



# Medi-Cal & Midwifery Assistant Implementation Webinar Transcript

The following is a transcript of the Medi-Cal & Midwifery Assistant Implementation Webinar, hosted on October 21, 2015 by the California Association of Midwives (CAM). The workshop was led by Sarah Davis, LM, IBCLC and CAM policy chair and facilitated by Jeanette McCulloch.

To view a video recording of the session, [click here](#).

Jeanette: This is our presenter for the day, Sarah Davis, licensed midwife and IBCLC. She is also the legislative and policy chair for California Association of Midwives. She's practiced as a licensed midwife in clinics, home and birth center settings and has served as a birth center clinical preceptor and academic faculty for several midwifery schools. In 2013, as Vice President of CAM, she was one of the leaders of the grassroots advocacy effort to remove physician supervision requirement for licensed midwives. Over the past year, she's been the lead advocate at CAM for both Senate bills 407 and 408. Sarah, I'm going to now turn it over to you. Thank you.

Sarah: Good afternoon. I'm going to start this webinar with thank yous. There has been a lot of work done this year and over the last several years about policy changes for licensed midwives in California and this work was made possible by a very large group of people, some midwives, some consumers, some other professionals in various fields. I definitely want to thank our President at CAM, Rosanna Davis. She would be here with us but she is on a well-deserved vacation in Europe right now and we are very pleased that she had that opportunity. Thanks to Jocelyn Dugan, our amazing CFO that keeps us running at CAM. The legislative committee who did a lot of the support work this year. Jessica, Pearl and Firen have been really awesome as well as a number of other midwives and consumers who attended our legislative trainings and also who did in-district visits as well as Sacramento visits for legislators. Thank you all so much for that.

An enormous thank you to California Families for Access to Midwives, CFAM, their president Tanya Smith-Johnson, Treesa McLean, Alex Rounds and the other members of their steering committee and their volunteers have been a fantastic driving force for the legislation. We absolutely want to thank our consultant, Jeanette McCulloch who is here on the phone with us managing this call with BirthSwell. Katie Prown, our political consultant and Susan Jenkins, our attorney have been incredibly supportive and helpful. And we definitely want to thank our legislators, without whom there would be no bills. Mike Morrell from the Rancho Cucamonga area has been the author for both bills this year. Lois Wolk and Holly Mitchell were co-authors on the CPSP bill.

Sarah:

If I forgot anybody, I'm sorry and I thank you too. CAM is committed to keeping you up to date on all the policy work that we're doing. This webinar is kind of a wrap up for this year. The legislative year ended a couple weeks ago when all the bills that were left went to Governor Brown and he did sign a number of them including SB407 and SB408 so this is a perfect time for us to kind of give you a wrapup for the year. The legislature is now kind of on a little bit of a break things are more casual there before they get really busy again in January.

I'm just going to go ahead and read this one. Please note that licensed midwives are responsible for reviewing and understanding the rules and regulations that apply to their practice. CAM webinars and other information cannot replace consultation with the appropriate state officials and your own legal counsel. Of course, we do our best to have the most accurate information possible but you are responsible for your own actions and how you apply this.

We're going to go ahead and jump right in. We have three topics for today, sort of three and a half topics. The topics are implementing the midwife assistant bill and what that is, updates on Medi-Cal and how licensed midwives are going to be able to enroll in Medi-Cal independently, the CPSP build to add licensed midwives to the Comprehensive Perinatal Services Program and then the half topic is we're going to have a few brief slides about licensed midwives in birth centers in state licensed birth centers.

Starting with the midwife assistants implementation. First of all, the term is midwife assistant. It is written in the law, it is not midwifery assistant, it is not birth assistant. It's not labor assistant, it's midwife assistant. You can call the person whatever you want in your practice but the protection that the law is affording them is based on the term midwife assistant. Prior to now, there has been a little bit of vagueness around who can legally

provide services under the supervision of a licensed midwife as an assistant. There was no actual specific definition of an assistant and there were various interpretations. The opinion of the medical board staff was that only another licensed maternity provider or a student registered at a board approved school could legally act as an assistant. In response to that, we did a little bit of poking around over the last few years and Carrie Sparrevohn and the rest of the midwifery advisory council looked into this as well and proposed to the medical board and to board staff that their be a midwife assistant protected category.

Out of that, we got a bill this year, the medical board was officially the sponsor. Mike Morrell from the Rancho Cucamonga area was the author of the bill and the bill passed unanimously without too much trouble. A little bit of back and forth. What it now says is that a midwife assistant can perform certain assistive activities under the supervision of a licensed midwife or a certified nurse midwife including the administration of medicine, the withdrawing of blood and midwife technical support services. Some of the benefits of this is that you can now use a person other than a student as an assistant. An assistant can be shared in a practice of licensed midwives and certified nurse midwives without concern about who exactly is the LM allowed to supervise versus the CNM. This bill allows both people, both midwife categories to supervise the same midwife assistant. It will add specific training requirements that will be accessible to people across the state.

