Doula Stakeholder Implementation Workgroup Meeting
April 12, 2024 Closed Caption Transcript

00:05:22.000 --> 00:05:38.000
Mavina came on us.

00:05:38.000 --> 00:05:46.000
Good morning, everyone.

00:05:46.000 --> 00:05:49.000
Good morning.

00:05:49.000 --> 00:05:52.000
Hello.

00:05:52.000 --> 00:06:00.000 Ken Wilkerson
Okay. So, we're having Some Zoom difficulties. Everyone's name is coming in as Ajira for Some reason.

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So, if you would like to change your name, if you clicking your box in the top right corner, there's 3 buttons.

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If you click that and then the second one from the bottle set, bottom says rename, you can rename yourself.

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I'm not sure what's happening with Zoom, but if you would like to rename yourself.

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That's how you do it.

00:06:23.000 --> 00:06:27.000 Ajira Darch
Did everyone maybe get sent my link? As a panelist.

00:06:27.000 --> 00:06:57.000 Ken Wilkerson
No, we checked and there's. They all have different links, So, really unsure of what's happening with Zoom.

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Great.

00:10:52.000 --> 00:11:00.000 Zachary Epps
All right, greetings everyone. We want to give another moment for folks to get oriented. I'm Zachary.

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Representing RACE For Equity are officially kicking off the today's Doula implementation stakeholder meeting.

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So, welcome to everyone. Stakeholder Implementation worker members, anyone within listening distance, welcome to the meeting today.

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As I mentioned, I am representing RACE For Equity and So, we have been we're attending as facilitators myself and I have 2 other colleagues Lydia Swartz and Aquilah Nelson on the zoom today and So, we are here as facilitators of the meeting.

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And will really kick it off today with sharing the purpose, which is really to continue the examination of the implementation of doula services in Medi-Cal.

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Which will really inform what the department reports to the legislator with really data on Medi-Cal members using Doula services and recommendations.

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To reduce any barriers to doula services. And So, we know the work group today is comprised of doulas, health care providers, consumer, and community advocates.

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Health plans, county representatives, and other partners with experience with doulas services. And So, that is what centers our attention for today.

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We have, if folks, it looks like folks are starting to put, greet one another with their, with your name and your organization's and where you are in the in California if you could continue to do So, that will again start to kind of see who's with us today.

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And So, thank you, thank you. Good morning to everyone. And please do continue to share in the chat.

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Who's with us today? So, thank you, thank you for doing that. I'm gonna hand it over to, DHCS, which will go over Some of the opening logistics for the meeting.

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Okay.

00:13:22.000 --> 00:13:23.000 Raquel Saunders
Hi, this is Rachael Sanders, So, it looks like there are several people with the same name on the call.

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So, double check your name and make sure your name is correct. If it's not, if you can change your name on, So, we can make sure that we're capturing everybody.

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Okay, So, I'll go ahead and go through the work group logistics. So, just as a reminder for those who have attended in the past or anyone that may be new to these meetings, the work group members are the only stakeholders who can speak during the meetings.

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All other attendees are in listen only mode. However, all stakeholders can use the chat feature.

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So, you know, if there's anything that you want, to share in the meeting, you could put that in the chat and that will be viewable to everybody.

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The chat and transcript of the meeting will be posted on the DHCS website. And do you see us will review all feedback and comments on discussion topic submitted through our email, doulabenefit@dhcs.ca.gov.

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And via the chat function. Next slide, please. So, for anyone that is interested in utilizing the close captioning, the instructions for accessing that, So, you will go to your, zoom controls.

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So, once you're in the meeting, you're gonna locate the Zoom toolbar at the bottom of the screen.

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Now click on the closed captioning. And then to view the captions, once you've enabled your captions, you should start seeing them displayed on the screen as the meeting progresses.

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And the captions will typically appear at the bottom of the zoom window.

00:15:22.000 --> 00:15:40.000 Zachary Epps
Hmm. Alright, So, hopefully that is clear and if you're able to change your name if you need help doing that for any reason or any technical assistance as you heard you can send Some messages in the chat to get that assistance.

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The agenda for today is as you see it on the screen. It'll be a mix of hearing from DHCS and also moments for an open discussion.

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First, it'll be around updates. On the process from the. Here are going to the department around managed care plans.

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Also the requirements for the workers report and Senate Bill 65 will have here from DHCS on that and after the break come back to have a fuller discussion on bears that are being experienced.

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And again, as related to the Senate bill requirements. We'll have Some time at the end So, there will be time throughout again for thoughts and questions to be shared.

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We will at the end as well. And throughout will be Sort of monitoring the chat to see what's being shared.

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If questions aren't answered in the moment, we are tracking them and So, we'll try to name things that we're seeing in the chat throughout the meeting but at the end there you'll see we will have Some moments to kind of see what might be answered today and what might be answered from DHCS after today.

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Before we Sort of talk through next steps and close for Today's session

00:17:20.000 --> 00:17:22.000 Ken Wilkerson
With that I'll hand it over to believe Ken or one of the team members to stop talking through the DHCS updates.

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Thank you. Thank you, Zachary. So, just an update on our provider enrollment data as of March 29, 2024.

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There's been a total of 364 group and individual applications approved with 266 of those applications being individual doula applications approved.

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So, again, this is great progress since our original individual doula applications approved in March, 2023, and we look forward to the continued progress and increase in enrollment.

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I will hand over the next part to Raquel.

00:18:09.000 --> 00:18:10.000 Zachary Epps
Oh, you're muted. So, I can see you talking and congratulations on the increased numbers.

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Actually, unmutes. Congratulations.

00:18:15.000 --> 00:18:27.000 Raquel Saunders
Thank you. So, I'm gonna discuss the doula coding requirements. So, there's been
Some new coding requirements that we wanted to, bring the attention of the group.

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This is in addition to what is already being done So, the billing process that you
currently do and has not changed.

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The only difference is there will be this additional requirement, and this is Something
that's being, added to all providers.

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So, it's what we call a diagnosis code. So, due to federal reporting requirements, claims
need to include additional coding information, and this is for reporting purposes.

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The coding requirement is not just for, but for all that account providers. And these
codes are referred to diagnosis codes, in name only.

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Jewelers or not, not being required to make a diagnosis. That's just what they were
referred to as this code that's required.

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The billing. Documents. So, DHCS plans to issue additional guidance in future
meetings, but we wanted to raise this issue now to bring it to your attention.

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So, you know, So, that way you're not blindsided as we kind of roll out information and,
technical assistance.

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So, we'll be issuing guidance along with instructions on where the codes go on the
claim and I'm gonna kind of show you where that is now just to kind of introduce you
to it but we will be oh and Sorry go back a little bit.

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Go back to the first line. Go back one more. So, I'll kind of introduce you to where it will
be, but we will be providing additional information.

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To kind of play it out So, that way it's very clear. And before this roll out.

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So, just So, it's clear these are these are not billing codes So, this is separate from the billing codes that you were all aware of that are associated with the doula services.

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Those have not changed. This will not impact how doulas are paid. It's just an additional code that must be included in a certain box on the form.

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And again, it's for, reporting purposes. So, we'll go to the next slide.

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So, these are the coding requirements. So, these are what we call diagnosis codes. And again, it's not to diagnose.

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It's more So, just it's, it's a code that goes in a specific field.

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For reporting purposes. So, these are the 6 that we are looking at for using for Doula services.

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And within these codes, So, the billing codes that you all are familiar with that you use when you, when you bill will fall within one of these.

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These diagnosis codes. So, what we plan to do is we plan on making what we call a crosswalk document where we'll identify the billing codes that match with the corresponding diagnosis.

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So, these are this is information that we will be sharing. Soon in the future prior to this being implemented.

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So, we're anticipating that it'll be about as 6-month period before it's fully rolled out and in that time before that happens, will be rolling out a lot of technical assistance.

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And having discussions in future meetings related to this to make sure that everybody understands it. And it will kind of go through like, there will be kind of like a long, long period of view being able to kind of add these in before it's required.

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So, but again, we wanted to make you guys aware of this just So, you have the information now and we'll continue to update you with additional information.

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So, I'll move on to the next slide. So, this is on the form, and this is just kind of a snapshot of the area that you'll be utilizing.

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So, right here in section 21, it says diagnosis or nature. Illness or injury. So, this is where you will put the diagnosis code and it will only be one So, there's several fields here that you'll only be required to put one diagnosis code and again we'll have a list of kind of the diagnosis codes and then corresponding billing codes to make it really simple.

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So, you know which one you can plug in there. The purpose of this is this field cannot be empty.

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You know, once this is fully unlimited. So, for the claim to pay, there has to be a diagnosis code in this section.

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So, So, we're gonna make sure that everybody is prepared for that well before it's implemented.

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So, with that, I want to see if anybody has any questions related to these. These can new coding requirements.

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So, I see something in the chat that asks about the expected implementation date. So, we expect this to fully roll out in approximately 6 months.

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But again, we will be offering a lot of technical assistance and we'll start, you know, doulas can start adding that information sooner just to kind of get into the habit of it.

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But we will really kind of be like, you know, helping you through that process well before it's fully implemented.

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And then I think So, me people had So, me questions about can we go back to the last slide with the.

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So, these are just the, the codes. So, the billing codes would fall within these areas.

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So, these are these are intentionally vague. So, these aren't gonna go into the level of specificity that the billing codes do.

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But because there must be a code in that field, we found the codes that best, capture Doula services and the codes that we currently have for billing.

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Okay, So, I see Colleen Townsend's hand is out.

00:24:08.000 --> 00:24:11.000
Yeah.

00:24:11.000 --> 00:24:15.000 Colleen Townsend
Yes, thank you. I have a question. The question was raised about when will this be implemented?

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And I know you said in the 6 months we anticipate. The full implementation, I believe, and that's the point at which the codes with the z codes would be required in the submission.

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When does it, what is it anticipated? Rolling out. When will the trainings begin and that that Sort of initial trial process be, be expected to begin.

00:24:39.000 --> 00:24:53.000 Raquel Saunders
So, we, are working on, on documents now in technical assistance. So, we'll be providing additional information at the future meetings and in the interim.

00:24:53.000 --> 00:24:59.000 Colleen Townsend
Great. Any thoughts about when some of that technical assistance will begin or when people can expect to see this coming to them?

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I think that for me, from my perspective in the medical managed care plan is I'm really happy to share that this is coming and I do know that.

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When I share something is coming to our provider network they always want to say and when So, they can really be ready for it and anticipate when they would create time in their schedules to.

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Month and a half that everyone will be start to receive guidance.

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Yeah, I, I, yeah, I think, Yes.

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Great, So, starting in June, people can expect that and by the end of the year, rolled into 2 full implementations for January 1, 2,025.

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Yeah.

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Just like just, and I know those aren't hardened fast and I promise not to hold you responsible for those, but just a helpful, forecast.

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Thank you.

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Yeah. Thank you.

