

## Doula Stakeholder Implementation Workgroup Meeting Closed Caption

**Date:** July 12, 2024  
**Time:** 10:00AM to 12:00PM  
**Number of Speakers:** 19  
**Duration:** 2 hours

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### Speakers:

#### Department of Health Care Services

- Erica Holmes
- Jim Elliott
- Ken Wilkerson
- Raquel Saunders
- Kristina Armstrong
- Sa Nguyen
- Ed Torres

#### RACE For Equity

- Deitre Epps
- Aquilah Ferroni

#### Panelist

- Ajira Darch
- Andrea Ferroni
- Cassandra Marshall
- Kate Ross
- Khefri Riley
- Kristin Schlater
- Priya Batra



**Speakers:**

**Panelist**

- **Rebecca Sullivan**
- **Samsarah Morgan**
- **Sayida Peprah-Wilson**

**TRANSCRIPT:**

**[Raquel Saunders] 10:10:28**

All other attendees are in Listen, only mode, but you are able to participate and include any feedback or any information that you'd like on the chat

**[Raquel Saunders] 10:10:36**

The chat and the transcript of the meeting will be posted on the DHCS web page

**[Raquel Saunders] 10:10:42**

By July 19th

**[Raquel Saunders] 10:10:44**

And Nope

**[Raquel Saunders] 10:10:53**

Think we lost the

**[Deitre Epps] 10:10:58**

We can hear you Rachel

**[Raquel Saunders] 10:10:59**

Can you hear me? Can you still see the screen

**[Deitre Epps] 10:11:00**

Yes, we do

**[Raquel Saunders] 10:11:02**

Oh, okay, it's not showing up for me Okay, so let's see? Okay



**[Raquel Saunders] 10:11:08**

We review all the feedback in the comments that we receive in the chat, as well as any feedback that we receive from our doula benefit mailbox

**[Raquel Saunders] 10:11:17**

Linked here, and I will have my staff drop it in the chat as well for anybody that would like to send any comments to our email mailbox

**[Ed Torres] 10:11:32**

Miss Raquel, before you continue, if I may

**[Ed Torres] 10:11:35**

There were people who were

**[Ed Torres] 10:11:37**

Who accepted the invitation, and for some reason it sent them to a team's link

**[Deitre Epps] 10:11:43**

Hmm

**[Ed Torres] 10:11:43**

So what I did was I linked the

**[Ed Torres] 10:11:45**

This meeting, this Zoom Meeting

**[Ed Torres] 10:11:47**

In the chat

**[Ed Torres] 10:11:48**

And I left a message for anyone else who might enter that

**[Ed Torres] 10:11:52**

So we should have more people coming in a little bit

**[Ed Torres] 10:11:55**

Thank you

**[Raquel Saunders] 10:11:57**

Thank you Ed



**[Raquel Saunders] 10:11:59**

Okay, So just some instructions for closed captioning So anyone that's interested in having closed captioning as part of their experience during this meeting They can do that by accessing the zoom controls

**[Raquel Saunders] 10:12:13**

So if you locate the zoom toolbar at the bottom of your screen

**[Raquel Saunders] 10:12:17**

And you click on close captioning and then you go to view captions So once you've enabled those captions, you should start seeing them displayed on your screen as the meeting progresses and the captions will typically appear at the bottom of the zoom window

**[Raquel Saunders] 10:12:32**

So that's for anybody that would like to have the closed captioning available

**[Raquel Saunders] 10:12:40**

And then I will turn it over to race for equity

**[Raquel Saunders] 10:12:44**

who will be facilitating the meeting and going over the agenda

**[Deitre Epps] 10:12:49**

Alright Thank you so much, Raquel

**[Deitre Epps] 10:12:51**

I wanted to walk through the agenda today. Welcome everyone, and it seems like we may have We can go back one slide, please

**[Deitre Epps] 10:13:01**

You can go back to that previous slide Thank you It seems like we might have some more folks joining , if this is your 1st time being at a Doula implementation work group meeting Would you just let us know by giving us a little reaction or something, so that we can get a sense for 1st timers to the Doula implementation work group We have the meeting for some time and hopefully the word is getting out



**[Deitre Epps] 10:13:26**

So, Thank you Thank you We see folks coming in 1st time 1st time That's lovely Welcome, welcome, all of you, and also share, maybe where your where your zooming in from as well

**[Deitre Epps] 10:13:39**

Okay, if it's your 1st time that would be lovely So we can see who's joining in That hasn't been before

**[Deitre Epps] 10:13:45**

So this might be a new structure for you , if it's your 1st time And Raquel did a fantastic job of explaining the structure And I'll go over the agenda , and then you're gonna hear from different folks throughout this meeting today , and , we're gonna start off with some updates and discussion from the Department of Healthcare Services and some of the work group members the Doula Implementation Work Group has been meeting for quite some time

**[Deitre Epps] 10:14:11**

And so, they also are going to talk about a discussion

**[Deitre Epps] 10:14:16**

Of the Doula Benefit Report

**[Deitre Epps] 10:14:18**

we will take a break We recognize that this is a a lengthy virtual meeting, and we try to build in a break time so that you can hear the whole meeting, and you don't have to step away and miss any of the meeting

**[Deitre Epps] 10:14:30**

we will have today, after the break , a conversation about manage care implementation, which is such a critical part of the Doula implementation benefit And then today, we're doing something a little different to be responsive to the co-design team that said, you know what in the past there's been a lot going on in the chat, lots of questions going back and forth So what we're going to do today is to add

**[Deitre Epps] 10:14:54**

Have some time for an open for, so that if you have some questions or some concerns, especially if this is your 1st time, and you're



**[Deitre Epps] 10:15:06**

If this is your 1st time and you're feeling your way around, we welcome you, and we want you to, have a chance to ask questions

**[Deitre Epps] 10:15:14**

But we also know that over time some people who have been implementing this work for a while You may have some questions also So there'd be an open for at the end of the today's agenda That's a new part that we're adding, and then we'll have next steps, and closing at the end I do want to

**[Deitre Epps] 10:15:34**

just invite you to participate fully in the chat We will be monitoring the chat So continue to do that We may not hear you , audibly, but we can read what you're putting in the chat, and that's an important part of the conversation

**[Deitre Epps] 10:15:48**

So, we can go to the next slide Please

**[Deitre Epps] 10:15:53**

I do want to introduce Aquila Nelson Well, 2 things I wanna do before we go to the updates If you are a member of the co-design team, would you please

**[Deitre Epps] 10:16:04**

Put that in the chat So we know that you're on the call today A member of the co-design team Please put that in the chat, we have a co-design team that helps to design these meetings, and we acknowledge you and appreciate your support in designing the meeting on today

**[Deitre Epps] 10:16:19**

So, we'll pass it over now to

**[Deitre Epps] 10:16:24**

Ah, we'll pass it over now to the DHCS team, who will go through updates and discussion

**[Ken Wilkerson] 10:16:33**

Thank you, Deitre

**[Deitre Epps] 10:16:34**

The pro



**[Deitre Epps] 10:16:34**

Sure

**[Deitre Epps] 10:16:37**

So if we could I want I do want to share I know you I know you were introduced a little earlier, Ken, but it would be great if you could share your role The purpose of this conversation is for all of the participants to be aware of frequently asked questions, and the meeting progress on the Meta benefit So Ken will be lovely if folks know your role at DHCS , as you begin the your portion

**[Ken Wilkerson] 10:17:22**

Over in our next agenda section So with that I will pass it over to Erica

**[Ken Wilkerson] 10:17:29**

Sure, Thanks Ken So, yeah at the request of our co-design team members and some of our other stakeholders

**[Ken Wilkerson] 10:17:35**

We wanted to take an opportunity today to highlight some of the more recent commonly asked questions, that are now part of the FAQ Document, so I will go over those with our group today

**[Ken Wilkerson] 10:17:47**

next slide, please

**[Ken Wilkerson] 10:17:51**

So 1st and foremost, the Department has received a lot of questions around the process, and timeline for Medi-Cal managed care plan relative to the reimbursement that doula is received for rendering care , including how doulas can obtain assistance with claim, submission and billing if they have challenges, and so in particularly I just wanna acknowledge that we also received a lot of questions around the January 1, 2025

**[Ken Wilkerson] 10:18:16**

Or targeted rate increase initiative which we will address But at a later point in today's meeting, So for this item, , I do want to highlight that managed care plans, are required to pay all clean claims within 30 days of receipts, unless the provider our Doula partners have agreed in writing to some other alternative payment schedule in here I do want to clarify that



**[Ken Wilkerson] 10:18:41**

Clean claim is one that is ready to be paid, and does not require any provider corrections and or additional information in order for the managed care Plan to process the claim

**[Ken Wilkerson] 10:18:51**

So here, if doula experiencing challenges with submitting claims to Medi-Cal, managed care, plans

**[Ken Wilkerson] 10:18:56**

Doulas can reach out to the designated managed care plan, liaison , which are listed on the Department's doula services, benefit manage, care plan, contact list, , which is available on our website And of course you can always reach out directly to our team as well, and we can facilitate that warm hand off for you

**[Ken Wilkerson] 10:19:15**

next slide, please

**[Ken Wilkerson] 10:19:19**

additionally, I think, as everyone in this call is probably aware, we've also received a lot of questions around hospital access So

**[Ken Wilkerson] 10:19:27**

You know we have heard, loud and clear that many hospitals have put up barriers, and or do not allow into the hospital and or the labor and delivery room to accompany their clients, or otherwise requiring doulas to sign in, and sort of general visitors And so I think you all know, but we've been working in close partnership with our hospital association partners

**[Ken Wilkerson] 10:19:47**

And then have established a separate work group to address these issues, but here I do Just wanna highlight that under Federal So this would be the centers for Medi-Cal and Medi-Calid services as well as State of California Department of Public health guidelines, patients in hospitals have a right to visitors of their choosing, subject to some very limited exceptions. That can include things like if a hospital does not allow any visitors at all. But I would note here that hospitals are generally not able to do this as an across



**[Ken Wilkerson] 10:20:18**

The broad policy is If the hospital reasonably determines that a presence of a particular visitor, not inclusive of all visitors, but a particular visitor, would endanger the health and or safety of a patient , for example, if the visitor is ill or sick, a staff member or other visitor, or would significantly disrupt the operations of the facility , or, of course, if the patient indicates that they do not want that particular visitor present

**[Ken Wilkerson] 10:20:44**

Moreover, all hospitals are also required to inform patients, in writing of the right to have visitors of their choosing

**[Ken Wilkerson] 10:20:52**

And all hospitals must have written policies and procedures regarding patient visitation rights

**[Ken Wilkerson] 10:20:59**

These policies and procedures also known as P and P's, must address inpatient and outpatient settings, and include any clinically necessary reasonable restrictions on visitation rights, and the reasons for those restrictions being in place

**[Ken Wilkerson] 10:21:13**

So, before I continue, I do just want to acknowledge that there is sensitivity around the use of the term visitor, and we fully recognize that Doulas are not visitors within the commonly understood meaning of that word

**[Ken Wilkerson] 10:21:26**

However, under the Federal and State guidelines that I mentioned, there's only so many categories, that one can fall under and so the visitor category is the closest category in which tools would fall under So I just want I felt it was important to share some of the expectations in that space for hospitals

**[Ken Wilkerson] 10:21:43**

But ultimately the key takeaway for our stakeholder partners should be that hospitals

**[Ken Wilkerson] 10:21:48**

Must generally allow doulas to accompany Medi-Cal members into the hospital, including in labor and delivery If the hospitals a PnPs allow a support person to be present



**[Ken Wilkerson] 10:21:57**

And again, here I just wanna highlight the great work that's occurring with the

**[Ken Wilkerson] 10:22:03**

California Hospital Association, as well as other hospital partners and individual hospital partners in that separate for and we are working collaboratively to share best practices, and help socialize these requirements with hospital partners

**[Ken Wilkerson] 10:22:16**

And again, as always, if there's a specific hospital that denies a Medi-Cal member access to their doula, you can reach out to the department, and provide details as to the specific hospital and the other pertinent information that we think would be helpful so that our team can investigate and again work in partnership with our Hospital Association partners to resolve

