

Doula Stakeholder Implementation Workgroup Meeting Closed Caption

Date: November 15, 2024
Time: 10:00AM to 12:00PM
Number of Speakers: 19
Duration: 2 hours

Speakers:

Department of Health Care Services

- Rene Mollow
- Erica Holmes
- Jim Elliott
- Ken Wilkerson
- Nicholas Leach
- Bambi Cisneros
- Michel Huizar
- Kristina Armstrong
- Dr. Cassondra Marshall

RACE For Equity

- Deitre Epps
- Zachary Epps
- Aquilah Nelson
- Lydia Nakavuna

Panelist

- Ajira Darch
- Khefri Riley
- Kristin Schlater

Speakers:

Panelist

- Samsarah Morgan
- Linda Jones
- Priya Batra
- Alex Rounds
- Kiaris Joy Chiaji
- Sayida Peprah-Wilson
- Kate Ross

TRANSCRIPT:

[Sayida Peprah-Wilson] 10:01:49

It might be worth mentioning that the um reactions aren't available, but if people wanted to react to something they can do it in the chat so that reactions in the chat are there because I know that it's like a thing people like to say, yes, I really agree with that.

[Ed Torres] 10:02:09

Thank you, Ms. Sayida.

Ms. Dietrie, can we hold off for a second? I have a bunch of people who have joined using Microsoft Teams, I'm going to let them know that they need to use the Zoom.

[Deitre Epps, RACE for Equity she/her] 10:02:43

Yes, I did notice that, and I'll share that fully with the group.

For some reason, there was a Teams link added to the calendar invite and we know the meeting is a Zoom meeting. But sometimes somehow this happens from time to time with virtual meetings. There were two different platforms placed in the calendar invite. And so for those who clicked on it, Ed will make sure they're transferred over into this meeting. So maybe we can go back to the music a little bit and give folks a chance to join enjoy a little bit of smooth tunes until we get started.

[Deitre Epps, RACE for Equity she/her] 10:03:42

I am noting Erica and Jim that we do have 100 participants, which is around the number we tend to start with. So I'll leave it up to you when you want to call us to go ahead and get started.



[Deitre Epps, RACE for Equity she/her] 10:05:09

While we're waiting, if everyone can take a moment and put your name and the organization or affiliation that you are in the chat. And can you also please put the geographic area that you represent? That would be helpful. This is a great time to say hello to each other and to see who has joined from across the state. And make sure you've clicked on everyone so that everyone can see rather than just the hosts and panelists.

[Deitre Epps, RACE for Equity she/her] 10:05:39

Just make sure you click on everyone, please. I do see some people clicking on just the hosts and panelists. Thank you.

[Deitre Epps, RACE for Equity she/her] 10:06:11

We are at about 120 at this time. So I think we could go ahead and get started.

[Erica Holmes] 10:06:26

Okay, great. Do we still hear an echo? No echo. Okay, great. All right. So good morning, everyone, and thank you for joining today's convening of the Doula Stakeholder Implementation Work Group.

[Erica Holmes] 10:07:21

We all recognize that you are very busy and so we appreciate, as always, your participation in today's discussion regarding Medi-Cal's important doula benefit. As a reminder, the overarching goal of this work group, which is required by state statute is to address ensuring that doula services are available to all of our Medi-Cal members who are eligible for and want to receive doula services to work collaboratively to minimize barriers, reduce delays in payment to our Medicaid doula providers. To make recommendations on outreach efforts so that all Medi-Cal members are aware of the doula benefit and can access those services. And also, of course, to help inform the department's report to the legislature, which is due in the middle of next year and will be a topic for today's discussion.

[Erica Holmes] 10:08:09

Today I'm joined by a number of my colleagues here in the department, which includes members of my team in the benefits division, members of our managed care quality and monitoring division, capitated Rates Development Division and Quality and Population Health Management Division. In the interest of time, I would just ask that each member of those respective teams introduce themselves as they speak throughout today's meeting.



[Erica Holmes] 10:08:30

With that, I will go ahead and hand it over to Ken to discuss some quick logistics.

[Ken Wilkerson] 10:08:38

Thank you.

[Ken Wilkerson] 10:08:39

So, the work group members are the only stakeholders who have the ability to speak during the meeting. All other attendees are in listen only mode. However, all stakeholders can use the chat features. If anyone has any feedback, comments on any of the discussion topics, feel free to reach out to the Doula Benefit mailbox.

We also have closed captioning available, and it can be accessed by clicking the closed captioning at the bottom Zoom toolbar. And I will turn it over to Dietri.

[Deitre Epps, RACE for Equity she/her] 10:09:20

Ken, would you be willing to share your title just so folks know what part of the department you are?

[Ken Wilkerson] 10:09:26

Ken Wilkerson Benefits Division.

[Deitre Epps, RACE for Equity she/her] 10:09:50

All right, so hello, everyone. My name is Deitre Epps. I'm the CEO and founder of Race for Equity. We have the great honor and privilege of working with the department, with DHCS and with all of you across the state and we want to give special thanks to the co-design team who has helped to support the design of this meeting and have moved this meeting forward over the months. And for some, even since the previous doula stakeholder work group meeting. So, if you're a member of the co-design team, would you be willing to raise your hand so you'll come up to the top so people can see who the co-design team members are.

[Deitre Epps, RACE for Equity she/her] 10:10:31

Thank you so much for all of the hard work and the time that you've put into supporting the co-design of this session and the forward progression of the work. The co-design team is also made up of the benefits team members. So those members of the DHCS who are also part of the co-design team. These people all work together to create the meeting that we will experience today.



[Deitre Epps, RACE for Equity she/her] 10:10:57

And have put a lot of hard work and effort into making it happen.

[Deitre Epps, RACE for Equity she/her] 10:11:03

I'd also thank you. You can lower your hands. I'd also like to introduce the Race for Equity team. If you can raise your hands so folks can see who you are as well and thank you for all of your support. You'll be seeing and hearing the team today as we help support the facilitation and documentation of the meeting.

[Deitre Epps, RACE for Equity she/her] 10:11:26

So we'll go ahead now and go over the agenda for today. You'll see it on screen and I'll kind of just say it share out loud what the agenda is. We will take some time to go over the updates, some general updates and discussions from DHCS. Some of the objectives for this session are for you to have updates about what's happening in the department.

[Deitre Epps, RACE for Equity she/her] 10:11:51

And so you'll have some updates, but you'll also have a chance to discuss what you've heard. Then there'll be a conversation about billing and reimbursement. And each DHCS staff member, as Erica has shared, will introduce themselves prior to sharing that information so you know who is in the department and whose role is to do what.

[Deitre Epps, RACE for Equity she/her] 10:12:12

We'll take a brief break. We're hoping for 10 minutes. We got a bit of a late start, so that might be a five-minute break, but we definitely want to move away from screen and have a chance to D-screen, if that's a word, and come back and then we're going to talk about the preparation of the 2025 report that the legislature has asked you to help support the development of and then we'll have a time for you to hear from the doulas, some direct feedback and information from the doulas. And then we'll talk about next steps in closing.

[Deitre Epps, RACE for Equity she/her] 10:12:50

This is the agenda for today. If we keep that on the agenda for a moment, I'm going to ask everyone, everyone to participate. Now, as Ken shared the people who are hosts and panelists are those members who are actually a part of the doula implementation work group. Everyone, though, can participate today in the chat.

[Deitre Epps, RACE for Equity she/her] 10:13:11

Those individuals, you'll be able to hear their voices and see their faces on screen. Everybody can come on, you know, you can come on camera. We'd love to see you. And you can also participate by putting something in the chat about your comments.



[Deitre Epps, RACE for Equity she/her] 10:13:24

Please use the question and answer that Ed just mentioned in order to ask a question. We're trying to do a better job. Some of the feedback that we've gotten is that the chat is getting a little you know hard to manage because there's so many questions coming in and they roll up and away. So, we want to capture every question. So can you please, if you have a question click on Q&A and put your question in the chat and then that way it can be answered by the group.

[Deitre Epps, RACE for Equity she/her] 10:14:01

So, what we're going to ask right now briefly, everyone, as you see the items on the agenda. Everyone, can you please look at the agenda and share in the chat

What is one part of the agenda that you are looking forward to the most?
Please go ahead and put that in the chat now just so we know what your interests are.

[Deitre Epps, RACE for Equity she/her] 10:14:30

What is one part of the agenda that you're looking forward to discussing and hearing about the most?

[Deitre Epps, RACE for Equity she/her] 10:14:38

So there are about 140 folks on this call. So we'll kind of see that as it rolls up. And as that rolls up, we'll pass it over, we're going to go ahead and go to the next section of the of the today's conversation, which is general updates and discussion. And the purpose of this conversation is for all of you to be aware of the recent progress in the Doula Medi-Cal benefit implementation. So ready to hand it over to you, Ken and Erica.

[Ken Wilkerson] 10:15:12

Thank you, Deitre. So just to start off, like Deitre said, we wanted to share a few updates, first being the hospital guidance for doula services. So Inland Empire Health Plan, along with HealthNet, Molina, LA Care and Anthem, who assisted in co-branding, developed a hospital guidance document for doula services. So, the document outlines recommended guidance to hospitals to address patient use of doula services.

[Ken Wilkerson] 10:15:39

The guidance includes that hospital policy should reflect that doulas are not visitors. The guidance also establishes expectations as to how hospital staff



[Ken Wilkerson] 10:15:50

And doulas should collaborate and also outlines that hospitals should not restrict the ability of patients to bring their own doulas to the hospitals. The department has posted the guidance to our dual member and provider web pages. And also I shared the documents, the document with the hospital and health plan association along with members of the work group as well.

[Ken Wilkerson] 10:16:12

Next slide, please.

[Ken Wilkerson] 10:16:18

Thank you. Also wanted to provide a brief reminder on the additional coding requirements that took effect as of November 1st. So DHCS has provided a billing crosswalk in the provider manual, which identifies which ICD-10 code must be paired with the billing code on claims. And wanted to note that these additional codes are only being used by doulas to describe what occurred during the service. And they're not being used for medical diagnostic but diagnostic purposes.

Something also very exciting, DHCS, we've developed a doula density graphic as a comparison to the dual directory, excuse me, as a companion to the doula directory, which serves as a resource for members and stakeholders to show where doulas are located by county.

The density graphic also serves as a tool for DHCS and also stakeholders to identify potential doula deserts which can be used for targeted education and outreach and the density graphic has also been posted to the doula member and provider web pages as well to view highly encouraged to go take a look.

[Ken Wilkerson] 10:17:35

We're also in the early stages of developing a perinatal infographic that provides members information on the different maternity care provider types, which also includes doulas. The infographic articulates providers that can help assist members with their pregnancy and postpartum periods and also identify support services that may be available to and also not limited to maternal nutrition, lactation, breastfeeding support care coordination, psychosocial support, and health education.

[Ken Wilkerson] 10:18:14

I stated before, the infographic is in its early stages, but once we are close to finalizing. I will make sure to share what the work group once it's available.



[Ken Wilkerson] 10:18:25

Now I'm going to turn it over to Erica, who will discuss the outreach and engagement efforts.

[Erica Holmes] 10:18:35

Thanks, Ken. Sorry about the echo.

