

1 STATE OF ALASKA
2 DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
3 BOARD OF CERTIFIED DIRECT ENTRY MIDWIVES
4 333 WILLOUGHBY AVE, 9TH FLOOR, CONFERENCE ROOM C, JUNEAU, AK

5
6 TELECONFERENCE MEETING
7 June 24, 2013
8

9 By authority of AS 08.01.075 (a)(3) and in compliance with the provisions
10 of AS 44.62, Article 6, a teleconference was scheduled of the Board of
11 Certified Direct-Entry Midwives and held on June 24, 2013 at the
12 State Office Building, 333 Willoughby Ave, Juneau, Alaska.
13

14
15 Monday, June 24, 2013
16

17 Agenda Item 1: Cheryl Corrick, chair of the Board of Certified Direct-Entry Midwives,
18 called the teleconference to order at 8:02 a.m. on Monday, June 24, 2013.
19

20 This meeting was public noticed June 15, 2013 in the Anchorage Daily News.
21

22 Ms. Corrick called for a Voice Roll call vote. Each board member present stated their
23 name for the record.
24

25 Jennie Grimwood
26 Sara Taygan
27 Deborah Schneider
28 Cheryl Corrick
29

30 Approved absence – Peggy Downing, MD, Wasilla
31

32 A quorum of the board was present. Cheryl welcomed Sara Taygan to her first board
33 meeting.
34

35 Staff present, stated their name for the record:
36

37 Sara Chambers, Operations Manager
38 Harriet Milkes Dinagar – Assistant Attorney General
39 Sher Zinn – Licensing Supervisor
40 Connie Petz, staff, - Present
41

42 Public Present stated their name for the record:
43

44 Alaska State Representative Wes Keller
45 Alaska State Senator Cathy Giessel
46 Attorney John Tiemessen representing the Midwives Association of Alaska
47 Mamie Brown Associate of John Tiemessen
48 Attorney Susan Jenkins Washington DC
49 Dr. Glen Elrod
50 Barbara Norton, Certified Nurse Midwife
51 Darcy Lucey, Certified Nurse Midwife.
52

53 Certified Direct Entry Midwives:
54 Kaye Kanne
55 Judi Davidson
56 Suzie Terwilliger
57 Dana Brown
58 Stella Lyn
59 Jessica Sawyer
60 Tara Elrod
61 Peggy Halsey
62 Laura Gore
63 Lena Kilic aka McGinnins-Kilic.

64
65 Agenda Item 2: Ms. Corrick called for a motion to adopt the agenda.

66
67 **ON A MOTION MADE BY SCHNEIDER AND SECONDED BY GRIMWOOD. IT WAS**
68 **RESOLVED TO APPROVE THE AGENDA. VOICE ROLL CALL VOTE: DEBORAH**
69 **SCHNEIDER, JENNIE GRIMWOOD, SARA TAYGAN AND CHERYL CORRICK ALL VOTED**
70 **YES. ALL IN FAVOR, NO NAYS.**

71
72 Ms. Corrick stated the purpose of this teleconference:

- 73
74 • Review part B of the regulation project for adoption
75 • Discuss Xerox and Medicaid audit for Certified Direct-Entry Midwives

76
77 Agenda Item 3: The Board had adopted regulations to be sent to the Department of
78 Law at the February 22, 2013 board meeting. One part of the regulation draft revision
79 did not correctly reflect the intent of the board and was pulled from the regulation
80 project for further revision. The first draft would have required 5 primary deliveries and 5
81 assisted deliveries and this was not the intent of the Board. Of the 10 required deliveries,
82 all could be primary, however, at least five of the supervised deliveries the applicant
83 must have been primary.

84
85 This is now part B of the regulation project. Ms. Corrick read the draft regulation for the
86 record and called for a motion to adopt part B of the regulation project.

87
88 12 AAC 14.470(b)(6)(B) is amended to read:

89 (B) at least 10 **preceptor-supervised** [SUPERVISED] deliveries in the year
90 immediately preceding the application for reinstatement **in which the applicant was the primary**
91 **or assisting midwife; in at least five of the supervised deliveries, the applicant must have**
92 **been the primary midwife;**

93 **ON A MOTION MADE BY SCHNEIDER AND SECONDED BY GRIMWOOD. IT WAS**
94 **RESOLVED TO ADOPT THE REGULATION AS DRAFTED. VOICE ROLL CALL VOTE:**
95 **JENNIE GRIMWOOD, DEBORAH SCHNEIDER, SARA TAYGAN AND CHERYL CORRICK**
96 **ALL VOTED YES. ALL IN FAVOR, NO NAYS.**

97
98 Motion passes. Cheryl Corrick stated for the record, she will sign the original adoption
99 order today, June 24, 2013 and mail to staff in Juneau.