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Rock out there is a question in the chat around, the childcare code if it's also for education and infant care and then I said that we could go to

00:26:07.000 --> 00:26:17.000 Raquel Saunders
So, again, this is specific for that field that I talked about for reporting requirements. So, we will issue additional information to show web codes would fall within that.

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But billing coach would fall within that. I can't go into that level of specificity right now just because we're still developing it.

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But I wanted to share with the codes that we were looking at and again these are just they're intentionally vague.

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So, they may not really kind of fully capture what we're thinking in terms of the billing codes.

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They're more So, kind of loosely related.

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And Samsarah, I see that your hand is up.

00:26:44.000 --> 00:26:57.000 Samsarah Morgan
Yes, thank you. With regard to these codes, I'm wondering your, what I thought I heard you say a moment ago was that they the codes were created based on.

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Basically what do is do like you're trying to break down all of the different components of what doula care is and have a code for each of those things.

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Is that correct?

00:27:07.000 --> 00:27:24.000 Raquel Saunders
So, these are actually existing codes and So, what we had to do is we had to identify codes that would kind of best capture, which is kind of tricky because again, these are very vague that would best capture some of the, the things that, will do.

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So, if you look at these, they're very, again, they're vague and they really don't go into the level of detail of what you know you all truly do.

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Into a better level of specificity with the billing codes. But we had to have a kind of an option for a diagnosis code since that field does have to be filled out.

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So, these were the best ones that we could find. That field does have to be filled out. So, these were the best ones that we can find.

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You maybe like, how did they get apply to the billing code? That we will help with that.

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So, I just wanted to say that.

00:28:01.000 --> 00:28:12.000 Samsarah Morgan
That's problematic in and of itself because again, you're trying to fit, you personally, but how this is being done is trying to fit doulas into a Medi-Cal.

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Train and we are not in that Medi-Cal frame.

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Yeah.

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Table when you're having these discussions about what doulas do So, we could not be vague. Because if you're asking doulas to implement these codes.

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Okay.

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Part of the concern for doula is that they don't want to put in the wrong thing or now we're talking about a federal program.

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Okay.

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They want to do things correctly and not fear of having to go the big, because they put down the wrong thing in the wrong box.

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I think the reason why we don't have many more assignment for this process. And So, It's very important to have Doulas at the table when you're talking about.

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Okay.

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What to do and how we gonna use what exist and how we're gonna have to make Something new because doulas are not part of the existing system and overall do not wish to be.

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Okay.

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We want to be recognized for what we. Are doing have been doing. And have the good statistics for having done well.

00:29:30.000 --> 00:29:32.000 Zachary Epps
And I see that Erica is on the call.

00:29:32.000 --> 00:29:45.000 Erica Holmes
Yeah, I this is Erica Holmes from the department, you know. Totally. These codes are not Medi-Cal diagnosis codes.

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The national organization that's responsible for the development of these codes is actually put a lot of effort recently into code sets that have no Sort of Medi-Cal connotation or connection as part of an effort to just give a little insight for Medicaid and other programs and to Sort of what happens at a visit.

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Whether it be with a Doula or another type of practitioner. And So, they have actually developed not just these Sort of general code sets, but also codes around things like Social determinants of health and other things that are not Medi-Cal.

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And so, I did just want to flag that these are not at all meant to be or intended to be used as Medi-Cal codes.

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They are truly just to denote what is generally occurring with the doula and the individual that they are providing services to and there is no because they're So, general that they are providing services to.

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And because they're So, general, there is no Sort of risk necessarily that if you include say one code versus the other that there's going to be any ramifications to that if you include, say, one code versus the other, that there's going to be any ramifications to the individual doula or practitioner who's putting in that code.

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It is simply a federal reporting requirement for us to have a little insight into what's occurring at the visit.

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And So, one of the things that I think Raquel touched on that we're going to be doing is as part of the technical assistance, we're going to be giving Some instruction around the types of services that, doulas, provide, and, which, of, these, codes, would, recommend, for, use, that is Sort of outside your portfolio your comfortability level and So, it is really

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just Something that is a federal requirement for us, but it's not meant to be particularly onerous for you all from the coding perspective.

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So, if you choose, like for example, pregnancy incidental, which is z 3 3.1 here and you include that on your code the code the claim will pay just as it does today first as if you chose any other code on this list.

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So, there's no, it's really not a Medi-Cal piece. And So, I just wanted to put that out there and there will be a lot of technical assistance that 6 months Sort of ramp up window towards when they'll be an actual like system edit.

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That would require this field to be populated. You know, we will give you ample time and then of course there'll be like I said technical assistance around which codes we would recommend for inclusion versus not.

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So, I just want to put that out there because I do recognize that this is very different for our doula partners and So, we do want you to have a comfortability level to the extent possible with these codes just recognizing it's Something that you are not necessarily used to and we respect that and want to be as helpful as possible.

00:32:45.000 --> 00:32:59.000 Zachary Epps
And then I think DHCS has a couple more updates and we'll. Move forward in the agenda. Thanks.

00:33:02.000 --> 00:33:22.000
Thank you, Erica, for that thoughtfulness in that process. And because we are part of the co-design team, we are more than happy to speak with you and Kenneth and other team members here around the language and the cultural congruency of it and how there's So, many variety of ways that doulas deliver their packages and their services to clients in the diverse communities of California.

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So, we're here to help you. To make that presentation, you know, really accessible to everybody and So, that it's not.

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So, much in all the building speak, but also very relative to how doula is actually delivering the services.

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So, hopefully when we can make ourselves available to collaborate with you on that.

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Thank you, Zachary.

00:33:47.000 --> 00:33:48.000 Zachary Epps
Okay, So, we will move on to the, the additional updates So, we can move on. There we go.

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So, we wanted to share the resources for, that are available on the DHCS website.

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So, I know that there are several people on this call that continuously on this call, but I know we have new people.

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All the time. So, we wanna make sure that people aware of the resources that we have. And I'll have Someone from my team put in the, the web page link in the chat.

00:34:19.000 --> 00:34:26.000 Ken Wilkerson / Raquel Saunders
So, the DHCS doula services webpage contains a lot of helpful resources. For, for all, providers.

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Within those resources, we have the Medi-Cal Provider Manual for the Doula services can be located on the site.

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We have the managed care plan contract list. Many, trainings related to enrollment and billing.

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And we have, the DHCS Medi-Cal doulas services recommendation form. And the standing recommendation for doula services.

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We also have, frequently asked questions that we receive, whether it be in the chat or from our email or just things that kind of continuously come up.

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We add that to our frequently asked questions So, that can be found there and we've just updated, or just added, I should say, pave workflow checklist.

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So, this is Something that you can use when you are or anyone that is enrolling at the doula provider in MEDI-CAL, they can use this as they're going through the enrollment process.

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So, it's kind of a checklist to kind of make sure they have what's needed as they go through the enrollment process and it can be really felt a useful resource and guide.

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Next slide, please.

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So, I'd mentioned the frequently asked questions. So, the DHCS has re-formatted our doula faq, to better address Some of the impact that we've received from stakeholders, It will be updated on a flow basis.

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So, as questions come up, you know, as we kind of see and questions that are constantly coming up.

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And we wanna make sure that we're addressing because oftentimes we'll address them in these meetings.

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But as I said before, you know, we have new people attending every time. So, we want to make sure that they're getting that information as well.

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That we will update our FAQ on a flow basis to respond to questions. That come up related to doula, the, services benefit.

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The document also will now include a date when it has been updated and a version number and any updates or changes to the language will be folded and underlined So, that way any changes can be easily identified.

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And this is based on feedback that we received from stakeholders and this just makes it a little bit easier to kind of see, hey, what new stuff has been added, because oftentimes, you know, people will use that.

00:36:39.000 --> 00:36:47.000
But maybe not know what new stuff has been added. And So, that can kind of make it a little, So, that can kind of make it a little, tricky.

00:36:47.000 --> 00:36:51.000
So, we want to make sure that people are aware, that we can kind of make it a little, tricky.

00:36:51.000 --> 00:36:57.000
So, we wanna make sure that people are aware, that we do hear the things that people are aware, that we do hear the things that come up that we are, working to address questions and.

00:36:57.000 --> 00:37:03.000
So, I will pass it over to.

00:37:03.000 --> 00:37:04.000
Okay.

00:37:04.000 --> 00:37:22.000
Let's see. Thanks, Ken.

00:37:22.000 --> 00:37:26.000
Erica, you may be on m.

00:37:26.000 --> 00:37:40.000 Erica Holmes
Hi sure was, thank you Ken. So, I just wanted to provide a brief update in the work that we're doing relative to hospital access concerns that have been raised to us at this and other forums.

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So, we recognize the Sort of ongoing challenges that are creating barriers to doulas providing services to our Medi-Cal members and hospitals across the state.

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And So, as was shared during the last meeting and in prior meetings, we are committed to Sort of helping bridge Some of those gaps and decrease those barriers.

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Even if we're not the entities directly responsible for the hospitals, we have a role in helping to facilitate resolution.

00:38:06.000 --> 00:38:24.000
So, following our last co-design meeting we reached out to our partners at the California Hospital Association to facilitate an opportunity for our doula partners to directly meet and discuss their concerns with the California Hospital Association and hopefully identify Some possible pathways.

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For both reducing administrative burdens as well as other barriers to do barriers to doula as being able to get into hospitals and actually serve our Medi-Cal members.

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And So, the California Hospital Association is very enthusiastic about having that discussion. We currently have a initial discussion scheduled for April seventeenth from 2 to 3 with our doula partners.

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Then I suspect that this initial discussion will also Sort of lend itself to additional follow-up discussions to work through Some of the more challenging and complex issues that have been raised to us.

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So, we are we are very looking forward to having that discussion. I think these are Some of the issues where education and outreach is Something that the department

partnership with California Hospital Association can do together to help spread awareness about what it is that doula is do and the relationship that they have with the the individuals who work at these facilities as well as health plan partners and other individuals to help again reduce these gaps.

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So, I will pause there and I'm happy to answer any questions. And I see Colleen has her hand up.

00:39:44.000 --> 00:40:04.000 Colleen Townsend
Thanks again. And I apologize if I missed this. Are any Medi-Cal, managed care plans, invited to that discussion as well, since we are part of the discussion when things go wrong oftentimes our contract to do is reach out to us for facilitated helps it be really helpful if there was Someone as a representative from the MCPs.

00:40:04.000 --> 00:40:13.000 Erica Holmes
So, appreciate that, Colleen. So, for this first discussion, it's going to be with just the department and the California Hospital Association and our DOULA partners.

00:40:13.000 --> 00:40:24.000
We are working to facilitate a separate discussion with our health plan leadership that I'm working through my colleagues at MCQMD with to talk initially.

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From the department just to the hospital leadership and then my ultimate goal is to help bring all of us together for a collaborative forum and discussion.

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I think they wanted to share Some of the hospital-specific concerns outside of the Sort of health plan spirit of control and then I think we also have to bring in the health plans because Not all of the hospitals and health plans have the same issues.