We have, Jeanette's going to be dropping in a bunch of links as we go and the links will also be available for you at the end of the webinar but among those are going to be links to the bills directly. Anyone who actually wants to see the original text will be able to see them. A midwife assistant is a person who may be unlicensed or obviously may not be so they might carry another license. For example, Licensed Vocational Nurse, who performs basic administrative clerical and midwife technical supportive services in accordance with this chapter. The person is going to have to be at least 18 years old and have a minimum amount of hours of appropriate training established by the medical board. It's going to be parallel to the type of training that a medical assistant receives in California.

After completing that training, the midwife assistant will receive a certificate. And that's either going to be from a formal training program or on the job with a licensed midwife or a certified nurse midwife. And the employer of the midwife assistant so the LM or CNM will need to retain a copy of that certificate as record. So, everyone should have copies. The

assistant and the employer should always just have copies showing that that person was certified in this training.

This program, what it is not is it's not a licensure, it's not a registration, it is not a certification through the state so that the state itself is not verifying any of this or registering this person with the state. It only happens between the training program, the employer and the midwife assistant.

Here we have some tiny, tiny writing and a lot of words. I'm not going to read the whole thing. This is in the text of the bill but I wanted to hit on a couple of the points that I expect will be important to people using this midwife assistant on the job. Which is basically, what can this person do? A midwife assistant will be able to perform venipuncture for the purposes of withdrawing blood. The midwife assistant will be able to administer medications orally, sublingually, topically, and rectally or provide a single dose to the patient for immediate self-administration and administer oxygen. This pretty much covers all the types of medication, administration that you might need in your practice with the exception of administering IVs. The midwife assistant under this bill with these protections will not be able to administer IVs. They can lay out all the stuff on the tray but not actually perform, you know, administer the IV.

The midwife assistant will be able to assist in immediate newborn care which means they can do neonatal resuscitation and the purpose of that point is that they can do NRPs. We expect that NRP will be required for the midwife assistant to become... It will be required in the training requirements for a midwife assistant. It is intended that they have NRP. It does say that they can only do assist in immediate newborn care when the LM or CNM is engaged in a concurrent activity that precludes them from doing it themselves which basically means the LM or CNM shouldn't be standing back doing something completely different while the assistant is doing NRP unless they're managing another emergency.

The midwife assistant can assist in placement of the device used for auscultation of fetal heart tones as in Doppler when the LM or CNM is engaged in a concurrent activity that precludes them from doing so. Note that it says placement of the device. The intention is that the midwife assistant can obtain the heart tones but that the interpretation should be done by a licensed midwife or CNM. The licensed midwife or CNM needs to be in hearing distance and be the person who is actually interpreting the fetal heart tones at all times. This bill does not protect the midwife assistant to actually be able to interpret fetal heart tones.

A couple of other things that the midwife assistant can do that are pretty straightforward are collect and record patient data - so, your assistant can chart. And perform simple laboratory and screening tests. Customarily performed in a medical or midwife office. Your midwife assistant will be very useful. There are, like we said, a couple of things that the midwife assistant can't do on their own.

The timeline for implementation of the midwifery assistant status. The first step will take place in the end of January of 2016 and that will be an interested parties meeting at the medical board to obtain stakeholder input on the training requirements for midwife assistants. This will be an opportunity, of course, for the members of the midwifery advisory council and us at CAM and the nurse midwives and any other stakeholder who want to share what they think is important for the training requirements to make public comments. This would also be an opportunity for anyone who already has a midwife assistant training program to participate. That opportunity would be there at the end of January at that interested parties meeting. The medical board doesn't usually give very long advanced notice on their meetings. They are required to give ten days and they usually give just about ten days. You can take a look and if you are able to make it to that meeting and this is particularly important to you, there you go.

Following that meeting in March of 2016, those proposed regulations will go to the midwifery advisory council for their input. Incorporating that input then proposed regulations will go to the full medical board for approval to hold a regulatory hearing. That proposal will take place in May of 2016. Assuming that the board approves a hearing then that regulatory hearing will actually take place in July 2016. Following that, the medical board will actually implement the regulations. There is some time still on the midwife assistant timeline.

I've fielded a number of questions from midwives and midwifery school programs and birth centers. Will my program qualify? I don't know. The training requirements don't exist yet. Like I said, you will have the opportunity to be a stakeholder in January if you like. You can also provide written comments if you can't make it to that meeting. Everybody's input will be considered by medical board staff as they write the proposed regulations but we do not know the answer to that question right now.

How to become a midwife assistant? As we said, the exact process will be determined by the board. Midwife assistants will not be licensed or board certified or registered with the state. Midwife assistants must be

directly supervised at all times by an LM or CNM and this means on premises. A midwife assistant, just like a midwife student cannot be left at an establishment without an LM or CNM to do any type of services. We just want to make it clear if we haven't already that the midwife assistant protection in this bill do not apply today. They didn't apply the day the bill was passed or signed, they will not apply on January 1st. They won't apply until the regulatory process is completed and the training program is clear and the person can take part in that training.