So, I just want to pivot a little bit and talk about some of the department's ongoing outreach and engagement efforts.

So, a common theme in a lot of our prior meetings have been around challenges and barriers that our doula partners have unfortunately experienced while providing services to Medi-Cal member. Particularly in hospital settings. And so as a result, the department, through these meetings and other forms has committed to taking steps to engage or targeted and direct outreach efforts, particularly to licensed clinical professionals such as doctors and nurses who work in these hospitals to sort of help provide additional education and support, which we hope in turn will also help to increase access and reduce barriers in these settings.

So, to this end, I just want to provide a brief update on some of our work in this space. The department has connected directly with the California Board of Registered Nursing. The board has asked us to present on Medi-Cal's doula benefit at one of their upcoming nurse midwifery advisory committee meetings. And currently we're planning to meet with the board in the coming months to help prepare for presenting at their upcoming March 2025 meeting. So very excited about that engagement.

Additionally, in tandem with that effort, we've also connected with the Medical Board of California and has extended an offer to present similarly on the Medi-Cal benefit at one of their upcoming forums.

At this point, the medical board has acknowledged our request and is kind of discussing the matter internally but expressed some interest. And so, we're very hopeful that we'll be able to present in the near term to them as well. And lastly, although it's not referenced on this slide, I do just want to again lift up that the department continues to work with our colleagues at the California Department of Public Health around some future hospital-specific guidance. Around our doula benefit and expectations for delivering services to our members.

And we have another meeting coming up later this month, so towards the end of November on this very topic with our CDPH colleagues.



[Erica Holmes] 10:20:35

Lots going on and definitely more to come. Next slide, please.

Another exciting area that the department is charting some of its effort is around increasing member and provider awareness through the use of social media and other media platforms. So again, kind of like Ken said with the infographic, we're in the very early planning stages to develop and launch a new social media campaign to promote greater awareness around the doula benefit.

Again, preliminarily, we are envisioning that this campaign is also going to include some short video clips that will include both members of department's leadership team, but more importantly, real Medi-Cal member testimonials about their personal lived experiences accessing and using doula services.

The department believes and has heard loud and clear that it's very important to lift up the very real and important human impact and element that doulas have on the members that they serve. So, we want to make sure that that is highlighted in this campaign. We also plan to engage with our work group members, so our co-design team members on review of any proposed like scripts or content that will be part of this social media campaign.

And right now we don't have a firm date for when this is going to be finalized, but we are looking into like Spring-ish of 2025, and we're working closely with our internal office of communications on that effort. And we'll keep this group updated as things develop.

[Erica Holmes] 10:22:04

Next slide, please.

And then lastly, I also just wanted to provide an update and a response to some previous stakeholder concerns that were raised to us through this work group around denials for doula claims associated with agenda. So, in response, the department did some research and worked closely with our systems colleagues and so we are updating the doula provider manual to clarify that Medi-Cal members of all gender identities are entitled to receive doula services so long as those services are medically necessary and meet other program coverage requirements to clarify that claim should not be denied for that reason.



[Erica Holmes] 10:22:43

We are also working with our system colleagues to update the payment system to ensure that all the fee-for-service claims that process through our department process and pay appropriately regardless of the gender of the Medi-Cal member. And we're also specifically instructing our payment system team to automatically reprocess any fee for service claims that may have been erroneously denied for a reason relating to gender dating back to January 1 of 2023. So here I just want to highlight that this is an automatic process. So, we will pull those affected claims and we will reprocess them further if required from any of our doula partners who may have experienced this issue.

So, our hope is that this resolves that issue on a go forward basis. But of course, if you have any other issues, please feel free to reach out to my team and we can assist.

So, I think those are all of my updates. So, I think I'm going to pass back to Deitre.

[Deitre Epps, RACE for Equity she/her] 10:23:43

I think we're going to take a bit of time to talk about if we can go off screen for a second. We were actually going to, if it's okay, Erica, we were going to take a little bit of time for folks to respond. Is that all right? If we still? Okay, good.

All right, so you will see for everyone, you will see the hospital guidance link at 16 after the hour, and then you'll see if you scroll up and if you see, you'll see the doula density graphic right there at 20 after the hour. So, you can click on both of those. So, if you have any further discussions or actions related to the topics that were just updated by the DHCS team.

You can add your thoughts to the chat now. I see some people said nice and so what you feel, what your thoughts are about what the updates that your experience that you just heard about. We'd also like to remind you, if you have a specific question about the updates to please click on the Q&A icon at the bottom of the Zoom link, It will be much easier to respond and review questions using the question and answer link.

[Deitre Epps, RACE for Equity she/her] 10:24:49

But Zachary, if you can just touch base with us, if you can introduce yourself and then share if there is anything in the chat that you would highlight or note at this time?

[Zachary Epps] 10:25:02

Yeah, as a reminder, I'm Zachary Epps with Race for Equity.



[Zachary Epps] 10:25:07

And as a reminder, we're focusing on responding to questions in the Q&A, which I'll highlight. And at this moment, there are no outstanding questions or have been some questions about the topic that's coming up in the next section in terms of specific around the updated pay rates, there's been some questions about how often the directory is updated and so forth. And again, kudos to Jim Elliott and the DHCS team for responding directly to those.

I took a moment to mention that, but as you mentioned, there's been some positive things mentioned in the chat and folks are looking to hear about billing and reimbursement. That was probably one of the top responses a little earlier around the check-in in terms of which topic folks are looking forward to hearing about mostly billing and reimbursement and preparing for 2025 were those two topics. So, I'll stop there.

[Deitre Epps, RACE for Equity she/her] 10:26:10

Thank you. All right.

[Deitre Epps, RACE for Equity she/her] 10:26:13

So, we'll leave space. We do have, oh, thank you. I was just about to say, is there anyone on the uh.

Okay, Khefri, and then Mama Linda, if you can introduce yourself and then share any response you'd like to give.

[Khefri Riley] 10:26:26

Mama Linda, would you like to go first?

[Khefri Riley] 10:26:30

Okay, good morning, everyone. Khefri Riley, co-founder, director of Frontline Doulas maternal infant advocate and on this beautiful stakeholder team, I just wanted to bring to mind the contrast that doulas may be experiencing with the beautiful document for doula guidance in hospitals that's been shared, we hope that all the doulas, hospitals, and care centers actually read and dive deeper into what that might mean for any culture shifts within hospitals that are happening currently. The contrast is that there are still many hospitals that we've been reported. We'd like to share a little bit about that later and make sure that that's on the agenda within the Q&A section from the doula stakeholder perspective.



[Khefri Riley] 10:27:11

that there's still care that's not being accessed and clients aren't being able to collaborate with their doulas. And so, this is a beautiful document, but we're hoping to have a little, we just want to make sure that this can be truly implemented and understand that while this is here, there are still very big challenges and barriers that are occurring across California.

[Deitre Epps, RACE for Equity she/her] 10:27:44

Thank you, Mama Linda.

[Linda Jones] 10:27:47

I was waiting for someone to respond to Khefri, but...

[Linda Jones] 10:27:52

I was just wondering, I was just wondering about the duality density Matt, I appreciate it, but it still doesn't break out ethnicity of the doulas. Is there something that shows that?

[Deitre Epps, RACE for Equity she/her] 10:28:07

Okay. Would someone from DHCS like to respond to either Khefri and or Mama Linda?

[Erica Holmes] 10:28:15

Hi, this is Erica. So yeah, so first I just want to acknowledge Khefri's comments. I agree with Khefri like it was very uplifting to see the guidance document come out from some of our health plan partners. And my hope is that it gets socialized and shared more broadly so that other hospitals who are contracted with other health plans might similarly adopt guidance.

I think it's a positive step in the right direction, but of course there's still a lot of work to do, as Khefri stated.

[Erica Holmes] 10:28:41

Regarding Mama Linda's comment, I just wanted to acknowledge that you're correct, the density graphic right now is just speaking to enrolled doulas. If you wanted to see a breakdown.

Other breakdowns or stratifications around like race and ethnicity, you could look at the doula directory, which can be filtered in that way. And then last meeting, we also presented some graphics that stratified the doula directory information by those different



[Erica Holmes] 10:29:09

categories. And so, we'd be happy to share that back out with this group as well. I also just want to acknowledge, because there were a couple comments in the chat, that we are doing a deeper dive into like overall member unmet need for doula services. So, there's a comment around like there's lots of doulas who are enrolled in multiple counties. So, it's not necessarily 100% helpful to be like, oh, well, there's a lot of density in this county. Well, that's true, but

Perhaps many of those doulas serve surrounding counties. And so, can the doula really have the bandwidth to serve all of the clients who want to access doula services? The answer is probably no. So, we're doing a deeper dive to overlay and better understand like what that unmet need look like to maybe understand like how we might target some additional enrollment in counties to make sure that we're meeting all of the member need in this space.

Just want to acknowledge that shortcoming because I do think it is very real and we are aware of it and we are attempting to put out some more information that helps hone in on some of those very good questions that are being asked in the chat and asked of us on these forums.

[Khefri Riley] 10:30:10

Erica, I just wanted to say thank you as always being responsive and hopefully we'll be able to address some of the very important contracting issues and barriers that doulas are still experiencing so that they actually can provide services and even the plans that have created this beautiful guidance letter are really not still onboarding as many doulas that need to be onboarded and the contracting process is still not accessible to many. So hopefully we can

[Deitre Epps, RACE for Equity she/her] 10:30:41

Khefri, I'm wondering, is there a point in the agenda where you feel like it would be appropriate or is that something that You want to hold for it?

[Khefri Riley] 10:30:50

Thank you, Deitre. I think if we had in previous times, we had about five to 10 minutes, were we able to just read straight comments directly from doula's experiences? There are maybe one or two families that in the past when we've shared families direct experiences, that's been helpful.



[Khefri Riley] 10:31:05

So, we assumed that it might be during that section.

[Deitre Epps, RACE for Equity she/her] 10:31:09

Okay, thank you. Alex? Can you introduce yourself, please?

[Alex Rounds she/ella] 10:31:13

Yes, hi. I am Alex Rounds. I'm with First Five Mendocino and the Perinatal support manager.

I wanted to ask for clarification for the whole audience on the surveys required and the survey completion required to become listed on the doula directory, because I think that's a missing piece that not all doulas are aware of that might better reflect the number of doulas who are active in communities as well.

[Erica Holmes] 10:31:48

So, I can start, Alex, because it's a good flag. And I think at our last meeting, we gave a little bit of a presentation about how it works to be, so how when you enroll as a Medi-Cal doula, how our team sends out basically a questionnaire that you can fill out and then you get included on the directory because it is voluntary and it includes additional information beyond what's asked as part of the enrollment process. So if it would be helpful, we could do one of two things. We could walk through that quickly today.

Again, just so everyone hears the same information. And then we could also drop it in the chat if that works. It would probably take like just two minutes. And I'm going to put Jim on the spot to do that.

[Jim Elliott] 10:32:35

Yeah, thank you, Erica. So for the excuse me, the doula directory when a doula enrolls, we receive that information and then we send an email out to the doulas that enrolled that month with basically a survey monkey to answer questions that are additional information for the directory. When we receive that information back, we update the directory. That occurs about once per month is what we try to do. If doulas do not respond to the directory, we're not able to include them, but everybody that does respond, we add them typically about once a month.

