report, which is why this group is convened.

But we recognize the importance of being able to move into that conversation in a way that everyone can focus and give intent. So we're just going to invite a two minute break, just like get up, move, maybe get some water and we'll start back in two minutes.

Welcome back if you're able to come back on screen. I know that break was not long enough to really to really move away and come back as much maybe as needed but If folks can share that they're back by either coming on screen or giving a thumbs up.

Thank you, everyone. And I just want to recognize there is someone that has their hand up.

And Marisol Ramirez, if your hand is up in 10, okay, you put it down.

I don't know if you're you may not be able to share aloud if you're not on the doula implementation work group but if you could please put your question in the question and answer or your comment in the chat.

We will be on the lookout for that in the chat.

And what the next conversation, as we've shared, as you know, DHCS was charged with convening this work group to examine the implementation of doula services, which is exactly what you've been sharing in Medi-Cal and to inform the DHCS' report to the legislature on Medi-Cal members using doula services and to make recommendations to reduce any identified barriers to doula services.

And so the purpose of this part of the agenda is to provide an overview of the report outline and to discuss the recommendations to the state legislature.

So we'll pass it over to Jim, or Jim will share who from the team will be moving forward.

[Jim Elliott] 11:22:37

Thank you, Deitre. Hi, this is Jim Elliott. I'm with the Benefits Division working on the doula benefit for a long time, and I As Deitre said, this group has been meeting for two years.



Statute said that the work group will form recommendations, and I want to say that even though we haven't formerly selected any recommendations I think the work for the last two years is issues that have been raised and we've been working collectively with our doula partners to address these issues. We consider that all part of the work for this report for the recommendations. That said, we have less than 60 days to finish a draft report. So we are on a tight time crunch and you will see that kind of the schedule that we have I would like to note that even though this report is scheduled to be published by July 1st, that doesn't mean this is going to be the end of this DHCS working with the doulas on your issues. We asked for a time commitment for our work group members for two years ending in May, and we're going to honor that commitment, and this work group will end after that meeting. But we will continue to work with doulas on these issues. We're not sure what that format is going to look like yet but just to say this is not the only opportunity to raise issues and things to continue to work on.

Next slide. So as you see, here's the two meetings after today that we have left at this next meeting in April. We will be discussing the data.

Christine and Andy and Dr. Marshall's team will be presenting information from the report that they've done as well as other data and then we will discuss hopefully finalized recommendations for the report. As Deitre said, this is from the statute. Real quick, we don't need to go over that, but it's basically about recognizing barriers to access and also outreach efforts. So the scope of the report is about the coverage of the doula benefit. We want to point that commercial coverage and federal funding are outside the scope of this.

Some recommendation ideas and we wanted to note that's why we've said that. The statute says that the work group will make recommendations to DHCS and the legislature so as we ask for input on these recommendations, we'll be asking for the work group to weigh in on those recommendations and the recommendations will come from all the members of the work group collectively.

Next. I'm just going to really quickly go over these slides because they're going to be on the website. We just want to include these here for further reference. But as we write the recommendations we need to also consider like the authority of our doula partners and what they are able to go over.

So this is about the DHCS. Our local health plans have been very helpful working with them. We appreciate them. The California Hospital Association, the legislature and the governor is one of the reports you're going to, they also, as you know, they have the



authority over the state budget and CDPH has also been a valuable partner. As you can see on here, we've been discussing with them about an All Facilities Letter about doula access in the hospitals that will be forthcoming soon.

So as we're looking at how to do this report we anticipate a lot of these recommendations. What we have is we've drafted some potential recommendations for the work group to consider based upon topics that we've heard in the area.

I'd like to say all of these will be voted upon by the work group that we discussed. Please note that these are not listed in the order of priority. They're just more or less at random except for the first one, which will look familiar. The wording is subject to change and the work group can add, modify, or delete recommendations. We just put down some ideas for a discussion.

So here's our schedule. A couple weeks ago, we sent an email out to our work group members asking them for suggestions for the recommendations, today we're going over this process. We will send an email with the recommendations to the workgroup tomorrow, if they have written comments they'd like to send us changes to the recommendations, please send those to us by next Tuesday.

Next Friday, we will send out a Survey Monkey to the work group to vote on the recommendations if they want to include them or make changes to them. Words to that effect so that we can make sure that the recommendations reflect what the work group would like. The comment period is going to close on March 31st so that we can prepare for the April work group meeting and then our goal is to have a draft report available by our last meeting in May.