100 Agenda Item 4: Board discussion was the Medicaid audit of Certified Direct-Entry
101 Midwives. Ms. Corrick read the letter she crafted for the emergency teleconference.
102

103 "As the Chair I felt it was important to call this Emergency Board Meeting to address an
104 issue that has come up for the Certified Direct-Entry Midwives as a whole. All CDMs
105 have received a letter from Xerox, who is the auditing and collection unit contracted by
106 Medicaid. In this letter, and in the Provider Billing Manual guidelines, Medicaid states
107 that they will not pay for services for several things that were being reimbursed to CDM
108 providers in the past. Xerox says that these services are outside of the scope of our
109 certification. They have audited at least 9 CDMs and are asking for reimbursement for
110 these services going back to more than a year. These midwives have been told to self-
111 audit ALL of their charts and pay back all reimbursements for these services. These
112 "Non-covered Services" were not listed in the previous guidelines and the new
113 guidelines came out in May 2013. They include a number of prohibited practices but
114 also include:

115

116 -Care to an infant beyond one week of age (must recommend to the recipient an
117 evaluation by a physician)

118

119 -A direct-entry midwife preceptor or other supervising individual is prohibited from
120 billing for services performed by a direct-entry midwife apprentice or direct-entry
121 midwife in training.

122

123 -Any other condition determined by the Alaska Board of Direct-Entry Midwives to be of
124 high risk to the woman and/or newborn.

125

126 The last one is being used to justify not paying for any care given to a woman 35 years
127 old or older.

128

129 Midwives Association of Alaska (MAA) has put a retainer down for an attorney that all of
130 the CDMs may use to appeal these demands for reimbursement.

131

132 The reimbursements demanded range from \$2,500 to \$45,000 per midwife/practice.

133

134 I would like the Board to consider what position or action may be taken in this
135 situation."

136

137 After reading the letter, Ms. Corrick clarified that Xerox had indentified three areas which
138 certified direct-entry midwives have billed Medicaid. New to the Board is that care to an
139 infant beyond one week of age is prohibited (must recommend to the recipient an
140 evaluation by a physician) and women 35 years old or older are considered high risk.

141

142 In the past the Board had asked HSS for direction related to billing for services performed
143 by a direct-entry midwife apprentice or direct-entry midwife in training while under
144 supervision and received a reply letter from Kevin Henderson, Medical Assistance
145 Administrator with the Department of Health and Social Services. His reply said, in part,

146 "It is inaccurate to say an enrolled direct-entry midwife "cannot bill Medicaid for births
147 which involved an apprentice".

148

149 There is also the wording, any other condition determined by the Alaska Board of Direct-
150 Entry Midwives to be of high risk to the woman and/or newborn. The last one is being
151 used to justify not paying for any care given to a woman 35 years old or older.

152

153 Agenda Item 5: Public Testimony

154

155 Kaye Kanne – CDM, licensed since 1992 and an original board member of the Alaska
156 Board of Certified Direct-Entry Midwives. She is currently a board member of the National
157 Association of Certified Professional Midwives (NACPM). CPM is the national designation
158 for a licensed midwife. She explained the North American Registry of Midwives, the
159 NARM board created a job analysis for CPM/CDM which defines their scope of practice
160 for midwives. It includes many more post partum visits than the medical model of care
161 provides.

162

163 Ms. Kanne offered this report to the Board for their reference; The North American
164 Registry of Midwives (NARM) 2008-2009 Job Analysis and Test Specifications Project.
165 All CPMs across the country are trained according to this standard which includes post
166 partum care for mom and baby for up to 8 weeks. It includes many more post partum
167 visits than the medical model of care provides.

168

169 Ms. Kanne is working with NACPM towards national recognition for midwifery. Currently
170 there is a bill in congress for this recognition, so at this time, when they (NACPM) are
171 working so hard to promote midwifery, for national recognition and licensure in every
172 single state for midwives this audit is a step backwards, not just for in Alaska but
173 everywhere.