[Alex Rounds she/ella] 10:33:11

follow up, is there a message directly from DHCS about that survey link so that people are really clear that it's going to come through so that their information will be



[Alex Rounds she/ella] 10:33:23

easy to identify. I think sometimes there's so much information shared that people get lost. So just a reminder, I think would be a really great

[Erica Holmes] 10:33:36

I agree. Great. Sorry, I agree. And I also thought maybe it would be helpful, and we can take this back because I don't know the answer to this question, but it would also be helpful, I think maybe at the time that a doula enrolls in the program that they're made aware that a subsequent survey is going to be being sent out from the department and that it would be very helpful if individuals respond to that survey so that they can be included on this directory and included in our overall count.

So, we can take that back as an action item and talk to our provider enrollment division about it to see like if there's any way we can like kind of coordinate efforts to make sure that like all doulas who enroll in Medi-Cal are made aware of the survey that is then forthcoming following enrollment.

[Deitre Epps, RACE for Equity she/her] 10:34:17

Thank you. So, if everyone can continue to place their information in the chat that you'd like to share and then questions in the question and answer. That will be great because that will be captured and we're actually going to move to the next part of our conversation.

And I think, Khefri, this is where you may be able to pull in. I'm sorry, not Khefri. This is where um, the DHCS team is going to be able to pull in the information that you asked about so much in the chat about billing and reimbursement.

So, this is an update for the targeted rate increases and the plans for timely payments to the doulas. So, I'll pass it over to the managed care division of DHCS. And Michael, if you're there, is Michel there?

[Michel Huizar] 10:35:07

Yes, I am. Good morning, everyone.

My name is Michal Huizar and I am a branch chief here in the Manuscript Wanted Modern Division of DHCS. So we were made aware that there were some concerns and endpoints raised around doulas being paid timely and or quicker and so we're here today from the managed care part of the DHCS to outline our MCP contractual requirements as well as some of our APL or all plan letter requirements as it relates to timely payments.



[Michel Huizar] 10:35:46

So anyway, that just gives a little bit of a sort of roadmap for where we're going today.

So, on this slide, really just wanting to highlight that under the benefit all of the services authorized with the initial standing or initial or standing recommendation or standalone services, meaning those services aren't bundled and doulas can provide some or all of these services and reimbursement would be based upon individual services rendered.

And also, that doulas may submit claims after providing each service, which I'm sure many of you know. But I also just highlight that our contract does require that plans pay clean claims within 30 days of receipt unless the provider and the managed care plan have agreed in writing to an alternative schedule.

A clean claim being a claim that doesn't need to be returned to the provider for corrections or additional information in order to be paid. And that information is on our on our website.

[Michel Huizar] 10:36:47

For this slide, thank you so much for advancing. We can pause here for a moment, the plans must provide payment processes for doula providers to be able to bill claims and invoices and pay timely and that is, as I said, outlined in our all plan letters.

So, plans must have a process for network providers to submit claims and receive payments electronically, as well as invoicing as well as an invoicing process for network providers unable to submit electronic claims. And one point that we've really worked closely with our managed care plans on, and again outlined in our dual offline letter is around training to network providers on their billing protocols. So that is an area of focus TA that we have worked on.

I think, you know, as just as a recurring sort of theme you might hear from me throughout my presentation is just if there are sort of issues around that, we certainly can provide TA around that but we would we would we would ask that you submit that to the department and we'll provide the sort of the email address later on in my presentation. Wanted to give you that sort of information as that's sort of our enforcement mechanism the department to work with our managed care plans.



[Michel Huizar] 10:38:09

So, on the other side of this sort of slide here is around our payment timelines and in our all-plan letter 23-2020 are specifies the requirements for timely payments of claims, and our expectations that plans pay plans within 30 days of receipt, as I mentioned earlier. So, I just wanted to also let you know that that particular all plan letter, 23020 was updated last month, the middle of last month and we provided guidance and clarified the various obligations of plans understanding federal law, including that plans and their subcontractors pay any uncontested claim within 30 days of claim submission.

a provider is entitled to interest when an uncontested claim is not paid within 30 days. Also, that plans have sufficient dispute resolution processes in place or contracted and non-contracted providers, including with respect to timely things processing and also we did sort of strongly emphasize that our plans to go beyond their sort of minimum legal obligations for timely payments to the extent feasible in order to support access to care and provider sustainability. So again, really working closely with our municipal care plan partners to pay claims invoice in the same frequency in which they're received, whether that's electronic or paper claims.

[Michel Huizar] 10:39:46

you can go to the next slide, please.

So, in terms of the claim submission process, the processes can vary by managed care plan. We are aware of that but we certainly have a couple of suggestions here today on the left side, as well as just some general awareness of submitting and tracking status of claims or for preparing claim submissions

We encourage providers to verify which plan the member is enrolled in by asking or through other means of verifying the member's enrollment status. Also validating billing codes to ensure that appropriate codes are being used and submitting all doula services claims with the modifier XP appended to the billing code.

In terms of, as I was saying, submitting, and tracking status, there's a couple of different options, most plans do offer third-party vendors or clearinghouses to providers at no cost, which may have different submission processes as well as in terms of tracking claim status claims. We do encourage that they have they provide access to provider portals or electronic billing systems as appropriate. And if those systems are not in place to provide technical assistance and support where appropriate.



[Michel Huizar] 10:41:16

So we do encourage folks that for billing claims and payment policies and procedures to work closely with managed care plans members are enrolled in to really clarify those pieces.

Next slide, please.

So, for provider support, again, mentioning earlier in our managed care plan contract, oh, and I did want to just make sure that that's available to everyone if I can. Just dropped it into the into the into the chat, but that actually went to host some panelists if the teams could share this link out of his.

Our plan contract, it is rather weedy, but just, you know, sort of if you're wanting to check my work, if you will that information is around our expectations for providers and requirements as outlined in our contract but wanting to just really highlight that in our contract, in our all plan letters we really do emphasize in our letters to plans to provide training and communication support for doula whose members are enrolled in their plan. We understand it's very, very important as the processes can vary and it can be complicated. So, wanting to just make sure that providers are teed up and trained and supported appropriately but plans must ensure that providers have access to the information they need to support the appropriate access to care. They may use provider portals to share the status on claims, referrals, and authorization with contracted providers. And again, if non contractor providers aren't granted access to ensure that they have access to this information through other mechanisms as agreed upon or as appropriate.

Next slide.

So, as I acknowledge at the top of the call or at the top of my presentation, you know we were aware of these issues with doula and being paid timely or quicker and you know we really want to hear the feedback and encourage folks on the call and through other avenues to reach out to our doula benefit email and include information listed on this slide to help resolve challenges. I think, you know, again, wanting to just acknowledge that with our contract and with our all-time letter, you know, we have very clear expectations and when there are issues with timely payments, then we can provide or reinforce technical assistance with our managed care plan partners to the degree possible and appropriate and make sure that sort of we're sort of uh 1you know sort of getting things unstuck, if you will.



[Michel Huizar] 10:44:08

So next slide, please.

So I will just also share that for our November 2024, contracting survey regarding doula services. Earlier this month we released a survey to plans to gather information on progress towards engaging and contracting with doulas noting that you know, we really are looking to understand how plans are implementing and monitoring contract applications pertaining to provider networks, timely payments and member grievances. And we continue to conduct all managed care plan surveys. So really some of the topics covered were you know contracting progress. We're looking at member grievance complaints and the targeted rate increases and the implementation, clean claims payment schedules, and frequency and so forth.

So that gives you a sense of the survey and you know the responses being due on November 22nd. So I will pause there. And I think if there are questions and or transition to the next, yes, the TRI, which is, I believe, Nicholas Leach from Capitative rates will be sharing on this update, and I think we'll probably take questions. Thank you, everyone.

[Nicholas Leach] 10:45:38

Thanks, Michael. Yeah, I'll do a quick rundown of the updates regarding the targeted rate increase for 2024. So for dates of service on or after January 1st, 2024, medical managed care plans must reimburse network providers, which is defined in the APL 19-001, which includes doulas at no less than the 2024 TRA. TRI rate for specified billing codes as directed by APL24-007.

The requirements for MCPs are that they achieve full compliance for payments associated with the TRI, including making retroactive payment adjustments where necessary by December 31st, 2024. And then if an MCP is in a capitated or what we would call sub capitated arrangement where payment is not based on the service, but per member then the MCPs are going to be submitting a sub capitated compliance attestation to DHCS.

We will be monitoring their fee-for-service payments because those come in through our encounter system where we can see you know that the payment rate equals or is higher than the targeted rate Increase fee and if there's any additional questions that we can't answer here, you're free to email us In our inbox at the targeted rate increases at [dhcs.ca.gov](mailto:dhcs@dhcs.ca.gov).



[Nicholas Leach] 10:47:11

So, I think any questions for Michel or myself we can take down.

[Deitre Epps, RACE for Equity she/her] 10:47:17

Yes, thank you.

What we'd like to do now, we are hoping that the questions are being answered place in the chat, placed out of the chat and into the question and answer and that those are being answered, so I'll see if there are any further discussions, first from the panelists, the hosts and the panelists, do you have any response or discussions related to the topics. Can you raise your hand?

And then others, if you'd like to respond and put your comments in the chat anything that was just shared.

Yes, Ajira?

[Ajira Darch] 10:48:03

Hello, Ajira from from Roots of Labor Birth Collective. I just reviewed the agenda and noticed that we didn't have the usual slot to share feedback from the form. So, if it's all right with you, I wanted to just highlight some of the feedback that we've received around these particular to do with billing and reimbursement. Does that make sense? Or will you be carving up time elsewhere on the agenda for this?

[Deitre Epps, RACE for Equity she/her] 10:48:36

There will be time on the agenda but if you feel like there's, you know, if you feel it's relevant and timely

[Ajira Darch] 10:48:44

I think so.

[Deitre Epps, RACE for Equity she/her] 10:48:47

then I think that's appropriate, yeah.

[Ajira Darch] 10:48:49

Okay, we've seen quite a number of comments from folks who are sharing that the MCPs are not responsive, or they're giving correct information or aren't sharing updates about when they're likely to receive, for example, the payment



[Ajira Darch] 10:49:07

from in the difference of the rates from last year to this year. And so, there are some doulas who are under the impression that it's going to be an automated process where the managed care plans are just going to submit the difference on January 1st, 2025. And there are other doulas who just have no idea. So, they don't know if they're supposed to be tracking the difference themselves and then submitting another invoice.

If they're supposed to be submitting all the invoices, they already submitted with the difference highlighted. So, they don't know what the process is and the MCPs are not really sharing that information with them. Additionally, very troubling trend of folks just saying no response.