I would like to note that the original statute for this bill the work group ended in December and with the report coming out in July. DHCS extended the work group's timeline because we thought it was important that the work group be able to see a draft report before it was published.

So here's some potential recommendations. We'll go over this real quick. These slides will be posted on the website.

This comes from the coalition sign-on letter where there was a petition that was around and there were some recommendations in there, changes to the All-Plan Letter, etc. So we put this in here for people to consider. Most of these bullet points are pulled directly from there.



Hospital access has been an ongoing issue, so we had one in here about hospital access. We've heard about delivery room, the triage in hospitals.

And I'd like to point out that these recommendations are like what I would call like big bucket, big topic areas. They're not very specific. That was some of the information that our work group can provide information on what the specifics of this look like. The data that will be presented next month will also help add some clarity and some details about how these recommendations can be formulated.

We've heard a lot of contracts. We know some of our plans have been doing work in this area about how to simplify the contract.

I would also like to share that the recommendations of what we're sharing here is potential recommendations will be posted on the the doula webpage next week. And as part of that there's information about some of the ongoing work that has been done by DHCS and our doula partners and our work group members in these areas.

All right training is an important area and I'd like to point this one area was really intended to address a couple of issues. One is we've heard is we've heard that there may be some areas of the state where there's fewer doulas than what we would like and so maybe there's an opportunity for the work group to recommend to the legislature but how to do some grants to increase the numbers of doulas in those areas.

And also we've heard that there's a desire to see more increase among doulas among the American Indian population. So the greatest health disparities African-American and American Indian doulas that's an area of focus for the doulas that the department thought when we first developed that so maybe there's opportunity a further group to make recommendations to address those areas.

Contact information Bambi has shared that this is an important issue for doulas to be able to contact the plans. With questions about getting their claims paid, about contracting, and have the information posted online. So that's an area that we're looking into that we thought the worker might want to make.

And you notice on quite a few of these, it'll say best practice, what we'd like to do as much as possible the sharers like, hey, here's some of the great things that were done by these plans or these hospitals and make recommendations that other plans adopt so that there's something that could be shared. Kind of like a one-step resource for some of these best practices is kind of what we're thinking, but how I would like to say



that the recommendations in this report will come from the work group. They're not from DHCS. We're not going to select. It's your voice and we want that voice to be shared.

We've heard a lot about training and so how to make training available, what that looks like. How our plans, our partners can help us on how to word this recommendation, but I understand the importance of getting paid in a clean claim. Which will allow you guys to get paid faster so they don't have to be returned back for changes.

And we've also heard some comments about as part of the enrollment with DHCS, why do I submit documentations and attestation and then sometimes some plans have asked for some of the same documentation, so we put that in here about good practices to recommend it to accept DHCS credentials for that. We do know there's federal requirements for plans to have a credential process, so there may be some additional steps that may need to be done but where there's duplication maybe they could recommendation is to not duplicate efforts.

Communication. The statute specifically called out communication campaign as one of the areas for recommendations for the board group to focus on.

I will note and you will see it online. And we did share recently with a work group that last month we published a couple of fact sheets about the birthing process and birthing resources. Doulas are very heavily promoted in that campaign. I know that was a concern back when SB 65 was promoted and so these are flyers that can be addressed to the providers can share with them. I would also like to share that we've had a comment that the picture of the doula is in one of those flyers isn't necessarily the best representation of doulas so that is something that our communications team is working at looking at, maybe using a different picture in the future update in their flyer.

Those are the recommendations that we came up with. We're happy to open up for discussion. Like I said, this is for the work group's consideration and you have lots of opportunities for the work group to share and provide your inputs.

If you want to rewrite some of them, we ask that you will please email those to the doula benefits mailbox (DoulaBenefit@dhcs.ca.gov) by next Tuesday. It's a lot easier for us to track and make sure we accurately capture your comments. There may be different points of view on some of these, so it would really help us to be able to



capture and look at wonderful ones. Thank you, Jennifer, for posting that mailbox in there.

[Deitre Epps] 11:35:01

Okay. So yes, this is your opportunity to give feedback on what you've heard, Dr. Sayida.

[Sayida Peprah-Wilson (Dr/She/her), Diversity Uplifts, Inc.] 11:35:06

No, I just want to say, Jim, thank you for that.

We will take it back and maybe wordsmith some things like we can see some areas that could be clarified differently and then provide to you by the date. So thank you.

[Jim Elliott] 11:35:21

That would be great, please, and you mentioned one point, even though these are from the recommendations. Anticipate that our work group members will be gathered input from other stakeholders that you work with. Yes, Sayida, please do provide better language. We just kind of throw that out as a starting point.