174

175 Ms. Corrick asked Ms. Kanne how much their practice was being asked to repay to
176 Medicaid. She said she and one other midwife in her practice are being asked to pay
177 back \$38,000.00.

178

179 Ms. Corrick also explained that NARM is the organization which offers the exam that all
180 midwives in Alaska are required to take and pass for their certification.

181

182 Dana Brown – CDM said the audit fines go back to 2010. The letters were issued
183 May 3, 2013 and the money was required to be paid back by June 7, 2013. In addition
184 they were told to self audit which includes the whole practice. This audit is adding up to
185 thousands and thousands of dollars that will destroy midwives practices. Based on the
186 references in the audit letter where they end saying "this list it is not all inclusive". Ms.
187 Brown is concerned that Xerox will continue to come back with misinterpretations and
188 audit even further. She said they need to take a stand right now to stop this.

189

190 Judi Davidson – CDM wanted to point out to the Board that since about 1997 the
191 regulation breaks that Xerox has interpreted for CDM's have been billed with the same
192 codes to Denali Kid Care for post partum, prenatal and deliveries. Most of the midwives
193 in Alaska have come through the apprentice program and were then licensed by the
194 Alaska Board of CDM. Now as a preceptor, she is being asked to pay back money for
195 her apprentices in training and who use the same model of training that she and others
196 have gone through for licensure. But the state of Alaska will reimburse them as licensed
197 CDM's for Medicaid births. She wanted to point this out because it shows the irony of

198 how wrong this is. The care to mothers and babies in the state of Alaska are cutting
199 edge across the nation. In fact she is director of a birth center that is the recipient of a
200 federal Medicaid grant of five million dollars for the Strong Start Initiative. Three grants
201 were given to recipients in the state of Alaska to provide care to Medicaid recipients.
202 Ms. Davidson said that somehow this is now been mis-interpreted and it had not been
203 until Xerox came on board.

204
205 Barbara Norton – CNM, former board member has served two terms on the Board
206 of Certified Direct-Entry Midwives. She is familiar with the statutes and regulations and
207 agrees with the testimony shared so far that Xerox has misinterpreted the statutes and
208 regulations that pertain to care. Specifically that care to an infant after one week has
209 been prohibited all of a sudden.

210
211 Ms. Norton had two points, just because the regulation recommends someone has a
212 physician involved does not mean that CDM care is no longer involved, it is just a
213 physician in care. That is not mutually exclusive and does not mean that the CDM is not
214 still involved in the infants care. Regardless if a recommendation is made to see a
215 physician or nurse practitioner, continued care by the midwife should not be prohibited
216 for care for women or babies after the first week.

217
218 The regulations for birthing centers used to say that you couldn't be under age 16 or over
219 age 35 and have a baby in a birth center. This issue of women over the age of 35 was
220 removed from the state facility and licensing regulations about 6 years ago. Because
221 they successfully discussed with the state that if a woman is over 35 that alone does not
222 risk her out of care or prohibit care by midwives in a birth center. That was changed by
223 the state of Alaska so it seems ironic that Xerox is now interpreting women over 35 are
224 high risk when the state of Alaska does not say they are high risk. She thinks there are lots
225 of flaws in Xerox's interpretations and she would be more than happy to sit down with
226 them and help them understand the regulations as they are written.

227
228 Ms. Norton said the CDM board does have one issue under statute 08.65.140 (d) A
229 certified direct-entry midwife may not knowingly deliver a woman who... She thinks
230 "may not knowingly deliver" is loose wording that needs to be tightened up. The Board
231 had worked toward this change but being in statute, recognized it will take longer.

232
233 Attorney Susan Jenkins shared her testimony based on her experience nationally
234 on Medicaid issues. Her expertise is in the scope of midwifery practice as she has
235 represented midwives for 30 years in her private law practice. She was also on the
236 Council for Nurse Midwives and has written a book on the subject of nurse midwifery
237 regulation and is deemed the authority on what the scope of nurse midwife practice is.

238
239 Currently she is legal counsel for the big push for midwives on a national level in states
240 where they are not yet licensed. She is also working with many states on their midwifery
241 laws, updating statutes or regulations or drafting them. She is also currently legal counsel
242 for the American Association of Birth Centers, where for the past six years she has been
243 working with the American Association of Birth Centers in how Medicaid determines the
244 scope of services and the scope of practice that will be covered by Medicaid.