There have also been a few folks who've highlighted that the MCP contact list is out of date. So, there are contacts there that are no longer with the managed care plans or no longer doing this particular billing and reimbursement. But they're also struggling to find out who is now responsible for that. So, some clarity around who's responsible for that would be helpful. And then I think the biggest thing we've seen is just a lot of doulas expressing, you know, desire to keep doing this and in particular to work with Medi-Cal clients but also really experiencing hardships because they were under the impression they were going to be paid 2024 rates and then learned, you know, once they were already serving folks that they weren't in fact going to be paid that rate until July 1st and then until January 1st next year. So, a few folks have shared about being owed \$8,000 or being in debt in order to continue serving folks or pausing on serving clients until you know they see whether their claims will be processed, and they'll be paid or not so definitely some troubling trends.

[Nicholas Leach] 10:51:09

Yeah, I can speak to how that relates to the targeted rate increases so because it's a directed payment, we have to provide all of the information required for MCPs to be able to make those payments and due to some changes we had to, you know, it took us longer to develop those rates than we expected guidance to MCPs was late, and therefore that's kind of what that 12/31 deadline ended up being to ensure that they could be compliant.

In terms of what doulas should have to do. If the MCP hasn't reached out regarding a process, then I would assume that they would be doing it automatically. We have told them that it is their requirement to make sure that all payments that have been sent out regarding eligible codes get updated.



[Nicholas Leach] 10:52:01

So that shouldn't require any doula to provide, you know, to rebill under the correct amount.

[Ajira Darch] 10:52:09

Awesome.

[Nicholas Leach] 10:52:09

We will be validating that they're making these payments. So if they're you know, we hopefully should see anything in terms of a capitation arrangement, they have to provide an attestation telling us that it's updated. And then we'll be checking their encounters as we come into next year to make sure that they're making payments and really talking to them. So, if there are situations you know, where a doula is not getting paid after that 12/31, for their retroactivity, then I'd recommend reaching out to our mailbox and we can follow up with managed care plans to make sure that that's happening.

[Ajira Darch] 10:52:42

Thank you, Nicholas. I guess I'm wondering, how do we know how likely the MCPs are to actually make that payment on January 1st? And then if they don't, what happens? Because my concern is that we have already placed the burden of carrying this deficit on community birth workers and to ask them to just hold on in the hopes that maybe they'll get paid on the first doesn't seem very

[Nicholas Leach] 10:53:15

Yeah, I mean, we haven't really worked through any punitive actions that we can take from there, but we would definitely look into what mechanisms we have as a department to hold the the managed care plans accountable for their payments.

[Deitre Epps, RACE for Equity she/her] 10:53:34

So thank you.

[Deitre Epps, RACE for Equity she/her] 10:53:36

Priya and then Mama Linda.

Go ahead, Priya.



[Priya Batra|LAC DPH] 10:53:44

Oh, you can hear me. Okay, just checking. Along the lines, I guess this is related, but Nicholas, like you were speaking to like data. And so, I would like to see it's been like a year of the over a year of the benefit now being launched. And so can we maybe in this forum at the next time or in the next session see like what how many claims have been paid out.

Because at this point, you should have data from encountered and claimed data from some health plans, right? Like, can we see how it's going in terms of like actual services received and billed and like number of clients like we should have that information now, right?

[Nicholas Leach] 10:54:18

So are you talking about just in general, like a broad encounters?

[Priya Batra|LAC DPH] 10:54:21

Yeah. Yeah. I just want to see like, how is this benefit being used? So, like one how many individual beneficiaries across the state have had it, have used it.

How many claims have been paid? Because health plans I know are reporting, right? So, you encounter data upwards. So, at this point, we should have enough. I would just like to see that at the next. I think that can answer, that could just show like kind of a global picture of what's happening, like kind of the stories that we're getting from the, you know, doulas on this call it'd be nice to look at the data. So, do we have that and can we see that at the next meeting?

[Nicholas Leach] 10:54:47

I see Erica has her hand up, so I'll kick that one to her.

[Erica Holmes] 10:54:52

Yeah, thanks, Nick. So, the data, we will be sharing that with this work group, but it's going to be in the context of the public report that we'll be developing for the legislature. So, we will be presenting that and having that discussion with this group in future sessions.

[Priya Batra|LAC DPH] 10:55:05

That would be wonderful because I mean, like we're, we want, like, is it. we saw in other states where this was less successfully launched that although it's active, like the uptake is extremely low, participation is extremely low, it's extremely, there's a lot of variation across the state.



[Priya Batra|LAC DPH] 10:55:19

Erica, that could be broken down by like county or region, that would be very helpful too.

[Erica Holmes] 10:55:24

Absolutely. Totally understand. I think that's an important way to look at the data. Definitely flag that as part of our report.

[Deitre Epps, RACE for Equity she/her] 10:55:34

Mama Linda and Dr. Sayida.

[Linda Jones] 10:55:38

Hi. Yeah, I just personally feel that there needs to be some punitive action taken if this is not done. As Ajira mentioned, there are people that are going into big debt to try to keep serving our mamas as best that we can because doulas are big-hearted people, but we also have rent to pay. And this is totally unfair to them. And the reason your numbers are so low, and on your little map is because you're making it too hard for people to be a part of a managed care plan. The managed care plans are telling them they have enough doulas, they don't need any more, which is ridiculous.

And we just what's happening is the word is getting out on the street that don't bother going to be a Medi-Cal provider because you can't get paid. And they're not paying the rates they're supposed to. It's a bait and switch kind of thing. And the more that this word is out there, the less successful this program is going to be.

This could be a very beautiful program. But y'all are standing in the way of people trying to get this done. Those numbers should be in the hundreds, not in the 20s. And it would be if it was much easier to have this done.

This is ridiculous. It's been two years now. And y'all are proud that there's 27 doulas signed up in Alameda. That's crazy. So something needs to be done and done quickly, or this program's not going to work. Because people are not going to sign up when they hear that they're going to do the work and not get paid for months on end.

Or if at all, this can't work this way.



[Bambi Cisneros] 10:57:13

Yeah, if I can um just jump in. Hi, Linda. Thank you so much for sharing that feedback and just kind of seeing the thumbs up from others, I can see that a lot of others kind of feel the same way as well. So I'm Bambi Cisneros. I'm the assistant deputy director for managed care I'm here at the department.

Michel and I joined this call because we are here to listen and to help. And so, you know, the information that he kind of walked through today was kind of showing like what are the requirements that the plans have today in terms of you know, paying their providers timely, but also there's a training component from our work, kind of with other provider groups, I think what we found sometimes is that there's a little bit of a translation issue between providers and plans because this may or may not be the case because I think there's a lot of different reasons perhaps why payments could be late. But I think what I'm just sharing is that one of the things that we have seen also is that there's a little bit of a translation problem in terms of plans need certain types of information to be able to pay timely.

And that's why we kind of really highlighted and lifted up the training component which is why plans need to train their providers on what that clean claim is so they can pay timely.

Now, we do expect our plans to inform their providers what their processes are, because Michael had shared earlier that plans can have different, you know, they can have different processes and so we understand that could be challenging for the doula providers, especially if you're working with multiple plans. But to just, you know, get at your larger question, maybe two things one is, I'm not sure if it was you or someone else who had raised that the contact list for managed care plans is outdated. And so, I just wanted to kind of drop in the chat and I'm hoping that you can help me verify if this is the directory that folks are using. So that way when we go back and confirm these are the right contacts, we're using the right list. So, folks can confirm that piece, that would be helpful. And then the second part is just kind of broadly speaking.

You know, the department is, we have, you know, the ability to work with plans in a lot of different ways you know, typically we, you know, especially with a benefit as new and they're still learning the, you know, the providers and the kind of, you know, rules of engagement. We're definitely a little bit more hands-on. I think, you know, a year out into this benefit.



[Bambi Cisneros] 10:59:30

I think we would have been more encouraged to hear that there's progress going up rather than declining and so that's a little bit discouraging. I know we have a plan representative as well. I see Kate, so I'll turn to you next, Kate. Also, I do know that the plans are working really hard to understand billing processes as well and just working with these different types of provider groups.

And so, um just to that effect. I think what I would just say broadly is that we

[Linda Jones] 10:59:54

you can't.

[Bambi Cisneros] 10:59:56

you know, I think if there are some doulas that haven't been paid um for a while, I think, Michael, if you can just drop in that we added an email inbox If you can drop that in the chat.

So please reach out to us here at the department and we will look into it. The thing is we need specific information from you all in order to work with the plan on that because it would be difficult for us to just send something to the plan and say like, these are the concerns. I think they need that specific information to really look into like the particular cases.

So Michel, if you can drop the email address that we would want folks to provide that information to. And just the list, maybe the slide number of the information that's needed. We'll be more than happy to follow up and work with the plans on this.

And then I see Kate coming off mute, so I'll turn it to her.

[Kate Ross] 11:00:48

Thanks, Bambi.

[Linda Jones] 11:00:49

Before Kate speaks.

We can't even get to the billing problems. Because we can't get doulas contract at the ?GMCU? That's what needs to be addressed. And then we could work on billing. But we can't even get them enrolled. They don't know what doulas are. They've never heard of doulas. They don't know about the benefit, they aren't taking any more doulas. This needs to be addressed by



[Linda Jones] 11:01:14

This can't keep going on.

[Deitre Epps, RACE for Equity she/her] 11:01:19

So, I want to pause for a second and just notice that there are one, two, three, four, five, six people who would like to speak.

The next conversation is to hear about the other feedback from doulas, from some of the doula team on the co-design team. So, I just want to pause and recognize we're having a tension around time. So given that tension around time. I'm going to share what is remaining on the agenda and then we need to think about how we want to use that time.

Okay, so what is remaining on the agenda is the 2025 report. And then we have a time for chat question and answer. So, we have about 10 minutes that we would have to respond to specific chat questions. So, if we want to use this time for questions or comments from the co-design team, I'm just going to ask, we see co-design team members, you have your hands up. So, is that okay if we use this time instead of responding to chat questions? Is that all right?

So, someone in the chat is saying the current discussion is priority. It obviously has a lot. I'm just labeling it so that everyone sees what's happening. Okay.

All right, so we're going to go to, I haven't heard any want to say, no, let's stop this conversation, which is what I thought. So, I just wanted to label it. So, we're going to go to Dr. Sayida. We're going to ask each person if you can try to keep your comment to one minute, that would be helpful so more voices can be heard. And then we'll go to the chat.

[Sayida Peprah-Wilson (Dr/She/Her) Diversity Uplifts, Inc.] 11:03:32

Good morning. So, this is just on the topic of the payments. For the payment adjustment reimbursements to doulas. I wanted it to be clear because I think that the lack of clarity around this has been the tension point, right? Like, so people didn't know when it was announced that the rates were going to be raised, there wasn't a clear communication that even though the rates have been raised you actually shouldn't expect to be paid for a year. So, people signed up for the benefit thinking they were going to get paid a certain amount.



[Sayida Peprah-Wilson (Dr/She/Her) Diversity Uplifts, Inc.] 11:03:57

And that's where a lot of the tension is coming from on the doula side, because it feels like a bamboozle. Now we're hearing that it's not the plan's fault that there were also some things on DHCS side. So that's helpful too, because people are mad at their plans, thinking that the plans are the ones holding it up. Because some plans are paying the current rate, and some plans aren't. So, it seems like it's personal to them, but I think it's helpful to just understand that everybody's like responding to a delay. But for the doulas to know very clearly when they can start making their complaints.