**[Ken Wilkerson] 10:22:35**

Next slide, please

**[Ken Wilkerson] 10:22:39**

Another area where we have seen Oh, sorry next slide, please

**[Ken Wilkerson] 10:22:47**

Another area where we have seen a lot of questions coming in the FAQs is around challenges and or barriers with contracting, with individual managed care plans to become network providers

**[Ken Wilkerson] 10:22:58**

So, these concerns include things like overly complicated or long contracts

**[Ken Wilkerson] 10:23:04**

provisions of contracts that do not apply to Doulas because they were like a reuse contract for other provider types

**[Ken Wilkerson] 10:23:11**

as well as managed care plans imposing additional and or different requirements beyond those requirements that might be enrolled, for example, through PAVE to be a Medi-Cal provider



**[Ken Wilkerson] 10:23:20**

So here, I do just want to clarify some confusion That's been sort of swirling in this space

**[Ken Wilkerson] 10:23:26**

So, the Department generally does not have, like direct oversight or involvement in managed care plans, internal contracting processes relative to their network providers and we generally don't have authority to direct or mandate them to contract in a certain way with those network providers However, we can and do regular issue guidance and best practices, recommendations to the health plans in this space to help inform their policies

**[Ken Wilkerson] 10:23:48**

So, I do want to clarify that managed care Plans may have additional requirements beyond pay requirements as part of their enrollment, credentialing and contracting processes for network providers

**[Ken Wilkerson] 10:23:59**

However, qualifications become to become a doula in Medi-Cal have not changed, and additional requirements outside of our enrollment Pathways are not required to enroll in Medi-Cal to serve fee-for-service members

**[Ken Wilkerson] 10:24:11**

To help produce barriers in the space The Department has been working closely with our California Association of Health Plans as well as our Local health plans of California Association partners

**[Ken Wilkerson] 10:24:20**

to engage directly with their respective members, to encourage them to simplify contracting processes

**[Ken Wilkerson] 10:24:27**

as well as provide technical assistance, to support the work of doulas through the contracting process in order to come network providers

**[Ken Wilkerson] 10:24:35**

Kate Ross from California Association of Health Plans, will speak to this issue in more detail later in today's session



**[Ken Wilkerson] 10:24:41**

Next slide, please

**[Ken Wilkerson] 10:24:48**

Another area where we wanted to acknowledge some concerns are around specific managed care plans who, we've heard, have been limiting contracts for doulas, so an example that has been raised in this for over many occasions has been with Kaiser

**[Ken Wilkerson] 10:25:01**

So, as I previously mentioned, you know what we typically don't have authority to direct the health plans regarding their network provider processes We can do issue guidance and best practices

**[Ken Wilkerson] 10:25:12**

So the Department of Healthcare services manage care team has reached out directly to Kaiser and worked with them And so, we did just wanna share , that It turns out that there was an initial misunderstanding about expectations in this space relative to Doula enrollment , and Kaiser has since course corrected, and it's now negotiating contracts with enrolled doulas within their planned service areas

**[Ken Wilkerson] 10:25:36**

and has month over month increase the number of contractors

**[Ken Wilkerson] 10:25:40**

which is outlined in more detail on this slide, here I do want to highlight that You know there is going to be variation from plan to plan in terms of their contracting processes

**[Ken Wilkerson] 10:25:52**

And the Department has heard from Kaiser, as well as anecdotally from other plans, that in a perfect world an ideal contracting timeline will vary, but without any sort of unforeseen complications or delays, you can expect the timeline to be somewhere between 30 and 45 days, although again , it may vary from plan to plan, and that's sort of in a perfect world

**[Ken Wilkerson] 10:26:13**

One other piece I do want to raise is around enrollment support That's on the next slide please

**[Ken Wilkerson] 10:26:20**

So, we've received a lot of questions around



**[Ken Wilkerson] 10:26:25**

You know What can the Department do to better support as they look to enroll , to become a Medi-Cal provider through PAVE

**[Ken Wilkerson] 10:26:32**

So the simple answer is that we have a lot of resources out there to assist for enrolling for the 1st time If you're not familiar with Medi-Calid requirements , our most recent addition to sort of our toolkit has been to create a brand new doula provider checklist to help Doula identify what docents are required? , and they are needed to enroll as a Medi-Cal provider , this checklist is available on our website, additionally, we've created sort of a resource repository , which includes information on enrollment pathways

**[Ken Wilkerson] 10:27:03**

testimonial templates, a list of required docents , and some training videos that can be very helpful when you're looking to enroll in Medi-Cal for the 1st time, as we recognize it, can be administratively burdensome, and it can be confusing for our providers So we want to be as helpful as possible, and again for additional support You can always reach out directly to our team , and we will be happy to connect with you

**[Ken Wilkerson] 10:27:26**

Connect you with someone who can further assist in answering questions or navigating you through the enrollment process

**[Ken Wilkerson] 10:27:36**

So, for a moment I'd also like to pivot to speak about the targeted rate increase initiative, so I think we've received a lot of questions in this form, as well as others, including through the doula inbox, directly as well as part of the doula feedback form that our doula partners share with us on a regular basis

**[Ken Wilkerson] 10:27:57**

About the targeted rate increase that went to effect this past January 1, 2024, in terms of when Medi-Cal plans are required to pay doula for the increased rate

**[Ken Wilkerson] 10:28:09**

With these new reimbursement rates I do just want to again You know The positive is, of course, that California now has the highest reimbursement rate in the nation for Doula Medi-Calid services, which is obviously a great accomplishment, and we're very excited about that and, sir Well, this is certainly welcome news We also recognize that



there's been a lot of confusion and concern around the timeline in which these increased payments will go out to our Doula partners and

**[Ken Wilkerson] 10:28:33**

We want to be responsive to that so, first I wanna acknowledge that for fee-for-service, for doula serving, our fee-for-service members

**[Ken Wilkerson] 10:28:44**

You'll look at the increased rate and again, this is for fee-for-service members

**[Ken Wilkerson] 10:28:48**

for managed care members, the department recently released all plan letter. That's an APL 24-007, which provides additional guidance to manage care plans on the targeted rate increase This APL is available on our website

**[Ken Wilkerson] 10:29:04**

In the APL, the Department has specified that Medi-Cal managed care plans inclusive of their subcontracted providers must pay doulas as well as other providers who are subject to the targeted rate increase

**[Ken Wilkerson] 10:29:20**

These the new rates no later than December 31, 2024, except for an instance where payment would not otherwise be due by that date

**[Ken Wilkerson] 10:29:28**

So, examples of where the managed care plan wouldn't be required to pay by that date would be, for example, if they've not received that clean claim that I mentioned earlier where less than 30 days has elapsed since they received a clean claim, or where the managed Care Plan and the doula have agreed in writing to some alternative payment schedule

**[Ken Wilkerson] 10:29:47**

If you are a doula, and you've been receiving payment from a managed care plan at the Lower Pre 2024 rates. The directive also is for managed care plans to issue recto, retroactive payment adjustments as necessary to ensure that doula reimbursed at the higher rates



**[Ken Wilkerson] 10:30:08**

The department is planning to host a webinar for providers this coming July 17 th from 3 to 4 Pm Pacific time, and on that call we will have subject matter experts in our healthcare financing office who will be able to answer your questions, and so we would strongly encourage our doula of providers to register and attend that webinar , as those are the individuals within the department who are most knowledgeable about these reimbursement issues, and would be able to speak to some of your more specific granular questions

**[Ken Wilkerson] 10:30:37**

In the interim I do just want to encourage Doula's to work directly with their contracted manage care plans to discuss individual payment, timing, and any issues they might be having if managed Care plans are not complying with this payment timing So by the end of the this year, then doulas, are encouraged to reach out to the department's healthcare financing team, and there's a dedicated email inbox for that which we will drop into the chat but it's basically targeted rate increases, at [dhcs.ca.gov](http://dhcs.ca.gov) And again you would do that after you 1st contacted the manage care plan, and tried to internally resolve the issue with them, and if you can't, then you would reach out to that email inbox for further assistance

**[Ken Wilkerson] 10:31:18**

Next slide, please

**[Ken Wilkerson] 10:31:22**

And then again on this slide Just wanted to remind folks of the prior rates before January 1, 2024, and then the current doula rates , that are being paid under the TRI as of January 1, 2024.

**[Ken Wilkerson] 10:31:34**

So with that, I know that was a ton of information, and I see questions popped in the chat, so I will pause and I will

**[Ken Wilkerson] 10:31:41**

Turn it over to my colleague, Erica

**[Deitre Epps] 10:31:45**

Before we go there Just one second, if you don't mind, Erica, I wanted to ask Ken if you can share



**[Deitre Epps] 10:31:52**

Lots of great information, and there are some links in the Powerpoint. Can you share, Ken, how people can access, how people will be able to access those links to all that great information

**[Ken Wilkerson] 10:32:17**

So they're all the all the stuff that Erica just talked about, as far as documents and all that is on our Doula website

**[Ken Wilkerson] 10:32:23**

I think my team has put that on there, but if you go under resources it'll be the updated FAQs. Also the paid workflow chart is also listed under that resources section as well

**[Deitre Epps] 10:32:56**

If you want to, I know Ken, you wanted to share some enrollment data And then we were gonna take it to the group for questions and answers. Do you want to do that now, or do you want to go to? That's what we had planned

[Ken Wilkerson] 10:33:10

Yeah, I can share the enrollment data really quick and then we can go into question and answers

**[Deitre Epps] 10:33:13**

Thank you

**[Ken Wilkerson] 10:33:15**

Next slide, please

**[Ken Wilkerson] 10:33:18**

Thank you. So, just an update on the enrollment progress that we're having so as of June 28, 2024, 500 group and individual applications have been approved

**[Ken Wilkerson] 10:33:28**

364 of the 500 being individual group doulas is approved. So, we've come a long way since March 24 were We originally only had 57 individual groups, so that's great progress. next slide Please



**[Ken Wilkerson] 10:33:46**

So as of May 2024, managed care plans have reported a total of 332 executed contracts with Doulas, compared to 2023, where we had a 124. Again, a great progress, with the number of enrolled doulas in both fee-for-service and manage care, delivery systems

**[Ken Wilkerson] 10:34:07**

Next slide

**[Ken Wilkerson] 10:34:13**

Did you? You want to do questions here? Can we go into the legislative report?

**[Deitre Epps] 10:34:16**

we can pause here for questions, I think, yeah, unless, yeah, we can pause there So if we go back to

**[Deitre Epps] 10:34:23**

So let's go to Gallery View, I think, because the questions may be

**[Deitre Epps] 10:34:29**

We might need to get to a specific slide to reference, a question

**[Deitre Epps] 10:34:33**

So, recognizing that that was quite a bit of information there But you have asked for the information, and so it's being shared in this way , this is not the only opportunity you'll have to ask questions, but wanted to give you DHCS one and the co-design team wanted to make sure you, if this was your 1st meeting, that you are caught up, and if you've been here for a while, that you have some deeper information that you're looking for

**[Deitre Epps] 10:35:00**

So, this is the opportunity for those who are on the Doula implementation work group, and you are panelists to speak to any questions that you might have I think I saw your hand up, and then it went down Did you have a question

**[Deitre Epps] 10:35:13**

Yes

**[Khefri Riley, Frontline Doulas] 10:35:14**

Yes, thank you so much, Deitre, and thank you for everybody's



**[Khefri Riley, Frontline Doulas] 10:35:18**

Amazing work on today's presentation I see that you have indeed been listening

**[Khefri Riley, Frontline Doulas] 10:35:23**

To what the public has been sharing We have been sending feedback forms

**[Khefri Riley, Frontline Doulas] 10:35:27**

And data with regards to the voices of Doulas

**[Khefri Riley, Frontline Doulas] 10:35:30**

And community members for their concerns, and I can see that you're working hard to address them However, I wanted to ask, underneath your manage care plan contracting slide that you

**[Khefri Riley, Frontline Doulas] 10:35:41**

Present it to us It says that you

**[Khefri Riley, Frontline Doulas] 10:35:42**

It doesn't seem like you can do a lot, it seems, because they are responsible for their own legal contracts However, there was a formal letter sent to DHCS that was titled Doula services, that is, as a Medi-Cal benefit implementation issues with managed Care Plan contracts

**[Khefri Riley, Frontline Doulas] 10:35:58**

And so, we wanted to make sure that you did receive that letter That would you be responding to that letter, but also on your slide You stated that you could indeed guidance