245
246 Medicaid's list of covered services includes, hospital services, physician services, certified
247 nurse midwife services and in 2010 birth center facility services were added to that list.
248

249 The Medicaid program is both a federal program and a state program but it's a single
250 program. The federal government established Medicaid and then states participate in
251 Medicaid. The federal government pays approximately 50 percent and state
252 governments pay the balance toward services provided to eligible Medicaid recipients.
253

254 Under Medicaid, based on federal laws and federal rules, which is then accepted by the
255 states, states cannot do anything contrary to the federal law but also the federal law
256 looks to existing state practice laws. Therefore, state Medicaid is dependent on federal
257 Medicaid rules and policies. Federal Medicaid when it talks about what services it will
258 pay for looks to what the state practice law and regulations permit for that profession.
259

260 Medicaid benefits under 1905(a)(6) is the section that adds an optional provider benefit
261 designation and any state can add any licensed health professional to the list of
262 providers who are eligible for Medicaid. So even though we don't have CPMs or CDM's
263 licensed nationally yet as Medicaid providers outside of birth centers, they are
264 recognized inside of birth centers. Alaska elected to add CDM's back in the 90's.
265

266 This is care recognized under state law furnished by a licensed provider within the scope
267 of their practice as defined by state law. It's not what Xerox or Medicaid defines as the
268 scope of practice, it's what the Legislature and the Board of Midwifery in Alaska defines
269 as the scope of practice.
270

271 Ms. Jenkins said if this board interprets its own regulations as being within or not within the
272 scope of practice it's up to the Board to make that determination. Therefore, this
273 boards' position on whether or not something is permitted or not permitted should be the
274 determining factor for Medicaid in your state. She also said Xerox is not an independent
275 entity it has been hired by the state of Alaska to administer Medicaid for the state. They
276 are working for the state under a contract. The state Medicaid agency is still in charge
277 and cannot give up that responsibility. The federal government wouldn't allow it. The
278 state can reign in Xerox if they are going beyond the scope of what they are supposed
279 to be doing.
280

281 To the extent that care is being provided by a certified direct-entry midwife in AK in a
282 birth center, there is a second federal law that specifies that services provided by
283 professionals in a birth center must be reimbursed to the extent of recognition of the
284 scope of practice of those professionals under state law. This mandates that state
285 Medicaid plans are to reimburse certified direct-entry midwives for services both inside
286 and outside of birth centers.
287

288 Ms. Jenkins reviewed the AK statutes and regulations and agrees the NARM job analysis
289 and NACPM provides the basis for a national scope of practice for certified direct-entry
290 midwives as the national standard as this relates to federal Medicaid law too.
291

292 Ms. Jenkins addressed the apprenticeship issue saying there is a provision for Medicare
293 and Medicaid where both physicians and other practitioners bill under Medicaid. This is
294 called 'Incident To' billing. This is when the provider (physician or other practitioner) is
295 directly supervising someone who works for or with them. She said it is perfectly
296 permissible, under federal Medicaid law which means the State as well, meaning if the
297 feds allow it then the state must allow it too. It's permissible to bill 'Incident To'. The
298 standards which must be met are that the service must be part of the patients' normal
299 course of treatment during which the practitioner (that would be the midwife) personally
300 performs some part of the service and remains actively involved in the course of the

301 treatment and directly supervises the person (student, technician, assistant or whoever is
302 providing the other services).

303

304 Direct supervision as defined by federal law is not defined as being physically present in
305 the same room but must be in the same building or near enough to provide assistance if
306 required. Ms. Jenkins will provide a follow up letter for her testimony along with other
307 documentation to assist the board in this matter. She thinks the apprentice law in the
308 state of Alaska is very extensive compared to other states. She also said that this is a
309 state plan in how to train midwives and unless midwives can precept apprentices then
310 the supply of midwives will dry up. This would be very harmful to the state which relies on
311 midwifery services to provide care to women in the state of Alaska.

312

313 Ms. Jenkins recommended the Board make a statement on the scope of practice
314 determined under state law but said it's also determined based on national standards for
315 the profession. If the Board would not discipline a certified direct-entry midwife for care
316 beyond their scope of practice such as a woman over 35, care to infants beyond one
317 week old, or care provided through apprentices.