Are we saying that if they have done services within the period and they're expecting this giant check of all the services that they're supposed to get it by January 1st. Should they wait till January 31st before they say? I can definitely say I haven't been paid timely and now they make a report because I think we should just have a clear communication to the community, what is the actual date that the managed care plans are expected to have paid it so that people don't just start complaining now when, you know, or on the first, right? So just like if you can give us some clarity

[Nicholas Leach] 11:05:08

Yeah, thanks. So the actual requirement is that all payments are made by 12/31. So I would probably give some grace for holiday issues, but I would say if you're not seeing payment by probably the 2nd. Second full week of January, it's probably something that you should either be reaching. At first, I would reach out to your managed care plan that hasn't made the payments to double check, right? And then that's probably when you can start. If you're not hearing from them after that communication, that's when I would raise the concerns. Because they are required to have made the payments by 12/31. So that's the official requirement of the APL.

[Deitre Epps, RACE for Equity she/her] 11:05:55

I just want to note there was a request to put an email in the chat so that if the doulas were not getting information, they would know exactly getting paid, they would know exactly who to contact. I think Bambi made that request. Has that been placed in the chat yet, please, Bambi?

[Michel Huizar] 11:06:14

Hey, Deitre. This is Michel. It was placed into the chat. And also on slide 18 of our deck that we walked through today.

[Bambi Cisneros] 11:06:23

Yeah, it looks like doulabenefit@dhcs.ca.gov.



[Deitre Epps, RACE for Equity she/her] 11:06:28

Okay, I didn't know.

[Bambi Cisneros] 11:06:28

And if you're sharing, yeah, and I would just ask if you're sharing personally identifying information, if you can send via secured email. But we will definitely respond and we'll work internally with our other colleagues here as well as with the plans as needed.

[Deitre Epps, RACE for Equity she/her] 11:06:45

Thank you. All right.

Yes. Samsara, you were next, and then Bambi and then Erica and then Kiaris.

[Mammissi Samsarah Morgan] 11:07:00

Thank you. I'll keep this very short. I wanted to dovetail on what Mama Linda was saying. I hold a monthly event for doulas to discuss the benefit and to encourage people to sign on. And month after month, the feedback is incredibly negative. And so of all the things we're talking about, we do need to talk about the It's not that we don't have enough doulas. It's that doulas are very hardworking people and some of them are parents, most of them are parents.

And, you know, already the amount of time that they've had to wait to get paid for work that they've done, I don't see any other way to that I think I think other people who would be asked to wait this long for money that they have done months ago.

Oh, so that brings forth a feeling of I'm being disrespected by this system. And then on top of going into the hospital and being disrespected they're calling the insurance company saying that what's a doula how many years into this process of talking about it in newspaper articles and blah, blah, blah.

But amongst all the other things we're talking about today, I would say this is the most pressing issue not about training more doulas. The Bay Area has lots of doulas, but lots of doulas who would be rather do it for free as we have been doing for decades now if we need to that way, we know we are not getting paid and so we can adjust our finances accordingly.

[Deitre Epps, RACE for Equity she/her] 11:08:41

Thank you. Erica?



.[Erica Holmes] 11:08:47

I'm actually going to defer to Kiaris to make sure that she gets to talk.

[Kairis Joy Chiaji] 11:08:54

Thank you, Erica. I appreciate that. As much as DHCS has been very consistent with the process, the procedures, the all-plan letters, the expectations, the timelines. The missing piece seems to be with enforcing the compliance. And no matter which end of the conversation we're on, it just seems to stack up at the door of the care plans, doulas not being able to get their contracts through, doulas signing contracts that may be questionable, maybe they still new contracts with old rates still on them.

Doulas being acknowledged um, to be able to go into the hospitals. I feel like hospitals would respond if they understood that the people who sign their paychecks are behind the doulas coming in or that they believed it.

And then on the other end with the payments and the denied claims and all of the things which, you know, in the very beginning, we kind of said, hey, if you're going to do this thing, there needs to be this place where there is training, these resources for those of us who are struggling to train, to get people across the board. There's not a single doula person in this panel. doula entity, doula agency that has not spent their own time and resources helping doulas get across this line, get the paperwork in, you know, we jump through all the hoops and then do it again for the care plans and do it again for the organizations that are trying to help with billing who are also having their claims denied or delayed or any of those things and so the ask that I have is not for more written out procedures but something that makes sure that those procedures actually happen and in a timely space. And I know that there are limitations with who can tell who, what to do, and who can tell what how to do. And so, you know, usually it's the people with the money, I guess, who have all the power. And it seems like we've landed there again sort of. I don't know what the answer is, but I do think it's important to just say it out loud, to just call it out that this is where we keep having the bog down so I am willing to do, like all of us, whatever it takes to make that happen, but somebody has got to put, I don't know, some bite behind the bark. Maybe.

[Bambi Cisneros] 11:11:27

Yeah, so maybe I can... Oh, I didn't.

[Deitre Epps, RACE for Equity she/her] 11:11:33

Erica was just actually next process.



[Erica Holmes] 11:11:37

No.

[Bambi Cisneros] 11:11:42

Thank you.

I really appreciate all the feedback that you're sharing because I think so I think I'm hearing several different types of issues. And so, you know, between timely payments between contracting, seeing some things in the chat about credentialing.

So, I think this is why I was mentioning earlier it's really important for us to really try and pinpoint kind of the root of those concerns because there's different ways that we work with plans so I know, you know, the topic of enforcement has come up here and what I'll share is that the department does have broad enforcement authority over managed care plans. We contract with them to provide these medically necessary services.

That said, depending on you know like what the situation is, is really kind of how we tailor our approach of working with them. So, for example, you know, in state statute is where our authority lies in terms of being able to impose administrative and even monetary sanctions on managed care plans. So, we have the ability to do that.

But there are factors that we would consider when determining how we work and plan. So, for example, if it is a kind of a repeat offender, the good and bad faith of the plan. So, there's all of those things. You know, how long has the problem been occurring? You know, how willful are these, you know, kind of egregious kind of acts? And so I think hearing from you and that feedback would be helpful. Because maybe there's some parts, maybe there's some plans that are very, very late on payments and we need to take a heavier hand and working with them, but maybe it sounds like maybe there's some training issues too maybe it sounds like there needs to be some more information out there in terms of what services doula's offer and provide and how they can kind of work with plans in the community. And so, there's just like, I think there's different options.

In different ways we can work with plans. But it sounds like the first and foremost issue is that for doula's who it sounds like, you know, rent is coming due. They haven't gotten paid. It seems to me that that probably should be our first priority to make sure that the plans are even aware that that's late. These are the outstanding payments.



[Bambi Cisneros] 11:13:54

And so, I think for that, definitely, I think it was doula benefit at DHCS.ca.gov. Please do share that information with us. It will outreach to the plans quickly. And then I know, Kate, you were on the line as well. And so maybe you and I can chat as well in terms of like what other kind of training and TA needs as well. And so I know, you know, I think everyone's really committed to making this benefit work and I'm sorry that that has not been your experience, but I think you hear a lot of different DHCS folks here on the line who is listening to these concerns, we all have different roles to play here at the department. But I think just trying to tease out what are the kind of the root of these concerns and we'll work together with you in the managed care plans to make improvements there.

[Rene Mollow] 11:14:44

So this Rene, I'm going to take privilege here.

A couple of things.

One, as always, we greatly appreciate the feedback that we hear from where we came to where we're at today. We have come a long way. I stand proud in terms of the work that California has done on behalf of our doulas.

When I look at our enrollment numbers, Michel put enrollment numbers in the webinar chat. In terms of looking at the number of enrolled doulas in our program the number of doulas that have executed contracts with our managed care plans. And then how that's broken down by either unique MPIs and then contracts that are pending.

I want to balance you know some of the feedback that we're hearing because we've always known like even with all the positive steps that we have taken. We've always known it takes time.

It's a huge system here in the state of California. We cover 15 million individuals in our program. We cover half the births in the state of California. We have managed care plans across the state and they are the ones that have the responsibilities for the majority of our Medi-Cal members.

Are there some challenges? Absolutely. Is that across the board that no matter what we have done, all the steps that we have taken, that that's what the picture is? I don't think so. I think there is a balance there and I think by virtue of the work that Erica and her team, Bambi and her team that we have been doing from day one demonstrates, one, our commitment and our desire to make this successful.



[Rene Mollow] 11:16:48

And again, I just want to make sure we can also uplift the good that has been done in California versus it being you know either we're not going to promote this or we're going to stop doing this when I look at our reimbursement rates and It is very important to us in terms of our plans paying our providers. Whether it's the doulas or other providers, because part of that policy work that Nicholas was talking about is not just specific to doulas, but it's for all of the providers because there were rate increases you know for several categories of providers that the plans are responsible for paying.

So, I understand because of the nature of the work. And because, you know, with individual providers such as the doulas you don't have a lot of capital or other sources of income in particular, you know, as it relates to this space when you're talking about the Medicaid population and what you're paying for, you know, or the things that you're doing because we recognize the value of people being paid for the services that they have rendered.

That is very important to us. So, I don't want people to think that that's not important, that it's falling on deaf ears but we're hearing the things that you guys are sharing always is very important to us. I think to what Bambi's point was earlier about having some of the specifics because we know that there are some plans out there that are doing some phenomenal things in the doula space. I want to make sure we also uplift that.

There are also some plans where there are some challenges. So, we want to be able to focus on those plans. And so, by having that specific information we get emails on the regular where people are either uplifting good things that they have heard as well as sharing like, hey, we've had this situation in this particular area with this particular plan or with this particular hospital. And so, we're working to try to address that.

So, I just want to make sure that we, you know, as we're having and continue to have the discussions in this space we are really doing a lot to address the issues. And I'm not here to say that there's more issues and what we can tackle, but I think we have made a lot of strides in this space in terms of our work.

And when I think about the report outs that Erica had given earlier and the team had given earlier in terms of the different associations that we're working with.

[Mammissi Samsarah Morgan] 11:19:32

Okay.



[Rene Mollow] 11:19:32

working with other state agencies that have an influence on the work because we at DHCS, we don't control it all. We don't control hospitals. We don't control some of the things that we're hearing about licensed providers. And so we're trying to do our due diligence and reaching out and having those discussions to help inform people. And then where we can, because we also recognize when we ask our doula partners to say, hey, can you come with us and maybe present at X, Y, or Z meeting, it may be taking you away from the work that you do. So, we're trying to be cognizant of that.

But like where we can and where we think it's going to be helpful, absolutely. We'll look to see how we can better partner when we're going out to have certain meetings, when we're having meetings with other

[Rene Mollow] 11:20:24

Whether it's the state agencies, the boards, but we believe in the value of that partnership we believe in the value of having that dual voice heard, not just from the state but from those that are actually out there in the community providing these services and support.

So I just, I felt I needed to say that because I have heard that from the work that we have done in California, we continue to be the talk of the nation, as an example of the right things to do and standing up a doula benefit in a Medicaid program. So I don't want that to be lost on the work group members or the public that is also listening in because we have done an outstanding job.

Even if you say the numbers are not like what they should be, like we don't know and maybe you all know, we don't even know the breadth of the volume of doulas in our state. But I can tell you I would stand up our work against any other state, that they pale in comparison to what California has done.

