

Doula Stakeholder Implementation Workgroup Meeting Closed Caption

Date: September 27, 2024
Time: 10:00AM to 12:00PM
Number of Speakers: 19
Duration: 2 hours

Speakers:

Department of Health Care Services

- Rene Mollow
- Erica Holmes
- Jim Elliott
- Ken Wilkerson
- Shelly Wong
- Kimberly Hennig
- Marc McDonald

RACE For Equity

- Deitre Epps
- Zachary Epps
- Aquilah Nelson

Panelist

- Ajira Darch
- Andrea Ferroni
- Khefri Riley
- Kristin Schlater

Speakers:

Panelist

- Samsarah Morgan
- Linda Jones
- Priya Batra
- Alex Rounds
- Kiaris Joy Chiaji
- Colleen Townsend
- Pooja Mittal
- Rebecca Sullivan

TRANSCRIPT:

[Erica Holmes] 10:02:14

Good morning, everyone.

[Erica Holmes] 10:02:19

Great. Okay? So I just wanted to welcome you all to today's convening of our Doula stakeholder implementation work group. We're very excited to have you all today on this call. We recognize you're all very busy. You're all very busy. So we appreciate you taking the time to discuss this important topic with us. We do have a very packed agenda today.

[Erica Holmes] 10:02:40

Many of my team members are going to be speaking on today's call, so as they speak, they can introduce themselves. But we are here, in person in the room together. Various members of the benefits division. So I have myself.

[Erica Holmes] 10:02:51

Eric Holmes. I'm joined by Jim Elliot Wilkerson and Jonathan Ring, and on the call we also have Ed Torres from our team.

[Erica Holmes] 10:02:59

And again, thank you very much for taking your time to speak with us today, and with that I will turn it over to race for equity, for housekeeping.



[Deitre Epps] 10:03:09

Okay. Good morning, everyone. I am detrit. I'm the CEO and founder of race for equity, and we are.

[Deitre Epps] 10:03:16

Thrilled to be able to continue to support this work for you around the Doula implementation workgroup.

[Deitre Epps] 10:03:23

If you could, please, we'd love to know who you are, just in terms of.

[Deitre Epps] 10:03:28

Time efficiency. We're not. We will introduce ourselves as we move forward, but we do have myself as facilitator, and Zachary apps will be helping support facilitation in the chat. So, Zachary, if you would like to come on and introduce yourself.

[Zachary Epps] 10:03:46

Hello, everyone! I'm Zachary Epps with race.

[Deitre Epps] 10:03:49

And so you'll be hearing him throughout, as we're monitoring the chat and hearing from you.

[Deitre Epps] 10:03:55

So, speaking of the chat we'd love for you to introduce yourselves in the chat if you could take a moment and put your name in the chat.

[Deitre Epps] 10:04:03

As well as the organization, and which part of the state do you operate or reside.

[Deitre Epps] 10:04:09

So if you can take a moment and put that in the chat, we'll all meet each other.

[Deitre Epps] 10:04:14

Your name, your organization, and which part of the state you operate or reside? Thank you. We see those names coming in from.

[Deitre Epps] 10:04:22

Different places around the State for that.



[Deitre Epps] 10:04:26

So we are in a

[Deitre Epps] 10:04:31

We are in a hybrid structure. So there's some folks who are online. Some folks at the State are in person.

[Deitre Epps] 10:04:38

So if so you'll see you'll see us coming in from different places.

[Deitre Epps] 10:04:44

The Doula implementation Work group are panelists, those individual doulas who are actually members of the work group.

[Deitre Epps] 10:04:51

So I'm gonna ask if you would take a moment to raise your virtual hand. If you are a member of the Doula implementation workgroup and a panelist today so that folks can see who you are.

[Deitre Epps] 10:05:05

Just raise your hand and that'll automatically pop you up to the top.

[Deitre Epps] 10:05:07

So people can see your beautiful faces.

[Deitre Epps] 10:05:11

On the screen pictures and faces and everything else. Thank you. Hello!

[Deitre Epps] 10:05:16

So these are the members of the Doula Implementation Work group. I see Renee has joined Renee. Would you like to take a moment and introduce yourself, please, and folks from the Doula implementation work group. You can put your hands down. Thank you.

[Rene Mollow] 10:05:29

Oh, thanks so much, Deitreich! So Hi, everyone! I'm Renee. I'm the deputy director for healthcare benefits and eligibility here at the Department.

[Rene Mollow] 10:05:37

And so it's my team. Under Erica's leadership.



[Rene Mollow] 10:05:42

That does the work for the work group. And as always, we're very happy. To collaborate with all of you on the work that we are doing as it relates to services under the Medi-Cal program, so I'm not able to stay for the whole meeting. I'll stay as long as I can. I think I can only stay for the 1st 30 min, so.

[Rene Mollow] 10:06:05

With that I'm gonna turn it back over to Deitre. I know you guys are gonna have a fabulous meeting today.

[Rene Mollow] 10:06:10

But take care. And again thank you all for your time and your collaboration and your input.

[Rene Mollow] 10:06:16

Into this very important benefit under account.

[Rene Mollow] 10:06:20

Thanks. Deitre.

[Deitre Epps] 10:06:22

Thank you so much. Raquel just wanted to touch base. I know that. Would you like to come in and introduce yourself and share some of the logistics that.

[Deitre Epps] 10:06:31

From your perspective.

[Ken Wilkerson] 10:06:37

Raquel is not here today, but I think you already explained the co-design.

[Deitre Epps] 10:06:42

Okay.

[Ken Wilkerson] 10:06:42

Are the ones with the panelists. We do have a closed caption as well. So I think that pretty much covers the logistics of it, as well.

[Deitre Epps] 10:06:50

Okay. Very good.



[Deitre Epps] 10:06:52

Okay, very good. Just wanted to make sure we're leaving space for everything to be covered. Thank you. Everyone for putting your information in the chat. If you're just now joining.

[Deitre Epps] 10:07:02

You may not see. Everything that was placed in zoom is set up, so you might not see everything that was placed in the chat before you joined, but we would welcome you to add your name. The organization you represent.

[Deitre Epps] 10:07:14

And the place that you are working where you reside in California.

[Deitre Epps] 10:07:18

So that would be wonderful.

[Deitre Epps] 10:07:21

We also have joining who will be supporting Aquila Nelson from the race for equity team.

[Deitre Epps] 10:07:28

Aquila, if you want to pop on, would love for you to introduce yourself to the group.

[Aquilah Nelson] 10:07:34

Everyone. I'm supporting race today and all of you on this wonderful meeting. Good morning, happy Friday.

[Deitre Epps] 10:07:42

Thank you. So in addition, we want to give credit where credit is due. We have an amazing group of folks who have given of their time to help design. Today's meeting.

[Deitre Epps] 10:07:51

We call that group the co-design team.

[Deitre Epps] 10:07:53

So if you are a member of the co-design team, please raise your hand so we can see and give you the honor and recognition you're due. You're putting in double triple, quadruple duty. So thank you for all that you've done to help support the development of this meeting and the co-design of the meeting.



[Deitre Epps] 10:08:11

So thanks everybody.

[Deitre Epps] 10:08:14

We're good. So, as you see on the screen today is the agenda, and we're going to start with a doula benefits overview. This, again, has been designed with support from the co-design team and the co-design team. You'll see the ones who raised their hands. They are members of the community across the State that help keep.

[Deitre Epps] 10:08:32

Keep us aware of what's happening in community and help us to see and help the State to recognize.

[Deitre Epps] 10:08:38

This is what we think you need to talk about in the doula implementation work group meeting. So this meeting has been designed and co-designed with those community members. And thank you so much for that.

[Deitre Epps] 10:08:48

So we'll start off with a doula benefits overview.

[Deitre Epps] 10:08:52

And then we will go to some general updates and discussion.

[Deitre Epps] 10:08:57

Looking at serving, and then we'll talk about serving medical fee for service members and managed care members. So you'll see on the screen. There's some detail about that. We'll talk about ongoing strategies for reducing administrative barriers for Doulas.

[Deitre Epps] 10:09:15

This is a 2 hour meeting, so we make sure to take a break. So we hope on that break you'll grab some water, take a bio break, but actually move away from the screen, so that as we come back for the second hour around stakeholder engagement updates.

[Deitre Epps] 10:09:29

And the doula medical feedback form.

[Deitre Epps] 10:09:32

That you'll be ready to hear those items and give feedback on what you're hearing.



[Deitre Epps] 10:09:39

And finally, we'll talk about requested data updates. So loving that we're gonna also have some data in this session today. And then we'll talk about next steps and closing.

[Deitre Epps] 10:09:49

So would love for you. To each of you. Think, look over the agenda and put in the chat. We want to hear from you. What part of the agenda are you most interested in.

[Deitre Epps] 10:09:58

Just in in one. What one part of the agenda are you most looking forward to in today's meeting?

[Deitre Epps] 10:10:13

What is the one part of the agenda that you are looking forward to the most? This will help us to get a sense for what's important to you. Those of you who are joining us.

[Deitre Epps] 10:10:27

Okay, thank you. Thank you. We see those answers coming in. We do have over a hundred people on the call today. And so this gives us a sense for what's important to you as the public. The members that are contributing in the chat.

[Deitre Epps] 10:10:42

You the panelists will be able to contribute.

[Deitre Epps] 10:10:45

So if you are a doula implementation workgroup, you will hear that you will. You will be able to speak, and everyone will be able to hear those individual doulas who are actually members of the workgroup.

[Deitre Epps] 10:10:57

Others will be able to contribute by chat.

[Deitre Epps] 10:11:00

There is also an email. If you have other things you want to share in addition to those things after today's meeting, you can share by email as well. So there are lots of ways for you to contribute.



[Deitre Epps] 10:11:09

So we're gonna go ahead to the next to the next portion of our meeting. Thank you for putting in the chat the things you're most interested in hearing about on today's agenda.

[Deitre Epps] 10:11:19

And we're gonna start with the first.st

[Deitre Epps] 10:11:22

Part, which is a general update and discussion from the state team.

[Deitre Epps] 10:11:26

And the purpose of this conversation is for all of you who are participants.

[Deitre Epps] 10:11:30

To be aware of the recent progress on the Doula benefit implementation. So we're going to turn it over to Kim. You've heard his voice, but he'll introduce himself and then move over into the updates.

[Ken Wilkerson] 10:11:44

Thank you, Deitre, Ken Wilkerson from benefits, division.

[Ken Wilkerson] 10:11:47

So to start off, we wanted to provide a quick summary as to what's covered under Doula services for our existing and also new participants.

[Deitre Epps] 10:11:53

Ken.

[Ken Wilkerson] 10:11:55

So DHCS issued a standing recommendation for authorized services, which includes the.

[Ken Wilkerson] 10:12:01

One initial extended visit up to 8 additional visits that may be provided in any combination of prenatal and postpartum visits.

[Ken Wilkerson] 10:12:11

Support during labor and delivery.



[Ken Wilkerson] 10:12:13

Abortion or miscarriage. Excuse me, and up to.

[Ken Wilkerson] 10:12:17

2 extended 3 h postpartum visits after the end of pregnancy.

[Ken Wilkerson] 10:12:23

Also 9 additional postpartum.

[Ken Wilkerson] 10:12:25

Visits can be provided with an additional recommendation. Form.

[Ken Wilkerson] 10:12:28

From a position or other license provider.

[Ken Wilkerson] 10:12:33

Next slide, please.

[Ken Wilkerson] 10:12:36

For doula services being provided via telehealth may provide all services via synchronous telehealth when appropriate. So this includes audio and visual interactions with a Medi-Cal member through an audio visual platform which would be billed under Modifier 95.

[Ken Wilkerson] 10:12:55

Doulas may also provide audio only telehealth services when appropriate, which is built under modifier 93.

[Ken Wilkerson] 10:13:01

To use telehealth as an option to deliver services. Doulas must, of course, obtain consent from the medical member.

[Ken Wilkerson] 10:13:11

And also to note that medical does not reimburse for services provided via text email or chat.

[Ken Wilkerson] 10:13:18

For any additional information and requirements around telehealth. Please refer to the Telehealth Provider Manual, which is linked in the presentation.



[Ken Wilkerson] 10:13:27

Like this.

[Ken Wilkerson] 10:13:30

As part of a better requirement will need to include additional codes for claims for reimbursement.

[Ken Wilkerson] 10:13:37

On all claims, with dates of service on or after. November 1, st 2,024.

[Ken Wilkerson] 10:13:42

So this quoting requirement applies both fee for service and managed care. Delivery systems.

[Ken Wilkerson] 10:13:47

And to assist with what additional codes are needed to add to the claim. A Dcs has created a doula billing Crosswalk.

[Ken Wilkerson] 10:13:56

Which describes which Icd tennis codes made a use for each billing code.

[Ken Wilkerson] 10:14:02

Also to note that most codes can be built with one or several diagnosis codes so doula can select which code is most appropriate according to the services that they provided.

[Ken Wilkerson] 10:14:18

So under the medical policy, the diagnosis codes are only used to describe. What occurred.

[Ken Wilkerson] 10:14:26

At that service also wanted to highlight that the diagnosis codes are not used for medical and or diagnostic purposes, and are selected for use by non license. Healthcare practitioners.

[Ken Wilkerson] 10:14:39

Also the description provided in the crosswalk, which will show in a couple slides.

[Ken Wilkerson] 10:14:44

Comes from the American Medical Association, which DHCS. Is not allowed to modify.



[Ken Wilkerson] 10:14:54

So being that, including a diagnosis code to a claim, is a Federal requirement claims without a diagnosis code with dates of service on or after that. November 1, st 24 date will be not denied.

[Ken Wilkerson] 10:15:06

If a doula does receive a deny claim and has questions on why it was denied. Please contact the members. MCP service, please contact the telephone service center with the phone number listed in the slide.

[Ken Wilkerson] 10:15:21

Additionally, please also reach out to the doula benefit inbox which my team will put the email address in the chat. If you have any additional questions or need assistance.

[Ken Wilkerson] 10:15:33

So you'll see on your screen now the crosswalk that I previously described. So in the Crosswalk we have a few different columns. One is the billing code.

[Ken Wilkerson] 10:15:43

Second column is the description of the billing code, and 3rd one is the corresponding diagnosis code.

[Ken Wilkerson] 10:15:49

For the billing code. And then the description of the diagnosis code.

[Ken Wilkerson] 10:15:54

Additional guidance for each building and diagnosis code.

[Ken Wilkerson] 10:15:58

Additional guidance will also be sent out as well. That will improve this information, and also more guidance around.

[Ken Wilkerson] 10:16:05

Which diagnosis code to use in correspondence with each billing code.

[Ken Wilkerson] 10:16:11

Another update. We have also updated our doula web page and FAQs. So the doula web page.



[Ken Wilkerson] 10:16:18

Is now categorized into 3 different sections for members providers, and also a web page category.

[Ken Wilkerson] 10:16:29

Or the ongoing efforts with the doula stakeholder work group.

[Ken Wilkerson] 10:16:32

DHCS has also updated and created several new FAQ. Documents.

[Ken Wilkerson] 10:16:37

That helps and members to navigate provider enrollment reimbursement.

[Ken Wilkerson] 10:16:43

Medical managed care plans and hospitals which is also available on the updated services website.

[Ken Wilkerson] 10:16:51

Now I will turn it over to Mark McDonald from our Provider Enrollment division, who will discuss more updates.