318

319 Ms. Jenkins said optional provider designation is defined by state law and she
320 encouraged the Board to decide what can be covered under their scope of practice.
321 The Board is able to provide an interpretation of their own rules. If the board is authorized
322 to provide opinions Ms. Jenkins urged them to come out with an opinion on these issues.
323 She thought the state of Alaska had already committed to be in support of some of
324 these issues under discussion today based on the 2011 letter provided by Mr. Henderson.

325

326 Ms. Jenkins said that just two weeks ago, the United States Supreme Court ruled with
327 federal agencies but the principle applies to states as well. They confirmed federal
328 precedent looked very strongly to the regulatory agency as being the main expert on
329 determining how to interpret its own statutes and its own regulations. That being said,
330 unless the Alaska Board of Certified Direct-Entry Midwife is seriously and obviously wrong
331 then its interpretation should be given great weight by courts and any other agency.

332

333 Ms. Corrick thanked Ms. Jenkins for her excellent testimony and asked Ms. Jenkins to send
334 her written comments to division staff Connie Petz.

335

336 Dept of Law: AAG Harriet Dinegar spoke stating that another AAG attorney met
337 with Health and Social Services Director Margaret Brodie. She informed the Board that
338 this was a very productive meeting and HSS is taking this entire situation very seriously
339 and they will make an entire review to look at this situation very carefully.

340

341 In the meantime, although provisional HSS will draw a line in respect to
342 reimbursement/recoupment dates. The date will be based on whenever the
343 compliance letters were received by the practices, again at least provisionally for:

344

- 345 1. Billing of apprentices – HSS determined there was potential for
346 misunderstanding or misinterpretation so HSS is not going to seek
347 reimbursement up to the date the compliance letter was received.
- 348 2. Regarding high risk pregnancy over age 35 - HSS determined they would
349 not seek reimbursement up to the date when the practice received the
350 compliance letters.

351

352

353 However, as far as the global billing for post partum visits to infants HSS will be looking at
354 this very carefully. Ms. Dinegar said that she was not certain HSS had looked closely at all
355 the testing required for children at the 14 and 21 days of age and considering certified
356 direct-entry midwives are required by law to test children then it would not make sense
357 to deny reimbursement for treatment over the age of 7 days.

358
359 Ms. Dinegar said she agreed with testimony by Attorney Jenkins and that it is the Board
360 who should interpret their law.

361
362 Agenda Item 6: Question-Answer Period

363
364 Ms. Corrick wanted it on the record that the Board of Certified Direct-Entry Midwives is
365 not the only profession who has had Medicaid audit problems. She is aware that the
366 dental profession and counselors have both had to contact legislators and their
367 attorneys to help with Xerox audits. Perhaps HSS needs to look at this.

368
369 Attorney John Tiemessen said that about 15 midwives had contacted him. He
370 was concerned about the time it will take to for HSS to review all of these issues and said
371 all the deadlines for money due and the appeal processes are costing everyone money.
372 He asked for the Board to make a motion requesting a 'stay' on the deadlines. He said
373 the board should ask HSS to stay the deadlines in writing and ask them to do it quickly.

374
375 Mr. Tiemessen cited (08.65.140 **REQUIRED PRACTICES.** (d) A certified direct-entry midwife
376 may not knowingly deliver a woman who (14) has any condition determined by the
377 board to be of high risk to the pregnant woman and newborn) saying it gives the board
378 authority to define what is and what is not high risk. He also cited 08.65.150 "midwifery for
379 compensation" when a licensed midwife bills for services and it is not the same when an
380 apprentice who is not compensated is working under the authority of with a licensed
381 midwife.

382
383 He wanted the Board to know that the Alaska Supreme Court has followed the national
384 rule that when Boards make factual findings within their area of expertise these are given
385 great deference by the courts.

386
387 Ms. Dinegar as counsel for the Board agreed with attorney Tiemessen and asked him to
388 provide a letter recapping his concerns. Then she will take his letter to HSS for further
389 discussion.

390
391 Ms. Corrick also wanted to point out the other issue was that recommending infants or
392 women to see a medical doctor does not mean the midwife would not continue to offer
393 care.

394
395 Representative Keller spoke with concern for the cost (both financial and human
396 resource) on all interested parties. He wanted to point out that Xerox has contracted
397 with the state of Alaska and at some point all the attorneys involved, representing the
398 Board of Certified Direct-Entry Midwives, Health and Social Services along with the
399 licensed midwives have fees adding up. This should be addressed quickly.