**[Khefri Riley, Frontline Doulas] 10:36:08**

Policy on you could give guidance on policy and recommendations And so I'm asking, will you give that guidance

**[Khefri Riley, Frontline Doulas] 10:36:16**

policy and recommendations And when would we expect you to give that guidance to the managed care plans because there is so many issues here with inequities of access to legal support, or legal consult, or lawyers even to do this, who are signing these large contracts with the major, managed care plans that it's causing so so many problems with contracting and so I wanted to know if you feel that you will be addressing that



**[Ken Wilkerson] 10:36:44**

Hey, Khefri? Sorry it's Erica, yes, we did receive the letter We have shared it with our executive leadership team as well as our

**[Ken Wilkerson] 10:36:53**

some of our association partners, and we're going to be working collaboratively to address some of the points in that letter, obviously, I alluded to some of them today , so I my managed care colleagues are on So I do want to

**[Ken Wilkerson] 10:37:05**

welcome them to also share their thoughts on this front, since we are working collaboratively with them But we are able to issue guidance and best practices to the help plans to help encourage them to like, not put up a necessary barriers and help reduce some of the access issues that have been raised, and we are committed to doing that So I don't know if my managed care colleagues

**[Ken Wilkerson] 10:37:28**

Want to chime in, as well

**[Kate Ross] 10:37:30**

Yeah, I mean

**[Kate Ross] 10:37:32**

This is Kate from Cap, and Rebecca's on as well And I We've been talking a lot about this and the letter right? So, I think, it's important, and I think

**[Kate Ross] 10:37:44**

We're grateful right to know where you all are at or where you're seeing issues, We just saw an example of you guys having an issue with a particular plan, and that really being constructive and leading to increased access, which is the goal so

**[Kate Ross] 10:37:58**

All to say We were not surprised by what we've seen, because we've heard you right, and we've been sharing what we've heard And so it's good to see it in a letter and see it all formalized and organized But, certainly things that we've been talking about for months right talking about with DHCS Talking about with our members



**[Kate Ross] 10:38:17**

I know examples of groups of plans you're getting together on their own They have shared counties Right? You have the counties where you have multiple plans, they're getting together without us even and collaborating on what they can do So there's a lot of action happening and a lot of interest in simplifying So

**[Kate Ross] 10:38:32**

I want to start with I think we all agree that there have been some successes, right? I've heard some successes here in this group about certain counties who are pleasure to work with but there's also areas where we need to do more streamlining and so

**[Kate Ross] 10:38:46**

that's what we're going to do Right? We're gonna continue to work and talk, and see where we can make things easier where we can lend, support

**[Kate Ross] 10:38:56**

I just feel like

**[Kate Ross] 10:38:58**

You know, it's never gonna be as simple as all of us want it to be for a number of reasons, is a heavy regulated area We've got hundreds of pages we have to comply with, and we wish it was more simple But

**[Kate Ross] 10:39:10**

In order for us to comply in order us to feel like we're taking care of our members We have to put some things in place, when we're contracting with providers, and so

**[Kate Ross] 10:39:21**

What we need to do is make that as simple as possible as applicable as possible Right? And give you guys the support you need

**[Kate Ross] 10:39:29**

So, I think we're on our way We're not there, certainly

**[Kate Ross] 10:39:34**

And this is helpful the feedback loop is very helpful in in having us identify where we need

**[Kate Ross] 10:39:39**

To put more time in But, Rebecca, do you have anything to add



**[Rebecca Sullivan, LHPC] 10:39:44**

Just wanna echo Kate's comments that you know this has been an active discussion between us and our member plans, and amongst the member plans, and I know that there is work being done on the ground

**[Rebecca Sullivan, LHPC] 10:39:56**

To streamline the streamline These contracts, and you know some of those are being shared out amongst plans to see where they can

**[Rebecca Sullivan, LHPC] 10:40:03**

Collaborate and learn best practices from from their other plan colleagues So yeah, just appreciate the feedback and we are continuing to work But we know that we're not quite there yet

**[Rebecca Sullivan, LHPC] 10:40:18**

And one other thing, I think, to Kate's earlier point, having really targeted feedback, particularly if there's issues in a particular region, is super helpful so that we can, we can target our efforts to those areas where , we still need to do a little bit more work

**[Deitre Epps] 10:40:38**

Rebecca, can you share where you're based your organization and introduce yourself?

[Rebecca Sullivan, LHPC] 10:40:43

Sure thing I'm Rebecca Sullivan with local health plans of California So we're a statewide organization that represents all of the 17, not for profit local Medi-Cal plans

**[Deitre Epps] 10:40:56**

So I do want to note I see 4 hands up I do want to note we have 15 min allocated on the next agenda item for manage, care, plan, discussion to share updates and actions So if you can keep, we're gonna give time for each person whose hands is up to share If you can keep that sharing to 1 min, and then we'll transition to the full conversation about managed care Because I know Kate has to

**[Deitre Epps] 10:41:22**

Pop off And so I wanna make sure I know, Kate, we've got that We wanna make sure we get to you, so we have Ajira, Samsarah and Priya

**[Deitre Epps] 10:41:33**

Ajira



**[Ajira Darch] 10:41:36**

Hello, everyone, thank you so much I will keep my managed care comments for that section Then I wanted to ask, as we've been asked

**[Deitre Epps] 10:41:42**

Oh, okay

**[Deitre Epps] 10:41:46**

Can you introduce yourself? Please, Ajira

**[Ajira Darch] 10:41:48**

Sure

**[Ajira Darch] 10:41:48**

My name is Ajira, pronouns they/she. I am with roots of labor I'm a full spectrum birth worker

**[Ajira Darch] 10:41:56**

And also the vision Route executive Director of Roots labor, we're based on unseated ?Karkin? list, along the lines known as Oakland, California

**[Ajira Darch] 10:42:09**

Thank you so much, for having me here

**[Ajira Darch] 10:42:11**

So, some of the questions that I had were around the data that

**[Ajira Darch] 10:42:17**

DHCS is presenting to us

**[Ajira Darch] 10:42:19**

We've asked for this information in the past, so I'll ask again

**[Ajira Darch] 10:42:24**

We have democratic demographic breakdowns around enrollment

**[Ajira Darch] 10:42:28**

So that we can make sure that the communities have access to the support that they need Like



**[Ajira Darch] 10:42:33**

Rebecca mentioned having that more targeted information is really helpful

**[Ajira Darch] 10:42:39**

And even, you know

**[Ajira Darch] 10:42:40**

It's great to know that more managed care plans have enrolled people, but where? So, if we know where most enrollments are happening, then we can identify where the gaps are, and we can

**[Ajira Darch] 10:42:53**

Increase our support efforts to make sure that do we send, you know about benefit? Know about where they can share information around any barriers or obstacles they're encountering, and we can figure out how we can support them better

**[Ajira Darch] 10:43:08**

But around the do enrollments as well It's great to know that group versus individual But can we have more information, more details? Where are these people? What are the identities and positionalities that they share

**[Deitre Epps] 10:43:22**

Thank you so much, Samsarah

**[Samsarah Morgan] 10:43:27**

Yes, hello This is Samsarah Morgan, Oakland Foundation I'm the founder and director

**[Samsarah Morgan] 10:43:34**

Medulla

**[Samsarah Morgan] 10:43:35**

And ah

**[Samsarah Morgan] 10:43:37**

Of Uganda to birth as well as Schiffer community Doula program

**[Samsarah Morgan] 10:43:43**

I want to apologize I'm having some work done on my home So if you hear workmen and good cause, they're very loud, and it's really annoying me, so I'm glad it's not annoying you



**[Samsarah Morgan] 10:43:54**

I just wanna make sure something stays on the table that

**[Samsarah Morgan] 10:43:59**

And I hope and I'm presenting it at the right time But I'm just It's important to to me to make sure it's out there, and that is the preservation of the experience pathway

**[Samsarah Morgan] 10:44:08**

I am hearing from several folks that insurance companies are not honoring the experienced pathway in order to contract with them, to work with

**[Samsarah Morgan] 10:44:18**

And that's a very important part of the negotiations we did back 2 years ago

**[Samsarah Morgan] 10:44:24**

to honor that specific workforce which is, has particular skills and talents and are walking in a tradition of doula art, birth, care, and we don't want them forgotten or left out pr decide that they're not going to proceed forward to continue to work

**[Samsarah Morgan] 10:44:45**

And in this benefit, since the initial studies on doulas efficacy was with that group of people

**[Samsarah Morgan] 10:44:53**

So, we wanna honor them and not let them fall off the table and having hospitals just willingly say, Okay, well, the State says that there are 2 pathways, but we don't honor the experience path

**[Deitre Epps] 10:45:06**

Thank you and so, Samsarah, to your point I I think it aligns so nicely with what a Ajira just shared about disaggregated data Right? So that's an area that you can think about, and I see it in the chat that There's a request for just more in that Ajira Erica in the that they're working on breaking out

**[Deitre Epps] 10:45:25**

The Doula enrollment data in a more granular and deliberate way So, Erica, do you want to speak to that? And how that might include the lib, the experiential pathway



**[Erica Holmes] 10:45:36**

Yeah So, I think there's a couple of pieces right, though There's I think we wanna know a lot of things we wanna know, like geographically like, where are the Doulas residing in the State in terms of their service area? So, we can know, for example, like how many counties represented, how many doulas are in each county? Where do we see, you know, doula deserts meaning that there's no doulas practicing in that particular area And so we can help target like provision of services to members who

**[Erica Holmes] 10:46:01**

Might wish to avail themselves of those services But we also want to know, like, for example, like, if Doula speak a particular language, or if they have a particular specialty or particular experience, that they that would be helpful for Medi-Cal members to know and to be able to avail themselves up We want to be able to like break that out So a lot of that really good information that's given to us on the Doula

**[Erica Holmes] 10:46:23**

Directory, where we gather that and then share that out Like, I think we want to create something that's more holistic that looks at those different sort of viewpoints in terms of data so that folks can make more informed decision And I think that that's something that we are working on It's something that I'm also very interested in, because I don't think we can know fully where the gaps are until we do that kind of

[Samsarah Morgan] 10:46:43

I'm a little confused, but I hope you can help me out with this, because

**[Samsarah Morgan] 10:46:50**

How does that address the hospitals, excuse me, the insurance companies allow experienced pathway to do their work and we reimburse

**[Erica Holmes] 10:47:04**

So sorry So they're 2 separate issues So I was addressing Ajira's issue where she was asking for the data piece, But I also wanted to acknowledge your concern as well I think

**[Erica Holmes] 10:47:13**

That is something that we, as a department, have no sort of interest in walking back from It's a commitment we made to our stakeholders when we put this benefit into place, and so, we will do our due diligence, and ensuring that providers



**[Erica Holmes] 10:47:28**

Health plans, and others are aware that that is an that is a way in which tools can show their ability to enroll in our program and provide services to our members and it

**[Erica Holmes] 10:47:39**

Not to be overlooked or somehow looked as a lesser option It is, it is equally as viable as the other pathway, so we will make sure that we communicate that out, if that is something that has been occurring, and if you are also, if you particular individuals, or it shares that you have this, that they have said that to you, and you have not shared that with us Please feel free to send that to us, and I will follow up with those individuals

**[Samsarah Morgan] 10:48:05**

I will

**[Deitre Epps] 10:48:05**

Thank you

**[Deitre Epps] 10:48:10**

All right Thank you everyone. Priya Thank you for your patience

**[Priya Batra] 10:48:13**

Of course

**[Priya Batra] 10:48:17**

I'll stay off camera just for bandwidth Thank you My only new request for DHCS is to add, as a metric like claims paid like, I know there's a lag in MCP reporting to the State on Doula claims paid out, But I think that's really where we want to get where we

**[Priya Batra] 10:48:32**

Not only see contracts, but I also mean, we're in July of 2024 I'd like to actually see members receiving services and who is being paid for those services So

**[Priya Batra] 10:48:39**

That would be my request, maybe, for the next metric to see at the next meeting

**[Deitre Epps] 10:48:53**

I see that, was the final comment But I see Dr Sayida. You raised your hand Would you like to say something briefly