But we also know this was not a sprint. This is like an ultra marathon. I've said that in the past before. And for those that know ultra marathons, those are like 100 milers plus so it takes time. We're on the right path, in terms of making improvements and strides in that area. But we can only do that collectively with you all. And again, we'll continue to remain committed and working with you through these issues. But I just want to make sure we can You know, to the best of our abilities. And I'm not here to say it's easy or we're trying to sugarcoat anything because we're not trying to do that.



[Rene Mollow] 11:22:15

We do recognize the challenges, but I also want to recognize some of the successes. that we have had in this space and we have had a lot of successes, not because of the work that DHCS has done, but the work that we have done collectively with all of you and helping to inform our policies and the work that we have before us.

So I'll stop there and I see that Samsara has her hand.

[Mammissi Samsarah Morgan] 11:22:44

Thank you.

I think it's important for us to be able to talk about the problems without feeling that anyone should be that that anyone should feel disrespected for the work that we've done up to this point.

I totally agree with Rene what we've done is amazing. It is blown people's minds. I've gotten phone calls from other groups and organizations and press wanting to talk about it. I am personally very proud to be to have been on this team and the amazing doulas that I've worked with and you yourself, Rene, and the state and the partnership and participation has blown my little mind. So, I've been very impressed and pleased myself and we do have these huge problems ahead of us. So yet we have to address them because they need to go away so that we can continue to be successful as people build programs, like we are teaching the nation.

So how do we prevent somebody in Michigan crying about how she's going to buy Christmas gifts for her children as I spent this week talking to an Oakland doula about that who's a medical doctor. All right. So, the energy is about that because I still hear her tears you know, and I am going to put myself in a position where I'm promoting the benefit and having events saying rah, rah, rah, let's do that. But then when these things come up it it

It chaps me, right? I know you guys are working with it. I don't feel like I'm talking to people who don't care or are not taking action but out in the world, this is happening. Besides the lovely folks who are here at this at this point no doula should be crying about getting Christmas gifts for her baby. That's just, You know?

[Rene Mollow] 11:24:47

No, absolutely. Absolutely. And I... As I have said before nothing we have done here could have been accomplished without the partnership and the feedback, both the good and the bad.



[Rene Mollow] 11:25:01

But I always want to try to uplift the positive steps we have taken. As well as the steps we continue to need to take to address the issues that you all are raising. And we do appreciate what people are sharing with us because we take it to heart.

And it's not satisfactory to us that even today, that there are people that are saying, well, what does it do? Washingtonian, that expertise of what the doula brings to the table for the members that they are serving in our program. We know the value of doulas because there was also state law now that makes it a benefit for employer sponsored coverage.

But they're going to have to go through the same things that we have been going through and will likely be reaching out in terms of how did you do what you did on the Medicaid side as an example? But we do know that there's still a lot of work to be done in this space. So we do appreciate always the feedback and trust and believe we've been here from day one, you know, hearing the concerns and working to tackle those issues. But we have to do that collectively and so we do appreciate it.

So Linda, you have your hand up.

[Linda Jones] 11:26:24

I don't want to take any more time in this. I understand. I'm very, very proud of being a part of this and the benefit that we've created. And we know that it's the best one in the nation. We understand all that. And the other part of that, Rene, is that we know how beautiful it could be if we didn't have all these walls up in front of us to make it better. And all we're trying to do is chisel a hole in the wall so that we can get doulas in place because they want to do the work.

It's not that they don't work, but they're not going to want to do the work when they keep hearing that you have to get bloodied on your forehead from banging against the wall to get into the contract, into the MCPs to get contracted. And then you have to get bloody fingertips try to claw to get paid. And we're trying to tell you that the word is on the street is out there. And it will tank this whole thing if it's not fixed.

[Rene Mollow] 11:27:17

Yeah, no, we understand. We understand.



[Deitre Epps, RACE for Equity she/her] 11:27:25

Okay, we'll have the final comment with Ajira, and then we're going to take a break. And if there are any further comments, I recommend that you do take a five minute break, make a comment, but just do take some break time. JIRA will have the last comment for this moment. And it's your if you...

[Ajira Darch] 11:27:44

I just want to add that

[Deitre Epps, RACE for Equity she/her] 11:27:46

one minute or less. Thank you.

[Ajira Darch] 11:27:48

I'll do my best. I want to add that I think it feels especially grating that the burden is once again on the people who are least funded in this process, right? The community birth workers are especially effective at mitigating the harms of the perinatal crisis because we reflect the lived experiences of the community members that we are serving. And so, yes, celebrate the successes by all means, but everybody here other than the doulas is getting a paycheck at the end of the month, no matter what. While the doula is only getting paid if those claims get processed or if they are working with clients.

And so, who are paying them privately? And so, we are going to continue to uplift the crisis because it is not equitable or just or fair that the burden is on community birth workers and on birthing families to bear the burden while the most funded of the group the most resourced in terms of staff of the group is trying to figure it out. It's two years in and all the doulas that I know have seen the faces of here have said, hey, we are willing to help support in any way that you need for this thing to move forward. And we've heard crickets.

So, the people dying? And I personally can't celebrate. I'm glad it's working. I'm glad we're moving forward and also; we need to keep shining the light on the fact that there's a problem. And like other folks have said, it's a problem we keep coming up against over and over again.

So, what can we do differently so that we can actually make this thing happen so community birth workers aren't being asked yet again, to show up for free.



[Deitre Epps, RACE for Equity she/her] 11:29:35

Okay, so it's um, We're half past the hour.

We're going to take a five-minute break at this time but before we do that break, Erica, you had your hand up a little bit ago. I would like to know if you want to say one thing before we close for a break.

[Erica Holmes] 11:29:53

I'm good. Thank you.

[Deitre Epps, RACE for Equity she/her] 11:29:55

All right, so we'll do a five-minute break at this time. okay and rejoin.

[Deitre Epps, RACE for Equity she/her] 11:35:35

Hopefully you had a brief respite. A very brief get away from the screen.

And if you have any reflections or thoughts about what was shared, please feel free to put those in the chat. And the chat is retained, and they will be reviewed.

If you have any questions, please put them in the question and answer. I'm going to, Khefri, I'm going to go to you simply because there was time set aside for what you're hearing back from the doulas. And I'm wondering if that conversation that you had, if that can serve for that time for today, or is there something urgent that you feel needs to be addressed and brought up in addition to that.

[Khefri Riley] 11:36:18

Thank you, Deidre. That's so kind and I think it's important to just highlight some of the concerns that the families are experiencing, their actual real life experiences in hospitals. But I also want to state that we the doula advocates are actually formally requesting of DHCS to either issue a new all plan letter or other very formal request. of the plans and if there are indeed other challenges with hospitals and to put the hammer down right now on these concerns. We've actually been discussing these concerns for the entire 2024. And it's unacceptable. So, while we like to express gratitude and stay in spaces of gratitude it's really too early to celebrate.

And if we can't encourage you to put the hammer down, believe me, the people. We'll bring the hammer down. Because once the people start to understand that they're not being served, and they don't have access and that the people that are serving them and caregiving them aren't being paid.



[Khefri Riley] 11:37:16

And they really understand the amount of deaths and harm that is coming to people to their very perineum to the very hearts and to their children, they will not be pleased. And you can feel it. We can feel it in the streets. And so we really ask you to consider how you will be able to enforce some of the things that we're requesting.

So, I'm going to now share just some of the things that families have shared with us. For example, this is coming from a hospital in Mercy Southwest, I believe. We're a family was so kind to share this inside of the California Medical Center. feedback form. They say they did not allow my doula to do her job, to help support me or advocate for me. They didn't listen to me or my doula about my concerns. They induced me twice before performing a C-section. They told me my thoughts and concerns weren't theirs and that they only go off and care about how they feel. And that my feelings didn't matter. They were the ones that were going to do the procedure. They disregarded everything that I said and requested that they communicate any concerns in a way that made them feel good.

So, this is a family showing us that they felt no concern, which we're not saying that the hospital staff had. But it's obvious that this is what they will take with them into their birth story and into their body. We also have another family concern that says.

Here, this is in the Sierra Vista region, San Luis Obispo, Dignity French Hospital, Twin Cities Hospital, Marion Regional repeatedly not allowing me to be with my clients during triage being made to wait in the waiting room on my client is triaged only to have staff forget to retrieve me from the waiting room after my client is admitted, not being allowed in the room while my client gets epidural, not being allowed in the OR,

Client forced to choose between me and the father of the baby not being allowed in recovery after cesarean. Lack of hospital policy regarding doulas so often that the doula isn't allowed in to do what normally can be done. This is leaving patients unsure of what support they'll actually be able to have from the doula during their birth.

That's another example of what's happening.

At times they are separating the doula from the client since the doula is a Medi-Cal benefit when they aren't allowing us to be with the client, they are in fact denying the client their Medi-Cal benefit. Times is most often seen varies by hospital, but it's common during these times. Triage, cesarean, and postpartum.



[Khefri Riley] 11:39:32

Often just hours after there are other visitors allowed.

These are very vulnerable times for the client and the partner to be without support, and changes need to be put in place immediately. So we can help deter the medical coercion that's taking place with some clients when they are left alone. And in a vulnerable, unsupported state.

So, like I said, when the people really start to understand that the power rests with them, then you will feel a hammer. And I highly suggest that we right now take action together and collectively to address the concerns that the doulas and the families are asking of us. And I think that there is collective power here. And although we don't have the answers to all of that, we aren't inside of your system. And believe me, we see all of the work everybody's doing, Rene, like it's really tremendous. So, it's incredible. But we need more. Thank you so much for your

[Rene Mollow] 11:40:25

Thanks for sharing that, Khefri.

[Deitre Epps, RACE for Equity she/her] 11:40:31

So, there's about 20 minutes left. And I'd like to invite an opportunity, the purpose of this group coming together is around sharing these concerns to be later submitted to the legislature in a report. So, I wanted to give some time to discuss the 2025 report and Is Kristina there?

[Kristina Armstrong] 11:41:02

Yeah, I'm here.

[Deitre Epps, RACE for Equity she/her] 11:41:03

Kristina, All right. Thank you. If you could...Over to Dr. Marshall. Thank you.

[Kristina Armstrong] 11:41:13

Thank you. Let's see, I think Dr. Marshall's here as well, if somebody wouldn't mind just sharing the slides. Can go ahead and get that.

[Deitre Epps, RACE for Equity she/her] 11:41:20

Right. If you can introduce yourself. Thank you. Or how would you

[Kristina Armstrong] 11:41:25

Yeah.



[Kristina Armstrong] 11:41:27

Yeah. Hi, everyone. My name is Kristina Armstrong. I'm a research scientist in the program evaluation section within DHCS working on the doula benefit report. And I'm happy to be speaking with all of you today. And I'll try to be a little bit quicker in the interest of time. So, to start, we wanted to introduce some of the data elements that will be part of the upcoming doula benefit implementation report. And just as a refresher, here's what's written in Senate Bill 65 about what's required for the content of the report.

So, for number one, the report will address like the number of Medi-Cal recipients utilizing doula services. And then for number two, we'll compare birth outcomes among people who have utilized doulas and those who did not, by using medical claims data. We also added some outcomes in addition to what was legislatively required that were supported by recent research and some input from clinicians. However, in all cases.