Okay. We got through one of our categories. Category number two is Medi-Cal implementation. As you know, Medi-Cal is California's state Medicaid program. It is provided for low income persons in the state. A large number of Medi-Cal recipients are pregnant because the threshold for participation is more lenient when you're pregnant. For the last number of years licensed midwives have been listed in the law as Medi-Cal providers, however, because of the supervision requirements, Medi-Cal required a supervising physician for Medi-Cal participation. A licensed midwife could only bill Medi-Cal through a supervising physician which would either be in a clinic, a large practice or an individual physician practice. That is changing now. Licensed midwives will soon be able to enroll independently and be able to receive reimbursement directly without a supervising physician because, of course, we no longer require supervising physicians.

What that looks like in real life is requires that we talk a little bit about how Medi-Cal is actually structured in California and in most other states. California has, let me look at my next slide real quick. Yes, California has two methods for billing Medi-Cal. One is fee for service also known as straight Medi-Cal and one is managed care. Fee for service Medi-Cal is becoming ... there are fewer and fewer people enrolled in Medi-Cal that receive fee for service and more and more of them receive managed care. Understanding what fee for service is, the provider enrolls in Medi-Cal. There's no third party insurer involved at all. Once the provider is approved by Medi-Cal as a Medi-Cal provider and gets their own number and gets their own forms for billing, the provider bills Medi-Cal directly with codes, you know, whatever code it is, whether it's a global OB code or a whole bunch of different codes. Whatever it is goes straight to Medi-Cal and Medi-Cal pays. That's why it's called straight Medi-Cal or fee for service where each service is reimbursed individually.

The other structure is managed care. In this model, Medi-Cal at the state level contracts with third party insurers, some of those are for profit and some are not for profit. Some of those plans are only Medi-Cal managed care plans, others also have commercial products. I'm familiar with San

Diego so in San Diego for example, Molina in Southern California, Molina is only a Medi-Cal managed care plan where as say Anthem Blue Cross has Medi-Cal managed care products across the state but they also have commercial products. The state contracts with the plan for a flat fee for caring for an individual person's entire health care needs. They just get a certain amount for the number of people who are enrolled in their plan period. The state doesn't see the codes. The state doesn't know if how many pregnant people there were, how many global OBs, how many newborns in the nursery, how many people had ear infections. They don't get any of that. All they do is pay out a per person fee to the plan. Then the plan deals with everything else. The plan is going to be who contracts with individual providers. As a licensed midwife, you may choose to contract with a plan.

Currently, the number and proportion of people who are covered by fee for service Medi-Cal versus managed Medi-Cal varies by county. Some of the counties have been using managed care plans for many, many years and virtually all of the families and pregnant people are enrolled in plans. In other counties, managed care is newer unless it hasn't sort of penetrated as well and there's still more fee for service. It does vary by county. A change is coming. Currently, about 8.8 Medi-Cal beneficiaries in all counties receive their health care through models of managed care. You can go back and look at this slide if it interests you. There's also a couple of links to Medi-Cal managed care if you really want to be a Medi-Cal managed care nerd and learn it all but it varies by county.

The change that just happened this year over the last few months is sort of a positive and a negative. The positive is huge. Pregnant women previously, I'm sure you're all familiar with pregnancy only Medi-Cal coverage. It's coverage for pregnant people who wouldn't normally qualify for Medi-Cal but the income level is raised when they're pregnant and suddenly they're eligible. You probably all are aware that previously pregnancy only Medi-Cal would only cover obstetrics concerns so not anything else. Not asthma, not broken legs, not car accidents, nothing. There has been a significant change. I'm actually not sure of the start date but pregnancy only Medi-Cal will now cover full coverage. Those pregnant people will have full coverage for all of their needs, not just obstetric needs and that's fantastic.

The other part of this change is that pregnancy only Medi-Cal recipients are now going to be all in managed care plans. They will be required to enroll in a plan. This will increase the number of pregnant people in managed care programs because previously, many of us would see a large number of fee for service pregnant women who were pregnancy

only and therefore enrolled in fee for service. The number of fee for service is going to go down in pregnancy quite a bit.

As far as when Medi-Cal for LM's is going to get implemented, California's Department of Health Care services submitted a state plan amendment to the federal Centers for Medicare and Medicaid on the last day of the quarter, September 30th. We are thrilled. It was an enormous amount of work to get them to actually do that in a timely manner and we're thrilled that it happened by the end of the quarter. The CMS now have 90 days to respond and so by the end of the year, they will be responding about that state plan amendment to allow licensed midwives to independently enroll in Medi-Cal. We have no reason to think there is going to be a problem with that because the California Department has already informally consulted with the federal CMS and informally got all their questions out so on the formal stamping process, we're anticipating it to be very smooth. Once that's been returned, the California Department of Health Care Services will have to update its application and enrollment forms sometime in 2016. Once the forms are available, individual LMs will be able to enroll as Medi-Cal providers. Yay!