[Ken Wilkerson] 10:16:58

Around the fee for service provider.

[Marc McDonald] 10:17:03

Thank you. Ken.

[Deitre Epps] 10:17:04

Can we pause? Can we pause just for one second.

[Deitre Epps] 10:17:07

And I know we're gonna go straight. I just wanna let everyone know about a couple of things that are in the chat.

[Deitre Epps] 10:17:13

So the full Powerpoint presentation is in the chat a link to that. We will get to the questions that are in the chat after these presentations. So do recognize we're not ignoring what's in the chat. We're just going to do the presentations first, st and then the structure is that we'll follow up with discussion after these updates. So I just wanted, please excuse that.



[Deitre Epps] 10:17:34

Brief interruption, but I wanted to share that with the group.

[Ken Wilkerson] 10:17:42

We'll hand it over to you, Mark.

[Marc McDonald] 10:17:45

Alright my name is Mark. I'm with the.

[Marc McDonald] 10:17:49

Provider enrollment division that reviews the doula applications that are sent in from.

[Marc McDonald] 10:17:56

There is a 1 step that is, must do before medical campaigns for services provided to Medica fee for service members.

[Marc McDonald] 10:18:03

Which is required by various State and Federal laws, as well as the DHCS policy.

[Marc McDonald] 10:18:09

Do is, must submit a complete enrollment. Application through the pro provider application and validation for enrollment paid portal to be approved as a medical provider.

[Marc McDonald] 10:18:20

DHCS has created a provider enrollment checklist to assist.

[Marc McDonald] 10:18:24

To prepare to submit their application.

[Marc McDonald] 10:18:30

This checklist helps do us determine what documents they will need to upload as part of their pave application, depending on how they are enrolling.

[Marc McDonald] 10:18:39

Examples are individual doulas or groups.

[Marc McDonald] 10:18:43

And what counties that they will, they will provide services in.



[Marc McDonald] 10:18:50

Section A identifies mandatory documents to be submitted as part of pay applications.

[Marc McDonald] 10:18:55

Section B identifies potential documentation that may be required, based upon additional city, county and or state requirements to operate a business in California.

[Marc McDonald] 10:19:07

A special note is typically section B will only apply if enrolling as a doula group.

[Marc McDonald] 10:19:12

But please review carefully to confirm how you are structured, and how you need to enroll.

[Ken Wilkerson] 10:19:38

Thank you, Mark. Now we'll turn it over to Kimberly from our managed care, quality, and monitoring division.

[Ken Wilkerson] 10:19:45

Oh, who will discuss the metacount care number overview.

[Kimberly Hennig] 10:19:51

I was having some issues with my sound. Can you hear me? Okay.

[Kimberly Hennig] 10:19:55

Perfect. Okay, Hi, everyone. My name is Kim. I am the I am from the managed care quality. I'm monitoring division. Let's dive into surveying medical manage care members while focusing on enrollment, credentialing and contracting in the next few slides.

[Kimberly Hennig] 10:20:10

There are 3 steps that Doula's must complete for managed care plans that are required by various State and Federal laws, and correspond with DHCS policy.

[Kimberly Hennig] 10:20:20

In order for a doula to be paid by an MCP. For Doula services.



[Kimberly Hennig] 10:20:24

1st step is the doula services provider must be enrolled and approved as a medical provider through the paved portal.

[Kimberly Hennig] 10:20:31

Which is short for the provider enrollment and validation, enrollment.

[Kimberly Hennig] 10:20:37

Doulas need to meet state and local business requirements prior to submitting their application to the paid portal.

[Kimberly Hennig] 10:20:43

Step 2. Doula's must meet medical's managed care, planning requirements.

[Kimberly Hennig] 10:20:48

As this is a Federal requirement for Medicare managed care plans to ensure integrity of their provider network.

[Kimberly Hennig] 10:20:55

And lastly, Doulas will need to apply and enter into a contract with each individual doula managed care plan. They wish to serve MCP members.

[Kimberly Hennig] 10:21:08

Now let's talk about enrollment in accordance with the All plan. Letter number 22, 1, 3, and Federal requirement.

[Kimberly Hennig] 10:21:16

All medical managed care. Plans are required to enroll all network providers which includes.

[Kimberly Hennig] 10:21:22

With that being said, almost all MCPs will direct to DHCS to enroll through the paved systems.

[Kimberly Hennig] 10:21:29

MCPs cannot impose additional requirements on Doula for medical enrollment.

[Kimberly Hennig] 10:21:35

Federal law places additional requirements on MCPs for all of their network providers. But it is important to note that these are separate from the medical enrollment.



[Kimberly Hennig] 10:21:48

Let's talk about credentialing.

[Kimberly Hennig] 10:21:51

MCPs are required to credential all network providers, including Doulas, as described in the Apl.

[Kimberly Hennig] 10:21:57

So what does credentialing actually mean?

[Kimberly Hennig] 10:22:00

Credentialing is the process of determining a provider or an entity's professional or technical, competent.

[Kimberly Hennig] 10:22:07

This can include registration, certification and professional association membership.

[Kimberly Hennig] 10:22:14

To ensure that each network provider is qualified in accordance with the current legal, professional, and technical guidance.

[Kimberly Hennig] 10:22:20

Overall this ensures network providers are appropriately licensed, certified, or.

[Kimberly Hennig] 10:22:27

Hcs recognizes that Doulas are not licensed or registers providers.

[Kimberly Hennig] 10:22:32

This is, however, a Federal requirement for all medical MCPs.

[Kimberly Hennig] 10:22:36

The credential all providers, and this still applies to do list.

[Kimberly Hennig] 10:22:41

These credentialing policies and processes are listed.

[Kimberly Hennig] 10:22:45

On, each.



[Kimberly Hennig] 10:22:48

On each of the MCPs policies and procedures, and may differ across plans.

[Kimberly Hennig] 10:22:56

Now let's take the next 2 slides to talk about contracting.

[Kimberly Hennig] 10:23:00

Contracting is the process between MCPs and individual doula providers or provider groups.

[Kimberly Hennig] 10:23:05

And this applies to Doulas becoming MCP network providers.

[Kimberly Hennig] 10:23:09

MCPs develop their own network provider agreements in accordance with State and Federal requirements.

[Kimberly Hennig] 10:23:16

These provider agreements, also known as contracts, are submitted for separate review and approval to both DHCS.

[Kimberly Hennig] 10:23:22

And is applicable. The Department of Healthcare.

[Kimberly Hennig] 10:23:27

We want to acknowledge that many of the MCP contracts were developed for licensed, and can be long and complicated with some provisions.

[Kimberly Hennig] 10:23:35

That might not be familiar or relevant to do list.

[Kimberly Hennig] 10:23:41

We want to reiterate that DHCS is not direct or have oversight over the contracting process between MCPs and Providers.

[Kimberly Hennig] 10:23:50

With that being said, progress is being made in this area through engagement with plan associations and individual doula managed care plans.



[Kimberly Hennig] 10:23:59

To streamline and simplify the process.

[Kimberly Hennig] 10:24:01

This can be an intensive process, as all updated contracts go through managed care plans, internal and external reviews.

[Kimberly Hennig] 10:24:08

As well as regulatory reviews before being released.

[Kimberly Hennig] 10:24:12

Much of this work is currently happening at the individual doula MCP level. And just to note, there may still be some variation among the various MCPs.

[Kimberly Hennig] 10:24:22

We do have a frequently asked questions related to MCPs which hopefully can address the next steps. If you are experiencing any barriers with the MCP.

[Deitre Epps] 10:24:43

Hey? Thank you. I think we can.

[Deitre Epps] 10:24:47

Go, Kim, is there anything you want to share before we go to discussion?

[Ken Wilkerson] 10:24:53

No, nothing at this time.

[Deitre Epps] 10:24:56

Okay, so the format. And so we can, I think, go away from share screen until.

[Deitre Epps] 10:25:01

Someone perhaps might ask for a specific screen.

[Deitre Epps] 10:25:05

But this is the time now for our Doula implementation work group members to respond to that. The update.

[Deitre Epps] 10:25:12

So if you are a member of the Doula implementation workgroup and would like to respond to a specific part of the update, please feel free to raise your hand.



[Deitre Epps] 10:25:21

If you are not on the work group, but you would like to respond to something. Please put it in the chat, and we also, Zach is monitoring the chat. And I also know that lots of team members implementation work group members are monitoring the chat because there's so much good rich information in there.

[Deitre Epps] 10:25:38

So? Who from the.

[Deitre Epps] 10:25:40

Work group would like to respond.

[Deitre Epps] 10:25:43

Please raise your hand.

[Deitre Epps] 10:25:48

Okay, Jeffrey, would you introduce yourself, please, and then share.

[Khefri Riley] 10:25:52

Hello! Good morning. My name is Khefri, cofounder of Frontline Doulas, and honored to be here with you, and so excited to hear about the updates and giving Doula's additional information of the upcoming Federal codes.

[Khefri Riley] 10:26:04

However, I was curious, as we've been getting a lot of feedback from community based organizations and doulas themselves.

[Khefri Riley] 10:26:11

That even the current billing codes some are causing some confusion, and they're not being accepted or either getting pushed back. Claims are being denied, so the current codes seem to still be causing confusion or interpretation from the managed care plans. So my concern is that the new Federal codes.

[Khefri Riley] 10:26:26

How will that be implemented? Is there a date that those would make sure they'd be integrated into the billing systems? How is their accountability? And will the managed care plans help to train the Doulas or be accessible to them in their billing systems? And I believe that supporting the Doulas is in the All Plan letter for the managed care plans. But how can we ensure that with this additional new codes.



[Deitre Epps] 10:26:50

Thank you.

[Erica Holmes] 10:26:52

Hi, this is Erica Holmes from the department. Yeah. So great question. So the date for the implementation of the new Federal coding requirement is November first. So we are working as you said, there's been some confusion on billing, so what we've done is, we've created a crosswalk.

[Erica Holmes] 10:27:11

That will be included in the provider materials to assist with billing. It basically articulates the existing Cpt code. The billing codes and then what additional code can be used in conjunction with those codes. These are very general.

[Erica Holmes] 10:27:32

Codes that basically describe what's occurring at the visit. In the medical sense, they're called a diagnosis. But here we recognize that they're not diagnosing anything they're just describing what's occurring in the visit. So we've created a crosswalk to make it easier for Doula. So if you, bill this particular billing code or Cpt code in conjunction with one or more of the codes listed on the crosswalk. Then the the claim will go through and pay and as I think one of my colleagues are taking.

[Erica Holmes] 10:27:57

In the chat. The plan is that we will also create a sample claim to demonstrate where the.

[Erica Holmes] 10:28:03

Cpt code. The billing code goes on the claim, and where the ICD-10 or diagnosis, coaching the claim that way. Doula can understand which fields need to be filled out in order for the claim to properly adjudicate and pay.

[Deitre Epps] 10:28:22

Thank you. Is there someone else who would like to respond to the update.

[Deitre Epps] 10:28:30

Yes, Miss Linda.

[Deitre Epps] 10:28:33

Or Mama, Linda.



[Linda Jones] 10:28:35

Hi! Everybody glad to be here.

[Linda Jones] 10:28:38

I'm still wondering why the managed care plans are making us for credentialing.

[Linda Jones] 10:28:44

Do all the things they had to do for.

[Linda Jones] 10:28:46

If they paste, then all those things are done. Can't they just accept that? That's.

[Linda Jones] 10:28:52

You know that's been done. Why, they have to do it all over again.

[Erica Holmes] 10:29:06

Hi! This is Erica again at the department. I would certainly welcome care to weigh in what I would say, just as a general statement is, we are working with the Health Plan associations to explore opportunities around whether there might be.

[Erica Holmes] 10:29:22

Some opportunities going forward for information in terms of what's submitted to pave as part of the pave.

[Erica Holmes] 10:29:28

State enrollment, pathway, process.

[Erica Holmes] 10:29:30

And then what is ultimately used by health plans as part of their provider credentialing and contracting processes, which, I think, as Kimberly articulated, are sort of 2 separate and apart processes that are, they're meant to serve different things. So I would welcome again if if they want to provide any more.

[Linda Jones] 10:29:48

Someone. Someone in chat says that you guys require them to credential.

[Erica Holmes] 10:29:56

Kim, do you wanna pop in on this one.



[Erica Holmes] 10:30:02

If you're talking, you're on mute. Sorry.

[Erica Holmes] 10:30:07

Oh, sorry, Joe. Yeah. So the Apl is guidance that comes from the department. But the APL articulate State and Federal requirements in this space. And so I saw Kim come off mute so she can speak to like what we're articulating in the Apl. In terms of requirements for health plans. But there, those aren't requirements that are set necessarily by the department, so I'll turn it over to Kim to to clarify.

[Linda Jones] 10:30:35

You're still on mute, Kim.

[Shel Wong, DHCS] 10:30:36

And Kim might be having some audio issues, so I can jump in to help support. Yes, so the Manage share plans are contractually obligated by various State and Federal regulations, to have a credentialing process for all of their network providers.

[Kimberly Hennig] 10:30:42

Thank you.

[Shel Wong, DHCS] 10:30:52

So that is the difference in what the plans may be requesting. Versus what.

[Shel Wong, DHCS] 10:30:59

DHCS request as part of the medical enrollment through Pave.

[Shel Wong, DHCS] 10:31:04

You know, and some of the plans may also have other requirements that they look into.

[Shel Wong, DHCS] 10:31:09

For things such as HIPAA compliance. Any kinds of security.

[Shel Wong, DHCS] 10:31:13

That that may be other Federal and or State requirements that are like broader than what is just required.

[Shel Wong, DHCS] 10:31:23

To contract with, or yes.



[Linda Jones] 10:31:24

They have this.

[Linda Jones] 10:31:27

They have to have HIPAA to get through pave.

[Linda Jones] 10:31:29

So I'm just saying that all those things have already been proven.

[Shel Wong, DHCS] 10:31:29

Yes.

[Linda Jones] 10:31:34

I don't understand why they have to go through process of doing it all over again.

[Shel Wong, DHCS] 10:31:38

It's because it's contractually required for the MCPs. But we are like Erica didn't mention. We are looking at the ways to

[Shel Wong, DHCS] 10:31:47

Streamline and simplify some of those requirements. To see, like what.

[Shel Wong, DHCS] 10:31:53

You know, and it is at an individual doula MCP level. So each managed care plan does have their own requirements. So it is kind of a process that we're taking right now to to look at, like to work with the different plans and see what are they looking for? What are the requirements? What are the purpose for those requirements?

[Shel Wong, DHCS] 10:32:11

And see if there is a way to help

[Shel Wong, DHCS] 10:32:14

Simplify that process.

[Linda Jones] 10:32:18

Okay? And then the other question was,

[Linda Jones] 10:32:22

Are we working to get the contract? So they're not.



[Linda Jones] 10:32:25

Having the site do contracts that they're not that's not relevant to them.

[Shel Wong, DHCS] 10:32:30

That is something. We are in discussions with the associations and looking into.

[Shel Wong, DHCS] 10:32:35

And then also working with some of the different managed care plans.

[Shel Wong, DHCS] 10:32:39

To see if there's any possibility to take a look at those contracts and really make it more relevant for the do list.

[Linda Jones] 10:32:47

Yeah, it makes the doors feel like.

[Linda Jones] 10:32:49

They don't really think this is gonna last. And they just using whatever they have in the back room instead of making a new contract for them.