400
401 Stella Lyn said if the standard of care is per NARM guidelines, postpartum care is
402 to babies up to 6 weeks. Ms. Lyn thinks if Medicaid won't reimburse for care to children
403 but self pay and private health care providers will reimburse, then this raises an issue
404 against women who have Medicaid and could be viewed as a human rights issue and

405 discrimination of a different standard of care available to Medicaid clients. She believes
406 the defining characteristic of midwifery care is the continuity of care with clients (mother
407 and baby) and to restrict it would be a shame on a human rights level.

408

409 Attorney Jenkins said there is a general provision of Medicaid law that requires that the
410 standard of care provided to Medicaid beneficiaries' should be the same standard
411 (quality) of care that's available to non Medicaid. She thought Ms. Lyn made a very
412 good point to support this position.

413

414 Ms. Corrick said that in her community, it is difficult to find a dentist and some other
415 providers who take Medicaid patients. This is due to the low reimbursement rates and
416 the Medicaid audits and they do not want to deal with it. She has heard that some limit
417 the number of Medicaid clients in order to make it financially.

418

419 Ms Corrick also said that with the 'stay' she would like to ask HSS to review this situation in
420 a timely manner because her practice has put on hold billing Medicaid for women over
421 35 and for infants over 7 days of age. They have not stopped caring for them, just
422 holding their billing not knowing how this is going to go.

423

424 Attorney Tiemessen said that the long term result of this issue will be denial of care.
425 Ultimately, his clients can hold off billing for a certain period of time and they can see the
426 patients they have right now through their deliveries and postpartum care but at some
427 point, midwifery and birth centers are businesses. If the cost of doing business is going to
428 be putting up with audits, reimbursements and denial of coverage the long term result is
429 people will not be serving this population. This is what happened within the dentistry
430 community across the state. The dentists just got tired of going through this process and
431 if you have Denali Kid Care or Medicaid it is very difficult today to find a dentist to
432 provide services because dentists have been dropping out of the system over the last 10
433 years.

434

435 The audit letters and requests for reimbursement provide an immediate concern. There is
436 a broader issue and if this isn't resolved, in an expeditious and favorable manner there
437 may be a patient population that is going to have the option of certified direct-entry
438 midwife taken off the table for them to manage their pregnancy and delivery.

439

440 Representative Keller wanted clarification, he's heard the Board being urged to
441 document their interpretation to their regulations as they've been applied and then
442 reference to being subject to the compliance dates of the audit. He said we can urge
443 HSS to 'stay the dates' but what is the point of documenting these regulations? Is it in
444 case there is a court case?

445

446 Attorney Dinegar said that every time the Board enforces a regulation then it enforces
447 their interpretation of its statutes and regulations. Boards certainly can issue policies and
448 statements interpreting their statutes and regulations. She said this is something the
449 Board can discuss with her and what form, if any that it should be drafted, whether it's
450 necessary on one point or four points, but that is something that the Board can do.

451

452 Lara Gore, Chair of Midwives Assn of Alaska. She wanted to have on the record
453 a concern by her and other members of MAA who were not served a Medicaid audit
454 letter. They only received a Medicaid compliance notice. However the letter she and
455 others received did not address the issue of over age 35 or the infant billing issue.
456 Therefore they would not have known about this problematic situation without other

457 midwives telling them about their audit letter. She also wanted to say that the 'high risk'
458 issues refer to 'may not knowingly deliver' and not taking care of people with those
459 diagnosis. She wants to make sure that people who are not affected by the audit letters
460 get clear and concise information from HSS as well.

461

462 Ms. Corrick wanted to clarify for the sake of Ms. Dinegar that the Medicaid compliance
463 letter states it "will not reimburse for services which a direct entry midwife is prohibited
464 under AS 08.65 from performing". Midwives are not prohibited from performing the
465 services that are listed in the letter they are prohibited from 'knowingly delivering' these
466 women. Ms. Corrick said this is a huge difference. For instance 'fetus of less than 37
467 weeks or more than 42 weeks gestation', we have no way of knowing if someone is
468 going to deliver before 37 weeks. We are taking care of that woman and then she
469 delivers at 36 weeks, so then if Medicaid says they won't pay for that, because these
470 were services for a woman who delivered prematurely. Ms. Corrick said she has a
471 problem with the statement, 'will not reimburse for services'.