00:40:41.000 --> 00:41:11.000
Some health plans have a really good like relationship with hospitals and do things a little bit differently and So, I think we're gonna have this conversation and then we'll Sort of see what follow-up needs to occur.

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Erica, is it okay if I jump in? Okay. I appreciate that. I think.

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I think to Colleen's point, it's really helpful and I hear you that the, the experience is different, but we as an association got together and found Some common ground.

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And I think it's just born out of what we're experiencing and ways we can find, we have Some ideas of things that can help.

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So, I will send the letter just in case it didn't get to you. Directly to you where We've got Some specific areas where we think we can help improve access in the hospitals because we're.

00:41:49.000 --> 00:42:05.000
We're seeing that, Some common ground there. So, Just repeating, I hear you, you want to have that conversation, but we would be, we would be very, very interested in joining and helping find Solutions because I think that would go a long way to access.

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Absolutely, yeah, and I'm also happy. I think I have seen the letter, but please just double-double share it with me just in case.

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And I would be happy to offline with you and Colleen about Some of the strategies. And the space.

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Colleen and I. Yeah, we would love that. So, thank you.

00:42:19.000 --> 00:42:20.000
We absolutely would love that. Yeah.

00:42:20.000 --> 00:42:24.000
Yeah. Yeah. I will send you both a note and we will get on calendar.

00:42:24.000 --> 00:42:32.000
Thank you.

00:42:32.000 --> 00:42:38.000 Zachary Epps
Great. We have a final comment from Ajira and then Okay.

00:42:38.000 --> 00:42:46.000 Ajira Darch
Hi, thank you. I want to just name that, you know, I'm glad to hear that there is a meeting that's happening.

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And I'm also experiencing Some trepidation just because I think it's really important that there's clarity around the fact that this is these goes beyond.

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Like, I don't know. Creating a memo that's like, hey, we do have a right to be here, right?

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There is like a systemic and cultural issue that is going to require a sustained strategy that is ongoing.

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Because a lot of the issues that birth workers are having accessing, you know, the space to support their clients there is directly linked to the same issues that our clients are experiencing in the quality of care that they received there, which have, you know.

00:43:29.000 --> 00:43:37.000
Our major contributing factors to the outcomes that that we experience as communities. So, I just want that named.

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And I hope that you will carry that into this meeting. I look forward to hearing what comes of it.

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I just wanna add that we have asked for this meeting for 2 years from the DHCS and So,.

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While it's taken a long road to get here. We're very grateful for the opportunity, but we don't just need one meeting.

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So, we look forward to further meetings and engaging the public in the community and the other activists on this call.

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So, that the voices can be uplifted and heard, and we can really address the challenges of Doula access.

00:44:17.000 --> 00:44:27.000 Zachary Epps
We'll be able to address more of that after the break So, the community can actually offer their suggestions and what they desire to be shared with the California Hospital Association, but we hope that this is just the beginning because we cannot Solve this with one meeting.

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And So, it's about forming these relationships. And hopefully this is a good start. And we've been waiting a long time.

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So, we're looking forward to it.

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Lots of head nods from different. Organizations and people and roles as you were talking, Khefri.

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And there were Some sentiments shared in the chat as well. So, thank you for sharing. I believe we're gonna move forward to here from DHCS about more around the role related to managed care plans.

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Before we start the conversation around Some of the Senate bill requirements. So, after that we'll have a break.

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And So, I'll hand it back over to DHCS to. Kick off the conversation.

00:45:29.000 --> 00:45:33.000 Michelle Long
Hi everyone. And So, for those of you who don't know me, my name is Shelly Long.

00:45:33.000 --> 00:45:47.000
I am the chief over our project coordination section here at DHCS. I am presenting today on behalf of Someone who is really our lead on Some of the managed care aspects for the DOULA services.

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So, we can go to the next slide. Just for a little bit of level setting, just wanna speak a little bit about what is Medi-Cal Managed Care.

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So, it really is intended to provide that high quality accessible and cost-effective healthcare through our managed care delivery systems.

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So, our Medi-Cal managed care plans or MCPs do contract or health care services through their established network of organized systems of care.

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Which, helps to provide that cost-effective resources. And So, as of today, approximately 15.2 million of our Medi-Cal members in across all 50 counties are receiving their care through one of our various managed care models.

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So, whether that's a to plan model, county organized health system, our codes plan the geographic managed care, regional model or single plan.

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And all of the Medi-Cal providers that would like to provide services to the MCP members must participate in the MCPS provider network.

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And just to note that as of January 1, 2022 as part of our Cal Aim Initiative, mandatory managed care plan enrollment really helped to standardize involvement processes to help ensure that those populations that are moving between counties are subject to the same enrollment requirements to really help eliminate Some of our variances in benefits based on aid code population and geographic region and also to help produce Some of that complexity with

00:47:19.000 --> 00:47:46.000
the varying plan models across the state. And So, just once again, the doulas who wish to provide services to MEDI-CAL managed care plan members do need to meet Some minimum requirements including obtaining a NPI or a national provider identifier number enrolling with DHCS as a Medi-Cal provider and entering into those contracts with the managed care plans and we do encourage any doulas who are interested to reach

00:47:46.000 --> 00:47:55.000
out to their local MCPs for Some of their local contracting requirements. And then we can go to the next slide.

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So, I want to talk a little bit about DHCS role. So, there are multiple divisions within the department health care services including our managed care quality and monitoring division.

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MCQMD as well as our managed care operation divisions or MCD that are responsible for the monitoring and oversight of our Medi-Cal managed care plans.

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And it really is one of our goals of the department to increase the transparency pertaining to the managed care data.

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So, we do have short term and long-term performance monitoring that helps support the department in creating appropriate policies for the improvement of health outcomes for our beneficiaries.

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And to really ensure that high quality, access to that high quality care for all our plan members.

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So, some examples of our initial or short-term performance monitoring includes things such as surveys. So, we send the surveys with the purpose of gathering information on the MCPs progress in contracting with Dulles really with that immediate focus on building up provider networks.

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We also are working on a quantitative monitoring template with a purpose to assess the MCP's doulas service networks as well as general provision of Doula services under the benefit.

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So, the template will include things such as, and provider network information, including provider capacities to serve members.

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And then Some of our long-term monitoring. Includes, utilizing our existing data reporting mechanisms.

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So, things such as encounter data, grievance and appeals as well as, information provided in our provider.

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And requests for information that do not really include an expression of its satisfaction. So, they may be limited or including They may include but not limited to questions.

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That pertain to eligibility. Benefits or, even managed care plan processes. And So,

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Some of the inquiries we made here are you know a doula cannot connect with the managed care plan to obtain contracting information.

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And those types of questions are handled on the case-by-case basis where we reach out and try to connect the, enquirer with the manager plans.

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And then we can get to the next slide. So, just a little bit on Some of the guidance that DHCS has already issued out to MCPs.

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We did release, policy guidance via APL. 22 0 2 4. In addition to that APL, we also released a standing recommendation for Doula services for pregnant and postpartum Medi-Cal members on November first of 2023.

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And as a preventative benefit, doulas services are required to have that written recommendation form from a physician or other license practitioner appealing art.

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So, to help increase this access to services, we issued the standing recommendation to really fulfill the requirement or the recommendation for an individual who is pregnant or was pregnant within the past year.

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And it one thing we do want to note is that the standing recommendation does not authorize those additional postpartum visits, it's for those initial 8 perinatal/postpartum visits.

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So, members may receive up to an additional 9 postpartum, but that is with an additional recommendation from a provider or license provider.

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We also as mentioned before, maintain a, services as a Medi-Cal benefits web page on our, DHCS website, which has that information such as the MCP, doula services directory for members and providers, those FAQs, these standing recommendation form, provider application information and other materials.

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And, also included is that DA services provider slice and I'm just gonna pause for a second because I see there's Some questions coming in in the chat.

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I just want to make sure. Any are for me and if I can address them.

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Let's see.

00:52:27.000 --> 00:52:32.000
Oh, actually, I see your hand.

00:52:32.000 --> 00:52:40.000 Kate Ross
Hi, I think one thing we talked about as a group of managed care plans is that necessary second recommendation.

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For postpartum and as a whole, I'm hearing that that that's not Something that we all need the managed care plans and Something to perhaps consider removing in the future.

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So, just putting that out there to see if there's any reactions, but that was Something I was hearing from my members that could perhaps reduce a barrier.

00:53:01.000 --> 00:53:16.000 [Michelle Wong]
Yeah, no, that's really helpful feedback. So, I think I have to take that one back and circle it with saw as well as our benefits team because you know understanding that the initial recommendation is part of larger.

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Requirements and just making sure that to see if there is a flexibility to to look into. Possibly not having that second recommendation required for the initial business but it's really great to hear that the managed care plans are they have an appetite to remove that additional barrier.

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Yeah, great. Well, thank you.

00:53:43.000 --> 00:53:47.000
Alright, and I did I see one more? Okay. Okay.

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There is another hand raised. I don't think it's Ajira. Yeah, but it might we'll see you could just let us know.

00:53:53.000 --> 00:53:54.000 Ajira
It's not me, it's Somebody else.

00:53:54.000 --> 00:54:06.000
Yeah, I know it's not you right and it says she her So, if you could let us know who you are in your implementation worker member and please share your comment or question.

00:54:06.000 --> 00:54:07.000
And the hand went down.

00:54:07.000 --> 00:54:10.000 Nicole Morris
Hi, I'm Sorry. This is Nicole Morris. I must have clicked on Ajira's name.

00:54:10.000 --> 00:54:15.000
I apologize, Ajira. This is Nicole Morris with the Alameda County.

00:54:15.000 --> 00:54:27.000
Public health department. I'm a county representative. One of our managed care plans mentioned that it may be helpful if DHCS had a template for the contracts with DULUS?

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Is that Something that DHCS has considered offering is a boilerplate template for contracts for managed care plans to have with Doulas.

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Is that a possibility that can be explored?

00:54:43.000 --> 00:54:53.000 Michelle Wong
Yeah, I think I definitely have to take back the contracting piece just because I will tell everyone I am not a contracting specialist by any means.

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But I will definitely take it back and see if there is any possibility to help like support Some of that, draft language and maybe bring it up with the work groups.

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And also to see what the other managed care plans because knowing that you know all the different manage care plans have their different approaches to contracting and I think we'd wanna understand as a whole, how that would impact their current processes.

00:55:22.000 --> 00:55:23.000 Linda Jones
I'm Sorry, I can't, I can't figure out how to raise my hand because I'm on my iPad.

00:55:23.000 --> 00:55:39.000
But I spoke with our managed care plan here in Oakland, I don't mean alliance at just about this particular thing that Nicole is bringing up and I ask why we can't have a standard.

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Statewide contract that's not 90 pages but a couple of pages for do list because we're not We're not Medi-Cal, it's there.