How do you do that? Enrolling as a fee for service provider is the first step. We encourage you if you are very enthusiastic about enrolling in Medi-Cal to consider preparing your packet right now even though the state and Federal government haven't quite approved everything yet. One of the links that Jeanette will be providing either now or at the end is a link to the licensed midwife enrollment packet for Medi-Cal. That packet, everything supplemental will be the same. It asks you for example for a copy of your midwifery license, you can copy that. A copy of your driver's license, you can do that. It tells you what you need as far as professional liability insurance, malpractice insurance and general liability insurance so you can prepare those things and get if you don't have them yet, prepare and know what you need for whatever day you want to send in your Medi-Cal packet.

It gives you the opportunity to get everything together. You can stick it in a big manila envelope if you want and just wait for the day that the state provides the new enrollment form that no longer requires physician supervision. We do not recommend that you send in your packet now and leave that physician supervision space blank because it will get denied and it will just delay the process for you. If you believe that you do have physician supervision, we still don't recommend that you send in the packet now unless you are trying to enroll as an employee of a physician. If you're trying to do that, none of this applies and you can just do it now. But if you're trying to be independent and get the payment yourself to



your office, then you need to wait for the new forms because the old form only allows you to be an employee.

Managed Care Provider. In order to contract with a plan, if you decide you want to contract as a managed care provider with a managed care plan, you have to already be a Medi-Cal provider. You have to already enroll in fee for service. So yes, I saw a couple questions out of the corner of my eye, you need to enroll as fee for service first because you have to do that to be a provider with a plan. Then you need to do the research and decide which, if any, plans you want to contract with in your geographic area. Your county or counties may have few or several plans, few or many. Each provider, so yourself, will individually negotiate your fees and your contract with each plan. Like any other contract with a private or public insurer, your contract will be binding. You'll negotiate, you know, play hard ball, get the best fees you can and then that will be all you'll be able to bill for in the course of your care with your moms.

Each plan may pay more or less for providers in different areas, they may pay for different places of service, we just want to caution you as always with any conversation about fees, make sure and consult your own attorney to determine if your conversation you may be having with your colleagues violates anti-trust laws. Medi-Cal managed care plans as private plans in general are under no obligation to contract with LMs at home. They don't have to do it. They may want to and that can be another conversation we have in the future. We can't get into it too much today about how to compel them to think this is a good idea. You can have your clients contact them, you can have clients employers contact them, etc, etc. There is no mandate that they contract with you to provide LM service at home.

However, the affordable care act did mandate and does mandate that LMs do have to be covered in licensed birth centers. They do not have a choice. Medi-Cal managed care plans must provide a licensed birth center option to all of their members period. They can't opt out. They have to do it. They can either contract directly with a birth center or they can make plans to pay fee for service at a birth center if they really, really don't want to contract. This is a great opportunity for licensed birth centers to get contracted with plans because the plans have now received a memo to that affect that they absolutely must provide that service to their members.

Managed Care Plans are obligated to contract with at least one licensed birth center. They are not however obligated to contract with all licensed birth centers or all midwives providing service at all licensed birth centers.

That's an important distinction for us to understand while the law does require that they contract with our provider type, and with birth centers as a type, they don't have to contract with all of them.

Because of this, this does create a little bit of a competitive situation for LMs that we haven't usually had with contracting with plans. If multiple LMs in an area want to do it, and licensed birth centers, and the plan is mandated to do it, that could create a little bit of competition as to which licensed midwife or which birth center does get approved. But, the plans also could choose to approve multiple ones. The question really is does the patient have access to a licensed birth center. The patient doesn't actually get to choose, oh I just like that one better I want to go there, unfortunately.

Okay. Here's our half topic about licensed alternative birth centers. The reason we're going to use this word alternative in here multiple times even though it sounds funny and we don't use it in our normal language is California state law refers to licensed birth centers as alternative birth centers or ABC. AB1308, the bill in 2013 permitted licensed midwives to catch babies in licensed alternative birth centers. Previously, only MDs and CNMs could catch babies in ABCs. The regulations currently applied to ABCs have not yet been updated to allow LMs. If you just do a search in the regs, you will find that the regulations that the state is currently using have not been updated in that way. And we're finding that this state is currently providing conflicting advice to licensed birth centers who are ABCs who are applying to bring LMs on staff. We do know that at least one alternative birth center has successfully brought LMs on staff with the state approval. This is a little bit in flux and it's definitely an area that we at CAM are working on at the state level to make sure that this all gets turned around.

As part of our upcoming agenda, we are working on ABC issues like I mentioned. Please contact me as soon as possible or you can chat it here, I think, as long as I'm going to have access to these afterwards because I won't catch it all right now.

Sarah:

Okay. If you have concerns about the existing regulations, at all, if you are attempting to add an LM to an existing ABC, if you're attempting to license a new ABC with LMs on staff, and I would also add if you have successfully done all this, I still want to know about it because it's going to sort of help us to know what everybody is doing on the issue when we continue our conversations with the state. Please let me know who's doing what with LMs in licensed alternative birth centers. Coming soon, watch for a webinar on how to license an alternative birth center in

California. I was thinking we would probably do that in the spring and by then we should have a bit more guidance and we should have made a couple of more demands to the state on this issue.