[Deitre Epps] 11:35:48

And this is also the opportunity to ask clarifying questions about the recommendations from anyone and a question, to what extent do these recommendations resonate with you from your perspective, whether you be a managed care plan, local community doula, and what how does this resonate with you? We'll start with the doula implementation work group and then we'll see if there are comments in the chat to review. Is there...

[Sayida Peprah-Wilson (Dr/She/her), Diversity Uplifts, Inc.] 11:36:17

Could you put them up? Is it possible for you to put them up while people are thinking about it so they can see it again?

[Deitre Epps] 11:36:22

Absolutely. Yeah. So was there any clarity needed and then to what extent do they resonate with you?

[Khefri Riley] 11:36:36

Can we go to the first slide? Is this the first slide?

[Jim Elliott] 11:36:39



Keep going back a little bit more. That's the first one. That should look familiar to you, Khefri.

[Khefri Riley] 11:36:47

Yes, thank you. I think that was one of my questions. I'm not sure if this could make it into the report or not, but one of the things we asked on the coalition letter was indeed Corrective action plans or how whether that's in an All-Plan Letter and or other processes that we're unaware of. I know that a lot has been addressed today in this call, but one of the things we still feel we don't know about is any corrective action plans and or what happens when managed plans are so out of compliance? And the reason we're asking this is we are partners with the managed care plans, and we understand the delicacy of that relationship, but we can't secure the workforce and the Medi-Cal benefit if we don't have some kind of compliance happening with what DHCS has worked so hard to create.

[Jim Elliott] 11:37:39

I'm glad you mentioned that. That was part of the letter. It's a reason it's not on this particular slide and I'm going to defer to my managed care people to correct me if I'm wrong, but it seems like the corrective action part that they would do was not part of an All-Plan Letter, which is guidance to plans, but how to implement the policy, why the corrective action plans and those kind of enforcement actions are through a separate mechanism and a separate contract.

So, and I did mean to explain that wasn't intensely trying to say that's not important. It's just like this is one venue for this communication and that's a separate venue for that. So that might be through a separate recommendation or that's a point that we would work with our people on managed care point to address.

[Khefri Riley] 11:38:36

Okay.

[Deitre Epps] 11:38:48

Raquel, can you speak to what you've placed in the chat? Just so folks can recognize what's in the chat.

[Raquel Saunders] 11:38:57

Sharing the flyers that, can you guys hear me okay?

[Deitre Epps] 11:39:02

Yes.



[Raquel Saunders] 11:39:02

Okay, I'm just sharing the flyers that went out to the stakeholder work group that Jim spoke about. So I put them both in the chat just in case anyone missed them.

[Deitre Epps] 11:39:11

Okay, thank you.

[Jim Elliott] 11:39:13

They are posted on our doula webpage and on the Birthing Care Pathway webpage as well.

[Deitre Epps] 11:39:27

Would someone from the managed care plans like to provide feedback or how does that resonate with you if we go to the previous recommendation? Yes, that one. Would anyone from the managed care plans or someone else like to respond to this?

Yes, Sydney.

You're on mute. I don't know if you're able to Yes. Okay.

[Sydney Turner] 11:40:04

How about now? Thank you so much. Good morning everybody. Sydney Turner here from HealthNet.

[Deitre Epps] 11:40:05

Yes, gotcha.

[Sydney Turner] 11:40:12

We do agree with this best practice about using your information submitted through the PAVE process and not asking for some of those extra or duplicative credentialing documents. So this is a process that we've implemented.

If you are a Health Net provider, we'd love to hear your feedback. If it is something that's working well for you. We heard this early on and did our best to implement it. We continue to listen to you all here and try to fine tune our processes to make it easier to work with. But it sounds like we still have a long way to go. So if you have some specific feedback for HealthNet, we would love to hear it from you. Thank you.

[Deitre Epps] 11:40:58



Okay, Kristen.

[Kristin Schlater, L.A. Care Health Plan, Los Angeles] 11:41:03

Hi, Kristen Schlater, LA Care. I do think that this would make the process easier internally as well for our credentialing and contracting departments. We'll follow any guidance from DHCS. Currently, we have some documentation, if we receive that from PAVE that we don't require doulas to submit, but I do know that our credentialing team does require some documentation that may have already been submitted to PAVE. So any guidance that's sent from DHCS will be happy to follow. I know our credentialing team can be pretty strict at times, so they will follow whatever guidance is provided by DHCS, but I do think it would relieve some of the barriers regarding credentialing and contracting.