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I said earlier and we don't have a lot of risk adverse things that we have to consider. And they told me that they .

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A contract that was given to them by DHCS and that they cannot change it. And only DHCS can change it And I keep hearing DHS say, well, we can't change it.

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It's the managed care plans have their own little contract. So, which is true.

00:56:14.000 --> 00:56:17.000
Kerri, you wanna, go ahead.

00:56:17.000 --> 00:56:24.000 Khefri Riley
Yeah, I, many, many, So, many doulas and community organizations have been complaining and really concerned about the contracts.

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I feel that we're also on the verge of it being predatory for not to be as accessible.

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Knowing that doulas are not doctors, we're not Medi-Cal providers. And, seeing that DHS may have Some influence here to be able to create a contract that it can distribute to the managed care plan So, that it can be a more equitable access.

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And remember, doulas don't have $10,000 to spend on a legal retainer, you know, for corporate attorney to review.

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These documents. I mean, we're still trying to raise the money to just get access to technology and building systems and support for Doulas, let alone legal advice.

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So, while we are actively in many people here on the call, on this panel are actively working to create legal support systems for Doulas.

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Until then, we would hope that you would listen to this concern and really create a document that you can recommend to the managed care plans because right now Some of the things they're signing.

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Technically really feel like doulas are signing without even actually understanding it. And So, therefore, if they do not understand the document, how can they, you know, follow along with the guidelines?

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And I think it's a dangerous slippery slope here.

00:57:32.000 --> 00:57:46.000
And I would like to get my question answered. Who is in charge of the contract, DHCS or their managed care plans?

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You are muted. Oh yeah.

00:57:47.000 --> 00:58:03.000 Michelle Wong
I, ultimately the managed care plans are responsible for a contracting with their providers. Doulas, yes, we can definitely look into Some of the requests to provide like maybe a boilerplate language.

00:58:03.000 --> 00:58:09.000
Okay, template that can be used for contracting and I'll definitely take that back to.

00:58:09.000 --> 00:58:20.000
To share with our teams and see if that's Something that we can work on.

00:58:20.000 --> 00:58:27.000
Great for Where we are in the, I'm not sure if there was more to the presentation, but.

00:58:27.000 --> 00:58:37.000
For where we are on the agenda. We may is there anything vital? Any, another slide that we absolutely must see or, Right.

00:58:37.000 --> 00:58:42.000
I can walk through the next few slides. Pretty. Pretty quickly. Actually, I think there, let me just do a quick double check.

00:58:42.000 --> 00:58:56.000
To see what slide and if I have anything else. I think we can. Get to Some of our.

00:58:56.000 --> 00:59:02.000
Manage care plan, Doula services and monitoring communications slide and I can just go through that one really quickly.

00:59:02.000 --> 00:59:08.000
Thanks. And I only ask because I want to make sure we have Some discussion time built in later in the agenda.

00:59:08.000 --> 00:59:19.000
So, I want to and we are, I want to be mindful of where we are in being with the folks time.

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Yep.

00:59:20.000 --> 00:59:25.000
So, I appreciate it. But yeah, if it could be more of a wrap up. Be helpful.

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And I'm not seeing this slide. Okay. Yeah, So, just to really quickly wrap up our managed care plans.

00:59:29.000 --> 00:59:38.000
Do you have various ways of informing their members, their providers? As well as Some of the hospital.

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Hospitals and breaking centers about doula of services. So, that includes hosting various webinars, forums, focus meetings.

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Partnering with local health jurisdictions. Providing that provider training and educational materials to their provider networks sending out use letters, bulletins, mailers, really to share additional information about the doula of benefits as well as, you know, keeping their websites up to date.

01:00:08.000 --> 01:00:17.000
With information on, services and how to request them as well as their own. Forms of text or Social media campaigns.

01:00:17.000 --> 01:00:29.000
And So, if we can go to the next slide just to wrap it up. I know we had Some really great questions and I'm Sorry that I'm not the, oh, Sorry, I think we might have lost it, but, we do have an email.

01:00:29.000 --> 01:00:34.000
If you have any questions, you can reach out to our doulabenefit@dhcs.ca.gov.

01:00:34.000 --> 01:00:45.000
Email address if you have any questions on Doulas and just please include MCP doula services in the subject line to make sure it's directed to the like teams.

01:00:45.000 --> 01:01:02.000 Zachary Epps
And I can pass it over to the next. Presenter.

01:01:02.000 --> 01:01:09.000
Does that agree, this may be a good time for to take the break.

01:01:09.000 --> 01:01:11.000
Okay, and then merge the SB. 65. Okay, that's fine.

01:01:11.000 --> 01:01:12.000
Yeah, yeah.

01:01:12.000 --> 01:01:19.000
That works. Just because I didn't notice that I've received another message.

01:01:19.000 --> 01:01:27.000
Is Miss Anna Kotano is she one of the implementation worker members?

01:01:27.000 --> 01:01:28.000
Yeah.

01:01:28.000 --> 01:01:38.000
Or are they? One of the implementation worker members. Okay, So, I do recognize you have your hand raised, Miss Anna, as was noted earlier in the meaning.

01:01:38.000 --> 01:01:54.000
Speaking So, those who can speak is limited to implementation work. Members and So, anyone can post in the chat and So, if you can kindly if you haven't already if you can kindly do that Thanks for your contribution.

01:01:54.000 --> 01:02:07.000
But with that we will take a break at this moment, and she'll be able to take It's an odd time, but we could come back in.

01:02:07.000 --> 01:02:37.000
10 min, right at 6 min after the hour, and we will continue the agenda.

01:11:55.000 --> 01:12:03.000 Zachary Epps
We're gonna rejoin as a group. Welcome back. You could join us by camera. Would be preferred.

01:12:03.000 --> 01:12:16.000
If you're not able to do So, you can let us know just give us a thumbs up or That's all the chat when you're back.

01:12:16.000 --> 01:12:17.000
We're going to, as you might have heard earlier, a little change in the agenda. We're going to combine.

01:12:17.000 --> 01:12:31.000
I think what will be. Sort of more of a sharing. Around the Senate bill requirements around a report.

01:12:31.000 --> 01:12:41.000
And then opening a conversation. Actually, we wanted to come back from the Break and originally plan just to open up the space.

01:12:41.000 --> 01:13:07.000
To hear from a group of doulas have Sort of created another communication. Option. So, DHCS, if you don't mind if we get here from, I believe, Khefri around an opportunity for doula is and others around the state and then we can come back with the to open up the conversation around the Senate bill 65 requirements.

01:13:07.000 --> 01:13:08.000
How that Sound?

01:13:08.000 --> 01:13:10.000
It works for us.

01:13:10.000 --> 01:13:19.000
Good deal. Good deal. All right, Khefri, I'm gonna head over to you to welcome us back for the break and talk about the opportunity and then I'll hand back forward to you DHCS after you.

01:13:19.000 --> 01:13:20.000
Thank you.

01:13:20.000 --> 01:13:31.000 Khefri Riley
Thank you, Zachary. And happy Black Internal Health Week everybody. I think it's poignant that we're starting off the week with this conversation as well, particularly because we know the black and indigenous birthing bodies are most of.

01:13:31.000 --> 01:13:48.000
In this crisis that we're having and if we can all act together as we are but as we can directly make an impact on how we can get more doula is enrolled, facilitate how their needs, the concerns can be heard, and hear from the beneficiaries and how they also are having challenges and accessing doula services.

01:13:48.000 --> 01:13:57.000
And so, what we've created and this is Something that we've been working on for Some time myself and Ajira and Amy Chen and the community of activists to be able to bring to you an actual feedback form for the public.

01:13:57.000 --> 01:14:03.000
So, this is the California Medi-Cal Doula Benefit feedback form for community doulas and pregnant people.

01:14:03.000 --> 01:14:14.000
So, the providers, the approved providers who pay or even if you're just beginning to start that process of becoming a provider and for pregnant people the beneficiaries.

01:14:14.000 --> 01:14:20.000
And so, we're going to put in the chat the link in the bitly link to this. This form that we created.

01:14:20.000 --> 01:14:32.000
Actually to help those who are enrolling as a Medi-Cal doula provider or delivering services as an approved doula provider or receiving services as a person on Medi-Cal or the beneficiaries with any of the managed care plans.

01:14:32.000 --> 01:14:41.000
So, we created this, the independent advocates that are working on this California doula benefit. So, we are not affiliated with DHCS at the government with regards to this form, but they have agreed to work with us to listen to the feedback and the data that's collected on this form.

01:14:41.000 --> 01:14:56.000
And so, they do need information and concrete examples, everything that was shared in the chat today. For example, people talking about certain plans, not paying the doulas out and or not getting back to them.

01:14:56.000 --> 01:15:05.000
I know that many of the doulas is in our Doula Champions cohort specifically around Kaiser's communication and their lack of being able to actually enroll with them.

01:15:05.000 --> 01:15:11.000
So, if they can enroll the doulas, how can they deliver the benefit? But unless we have this direct.

01:15:11.000 --> 01:15:28.000
Feedback from you and we collect it with actual real life examples. We can't really report this. So, we've created this form for you to actually Give with your families who

are considered who aren't being given services or having problems with accessing the benefit and or to the do list.

01:15:28.000 --> 01:15:34.000
We're having problems with managed care plans or with hospitals or with clinics, etc, with actually delivering services.

01:15:34.000 --> 01:15:43.000
So, we're going to put that in the chat now. Ajira just shared the flyer and as you can see she also shared the bitly link.

01:15:43.000 --> 01:15:47.000
So, everybody on this call who has had Some concerns or complaints or desires to uplift what their needs are in implementing this benefit.

01:15:47.000 --> 01:16:03.000
We need you to use this form and spread it in the communities. You know, this is for all of California.

01:16:03.000 --> 01:16:13.000
DHCS who's agreed to partake in looking at the data and addressing the concerns. I wanted to welcome Ajira as well to talk about it as we work hard to create it.

01:16:13.000 --> 01:16:18.000
And So, Ajira, would you like to talk about? At this feedback form and how important it is.

01:16:18.000 --> 01:16:28.000 Ajira Darch
Thank you, Khefri. I think that one of the things we've been experiencing, and we've mentioned in these meetings repeatedly is that the only avenue folks had.

01:16:28.000 --> 01:16:34.000
To share their experiences with that email that I think everyone knows by heart at this point, doulabenefit@dhcs.ca.gov.

01:16:34.000 --> 01:16:56.000
But we were not receiving any data around what folks were actually emailing and we also were hearing that you know that was the email for folks to you know talk about troubleshooting pave issues or talk about you know barriers in terms of entering the

hospital or if a client was not being able to access doula support and it was all very generalized but we were also not seeing any of the data that was coming in.

01:16:56.000 --> 01:17:09.000
So, our thinking. Behind this was, you know, we're hearing from community constantly, but it's typically in conversations when we're checking in with folks or where in other spaces we're due as a gathering, then folks are talking about the challenges that they're having.