Final topic for the day is Comprehensive Perinatal Services Program implementation. Comprehensive Perinatal Services Program is administered by the State Department of Public Health and it provides enhanced services to pregnant women on Medi-Cal. Those enhanced services in particular are health education, nutrition and psychosocial services. Some of those are one on one enhanced services done by the obstetric provider or midwife and some of them are classes or group, either individual or group classes provided by other practitioners. This is cut straight out of the bill, I'm not going to read it all but this bill will add a licensed midwife to two lists. It adds licensed midwives as practitioners of CPSP and it adds licensed midwives as providers of CPSP.

The little tiny, tiny history of CPSP is that it became a Medi-Cal benefit in 1987 and it does provide the services I mentioned during pregnancy and for up to 60 days after the birth of the baby. Part of the reason it's important to highlight the 1987 is because the regulations around CPSP are also about that old. They've been updated at various times but the structure particularly the doctor in charge and midwives not in charge structure even though it's included nurse midwives from the very beginning dates from the '80s and that is part of the structure that we're going to be working on as we get ourselves into CPSP regs. Since we are not supervised by law, we cannot be required to have a physician involved in our CPSP programs. Thanks to SB407 we will be included.

Understanding the difference between CPSP practitioners and CPSP providers. CPSP providers are not actually what we normally think of as healthcare providers. The providers when we talk about CPSP are the billing entities which might be a health clinic, a licensed alternative birth center, a physician practice and now licensed midwifery practices will be also an option. CPSP practitioners are the employees of CPSP providers. Practitioners is quite a long list so it certainly can be obstetrician, family practice doctors, pediatricians, nurse practitioners, nurse midwives, now licensed midwives as well as supportive personnel, registered dietitians, counselors, actually nurse practitioners weren't on that first list but on the second list, health educators, childbirth educators, perinatal health workers trained by the CPSP program and several others. There's quite a long list of practitioners. Previously licensed midwives were not eligible in either category. And now licensed midwives will be eligible in both categories.

However, the timing is different. We will be able to be practitioners first and providers later. Timeline on CPSP implementation. Here we are. The Department of Health Care Service will update existing CPSP regulations first. That they are directed by law to begin that process no later than March 1st of next year. We don't anticipate them taking a terribly long time on enrolling LMs as practitioners so that's that employee category. We expect that to happen not too long after they update the regs. That would be you know, working in an existing clinic or an existing alternate birth center that is already a CPSP provider.

The next step is two things have an effective date tied together. One of the things we're not touching on too much in today's webinar is the continued ongoing regulatory process in the medical board, about the scope of practice for licensed midwives and which diseases and conditions require a physician examination for licensed midwife clients. That chunk of regulations now have an effective date tied to the date when individual LMs will be able to enroll as CPSP providers meaning CPSP billing entity businesses. Those are both unknown dates but they are the same unknown date. Sometime hopefully maybe in 2016, the regulatory process for AB1308 will end. It will go from the board to the office of administrative law and back and it will have an effective date enumerated. A numbered, a date. And that is the exact same date as when individual LMS will be able to enroll as CPSP providers for your own practice.

To become a CPSP provider or practitioner, the licensed midwife will have to complete a state training. The trainings are provided periodically with online or in person options. There are different forms for practitioners and providers. Those forms are available on California Department of Public Health website. Similar to talking about enrolling to Medi-Cal, we do encourage you to wait. Don't try to enroll right now with a form that doesn't let you, that doesn't have a spot for you because it will be rejected. Wait for the form that says licensed midwife.

Why would you become a CPSP practitioner or provider? To become a practitioner, that you're going to want to do to work in an existing CPSP practice. In many cases, that's going to be a clinic or an existing licensed alternative birth center. Why would you want to become a provider? That's on the billing end so that you can receive reimbursement for the excellent and amazing and wonderful nutrition, psychosocial, and education services that you already provide. Medi-Cal does not have a structure to pay you for all those services outside of CPSP. CPSP is the only way to get paid for the enhanced services.

How much we're really, really talking about? Obviously we all know these numbers are fairly low in general but they add up. CPSP bonuses-there are a couple of bonuses you can get if you get your mom into care early and you give her lots of prenatal care, which most of you do. \$169.89. The full extra amount that you can add on to your services that you are providing for that mom beyond the prenatal and the birth and the postpartum visit are a grand total of \$1,142.08 of extra that you can add on with classes and individual support services. It is a good chunk when you're talking about adding it to Medi-Cal reimbursement. And then of course if you're also talking about facility fees at a birth center, that's another chunk of money you're adding on. Here it is for anyone who's interested in what we're talking about in finances.