[Linda Jones] 10:32:56

I'm not even sure how legal that is to sign off stuff that you know. I'm not a chiropractor in a contract.

[Shel Wong, DHCS] 10:32:56

Yeah, there. It.

[Shel Wong, DHCS] 10:33:03

Yeah. And and I'm not. I'm not a legal person either, so I couldn't speak to that either. But I do know that the plans have mentioned that it is

[Shel Wong, DHCS] 10:33:12

It is quite an iterative process in order to get any kind of revisions for their contracts. There are a lot of steps to review and approval.

[Shel Wong, DHCS] 10:33:21

Before they can make changes to their existing contract. So I think that is something that we're talking with them and trying to better understand.



[Linda Jones] 10:33:30

Thank you.

[Deitre Epps] 10:33:32

Thank you. So we'll go to Priya and then Samara, and then we're gonna go to the chat so that we're giving some time.

[Deitre Epps] 10:33:38

Balance to those folks who may not be able to speak vocally.

[Priya Batra] 10:33:43

Thank you. Priya from La County Public health. So I put the Apl in the chat. I see someone else's put it there. I mean, there needs to be.

[Priya Batra] 10:33:50

All it says is that there has to be provider enrollment.

[Priya Batra] 10:33:53

You know, aligned with the state requirements. It doesn't say what that is, and I think, like.

[Priya Batra] 10:33:59

Plans do have freedom to also say, we accept.

.

[Priya Batra] 10:34:03

As their process. And I just wanna.

[Priya Batra] 10:34:05

Say that, like a lot of the feedback, we, we have 6 managed care plans in La County that we get is like.

[Priya Batra] 10:34:11

Kind of relying on existing like we've heard today. Complex contracts for physicians.

[Priya Batra] 10:34:17

Or credentialing processes that were built for like license.

[Priya Batra] 10:34:21

And we are asking, I think, what I'm hearing is like.



[Priya Batra] 10:34:26

Like to look at this as what it is which is like. It's specific to. It's a different type of provider.

[Priya Batra] 10:34:33

And making this as like.

[Priya Batra] 10:34:35

Simple as possible. Like, There, we're just. We're getting a lot of more than what we need. I think, here. And so like again, it says you have to have an enrollment process, but it doesn't say it has to be the same as for a physician, and I think, like.

[Priya Batra] 10:34:48

The state you have this really.

[Priya Batra] 10:34:50

Important position to like help, clarify that to plans like.

[Priya Batra] 10:34:53

You're provide. You need a process. Could that process be pave instead of being duplicative? So I just, wanna I think this is the venue to really share that, instead of saying, Hey, plans can do what plans do like. I think the feedback you're getting is like we're looking for the state.

[.Priya Batra] 10:35:05

To really make it easier for plans also, right to administer this, because it seems like there's a lot of confusion there, too.

[Priya Batra] 10:35:12

So I think that's what I'm trying to express. At least.

[Deitre Epps] 10:35:20

Thank you.

[Deitre Epps] 10:35:21

I'm sorry.

[Samsarah Morgan] 10:35:28

Thank you.



[Samsarah Morgan] 10:35:29

This is a bit of a dovetail for what's already been said.

[Samsarah Morgan] 10:35:32

But I just really want to emphasize how important this is. The complication of this process is. The big reason why we don't have more doula is participating in this program.

[Samsarah Morgan] 10:35:44

And I am actively advocating for it, holding monthly events.

[Samsarah Morgan] 10:35:50

And talking about this process.

[Samsarah Morgan] 10:35:53

With hard working professional doulas, watching their eyes glaze over.

[Samsarah Morgan] 10:35:58

And did not follow through with this.

[Samsarah Morgan] 10:36:02

So all that could be done if if the standard.

[Samsarah Morgan] 10:36:08

For a person to be.

[Samsarah Morgan] 10:36:10

Approved to be a medical provider.

[Samsarah Morgan] 10:36:14

Then? Why not

[Samsarah Morgan] 10:36:17

Add whatever needs to be added to make it okay for the insurance folks.

[Samsarah Morgan] 10:36:23

And I think I would love. I personally, would love to have a deadline because we've mentioned it several times.



[Samsarah Morgan] 10:36:30

And it's a persistent problem.

[Samsarah Morgan] 10:36:32

And so I have folks calling me looking for medical and not having enough people registered to serve those moms.

[Samsarah Morgan] 10:36:40

And the purpose was getting doulas and birthing people hooked up.

[Samsarah Morgan] 10:36:44

As soon as possible, and starting to improve our our numbers.

[Samsarah Morgan] 10:36:49

For our birthday people. So that's not happening while these conversations are happening.

[Samsarah Morgan] 10:36:54

And I think it's important to remind folks that every day wasted could potentially lead to the death of a mother or child.

[Deitre Epps] 10:37:04

Okay, we're gonna just pause for a moment to go to the chat.

[Deitre Epps] 10:37:08

And I'll ask Zachary about any questions that or comments that have arisen in the chat.

[Deitre Epps] 10:37:16

That may not have been responded to.

[Zachary Epps] 10:37:20

And I'll tip to the DHCS team looks like.

[Zachary Epps] 10:37:25

Jim. Particular. Erica and others have been getting back to folks directly in the chat, so look for your at if you see at Lookout for at your name specifically, if you've been able to it'll come through the mix. So



[Zachary Epps] 10:37:43

There. So yeah, I don't know. There might be some more responses coming. And even in the Q. And A. Thanks, Jim, there have been some questions around billing questions around the if you have to wait until all 8 have been 8 visits have been completed, and so there. There have been some questions around the certification that have been answered, and so

[Zachary Epps] 10:38:03

Again, hat tip to the DHCS team. Look out for those, and I would say the Q. And a.

[Zachary Epps] 10:38:09

Has a couple more questions. Around the code key. Possibly that might be distinct to some of the others. So

[Zachary Epps] 10:38:19

I'll pause there.

[Deitre Epps] 10:38:22

I don't know. Jim, or one of the team wants to answer a question about the code.

[Deitre Epps] 10:38:27

That someone had about a earlier question.

[Erica Holmes] 10:38:32

I think you're referring to the crosswalk for the the billing codes to the diagnosis codes.

[Erica Holmes] 10:38:39

So I think I think someone responded in the chat. But that's gonna be published in the provider, and it'll also be available on our website.

[Erica Holmes] 10:38:47

But essentially, again, that's going to have the existing set of billing codes for our doula partners. And then

[Erica Holmes] 10:38:54

Tied to each of those which ICD 10 code can be built.



[Erica Holmes] 10:38:57

Sorry which additional codes can be billed in conjunction with those cpts, to make sure that the claim will process and pay appropriately. So again, that will be in the Provider Manual which is linked on our website. And.

[Erica Holmes] 10:39:13

And that should be a helpful resource for a lot of partners.

[Zachary Epps] 10:39:18

There, there's a question specifically around.

[Zachary Epps] 10:39:23

Code for people that identify that might be gender expressive and transgender. And so they, yeah, specifically around some gender requirements that are attached to certain cpt codes, and it might not be reflective of.

[Zachary Epps] 10:39:40

Inclusive of someone's lived. Experience. So is there something to say along those lines?

[Erica Holmes] 10:39:48

So all of our billing code. So.

[Erica Holmes] 10:39:50

Without getting into the weeds of how our system works. So all of our billing codes have the ability to be billed for any birthing individual doula, regardless of gender and they will pay and adjudicate in our system. None of the coding requirements that we're putting forth as part of our doula policy. Ha! Our gender specific in any way, shape or form? So they should pay, regardless of how the birthing individual doula identifies

[Erica Holmes] 10:40:14

Recognizing. There's a lot of differences in that spectrum. So if there's a specific question or an issue that someone's experienced with the claim denying due to this issue. We would definitely want to hear about that, because that's not how the policy is supposed to be working. So if you could submit that information to our Doula inbox, that would be. That would be very helpful to us.

[Deitre Epps] 10:40:36

Thank you. Alright. We have a couple more, Zachary. Anything else, or we can go back to the full. Okay, thank you.



[Deitre Epps] 10:40:42

So we have a couple of 3 min left in this segment of the agenda.

[Deitre Epps] 10:40:46

So we're going to invite Jeffrey, and then Alex to share. Oh, I'm sorry.

[Deitre Epps] 10:40:51

Did someone else have their hand up, and I didn't see.

[Linda Jones] 10:40:53

Yeah, I didn't have my hand, but there was a question from Davina about when they can expect to get paid, whether it's after each visit, or they have to wait to the end.

[Deitre Epps] 10:41:05

Thank you for noting that with someone from the state team like to respond to that.

[Jim Elliott] 10:41:11

Hi! This is Jim with the Benefits division.

[Jim Elliott] 10:41:14

The if the paid at the end. That's considered a bundled payment, and that is not way we've set the spin up. So when they submit claims.

[Jim Elliott] 10:41:23

It should be paid in a timely fashion. If there is a plan or somebody that is requiring everything to be done, please.

[Jim Elliott] 10:41:31

Email back to the Doula.

[Jim Elliott] 10:41:33

Mailbox. That's doulabenefit@dhcs.ca.gov.

[Jim Elliott] 10:41:36

and then we can look into that.

[Deitre Epps] 10:41:44

Thank you and thank you for helping monitor the questions. There's a lot of moving parts here.



[Deitre Epps] 10:41:49

All right. So we have a couple of 3 min left. We'll go to Jeffrey. And then Alex, noting that we're asking for brevity.

[Deitre Epps] 10:41:56

So that because there are other items on the agenda that we'd love to get to.

[Khefri Riley] 10:42:01

Yes, thank you. I'll be brief. Just noting that these barriers, as Namasar had shared earlier, are not allowing doula list to be able to access the families and the infants that are at risk right here, and we know that the surge in general has released a public report that I was asking for lowering of the infinite and maternal mortality rates by 2,026. So if the managed care plans.

[Khefri Riley] 10:42:24

Can't start to look at making this credentialing process. We're not being able to address this crisis with the ways that Doulas mitigate. It's not our problem. We didn't create it, but we're here to help mitigate it. And so what I'm noticing with the credentialing is that there's additional things that are being asked of the doulas. And so now, the things that we're not required for Pave and the Doulas weren't necessarily trained in that. Nor are they getting support at the last meeting.

[Khefri Riley] 10:42:47

There was some transparency that we got to meaning the people who were supposed to be helping the Doodles. Those contacts may not be fully trained, or understand, or really.

[Khefri Riley] 10:42:57

I don't know. They're not necessarily communicating as effectively with the Doulas who are trying to sign up and be contracted. So somehow there's some trickle down. That's not happening.

[Khefri Riley] 10:43:05

You know from the top, and what their orders are, and how to support the Doulas. And then how do we actually get them credential and simplify the process. So we did get to some great crossroads last time. But hopefully there's some resolve there, so I'd love to hear from some of the managed Care Plan representatives.



[Alex Rounds] 10:43:25

And I'll be very brief. I just wanna note that once the Doulas are credentialed and contracted with medical, there's been a delay in some of them being listed on the medical Doula Directory, which can.

[Alex Rounds] 10:43:40

Reduce access to those doulas, and we wanna make sure that as soon as possible the doulas are listed on that directory.

[Deitre Epps] 10:43:54

Thank you. Are there members of the managed care? Oh, Erica, go ahead! And then I was gonna ask if they're members of on the Doula implementation Work Group.

[Deitre Epps] 10:44:03

Are the managed care plans. If you'd like to respond as well, that would be wonderful. I see hands going up and down the ones that I see are Kristen. If you could introduce yourself, and then, Erica, we see you have someone behind you. If you could introduce that person as well when it comes, or have that person introduce themselves. That'd be great.

[Deitre Epps] 10:44:20

So we'll go Kristen, and then Erica, and then Colleen.

[Kristin Schlater] 10:44:26

Hi, good morning. Everyone. Kristen Schlader, health education program manager, la care health plan. Also managing the doula benefit.

[Kristin Schlater] 10:44:35

Just wanted to update that. We have been having discussions regarding and contracting.

[Kristin Schlater] 10:44:42

Disclaimer first. I'm not a credentialing expert. I do work with them.

[Kristin Schlater] 10:44:46

Within LA Care. But I'm not the credentialing contracting person.

[Kristin Schlater] 10:44:51

But, however, we have been having discussions.



[Kristin Schlater] 10:44:54

With some discussion else, came up with our plan partners. Our plan partners are Blue Sheldon Anthem.

[Kristin Schlater] 10:44:59

Regarding how we can better align our processes.

[Kristin Schlater] 10:45:03

How we can reduce barriers. So those discussions are in the works.

[Kristin Schlater] 10:45:10

We will be planning an upcoming meeting to discuss how we can align at least those 3 health plan.

[Kristin Schlater] 10:45:18

Credentialing and contracting processes.

[Kristin Schlater] 10:45:23

Full transparency, our credentialing.

[Kristin Schlater] 10:45:25

Department is very strict. So it does take a lot of discussion.

[Kristin Schlater] 10:45:32

Communication to change any existing processes.

[Kristin Schlater] 10:45:36

So we are definitely working on that.

[Kristin Schlater] 10:45:40

Having more conversations about.

[Kristin Schlater] 10:45:44

And their roles, and how we can.

[Kristin Schlater] 10:45:48

You know. Make the contracting process make more sense for.



[Kristin Schlater] 10:45:52

For them. So just wanted to provide that update. We will be having ongoing meetings and discussions to move it forward.

[Kristin Schlater] 10:46:01

So thank you.

[Deitre Epps] 10:46:04

Thank you.

[Kiaris Joy Chiaji] 10:46:07

Hi, it's Kyr from a co-design team getting to share a screen with Erica today. And these guys in person. So I'm great for that, enjoying that experience.

[Kiaris Joy Chiaji] 10:46:18

2 things. One I want to put forward again. Contra Costa, health plan.

[Kiaris Joy Chiaji] 10:46:23

Has had the most efficient.

[Kiaris Joy Chiaji] 10:46:26

Streamline process for getting in. They did not drag us through a bunch of technical forms, with words and phrases and numbers and letters that nobody knew.

[Kiaris Joy Chiaji] 10:46:36

And so if you're looking for an example of what that could be like, I wanna put them up front.

[Kiaris Joy Chiaji] 10:46:42

Also. I'm a I'm a problem solver. And so I, if even if it is.

[Kiaris Joy Chiaji] 10:46:47

To labor intensive for the healthcare plans and managed care plans.

[Kiaris Joy Chiaji] 10:46:52

To change forms, or have different forms for different providers.

[Kiaris Joy Chiaji] 10:46:56

Maybe the solution is to have a key.



[Kiaris Joy Chiaji] 10:46:58

On the bottom, or some highlighted portions that say, this applies to these types of providers. This does not apply to those types of providers like when you're filling out the forms. And they say, if if your answer is a drop down to question number 6.

[Kiaris Joy Chiaji] 10:47:12

Something like that might just make it simpler. So we're not trying to figure out.

[Kiaris Joy Chiaji] 10:47:17

Quantum physics. When we just want to support people having babies.

[Deitre Epps] 10:47:25

To Colleen. We'll have the final say for this section.

[Colleen Townsend] 10:47:29

That sounds ominous. Hi, there! I'm Colleen Townsend. I'm with Partnership Health Center.

[Deitre Epps] 10:47:32

Yeah.

[Deitre Epps] 10:47:35

It was meant to be opening, not ominous.