01:17:09.000 --> 01:17:22.000
So, this is a way for us to be able to collect the data in a way that we can reference and in a way that we can also begin to paint a picture with, you know, actual numbers and names associated with it.

01:17:22.000 --> 01:17:34.000
And the hopes that we can begin to move the response to these areas because as you've heard here and as you've heard meetings.

01:17:34.000 --> 01:17:41.000
There have been countless issues that we've been bringing up repeatedly for months, months and months and months before action is taken.

01:17:41.000 --> 01:17:52.000
So, hopefully having you know, direct reporting from both beneficiaries as well as doula providers and folks trying to enroll as doula providers will give us the leverage.

01:17:52.000 --> 01:18:03.000
Begin to move things forward. So, please share your experience even if you think it's, you know, a small issue or an issue that's not that significant.

01:18:03.000 --> 01:18:09.000
Please share it anyway because I think you might find that there are others who are having that same issue and if a lot of us are experiencing the same small issue, then it's not a small issue.

01:18:09.000 --> 01:18:19.000
And it does need to be addressed. Thank you So, much.

01:18:19.000 --> 01:18:23.000 Khefri Riley
Thank you, Ajira. I know that Momma Linda might have had Some words she wanted to share.

01:18:23.000 --> 01:18:36.000 Zachary Epps
Yeah, and. I know So, thank you and that was the moment to kind of thanks for sharing the link and I think it was Shadow coming on So, thanks.

01:18:36.000 --> 01:18:42.000
And we will have open time for discussion. I do want to, but, you know, that we're gonna open up.

01:18:42.000 --> 01:18:50.000
So, I do wanna be respectful of the moment to offer the form and its importance, acknowledge it, everything that was said.

01:18:50.000 --> 01:19:11.000
If we could and I saw a few hands that were raised So, hold on to what you want to share please do don't feel like this is a moment to erase it's just I kind of went out of order So, I don't want us to go too far whatever that So, hold on to what you want to say Momma Linda, I think Colleen, and others who raise your hand please hold on what you want to say.

01:19:11.000 --> 01:19:23.000
Regarding the report in the work group's report, we're going to hear from DHCS on that and then we're going to get back to open up the conversation and we'll start with Momma Linda, Colleen, and Some others from the different spaces.

01:19:23.000 --> 01:19:29.000
So, if we can I'll hand it back over to DHCS and we'll go for that.

01:19:29.000 --> 01:19:35.000 Raquel Saunders
Is that great? Yes, I'll move through this fairly quickly. So, I just wanted to kind of go over the SB.

01:19:35.000 --> 01:19:47.000
65 requirements. For the Room, Report, and kind of to kind of get us on track as we move into the discussion kind of what the point of these meetings is for as well as the report that will ultimately.

01:19:47.000 --> 01:19:54.000
That we're you know working to complete as a result of these meetings as well. And next to thank you.

01:19:54.000 --> 01:19:59.000
So, I'm the doula benefit implementation report and you've heard about this come up several times.

01:19:59.000 --> 01:20:09.000
This is a report that will be due in 2025 but we just want to keep it on everyone's radar because you know it is pretty far out but we want to make sure that people are aware that this is really what we're working towards to address these issues.

01:20:09.000 --> 01:20:17.000
But also, you know to develop this report. And address issues along the way.

01:20:17.000 --> 01:20:27.000
So, Senate Bill 65 Sought to ensure that DHCS and stakeholders worked together, to ensure success of the doula benefit.

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And so, that is this group here. It requires that, we, DHCS published a report by July first of 2025 and this report will include and address the number of Medi-Cal recipients utilizing doula services.

01:20:43.000 --> 01:21:01.000
Compare birth outcomes among people who use Doulas and those who do not. It's gonna identify barriers that impede MEDI-CAL members access to doula is and so, this is a big one right this is Something that we talk about but we also don't want to just Identify a bunch of barriers in this report and not address them.

01:21:01.000 --> 01:21:12.000
So, really the purpose of this meeting is to identify those barriers, work through what we're able to work through, and then this report will really kind of address Some of the things that.

01:21:12.000 --> 01:21:23.000
Are still in process or that we're, there may still be Some, work needed. And then it includes recommendations from the work group on ways to reduce barriers to services.

01:21:23.000 --> 01:21:35.000
So, those are the discussions that we're gonna, we're continuing to have and after I kind of go over this, will kind of go into that, more where we can have these discussions to work through.

01:21:35.000 --> 01:21:44.000
So, DHCS birth equity. Oh, Sorry. Can we go back? DHCS' s birth equity focus, how is the benefit improved?

01:21:44.000 --> 01:21:50.000
How has the benefit improved for outcomes? For black and indigenous pregnant birthing and postpartum people.

01:21:50.000 --> 01:21:58.000
So, again, you know, that's the focus that we have here and then the report will include concerns raised by the work group and do you see his response to them?

01:21:58.000 --> 01:22:03.000
Next slide, please.

01:22:03.000 --> 01:22:22.000
So, these are the things that the work group is kind of tasked with, addressing. So, ensuring that Doula services are available to Medi-Cal members who are eligible for and want Doula services, minimizing barriers and delays and payments to a Medi-Cal Doula or in reimbursement to that a Medi-Cal recipients for doula services.

01:22:22.000 --> 01:22:29.000
Making recommendations for outreach effort so, that all Medi-Cal members who are eligible for services are aware of this option.

01:22:29.000 --> 01:22:38.000
And informing DHCS on the report to the legislature. With data on Medi-Cal members using doula services.

01:22:38.000 --> 01:23:03.000
And recommendations to reduce any identified barriers to those services. So, a lot of the discussions that we have are really related to kind of addressing Some of these things and that's we really look to this group for is and you know the efforts that have free and Ajira have made with you know getting that information from the doula is you

know that are doing the work you know where are these access issues happening where are their barriers how can we identify

01:23:03.000 --> 01:23:15.000
them because you know we hear we know that there's barriers but a lot of times we need to kind of identify where it's happening because we do a lot of messaging, but there might be more targeted things that we can do.

01:23:15.000 --> 01:23:23.000
And so, that's what we love to from this group. It's kind of identify those so that we can better address these issues kind of head on.

01:23:23.000 --> 01:23:31.000
Next slide, please. So, then just going back to the roles and responsibilities of DHCS.

01:23:31.000 --> 01:23:37.000
We work with the doula and implementation work group to address these SB.

01:23:37.000 --> 01:23:44.000
65 requirements collect and provide data for the workroom to consider and its recommendation to include in the report.

01:23:44.000 --> 01:23:53.000
That goes from the department and the legislature and right the report and share draft report with the stakeholders in the spring of 2,025.

01:23:53.000 --> 01:24:03.000
And then we will also be posting this report to the DHCS website in July of 2025 once it's complete.

01:24:03.000 --> 01:24:15.000
So, with that, we can move on to, I will pass it over back to RACE For Equity to continue discussion.

01:24:15.000 --> 01:24:29.000 Zachary Epps
Great, again that Sort of thanks because that's set a frame for again the work group the conversations and Sort of how to again not just name barriers but also ways to address them which is what we've heard from any of the members as well.

01:24:29.000 --> 01:24:40.000
So, to that end we heard at the beginning an invitation to providers and people who are pregnant. About your experiences another option for you to share with advocates.

01:24:40.000 --> 01:24:56.000
And doulas about your experiences. Again, a memorized DHCS email that folks can utilize as well So, you have Some different options.

01:24:56.000 --> 01:25:07.000
But again, it's around what is happening. What is happening throughout communities? What is happening that needs to be a addressed in a systemic way?

01:25:07.000 --> 01:25:22.000
And so, we're gonna use the next few moments to open up the conversation to that end. We have, we're going to continue to utilize the rate So, if you can raise your hand the raise hand feature and we'll be sure to monitor.

01:25:22.000 --> 01:25:28.000
In what order and, and, and we will be mindful around, generally folks have been, have been commenting within about 2 min, will ask that you continue to do that.

01:25:28.000 --> 01:25:58.000
And if we do, We can certainly take from any one affinity group or work group or within the if we get to 3 in a row, will call out if we hear from you know 3 providers in a row will call out okay do we does anyone else want to hear if we hear from 3 in a row from one group we'll just make a mention if any other representatives want to speak.

01:25:58.000 --> 01:26:05.000
But really generally there's no other kind of agreements you need to be mindful of.

01:26:05.000 --> 01:26:10.000
So, of that I know, Colleen, I see Ajira you have your hand up. Colleen, you had your hand up.

01:26:10.000 --> 01:26:17.000
I think Someone else had their hand up and Momma Linda also I think wanted to share on the topic around identifying barriers and sharing barriers.

01:26:17.000 --> 01:26:32.000
So, if you did have your hand up, go ahead and raise your hand again. We can start we can start with Momma Linda and then Colleen because I committed to do So, and then Ajira will come to you and, and go from there.

01:26:32.000 --> 01:26:45.000 Linda Jones
Thanks Zachary. I just wanted to point out that we really want Doulas and beneficiaries from other parts of California to fill out this.

01:26:45.000 --> 01:26:51.000
Form that Khefri referred to. You know, where if you're in Oakland or you're in LA, you know, things happen but not nearly as bad as some of the things that we're seeing elsewhere around the state.

01:26:51.000 --> 01:27:01.000
So, I saw earlier in the chat that Nicky from I think Bakersfield had a prime example of what should be on that form where a doctor said that they don't support doulas.

01:27:01.000 --> 01:27:13.000
That's not for them to do. This isn't an option. Something like that should be filled out.

01:27:13.000 --> 01:27:21.000
The doctor should be named. The hospital should be named. So, that they cannot hide behind these kind of statements.

01:27:21.000 --> 01:27:28.000
These things have to be addressed and there's no way that we can correct the barriers if we don't know where they're coming from.

01:27:28.000 --> 01:27:35.000
So, we would really appreciate if all of you would take the time to download the survey and pass it around to everybody you can.

01:27:35.000 --> 01:27:43.000
The other thing I want, I don't know if this is the right place for it, but I heard earlier that there's 266 doulas.

01:27:43.000 --> 01:27:54.000
That have been. We asked several times already for a breakdown by race and location. Has that been done yet?

01:27:54.000 --> 01:28:04.000
It's a question for DHCS.

01:28:04.000 --> 01:28:08.000 Ken Wilkerson
No that has not been done yet but that's Something that we can take back and see if we can get Some more data and particular on background.

01:28:08.000 --> 01:28:19.000
And ethnicity for each dealer that's enabled. We'll work with our provider and enrollment department partners.

01:28:19.000 --> 01:28:24.000 Linda Jones
Yeah, we've heard that several times. We really, really appreciate getting that information if you can make that happen because just saying 266 doulas doesn't tell us where they are.

01:28:24.000 --> 01:28:33.000
If they and also where they signed up with managed care plans, you know, a lot of them have gotten through paid.