**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:00**

Yes, quickly Thank you

**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:02**

There was a couple of questions that were significant to what was shared earlier That weren't like responded to, just wanted to make sure it was clear So there was a question about whether or not DHCS is able to provide a sample contract to the MCPs

**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:16**

There was a question about

**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:18**

Just to clarify that if doula have provided services

**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:22**

They will be paid They should be being paid

**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:26**

Whatever the

**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:26**

Old rate was, and then reimbursed by the end of the year

**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:32**

So, folks are asking a lot of questions about

**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:34**

Just to make sure that they

**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:36**

Should be getting paid something, and then to be

**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:39**

Confident to say to the community, yes, you will be reimbursed

**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:44**

And then the last thing was just about the Doula visitor issue, and



**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:48**

I just wanted folks to know, because it is something that is a challenge, right? Because Doulas are not visitors but then there's only a visitor category that's close So

**[Sayida Peprah-Wilson (Dr/She/Her)] 10:49:58**

I just want folks to know that the co-design team is having conversations with the California Hospital Association and doing a lot of advocacy around that, so we can get some clear standards so that Doulas have access You know, for instance, some hospitals will allow a visitor visitors

**[Sayida Peprah-Wilson (Dr/She/Her)] 10:50:14**

And then a doula is not considered a part of the visitor a number So even if they can't decategorize them, and visitors they are allowed beyond the number So, thank you That's fine

**[Deitre Epps] 10:50:25**

Thank you so much

**[Deitre Epps] 10:50:27**

As we shared, there will be opportunity for more question and answer in the open for today So we are monitoring the chat and, thank you so much for those doula implementation work group members that are responding and answering questions in the chat It's a there's a lot going on in the chat and we appreciate your support, and of course you'll see the state team members from DHCS are trying to, They are answering your questions in the chat as well

**[Deitre Epps] 10:50:56**

So again, the chat will be available after today's session, So you don't have to worry about like, oh, So you if you want to find out more. This is a lot of information We recognize that but this is the for that you have to hear everything, and then follow up as you need to

**[Deitre Epps] 10:51:19**

So we are actually going to move forward to the next part of our agenda item, and we wanted to give space as I shared for the updates and the actions taken by the managed care plans as they implement the benefit

**[Deitre Epps] 10:51:32**

And so, we're gonna turn it over to Kate Ross, who's gonna start off the conversation and sharing some information with you



**[Kate Ross] 10:51:40**

And again, I you know I'm happy for Rebecca to join in whenever cause we're working closely on this, so I'll just start off by saying, I'll try not to repeat some of the things I've already said

**[Kate Ross] 10:51:50**

But I do think it's really important that we avoid a unified contract for for a lot of reasons I don't think it's going to achieve what you all hope

**[Kate Ross] 10:52:02**

Which is ease and speed of contracting It will slow things down considerably, especially when you consider that our plans are regulated by another entity, Dmhc, and we would have to involve them, So I really think the quickest, best path is for us to just work, to simplify and support the contracts, and make them as streamlined as possible

**[Kate Ross] 10:52:25**

But allow plans to keep their individual asks because the plans are individuals, and they have their own needs and wants, just as you all do

**[Kate Ross] 10:52:34**

And I think it's important for you guys to get a sense of the relationship and who you're getting into a contract with Right? It's all very important, but we may disagree there, but I just wanted to start by saying that

**[Kate Ross] 10:52:46**

Also wanted to mention I invited a lot of the planners on the call today

**[Kate Ross] 10:52:50**

So hopefully Later, you'll get to hear from them because I wanted to give them a chance to continue to hear you all

**[Kate Ross] 10:52:57**

And to engage to ask questions, but to share some of the successes Cause I'm hearing lots of things right I've shared some of them already, but

**[Kate Ross] 10:53:05**

I've heard like proactive outreach once they're seeing that Doulas are approved, and PAVE all I'm hearing, streamlining the contract as much as possible, working with county partners



**[Kate Ross] 10:53:16**

having resources on their web page that are specific to their needs, and trying to work with DHCS about how we can share information So you're not having to

**[Kate Ross] 10:53:26**

Post things twice, or provide things twice, so

**[Kate Ross] 10:53:29**

All sorts of actions taken, but very individual to what that plan needs in their particular county, and with their

**[Kate Ross] 10:53:37**

Particular goals and population

**[Kate Ross] 10:53:40**

I think we need to continue to work, to simplify and support you all as much as possible So it

**[Kate Ross] 10:53:46**

So, it's achievable, and it's fast

**[Kate Ross] 10:53:50**

The last thing I'll touch on really fast is this is not I didn't intend to speak to this, but as we talk about claims I just want to share

[Kate Ross] 10:53:58

Something I've heard in another space When this has come up, when we have an a newer provider type, come into Medi-Cal

**[Kate Ross] 10:54:05**

That 30 days to pay claims is super important, because a lot of the plans use that time to work with the provider

**[Kate Ross] 10:54:11**

To make it a clean claim Right When we tighten those claims, payment timelines, it forces the plan to deny the claim, which is not what they want to do right They want to work with you and get it So that next time you submit, and every time going forward you understand

**[Kate Ross] 10:54:27**

What, what they need to be able to pay you So that's



**[Kate Ross] 10:54:31**

That's something, I would add But, Rebecca, do you have anything to add? I

**[Kate Ross] 10:54:34**

I didn't answer the question, but I think I covered a lot of that earlier

**[Rebecca Sullivan, LHPC] 10:54:39**

Yeah, I think just from some of the other work that we've heard is being done in counties

**[Rebecca Sullivan, LHPC] 10:54:45**

Is, and very at different plans in various different counties is around doulas, and other spaces for doulas to connect directly with their managed care plans

**[Rebecca Sullivan, LHPC] 10:54:55**

Webinars that are, you know, intended to provide some education to the doula community that is new to Medi-Calid care

**[Rebecca Sullivan, LHPC] 10:55:05**

And so, I would encourage you to, you know Seek out those resources and opportunities that your managed care plan may have, and also happy to to connect folks directly again, if there's specific need in certain areas

**[Rebecca Sullivan, LHPC] 10:55:20**

And then the other thing I would just wanna mention is that you know, most of our health plans are really trying to work very collaboratively and closely, and understanding that a lot of this is very new So they've dedicated staff resources to to be there for kind of every step of the of the contracting process, and I know plans that may not be there quite yet are also, you know, taking best practices from those folks that are a little further

**[Rebecca Sullivan, LHPC] 10:55:46**

With their doula implementation and contracting work, so just wanted to share some other work that we know is being done from the managed care plans

**[Deitre Epps] 10:55:58**

Thank you We do have 2 questions, Andrea If you could introduce yourself and then Kathy



**[Deitre Epps] 10:56:05**

And please take 1 min or less in your comments

**[Deitre Epps] 10:56:10**

Andrea

**[Deitre Epps] 10:56:13**

Ah You put your hand down Maybe your question was answered

**[Andrea Ferroni] 10:56:16**

Sorry

**[Deitre Epps] 10:56:17**

Oh, okay

**[Deitre Epps] 10:56:18**

Go ahead

**[Andrea Ferroni] 10:56:20**

Andrea Ferroni, Licensed Midwives, Medi-Cal Provider, design number

**[Andrea Ferroni] 10:56:24**

I'm speaking to Thank you, Kate, and Rebecca and the Medi-Cal plans

**[Andrea Ferroni] 10:56:29**

We know that there's a time and a place for managed care

**[Andrea Ferroni] 10:56:33**

Particularly if they're being responsive to their community needs and the healthcare disparities in your area to ask their providers to have additional training in certain areas but the thing that we don't want to see is that managed care plans are creating a

**[Andrea Ferroni] 10:56:51**

Entry to credentialing over criteria that a call is already out with

**[Andrea Ferroni] 10:56:58**

That's the concern It's not about putting in additional training and educational benefits later, it's about creating and exceeding that account's original qualifications



**[Andrea Ferroni] 10:57:12**

So, I just wanted to distinguish between those 2 things

**[Khefri Riley, Frontline Doulas] 10:57:23**

Thank you, Andrea, and thank you, Kate and Rebecca, for sharing what you believe, at least is being implemented across the board But I really want to have a deep ask of you to please, connect with your Doula reps through across the plans for transparency and for them to understand the challenges that are happening because we're getting major reports across the board Even some researchers who are going online to look at managed care plan websites

**[Khefri Riley, Frontline Doulas] 10:57:47**

And even deal directly with doulas to get their direct feedback They are indeed, not feeling that they're duly reps are being responsive, or understanding the benefit, or even maybe the All-plan letter and what's required of the plan, So it feels like there's still not a lot of implementation that's happening, and that those who are most dear to the dolos, the ones that directly deal with them

**[Khefri Riley, Frontline Doulas] 10:58:06**

Don't seem to really be empowered to understand what you're saying today So I'm hoping that you guys can issue even more directors or support for your doula reps, and even review of this all-plan letter that was issued

**[Khefri Riley, Frontline Doulas] 10:58:17**

Because it's just not translating But thank you so much for those solutions that you're offering I'm seeing a lot of movement there, and that's pretty amazing And I also wanted to take the last 20 seconds to make sure that we do bring up that for the public to know that we did make a request for all facilities letter, so that Doulas could This could be addressed across the board to California, and that is indeed also being considered and looked at, and I'm sure that there'll be further reports in the future about that

**[Khefri Riley, Frontline Doulas] 10:58:43**

I just wanted to somehow address the anxiety, the concerns, and the damage that's happening right now that we are indeed taking steps to address that

**[Deitre Epps] 10:58:53**

Thank you



**[Deitre Epps] 10:58:54**

I would like to ask if all of the Doula implementation work group members can raise their hands so that people can see who you are before we go on, break

**[Deitre Epps] 10:59:05**

and you can be recognized If you can raise your virtual hand that way, you'll come up on screen

**[Deitre Epps] 10:59:10**

and if you're not available on screen

**[Deitre Epps] 10:59:15**

Then we'll be able to You can put it in the chat

**[Deitre Epps] 10:59:18**

But just wanted to let folks know there is a group

**[Deitre Epps] 10:59:22**

That is working feverishly to support the implementation of this work

**[Deitre Epps] 10:59:28**

behind the seeds in front of the seeds in the chat outside of the chat

**[Deitre Epps] 10:59:33**

You know, in their own communities and across the State to help support the implementation of this work

**[Deitre Epps] 10:59:38**

So those are the voices that you're hearing that are actually a panelist today There may be others who are on the call that are not on camera, but just wanted to recognize you, so that folks can see who you are and the work that you do

**[Deitre Epps] 10:59:52**

Alright, if you could, you can go ahead and lower your hands That'd be great Anything else on the managed care plans You've had a chance Now, everyone We'll go to the chat in a moment But we actually did Quite a bit of conversation around Manage care plans prior to the presentation Did you want to say something up? Oh, I'm sorry, I see, Chantel



**[Deitre Epps] 11:00:15**

I see 2 people, Chantel and, would you like

**[Deitre Epps] 11:00:18**

Have a question or comment

**[Deitre Epps] 11:00:20**

And introduce yourself Please

**[Deitre Epps] 11:00:29**

Chantel We can't hear you

**[Deitre Epps] 11:00:34**

Okay, alright So then maybe she was raising her hand for another reason Okay

**[Deitre Epps] 11:00:38**

All right So

**[Deitre Epps] 11:00:40**

Erica, I'll pass to you before we take a break, We are scheduled for a 10 min Break

**[Deitre Epps] 11:00:46**

at this time, so

**[Deitre Epps] 11:00:48**

Is there anything you want to share before we go to break

**[Erica Holmes] 11:00:52**

Nothing specific. I just super appreciate the great conversation in this 1st part of our meeting today Like I, I know these are really tough issues And so we've

**[Erica Holmes] 11:01:01**

Very much appreciate the partnership and willingness to work with us, as we, you know, as we work through these challenges, so again, very much appreciate all of you

**[Deitre Epps] 11:01:10**

Thank you, and I'll check touch base with Aquila to see if there's any question that you feel needs to be addressed from the chat



**[Aquilah Nelson] 11:01:24**

I think some of these questions can be addressed in the open form, but I do see a lot of response and feedback from doula panelists as well as DHCS at the moment, so we can wait till last with break

**[Deitre Epps] 11:01:42**

Okay Thank you

**[Deitre Epps] 11:01:43**

Alright, so we'll go ahead and take a 10 min break, and we will reconvene at 12 After