[Colleen Townsend] 10:47:38

I know. I know I'm just teasing

[Colleen Townsend] 10:47:40

So I'll speak from. I can only speak to my experience with the Managed Care plan. We are partnership, health plan, and we serve. We have the opportunity to serve 24 counties in Northern California.

[Colleen Townsend] 10:47:51

We have had.

[Colleen Townsend] 10:47:53

I haven't heard directly that our contracting, that the that the credentialing processes, particularly on ours, I know that in our teams what has been challenging is that we've experienced.



[Colleen Townsend] 10:48:03

A lot of expansion.

[Colleen Townsend] 10:48:05

From a couple of different program expansions. Right? So in the DHCS system, Calam is a program that has.

[Colleen Townsend] 10:48:11

Asked our ask the health plans, who also.

[Colleen Townsend] 10:48:15

Contracting credential with a lot of non-medical services.

[Colleen Townsend] 10:48:18

And that has been really wonderful and rich in terms of offering different services to our members.

[Colleen Townsend] 10:48:23

And it's been a big lift. And with that we've also.

[Colleen Townsend] 10:48:27

We've also added the Doula benefit, and we expanded as a help plan to attend additional counties in Northern California.

[Colleen Townsend] 10:48:33

So I think that where I get feedback about challenges is actually in the process of.

[Colleen Townsend] 10:48:38

Our teams are stretched and not so much in the actual documentation. We have a relatively.

[Colleen Townsend] 10:48:45

I will say it's simple process that we have an attestation form for a lot of the requirements. It's literally a check box that says, yes, I have done these things.

[Colleen Townsend] 10:48:54

And is it duplicative of some of the of the inquiries that happen in? Paid? Yes, but is just our processing. Yep, enrolled, and I also again a test that I've completed the training, etc.



[Colleen Townsend] 10:49:04

But I welcome feedback here or directly to my email, which I will put in the chat for people who have tried to work with partnership, and found it difficult.

[Deitre Epps] 10:49:15

Thank you, Colleen, so of I let me restate. Colleen doesn't have the final say. She has the last say for this conversation.

[Colleen Townsend] 10:49:16

Thank you.

[Deitre Epps] 10:49:25

So we're gonna go move to the next section. But I wanted to know if there's anyone from this. I saw Erica. You had your hand up. Then you put it, Dan. I just. I don't want to leave the space and let if someone from the state team wants to say something on this last point.

[Deitre Epps] 10:49:39

No. Okay, all right. Thank you.

[Pooja Mittal] 10:49:41

This is this is, this is Pj, can I just add one quick thing.

[Pooja Mittal] 10:49:46

We only use the paid process. We don't require. Sorry I'm from health.

[Pooja Mittal] 10:49:49

We don't require any additional credentialing.

[Deitre Epps] 10:49:51

Nope.

[Deitre Epps] 10:49:53

One second, just so that people have a context, that from which you're speaking. Can you introduce yourself? Please.

[Pooja Mittal] 10:50:00

Sure this is not the way I'm calling. I'm from HealthNet.



[Pooja Mittal] 10:50:05

And.

[Deitre Epps] 10:50:11

Who's your breaking up.

[Pooja Mittal] 10:50:14

Require any additional credentialing outside of paid.

[Pooja Mittal] 10:50:18

And so we've used that as our process. And so.

[Pooja Mittal] 10:50:23

Just wanted to put that out there.

[Pooja Mittal] 10:50:24

Oh, just! I'll put it in the chat.

[Deitre Epps] 10:50:26

Thank you. Thank you. I'm not sure if you were breaking up for everyone.

[Deitre Epps] 10:50:30

But you were breaking up a little bit for me. People are nodding their heads.

[Deitre Epps] 10:50:33

So if you can

[Deitre Epps] 10:50:35

Put it in the chat. That'll be fantastic. And then a way that people can follow up if they need to. Thank you.

[Deitre Epps] 10:50:41

Alright. So we're going to move forward and go into our next conversation for the for today.

[Deitre Epps] 10:50:48

Which is around ongoing strategies for reducing some of the administrative barriers that you're experiencing.



[Deitre Epps] 10:50:54

So we're gonna the State is going to share some highlights of actions that are in place to reduce the administrative barriers that have been noted so well by the Doula community and others. So we'll pass it over to

[Deitre Epps] 10:51:08

That record State representative to introduce yourself.

[Erica Holmes] 10:51:12

Hi, yeah, this is Erica again. So I just wanted to lift up a few things. Obviously, I think as we've talked about meetings, you know we are. We're doing a lot of work in the space, particularly with our Health Plan Association partners and our individual doula managed care plans.

[Erica Holmes] 10:51:27

To look for opportunities and provide technical assistance to help our Doula partners with, you know not just the enrollment, the credentialing, and the contracting pieces.

[Erica Holmes] 10:51:35

But just also navigating what are essentially complex help, you know.

[Erica Holmes] 10:51:39

Health delivery systems. And so you know, in working with the associations.

[Erica Holmes] 10:51:46

We have. You know, we have quite a few sort of like best practices and things. We want to lift up. I will just preface when I, when I share some of these sort of good things that are going on. These are not an exhaustive list of the types of activities that are helping partners are taking in this space.

[Erica Holmes] 10:52:02

But they are representative of some of the level of commitment that we're seeing across our health plans. And so on this 1st slide again. I just want to acknowledge that. You know we've been working closely with our health and association partners.

[Erica Holmes] 10:52:16

Take deliberate and inform steps to address access issues and reduce barriers.



[Erica Holmes] 10:52:21

As well as working with individual doula managed care plans, some of which are represented.

[Erica Holmes] 10:52:26

With us offline next slide. Please.

[Erica Holmes] 10:52:30

So you know, one of the things I do want to just acknowledge upfront is like we all.

[Erica Holmes] 10:52:35

On this call, I think, recognize the urgency of improving processes.

[Erica Holmes] 10:52:38

But I think it's also important to sort of level set that like any process change in a delivery system. The size of ours is, gonna take some time. There's multiple levels of both internal review at the managed Care Plan level and the state level as well as with external partners. Such as department to manage healthcare whenever you're dealing with the health plan.

[Erica Holmes] 10:52:57

So you know, even after you sort of make those changes to contracting or credentialing processes, there's a ramp. There's sort of like a runway in terms of implementation implementing those changes.

[Erica Holmes] 10:53:08

And also, I think that some articulated, although I think what health net shared is also very valuable. Is that you know some of these processes are by design intended to be sort of robust.

[Erica Holmes] 10:53:18

And so we're always trying to strike sort of an appropriate balance between making sure health plans are able to sort of certify their provider networks in a way that they're comfortable with, while also reducing administrative and barriers and barriers on our providers. Next slide, please.

[Erica Holmes] 10:53:35

So kind of with that in mind. And then just sort of preferencing this all with, there's a lot of work to still be done. I do want to lift up some of the good work that's already underway. And also just share that, like our health plans, are taking very different



approaches on this front sort of address. The unique needs of the communities in which they serve, sort of geographically and otherwise.

[Erica Holmes] 10:53:56

Both to help increase access and reduce barriers. And again, these are just some examples.

[Erica Holmes] 10:54:01

But us, and without needing specific health plans. Of course.

[Erica Holmes] 10:54:05

We've seen some of our health planners create doula recruitment programs.

[Erica Holmes] 10:54:10

These are programs which provide funding to support the recruitment and sort of 1st year, like ramp up costs associated with becoming a enrolled doula and a product contractor doula with a managed care plan. It also can include assistance with things such as HIPAA training as well as support around billing and software which we've heard in this in this forum. That is a challenge, because tools are not necessarily always familiar.

[Erica Holmes] 10:54:34

With how medical billing works. It's very complicated, and the software can be costly in itself.

[Erica Holmes] 10:54:40

We are also seeing help plans again, as was evidenced on this call today, really taking some steps to help sort of streamline and reduce their contracting processes. It's very encouraging to hear what HealthNet doing. It's also very helpful to again lift up the good work that contra cost is doing. Obviously, many of our other health plans are doing great things as well. So not to say that they are not. Partnership is always great as well, and so.

[Erica Holmes] 10:55:03

You know, I think, that the other thing that a lot of the health are doing that's very helpful is, you know, launching these sort of doula convenings where Doula providers are brought on site.

[Erica Holmes] 10:55:13

To the managed care plant headquarters and are able to meet with you know.



[Erica Holmes] 10:55:18

Meet with folks and get provided with key information and helpful resources.

[Erica Holmes] 10:55:23

Also, we've seen some of our health plans, especially relative to engaging with hospital teams being able to meet the other members of a care team for a birthing individual doula and understand sort of.

[Erica Holmes] 10:55:33

Roles and responsibilities on that front.

[Erica Holmes] 10:55:35

We also see some health plans doing kind of what State is doing as well, which is kind of creating these like requirements where they kind of give you a checklist of things that are necessary. For contracting with a particular health plan, because, as we know, there's some variances from health plan to health plan. So I think, like making processes more simple. Has been helpful, of course, publicly posting all this information to make it available for.

[Erica Holmes] 10:56:00

For our rule of partners. Has been critical, and then creating direct access in terms of where tools can reach out if they have assistance, I mean one of the most frustrating things, I think, for all of us.

[Erica Holmes] 10:56:11

Is when you have an issue, and you don't know where to go with that to actually get some meaningful help and move the needle. And so help. Plans are creating doula liaisons, dedicated email inboxes, and folks who can, who can be used to escalate issues in real time as they occur.

[Erica Holmes] 10:56:26

So those have all been really helpful strategies. Next slide, please.

[Erica Holmes] 10:56:30

And then the last thing I kind of want to lift up is also, you know, partnering with and collaborating with local partners.

[Erica Holmes] 10:56:38

County public health departments.



[Erica Holmes] 10:56:40

Community based organizations.

[Erica Holmes] 10:56:43

To really help sort of spread awareness. And you know, increase.

[Erica Holmes] 10:56:48

Access to various resources that are available and overall just partner on strategies for increasing utilization of both doula enrollment and member utilization of doula services.

[Erica Holmes] 10:56:58

We've also seen individual doula plans. Release requests for quotes to local doula groups.

[Erica Holmes] 10:57:05

To sort of bolster support and community pathways for both enrollment and contracting.

[Erica Holmes] 10:57:11

And then, you know again, I just acknowledge the beginning. But we also at the State level, are exploring opportunities with our Health Plan Association partners for increased information, sharing relative to both, and pave the pavement type processes and documentations. And then what the health plans are asking for on their side.

[Erica Holmes] 10:57:29

And then, you know, I think the other piece here is obviously like conducting outreach and engagement with newly enrolled to make sure that you know, as it was shared that they get on the Doula Directory if they if they so choose to be but that's updated regularly, so it can be a resource that people can go to and use.

[Erica Holmes] 10:57:46

And then, of course, just developing again resource materials.

[Erica Holmes] 10:57:50

You know, new Provider orientation packets and Powerpoints, and things like that, that walk through all of the things that Doulas need to know when they come in as a new managed care network provider around like services and portals and authorizations, and all of that. So again, lot of really good work happening.



[Erica Holmes] 10:58:09

Lot of work still to occur, but I think at the State level as well as the Hospital association partners, I mean, there's a stated commitment here to really moving the needle on these important issues and ensuring access is available to our members.

[Erica Holmes] 10:58:23

So I will pause. I do see that one of my colleagues has their hand up.

[Erica Holmes] 10:58:27

Just kidding. It was an accident, so I think that's all I have on my side, but certainly happy to answer any questions.

[Deitre Epps] 10:58:36

So, Ken, did you want to share something.

[Erica Holmes] 10:58:39

Nope, that was an accident on mine.

[Deitre Epps] 10:58:41

Okay. Alright!

[Deitre Epps] 10:58:42

So after hearing that, would love to know your feedback also would like to know.

[Deitre Epps] 10:58:48

For those of you, Erica. We see your hand up.

[Deitre Epps] 10:58:52

It's down. Okay, alright. So how have these that are being implemented by DHCS impacted your experience with administrative barriers?

[Deitre Epps] 10:59:02

Like, are you feeling this? Are you feeling it in the field and in the community?

[Deitre Epps] 10:59:08

Can someone respond to that.

[Deitre Epps] 10:59:10

How these strategies, being implemented by DHCS, impacted your experience with administrative barriers.



[Deitre Epps] 10:59:18

Is it working? Is it helping.

[Deitre Epps] 10:59:27

Mama, Linda, you look like you wanna say something.

[Deitre Epps] 10:59:30

No. Okay. Okay.

[Deitre Epps] 10:59:34

Alright!

[Samsarah Morgan] 10:59:35

Well, I'll definitely say I mean.

[Samsarah Morgan] 10:59:39

I'm gratified to see this, so much is being done. But in the field I'm not feeling the impact of this at all.

[Deitre Epps] 10:59:46

Hmm.

[Deitre Epps] 10:59:47

Thank you for sharing that. That's exactly.

[Samsarah Morgan] 10:59:50

A disconnect, for sure.

[Deitre Epps] 10:59:53

That's what that's what the folks want to know. So.

[Deitre Epps] 10:59:56

Mama, Sam, Sara, can you introduce yourself? I don't know if you've spoken yet today I can't remember.

[Samsarah Morgan] 11:00:00

I did forgive me, I my name is Samsara Morgan. I'm the founder and executive director of the Oakland nation.



[Samsarah Morgan] 11:00:08

And Schiffer circle community program.

[Deitre Epps] 11:00:13

Thank you. All right. Thank you for sharing your perspective and that your appreciation, and also your concern that you're not feeling, seeing it on the ground. Yeah.

[Deitre Epps] 11:00:21

Anyone else.

[Deitre Epps] 11:00:27

Okay, Zachary, I will go to the chat to see if they're.

[Deitre Epps] 11:00:31

Any chat contributions regarding this presentation.

[Ed Torres] 11:00:34

Miss Deitre.

[Deitre Epps] 11:00:36

So.

[Ed Torres] 11:00:37

Miss Puja Mikal has her hand raised.

[Deitre Epps] 11:00:39

Oh, I didn't see. Please excuse me, puja! And then Ajira.

[Pooja Mittal] 11:00:44

No, it was from before. Sorry about that.

[Deitre Epps] 11:00:47

Oh, okay, all right. I will go to the chat, and then a jira will come back to you.

[Deitre Epps] 11:00:52

Zachary anything in the chat.



[Zachary Epps] 11:00:59

Yep, some earlier conversation around some other examples. In terms of having tremendous support, and for doulas and and from their perspective. Specifically around Central California lines and San Francisco.

[Zachary Epps] 11:01:17

And then again.

[Zachary Epps] 11:01:19

I'll give another hat tip to the DHCS team because the responses have been pretty rapid.

[Zachary Epps] 11:01:25

But yes, as the presentation will go. And there's some other examples that were shared. And also emails, be sure to grab the emails that are shared in the chat for follow up after this meeting.

[Deitre Epps] 11:01:38

Thank you. And

[Deitre Epps] 11:01:41

Jerry, you had your hand up.

[Deitre Epps] 11:01:42

Would you like to share.

[Ajira Darch] 11:01:45

I did. Thank you. Yes. Hi, Ajira from labor collective based on unseated.

[Deitre Epps] 11:01:45

And can you introduce.

[Ajira Darch] 11:01:53

In list on a loaning lines known as Oakland, California.

[Ajira Darch] 11:01:57

I wanted to answer your question. It was, I mean, this whole meeting feels like.