01:28:33.000 --> 01:28:44.000
But how many of them have gotten signed up and contracted to be able to take clients? And inside of a managed care plans, I think 3 little boxes should be easy to put out in the form and figure out this information.

01:28:44.000 --> 01:28:53.000 Ken Wilkerson
Melinda, in regards to the location and all that good stuff on the doula of directory that we update there is a breakdown for location.

01:28:53.000 --> 01:29:00.000
On their and ethnicity, I believe. So, that might be a helpful resource, but of course we can revisit that and make it more clear.

01:29:00.000 --> 01:29:04.000 Momma Linda
Or if you could just gather that information and bring it to us to the meeting, that'd be great.

01:29:04.000 --> 01:29:10.000 Ken Wilkerson
Okay.

01:29:10.000 --> 01:29:12.000 Zachary Epps
Colleen?

01:29:12.000 --> 01:29:26.000 Colleen Townsend
Thank you. Yes, I would just reiterate for, yes, the information is available, on the, in the directory, but a report showing real like just volume by county on the in the directory, but a report showing real like just volume by county, and race and ethnicity.

01:29:26.000 --> 01:29:31.000
We really terrific. So, thank you. My question, related to the, that form looks really great.

01:29:31.000 --> 01:29:37.000
I really appreciate the way the questions were asked and how we're rolling it out with the intention to really encourage people to.

01:29:37.000 --> 01:29:52.000
To use that form and I know that all now included in Some of my onboarding materials as doula is on board with the health plan which will answer questions for further problems and also survey Some of maybe the barriers are experienced getting to onboarding.

01:29:52.000 --> 01:30:00.000
Doesn't but again it's not in me I'm really also looking forward to understanding how the form the information will come into.

01:30:00.000 --> 01:30:12.000
To be allowed to use data to support what are the problems that are occurring. Is there a plan for real time getting the information to the right place if you will in the real time to be able to address those barriers?

01:30:12.000 --> 01:30:23.000
In the moment So, if it is a barrier is noted. In my region with an OB who is contracted also with partnership.

01:30:23.000 --> 01:30:32.000
Can I know about that early on So, I can call that OB and say, hey, This happened and then it also gets recorded as part of the data, but then I can also action it in real time if I haven't already heard from the.

01:30:32.000 --> 01:30:44.000
In that setting.

01:30:44.000 --> 01:30:47.000
I mean, maybe a more succinct way to ask that question is what's gonna be that?

01:30:47.000 --> 01:30:55.000
What's the workflow of that? Form and query or survey being completed and then what happens?

01:30:55.000 --> 01:31:02.000
Who does it get turned into? When do we expect the data to be reviewed and how can the.

01:31:02.000 --> 01:31:03.000
Okay.

01:31:03.000 --> 01:31:10.000
Individuals who are putting up these barriers. Start to resolve Some of those barriers before they, before the report is completed.

01:31:10.000 --> 01:31:26.000 Ken Wilkerson
Thank, thank you, Colleen. And you're referring to the survey that, Khefri, in, a, yeah, So, yeah, we, those issues will be looked at very, very immediately and closely, especially if they're related to hospital access or any other issues that are flagged in the survey.

01:31:26.000 --> 01:31:31.000
So, you could expect a quick turnaround. Time for us to address them.

01:31:31.000 --> 01:31:42.000 Colleen Townsend
And then just, Sorry for a follow up to super selfishly focused on the health plan. Who will you reach out to in the health plan?

01:31:42.000 --> 01:31:43.000
Yep.

01:31:43.000 --> 01:31:47.000
Like who will you reach out to help resolve those issues? Would you reach out to our provider relations folks or?

01:31:47.000 --> 01:32:00.000 Ken Wilkerson
Right, that's Something that will still have to discuss internally and with our managed care quality modern division partners, just to make sure that the person that we are contacting is the person that will, be able to work out these issues.

01:32:00.000 --> 01:32:01.000 Colleen Townsend
But that's Something that

01:32:01.000 --> 01:32:06.000
Or at least get them to Someone. Yeah, So, it'd be really hopefully I think to ask the health plans we are because it's probably gonna be.

01:32:06.000 --> 01:32:09.000
Different role in each of the health plans I might suggest. So, yeah, terrific. Thank you.

01:32:09.000 --> 01:32:17.000
Yeah.

01:32:17.000 --> 01:32:21.000 Zachary Epps
Ajira?

01:32:21.000 --> 01:32:39.000 Ajira Darch
Thank you. I wanna name that we've definitely been hearing from folks, about clients being given.

01:32:40.000 --> 01:32:47.000
Or having incorrect or inaccurate information about when they have heard about the doula benefit. But we're also still seeing quite a dearth of, people even knowing that the Medi-Cal benefit exists.

01:32:47.000 --> 01:32:54.000
And that is a massive concern like a year and almost a year and a half into this being live.

01:32:54.000 --> 01:33:06.000
So, we're really, I think it would be really helpful to have that data that folks named. And I know it's available on that PDF, but it's hard to Sort data on a PDF.

01:33:06.000 --> 01:33:21.000
So, if you want to give us an Excel spreadsheet, happy to work with it that way.

01:33:21.000 --> 01:33:35.000
Deserts of access or awareness or information about the benefit, but also we can communicate with other, community organizations, to create Some action plans around how we can actually address those issues.

01:33:35.000 --> 01:33:43.000
And make sure that not only do us, but also beneficiaries are aware of benefit and how they can.

01:33:43.000 --> 01:33:53.000
Sign up for it.

01:33:54.000 --> 01:33:55.000 Raquel Saunders
Thank you. Thank you. Okay. Thank you.

01:33:55.000 --> 01:34:02.000
So, yes, we've seen the importance of identifying the areas. Where there may be, you know, you know, limited, limited to no doula is, right?

01:34:02.000 --> 01:34:12.000
And kind of targeting Some outreach in those areas. So, we can certainly, can look at what we can do to better identify those areas for this group.

01:34:12.000 --> 01:34:21.000
So, this group's aware. And then, and we also have, Some further discussions in this meeting today.

01:34:21.000 --> 01:34:32.000
related into outreach, because that is Something that we want to make sure that the benefit is known and that people know that this is Something that they can access.

01:34:32.000 --> 01:34:38.000 Momma Linda
I'm raising my hand again, Sorry. I don't know if anybody else says I can't tell.

01:34:38.000 --> 01:34:39.000
Alright, not, yeah, kept, oh.

01:34:39.000 --> 01:34:43.000 Khefri Riley
I could go after you, Linda.

01:34:43.000 --> 01:34:45.000
Okay.

01:34:45.000 --> 01:34:55.000 Linda Jones
I would just like to know how we can monitor or correct the fact that as a doula said, managed care plans are giving out totally erroneous information.

01:34:55.000 --> 01:35:06.000
To the to the doulas the beneficiaries How do we stop that? Yeah, I was in a presentation where they had time limits on things that are not having that shouldn't have time limits on.

01:35:06.000 --> 01:35:13.000
We've been told that they have to only big, you know, we've heard that there, So, I've been told they can only get to visit or have come through DONA.

01:35:13.000 --> 01:35:27.000
You know, all these things are really wrong. And we work really hard to build a bill that was inclusive and was easy for people to get into and you know managed care plans are just making things up or I don't even know what they're getting the information from.

01:35:27.000 --> 01:35:34.000
It's not in the APL. How do we fix that? Maybe Somebody from managed care plan can answer that question.

01:35:34.000 --> 01:35:35.000
I don't know.

01:35:35.000 --> 01:35:48.000 Raquel Saunders
Linda, if you can share the health plan that was giving messaging that the jewelers had to be from, Donna and, and that, if you could share that information, that would be helpful.

01:35:48.000 --> 01:35:49.000
Thank you.

01:35:49.000 --> 01:35:54.000 Linda Jones
Okay, there's a lot there's a lot of erroneous information that's out there. Kaiser just tells people that they're no longer enrolling.

01:35:54.000 --> 01:36:03.000
You know, that's, I don't even know. It's just crazy.

01:36:03.000 --> 01:36:04.000
I wanted to add to that.

01:36:04.000 --> 01:36:09.000
Who? Yeah, who's monitoring that?

01:36:09.000 --> 01:36:11.000
Go ahead, Khefri.

01:36:12.000 --> 01:36:18.000
Oh, Sorry, Linda. If you can send that information, we can look we can look into that because you are correct.

01:36:18.000 --> 01:36:28.000
That is not that is not correct information and we wanna make sure that the messaging is correct. So, if you could share that we can better address that issue.

01:36:28.000 --> 01:36:34.000
Out there, but if we can identify where these are happening, we can address those and target those areas.

01:36:34.000 --> 01:36:39.000
And, you know, at least address what we know.

01:36:39.000 --> 01:36:40.000
Okay.

01:36:40.000 --> 01:36:53.000 Zachary Epps
Yeah, and maybe this is where Erica is going with. Her response. What are Some of the ways that DHCS what are Some of the methods that DHS takes to correct the information?

01:36:53.000 --> 01:37:06.000
Like is it like a general blast or is it like hey you actually go to you know or could you all share it might be helpful I think Some of the questions are seeking like what actually can be done or what is done to address it.

01:37:06.000 --> 01:37:13.000
And Erica if you aren't going there, please share whatever you were going to and we can offer that for Someone.

01:37:13.000 --> 01:37:23.000 Erica Holmes
Yeah, you know, So, it's multifaceted in terms of how we approach getting information out there and making sure health plan partners have the correct information out there and making sure health plan partners have the correct policy that they would be looking to implement.

01:37:23.000 --> 01:37:39.000
So, as a general rule, like my team will go to meetings that are put on by our managed care colleagues to present to like their CEOs or their CMOs to, you know, share for new benefits rolled out and what the general policy expectations are.

01:37:39.000 --> 01:37:47.000
We also obviously release all plan letters with guidance to the health plans. My team is part of reviewing those materials before they go out.

01:37:47.000 --> 01:37:57.000
The other piece obviously is that I am going to be meeting offline with the California Association of Health Plans and Partnership and any other health plan partners who would like to be part of that conversation.

01:37:57.000 --> 01:38:04.000
To have these Sort of direct conversations about. How do we address, you know, any Sort of misinformation that might be out there?

01:38:04.000 --> 01:38:15.000
How do we increase awareness of the department's requirements for Medi-Cal policy? What is and is not a requirement of the program and in terms of what needs to be provided to our members.

01:38:15.000 --> 01:38:23.000
And so, those are things that we can do. And we will just plan to report back to this group at our next meeting for Some of the outcomes of those discussions.

01:38:23.000 --> 01:38:24.000
I suspect we'll have several between now and the next time we convene, given the cadence of this meeting.

01:38:24.000 --> 01:38:36.000
But, again, just want to reiterate the commitment to making sure that both in our fee for service and our managed care delivery systems are doula of benefit is being given to our members in a consistent manner.

01:38:36.000 --> 01:38:47.000
Aligned with our Medi-Cal policy requirements.

