DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



## DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

February 18, 2016

Our Reference: SPA LA 15-0038

Ms. Jen Steele, Interim State Medicaid Director Department of Health and Hospitals 628 North 4<sup>th</sup> St. P.O. Box 91030 Baton Rouge, LA 70821-9030

Attention: Darlene Budgewater

Dear Ms. Steele:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 15-0038. This State Plan Amendment (SPA) adopts the provisions governing coverage and reimbursement for labor and delivery services rendered by free-standing birthing centers (FSBCs).

Transmittal Number 15-0038 is approved with an effective date of November 20, 2015 as requested. A copy of the CMS-179, Transmittal No. 15-0038 dated December 29, 2015 is enclosed along with the approved plan pages.

If you have any questions regarding this letter, please contact Ford Blunt at 214-767-6381 by phone or by e-mail at <a href="ford.blunt@cms.hhs.gov">ford.blunt@cms.hhs.gov</a>.

Sincerely,

Bill Brooks

Bill Broke

Associate Regional Administrator

| TRANSMITTAL AND NOTICE OF APPROVAL OF  | 1. TRANSMITTAL NUMBER:  | 2. STATE   |  |
|--|---|--|--|
| STATE PLAN MATERIAL  | To district the most subserved and considered a subserved and a subserved and a subserved and a subserved and a |  |  |
|  | 15-0038   | Louisiana  |  |
| FOR: HEALTH CARE FINANCING ADMINISTRATION  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)                                      |  |  |
| TO: REGIONAL ADMINISTRATOR   | 4. PROPOSED EFFECTIVE DATE  |  |  |
| HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES   | November 20, 2015   |  |  |
| 5. TYPE OF PLAN MATERIAL (Check One):  |   |  |  |
| ■ NEW STATE PLAN ■ AMENDMENT TO BE CON   |   | ENDMENT  |  |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN   |   | amendment)   |  |
| 6. FEDERAL STATUTE/REGULATION CITATION:  | 7. FEDERAL BUDGET IMPACT:   | ever en \$116.02   |  |
| 42 CFR Section 1396d(I)(3)B  | a. FFY 2016   | \$(23.38)\$116.83  |  |
|  | b. FFY <u>2017</u>  | \$\(\frac{27.30}{27.30}\)\$205.73  |  |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  |   | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): |  |
| Attachment 3.1-A, Item 27, Page 13   | SAME (TN 12-09)   |  |  |
| Attachment 4.19-B, Item 27, Page 1   | NONE - New Page   |  |  |
|  |   |  |  |
| Attachment 4.19-B, Item 28(i), Page 1  | NONE - New Page   |  |  |
| 11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL   |   |  |  |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO:  |  |  |
|  | ######################################  | <b>.</b>   |  |
| - (X)  | J. Ruth Kennedy, Medicaid   | Director   |  |
| 13. CYPED NAME:  | State of Louisiana  |  |  |
| Kathy H. Kliebert  | Department of Health and Hospitals  |  |  |
| 14. TITLE:   | 628 N. 4th Street   |  |  |
| Secretary 15. DATE SUBMITTED:  | P.O. Box 91030  |  |  |
| December 29, 2015  | Baton Rouge, LA 70821-90  | 30   |  |
| The state of the s | TOP HOP ONLY  |  |  |
| FOR REGIONAL OFF   | 10 DATE ADDDOVED.   |  |  |
| 17. DATE RECEIVED: December 29, 2015   | February 18   | 3, 2016  |  |
| PLAN APPROVED – ONE  | COPY ATTACHED   |  |  |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>November 20, 2015  | 20. SIGNATURE OF REGIONAL OFF   | ICIAL:   |  |
| 21. TYPED NAME: Bill Brooks  | 22. TITLE: Associate Regional Adr   | ninistrator  |  |
| DIII DI OUKS   | Division of Medicaid a  |  |  |
| 23. REMARKS: The State requests a pen and ink change to  |   |  |  |
| The state requests a pen and lik change to   | DOACO /, O una / ubore.   |  |  |

State: Louisiana

TN \_\_12-0009

Date Approved: 02/18/16
Date Received: 11/18/15
Date Effective: 11/20/15

Transmittal Number: LA 15-0038

Attachment 3.1-A
Page 13

OMB Approved 0938-1024

## **Attachment 3.1A: Freestanding Birth Center Services**

| 28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers   |  |  |
|---|--|--|
| Provided:   No limitations   With limitations   None licensed or approved   |  |  |
| Please describe any limitations:  Stays for delivery at the free-standing birthing centers (FSBC) are typically less than 24 hours and the services rendered for labor and delivery are very limited in comparison to delivery services rendered during inpatient hospital stays. Services shall be provided by the attending practitioner from the time of the pregnant woman's admission through the birth and the immediate postpartum period.  The FSBC shall be located within a ground travel time distance from a general acute care hospital with which the FSBC shall maintain a contractual relationship, including a transfer agreement, that allows for an emergency caesarian delivery to begin within 30 minutes of the decision a caesarian delivery is necessary. |  |  |
| 28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center   |  |  |
| Provided:   |  |  |
| ☐ Not Applicable (there are no licensed or State approved Freestanding Birth Centers)   |  |  |
| Please describe any limitations:  Free-standing birthing center staff shall not administer general or epidural anesthesia services.   |  |  |
| Please check all that apply:  |  |  |
| (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).   |  |  |
| (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *   |  |  |
| (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*  |  |  |
| *For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services: <u>Licensed midwives</u>  |  |  |
| TN _ 15-0038  |  |  |

STATE OF LOUISIANA PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**CITATION** 42 CFR Section 1396d(l)(3)B

## **Free-Standing Birthing Centers Methods and Standards for Establishing Payment Rates**

Effective for dates of service on or after November 20, 2015, a free-standing birthing center (FSBC) shall be reimbursed a one-time payment for labor and delivery services at a rate equal to 90 percent of the average per diem rates of surrounding hospitals\* providing the same services.

FSBCs shall be reimbursed for labor and low-risk delivery services provided to Medicaid eligible pregnant women by an obstetrician, family practitioner, certified nurse midwife, or licensed midwife. FSBC services are appropriate when a normal, uncomplicated labor and birth is anticipated.

Attending physicians shall be reimbursed for birthing services according to the published fee schedule rate for physician services rendered in the Professional Services program.

Certified nurse midwives providing birthing services within a FSBC shall be reimbursed at 80 percent of the published fee schedule rate for physician services rendered in the Professional Services program.

Licensed midwives providing birthing services within a FSBC shall be reimbursed at 75 percent of the published fee schedule rate for physician services in the Professional Services program.

A licensed midwife providing birthing services within the FSBC must:

- 1. Have passed the national certification exam through the North American Registry of Midwives: and
- 2. Hold a current, unrestricted state license with the Louisiana State Board of Examiners.

All rates are published on the Medicaid provider website using the following link: http://www.lamedicaid.com/provweb1/fee\_schedules/feeschedulesindex.htm

## \*Surrounding Hospital

A. Urban areas: located within a 20-mile radius of the FSBC.

B. Rural areas: located within a 30-mile radius of the FSBC.

State: Louisiana

Date Approved: 02/18/16 Date Received: 11/18/15 Date Effective: 11/20/15

Transmittal Number: LA 15-0038

TN 15-0038 Approval Date <u>0</u>2-18-16 Effective Date 11-20-15 Supersedes

TN None - New Page