Thank you, thank you, thank you for listening. I have lots more knowledge in my head and in my computer so if you have questions, I'm happy to answer them. Before we get to questions, we do want to ask you to consider making a donation to CAM. We did talk this year about considering donating \$49 for the 49% of families who are on Medi-Cal to let us at CAM continue the advocacy work to really push this through the state. As we all know, just the fact that there are statutes now on the books that state various things about midwifery access doesn't mean they're going to get implemented in a timely manner. We really need to get support from the membership to facilitate us being able to pay our consultants, pay our travel to Sacramento from wherever we're coming from. I come from San Diego, Rosanna comes from the South Bay, various other members who participate come from other parts of the state so we really do rely on your donations and donations to CAM are tax-deductible. CAM is a 501c3.

I'm going to kind of turn it over to Jeanette who has been collecting all of your questions and we will go from there.

Jeanette: That sounds great. I will continue to take questions in the chat box. In the meantime, there have been a few questions that have come in all on your talk and they're all great questions. First, there were questions about midwife assistant bill both Sarah Howard and Claudia Breglia from Los Angeles asked about whether the midwife assistants can do IM injections.

Sarah: Yes.

Jeanette: Okay. Great. And then there were a few other questions related to related credentials. And Rowen in San Jose asked if the midwife assistant is an EMT or RN, can they then administer an IV?

Sarah: They're going to have to consult their own attorney on that question. I'm sorry to give that answer. Particularly the board of Registered Nursing takes the position of holding all of its licensees to the highest level of their training that they can never stop being an RN even if they're in a room. At the same time, this particular protection only protects people working under these requirements. This bill does not protect an RN to do IVs. It doesn't say oh, and by the way, if you have a higher license you can use it. It doesn't say that. That's really up to that person to consult their attorney about what they want to do and take that administrative risk.

Jeanette: Okay. Thank you. A follow up question that may or may not be the same issue, someone asked, viewer 26, can RNs currently function as midwife assistants? And then ask the question next year. Is that the same issue is that folks are bound by their particular license or is that a different issue because of training?

Sarah: That's a different issue. There is nothing anywhere that says that a Registered Nurse can take orders or work under a licensed midwife. No, that protection isn't explicit in the law right now.

Jeanette: Okay. And there were two other midwife assistant questions. One was about training. Ashley Jones from San Diego asked, a medical assistant training lasts about eight months or two semesters. Is that what a training program should strive to be? Are we expecting that training for midwife assistants will be a longer training program?

Sarah: No. Don't strive to do that. That's one option, that's fine but medical assistant training in California can look a number of different ways. Those generally that you're talking about are either a private for profit school that provides a program for profit or a community college where things have to be structured into semesters to fit into an existing academic structure. However, licensed midwives, or sorry, not licensed midwives, midwife assistants, too many things that are very similar in words. Medical assistant protections also apply to, for example, reproductive health assistants I think they are called at Planned Parenthood. Planned Parenthood does their training completely on the job, completely in house. There is no school that you go to, it doesn't take eight months by any stretch of the imagination. That is another model that's in play for medical assistants in California. So no, we should not assume that it needs to look like the private for profit schools or like the community college schools.

Jeanette: Okay. Great. Thank you. Viewer 49 asked can we bill for midwife assistants? What is the future plan for getting reimbursed by insurance companies or Medi-Cal for midwife assistants?

Sarah: Medi-Cal doesn't have a code for midwife assistants. You're more than welcome to try to bill private insurance for a assistants and there is not an explicit future plan for it. It's certainly on our agenda to enhance home birth billing. For birth centers, staff is considered part of the facility service fee so you would want to bill your assistant cost into your facility service fee. But for home birth, no, there's nothing explicit at this time.

Jeanette: Okay. Great.

Sarah: Whoever viewer 49 is wants to work on that though, you're more than welcome to get in touch with us.

Jeanette: Fabulous. Now there were a handful of Medi-Cal related questions primarily rate questions. Monika Rosicka from I think it's Willits asked what is the Medi-Cal reimbursement for non CPSP, like a ball park figure.

Sarah: Sure. Great question. One of the links that we will drop on your head is Medi-Cal rates. I don't know if you want to just throw that one down right now but we have Medi-Cal rates for you, you're welcome to look. Very, very, very ballpark probably looking at about \$900 to \$1000 per global? Kind of depends on how many prenatal visits were given and if there was a separate initial prenatal, etc, etc.

Jeanette: And then a great follow up question to that also from Monica who asked is it legal to add private services for someone with Medi-Cal? Like if she rents a tub, wants her placenta encapsulated, wants a doula, extra classes, more personal time, and she also asks about reimbursement for further travel as she's in a rural area that can take up to two hours for travel to a home visit.

Sarah: Again, consult your attorney. What I believe to be true, generally is that you can definitely bill for services that Medi-Cal does not cover at all. Medi-Cal does not in any way cover placenta encapsulation. Yes, you can bill for that. Nor does Medi-Cal in any way cover a birth tub at this time. However, anything that could be part of covered services then I know that some midwives do bill but it is less obvious whether or not that is completely legit. You're for sure going to want to talk to a Medi-Cal specialist or your own attorney about that particular issue. But definitely the ones that are absolutely completely non covered services, you can privately bill for.