[Ajira Darch] 11:02:03

We're saying the same things. We're hearing about progress. But we're not feeling it. And that's that's what the do list are seeing and have been seeing.

[Ajira Darch] 11:02:12

For a while. Now we're not seeing the things that you're talking about. We're not. We're. It's lovely to hear that they're happening, but we're not seeing them, so it would be great to.

[Ajira Darch] 11:02:23

I've asked in the chat if managed Care Plan reps who are here can share some of the links to the resources and tools you've created.

[Ajira Darch] 11:02:31

If you can give us some emails.

[Ajira Darch] 11:02:33

If you can check the Directory contact list, and update anything that's outdated because we've also definitely heard from folks that they have reached out to the numbers and emails and links on that.

[Ajira Darch] 11:02:45

Directory and have not managed to reach anyone. So if we could update those things if you could share those links, that would be great.

[Deitre Epps] 11:02:56

Thank you so, and others please feel free to put in the chat the administrative barriers. If you felt like, if your if your experience is the same or different from what people are sharing. It's very helpful to know. Perhaps in some parts of the State you're feeling it, and other parts of the State. You may not be experiencing it. So please put your experience in the chat. Yes, I'm sorry. And then Kathy.

[Samsarah Morgan] 11:03:23

Yes,

[Samsarah Morgan] 11:03:28

Part of the I mean. I think I'm really grateful that we're talking about this and that the disconnect needs to be tracked down and healed.



[Samsarah Morgan] 11:03:36

We have like. I'm having monthly gatherings.

[Samsarah Morgan] 11:03:39

Mama Linda was very gracious to post.

[Samsarah Morgan] 11:03:42

Information about that in the chat where we're inviting.

[Samsarah Morgan] 11:03:46

Doulas to come and learn about the medical benefit, and how they can participate.

[Samsarah Morgan] 11:03:52

We had one Provider Alameda Alliance.

[Samsarah Morgan] 11:03:56

Who showed up with bills and pleasant smiles on, and participated with us, and had lunch with the Doulas and.

[Samsarah Morgan] 11:04:02

Talked with them on a very human and amazing level.

[Samsarah Morgan] 11:04:07

And I have been.

[Samsarah Morgan] 11:04:09

Trying to reach out for months to other plans to please come and do the same.

[Samsarah Morgan] 11:04:15

And that sort of personal touch is.

[Samsarah Morgan] 11:04:19

Warranted is necessary. It's needed.

[Samsarah Morgan] 11:04:22

So

[Samsarah Morgan] 11:04:25

I want to ask folks who are with the managed care programs, and especially here. I'm in Alameda County.



[Samsarah Morgan] 11:04:32

If you're serving this area to please reach out because it is a good way to actually start building those bridges, to actually get to actual real live.

[Samsarah Morgan] 11:04:41

Find out who they are, what they do, and.

[Samsarah Morgan] 11:04:44

Hopefully give those Doulas contact in the organization, so that when they're having issues.

[Samsarah Morgan] 11:04:49

That they have a person that they've met, that they know.

[Samsarah Morgan] 11:04:52

Who can help walk them through it.

[Samsarah Morgan] 11:04:55

So

[Samsarah Morgan] 11:04:58

Yeah, I mean, I really think. And there are other programs like this, not just mine or other groups that are trying to do the same thing. There is a Facebook group.

[Samsarah Morgan] 11:05:07

For medical doulas, who are on constantly there talking to each other and trying to support each other as best they can.

[Samsarah Morgan] 11:05:14

Folks from the State would be nice folks from the insurance companies would be nice if you checked in there and offered your aid and support, so that they don't have.

[Samsarah Morgan] 11:05:25

So that they have a community connection with y'all as opposed to you, being up somewhere in the clouds, lording over them, telling them. What to do is don't like that.

[Samsarah Morgan] 11:05:36

It doesn't work for them, so that that real community approach and touch I would really want to encourage as much as possible.



[Khefri Riley] 11:05:52

Yes, indeed! And to add to that, there seems to be some.

[Khefri Riley] 11:05:55

Bright red hot points across multiple levels that are happening.

[Khefri Riley] 11:05:59

As there's divina in the chat is shared. And this is what we've been asking even from previous meetings, that it seems like the managed Care Plan representative still don't understand what a doula is. They still don't understand the impact that Doulas can have on birthing families and infants. They. They're not really easy to be contacted. They're not responding back. So dual is reporting that they're not getting engaged so they can't even get the letter agreement. They can't get the process of credentialing started.

[Khefri Riley] 11:06:23

So it'd be helpful if whatever was on DHCS's contact list were red hot connections, not old, 10 month old connections, but the real people who are supposed to be dealing with this. We need that hands-on, not Macro, approach, but micro approach. This is real community work. And so those that are charged with this should have experience working in diverse communities, and understand what doula is, do and don't do.

[Khefri Riley] 11:06:47

In addition, we're really having a lot of challenges with managed care plans not paying large contracts. Large billings are being returned.

[Khefri Riley] 11:06:54

Such as birth workers of Color Collective has large tens of thousands of dollars that is owed back to them.

[Khefri Riley] 11:07:00

From billing. And this is really a problem. And we've got Doulas. That's how they pay their rent. That's how they continue to serve. So when these issues are coming up, we ask that they fill out the stakeholder. Feedback form. Sorry the the Doulaa benefit form, but also please contact Doula benefit directly and contact us as the advocates. So we can push this forward. We really want to make sure that payments are being made. But we can't do that if there's no accountability.



[Khefri Riley] 11:07:25

To the managed care plans and the detriment to the frontrunners. Right now we have frontrunner doulas.

[Khefri Riley] 11:07:31

People who are engaged and want to be the 1st at this. But we need thousands of doulas to be operationalized to really serve the communities that are being harmed the most. So if we're gonna do this, there needs to be some urgency to meet some of these red flag areas. And I appreciate those on the call who are really meeting it. But again, it's not trickling down to where it reaches the people, the Doulas, and then the families.

[Deitre Epps] 11:07:55

Thank you. I'm not sure I know Erica. Your hand is up. I'm not sure who wants to speak but Erica Andrea, and then Alex, and we'll ask for Alex to be.

[Deitre Epps] 11:08:04

Last comment for this part of the conversation.

[Deitre Epps] 11:08:07

Before we go.

[Kiaris Joy Chiaji] 11:08:09

Hi! Thank you for raising a hand for us. Erica.

[Kiaris Joy Chiaji] 11:08:13

My, my, my comment is this.

[Kiaris Joy Chiaji] 11:08:17

I most of it in our duo training now have incorporated the support of the Doulas, getting through the paid process.

[Kiaris Joy Chiaji] 11:08:23

Right. We've been through this thing a number of times now. And so, even though.

[Kiaris Joy Chiaji] 11:08:27

It would not be familiar to someone who hasn't encountered it. We can get folks over that hurdle right, get the paperwork submitted, and it can be processed.



[Kiaris Joy Chiaji] 11:08:36

What happens from there goes from Briar Patch as far as the number of MCPs, and how they process.

[Kiaris Joy Chiaji] 11:08:44

And I would just love to put it out there for consideration.

[Kiaris Joy Chiaji] 11:08:48

If the MCPs accepted.

[Kiaris Joy Chiaji] 11:08:52

The paid credential across the board.

[Kiaris Joy Chiaji] 11:08:55

Right? That takes 80% of the work from everybody.

[Kiaris Joy Chiaji] 11:08:59

And then they only have to follow up with those small pieces.

[Kiaris Joy Chiaji] 11:09:02

That are different for additional. So instead of having to do 80 things on an application, maybe somebody contacts you for the last 4.

[Kiaris Joy Chiaji] 11:09:10

And we can move the process forward more quickly that way.

[Kiaris Joy Chiaji] 11:09:15

Just consider it.

[Kiaris Joy Chiaji] 11:09:17

Also

[Kiaris Joy Chiaji] 11:09:19

If and this makes this, and I just don't know.

[Kiaris Joy Chiaji] 11:09:22

But once you get across that line, a lot of the doors are like, Yeah, I did it. I'm a Medicare, but then they have clients who have various.



[Kiaris Joy Chiaji] 11:09:33

And it's hard to know what's in your region. And so, instead of trying to chase a contract after the fact, after somebody's had their baby, and you've done their postpartum. And through those months.

[Kiaris Joy Chiaji] 11:09:45

If there is a listing of all the duets that are, you know, through the process.

[Kiaris Joy Chiaji] 11:09:49

The regions that they're in, and the providers that line up with those regions.

[Kiaris Joy Chiaji] 11:09:54

They have a way for pursuing it, and also those MCPs who are actively looking to contract with Doulas have a place to go find them like, Oh, wow! We just had, you know, 4 new Doulas registered through the Fairfield area. Then all of the.

[Kiaris Joy Chiaji] 11:10:11

Insurance. Does that cover medical birth in that region in Solano County would know who to contract with and nobody's, you know.

[Kiaris Joy Chiaji] 11:10:19

It's not that that game, that whack-a-mole game.

[Kiaris Joy Chiaji] 11:10:23

Trying to get through this process. So.

[Kiaris Joy Chiaji] 11:10:26

Just please, please consider that I know it's different. I know it's not helping typically go, but.

[Kiaris Joy Chiaji] 11:10:33

I I feel like I already had a full time job, and have just as a birther. And now I'm a biller, and now I'm an employer, and now I'm a contractor. And now I'm all these other things.

[Kiaris Joy Chiaji] 11:10:44

And so I know, on the same side, those insurance company.



[Kiaris Joy Chiaji] 11:10:48

Already had full time jobs right? There was not some random space just sitting waiting for the day when there was still the providers, and now they can fill this extra space. So if we can just sort of.

[Kiaris Joy Chiaji] 11:10:59

Take away some of that excessive work that may not be the priority when you already have, you know the pressure to get your other things done.

[Kiaris Joy Chiaji] 11:11:08

I think it will help.

[Deitre Epps] 11:11:13

Thank you.

[Deitre Epps] 11:11:19

Andrea and Alex.

[Deitre Epps] 11:11:23

Alex. Oh, I'm sorry, Andrea, go ahead. You're on mute.

[Andrea Ferroni she/her, CDPH] 11:11:26

I think they're still an administrative barriers, and I think I wanna speak when we get to

[Andrea Ferroni she/her, CDPH] 11:11:32

Barriers to practice, so I'm sorry I'll put my hand down.

[Deitre Epps] 11:11:36

Thank you. Alex.

[Alex Rounds] 11:11:37

Yeah, thank you. I didn't introduce myself. I'm Alex with 1st 5 Mendocino and I just wanted to make a note about the

[Alex Rounds] 11:11:47

Real collaboration that we've experienced with partnership plan in attending our Doula meetings.



[Alex Rounds] 11:11:54

How quickly and responsive they were to an invitation to come to the Doula meeting and talk to Doula about what the billing process looks like.

[Alex Rounds] 11:12:02

So just for other areas that are looking to connect, that partnership plan has been very responsive. And colleen's email is in the chat.

[Alex Rounds] 11:12:15

And I also wanna emphasize that the rate reimbursement has been a huge challenge for Doulas in the community who are struggling to get by because of the delay in the 2024 rates being.

[Alex Rounds] 11:12:29

Paid out. So I just wanna really emphasize that. That's a big piece of the administrative burden and the ongoing

[Alex Rounds] 11:12:38

Sustainability for doulas.

[Deitre Epps] 11:12:44

Thank you. Yes, your.

[Deitre Epps] 11:12:47

Derek. I don't want to say, Erica, can you?

[Deitre Epps] 11:12:50

Reintroduce yourself, and we're gonna rename your zoom so we can see both of your oh, your hands back down. That's okay.

[Deitre Epps] 11:12:57

All right, so we'll go to the chat and Zachary, if you can review the chat and see if there are any contributions.

[Deitre Epps] 11:13:05

That we would lift up at this time.

[Zachary Epps] 11:13:15

And that I saw were that were distinct or.



[Zachary Epps] 11:13:17

That hasn't been already addressed.

[Deitre Epps] 11:13:20

All right. Thank you. So what I'm gonna ask before we take a.

[Deitre Epps] 11:13:25

Yes, Colleen.

[Colleen Townsend] 11:13:27

Sorry. I actually just want to touch a little bit on the claims component and the new tri rates, because I think it's really important because I heard a couple of different things.

[Colleen Townsend] 11:13:35

Not necessarily in this meeting, but others around people holding claims until the new tri rates go into effect.

[Colleen Townsend] 11:13:43

And I health plans.

[Colleen Townsend] 11:13:46

You know, did the intention to raise rates was highly publicized in 2023.

[Colleen Townsend] 11:13:51

But there is a piece of opera, operationalist.

[Colleen Townsend] 11:13:56

Making it work that does take place that is actually highly administrative and a really complicated unfortunately, step by step, process.

[Colleen Townsend] 11:14:04

Which wasn't actually resolved, or instructions given to health plans about how to do that. It is. And it affects doulas. Many other provider practices, and I'm not proud of the way that it has rolled out. But I also will say that it just I I really encourage doulas. Any providers who are waiting for those rates to go into effect.

[Colleen Townsend] 11:14:24

To bill your services now, and get paid for what you're providing right now in the system, as it is, inadequate as it may be.



[Colleen Townsend] 11:14:32

Yeah, services that are provided and reimbursed at the current rates will be made whole to the new rates. When all of those operational components are put into place.

[Colleen Townsend] 11:14:42

And there will be retro payment to make it whole. Is it perfect? No, is it good? No, but is it? But I certainly don't want doulas or other providers to go unpaid for those services. Now.

[Colleen Townsend] 11:14:56

And to know that those that the payment increases will be made whole.

[Colleen Townsend] 11:15:00

When the operational component of that goes into place.

[Colleen Townsend] 11:15:03

And that is supposed to happen.

[Colleen Townsend] 11:15:07

Quotes italics and bold by December 31, 2024.

[Deitre Epps] 11:15:14

Thank you, Mama Linda, if you could have the last word for this conversation, we do need to move forward.

[Linda Jones] 11:15:20

Yeah, I I just noticed in the chat that there was somebody talking about.

[Linda Jones] 11:15:24

This came up in a meeting we were in. Yeah, about them, accepted only facts.

[Linda Jones] 11:15:30

Copies of something. Who the hell has a fax machine?

[Linda Jones] 11:15:34

You know, to stop somebody from getting a claim in because they have a fax machine is ludicrous.



[Linda Jones] 11:15:40

We're in 2024. We have Chat gpt.

[Linda Jones] 11:15:43

Why do we need a fax copy of anything.

[Linda Jones] 11:15:46

And it just irks me because this whole well, it takes a long time to do everything in the pandemic. People change stuff.

[Linda Jones] 11:15:55

So quickly, so quickly. They didn't care about any of the other stuff. They just changed it.

[Linda Jones] 11:16:00

And now it's like, Oh, well, it has to go through this person and that person and this person we're talking about people's lives here.

[Linda Jones] 11:16:08

You know you cannot offer.

[Linda Jones] 11:16:10

Service to your beneficiaries, if you don't have any to work with them.

[Linda Jones] 11:16:18

People are dying out here.

[Linda Jones] 11:16:21

We don't have time for this foolishness to keep going on. I'm sorry.

[Linda Jones] 11:16:24

And I know this bureaucracy, and I know it's all the things. But I've seen bureaucracy change quickly.

[Linda Jones] 11:16:31

In 2020, in 2019.