01:38:47.000 --> 01:39:05.000 Zachary Epps
Thank you for that. And then before we go, Khefri and Alex. I would part of, the implementation work group as we heard from Raquel little earlier part of it is to identify barriers part of it is to actually start to talk about how those barriers might be addressed.

01:39:05.000 --> 01:39:14.000
We just heard from DHCS. Their role, right? That is their role in responding to Some of those reports.

01:39:14.000 --> 01:39:35.000
We might have Some and this isn't put I don't say this to put anybody on the spot I'm not saying to go out and punish and go out and find I'm just wondering is there anyone from the from the managed care plans who know of any processes in place from your organizations when these reports are made, what is the process from your perspective that is done in response if reports like these are made.

01:39:35.000 --> 01:39:46.000
Is and you don't have the answer right now but if Someone could in the next moment or so, it would be really helpful.

01:39:46.000 --> 01:40:00.000
Again, not to say that you're gonna go and do it, right? But if a report is made from the from the managed care plans perspective from a hospital's perspective, what are Some processes in place to correct it or to correct the information.

01:40:00.000 --> 01:40:10.000
I'll go to Khefri and Alex and then again if someone from any of those entities are available and comfortable, please do share either in the chat or raise your hand.

01:40:10.000 --> 01:40:13.000
Khefri?

01:40:13.000 --> 01:40:35.000 Khefri Riley
Thank you. And the first thing that I wanted to discuss is the concerns that have been reported from Doulas Around limiting the amount of doula sign-ups or not being effective or efficient and accepting the doula credentialing and working on outreach to get the doula is engaged, that plans such as Kaiser have been repeatedly reported in not being effective in communication or replying back to emails and actually limiting the amount

01:40:35.000 --> 01:40:48.000
of Doula's saying we're not rolling doulas at this time or you know they're just not being in communication and that from what I believe, we're not supposed to limit the amount of doula sign ups for managed care plans and once they approve providers.

01:40:48.000 --> 01:41:01.000
So, they're also not hearing back from Aetna as the Ajira has said. And there's other plans that seem to be very slow or may not have the staff in place to really be responsive to the do list once they're hitting barriers with hospitals and or care.

01:41:01.000 --> 01:41:13.000
We still have providers that are stating that they still, they, you know, they don't recommend the Doula, or they don't know that there's a standing order, So, maybe not all doctors or hospitals in managed care plan groups are aware of the standing order.

01:41:13.000 --> 01:41:21.000
That seems to be a problem. There's Some reports back from interpretation services that do those would like to request how do they access the interpretation they've had to turn away clients due to not being able to having language barriers.

01:41:21.000 --> 01:41:35.000
And so, these interpretation services might be highlighted now. Which I think goes back to the all plan letter the all plan letter did highlight and require.

01:41:35.000 --> 01:41:44.000
That managed care plans offer trainings to their doulas that they enroll on the processes, on the services that they offer on how to best help them with tech and billing and any other administrative concerns.

01:41:44.000 --> 01:41:56.000
So, where are these Trainings? Where is the access? I mean, a lot of the doulas are saying that it's hard to communicate.

01:41:56.000 --> 01:42:02.000
With the managed care plan. So, Zachary, you had asked what is the, you know, I know that there are things that the sanctions that exist.

01:42:02.000 --> 01:42:14.000
I don't know if we're there yet, but really in order to avoid that, I feel that there needs to be a lot more focused on delivering the all plan letter reaching out to community-based organizations funding them consulting with them So, that we can come in actually support you and training the duo's or help fill in those gaps.

01:42:14.000 --> 01:42:25.000
In addition, wanting to mention slow approvals for PAVE. And the tech burden for Doulas here.

01:42:25.000 --> 01:42:28.000
And the financial burden is still important thing to consider for managed care plans and how can you set up systems to help support this new care providers.

01:42:28.000 --> 01:42:54.000
So, that they can deliver the services underneath this new benefit. So, we do have further things that we can report with you and do welcome for the conversations outside of this.

01:42:54.000 --> 01:43:00.000 Zachary Epps
Okay. Alright, Alex?

01:43:00.000 --> 01:43:01.000
Okay.

01:43:01.000 --> 01:43:08.000 Alex Rounds
Alright, thank you. Morning everybody. So, I wanted to elevate a couple things that came to my attention from local Doulas, one being that there's been issues with primary and secondary insurance declination and refusal of coverage of services.

01:43:08.000 --> 01:43:25.000
Not having the codes to provide a denial So, that the secondary insurance that's Medi-Cal would be able to build, be able to pay on those.

01:43:25.000 --> 01:43:33.000
Those invoices. So, I just wanted to bring that up. Because that's come up from several, that I've had conversations with.

01:43:33.000 --> 01:43:41.000
And secondly, as a form of a barrier, I wanted to bring up the idea of a hospital consent forms for Doulas that I'm seeing and hearing about being an issue.

01:43:41.000 --> 01:44:11.000
Because they do, I believe that is a barrier to doula access. Some of these are having statements that do not look at the doula as part of the birth team as additional people that you know are being restricted from their full scope of practice through these consent forms.

01:44:15.000 --> 01:44:24.000 Zachary Epps
Thanks. Alex, there was a mention of PAVE and there was actually a question a little earlier in the chat.

01:44:24.000 --> 01:44:27.000
In our area, Santa Cruz and Monterey County, our MCP is great, which is great.

01:44:27.000 --> 01:44:43.000
The issue is getting through PAVE. Is there Some more support for this? Maybe a working group. And I know I think it was Khefri who just mentioned some of issues with PAVE as well.

01:44:43.000 --> 01:45:10.000
So, DHCS could you kind of talk about and earlier last year we heard about support with PAVE was one of the highlights actually if we think through one of the conversations last year getting support to get through PAVE and all you know that questions things like that were one of the highlights So, DHCS could you share Some what might be some of the available resources or trainings or options in terms of support with PAVE that are available.

01:45:10.000 --> 01:45:11.000 Ken Wilkerson
Yeah, I can speak to that, Zachary. So, yes, there are lots of trainings on the DHCS.

01:45:11.000 --> 01:45:18.000
Provider portal or provide a web page that kind of walks you through the pay process in addition to that.

01:45:18.000 --> 01:45:39.000
I saw a comment earlier and I'll check with our web team. But we have developed a paid checklist, which is very, it's a very, very detailed checklist of what things you may need, may not need, that really assists, a, to work through the PAVE system.

01:45:39.000 --> 01:45:47.000
Also in that checklist, there are screenshots and instructions for each step of how to enroll in PAVE.

01:45:47.000 --> 01:45:51.000
So, that checklist, there are screenshots and instructions for each step of how to enroll in PAVE.

01:45:55.000 --> 01:46:01.000 Zachary Epps
Nice. And there was a link posted in the chat.

01:46:01.000 --> 01:46:05.000 Ajira Darch
I wanted to share something that was, it's a little bit, well, it's related.

01:46:05.000 --> 01:46:06.000
What something that I've been hearing repeatedly from, and we are asking them to put them into the form.

01:46:06.000 --> 01:46:18.000
So, hopefully I'll be able to give you Some what when and why's etc. Soon.

01:46:18.000 --> 01:46:26.000
But one of the things that do us are experiencing right now is when they're getting ready to contract with managed care plans.

01:46:26.000 --> 01:46:29.000
They're being given or asked to essentially submit what they've already submitted in the PAVE application process to each.

01:46:29.000 --> 01:46:40.000
Managed care plan again. So, they're being given copious forms. And being asked to.

01:46:40.000 --> 01:46:44.000
Provide the same information that they provided in the PAVE application process. And it may Sound like, well, they already have done it once, they're just, you know, re sharing the same information.

01:46:44.000 --> 01:47:12.000
But why this redundancy? And it's not Sure, if they're maybe having to do it once it may not be an end of the world inconvenience, but if they're choosing to contract with 3 or 4 or 5 managed care plans, then that becomes even more burden the doulas are having to take on in order to provide services.

01:47:12.000 --> 01:47:20.000
Under this benefit So, if I guess I'm not understanding why the managed care plans are not, are they.

01:47:20.000 --> 01:47:30.000
Don't they get the information from PAVE? Is there no way that DHCS and the manager plans to work together to make sure you all have the information you need So, that the doulas don't have to do the extra work.

01:47:30.000 --> 01:47:39.000
To make this work. It just seems like a lot and additionally in that process they're also typically being given forms.

01:47:39.000 --> 01:47:55.000
Have information that may or may not apply directly to them. And that is essentially resulting in each. We're having to do a bunch more research to try and figure out if they are actually, you know, needing to take on other.

01:47:55.000 --> 01:48:05.000
Services or trainings or whatever in order to meet the requirement only to then eventually realize or discover that actually this part of the form doesn't apply to them.

01:48:05.000 --> 01:48:21.000
I just don't understand why this is still like continuing to be a thing.

01:48:21.000 --> 01:48:27.000 Raquel Saunders
That's Something that will take back. That's actually really helpful information. So, we'll take that information back and we'll reach out to our managed care partners as well as our.

01:48:27.000 --> 01:48:44.000
provider enrollment division to kind of get some additional information and kind of see what's going on with that.

01:48:44.000 --> 01:48:50.000 Zachary Epps
Yeah, and there was a response in the chat as well about maybe it's related to Doula apps getting returned back.

01:48:50.000 --> 01:49:02.000
from Pave this is we would like some clarification So, maybe you could add another sentence or 2 like are you getting a specific reason or is it unclear why they're being returned back if you could just add another or 2 to that.

01:49:02.000 --> 01:49:30.000
We can keep that conversation going. And I'm gonna go to Khefri, but definitely, look, again, this is a space that is, there's nothing wrong with contributing, but this is a space again, we want to make sure that we're hearing from Everyone who's who can participate and So, there's not a comment that's too large or small if everyone's here to speak from your own perspective and

01:49:30.000 --> 01:49:37.000
So, please do feel comfortable contributing. Khefri will go to you.

01:49:37.000 --> 01:49:48.000 Khefri Riley
Absolutely, and definitely would love to hear from the other managed care plan representatives on what feedback you've been getting or from your staff, you know, had your staff been reporting.

01:49:48.000 --> 01:49:54.000
Challenges or stressors or concerns? Do they need to be educated more on duly and the benefits of Doulas?

01:49:54.000 --> 01:50:01.000
What might happen, what might be needed to happen on a corporate level on educating the staff and the company culture in this new benefit.

01:50:01.000 --> 01:50:12.000
And so, I'd love to hear from managed care plans about that. But in order to help. Facilitate communication between Doulas and families and hospitals and managed care plans.

01:50:12.000 --> 01:50:30.000
I'm sharing in the chat another document, some re-brief that was created by perinatal and doula advocates in California, initiated by Hodoshaki, best practices for hospital doula relations, and I've put that in the chat, any managed care plan that's on here, or hospital representative, please click for sure doulas and advocates that are here.

01:50:30.000 --> 01:50:36.000
Please click on that and let us know how you feel about it. Andrea, I'd love you to share a little bit about this or whatever else you were going to also share, but Andrea was working on this with us.