Jeanette: Okay.

Sarah: And the travel ones, I have no idea. That's a great question. I truly have no idea.

Jeanette: And I think this question just got answered but maybe not. Let me just check. They asked, they'd be curious about Medi-Cal reimbursement for solo independent midwives not working in ABCs. Is that addressed in the link that I just sent to folks or does that need a separate response?

Sarah: Your provider fees aren't linked to place of service so you will be able to bill the provider fee for home birth or for a birth center that's not licensed. Yes, you can bill the provider fee independently if you enroll in Medi-Cal.

Jeanette: Also, the question of will the newborn screen be covered and separate from the global fee?

Sarah: Yes.

Jeanette: Okay. Great. And, I think there's one more on this topic. Oh, there's two. Do licensed midwives, this is from Jhoanna, do licensed midwives need liability insurance for home birth or is that only for birth center providers?

Sarah: Any Medi-Cal provider enrolling in fee for service Medi-Cal needs to have 100,000/300,000 coverage. That's just for fee for service. If you're going to continue from there to enroll in a managed care plan, and to contract with a managed care plan, the private plan can require whatever they want to contract. So generally, they require one million/three million. That is regardless of place of service. That's just the provider itself.

Jeanette: Okay. And I just got asked a question I know came up at the MANA conference in New Mexico. Hannah Weiss from Oakland asked if we are Medi-Cal providers planning a home birth and then the birth transfers to the hospital, can we still bill Medi-Cal?

Sarah: You will be able to go back and bill per visit for prenatal visits and you will also be able to bill per visit for postpartum visits and newborn visits if you're doing newborn visits. But not global and not delivery. For birth centers, the facility fee there are separate codes for births that happen at the center and births where the mom's admitted but doesn't actually have a baby there. For the facility side but there aren't separate fees for transferred for the provider side. That is a great thing for us to work on in the future would be, you know, making a compelling argument to Medi-Cal why they should provide us with a partial provider fee for transfers but that doesn't exist now.



Jeanette: Okay. And Lucinda Chiszar asked if CAM is pursuing a group policy for liability insurance for it's members.

Sarah: We have been in touch extensively with Ann Geisler at Southern Cross and she has great policies. Many other insurers have good policies for out-of-hospital now as well but Ann has done a tremendous amount of the footwork to let insurers know that midwifery care at an out of hospital birth setting is really low risk for them and to bring the rates down. She does, if you mention that you are a CAM member to her, she has some, I can't remember the last time we talked about it. I don't think we have a group rate but she takes California referrals.

Jeanette: Okay. Great. Lucinda was also looking to see a specific slide. Will you put back to what I think is slide 26. She was looking to see a specific slide about managed care Medi-Cal with fairly detailed information. While you do that, Monica, yes, I'll type Ann Geisler's information into the box too. While you do that, Kayti Buehler from San Diego asked what is the likelihood at this time that managed care plans will contract with us?

Sarah: Hold on a second. I don't have slide numbers. Is this the one you're looking for?

Jeanette: Let's see. Is that it Lucinda? Lucinda says that's it so go back to where it was. Thank you. Sorry, Kayti had asked what is the likelihood ...

Sarah: We don't have any way of knowing until some people start trying how likely it is. Like I said, they are not required to contract with us. It's going to be incumbent on us individually and as a group to convince them that this is an economically great option for them.

Jeanette: Here's Ann Geisler's information. We have one question about CPSP. Christy Lewis asked can you be both a practitioner and a provider at the same time? Does it matter in a solo practice as far as reimbursement?

Sarah: Yes. You can be both. In a solo practice, your practice will be the provider and you and any partners you have or employees will be practitioners. In a ... if you're going to be a practitioner elsewhere, you can work in multiple places as a practitioner, yes.

Jeanette: Okay. Unless anybody else has any other questions, and we'll hold it open for a moment and then we'll start to wrap up. It does look like Sarah Howard from Los Angeles said did you say that a practice had to be a licensed midwifery practice?

Sarah: In what context? I'm not sure.

Jeanette: Sarah, would you mind, Howard would you mind giving us ... CPSP

Sarah: Okay. A CPSP provider will be a business entity so it could be your solo practice if you're by yourself. You can enroll as a provider or it could be a group of LMs as a group or it could be your birth center if you had a birth center. Yeah.

Jeanette: Okay. Good. Sarah, let me know if that doesn't answer your question. Susan asked, Susan Jenkins asked Sarah should we mention the managed care memo?

Sarah: Ah, yes, absolutely. Thank you Susan. Susan is our incredible legal counsel for CAM. In June or July of this year, the Department of Health Care services, actually, no, I think it's department of managed care, whoever's in charge of the managed care plans sent an all plan memo to all of the Medi-Cal managed care plans in California letting them know that they are required to contract or provide fee for service birth center services. Like I mentioned earlier, they are absolutely required to do it and what we're finding out is that they know it now. They are aware, they have received a memo. They are motivated because they want to be compliant. While this affordable care act has been in effect for a while, the Department is only really like letting the plans know and implying it's going to enforce it now so this is kind of a turning point this summer for making sure people in managed care plans have access to licensed birth centers.