[Linda Jones] 11:16:35

So I need to hear. Have somebody tell me why is totally impossible to do to make a 1 page document for a doula sign and accept that she's been through pave.



[Linda Jones] 11:16:46

Proven all the stuff, and now has approved all again to 16 other.

[Linda Jones] 11:16:51

Companies, because there's so many plans in our area.

[Linda Jones] 11:16:53

I'm sorry this is wrong.

[Samsarah Morgan] 11:16:56

Don't be so sorry.

[Samsarah Morgan] 11:16:58

Don't be sorry because you're speaking for a lot of people.

[Samsarah Morgan] 11:17:01

And you know, unfortunately.

[Samsarah Morgan] 11:17:04

You know, Doula have not been well respected in the work that they do, and this feels like further.

[Samsarah Morgan] 11:17:09

Disrespect, mask.

[Linda Jones] 11:17:11

Yeah. And we're out here training up, do list. And to do this job.

[Linda Jones] 11:17:14

And then they just hit a wall like this because they have to contract with people who don't even know who they are.

[Linda Jones] 11:17:20

This has been around for 2 years now.

[Linda Jones] 11:17:23

Healthy man's care. Plan not know, to do list.

[Samsarah Morgan] 11:17:24

Right.



[Samsarah Morgan] 11:17:27

Right.

[Deitre Epps] 11:17:27

So we have a request. And I'll.

[Deitre Epps] 11:17:31

I feel confident the State has heard your request.

[Deitre Epps] 11:17:35

And may not be able to respond right in this moment. But

[Deitre Epps] 11:17:40

Would, we will welcome the opportunity to respond to that very specific. You know. One document,

[Deitre Epps] 11:17:49

For the for the Doulas. Across several managed care plans.

[Deitre Epps] 11:17:53

All right. I want to see we're a little bit. We want to make sure that we leave time for the medical. I'm sorry for the feedback from Doulas, although we are hearing some of that feedback now.

[Deitre Epps] 11:18:07

I would like.

[Deitre Epps] 11:18:08

Put in the chat that if anyone is, has models and several of you like health net, you see, it shared some successes.

[Deitre Epps] 11:18:16

If you have seen a model of supportive implementation, please put that in the chat so that can be replicated in other places, and we can capture that.

[Deitre Epps] 11:18:25

Ensure that with you, and it'll go into the it can go into the legislative report all of that about some of the challenges as well as some of the successes.



[Deitre Epps] 11:18:32

We're going to.

[Deitre Epps] 11:18:34

For the sake of time. We're gonna pause here and do a 5 min break.

[Deitre Epps] 11:18:39

And so we will come back.

[Deitre Epps] 11:18:41

In 5 min, and we will.

[Deitre Epps] 11:18:43

Move to the next section of our conversation. Thank you, everyone.

[Deitre Epps] 11:24:41

If you're ready to come back, that would be great. We're right at about 5 min.

[Deitre Epps] 11:24:47

Which is a little shorter than we had originally intended, but we certainly wanted to leave time.

[Deitre Epps] 11:24:53

For that a full discussion.

[Deitre Epps] 11:24:54

Around the administrative barriers.

[Deitre Epps] 11:25:15

We're going to take a brief moment as people are transitioning back to

[Deitre Epps] 11:25:20

Invite, of course, invite a conversation from the State about.

[Deitre Epps] 11:25:26

Updates from stakeholder engagement. And Erica, if you'd like to come on and share that, this is going to be a brief conversation just as an update.

[Deitre Epps] 11:25:35

And then we're going to move into the doula feedback.



[Deitre Epps] 11:25:40

Thank you, Erica.

[Deitre Epps] 11:26:01

You're on mute, Erica.

[Erica Holmes] 11:26:07

Can you hear me now?

[Erica Holmes] 11:26:10

Can anyone hear me.

[Ajira Darch] 11:26:12

Yes, we hear you now.

[Erica Holmes] 11:26:13

Okay, cool. So I don't know what you heard. But I'm gonna be really brief. So I just wanted to lift up some of the really important work that we're doing outside of this larger forum with some of our key partners to really try to move the needle on issues that you are all raising to us.

[Erica Holmes] 11:26:27

So we have 2 forums. Both of them occur monthly the 1st is with our Health Plan Association. So California Association of health plans and local health plans of California representatives attend that call and this is where we really have focused on discussing the health plan. Specific issues are raised have been raised to us through this forum through letters that we've received through emails, directly sent to the department.

[Erica Holmes] 11:26:52

Department through the feedback form to really see if we can drive some changes from the State and Association level down to individual doula health and partners to really share best practices and really try to implement strategies, to reduce barriers.

[Erica Holmes] 11:27:06

The other form we have is a monthly meeting between the Department and various hospital associations, including the California Hospital Association, represents all of the hospitals and the State California as well as the California Association of Public Hospitals, and we have individual doula hospital partners who also participate on that call as well as our co-design team members.

[Erica Holmes] 11:27:26

And so that Forum has really been an area where the department has heavily focusing a lot of our efforts. We see hospitals as one of the very significant areas where we're seeing access and barriers to our members receiving care in terms of doula being able to accompany working individual doulas into the hospital without unnecessary challenges. And so the work with the Hospital associations is ongoing.

[Erica Holmes] 11:27:51

At our last monthly convening. We also brought in our partners at the California Department of Public Health. There's an ongoing ask from this group.

[Erica Holmes] 11:27:59

For hospital, all hospital guidance, essentially in the form of an all facility. To essentially put all hospitals on the State on notice of the medical benefit, the expectations of.

[Erica Holmes] 11:28:11

Individual doulas who are receiving services in the hospital of having a support person of their choice. And so.

[Erica Holmes] 11:28:17

Really trying to move the needle. The California Hospital Association, who participates on this call as well, has shared that they've convened a smaller workgroup hospital policies and procedures which will include doula specific information to really try to reduce some of those access and administrative challenges that doula serving individual doulas at the hospital. So again.

[Erica Holmes] 11:28:40

Not to say that this work is done because it's far from that. But we really are working hard to move the needle in this space, and so did just want to share some of that work that's behind the scenes that may not be seen or felt necessarily. In these larger work groups. So I will. I will stop there because I do see hands raised.

[Deitre Epps] 11:28:59

Okay, I just want to note that we don't have time for a full discussion around this conversation. So if it's possible, would it be possible to put a comment in the chat unless it's an urgent question. We would appreciate your Grace around that.

[Deitre Epps] 11:29:15

Is there anyone that has an urgent follow up to that? Keep your hand up, but we would request, if you could possibly put it in the chat. It would be helpful.



[Rebecca Sullivan] 11:29:25

this is Rebecca Sullivan with L-h-PC. I I will be very brief. I'm sorry. And I apologize. I'm not on.

[Deitre Epps] 11:29:29

Thank you.

[Deitre Epps] 11:29:31

Nope. No apologies.

[Rebecca Sullivan] 11:29:32

I'm not on video today. I'm

[Rebecca Sullivan] 11:29:34

A little under the weather, but I didn't wanna miss this important conversation.

[Rebecca Sullivan] 11:29:38

As Erica stated. We are meeting with uts on a monthly basis to really drill down and understand these issues, and have heard a lot of feedback today. Some concerns, some positive. What would be super helpful for us to know is specific.

[Rebecca Sullivan] 11:29:54

Plans that

[Rebecca Sullivan] 11:29:55

I think you know, successes are always great to hear, but also where there's issues. So we can understand when these issues

[Rebecca Sullivan] 11:30:03

Are se more systemic in nature, and when they may be more targeted in certain regions, or with certain plans that will really go a long way in helping us kind of address issues as quickly as possible. So just wanted to make that plug.

[Deitre Epps] 11:30:17

Thank you. Thank you for sharing.

[Deitre Epps] 11:30:20

Alright



[Deitre Epps] 11:30:22

We're gonna move forward now and thank you. For understanding and putting those items in the chat, and we are continuing to monitor the chat.

[Deitre Epps] 11:30:30

We'll move forward now to passing it over to.

[Deitre Epps] 11:30:35

Who will share a little bit. The purpose of this conversation is to inform you of some data that's been collected from Doula's, who are.

[Deitre Epps] 11:30:45

Providing care to medical.

[Deitre Epps] 11:30:47

Recipients. And so we're gonna invite.

[Deitre Epps] 11:30:50

To come on and share.

[Deitre Epps] 11:30:53

From

[Khefri Riley] 11:30:54

I'm just Ricky to doing a

[Khefri Riley] 11:30:56

Request for screen share.

[Khefri Riley] 11:31:02

Make sure.

[Deitre Epps] 11:31:03

Did you want to? Jeffrey? There? Okay, yes. Can someone allow screen share for Jeffrey? Please.

[Ed Torres] 11:31:12

Hello! This is Ed Torres. I went ahead and clicked on the allow.



[Khefri Riley] 11:31:18

Thank you, Ed. I appreciate you.

[Khefri Riley] 11:31:24

We'll also be quick, cause I know that.

[Khefri Riley] 11:31:26

There's a lot to still cover before we end, and I'm also going to invite Ajira to come on for us to share the feedback that we have received.

[Khefri Riley] 11:31:33

This form has been created by independent advocates.

[Khefri Riley] 11:31:36

Such as roots of labor, national health law, frontline, Doulas and other community members who have given us feedback around the template so that we can collect data and direct feedback from both Doulas and pregnant families, pregnant people, postpartum wherever you might be in the reproductive journey. If you are applicable to apply for this Doula benefit. We wanna hear from you from any challenges. We wanna know what's going on the ground. This is a way for us to collect data so that we can share with the very.

[Khefri Riley] 11:32:02

Different agencies. We are not working with any.

[Khefri Riley] 11:32:05

State agency. This is independent advocates, and so.

[Khefri Riley] 11:32:09

We have found that if we cannot collect the data to show to those that we are advocating, for it does not give us a strong ground. It does not really allow us to hold them accountable and to see the change that we're really asking for.

[Khefri Riley] 11:32:21

So this form is created for both Doulas, who are enrolling as a medical provider.

[Khefri Riley] 11:32:25

Those who are delivering services as an approved provider, or those who are receiving services as a person on medical or any Medicare plan.



[Khefri Riley] 11:32:35

So we want to be able to address any barriers that is coming up for Doulas in their experience here, and also any barriers, as we know, for families and receiving care, especially inside of hospitals and or care deserts and other areas of really high need. So the information that's shared here gives us feedback to inform how community based organizations can better support people moving through these experiences and mitigate some of the harms and barriers that work birth workers are dealing with.

[Khefri Riley] 11:32:59

While trying to either become a medical approved provider or deliver services after being an approved provider. So do Liz. You might share experiences, things that are happening inside of hospitals, problems with contracting, with managed care, plans.

[Khefri Riley] 11:33:12

Challenges of becoming enrolled or being paid. So this applies to Cbo's or any community organizations or individual doula Doulas.

[Khefri Riley] 11:33:18

For birthing people, hospitals that are preventing you from receiving care from a doula.

[Khefri Riley] 11:33:23

Issues with managed care plans when it comes to doula services, or even specifically.

[Khefri Riley] 11:33:28

Care providers that are blocking you, or being coercive or not allowing you to receive the care from a doula.

[Khefri Riley] 11:33:34

And issues with any other care, provider location, or clinic that is preventing you from accessing the benefit.

[Khefri Riley] 11:33:39

And we have been working with DHCS. With sharing that with them and resolving these things, and has been very successful. And so you go to this form with your email. How you can be contacted. You can be confidential if you wish.

[Khefri Riley] 11:33:52

And you can also upload any documents or support that we need to see proof, etc.



[Khefri Riley] 11:33:57

But just simply, your attestation is very helpful in this process.

[Khefri Riley] 11:34:01

I'm gonna stop share now. We have.

[Khefri Riley] 11:34:04

Received quite a lot of feedback, and we asked for more.

[Khefri Riley] 11:34:07

We've constantly put it in the chat. And so I'm gonna let Ajira also share some of the more dynamic ones that have been red flagged for us.

[Ajira Darch] 11:34:15

Thank you so much. I'll also highlight that this is for both providers as well as folks who are seeking.

[Ajira Darch] 11:34:23

Medical do with support and and have.

[Ajira Darch] 11:34:25

You know, an experience to share.

[Ajira Darch] 11:34:28

Whether it's obstacles, accessing denials, etc. Whatever experience you're having, we'd like to have it so that we can.

[Ajira Darch] 11:34:36

Continue to collate it and present it together. We're having much more success doing that than just relating anecdotally the stories that we're hearing from everyone. So whatever you shared today, if you have a moment, please go and add it to the feedback form, so we can continue to advocate for all of us to have a better access.

[Ajira Darch] 11:34:55

To this benefit some of the more dynamic recent feedback that we've received from a doula at Contra Costa.

[Ajira Darch] 11:35:08

Regional Medical Center, who was advised by nurses there that they are not permitted to provide comfort measures to clients.



[Ajira Darch] 11:35:19

Unless the nurses are present in the space.

[Ajira Darch] 11:35:21

And they were told that hospital policies and systems.

[Ajira Darch] 11:35:27

But they don't have any communication with do list serving clients in the hospitals.

[Ajira Darch] 11:35:32

And nurses have to take over any touching that involves clients or supporting them to change positions.

[Ajira Darch] 11:35:41

Because apparently it's a liability, for the hospital is what the doors have been told.

[Ajira Darch] 11:35:45

So obviously this is wrong. Do is offer. This kind of support.

[Ajira Darch] 11:35:51

All the time. It's part of our work.

[Ajira Darch] 11:35:53

And so it's again, very concerning that at this point, almost 2 years after the benefit went live, there's still much misinformation about what's are, what we do, how we support clients and what this benefit looks like. We've also heard from.

[Ajira Darch] 11:36:08

A company that bills medical managed care plans on behalf of medical enrollees.

[Ajira Darch] 11:36:13

And some issues they've been having with health plan of San Joaquin.

[Ajira Darch] 11:36:19

They said. They've had a hard time billing health, which has denied all their telehealth visit claims, but did not send a denial letter. They only found out by calling them directly the Provider network rep that they talked to was nice.

[Ajira Darch] 11:36:33

But said they could not help them understand what was wrong with the claims.



[Ajira Darch] 11:36:38

Just told them that you'd ask the Claims Department to call, and they never heard from the Claims Department.

[Ajira Darch] 11:36:45

And they also stated that they have submitted hundreds of claims to different medical managed care plans.

[Ajira Darch] 11:36:51

That have gotten paid, and so they know how to bill for these services.

[Ajira Darch] 11:36:54

And could not themselves find a single thing wrong with these claims. So the denial reasons seem to be around incorrect Cpt. Modifiers, and some visits needing prior authorization. Despite the standing letter.

[Ajira Darch] 11:37:08

We've also continued to hear from folks talking about didn't claims being paid for months and months and months.

[Ajira Darch] 11:37:16

And additionally, a couple of people highlighted that recipients of medical are unaware.

[Ajira Darch] 11:37:23

That they have the benefit, because providers, midwives, nurses, etc, also don't know the benefit exists.

[Ajira Darch] 11:37:29

And don't refer to do list, and they've been directly in contact with 2 nurse midwives and local medical facilities.

[Ajira Darch] 11:37:35

But this was extremely difficult, and they're not able to reach most of the eligible clientele in their county's need insurance plans to provide a list of doors under medical to any and all obstetric care. Providers work with patients.

[Ajira Darch] 11:37:49

Under HMO. Medical plans, and note that the few nurse midwives at local facilities that they manage to contact have been receptive, to providing referrals.