Can everybody see the slides right now? Okay, good. Okay, good.

So however, in all cases where we did add outcomes, we did so in order to provide evidence to the legislature and the public of some of the positive impacts of doula's work. So please note that an important kind of caveat to what we shared today is that for some of these outcomes, the numbers just may be too small for us to share in the report because of HIPAA privacy concerns.

But if we could just advance to the next slide.

Great. So first, the legislature requires that we assess the number of members utilizing doula services. And this will be broken down by race, ethnicity, primary language, health plan, and county. We also chose to include counts of the number of initial visits, prenatal visit, labor and delivery support, abortion support, miscarriage support, postpartum visit, and extended postpartum visit claim. And I really want to highlight that recipient's usage of the doula benefit will also be operationalized kind of beyond just yes or no. Did they get doula support to include both timing and frequency. So like the trimester that doula services were received and the number of prenatal visit that they had.



[Kristina Armstrong] 11:44:07

And then next, we're required to include a comparison of birthing outcomes between members who utilize the benefit and those who did not. That includes rates of cesarean delivery births, maternal and infant mortality, other maternal morbidity, and to the extent available through information voluntarily provided by Medi-Cal recipients, breast and chest feeding outcome. So, we also chose to compare rates of vaginal, oh.

I think the slides just.

Thank you, that works. So, we also chose to compare rates of vaginal birth cesarean in addition to just rates of cesarean deliveries for members who utilize the benefit and those who did not. And then for maternal morbidity with guidance from available research and some clinical perspectives, we chose to include gestational diabetes and hypertensive disorders. And we also added postpartum visit attendance as an outcome. And then infant health outcomes are going to be discussed on the next slide if we could just.

Advance one more. Thank you.

So, continuing from the last slide, we're also going to compare members who utilize the doula benefit and those who did not on a number of different infant health outcomes in addition to infant mortality. And those include gestational age, birth weight, APGAR score and NICU admission. And then pending sufficient numbers, the outcomes that we've just discussed in the last two slides, we also hope that we can break those down by race, ethnicity, primary language, health plan, and county.

And so next, our external researcher, Dr. Cassandra Marshall from UC Berkeley, who's leading the qualitative part of the report, is going to introduce more about the data elements that they will include, which mainly addresses number three, which is the identification of barriers that impede Medi-Cal members access to doula. So I'll go ahead and turn it over to Dr. Marshall.

[Cassandra (Cassie) Marshall, she/her] 11:46:29

Thanks, Kristina.

Yeah, and sorry, I couldn't see the slides for a second. So sorry to interrupt you, but I see them now. And I will also try to go quickly. I do want to say I'm happy to talk about this report. I'm happy to talk about the research that we are contracted to do at the state.



[Cassandra (Cassie) Marshall, she/her] 11:46:46

But I just also feel like there have been so many issues uplifted on this call that just feel so pressing. And, um. Yeah, I will be brief because I really want the attention to be to what people in the community on the call are speaking to. If this report helps to address some of that, that is my hope. And just, yeah, I feel like I had to say that trying to be human listening to all of this. In addition, as Kristina mentioned, I'm an assistant professor at UC Berkeley.

I'm also a black mama. I'm also a recipient of amazing doula services and a pregnant mama. So, all of this, you know, definitely hits home. What I will say is, yes, we have been contracted to work on the qualitative piece. And part of this, my understanding is that the DHCS knows that the numbers, the quantitative piece can only show so much, right? So, getting the contextual information about barriers and facilitators is really important. And so, our primary goal is to explore and understand the experiences of Medi-Cal members who have received doula services covered via Medi-Cal, and then members who did not receive services covered by a Medi-Cal. In addition, because of the unique nature that this is a full spectrum benefit, we do definitely want to understand and assess the experiences of members who accessed dual support for abortion and miscarriage. And then as discussed on this call and every other call, we know that there are so many other stakeholders who can facilitate or hinder Medi-Cal member access to the benefit. And so, we're also going to be getting a little bit of that information as well. Next slide.

So, this just what I'll just, you know, again, trying to be mindful of time, I'll just alert people that these are the specific groups that we're hoping to do, that we will do interviews with. So, in the first category, they are members who utilize the benefit. We're kind of calling those users, people who actually use the benefit. Then we are going to talk to members who did not utilize the benefit. Including looking at some people who attempted to, like, you know, there's probably some people who just, as was mentioned in the chat earlier, just don't know about the benefit. But there are people who do know, but potentially, but for some reason, we're still not able to get that support. So, we're going to probe around that. We will talk to doulas, including particularly looking at this idea of attempted use. So, doulas who wanted to support their clients via Medi-Cal but couldn't and then also leaders, doula leaders of community-based organizations, so many of whom are represented here and have done so much to facilitate access to the benefit.



[Cassondra (Cassie) Marshall, she/her] 11:49:42

Finally, should not be surprising based on a lot of the conversation here, we will be talking to some folks from hospitals leadership in managed care plans to better understand with respect to kind of the members, what role that they have been playing in terms of facilitating access or hindering access to the benefit.

Next slide.

This is just kind of a figure that demonstrates some of our thinking. It's a pathway for how we expect members to be able to utilize the benefits. So, on the left side here, it's just saying. There's a Medi-Cal member that's eligible for the benefit, right? Then they have to know about doula services and they have to know that the benefit exists. If they have a desire for dual support, then they have to be connected and matched to a doula who meets their needs.

And then finally, they have to actually, that member is supported by a doula who is reimbursed through Medi-Cal, which again, so much of what we've been talking about today. So just again, this is simple to just explain kind of all those steps. And the reason we showed this is because and we were asked to share some of the barriers and facilitators we're going to be asking about and probing on. Next slide.

So here, I just want to clarify that um, these are not the exact questions we're asking in interviews, but these are the questions that have guided our thinking around barriers and facilitators. I can't go through all of these. The slides are posted for people who wish to look more. Maybe I'll just say one from each kind of group. But in terms of knowledge of the benefit. Yeah, our managed care plans and DHCS informing members about this benefit? That's something that we're curious about.

Are healthcare providers aware about the benefit? Are they sharing this information with eligible patients, for example? On the column that says dual services recommended by a physician or other licensed practitioner of the healing arts. Do licensed practitioners, managed care plan representatives, doulas, members, are they using the benefit, do they know about the standing recommendation? What role has that played?

Next slide.



[Cassandra (Cassie) Marshall, she/her] 11:51:37

So again, we talked about the next step is that a client or a member has to be connected or matched to a doula who meets their personal needs. So, does the current number of doulas enrolled as medical providers ensure anyone who wants a doula is able to access a doula?

Do available doulas meet the individualized needs of their clients in terms of geography, racial and ethnic background, language spoken, the services provided? In the terms of whether or not a member is supported by a doula who is then reimbursed by Medi-Cal, have plans, developed relationships with doulas and their established provider networks. Are hospital, clinic, and birth center leadership and providers supportive and welcoming of doulas, right? So, so many of the issues that have come up on these meetings we have used to guide our thinking about, you know, in terms of our interviews.

Next slide.

Oh, and it's back to Kristina. The only thing that I'll just add again, it was very brief, happy to answer more questions here or offline. What I do want to mention is that particularly everyone involved who agrees to sit for an interview with us will be offered an incentive. Especially clients who are taking or Medi-Cal members who are taking their time to talk to us and share their stories so that we can learn this information.

But yeah, I'll stop there. And then I think, Kristina, you're taking this last slide.

[Kristina Armstrong] 11:53:02

Yeah, I don't know if Dr. Peprah-Wilson, you had your hand up. Do you want to ask a quick question before?

[Sayida Peprah-Wilson (Dr/She/Her) Diversity Uplifts, Inc.] 11:53:08

I didn't realize you were going to keep going. You could keep going and then I do have a question about

[Kristina Armstrong] 11:53:14

Okay, thank you. So, thank you so much, Dr. Marshall. Just to kind of finish our presentation on data elements, we really wanted to return to the last requirement of the report. Which is that it includes recommendations from the work group on ways to reduce barriers to services.



[Kristina Armstrong] 11:53:34

And while this has been an ongoing topic of discussion for the work group, we do plan to work collaboratively in finalizing those that will be included in the report in March and April of next year. So, you can see we're kind of discussing data elements now. We'll continue to discuss the data and those recommendations in January.

In March, we can work together with the stakeholder group to help develop those recommendations. In April to finalize them. And then we will also be sharing a draft of the report with stakeholders in May of 2025, and then the final report will be posted in July on DHCS's website by July 1st, 2025.

So thank you all for your time and attention. I only know we only have a few minutes. So I'll turn it over to Dr. Peprah-Wilson's question.

[Sayida Peprah-Wilson (Dr/She/Her) Diversity Uplifts, Inc.] 11:54:34

Yeah, the slide that you had about utilization of Medi-Cal members, I was wondering if it how it ends with a Medi-Cal member supported by a doula who's reimbursed through Medi-Cal put it in with that the doula is paid.

Like, I wonder if you could center that whether or not payment is actually finalized to the doula. And I'm not sure if this is only supposed to be focusing on the members experiences, but I think the sort of success of the benefit won't be there if people don't have that carry through.

And then the other question was the slide that had the who you were interviewing. I was wondering if on the doula section for those that wanted to provide services but were unsuccessful, if you were interpreting that as people who wanted to enroll but weren't able to enroll. Like they've reached out they've messaged the managed care plans in their neighborhoods and they've been told, like, for instance, that they have enough doulas and they don't need any more? Or is this all for people who are enrolled, but for some reason had a mishap, like the hospital didn't allow them in or and if you had thought about maybe having all of like several groups of people in the wanted to serve and couldn't because each of those stories is really unique and uniquely shows a point of barrier.

[Cassandra (Cassie) Marshall, she/her] 11:56:02

I can answer that. Thank you, Dr. Saida. For the first one, I think that's what we meant that the doula is successfully reimbursed yeah successfully paid. That's the concept we meant by that last box. If the question was, I think I know what you're referring to.



[Cassandra (Cassie) Marshall, she/her] 11:56:19

So yes, that is what we meant by that. And to the second point, I 100% agree with you um, it's not a requirement that the doula has to be enrolled. So, we do anticipate it could be someone who's not enrolled. And one of the things that they say is like, I wanted to do this, but you know, I couldn't even get through that hurdle, which is so much as what we've heard here.

So yes, but as you can tell from the numbers. Most of the interviews are going to be with members. That's kind of the focus of it. And so I agree with you. There is a need to kind of dig deeper into these unique different groups and unique situations. I am not sure how much we'll be able to get that depth here. But 100% agree with you and would support additional work to do that.

[Deitre Epps, RACE for Equity she/her] 11:57:18

We are at the close of our time for today's meeting. Very rich discussions. Of course, Rene will come to you. I'm going to ask just Zachary if there's any, I know the chat, it was extremely busy. Is there anything urgent in the chat, Zachary, that you would want to bring forward just to illuminate for future discussion.

[Zachary Epps] 11:57:48

The role of DHCS seems to be one of the a few of the questions towards the tail end of the conversation. It seems like folks will follow up on to some folks individually, but that might be a conversation that it needs to be revisited at a future date.