Jeanette: Okay. Great. I'm not hearing any other questions so we'll give folks a minute or two to see if other questions pop up. Otherwise, if not, I'm just going to do a little housekeeping to see if anyone else keys anything else in. First of all, thank you all so much especially thank you for the patience with the beeping which obviously it seems that is not resolved in the time that we have been on the call today. We will be sending out a link with the recording and we will share all of the, the chat does not get recorded on our call but I have kept track of all of our links and I will be sure to share those with you all in along with the recording. I'm trying to think if there's any other housekeeping. For you Sarah?

Sarah: Just anybody, if you have further questions feel free to contact us and then particularly we want to hear from you if you are attempting starting to build up your plan for a state licensed birth center with licensed midwives. We very much want to keep track of who is doing that and where. One of the interesting things about facility licensing in California is it happens in these regional public health offices who often don't have a clue what each other are doing so we can have someone in one county being told

something completely different than someone elsewhere and they have no idea so we would really really love to hear with you if you are working on that. I'm going to put my email in the chat right now. I am the one who would love to hear from you. It's [policy@californiamidwives.org](mailto:policy@californiamidwives.org).

Jeanette: Great and it seems like we have one more question that has come up and I think we'll go ahead and close after that. Alina Hamrick from Victorville asked if a birth center is not state licensed, can a licensed midwife bill the patient privately for the facility?

Sarah: So, with private insurance, yes, definitely. With Medi-Cal, that is a question that we're going to have to ask you to refer to your own attorney about.

Jeanette: Okay. Okay. Great. Thank you everybody so much. Katie, you won't be able to see the links on the chat afterwards however I have copied them all down and I will send them all out to every registered participant along with a link to the recording so you should get that as soon as the video is processed which may take a few days. All right ...

Sarah: Wait, hold on, wait, wait.

Jeanette: Okay. Go ahead.

Sarah: For the party.

Jeanette: Oh my goodness, thank you.

Sarah: CAM is having a party because we are so excited about all this, we just dumped all the technical information on you but we also want to celebrate this new chapter in licensed midwifery in California. There are two parties, the one in San Diego is going to be November 8 at noon, Sunday, in South Park and I don't know anything about the other one. Do you know Jeanette?

Jeanette: I do. So the Bay area event is at the same time. I was going to send you all a link for both. The Bay area event is on the 8th. It is at noon and it is at Commonwealth Café and Pub. Commonwealth has been kind enough to donate their space for the event. They apparently have a phenomenal craft beer list which is actually great and also a fabulous cider on tap list. And then also, the other event, I'll drop the link in for that one as well in San Diego, which Sarah just shared with you information about and that is at Urbn in San Diego.

Sarah: I am in San Diego, this is Sarah. If you want to come from out of town I will find you a place to stay. I want to see you. If we get enough RSVPs

for these things, we were absolutely going to be inviting state, or local officials but we really want to make sure we're going to have a nice crowd before we do that so please, please, please register ahead for so many reasons, to make the organizer's lives easier and so we know if we want to invite some policy makers locally to these parties. Thank you.

Jeanette: Yes, thank you. Treesa who is with CFAM is also with us on the call today and she said they are very excited to be attending as well. On viewer 61 who asked about the link to the parties, and I posted both of those, I will share them again. Oh, I'm sorry, I'm sharing them to you Sarah and not to the group. Okay. I will re-share those right now for both events. Okay. Here is the link for the San Diego event and here is the link for the Bay area event. Okay great. All right, good catch Sarah.

Sarah: I don't think so.

Jeanette: Okay great, all right then we'll go ahead and sign off now and if anything else comes up of course don't hesitate to get in touch with CAM and share with us your questions either via email, email's probably the best place to reach out on this particular topic and Sarah has shared her email there. Thank you all so much for the call today.

Sarah: Thank you. Thanks Jeanette.

Jeanette: Take care.

## LINKS FROM THE CHAT CONVERSATION:

Find SB 408 online:

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520160SB408](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB408)

Medi-Cal Enrollment:

<https://www.dhcs.ca.gov/provgovpart/Pages/MidwifeApplicationInformation.aspx>

California Department of Health Care Services' overview of Medi-Cal Managed Care:

<http://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx>

California Department of Health Care Services' Medi-Cal Managed Care Health Plan Directory

<http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx>

Medi-Cal Rates:

<http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>

SB407 bill language:

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520160SB407](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB407)

California Department of Health Care Services' overview of CPSP:

<http://www.cdph.ca.gov/programs/CPSP/Pages/default.aspx>

CPSP Rates:

<http://www.cdph.ca.gov/programs/CPSP/Pages/CPSPMedicalBilling.aspx>

Anne Geisler at Southern Cross:

<http://southerncrossins.com/about-us/>

Support CAM's advocacy efforts:

<http://www.californiamidwives.org/donate>