[Ajira Darch] 11:37:58

And then there's also a mention about the additional cost of claim forms, claims.

[Ajira Darch] 11:38:04

Being another barrier, for Doula is getting reimbursed.

[Ajira Darch] 11:38:06

Since the rate of services doesn't include the work that you do to get to the point of reimbursement, such as administration, billing, etc.

[Ajira Darch] 11:38:18

I hope that gives you some insight. And what doors are experiencing.

[Deitre Epps] 11:38:27

Thank you for that specificity.

[Deitre Epps] 11:38:30

Of experience across the input that you've gotten.

[Ajira Darch] 11:38:34

Thank you.

[Deitre Epps] 11:38:34

For the Doula implementation work group first.st

[Deitre Epps] 11:38:38

Is there any, I mean, what questions do you have about the data that has been shared? You may have already, because we know that you meet together outside of this context.

[Deitre Epps] 11:38:48

You may not, may not have anything you want to add, but we want to give you space.

[Deitre Epps] 11:38:51

If you have any questions about the data or the Doula experiences.

[Deitre Epps] 11:38:56

From the Doula implementation Work Group.



[Deitre Epps] 11:39:05

Yes, Andrea.

[Andrea Ferroni she/her, CDPH] 11:39:07

Alright put the gist of my comment in the chat, but I do wanna speak it out loud because I wanna acknowledge that we have been.

[Andrea Ferroni she/her, CDPH] 11:39:16

using stuff.

[Andrea Ferroni she/her, CDPH] 11:39:24

Is elevating these concerns. But one of the mechanisms that I actually don't know a lot about, and I'd like to learn about is.

[Andrea Ferroni she/her, CDPH] 11:39:32

Understanding that managed care. Plans are contracting with individual doula providers and facilities to provide services.

[Andrea Ferroni she/her, CDPH] 11:39:39

When the facility or the provider is a barrier.

[Andrea Ferroni she/her, CDPH] 11:39:45

To Doula care? Is there a mechanism that the managed care plans are.

[Andrea Ferroni she/her, CDPH] 11:39:50

Gathering those grievances. Is there a grievance mechanism.

[Andrea Ferroni she/her, CDPH] 11:39:54

Is there? Is there a pathway that happens after.

[Andrea Ferroni she/her, CDPH] 11:39:57

For a particularly we'll sort of repeat offender facility or provider.

[Andrea Ferroni she/her, CDPH] 11:40:02

And I truly don't know about that process, so I'd like to hear about it. It seems like a a Prom. We haven't.

[Andrea Ferroni she/her, CDPH] 11:40:08

Talked about, yet.



[Deitre Epps] 11:40:17

Can you share who you might be? Directing that question to Adrian.

[Andrea Ferroni she/her, CDPH] 11:40:21

Manage campaign partners.

[Andrea Ferroni she/her, CDPH] 11:40:23

Because I truly don't know. I don't know if they have events, mechanism.

[Andrea Ferroni she/her, CDPH] 11:40:28

For somebody to report a provider or a facility.

[Andrea Ferroni she/her, CDPH] 11:40:31

And if they follow through with that.

[Rebecca Sullivan] 11:40:36

Hi, Hi, Andrea! This is Rebecca with local health plans. I'm at the Association level. So not the plan level. I see, Collins. She may be able to answer this more directly, but I can tell you that

[Rebecca Sullivan] 11:40:47

All, all grievances are taken by plans, and it seems like this, one would probably fall into the access bucket.

[Rebecca Sullivan] 11:40:55

That would be followed up on but again, I don't know the specifics of how each plan operationalizes that, but that would be something that would certainly fall into the into the grievance category. And if helpful, we could possibly follow up and get additional detail on how that works today.

[Deitre Epps] 11:41:16

Colleen, and then Kristen, and we'll ask for Kristen to be the.

[Deitre Epps] 11:41:20

Last thought before we go to the chat. And we'll ask both of you if you could be brief. That would be wonderful.



[Colleen Townsend] 11:41:27

Offering some transparency that I hope doesn't get me in trouble is that we don't actually use our standard grievance process for Doula issues. They actually come directly to me.

[Colleen Townsend] 11:41:38

And then I.

[Colleen Townsend] 11:41:42

I then work with the hospital staff to understand their perspective, and then try to do some.

[Colleen Townsend] 11:41:48

Work.

[Colleen Townsend] 11:41:49

To alleviate challenges and barriers to care.

[Colleen Townsend] 11:41:55

That's sort of what we're doing at this time. We could probably move it into our grievance system. But that system actually is

[Colleen Townsend] 11:42:02

Is really broad, and so we felt this has been effective. But I would actually ask my do list, the Doula's in our, not mine. The doula is in our network to say, if that's working when they are experiencing issues.

[Kristin Schlater] 11:42:18

Hi, I have a separate comment and question.

[Kristin Schlater] 11:42:23

So

[Kristin Schlater] 11:42:24

I also sit on another workgroup a managed care work group regarding the Doula's benefit and how to work through barriers and how to improve the process.

[Kristin Schlater] 11:42:35

And currently, we're working on drafting a hospital letter.



[Kristin Schlater] 11:42:39

Having all

[Kristin Schlater] 11:42:41

Every MCP wants to participate on the letter a letter to the hospital.

[Kristin Schlater] 11:42:47

Laying out the guidelines what we would like them to do, and just educating them and informing them more about the doula benefit.

[Kristin Schlater] 11:42:56

Is there.

[Kristin Schlater] 11:42:58

Is it up to each hospital to determine.

[Kristin Schlater] 11:43:01

What guidelines, or restrictions, or whatever.

[Kristin Schlater] 11:43:06

They want to.

[Kristin Schlater] 11:43:10

To pro, you know, to develop for their particular hospital? Or is there a set guidelines of how they have to operate? I know we've requested that they.

[Kristin Schlater] 11:43:19

You know, don't count Doula's as visitors, and allow them to

[Kristin Schlater] 11:43:24

Stay for the duration that the participant is in the hospital, but.

[Kristin Schlater] 11:43:28

It seems like different hospitals are addressing it.

[Kristin Schlater] 11:43:32

Just, however, they would like to.



[Kristin Schlater] 11:43:34

So I just wanted to know, are there specific guidelines.

[Kristin Schlater] 11:43:40

Hospitals at this time. If anyone knows.

[Kristin Schlater] 11:43:44

Cause. It seems like there's a lot of variation right now.

[Erica Holmes] 11:43:49

Hi! This is Erica. Do we have any hospital association partners on today's call? I wasn't sure if Peggy was able to join.

[Erica Holmes] 11:43:57

I can't see.

[Erica Holmes] 11:44:00

I'm gonna assume no so.

[Erica Holmes] 11:44:04

actually did a really good all hospital back in June. We are in the process of getting their presentation onto our website. Which answer some of these questions around like sort of systemic, possible requirements around who, like.

[Erica Holmes] 11:44:17

Individual doulas who enter their facilities.

[Erica Holmes] 11:44:20

There's some sensitivities in this area that I will just acknowledge upfront. But we will share that.

[Erica Holmes] 11:44:25

Presentation around with the co-design team. While we get that on the website, I think we already shared. I shared it with an individual doula group recently. But we'll get out to the broader group if everyone hasn't seen it.

[Erica Holmes] 11:44:37

And I see Andrea has her hand up, so I wanna give her a chance to respond as well.



[Andrea Ferroni she/her, CDPH] 11:44:44

Just very briefly, to advocate the California Hospital Association is drafting a template guidance.

[Andrea Ferroni she/her, CDPH] 11:44:50

But and nobody needs to wait for that and I'm sure it'll be collaborative and wonderful. But there are.

[Andrea Ferroni she/her, CDPH] 11:44:56

I would say 6.

[Andrea Ferroni she/her, CDPH] 11:44:59

Best Practices, Documents.

[Andrea Ferroni she/her, CDPH] 11:45:02

2 of them generated in California, most of them generated.

[Andrea Ferroni she/her, CDPH] 11:45:05

This year that are already pretty great and ready to go, and anybody can.

[Andrea Ferroni she/her, CDPH] 11:45:09

To me, and I can send them out.

[Andrea Ferroni she/her, CDPH] 11:45:12

And they could be shared with hospitals.

[Ajira Darch] 11:45:17

Speaking of hospitals, you were going to mention torrents.

[Khefri Riley] 11:45:23

Yes, and also mentioned the.

[Khefri Riley] 11:45:26

What we have found to be an immediate response to this concern.

[Khefri Riley] 11:45:29

Torrance Memorial, issuing a large poster that says that duelists have to leave the hospital immediately after the birth and have to leave the facility. This is just an example we brought forth, due to the barriers that are.



[Khefri Riley] 11:45:42

Really creating harm to the Doula community, and primarily the families that are birthing. And so we have, noting that we're asking a California Hospital Association to participate in creating these best practices and them doing it in community. They have responded to that within this work group, and we hope that that will move forward expeditiously. And so thank you for highlighting that because it's examples like that, that typically Doulas have been gaslit, that this is not happening that we're making stuff.

[Khefri Riley] 11:46:07

But we're seeing it now more and more, and it's ironically as this benefit is rolling out so I think that we'll be able to address that with our colleagues here we look forward to hearing from them at a future meeting.

[Deitre Epps] 11:46:19

Okay, just for the sake of time, I'm gonna ask for specific examples to be shared with DHCS. It's several times, I think, in the chat.

[Deitre Epps] 11:46:28

Jim and the team are asking for specifics so that they can follow up with those instances.

[Deitre Epps] 11:46:33

We are at just about time where we have to transition.

[Deitre Epps] 11:46:36

And I'm gonna ask just for some grace, because we only have. We have less than 15 min left in this call.

[Deitre Epps] 11:46:44

Colleen. Can you keep like just a very short comment with, I see your hand is up.

[Deitre Epps] 11:46:51

Yeah. Go.

[Colleen Townsend] 11:46:51

Sorry, forgot to. Rose forgot to lower it.



[Deitre Epps] 11:46:53

Oh, okay, all right. So we're good. Then, alright. So anything urgent in the chat that you feel needs to be brought forward at this time regarding the updates.

[Zachary Epps] 11:47:04

There was a another retroactive pay. I think it was. Either restate the response or clarify the response from a little earlier, but.

[Zachary Epps] 11:47:13

Other than that

[Zachary Epps] 11:47:16

Everything's been said or responded.

[Deitre Epps] 11:47:19

Thank you. So if someone from the state team could please respond in the chat to the question about retroactive pay and some clarification around that that would be great.

[Deitre Epps] 11:47:29

And we're going to go ahead and move forward.

[Deitre Epps] 11:47:33

At this time. To the last conversation for today.

[Deitre Epps] 11:47:36

Which is about an update from the state around data.

[Jim Elliott] 11:47:42

Thank you very much. Deitre

[Jim Elliott] 11:47:45

Interest time. We're gonna go over this pretty quick. Please note that this presentation is online. So if you want to go back and take a look at the data on there.

[Jim Elliott] 11:47:53

I'm happy to share that with you.

[Jim Elliott] 11:47:55

As of September we have 422 groups.



[Jim Elliott] 11:48:01

As you can see, the group includes individual doula.

[Jim Elliott] 11:48:04

The last survey of our managed care plans, number of doula contracted, was in.

[Jim Elliott] 11:48:10

July we had 21 out of 24 plans, with at least one doula.

[Jim Elliott] 11:48:15

Some doula list can't contract with multiple plans. So you see that on the upcoming.

[Jim Elliott] 11:48:19

Data, the 3 plans that do not currently in the process of work developing contracts to get those approved. So we expect to have.

[Jim Elliott] 11:48:29

All the 24 plans, with at least one doula.

[Jim Elliott] 11:48:33

As you can see, there's 394 contracts. So that represents a large number of.

[Jim Elliott] 11:48:39

That are at multiple plans. Next slide. Please.

[Jim Elliott] 11:48:44

We'll just zip through these real quick. This is kind of the number of plans.

[Jim Elliott] 11:48:48

The number of doors by plans, understanding that some plans are much larger, so more members than others.

[Jim Elliott] 11:48:54

So what just kind of pop through these real quick.

[Jim Elliott] 11:48:58

Please.

[Jim Elliott] 11:49:03

So we'll just.



[Jim Elliott] 11:49:05

The next one.

[Jim Elliott] 11:49:08

And I think that's it. So the next one, like I said, you can go find that online.

[Jim Elliott] 11:49:12

We also wanted to go real quick over the directory which is available on our website. I do want to pull.

[Jim Elliott] 11:49:19

Point out that my request.

[Jim Elliott] 11:49:21

Next week we will have an Excel version on there, so that.

[Jim Elliott] 11:49:24

People can sort through there and see how many are by county, or however they want to sort through that.

[Jim Elliott] 11:49:30

So we currently have doula enrolled 55 out of 58.

[Jim Elliott] 11:49:35

That 55 counties.

[Jim Elliott] 11:49:38

99% of the population.

[Jim Elliott] 11:49:40

Do want to recognize that some counties are quite large.

[Jim Elliott] 11:49:44

And so there may be some, some deals. But we understand there's areas where we're still looking to increase.

[Jim Elliott] 11:49:50

The number of Duluth that we have.



[Jim Elliott] 11:49:53

This, as you can see, the 3 counties are Alpine imperial, and in your county.

[Jim Elliott] 11:50:00

I'll find it in you, or also pretty small counties in you. I think it's less than 1,200 people.

[Jim Elliott] 11:50:07

So moving on to the next slide so that wait with our directory processes.

[Jim Elliott] 11:50:12

We receive lists from Provider of newly enrolled Doulas.

[Jim Elliott] 11:50:16

And so we send a email, a questionnaire that each new with information that's in the questionnaire.

[Jim Elliott] 11:50:23

And then, as they respond to that, we're able to add that to the list.

[Jim Elliott] 11:50:28

Wanna note that the categories that are on the correct. We had worked with our doula stakeholder group when we developed the benefit for what those categories are.

[Jim Elliott] 11:50:37

For the description of ethnicities and for the specialties. So that's what you see that on there.

[Jim Elliott] 11:50:43

Many of the managed care plans. Then take that directory and reach out to Doula. There.

[Jim Elliott] 11:50:50

If Doula does not respond to the questionnaire, we're not able to add them, because the information in the Directory is additional than what is listed as their application.

[Jim Elliott] 11:50:59

And we try to update the directory at least once a month.

[Jim Elliott] 11:51:06

Next slide.



[Erica Holmes] 11:51:12

So I'm gonna sort of go through these very quickly. I'm sorry.

[Erica Holmes] 11:51:16

Yeah, back, please. I'm gonna do this really quickly. But they are going to be available on the slide deck on our website. And we're certainly happy to answer any questions we have received requests at Prior Forums to sort of take a deeper dive into the Doula Directory information that we have.

[Erica Holmes] 11:51:32

So we've done that as part of this presentation. I also want to highlight that for this data, we're also working to create a California map that shows the density of Enroll Doulas by county, which will be posted on the web page once it's available. So you can see where the majority of Doula enrollment is occurring, and where there may be some doula deserts that we need to put some extra effort into increasing enrollment in I do want to say that, for we've created a series.

[Erica Holmes] 11:51:56

Of slides. There's about 5 or 6 that visually depict what we're seeing in terms of service area by county ethnicity and primary language spoken. A few caveats for all of these slides. All of the information presented in these slides is self reported by Doulas directly as part of the doula directory questionnaire that Jim mentioned and so we compile this information. But we do not alter it in any way. And we also don't validate the data.