[Deitre Epps, RACE for Equity she/her] 11:58:04

Thank you. And so, I think making that concrete, like I know, Khefri, you had a request. Thank you, Zachary. I know Khefri, you had a request of DHCS, maybe making that like ultra clear and concrete what that request is would be helpful.

[Khefri Riley] 11:58:19

Absolutely.

[Deitre Epps, RACE for Equity she/her] 11:58:20

I don't know if that works. Okay, thanks.

[Khefri Riley] 11:58:22

We can clarify it quickly now, and then we can also write it in writing and we welcome the community members here to use the feedback form that we've shared today, if there's any other formal requests that you want.



[Khefri Riley] 11:58:33

Please be clear and direct so that we can include it. But we wanted to formally and new all plan letter, if that is the best methodology regarding the barriers that we're finding with the contracting of doulas, that there are no limitations to the amount of doulas that health plans can contract with. For they're making payments on time and working towards a uniform contract that is equitable and accessible to this new workforce.

And those are some of the main things that we were very concerned about. And so, we are still wanting some clarity on what punitive measures or how you can support enforcing this. That would be helpful to us as advocates.

Because doulas are coming directly to us, and we work with our colleagues in trying to find solutions. But unless we know, it feels like a lot of hot air. So, we are asking for a formal request to issue new guidelines regarding these

[Deitre Epps, RACE for Equity she/her] 11:59:27

Okay, so I'm going to pass over to Rene, and then to Jim and Erica to wrap up. So, we'll close out here knowing that we are just at the close of the meeting time.

[Rene Mollow] 11:59:38

Yeah, so thanks. And thanks for that, Caffrey. We'll take that back. If you could also send that to us in writing that would be most helpful.

I wanted to just close out to let you all know that this will be my last workgroup meeting. I am retiring from state service at the end of December. I'll have 30 years. In March, and so I'll run out sometime but I just wanted to say it's been an absolute pleasure working with you all and helping to bring to bear a doula benefit in the Medicaid program.

We've had our challenges. We've also had our success. You guys will be in great hands with the team here because they have been doing the work on the ground in terms of supporting this very important benefit, you know, for the state of California.

I will miss you all. I'll miss the work here, but I am looking forward to the next chapter in my life. But I just wanted to take a moment here just to say thank you all for your advocacy, it is what has helped to shape the benefit that we have here. Still have work to do but we have really come a long way from the very beginnings in terms of the initial construction of this benefit under the Medi-Cal program. So I just wanted to say thank you all and again to say, goodbye.



[Rene Mollow] 12:01:14

And I wish you all have a happy and safe holiday season. So, thanks.

I don't know if Erica or Jim have anything to share.

[Deitre Epps, RACE for Equity she/her] 12:01:24

Before that happens, I'm just going to, some people are already doing it in the chat

I just know Rene, I know the two years I think we've been working together with the doula stakeholder work group and now implementation.

I think it's totally in order and appropriate for everyone in this group, particularly the doula implementation work group co-design team to just share what has it meant in the chat for Rene to be a part of this work? And the difference that you feel that her input and has made in this work, if you can put that in the chat just as a little gift and and a recognition for how she's impacted the doula community in the state and as those come into the chat, Rene, that's just something for you to see as a small

Thank you for your work.

And then we'll go ahead to Jim and Eric.

[Linda Jones] 12:02:19

We all feel proud, Rene, that we've made you into a doula.

[Rene Mollow] 12:02:25

Thank you, guys.

[Sayida Peprah-Wilson (Dr/She/Her) Diversity Uplifts, Inc.] 12:02:27

It's absolutely been a pleasure to work with you.

[Rene Mollow] 12:02:29

Oh.

[Sayida Peprah-Wilson (Dr/She/Her) Diversity Uplifts, Inc.] 12:02:30

And I lift you up for people as an example in other states.

[Rene Mollow] 12:02:30

Thank you all so much.



[Sayida Peprah-Wilson (Dr/She/Her) Diversity Uplifts, Inc.] 12:02:35

for how to lead their version of DHCS in this very long laborious process. You have to have committed leadership and we appreciate you.

[Rene Mollow] 12:02:44

Thank you all so much. I really appreciate that. And I will tell you, when I talk about our successes. When we had had our last meeting before we started the workgroup meeting and we had that moment where we had all hearts, and when you all hit share that you considered me an honorary doula. That meant the world to me.

I have shared that story to just let people know what it takes and the commitment that when you come together you know it's unlimited in terms of what we can accomplish together. Versus, you know, apart and the importance of leadership at the Medicaid agencies and working with the various communities in terms of developing a doula benefit.

I can't say thank you all enough, you know, for your kind words and for that honorary designation, it means the world to me. So thanks.

[Mammissi Samsarah Morgan] 12:03:59

deeply mint. I just want to emphasize again I mean it's a there's been a lot of healing for me personally, because I've had a lot of trauma dealing with government agencies. And, you know, there is work to be done, It's life. But what happened here was really, really special. And definitely there are other beautiful folks, Jim, another honorary doula. We love him you know um the fact that we were able to bring in mediation that was kind and clear. And I mean, it's just if every state did this we would be able to serve so many mamas. And so that's not to be diminished in any way, shape, or form.

[Rene Mollow] 12:04:45

Thank you so much.

[Khefri Riley] 12:04:46

Rene, I wanted to say that I think we both witnessed a collective heart opening that you tremendously held and we know that the things that you did behind the scenes that we were not able to see that we see and we feel and we're tremendously in your debt and honor you. And I really hope that you enjoy every single second of reclaiming your time.



[Khefri Riley] 12:05:10

And your passion towards yourself, your family, your heart, and to invigorate everything you need on a deep soul level because we see you and we respect you, Queen. And we really, really, really will miss you.

[Rene Mollow] 12:05:22

Thank you so much, my friend. Thank you. Thank you.

[Deitre Epps, RACE for Equity she/her] 12:05:27

We're going to close on that. And we're going to leave the chat open, I would say, for any comments for Rene. Erica has said she is just allowing this space to be a closure of time and just feel free to put in the chat. But if you need to go off and to your weekend, happy to see you do that as well. So, congratulations, Rene and um

Take care, everybody. Thank you so much. You all take care now.

Folks can keep the Zoom open, whoever has the Zoom open, please leave it open so Rene can scroll through the chat and just see what people are saying to her.

[Mammissi Samsarah Morgan] 12:06:43

Hello?

[Deitre Epps, RACE for Equity she/her] 12:06:46

Yes, we're here. We're just uh leaving time to read through the chat or for people to place comments in the chat if they choose to.

[Khefri Riley] 12:06:55

So, when is the book, Rene? That's the question.

[Rene Mollow] 12:07:02

No, but I'm going to go to work as a pediatric advisor, part-time in the pediatrician's office. And I will use that as an opportunity to also share about doulas.

Just saying, got to pay it back, pay it forward. This is just beautiful. Thank you, guys, so much. I really appreciate this. Thank you.

[Khefri Riley] 12:07:33

Somehow, we knew you wouldn't stop.



[Sayida Peprah-Wilson (Dr/She/Her) Diversity Uplifts, Inc.] 12:07:38

You're taking it like back to your beginning. Yeah, it's like

[Rene Mollow] 12:07:41

Oh, yeah. Yeah. I haven't been nursing for 30 years so uh I met during the public health emergency a pediatrician. My daughter works in her office. And she would do COVID test sites. So, I volunteer with my daughter doing test sites. And so, we just got to talking and And I said, well, maybe when I retire, I could come and be your advice nurse. And she's like, absolutely. And so I'm like, oh, okay. So, but she's been asking my doctor, when's your mom retired? And so now I'm actually retiring. So she's like, absolutely. So yeah, so that's what I'll be doing in part that small part, big part is to travel in the country.

[Linda Jones] 12:08:32

I was going to say where you go back to work.

[Rene Mollow] 12:08:36

Where'd you say, Linda?

[Linda Jones] 12:08:37

I was going to say, I hope you take a vacation before you go back to work.

[Rene Mollow] 12:08:42

Oh, yeah, yeah. We have a cruise planned in February, smooth jazz cruise. So yeah.

[Sayida Peprah-Wilson (Dr/She/Her) Diversity Uplifts, Inc.] 12:08:49

Where are you going on your cruise? Mama Linda and I are both going on cruises soon too.

[Rene Mollow] 12:08:53

Oh, really? So this one, it leaves out of Florida and it'll take us to Key West, to Turkey and Caicos and I want to say the Bahamas.

But it's a smooth jazz cruise. I don't know if you guys have ever heard of it, but oh my God. If you love smooth jazz, which I do. They have these fabulous cruises. They do them annually. There're usually two sailings a year and we went on one back in 2018 and loved it.



[Rene Mollow] 12:09:24

We're going to go back in 2020 but that little thing called a public health emergency. So now that I'm returning is like, hey, let's sign back up. So, we're all ready to go and In February. So yeah.

[Sayida Peprah-Wilson (Dr/She/Her) Diversity Uplifts, Inc.] 12:09:43

So they have their own boats. It's called the Smooth Jazz Cruise.

[Rene Mollow] 12:09:46

is called a smooth jazz cruise. If you Google it and say smooth jazz cruise, sell like

[Sayida Peprah-Wilson (Dr/She/Her) Diversity Uplifts, Inc.] 12:09:48

Oh, okay. I see it.

[Rene Mollow] 12:09:51

It is phenomenal.

[Khefri Riley] 12:09:51

I know that cruise, Rene, they advertise it on the radio and it's super, it's like you, yes.

[Rene Mollow] 12:09:58

It is phenomenal. You have smooth jazz all day, every day. There's a nightly concert.

[Sayida Peprah-Wilson (Dr/She/Her) Diversity Uplifts, Inc.] 12:10:00

Okay.

[Khefri Riley] 12:10:01

Thank you.

[Rene Mollow] 12:10:06

you're on a cruise, so you have access to the musicians. I like Brian Culbertson, Boney James will be there. They have a huge, yeah, see, I'm right there with you. So, I'm sorry. Absolutely phenomenal lineup. Damien Escobar, he's a violinist. He is phenomenal.

[Deitre Epps, RACE for Equity she/her] 12:10:27

Perfect.

[Rene Mollow] 12:10:28

Yes, yes, yes.



[Rene Mollow] 12:10:33

So I'm just saying, go Google it.

[Deitre Epps, RACE for Equity she/her] 12:10:34

Okay.

[Linda Jones] 12:10:35

At the 23rd of February.

[Rene Mollow] 12:10:36

Huh?

[Linda Jones] 12:10:37

I said, well, I'll enjoy you in February.

[Rene Mollow] 12:10:40

Right? I'm just saying, yeah. And they sell out. They have a wait list. So, they sell out early, but yeah. So yeah. So, listen, you guys take care. It's been an absolute joy. truly working with all of you. So, thank you guys so much. I really appreciate that kind words.

All right. Thanks, everyone.

[Deitre Epps, RACE for Equity she/her] 12:11:00

Thank you.

[Sayida Peprah-Wilson (Dr/She/Her) Diversity Uplifts, Inc.] 12:11:01

Thank you, everyone.

[Rene Mollow] 12:11:01

Bye-bye.