01:50:36.000 --> 01:50:56.000
And we hope that this document actually helps to facilitate how we can best get doulas into the hospitals because one of the things we haven't quite mentioned yet is doulas still aren't being allowed in.

01:50:56.000 --> 01:51:09.000
They're not being allowed in to deliver the services. And if they are being blocked from delivering the services, then we can't help support and mitigate the harm to birthing people in California.

01:51:09.000 --> 01:51:10.000
Yeah

01:51:10.000 --> 01:51:19.000 Andrea Ferroni
I can just jump in. I just wanna add to this under the, you know, the topic of who else is addressing these barriers as my program within and I'll pop this in the chat.

01:51:19.000 --> 01:51:27.000
Program within the Department of Health. The regional perinatal programs of California does an annual site visit with every birthing facility.

01:51:27.000 --> 01:51:40.000
It's not, regulatory or, anything like that. it's a quality improvement opportunity to engage the facility using their own outcome data on quality improvement projects.

01:51:40.000 --> 01:51:49.000
At the same time the state has the opportunity to program those discussions a little bit
So, that this year's annual site visit.

01:51:49.000 --> 01:51:58.000
Our contractors will be engaging the hospital on the topic of Doulas and specifically
they're asking them.

01:51:58.000 --> 01:52:01.000
Sorry I'm just gonna look at it because the wording is important. But They'll be asking
every birthing facility in California.

01:52:01.000 --> 01:52:14.000
If the facility has department-wide practices that support doula inclusion into the
birthcare team and the document that Khefri just put in.

01:52:14.000 --> 01:52:36.000
In the chat really articulates what supportive practices look like. So, I just want you to
know that's coming and then for facilities who report that they do have practices our
directors will be compiling their responses in aggregate and we'll get a sense of what
they perceive they're doing to be supportive of doing care processes.

01:52:36.000 --> 01:52:49.000
So, those visits are coming up in the spring. Thanks.

01:52:49.000 --> 01:52:58.000 Zachary Epps
Great. We have another few moments. Anyone else like to conversation or raise.

01:52:58.000 --> 01:53:03.000
Barrier or topic that hasn't been discussed up to this point.

01:53:03.000 --> 01:53:13.000 Alex Rounds
Yeah. One of the issues that we've identified in my community is the lack of diversity in
the doula workforce.

01:53:13.000 --> 01:53:30.000
We're looking at possible solutions, but I also wanted to just share out that, One of the
solutions is to provide trainings for doulas of color and that is an area that we're really

reaching out for, and that is an area that we're really reaching out for, especially with our indigenous communities.

01:53:30.000 --> 01:53:36.000
Very excited to have an indigenous doula training in Mendocino County later in April.

01:53:36.000 --> 01:54:00.000
Just start bridging Some of the gaps for the indigenous community. And that I hope to see more of those, events happening in California.

01:54:00.000 --> 01:54:08.000 Zachary Epps
Thanks for sharing.

01:54:08.000 --> 01:54:12.000
Great.

01:54:12.000 --> 01:54:13.000
Yes. Yeah, So, I'm just leaving it open. Yeah, good. Right.

01:54:13.000 --> 01:54:20.000 Khefri Riley
I have a quick question and it's just that we only get this this time. So, for my big mouth, but very, very important question.

01:54:20.000 --> 01:54:31.000
Some doulas have been asking. Regarding the new rates that have been published and not yet being paid those new rates for the various Could anybody from the managed care plans or DHCS

01:54:31.000 --> 01:54:37.000
Articulate further when we expect that those new rates we put into effect will do this in fact be reimbursed, you know, from once they started building from January, when are you going to be implementing the new rates?

01:54:37.000 --> 01:54:50.000
So, that they're getting paid fairly? Yes, it went into effect January first, but it takes Some time for it to.

01:54:50.000 --> 01:54:56.000
To, you know, come into effect. And So, I'm seeing a lot of this in the doula groups that I belong to in the cohorts that I direct.

01:54:56.000 --> 01:55:02.000
So, what can you share with us about the new reimbursement rates and when can they expect back payment?

01:55:02.000 --> 01:55:14.000
Or payment at all.

01:55:14.000 --> 01:55:35.000 Ken Wilkerson
Are our managed care, MCQMD, are you still on the call? If So, can you address that question?

01:55:35.000 --> 01:55:43.000
Okay, we will take that back. It is effective January first, but I know there are some system updates that have to happen but we will take that back.

01:55:43.000 --> 01:55:44.000
And see, I know that was a topic of discussion also. In the last meeting as well.

01:55:44.000 --> 01:56:01.000
So, we will follow up with our rates division to see if our managed care quality monitoring division as well to see when they plan or if they have already issued guidance to the managed care plans regarding the rate increase.

01:56:01.000 --> 01:56:15.000
So, more information to come on that.

01:56:15.000 --> 01:56:24.000 Zachary Epps
All right, we'll take our, oh, Ajira. We'll take our last few comments before we get into Some next steps and.

01:56:24.000 --> 01:56:31.000 Ajira Darch
I'm not sure if we asked for this already, So, I just wanna make sure that, that I've asked.

01:56:31.000 --> 01:56:43.000
We were talking about getting more data around the folks who are enrolled. Because getting that number 364 and 266 or whatever it was I can't remember.

01:56:43.000 --> 01:56:52.000
It Sounds great, but without any more data about where and all of that. It's kind of difficult to be able to really make a.

01:56:52.000 --> 01:57:11.000
An effective strategy to ensure that we're filling in or mitigating some of these barriers like do is do but the other piece that I wanted to add to that that would also be helpful is to know how many of those, are enrolled with managed care plan and where and which.

01:57:11.000 --> 01:57:22.000
Because I think that that's a piece that's really missing. And certainly for the last 2 of these meetings, we've been hearing repeatedly from folks who are sharing that.

01:57:22.000 --> 01:57:26.000
The barrier or the bottleneck that they're experiencing now is at this point of contracting with the managed care plan.

01:57:26.000 --> 01:57:43.000
So, they've gone through the PAVE portal, they've been accepted, and now they're waiting to hear from managed care plans in order to begin, service.

01:57:43.000 --> 01:57:48.000
And the numbers have been really varied. So some folks have heard back from it from Manage Care On and enrolled.

01:57:48.000 --> 01:57:58.000
And like a weekend. You know, 3, 4 days and then other people have been waiting for like 60 days and still haven't heard from man's care plan.

01:57:58.000 --> 01:58:06.000
And that seems like really It just seems like very, really huge variance.

01:58:06.000 --> 01:58:11.000 Ken Wilkerson
Thank you for flagging. Yeah, that's another item we can take back to our mentioned care poly modern division partners.

01:58:11.000 --> 01:58:18.000
I know in the PAVE system, the, the race and ethnicity build is required or Sorry, not required.

01:58:18.000 --> 01:58:37.000
It's optional. So, we're working, we'll work on trying to see if there's any way to get that data, but as far as county region, all that good stuff, that's Something that we can definitely get and we'll share out that report too once it's developed.

01:58:37.000 --> 01:58:43.000 Zachary Epps
Great, I'll hand it back over to DHCS in case there were any other.

01:58:43.000 --> 01:58:47.000
Topics or information you all wanted to present in this time. We'll head back over to you.

01:58:47.000 --> 01:58:56.000 Khefri Riley
I just wanted one more opportunity to uplift the voice of Nikki Avila. Who is one of the people that is in the chat in waiting doula services, Bakersfield.

01:58:56.000 --> 01:59:03.000
She's a Bakersfield doula. And just to just hear directly from the doula's voices, even though they're not here, we hear you.

01:59:03.000 --> 01:59:11.000
We want to make sure that you feel like you feel seen and these things are addressed. How can a climb be supported if doctors deny signing the form?

01:59:11.000 --> 01:59:18.000
Maybe this doctor still thinks they have the right to manage if a person gets a doula or not. The doctor said, I don't support you having a Doula.

01:59:18.000 --> 01:59:27.000
She explained that she struggles with fear and anxiety and her doctor dismissed her. She contacted her Medi-Cal insurance provider and the staff were confused and stated what is a Doula.

01:59:27.000 --> 01:59:32.000
We need Medi-Cal insurance staff to have Some Sort of education or quick handout. And she also contacted DHS.

01:59:32.000 --> 01:59:37.000
She's awaiting of a pie. This is Kern Williams health group, Dr. Shrinivas.

01:59:37.000 --> 01:59:47.000
And this is a huge barrier of Dr. Deny potential clients. There has to be a better way. So, I just wanted to highlight a real-life example from a participant.

01:59:47.000 --> 01:59:54.000
Here today.

01:59:54.000 --> 02:00:05.000
Thank you.

02:00:05.000 --> 02:00:24.000 Raquel Saunders
So, we can move on to. And the next steps in closing.

02:00:24.000 --> 02:00:35.000
And so, I want to highlight the future stakeholder meetings. The next meeting will be July 12 from 10 am to 12 pm.

02:00:35.000 --> 02:00:40.000
And then we have the list of the following meetings planned. And then all of these dates are posted on our doula services web page and here's the link and I will include that in the chat as well.

02:00:40.000 --> 02:00:55.000
We also will post, the slides to this. Will the slides to this presentation are currently on the web page.

02:00:55.000 --> 02:01:08.000
And we usually always post the slides for our stakeholder meetings 10 days before the stakeholder meeting So, you can find those ahead of time if you want to kind of go through the presentation ahead of time.

02:01:08.000 --> 02:01:38.000
But all of that information can be found on our stakeholder web page. And then I will turn it over to the rest of my team if there's any or, anyone else that needs to, that would like to add any closing.

02:01:42.000 --> 02:01:50.000
Okay, So, hearing nothing, So, we will move on to the contact information. We've mentioned, many times we've talked about the, the doula benefit mailbox.
Doulabenefit@dhcs.ca.gov

02:01:50.000 --> 02:01:54.000
And here it is. So, if there's anything that anybody, if anyone has questions, we monitor this mailbox.

02:01:54.000 --> 02:02:16.000
Daily. So, you know, if there's any questions, concerns, if anybody wants to, you know, report anything to us, or anything that you think that we should be made aware of, please email our mailbox and, you know, we check those emails, we do respond.

02:02:16.000 --> 02:02:30.000
And then this is our doula web page that you can go to get a lot of those resources that we talked about on the call. Doula Services (ca.gov)

02:02:30.000 --> 02:02:40.000 Zachary Epps
Great. Thanks everyone for your attendance today. That should bring us to a close for this implementation workgroup meeting.

02:02:40.000 --> 02:02:55.000
Thanks again to the co-design team. Members of the co-design team who essentially meet the before and after these meetings to give some insight into what to talk about and then after the meeting how to go what do we need to do?

02:02:55.000 --> 02:03:25.000
Improve so, talk to you all Soon. Co-design members. Thanks again. And then as a full group I think we can call this made to close.