[Erica Holmes] 11:52:21

That that is received in terms of.

[Erica Holmes] 11:52:25

Any type of like a.

[Erica Holmes] 11:52:26

Checks if you will. So it's really important that if you're using this tool, that you're reaching out to the individual doula listed on the Directory to confirm information. So for slides 35 through 38 on this Powerpoint we did want to break out the service in counties. One thing I wanna flag here is that many are enrolled in multiple different counties.



[Erica Holmes] 11:52:51

For example, if you see if a provider say they work in Sacramento.

[Erica Holmes] 11:52:56

County Amador, and El Dorado. You're gonna see that, Doula reflected in the counts for each county. And so this represents Doula representation in a particular county, not necessarily the number of unique Doulas enrolled in the program.

[Erica Holmes] 11:53:10

And so also wanted to highlight that because obviously, service capacity may be limited. In a particular county, depending on the number of enrolled who are serving multiple counties in a geographical area.

[Erica Holmes] 11:53:21

So with this in mind, over these slides, as you would expect, many of our larger.

[Erica Holmes] 11:53:25

From a population perspective have a higher doula representation, whereas some of our more rural or low population counties have less. Well, I'm not gonna go through each I would encourage you to review and like, take note of the doula representation in your geographical areas, as there are likely opportunities for increasing representation. The department the department is partnering with, as I said, hospital associations as well as hospitals.

[Erica Holmes] 11:53:51

We are more than willing to partner with our doula partners as well to go out to speak.

[Erica Holmes] 11:53:56

To increase awareness of the doula benefit as well as speak to an enrollment processes.

[Erica Holmes] 11:54:04

So on the slides relative to breaking it out by language spoken. You can go to the next slide, please.

[Erica Holmes] 11:54:15

There you go. I would just wanna highlight that. Essentially, you know, as probably expected, the majority of our Doula speak English, and we have a number of who are bilingual. The most common algorithm for bilingual is is English and Spanish. There are also a subset of Doulas who speak multiple languages. And again, we didn't. We report the information as it's received on the doula.



[Erica Holmes] 11:54:38

Form and so there's a lot of variation in terms of the other category listed on this slide. And so we do break those out here, so you can see the primary language is spoken again as reported by our Doula partners. The other language category includes.

[Erica Holmes] 11:54:54

You know, a variety of different languages, including American sign language.

[Erica Holmes] 11:54:59

And so next slide, please.

[Erica Holmes] 11:55:01

We also wanted to speak a little bit on the ethnicity side again, this is self reported information from the Doula Directory. Some. I also want to highlight that some chose not to report this information to the department, which is totally fine. For those that did again, we did not alter the self reported information in any way, but we did group the responses into several large.

[Erica Holmes] 11:55:21

Buckets for purposes of data, visualization.

[Erica Holmes] 11:55:25

So, while many doulas reported on SSD,

[Erica Holmes] 11:55:29

As a single category. Others reported multiple ethnicities where dual is reported multiple ethnicities, we put those into the multi-ethnic, multiracial or other category. And again, there's a lot of variation there, and we can. We can provide that breakdown to you, or you can filter it when we give you the excel version of the doula directory, so you can see that as well. Here I do just want to highlight that the majority of doula representation is split fairly evenly between black.

[Erica Holmes] 11:55:52

And African American, and wait for those who identified as a single ethnicity against self identified. And then there's also a fairly even split when looking at duals, who self identified as either multi-ethnic, multiracial, or other. So.



[Erica Holmes] 11:56:06

Just wanted to put that out there. We've received this request at Prior forums. And again, I think the filterable version of the Excel document will be very helpful for stratifying some of this data. If you want to look at in a different way. For example, by county by a particular language spoken, you can do all of those filters so that you can populate who might be the the best Doula to serve you in your in your relative geographical area. So.

[Erica Holmes] 11:56:30

With that I will pause.

[Deitre Epps] 11:56:34

Thank you. Thank you, Erica.

[Deitre Epps] 11:56:36

So as this.

[Deitre Epps] 11:56:39

Data has been shared as Erica shared in response to some requests.

[Deitre Epps] 11:56:43

That came from the from the committee, from the work group.

[Deitre Epps] 11:56:46

So just knowing that there was a lot to process, and that you will have the data available. The specific numbers.

[Deitre Epps] 11:56:54

Rather than looking at the numbers. The question is really about.

[Deitre Epps] 11:56:58

How does the data that was shared either support you in implementing the benefit or hinder you and implementing the benefit.

[Deitre Epps] 11:57:07

How will this data or this information support you?

[Deitre Epps] 11:57:10

Or hinder you from implementing the benefit.



[Deitre Epps] 11:57:13

Would someone from the work group respond? Please.

[Deitre Epps] 11:57:19

Yes.

[Deitre Epps] 11:57:21

You're on mute.

[Kiaris Joy Chiaji] 11:57:23

So, being able to see where more doulas need training would help those of us.

[Kiaris Joy Chiaji] 11:57:29

Can secure funding for those who are listening and wanna offer that opportunity. We can go and train those.

[Kiaris Joy Chiaji] 11:57:37

Interest in parties in those areas, or even the cross training for Chas and peer support specialists to have that layer of training on board.

[Kiaris Joy Chiaji] 11:57:46

People who are already integrated into the communities and don't have to try to. You know.

[Kiaris Joy Chiaji] 11:57:51

Wedge their way in to offer the support.

[Kiaris Joy Chiaji] 11:57:53

So I appreciate being able to look at the state and see where the biggest needs are.

[Kiaris Joy Chiaji] 11:57:59

It would be nice if the.

[Kiaris Joy Chiaji] 11:58:02

Need could be matched with the population. Also speaking, that need.

[Kiaris Joy Chiaji] 11:58:07

And the providers also. Affirming that need that it's not. There may only be 2 people want Doulas.



[Kiaris Joy Chiaji] 11:58:15

Or there may be only 2 Doulas and a hundred people. Needless.

[Deitre Epps] 11:58:16

Hmm.

[Deitre Epps] 11:58:20

Thank you.

[Deitre Epps] 11:58:22

Thank you. So if others can put your responses to that in the chat that would be lovely, Alex, you have the last word for this conversation verbally.

[Alex Rounds] 11:58:31

Yeah. I. I also was looking at the number of Doula County, and not seeing any number associated with how many people live in those counties so that really can skew the what appearance of need? And so I think that would be a really good piece of information to have alongside. The number of doulas in the county.

[Deitre Epps] 11:58:55

Thank you.

[Deitre Epps] 11:58:57

And the chat is still open. We'll keep the chat. There are lots of great resources that are being shared in the chat. By the way.

[Deitre Epps] 11:59:03

But Zachary, is there anything last presentation of data that you would like to? That we need to note from the chat.

[Ed Torres] 11:59:13

Ms Deitre. I apologize for interrupting. Michael Freeman has his hand raised.

[Deitre Epps] 11:59:14

Oh, yeah.

[Deitre Epps] 11:59:19

Oh, thank you, Michael, and then Zachary will go for the chat responses. Michael, if you could introduce yourself, please.



[Linda Jones] 11:59:25

Michelle, not Michael.

[Deitre Epps] 11:59:27

Oh, we have them. There is a Michael Freeman at DHCS. So thank you. This is Michelle. Thank you, Bob. Linda.

[Deitre Epps] 11:59:36

Appreciate it. Michelle, are you there?

[Deitre Epps] 11:59:46

You might be on mute, is it, Michelle? I'm not. If you can help us with the pronunciation of your name.

[Deitre Epps] 12:00:00

Okay, we'll come back, Zachary, if you want to respond. If there anything in the chat and then

[Deitre Epps] 12:00:05

We'll come back to that.

[Zachary Epps] 12:00:09

There was a question around some counties, but in particular Alpine Imperial.

[Zachary Epps] 12:00:14

In your counties in terms of enrolling Doulas and any specific efforts happening there and then there was a comment that something from Marin county was talking about, but might apply to others in terms of accessibility. So a lot of the doulas that are enrolled in that county live outside of that county in particular, maybe one or a couple of county. So.

[Zachary Epps] 12:00:39

Something around accessibility in those 4 counties in particular, but something that might also.

[Zachary Epps] 12:00:44

Be true in some other areas.

[Deitre Epps] 12:00:49

Thank you.



[Deitre Epps] 12:00:50

Okay, and we'll go back to Freeman. The last name Freeman.

[Deitre Epps] 12:00:56

All right, so we'll turn it over to you, Jim, for next steps.

[Jim Elliott] 12:01:03

Thank you very much. We're sharing with you our co-design, as you know, we're in a pattern of.

[Jim Elliott] 12:01:10

Having meetings every 2 months right now.

[Jim Elliott] 12:01:12

We do expect to have more data.

[Jim Elliott] 12:01:15

Information that we'll be sharing next month, including.

[Jim Elliott] 12:01:18

Encounter data that we can start to.

[Jim Elliott] 12:01:20

Did this discussion, since that will be part of the report.

[Jim Elliott] 12:01:23

You also see on here the agenda items, rough discussion prepared for.

[Jim Elliott] 12:01:28

Required report. These dates are also on the department website, the doula web page. If you ever needed.

[Jim Elliott] 12:01:35

Refresh yourself on when the next meeting is.

[Jim Elliott] 12:01:39

So our next meeting will be on November 15, th which is about 6 weeks, so.



[Deitre Epps] 12:01:50

Okay. We'll pass over to.

[Deitre Epps] 12:01:51

Oh, go ahead. Jim! Sorry.

[Deitre Epps] 12:01:55

We'll pass over to Erica for closing out. If, Jim, if you're finished.

[Ajira Darch] 12:01:59

I'm sorry before that Machai has requested that you unmute them so they can share.

[Deitre Epps] 12:02:05

Not quite sure.

[Deitre Epps] 12:02:10

Ed, can you.

[Ed Torres] 12:02:11

Nobody. Nobody should be muted.

[Deitre Epps] 12:02:13

Right. Everyone is off

[Ajira Darch] 12:02:15

No, this is a.

[Zachary Epps] 12:02:15

just in full transparency. It's an attendee that is requesting to speak, not a panelist. So the panelists are able to unmute. I believe the panelists are work group members, and so apologies, if I may.

[Zachary Epps] 12:02:30

Freeman is a work group member. You, you know, they would be allowed to speak. People who are not work group members.

[Zachary Epps] 12:02:39

Sort of do not have the ability to unmute themselves. So that's probably what's happening.



[Ajira Darch] 12:02:43

This is, it is. But this is an issue with content before this is an accessibility request. They can't type their comments. So.

[Zachary Epps] 12:02:53

So thanks.

[Deitre Epps] 12:02:53

Okay, so this may be one of those instances where we did. We needed.

[Deitre Epps] 12:03:00

Notice. I don't know if we can, even with this format. Erica, or.

[Ed Torres] 12:03:05

Ms Machai

[Deitre Epps] 12:03:06

It. Yes.

[Ed Torres] 12:03:11

Give me your.

[Ed Torres] 12:03:13

Email information

[Ed Torres] 12:03:16

In the benefits. Mailbox.

[Ed Torres] 12:03:19

I'll make sure that you are able to.

[Ed Torres] 12:03:22

Have a link where you can speak.

[Ed Torres] 12:03:25

In the next meeting.

[Ed Torres] 12:03:27

Thank you.



[Deitre Epps] 12:03:29

Thank you. Ed

[Linda Jones] 12:03:31

She has requested this several times.

[Deitre Epps] 12:03:35

So we will make sure that we know this issue has come up in the past, and we'll make sure that that email is getting to the right person.

[Deitre Epps] 12:03:44

So that that access can be granted.

[Deitre Epps] 12:03:46

I don't know so we'll pass over to you.

[Deitre Epps] 12:03:49

Please know that.

[Deitre Epps] 12:03:53

We hear you and recognize that.

[Deitre Epps] 12:03:55

Is an access issue that needs to be rectified.

[Deitre Epps] 12:03:59

We'll pass over to you, Erica, Jim. If you're finished we'll pass over to Erica for closing out.

[Erica Holmes] 12:04:05

Hi, yeah, thank you so much. So again. So I've actually just wanted to extend an offer, because that is correct. We have received outreach from this individual doula previously. So

[Erica Holmes] 12:04:17

If possible. Ken if I think we actually have her con their contact information so we could just reach out. I'm happy to take



[Erica Holmes] 12:04:24

Take a call really quickly to get their questions, since there's an accessibility issue. So we will address that offline. I just wanted to acknowledge that. Yeah.

[Deitre Epps] 12:04:33

Think.

[Erica Holmes] 12:04:33

So I just. I know we're over time. And so I wanna be mindful of that for today's call.

[Erica Holmes] 12:04:38

Really good feedback. A lot of the information, obviously on the data directory and that deeper dive. We got some really good ideas about how we can stratify that data and make it more useful. I did want to acknowledge that the ultimate goal of that information is to do some targeted outreach to try to increase enrollment in counties where we're not seeing enrollment, but what we recognize there may be a need, and so would be interested.

[Erica Holmes] 12:05:02

Design team members on future calls to hear how you would envision. We use that information to inform those efforts. And again, I just want to

[Erica Holmes] 12:05:12

Thank you all for your time today.

[Erica Holmes] 12:05:15

It's always a pleasure to speak with you. And so with that I wish you all a good rest of your day, and we will talk again in November. Thank you all so much.

[Deitre Epps] 12:05:27

Thank you. If we can keep the if we can keep this open just for a moment, because there are several resources in the chat.

[Deitre Epps] 12:05:34

The meeting has closed. But we're going to. I'm requesting that we keep this open for 3 to 5 min, just so folks can go through the chat and see if there are any things they want to click on for resources. Is that okay? On the Dcs.

[Deitre Epps] 12:05:50

State team site.



[Ed Torres] 12:05:52

Miss Deitre, I will keep.

[Ed Torres] 12:05:54

It open for the next 5 min. But.

[Ed Torres] 12:05:57

I want everyone to also know that this chat.

[Ed Torres] 12:06:01

You can get the copy of the Transcript and the chat.

[Ed Torres] 12:06:06

On the Doula services website.

[Ed Torres] 12:06:09

We'll have it posted on there.

[Deitre Epps] 12:06:14

Thank you.

[Deitre Epps] 12:06:26

If anyone is still on the line we'll keep the chat open, because we will assume that you are pulling some things off of the chat.

[Deitre Epps] 12:06:34

And when everyone is gone we'll assume that you have the information you need.

[Deitre Epps] 12:06:39

Up to 5 min.

[Ajira Darch] 12:06:42

I wanna highlight for our next meeting that Mackay has provided their info. So.

[Ajira Darch] 12:06:46

Whatever needs to be done, so they can be unmuted and share in our next meeting.

[Ed Torres] 12:06:54

Thank you, I'll make sure she's on.



[Ed Torres] 12:06:57

That she gets a link as a speaker.

[Ajira Darch] 12:07:01

Info? Is there.

[Deitre Epps] 12:07:03

Thank you so much.

[Ajira Darch] 12:07:15

And there's also a function in the zoom settings, so that in a webinar like this you can still unmute folks when they've raised their hand.

[Ajira Darch] 12:07:23

If there's another accessibility need from someone who can't send their info

[Ed Torres] 12:07:30

I will! I will look at the Zoom parameters.

[Ed Torres] 12:07:34

Thank you.