472

473 This applies to 'may not knowingly deliver' a woman with gestational diabetes. Services
474 for this woman would not be covered and conditions for gestational diabetes would not
475 even be found until after 28 weeks. The law says 'may not knowingly deliver' and this is
476 very important as there are things that would not be known until it happens. Medicaid
477 and Xerox need to look at the list and re-evaluate the wording 'no services can be
478 performed'.

479

480 Ms. Dinegar said she agreed and said the word 'knowingly' is key and the interpretation
481 of language is very important and something they are going to be looking at.

482

483 Ms. Corrick said that Ms. Gores comment, not listing women 35 years of age and over is
484 also very important. The catch all phrase in this letter is "any other condition determined
485 by the board to be of high risk to the woman and/or newborn". This is the phrase being
486 used to deny women over 35 and Xerox needs to prove that this is determined by the
487 Board to be high risk or the Board needs to clarify that it is not.

488

489 Deb Schneider asked Harriet about requesting a stay on the audit, is there something the
490 Board can do to make a statement to HSS for a stay? Can the board make a request for
491 a quick resolution to this issue and request a stay

492

493 Representative Keller said he served on the Alaska Health Commission and was chair of
494 HSS. There is concern there is going to be a shortage of care in primary providers. He
495 said he has a vested interest in this issue. He recommended everyone contact their
496 legislators and Health and Social Services.

497

498 Ms. Jenkins explained staff at a Birth Center could be a certified direct-entry midwife, a
499 certified nurse midwife and/or a physician. Inside a birth center, if the services are being
500 provided in a licensed birth center, then those professional services are mandated for all
501 pregnant women in a birth center.

502

503 Agenda Item 7: Board Position or Action

504

505 **ON A MOTION BY SCHNEIDER, SECONDED BY GRIMWOOD, THE BOARD RESOLVED**
506 **TO WRITE A LETTER REQUESTING THERE BE A STAY OF THE DEADLINES ON THE ALASKA**
507 **MEDICAL ASSISTANCE BILLING MANUAL AND 7 AAC 105.270 AND THE XEROX**
508 **APPEAL PROCESS REQUESTING A QUICK RESOLUTION TO THESE MATTERS.**

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Cheryl Corrick called for a Voice Roll call vote.

**Deborah Schneider - Yes
Jennie Grimwood - Yes
Sara Taygan - Yes
Cheryl Corrick - Yes**

Motion passed unanimously.

Sara Chambers explained to the Board they could have a sub-committee of two Board members who could work on drafting a letter which would be a draft motion for the board to come back together to make a formal resolution for the care beyond 7 days of a newborn and care for women over 35 is not considered high risk by the board.

The board will need to come back together to vote in a teleconference and open meeting to vote on the resolution.

ON A MOTION BY SCHNEIDER, SECONDED BY GRIMWOOD, THE BOARD APPOINTS A SUBCOMMITTEE, CHERYL CORRICK AND DEBORAH SCHNEIDER TO DRAFT A LETTER TO ADDRESS HIGH RISK OVER AGE 35 AND INFANT CARE. ONCE THIS MOTION IS COMPLETED THE BOARD WILL HOLD ANOTHER TELECONFERENCE FOR A VOTE FOR A RESOLUTION.

Cheryl Corrick called for a Voice Roll call vote.

**Deborah Schneider - Yes
Jennie Grimwood - Yes
Sara Taygan - Yes
Cheryl Corrick - Yes**

TASK: Cheryl Corrick and Deborah Schneider are now a subcommittee and will draft a motion to address the high risk over age 35 and infant care. Once this motion is completed the board will hold another teleconference for a resolution

Ms. Corrick asked if the Alaska state representatives present during this meeting would send letters to the Commissioner regarding this issue.

For the record, the Board was sent 12 letters of testimonies addressing concerns with these issues.

Agenda Item 8: Adjourn Meeting

Cheryl Corrick asked if there was any other business. With no further business called for a motion to adjourn the meeting.

**On a motion made by GRIMWOOD, seconded by SCHNEIDER;
RESOLVED TO ADJOURN the meeting.**

**Cheryl called for a Voice Roll call vote.
Deborah Schneider - Yes**

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Jennie Grimwood - Yes
Sara Taygan - Yes
Cheryl Corrick - Yes

All in Favor, no nays - meeting adjourned.

The Board having no further business to discuss adjourned the meeting at 10:05 a.m.

Respectfully Submitted:



Connie Petz, Licensing Examiner

Approved:



Cheryl Corrick, CDM, Chair

Date: 8.22.13