[Deitre Epps] 11:41:55

Thank you, Dr.

[Dr Jennifer Nuovo] 11:41:59

Hi, thank you, everyone. It's been really helpful, all this feedback this morning and appreciate the frank discussions. I just do want to make sure that any doula that's having issues or concerns with Blue Shield Promise that you could please contact us directly. We are absolutely committed to working through every glitch in the system. We do know there may be some issues that come up when doulas go from an LOA into a contract and start using a clearinghouse or a portal for submitting of claims instead of under the LOA routing those claims directly to our maternal infant child Program to manage. So we just want to stay on top of those if we could absolutely do that.

And just, you know, again, any guidance that Blue Shield Promise can get from DHCS regarding using the PAVE documentation for purposes of credentialing would be very helpful to our credentialing team. We are trying to use the PAVE documentation. There are a few additional components that the plan is still requiring, and I know that can be a subject of confusion. But we really appreciate the time today and the ability to think through these concerns as they have come up.

[Deitre Epps] 11:43:48

Thank you.

Anyone else would like to respond to any of the recommendations or is there any, so let's move to Is there anything missing from the recommendations that you would like DHCS to consider adding based upon the conversations that you've had within the work group over the past several months?



Yes, Khefri.

[Khefri Riley] 11:44:20

Thank you. I think it would be nice to be very clear on how doulas can submit provider payment complaints or their due process or their rights. So just maybe a little bit the workers rights or provider rights, if you will.

I just feel like there's just been no transparency there. We're having to dig under rocks to get there. And so anything that's clear on and I'm sure this is across other fields, other providers, if we can also uplift that for doula providers.

[Jim Elliott] 11:44:59

Thank you, Khefri.

[Samsarah Morgan] 11:45:10

I'd like to address kind of how I'm feeling right at the moment. Kind of exactly how I'm feeling. In feeling that there are on this on the screen, what I'm looking at is several Beautiful, nice, good human beings doing their job to the best of their ability. And there is a disconnect. Because the people who are supposed to be receiving the benefit of this work that everyone's doing are not getting it. And so I heard a conversation earlier where that's felt some felt very positive and cheery. And I'm not cheery in the doulas and practice are not cheery. And other doulas all over the state are not. Cheery. They're very upset. They're giving up. They're walking away. And I don't think that our hard work, everyone's hard work. Is worthy of that. I think there is a level of obstinacy here. People very devoted to their corporations that they work for. And maybe very devoted to the work that they're doing in their little pocket. There's their little pockets of people who care about this issue and then there's a The big organizations that don't. There's been plenty of time. For folks too. Processes in play And it seemed to me definitely in the last few meetings that doulas saying the same thing. I know Mama Linda and I have been saying this since two years ago and beyond. But... We're saying the same things over and over and things are not changing. And so it creates a difficulty for me in encouraging people To be Medi-Cal doulas when they're hearing from their peers all of these issues. And these are not difficult things if one wants a system to work. We're not asking For... It's about, you know, for me, it's about respect. It's about respect for the profession of being a doula. And... That has always been problematic. So we just keep seeing that it's like a car running in the snow in the So whatever can be done about that, I would profoundly appreciate. And I know the quite a few people who would appreciate it as well. I would like to encourage this benefit.



When it first was brought to the public table, people were very excited about it. The energy, the conversations are very different now, profoundly so.

[Deitre Epps] 11:47:52

Thank you. Michai Freeman. If I said your name... Okay.

[Michai Freeman] 11:48:00

Yeah. Yes. I just want to piggyback off Carrie's assertion about making it very transparent about how doulas can submit receipts.

I want to uplift the harm and where doulas can request alternative formats for contracts and other accommodations they may need to understand and receive in a manner that's accessible to them.

Now I know it's a requirement but unless it's clearly delineated, a contact person where a doula can request information, it can lead to delays, frustration and removing themselves from assistance.

So DHCS you have to look at the system and MCPs to look at their documents and see if there's a contact person and clearly state how doulas can receive ... for success and understandable for them in a timely manner.

Thank you.

[Deitre Epps] 11:50:12

Thank you. And does anyone from DHCS want to address that now? I know that there's some things that we're missing that you may want to think about how to include them in the recommendations. Specifically about accommodations.

Okay. So. Yeah. Oh, hi.