**[Deitre Epps] 11:01:49**

Thanks, everybody Please refresh yourselves Get some water, walk away from your laptop or your PC And we'll see you in 10 min

**[Deitre Epps] 11:12:55**

Hey, Welcome Back Everyone

**[Deitre Epps] 11:12:59**

Hopefully You have a chance to step away for a moment

**[Deitre Epps] 11:13:42**

Ah Can you hear me now, too

**[Deitre Epps] 11:13:43**

Okay, perfect Thank you

**[Deitre Epps] 11:13:46**

Yeah, I think as people were coming back, maybe we were all I don't know We maybe were all on mute but that's fine Hopefully, everyone can hear me Okay, now

**[Deitre Epps] 11:13:54**

So, the purpose of this next conversation is for you to move forward in one of your key deliverables, for this work is to inform a legislative report, and so we're gonna pass it over to DHCS Now, the team to introduce the next steps for moving forward This conversation will be for about hmm 15 min, and then we'll move forward to the open For



**[Ken Wilkerson] 11:14:20**

Thank you, Deitre, and we will turn it over to our QPHM, quality population health management, who's assisting us in leading this work, So I'll turn it over to Kristina Armstrong

**[Kristina Armstrong] 11:14:34**

Hello, everyone I'm Kristina Armstrong My pronouns are she her

**[Kristina Armstrong] 11:14:39**

I am a research scientist in the program evaluation at DHCS working on the Doula Benefit report

**[Kristina Armstrong] 11:14:48**

if we could advance to the next slide

**[Kristina Armstrong] 11:14:53**

Thank you, so this slide should look familiar We shared it in our January meeting

**[Kristina Armstrong] 11:14:59**

So, SB 65 just requires DHCS to publish a report on its website addressing the number of Medi-Cal recipients utilizing doula services

**[Kristina Armstrong] 11:15:11**

Compares, that compares birth outcomes among people who use Doulas and those who do not and identify barriers that impede access So the DHCS

**[Kristina Armstrong] 11:15:20**

Team that's responsible for overseeing, the report, is the program evaluation, and our role is just to mainly oversee the report and conduct a quantitative study

**[Kristina Armstrong] 11:15:33**

That addresses the legislative requirements that are listed on this slide

**[Kristina Armstrong] 11:15:40**

Our team will be assisted by an external researcher who will advise and collaborate on the entire report

**[Kristina Armstrong] 11:15:46**

As well as lead, a qualitative component that specifically examines barriers to impede access to the benefit



**[Kristina Armstrong] 11:15:55**

So, we looked for potential external researchers within the University of California system who had significant expertise with birth, equity qualitative research

**[Kristina Armstrong] 11:16:08**

And the effect of doula support on maternal and infant health outcomes

**[Kristina Armstrong] 11:16:13**

Specifically, we looked for those with experience evaluating Doula initiative in California

**[Kristina Armstrong] 11:16:20**

And those who had a clear history of engaging community partners in research

**[Kristina Armstrong] 11:16:26**

If you could advance to the next slide

**[Kristina Armstrong] 11:16:31**

Thank you

**[Kristina Armstrong] 11:16:32**

So today I would like to introduce our external researchers, Dr Cassandra Marshall and Dr Anu Conti Gomez

**[Kristina Armstrong] 11:16:41**

Dr Marshall will be our lead external researcher, and she's here today to talk about her role on the Doula benefit report, give

**[Kristina Armstrong] 11:16:51**

Some information on her research background and some of her past projects related to doula support So I'll go ahead and turn over the presentation to Dr Marshall, now

**[Cassandra (Cassie) Marshall (she/her)] 11:17:05**

Thanks Kristina Hi, all

**[Cassandra (Cassie) Marshall (she/her)] 11:17:09**

Very happy to be here

**[Cassandra (Cassie) Marshall (she/her)] 11:17:11**

And talk a bit about this I'll be pretty brief



**[Cassandra (Cassie) Marshall (she/her)] 11:17:14**

but happy to if there's time for questions, happy to answer any questions So yeah, I'm here on behalf of obviously myself and all my colleague, Dr On you, Monica Conti Gomers are both based at Uc Berkeley and

**[Cassandra (Cassie) Marshall (she/her)] 11:17:27**

To talk a little about what we're gonna do. Can you all go to the next slide?

**[Cassandra (Cassie) Marshall (she/her)] 11:17:34**

So, you know, we're really excited for this opportunity to collaborate with the State and to service consultants

**[Cassandra (Cassie) Marshall (she/her)] 11:17:44**

We've been tasked with supporting this, the overall evaluation efforts but will specifically be focusing on a qualitative study to really focus on Medi-Calid members, and I think this is a real opportunity There are so many different partners and stakeholders in this work, as you know, so many different entities and groups on the call

**[Cassandra (Cassie) Marshall (she/her)] 11:18:06**

And all of it is important right to think about access to this benefit , but a group, that's not all We don't always hear their voices , our actual Medi-Cal enrollees and members And so I think this is

**[Cassandra (Cassie) Marshall (she/her)] 11:18:19**

A wonderful opportunity to be able to learn about their experiences in accessing, using, or not accessing this benefit and trying to get to the bottom of that, and so we'll be

**[Cassandra (Cassie) Marshall (she/her)] 11:18:30**

doing qualitative research It's really involves a lot of interviews, potentially, some focus groups

**[Cassandra (Cassie) Marshall (she/her)] 11:18:37**

We'll try to understand their perspectives as to

**[Cassandra (Cassie) Marshall (she/her)] 11:18:41**

You know what for? Those who are able to successfully have Medi-Cal pay, for? Doula will understand Kind of that journey in that process, and for those



**[Cassandra (Cassie) Marshall (she/her)] 11:18:51**

Who, maybe aren't even aware of the benefit, will hope to get information about that and for those who tried and wanted to pay for it, but somehow didn't work out, will also try to understand that

**[Cassandra (Cassie) Marshall (she/her)] 11:19:01**

and then also will be, you know, collaborating with DHCS on this final report, and also hoping to provide some of our expertise with the quantitative work that they'll be doing with the claims Data

**[Cassandra (Cassie) Marshall (she/her)] 11:19:13**

Next slide

**[Cassandra (Cassie) Marshall (she/her)] 11:19:17**

So we've done I mean some, you know, just to share some of our work in the space both anew And I have collaborated quite a bit , and , certainly several projects in this space Just a few I'll mention today , we've actually worked with a number of people on this call , a number of people in the co-design team to really think about research in the role of research in this space, and

**[Cassandra (Cassie) Marshall (she/her)] 11:19:42**

Is research valuable How can it be done to be ethical? and person centered, and meet the needs of all the advocates in in other stakeholders involved in doula support And so we'll be using some of those lessons learned for this project Certainly , one thing I can just say, we're really hoping to make this collaborative as possible That's just a core tenant of our research approach And so

**[Cassandra (Cassie) Marshall (she/her)] 11:20:05**

Will be leaning quite a bit on many people, but certainly the co-design team

**[Cassandra (Cassie) Marshall (she/her)] 11:20:10**

In supporting us in this. We've also done some wonderful work with Sister Web San Community network in San Francisco, which provides Community Doula No Cost Community services to folks in the city specifically evaluated their program supporting Pacific Islander people and black birthing people. And so we did that for several years, both kind of looking at the implementation of that initiative and also better understanding the outcomes of it And then, finally, we've also done some work directly relevant to this So more in the policy space



**[Cassandra (Cassie) Marshall (she/her)] 11:20:45**

Very relevant to today's call, you know, doing we're talking to plans

**[Cassandra (Cassie) Marshall (she/her)] 11:20:49**

About potential barriers and facilitators and trying to learn a little ahead of the game about what might happen And the, you know, research is slow Y'all So The paper didn't come out till recently, but we learned, you know, a lot of what is happening now We were able to kind of get a glimpse of, and our hope is to help this benefit Medi-Cal, but also other States, like as their other States are planning for this, what can be learned? And so

**[Cassandra (Cassie) Marshall (she/her)] 11:21:15**

Publish some work on that, as well

**[Cassandra (Cassie) Marshall (she/her)] 11:21:15**

Next slide

**[Cassandra (Cassie) Marshall (she/her)] 11:21:20**

And these are just some of our publications, So this is, you know, if you want to look at the slides later

**[Cassandra (Cassie) Marshall (she/her)] 11:21:25**

Please feel free to look at some of the work that we've done Happy to answer any questions, happy to send people additional descriptions of our work

**[Cassandra (Cassie) Marshall (she/her)] 11:21:33**

But otherwise, just wanna say that our team is really excited for this collaboration I was actually a member of the implementation work group, and I resigned, just, you know, so that I could, you know, serve in in the capacity that I know the best, which is the research And so I I hope to support this process

**[Cassandra (Cassie) Marshall (she/her)] 11:21:48**

And with that, Christine, I'll turn it back to you

**[Kristina Armstrong] 11:21:56**

I don't think I have anything else to add We're just really excited to work with , Dr Marshall and Dr Gomez, and just wanna welcome this welcome, both of them to work on the report, and I'll go ahead and turn it back over to the other



**[Deitre Epps] 11:22:18**

There is some time, for if you have some comment, question, or response to what's been shared

**[Deitre Epps] 11:22:27**

Feel free to for the

**[Deitre Epps] 11:22:31**

Do what implementation workgroup to raise your hand, or if you have a comment in the chat, please feel free to put that comment in the chat

**[Deitre Epps] 11:22:45**

Thank you very much, very exciting work to hear directly from people who are directly impacted by the decisions that are being made, wonderful, and I think this is also an opportunity to

**[Deitre Epps] 11:22:58**

See if there's anybody on this call that will fall under that group If you'd like to identify yourself as a person who is enrolled in Medi-Cal, and who

**[Deitre Epps] 11:23:09**

is impacted by the decisions that are being made Feel free to do that We call that a living experience, and we welcome you, and hope that you are here on the call, even if you don't want to identify yourself So thank you

**[Deitre Epps] 11:23:22**

So now we're at the point where we are opening, up the conversation, to talk a little bit about how you can, what the questions you have, and any just an open for and we're gonna start this open for with a sharing from one of the team members and Doula implementation work group members Riley, you've heard from her

**[Deitre Epps] 11:23:50**

Today But she's going to specifically share now about a feedback form that you can use that people are using and that you can use

**[Deitre Epps] 11:23:57**

Moving forward So, Khefri, would you like to go ahead and share

**[Khefri Riley, Frontline Doulas] 11:24:05**

Sure, just wondering if you can see the form



**[Deitre Epps] 11:24:08**

Yes, we can see it very clearly

**[Khefri Riley, Frontline Doulas] 11:24:09**

And just really want to acknowledge that we're opening up this as a community for to hear from the people, from the Doulas, from any families that might be here from any doula providers that have been experiencing any challenges, or even any successes, with how your clients are receiving Doula care and hearing from the amazing doctors just recently about their research

**[Khefri Riley, Frontline Doulas] 11:24:28**

And all the people have been contributing to finding solutions to the massive gaps

**[Khefri Riley, Frontline Doulas] 11:24:33**

In delivering care and the challenges that that we are up against, and one of the things we have found

**[Khefri Riley, Frontline Doulas] 11:24:39**

Even to miss the frustration of slowly moving the needle forward is in order for us to do that we must move beyond allegations into actual direct

**[Khefri Riley, Frontline Doulas] 11:24:47**

Data feedback from you, the Doulas from your families that you're serving any challenges that you're having with hospitals, with managed care, plans with DHCS

**[Khefri Riley, Frontline Doulas] 11:24:58**

Anywhere, clinics that may be preventing you

**[Khefri Riley, Frontline Doulas] 11:25:01**

From delivering this incredible benefit to them, because, while we are on this meeting right now to discuss

**[Khefri Riley, Frontline Doulas] 11:25:08**

Do the benefit, and mainly do the voices that we're hearing and uplifting

**[Khefri Riley, Frontline Doulas] 11:25:11**

At the end of the day This is about the families

**[Khefri Riley, Frontline Doulas] 11:25:14**

And this is about addressing their needs and returning rights to childbirth



**[Khefri Riley, Frontline Doulas] 11:25:17**

And being able to be by their side to support their voices and center them

**[Khefri Riley, Frontline Doulas] 11:25:21**

And deliver compassionate care

**[Khefri Riley, Frontline Doulas] 11:25:23**

So in order for us to be able to do that, we need to hear from you So ourselves, the group of activists that you see here, and many that may be in the chat, or who come to our monthly California, doula access meetings and Other advocates have created this feedback form The California Medi-Cal doula benefit feedback form for community doulas, the providers and pregnant people, the beneficiaries

**[Khefri Riley, Frontline Doulas] 11:25:46**

So, you would report any problems or challenges with enrolling as a Medi-Cal provider

**[Khefri Riley, Frontline Doulas] 11:25:51**

With delivering services as an approved dealer

**[Khefri Riley, Frontline Doulas] 11:25:55**

With receiving services as a person on Medi-Cal the beneficiary

**[Khefri Riley, Frontline Doulas] 11:25:59**

Or any Medi-Cal managed Care Plan

**[Khefri Riley, Frontline Doulas] 11:26:01**

So, while we are the ones that are managing this as independent advocates for the California Doula benefit

**[Khefri Riley, Frontline Doulas] 11:26:06**

Please keep in mind We are not affiliated with any government or State agencies, and we cannot guarantee any direct action by these agencies to make any changes But as we see today and, the conversations are open and shifts are being made So I wanted to open up to

**[Khefri Riley, Frontline Doulas] 11:26:24**

My dear colleague Ajira, to also share about this and what we've been finding many of the things that we've shared today, we have found via the feedback form, and we have also, we want to really acknowledge DHCS and the team for truly listening



**[Khefri Riley, Frontline Doulas] 11:26:38**

To what is on these forms, whether we believe it or not, and we really should for this moment, because we have to celebrate our successes The presentation today was heavily informed by your voices

**[Khefri Riley, Frontline Doulas] 11:26:49**

And the voices that were submitted via this form So you do matter Your voices matter, and it's important for you to fill out this form for us, if you can

**[Khefri Riley, Frontline Doulas] 11:26:56**

So also, you're welcome to share this with your families

**[Khefri Riley, Frontline Doulas] 11:27:00**

So that the birthing people who potentially are not receiving services or have any issues with the delivery of services, can share this with us as well, so we can begin to center them as well So here you are with the email

**[Khefri Riley, Frontline Doulas] 11:27:14**

And if you're open to being contacted

**[Khefri Riley, Frontline Doulas] 11:27:16**

Who you might be

**[Khefri Riley, Frontline Doulas] 11:27:20**

If you're experiencing a limitation or barrier with a hospital birth center, managed care plan, or doula enrollment

**[Khefri Riley, Frontline Doulas] 11:27:26**

What hospital?

**[Khefri Riley, Frontline Doulas] 11:27:28**

What was the barrier?

**[Khefri Riley, Frontline Doulas] 11:27:30**

Have you received a response? If you've made a formal complaint

**[Khefri Riley, Frontline Doulas] 11:27:33**

Are you satisfied?



**[Khefri Riley, Frontline Doulas] 11:27:34**

And if there anything else you'd like us to know, or any materials

**[Khefri Riley, Frontline Doulas] 11:27:38**

So, I'm going to stop here and allow

**[Khefri Riley, Frontline Doulas] 11:27:41**

any other comments for my colleagues and please, Ajira, if you could share some of the feedback we've been hearing, and the effectiveness of this form

**[Ajira Darch] 11:27:48**

Thank you, I'm gonna share that without a screen sharing Just so we can protect people's information, but I think it is helpful to get a sense of

**[Ajira Darch] 11:27:58**

You know what? What the trends that we're seeing in these responses are? So far we have 38 responses

**[Ajira Darch] 11:28:08**

they're primarily from approved providers, which initially was a surprise but, given what we've been

**[Ajira Darch] 11:28:17**

Naming, as you know, the main obstacles that folks are reporting and finding it makes sense

**[Ajira Darch] 11:28:28**

Most of what they're reporting Experiences of limitation or barriers with are to do with managed care plans

**[Ajira Darch] 11:28:35**

And I think you know the majority of the hospital birth centers or managed care plans that have been mentioned as folks experiencing those obstacles with have been Kaiser, LA Care

**[Ajira Darch] 11:28:52**

A lot of Medi-Cal San Francisco health plan has shown up a number of times as well and Alameda has shown up a few times as well And then there's been, you know, others that have been mentioned once or twice



**[Ajira Darch] 11:29:08**

I would say that originally we were seeing a lot of folks expressing obstacles of various contracting with managed care plans So I would say that the majority of the experiences were related to that, and those were summarized in the letter of concern that we sent 2 weeks ago

**[Ajira Darch] 11:29:28**

And that was primarily to do with, you know, misinformation with folks being given very complicated application processes through managed care, plans to contract with them or not hearing back from managed care plans at all, or getting different information every time, they were talking to somebody And then, more recently we've been seeing a shift

**[Ajira Darch] 11:29:50**

And more and more folks speaking about reimbursement rate issues So, there've been a couple of folks who've said that you know they? They're still either having their claims denied or they're being paid 2023 rates and they're finding that unsustainable and they and others in their community are considering, or have decided to no longer participate in the benefit

**[Ajira Darch] 11:30:15**

Because those 2023 rates are unsustainable

**[Ajira Darch] 11:30:17**

and several folks have, you know, been very stringent in their language, talking about how you know, not receiving the new rates, which we were led to believe initially, were going to be in effect, or needed to be in implemented in effect by July of this month

**[Ajira Darch] 11:30:37**

It's just not workable for them So, that has been extremely disappointing and has been impacting

**[Ajira Darch] 11:30:43**

People's ability to continue participating, the majority of folks have reached out to hospital, managed care plan, or DHCS about the experience

**[Ajira Darch] 11:30:52**

I would say about half have received a response



**[Ajira Darch] 11:30:57**

And the majority of folks were not satisfied with the response

**[Ajira Darch] 11:31:01**

Because it was typically along the lines of you know, we're doing our best, please wait while we figure this out, or you need to reach out to somebody else, who then often also said, you need to reach out to somebody else. And folks, you know, would like their claims paid, they would like some clarification around how they

**[Ajira Darch] 11:31:21**

They can contract with managed care, plans

**[Ajira Darch] 11:31:22**

And they would like to understand why they're expected to do the same thing that they've already done by enrolling within pay

**[Ajira Darch] 11:31:31**

And then, as far as what folks would like people to know,

**[Ajira Darch] 11:31:37**

Folks have been talking about having a lot of support around PAVE enrollment

**[Ajira Darch] 11:31:40**

And then not as much support around contracting with managed care plans, and finding that to be the most frustrating also, just

**[Ajira Darch] 11:31:50**

Finding it disappointing to learn about how much more complex the process is. Once they get to that point as far as learning that, you know, manage. They were under the impression that managed care plans would have someone or someone's

**[Ajira Darch] 11:32:05**

ready to support them with the process of not only contracting with them, but familiarizing them with, you know, claims, processing, etc., and then not finding that support at all. So, I think that's the main summation I can give you

**[Khefri Riley, Frontline Doulas] 11:32:27**

Thank you Ajira



**[Khefri Riley, Frontline Doulas] 11:32:28**

And we've also placed in the chat

**[Khefri Riley, Frontline Doulas] 11:32:30**

The toolkit where you, as community members, community-based organizations, doulas

**[Khefri Riley, Frontline Doulas] 11:32:36**

Every single person counts here can share the slides on your social media, with your groups in your communities, so that we can gather this feedback and begin these important conversations So really, wanna thank DHCS for giving us, this platform and allowing

**[Khefri Riley, Frontline Doulas] 11:32:53**

You know the positive reception

**[Khefri Riley, Frontline Doulas] 11:32:55**

Of this I know that for many of us as advocates it's

**[Khefri Riley, Frontline Doulas] 11:33:00**

It's pretty frustrating, because we want you to be able to get what you need to serve the families, we want you to be able to get paid so you can pay your rent

**[Khefri Riley, Frontline Doulas] 11:33:08**

And so, we know how serious this is, and we wanna be able to now open up the QA

**[Khefri Riley, Frontline Doulas] 11:33:12**

to be able to address some of your concerns I know there's been a few voices and

**[Khefri Riley, Frontline Doulas] 11:33:17**

I can't really see the people really All we can do see you in the chat So please

**[Khefri Riley, Frontline Doulas] 11:33:22**

Start, now to offer up your concerns for us, so that we can get some direct replies for you

**[Ajira Darch] 11:33:31**

While we're waiting for those, I would like to add one more thing, which is that, you know, receiving being told today that the reimbursement update



**[Ajira Darch] 11:33:41**

expectation or deadline being pushed back to the end of the year, is extremely disappointing I cannot underline enough how disappointing it is to hear about that, and to also note that this once again

**[Ajira Darch] 11:33:52**

And continue, you know, as with so many other aspects of these obstacles, places the burden on families and on birth workers, community birth workers who are not the most resource stakeholders In the group

**[Ajira Darch] 11:34:06**

so, it's extremely disappointing, and it's kind of galling to be told by, you know managed care plans who we can see what your annual revenue is online

**[Ajira Darch] 11:34:17**

Ah To be told that you just don't have, despite the fact that you've had the same amount of time that we've had to come to terms of this benefit, and figure out

**[Ajira Darch] 11:34:25**

How to make it work

**[Ajira Darch] 11:34:27**

We? We need to know more about why this is so challenging for you, and why you're not reaching out to us to help you, if that's what you need

**[Deitre Epps] 11:34:37**

So, we'll start here with the open for Thank you, Ajira, for this comprehensive

**[Deitre Epps] 11:34:45**

Offering that you're giving to inform DHCS as they implement their role

**[Deitre Epps] 11:34:52**

In preparing for this legislative report, it's invaluable It's priceless the information that you're getting

**[Deitre Epps] 11:34:58**

Given what has been shared, and that this is an open for I want to see if there's anyone from DHCS that wants to respond to that, or from



**[Deitre Epps] 11:35:07**

If you're on this call from a managed care plan, or anyone else, who can respond to what has been heard but 1st I'll go to you, Erica, and see if you would like for you or your team to respond

**[Ken Wilkerson] 11:35:17**

Yeah, I mean, I

**[Ken Wilkerson] 11:35:19**

Obviously, I fully understand the

**[Ken Wilkerson] 11:35:23**

Frustration around the timeline for payment I think

**[Ken Wilkerson] 11:35:27**

In the feedback form it received Most recently it was loud and clear that the very real impact that these delays are having on our doula partners in terms of like

**[Ken Wilkerson] 11:35:36**

Cost of living and all of that And so I don't wanna under discount that at all like it's very important to us

**[Ken Wilkerson] 11:35:42**

I can't speak directly to you the mechanics of like how the

**[Ken Wilkerson] 11:35:46**

TRI initiative was put into place, or the timeline, for when the APL Was issued,

**[Ken Wilkerson] 11:35:51**

But as I shared earlier, there is There's a form for that next week, and so I think we drop the registration link in the chat, but if not, I would strongly encourage you all to go to that and submit feedback

**[Ken Wilkerson] 11:36:03**

Presumably we're going to have other TRI initiatives in the future I know that there was some included in the budget that came out this last cycle And so we want to do better

**[Ken Wilkerson] 11:36:13**

For future cycles, and so your feedback is invaluable in informing that and making sure that we can put better processes in place to avoid these types of delays So



**[Ken Wilkerson] 11:36:23**

Hear you loud and clear on behalf of department and we are very sympathetic, and we want to work with you to make sure that going forward, we try to streamline these as much as possible, if my Health Plan association partners

**[Ken Wilkerson] 11:36:34**

Or individual plans want to comment. I as well would welcome that

**[Deitre Epps] 11:36:51**

Thank you Kristen

**[Deitre Epps] 11:36:53**

Can you introduce yourself? Please

**[Kristin Schlater] 11:36:56**

Hi, good afternoon Can you hear me? Okay

**[Deitre Epps] 11:36:58**

We hear you very clearly

**[Kristin Schlater] 11:37:00**

Okay, thank you good afternoon I'm Kristen Schlater, health education program manager for La care health plan managing the Doula benefit, just to clarify I'm not part of the contracting department or our claims department that I relay any information 2 of those departments any barriers that we're experiencing? with any dealers that we're partnering with, we very much appreciate your feedback This is very valuable feedback