[Erica Holmes] 11:50:39

Hey, Deitre, this is Erica. Hi, from DHCS. Yeah, I just want to acknowledge Michai's comments. I know that we have spoken offline as well about this topic. And so it's top of mind for the department. So I just want to acknowledge that the comments are well received and we will go ahead and we'll take that back and continue to have those conversations both at the state level as well as with our partners in the managed care plan. So thank you.



[Michai Freeman] 11:51:07

Okay, I just want to say, this is not, this is not novel. It's the law of the land since 1998 the ADA ... persons who need applies.

This is a barrier to people who are dyslexic, to people who have reading disabilities. So this should be in the conceptually nation now. This shouldn't be for a discussion.

I'm sorry if I'm being a little bit forward about this but this is basic. And so this, someone at DHCS and the managed care plans, when you fill out your documents, that someone is there for a request without undo delay to receive that document in alternate formats.

So I hear you're going to take it back. But when you come back to a stakeholder meeting like this, you should be able to tell us, so that when I recruit someone and they say that they're going to be treated respectfully without delay, that I'm not lying.

This is the law of the land. So this is what I expect when I come to the next stakeholder meeting, I hope to hear that it's done.

Thank you

[Deitre Epps] 11:53:17

Thank you. We have time for probably One more comment, Khefri.

Oh, your hand is up. Oh, okay. All right. Okay.

Thank you everyone for your feedback. I don't know if you want to make any closing comments about that, Jim, before you move to the next part, but I'll pass it back to you.

[Jim Elliott] 11:53:46

No, thank you. And we appreciate the comments. And I would just like to add, there's been a lot of messages and information shared in the chat and we want to make sure that that's available to people. So we will be sharing the transcript, that will go out so people will have that information available.

[Deitre Epps] 11:54:15

Thank you. All right. We have about five minutes to go through the next set of information.



[Jim Elliott] 11:54:26

Yeah, I wanted to share that we've updated the frequently asked questions (FAQs) on here. And I know there's questions that have been risen recently in the past about a social security number. I think some of the confusion has been that you can actually get an NBI without a social security number if you send it in by paper.

But the question was asked, and we looked at this very, very carefully and there's state and federal laws that require that Medicaid programs collect a social security number from each enrolled provider. So when people are submitting their application page they will need that social security number. We did add that to our FAQ for broad enrollment.

Issue recently came up about home births. It's kind of stated in the FAQs but we added a very direct statement in the FAQs that at home births are covered by doulas that are supporting by the licensed provider. We also made a note in there about the telehealth services, somebody is providing services exclusively by telehealth and the person receives services in person as state law requires that there's kind of like a refer on the exchange to receive those services in person.

And lastly, we do want to add that we've updated the FAQ regarding the brief reimbursement FAQ about the resolution process dispute resolution process that Bambi mentioned this morning expiring details plus all the information that needs to be submitted if your escalators to DHCS, and then there's other updates to the FAQ regarding the targeted rate increases that Raphael discussed this morning.

That's it for our updates.

Oh, wait, here's one more. I forgot.

Just as of today, we have 619 doulas. A recent survey of the plans from late January showed that there's 609 contracts that have been approved by then. 220, 99 unique doulas, and 23 of the plans have contracts with doulas.

Probably we'll have an update to these numbers here soon, but this was the latest information we have.

And if you have questions or comments please feel free to send them to us. We try to keep our web pages updated with information.

[Deitre Epps] 11:57:06



Thank you. We're putting an evaluation in the chat now, if you could please provide feedback on today's meeting, if you can click on that chat now.

Click on that link in the chat now. It is very helpful to provide information about how what your thoughts are about the meeting and what can be done to improve the meeting or what you think is going well. So thank you for that.

And we will hand it over to Michael to close out.

[Michael Freeman] 11:57:42

Yeah, I just wanted to say thank you to everyone again for the wonderful conversation today. And we really appreciate you sharing your thoughts and sharing your feedback with us. And as you've heard throughout the day, we really do our best to try and work with the resources we have, work with our connections throughout the state to work through the issues that we're hearing. So we just hope you will continue to provide your feedback along the way. And look out for the survey from the doula team so we can work towards finalization of this report and the recommendations within it.

With that, I will just say thanks again and have a good day and have a great weekend, everyone.

[Deitre Epps] 11:58:29

Thank you. We will keep the... the link open so that you can click on the evaluation and hopefully you can take the next couple of minutes to fill that out.

Someone is saying that they don't see it. Can you repost it, please?

Thanks, everyone. Have a good weekend.

[Khefri Riley] 12:01:47

Congrats on a successful meeting.