**[Kristin Schlater] 11:37:32**

Very important feedback that we will take back again I'll also leave it in the chat, we have an email box dedicated to Doulas, [benefit@lacare.org](mailto:benefit@lacare.org)

**[Kristin Schlater] 11:37:45**

Once I'm finished, I will add that to the chat

**[Kristin Schlater] 11:37:48**

just a few of the things that we are working on

**[Kristin Schlater] 11:37:52**

We do have a small doula work group with



**[Kristin Schlater] 11:37:56**

Several manage care plans where we address barriers and, also explore ways to make Pathways more efficient, and what we just can do to improve the overall process, one of those things that we're looking at is exploring how to streamline the application process

**[Kristin Schlater] 11:38:17**

Again, As stated before, all MCPs do have different requirements, and it's difficult to sync up but we are exploring how we can, how we can do that We meet monthly on that

**[Kristin Schlater] 11:38:28**

We are also in process of dress drafting hospital letter So letter that will show multi managed care, plan, support to the hospitals expressing our support for Doulas, and to please exclude them from the visitor policy, so that they are able to be with their patient

**[Kristin Schlater] 11:38:47**

And also hosting webinars to inform our providers about our stance on the doula

**[Kristin Schlater] 11:38:55**

Benefits and, and thank you to front line and a couple of other doulas who supported this in those webinars

**[Kristin Schlater] 11:39:01**

But again, If there are any concerns regarding

**[Kristin Schlater] 11:39:05**

contracting or claims Please feel free to email us, and I will make sure that our departments receive that information

**[Kristin Schlater] 11:39:14**

And get back to you asap we do have a dedicated staff that is appointed to evaluate any barriers and issues that our partner so please feel free to reach out to us

**[Kristin Schlater] 11:39:30**

Thank you

**[Ajira Darch] 11:39:35**

Could you share that contact information in the chat for folks? Kristen



**[Kristin Schlater] 11:39:38**

Sure I'll add it

**[Ajira Darch] 11:39:41**

Thank you

**[Ajira Darch] 11:39:43**

I wanted to just read out some of the comments we're seeing in the chat

**[Ajira Darch] 11:39:47**

Tisha said I would like to also mention the almost complete lack of support

**[Ajira Darch] 11:39:51**

From the MCPs regarding appropriate diagnosis, billing codes, even calling provider relations

**[Ajira Darch] 11:39:57**

All members I spoke to from several different managed care plans, said that they cannot provide any information regarding how to Bill, and that there was no option to contact the billing department to receive that information

**[Ajira Darch] 11:40:08**

Central Alliance is the one Stand down and include a diagnosis codes

**[Ajira Darch] 11:40:13**

In their doula onboarding

**[Ajira Darch] 11:40:15**

Brittany and Bakersfield said, we have been experiencing a huge delay

**[Ajira Darch] 11:40:20**

And providers, approving us in a decent time, and making it extremely difficult for us to provide care in our area

**[Ajira Darch] 11:40:27**

Asking for the same things over and over again

**[Ajira Darch] 11:40:31**

Patricia in OC said



**[Ajira Darch] 11:40:34**

Agreed We've had so much help with PAVE, which I found so easy, but despite having many MCPs and contracting with them, has been a nightmare, no callbacks

**[Ajira Darch] 11:40:45**

On onset emails, unclear, which app to complete because no one knows what category to put us in

**[Ajira Darch] 11:40:50**

Paying to file claims through office ally

**[Deitre Epps] 11:40:54**

Thank you so much, Ajira, very much appreciate you pulling out and calling out those relevant comments in the chat

**[Jim Elliott] 11:41:02**

I, yeah, I wanted to speak about the comment about the diagnosis codes issues

**[Deitre Epps] 11:41:08**

Jim , can you introduce yourself for those who this might be, the first, 1st time meeting you, although you've been in this work and spearheading some of

**[Jim Elliott] 11:41:16**

Thank you for the reminder I'm Jim Elliott I work in the Benefits division that have been involved with the doula project for quite a long time

**[Jim Elliott] 11:41:25**

But I did want to share about the diagnosis codes question

**[Jim Elliott] 11:41:31**

That is not currently required but we were in the process of implementing that by the end of the year

**[Jim Elliott] 11:41:36**

What we're trying to do first, what we've been working on They're not really diagnosis code specifically because dealers aren't diagnosing but there's codes that need to go on the claim for Federal requirements

**[Jim Elliott] 11:41:49**

So, we are going to we've done is we've lined up like these



**[Jim Elliott] 11:41:55**

Codes can be used with these billing codes, and we want to provide that information So we're going to share with our work group, and our stakeholders ahead of time like, hey, here's what we're looking at

**[Jim Elliott] 11:42:07**

And the information will be published in the Provider Manual later this year, and guidance to the managed care plans. So, it's not currently required But we are going to be sharing that information with you before we publish that information in the Provider Manual

**[Jim Elliott] 11:42:23**

So hopefully That's helpful If you have questions about that, please send them to the benefits mailbox

**[Deitre Epps] 11:42:33**

Thank you

**[Deitre Epps] 11:42:34**

And would love to open up this space for anyone from DHCS, who would? Who sees a question in the chat that you would like to respond to directly, as Jim just did

**[Khefri Riley, Frontline Doulas] 11:42:46**

I'd also like to ask, for example, Rebecca and other people that are representing the managed care plans

**[Khefri Riley, Frontline Doulas] 11:42:53**

What can you do to deal directly with the individuals who are the contacts for billing? Who are the contacts for contracting? Who the contracts for communicating to the doulas

**[Khefri Riley, Frontline Doulas] 11:43:04**

What we find at this meeting, and what you think should be required of them to implement the All-Plan letter, and these requests that are coming in, because these are the nature of the requests we're getting And it seems like the person is the point Person

**[Khefri Riley, Frontline Doulas] 11:43:16**

Just writes it off, and they don't know, or they don't get back to people and so there's just this



**[Khefri Riley, Frontline Doulas] 11:43:20**

Communication lag that seems like people are being gas lit around these experiences I know that's not the intention from what you have shared here but what can be done

**[Khefri Riley, Frontline Doulas] 11:43:27**

To best empower those who are in place

**[Khefri Riley, Frontline Doulas] 11:43:31**

To directly deal with the do list to implement what is being required of them So that this is, you know, a better experience, because what's happening is we at risk of losing the workforce that we've worked so hard of for the last almost 2 years? They just give up

**[Khefri Riley, Frontline Doulas] 11:43:45**

At a recent Cal Optima training wonderful dealers were there, many of them signed up and several walked out, saying, This is over my head I don't think I can do it It's above my pay grade right now, but they were the Doulas that we need We need them all here We don't just need 300 and something we need thousands

**[Khefri Riley, Frontline Doulas] 11:43:59**

So just wondering how

**[Khefri Riley, Frontline Doulas] 11:44:02**

You can work with your staff or get the trickle down It's coming from the top How can we

**[Khefri Riley, Frontline Doulas] 11:44:07**

You know, embed this further, and who's directly dealing with the community because it's not translating

**[Rebecca Sullivan, LHPC] 11:44:14**

Hi I'll jump in here, so I think, 1st of all, really appreciate you bringing this really specific feedback that you're hearing different things on the ground that

**[Rebecca Sullivan, LHPC] 11:44:23**

What we may be hearing So I think that's really the 1st step is to communicate out to our members Hey, this is, you know this is the feedback we're hearing, and ensure that that messaging



**[Rebecca Sullivan, LHPC] 11:44:34**

That that messaging is shared

**[Rebecca Sullivan, LHPC] 11:44:35**

Broadly and widely, so that we can figure out what the next best steps are

**[Kate Ross] 11:44:44**

I'll add, I think, what you're bringing up is interesting, right? I? So, what comes to mind is, we've been implementing liaisons or points of contacts in different areas, right? Because claims pretty broad, and doing quite a bit, and so

**[Kate Ross] 11:45:00**

One thing we hear is that this touch many parts of an organization so that point of contact is actually got like a whole team behind them so they're almost project managing right

**[Kate Ross] 11:45:13**

So, I think it makes sense to have a point of contact, or like a team, right? But what I think we need to do is

**[Kate Ross] 11:45:20**

Share what you've shared, so that feedback loop is coming So it doesn't feel like nothing's happening because something is right They're going to like the claims team Who's saying like, we better talk to finance, or what have you? And if we, if we were better about telling you like oh, here's where we're at, or, you know Sorry we haven't

**[Kate Ross] 11:45:37**

You know, receive this update yet, or whatever I think it will help you all understand? Like they are working through that process, and they're not ignoring you So I that's something that comes to mind as I think about like kind of that point of contact with that whole team and departments behind what seems like a simple question, right?

**[Khefri Riley, Frontline Doulas] 11:46:02**

Thank you, Kate, and Rebecca

**[Deitre Epps] 11:46:11**

So, anyone else that would like, oh, yes, Andrea

**[Deitre Epps] 11:46:15**

We want? Can I? Can we pause for one second



**[Deitre Epps] 11:46:18**

The open we originally wanted to make sure that we heard from the chat, and I do see that a lot of these responses are to what you are reading in the chat So I wanna pause for one second, if you don't mind, Andrea to touch Base with Aquila to see if there are any questions that you see in the chat

**[Deitre Epps] 11:46:36**

That you could rise up at this time as a part of the open For

**[Aquilah Nelson] 11:46:42**

yes, of course Hi, everybody I'm Aquilah Nelson I'm a project assistant with RACE For Equity, and I did see in the chat that Samantha Reinhard asked a question to the effect of, Does DHCS have anything in their contracts with MCPs about how to do billing for reference I have no way to bill my MCP for free I have to pay for forms or software or clearinghouse

**[Aquilah Nelson] 11:47:05**

The MCP does not provide these forms or software, so again, the question is, does DHCS have anything in their contracts with MCPs about how to do the billing. Will anybody be able to answer that now?

**[Erica Holmes] 11:47:29**

Hi, this is Erica from the Department, so we have our managed care colleagues on today I don't know if they're able to speak to this question, but otherwise we can take that back and get back to you or if Kate has some thoughts, she can share those as well Now

**[Kate Ross] 11:47:42**

I'm sorry I was reading a chat that was sent to me I'm so sorry that can you repeat the question

**[Aquilah Nelson] 11:47:54**

Yes, it was Does DHCS have anything in their contracts with MCPs about how to do billing, or if they have any free services to support billing

**[Kate Ross] 11:48:06**

Okay? There are certainly standards on timely payment Right? That's been pretty solid and very important and very clear to the plans But you're thinking more around support of how to bill



**[Kate Ross] 11:48:20**

I think I do have a few examples of what individual plans are doing if I can find it but if that is what you mean,

**[Kate Ross] 11:48:31**

I think that's different

**[Rebecca Sullivan, LHPC] 11:48:34**

Hi, Kate, I think what? And feel free to correct me if I'm if I'm saying this wrong But I think the question is around the mechanism for billing

**[Rebecca Sullivan, LHPC] 11:48:41**

rather than having to go through a specific system If there's a free form, or if there are any DHCS requirements about what types of billing mechanisms, and I will just say that I wouldn't wanna pass along incorrect information And I don't know the answer to that question off the top of my head

**[Deitre Epps] 11:49:00**

Thank you

**[Deitre Epps] 11:49:01**

It sounds like Erica is going to follow up and get some clarity around that to bring it back, because the question was for DHCS

**[Deitre Epps] 11:49:10**

to see if there is a form So this is a great question This is what this form is about, Aquilah Any other questions that you would like to rise up from the chat

**[Aquilah Nelson] 11:49:21**

I did see a question about

**[Erica Holmes] 11:49:23**

Aquila, if you want to fill out

**[Deitre Epps] 11:49:27**

Go ahead, Erica, of course.

**[Deitre Epps] 11:49:30**

No, it's okay Erica, go ahead



**[Deitre Epps] 11:49:33**

We can't hear you

**[Erica Holmes] 11:49:34**

Oh, sorry I saw that saw you in from our manage care Team came off mute, so I didn't know if she wanted to respond at all to that last question

**[Deitre Epps] 11:49:42**

Thank you

**[Sa Nguyen] 11:49:45**

Thank you, Erica, and thank you Everyone

**[Sa Nguyen] 11:49:48**

Hi everyone, My name is

**[Deitre Epps] 11:49:48**

You can introduce yourself

**[Deitre Epps] 11:49:49**

Thank you

**[Sa Nguyen] 11:49:51**

Thank you Hi, everyone My name is Sa Nguyen, with the Department of Healthcare Services, with the managed care quality and Monitoring division And, we're gonna have to take that question back to our team regarding the billing resources for providers and then, once we get that information available and excuse me, once we can collaborate on that response, we will share it with the stakeholder team

**[Deitre Epps] 11:50:16**

Thank you and can you repeat? So, this is, I think, the 1st time we've seen you, I'm excited to see someone from your team joining Can you repeat, please? Just so, I see and we see it in the background health program specialists, too And what does again, does MCQMD stand for?

**[Sa Nguyen] 11:50:35**

It's the managed care, quality and monitoring division, and we assist, both the associations and the managed care plan to implement programs such as to doula services



**[Deitre Epps] 11:50:38**

Okay

**[Sa Nguyen] 11:50:46**

and I do apologize I have been participating just that the last participation, just in the last meeting I was out of the office, and my colleague, Michelle Wong, presented on my behalf

**[Deitre Epps] 11:50:59**

Alright, thank you No need to apologize

**[Sa Nguyen] 11:51:00**

Thank you

**[Deitre Epps] 11:51:01**

I just, I'm so excited because I wanna point out that over the last 2 years that this work has been happening, one of the requests early on and ongoing requests from the co-design team was to please see folks from the DHCS What role they have, what department they're in, how does that flow with implementation? And so, this this meeting today is such a great example of a DHCS being responsive to that request. So, I just wanted to point that out and celebrate some of this progress that's being made with this work any one more, maybe one more question, Aquilah, and then we'll come to you Andrea

**[Aquilah Nelson] 11:51:42**

There was a question there were a few questions about, what to do when MCPs and contracts that say they pay 90% of the Medi-Cal or Medi-Cal rate and should do is sign it I know Khefri was answering that, but it may be a good opportunity to hear from DHCS about how some of these rates are functioning

**[Khefri Riley, Frontline Doulas] 11:52:06**

I also wanted to add to that, because Dr Also uplifted that question

**[Khefri Riley, Frontline Doulas] 11:52:10**

Why are they saying we only pay 90% In addition to that, they're not really offering an administrative fee in other States Their administrative fees that are added to the Medi-Cal reimbursement rate and that's not being offered especially to the doulas or groups that need administrative support and that also is not happening right now in current negotiations



**[Erica Holmes] 11:52:32**

Hi, this is Erica Holmes from the Department, so I did want to get a little bit of clarification around this question, and I did drop a response in the chat

**[Erica Holmes] 11:52:40**

So just to clarify the current doula reimbursement rates, have been priced by our healthcare financing team at 87 of the Medi-Cal rate on file

**[Erica Holmes] 11:52:52**

I do want to ask if I can get some clarification around are the plans saying that they're reimbursing at 90% of the Medi-Cal rate, which would be higher than Medi-Cal paid today? Or are you saying that they're reimbursing at 90% of the rate that Medi-Cal pays because they're 2 different things So I wanna make sure we're understanding because one is very different than the other and then I unfortunately can't speak exactly to the negotiation piece between the health plans and their contract providers, but perhaps are associated partners could shed some light on that

**[Khefri Riley, Frontline Doulas] 11:53:25**

Well, this speaks to the inequities around the legal contracts, and how doulas, may not have legal representation when signing large contracts, which immediately presents problems, and that they are expecting to be paid 100% of the rate So this is one of the 1st times Maybe this has been shared on which percentage may be standard And so maybe there needs to be further conversations around this so that it can trickle down into the do list Who are the ones that are signing these contracts, and may not be signing them because they don't feel that it's equitable

**[Sayida Peprah-Wilson (Dr/She/Her)] 11:54:00**

Erica, forgive me for jumping in but were you saying that doulas should not expect to be paid the full amount of the rate, and only 87% Is that what you mean by what you're saying?

**[Erica Holmes] 11:54:10**

No, no, no, not at all So what I'm saying is

**[Sayida Peprah-Wilson (Dr/She/Her)] 11:54:12**

Yeah, can you clarify?



**[Erica Holmes] 11:54:14**

No So what I'm saying is that in Medi-Calid, and again, so please forgive me, cause I am not a healthcare financing, but basically we work with our Federal partner that the centers for Medi-Calid and Medi-Cal services to establish reimbursement methodologies for all of the benefits and services in our program, and so the typical reimbursement methodology in our program is 80% of what Medi-Cal pays for that service

**[Erica Holmes] 11:54:36**

These services, because of the TRI work, are now reimbursed at 87% of that Medi-Cal rate on file. So, whatever that is the reimbursement methodology we use for the program at large, not specific to doula services, but for our programs across the board as a Medi-Cal program these reimbursement methodologies that we set up

**[Erica Holmes] 11:55:01**

What is the plan telling the doula, which is, are they saying that they're trying to pay less than the reimbursement rates that we would otherwise pay in fee-for-service under our approved methodology? Or are they saying they want to pay 5% more than that methodology which you know, they can certainly pay more, but most health plans use the fee-for-service reimbursement rate as like the floor for negotiating with their net or contractors, not

**[Erica Holmes] 11:55:26**

The top if that makes sense So I just, I want to be thoughtful about the question but no, I was not suggesting that should expect to get paid a lesser amount It's just tied to the reimbursement methodology that we use Medi-Calid program

**[Kate Ross] 11:55:38**

Yeah, if I could cause it is really confusing So I'll just. They're set federally, right? The money So Medi-Cal pays more, right? unfortunately And so that's something that Plans have advocated to change DHCS has right, and but when she's referencing that 87% and a half It's saying that it's comparing the 2 programs So in Medi-Calid It's 87 and a half percent of the Medi-Cal rate If that makes sense, because the whole program of Medi-Cal for all providers is lower than Medi-Cal

**[Kate Ross] 11:56:16**

And to make it more confusing, we have Medicaid, but



**[Raquel Saunders] 11:56:20**

Just to provide some additional clarity, because I wanna make sure that this is really clear cause it is It is very confusing , for those that don't really work in the Medi-Cal world we're not so The rate that you have all seen for services is the rate that you're paid So that's not to say that 87% is It's going to be 87% of that rate that you've seen It's the rate reflects that 87.5%

**[Raquel Saunders] 11:56:50**

So, it's not less than what you're expecting that's just that's the methodology that we used to get to the rates that we have

**[Deitre Epps] 11:57:24**

Okay, Andrea, your hands been up for a while Will you have 2 min left in this meeting?

**[Deitre Epps] 11:57:29**

So, and we do want to share the next step So, Andrea, if you can keep your comments brief That would be very helpful

**[Andrea Ferroni] 11:57:36**

I'll save it for the next meeting. Thank you

**[Deitre Epps] 11:57:39**

Can you? Can you put it in the chat so that we know what it is? Okay Thank you

**[Deitre Epps] 11:57:43**

So we also will be asking We also would like to know, before we close out this section

**[Deitre Epps] 11:57:50**

We'd like to know from you about

**[Deitre Epps] 11:57:53**

How this meeting has been for you, and how you're feeling about what

**[Deitre Epps] 11:57:59**

What your feelings and thoughts are about Today's meeting the host and panelists You'll be receiving a feedback form link in your chat

**[Deitre Epps] 11:58:07**

And everyone We're just asking you in the moment to



**[Deitre Epps] 11:58:10**

Put in the chat

**[Deitre Epps] 11:58:14**

If you learn something, are you more informed now about the progress of the doula implementation

**[Deitre Epps] 11:58:23**

For Medi-Cal than you were before you came today, like, right? So, are you feeling more informed

**[Deitre Epps] 11:58:32**

So, you can say like, Well, I'll just say, on a scale of one to 10, how informed are you feeling after this meeting?

**[Deitre Epps] 11:58:40**

From before you came today

**[Deitre Epps] 11:58:42**

And the host and panelists, you actually have a link

**[Deitre Epps] 11:58:45**

That we're gonna ask you to click on Now

**[Deitre Epps] 11:58:47**

And for the folks who are not a host or a panelist on a scale of one to 10

**[Deitre Epps] 11:58:53**

Are you feeling more informed after this meeting than you were before, one being no and 10 being yes, definitely

**[Deitre Epps] 11:59:09**

Just to repeat that on a scale of one to 10 Are you feeling more informed

**[Deitre Epps] 11:59:14**

Before this after this meeting, then, before you came, one being no and 10 being yes, definitely

**[Deitre Epps] 11:59:23**

Okay



**[Deitre Epps] 11:59:23**

So Host and panelists Can you confirm that you've been able to click on that link

**[Deitre Epps] 11:59:31**

You don't have it

**[Deitre Epps] 11:59:34**

Aquila, Shall I put it in

**[Deitre Epps] 11:59:36**

Or do you have it?

**[Deitre Epps] 11:59:41**

And we'll pass it over to you As we close out the meeting

**[Deitre Epps] 11:59:45**

We'd like to invite you to We'll pass it back over to DHCS to wrap up for wrap up, and next steps

**[Raquel Saunders] 11:59:52**

And Deitre, I have one comment from the chat that I would like to raise up quickly from Tanisha Bennett She had mentioned something about having her claims denied because of inappropriate diagnosis codes

**[Deitre Epps] 11:59:57**

Absolutely

**[Raquel Saunders] 12:00:05**

So she could reach out And I'll have someone from my team drop the email to our Doula web email

**[Raquel Saunders] 12:00:12**

if she can reach out and let us know what plan She's been working with and receive that because I'd like to get some more information about that

**[Deitre Epps] 12:00:20**

Thank you



**[Deitre Epps] 12:00:21**

And host and panelists You should have the link If you can click on that link now, you should have it

**[Deitre Epps] 12:00:30**

We'll also follow up and send Well, it would be helpful if you would fill it out now, because we know you're very busy

**[Deitre Epps] 12:00:37**

And we wanted to make sure that all of your needs are being met as well

**[Deitre Epps] 12:00:41**

Alright, so we'll pass it over to Jim to talk about the schedule for the meetings

**[Jim Elliott] 12:00:51**

Hi, thank you very much, we're pulling up the schedule here

**[Jim Elliott] 12:00:56**

You may be aware of it starting this month We're now moving into a 5 monthly schedule We have less than a year to go before their manager, report will be published online by the end of next June

**[Jim Elliott] 12:01:11**

Told more of that report session in there I think it's going to dovetail into a lot of what you've been talking about because we're gonna be getting more into the the data that's being collected and also as we addressing the reports gonna deal with identified barriers and a lot of what's in these discussions have been about barriers So we'll getting more to those and develop than we have adjusted this schedule. If you look on this next spring will be meeting monthly, because we're gonna be deep into the report

**[Jim Elliott] 12:01:41**

Our goal is to share a draft report with you so that you have a chance to review the report before it gets finalized the recommendations will come from the Taskforce group, so want to share those, and you saw that the people earlier in this meeting will be working on this report so that's the schedule on there

**[Jim Elliott] 12:02:06**

It's also available online and thank you very much for your participation



**[Jim Elliott] 12:02:16**

I apologize I just realized I was off camera and so my apologies I did not mean to do that So I'm sorry

**[Deitre Epps] 12:02:23**

That's okay

**[Deitre Epps] 12:02:24**

That's okay We were seeing the screen as well, Jim, so the information was helpful, and Erica will pass it over to you

[Erica Holmes] 12:02:34

Thank you Everyone, you know, I think today's discussion has been super helpful I think you know, as a department we wanted to make sure that we were being more responsive to some of the specific issues and items that were being raised up to us, that our stakeholders wanted us to address

**[Erica Holmes] 12:02:49**

And so I know there's some action items for us to take back with our codes to discuss for future meetings, to make sure that we're presenting information in an understandable and helpful manner , so we will definitely take that back to have those conversations So I do just wanna again Thank you all for your participation today in your ongoing partnership , we have made progress But there's still a lot of work to do

**[Erica Holmes] 12:03:12**

And so we are committed to working with you, to see it through So with that, I do want to wish everyone a very happy Friday , and I hope you all have a very nice upcoming weekend, and we will be in touch again soon Thank you all so much