

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers.

Provided: No limitations With limitations None licensed or approved

Please describe any limitations: Coverage and limitations are described under Attachment 3.1-A, Item 28

(ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center.

Provided: No limitations With limitations (please describe below)

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations: Coverage and limitations are described under Attachment 3.1-A, Item 28

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).

- physicians
- Certified nurse midwives
- Certified pediatric or family nurse practitioner services

(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:

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Supersedes:
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28. Licensed or otherwise state-approved freestanding birth centers (FBC) and licensed or otherwise state-recognized covered professionals providing services in the freestanding birth center.

Each FBC must be licensed as a FBC by the Ohio Department of Health or by the state licensing agency where the FBC is located if the FBC is located outside the state of Ohio. The State covers out of state FBC services in the instance that an Ohio Medicaid beneficiary is out of State and delivers at such a facility. Each FBC must have a valid, current Ohio Medicaid provider agreement and meet the standards provided in 42 U.S.C. 1396d(l)(3)(B) (effective March 23, 2010).

The following facility services are not covered:

- Maternity care and delivery services provided to women who are not “low-risk expectant mothers”
- Maternity care and delivery services not provided in accordance with the Ohio Department of Health.

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28. Licensed or otherwise state-approved freestanding birth centers (FBC) and licensed or otherwise state-recognized covered professionals providing services in the freestanding birth center.

Payment for FBC facility services is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the agency's fee schedule.

Payment for FBC services is based on a reimbursement rate for each HCPCS code. Maximum reimbursement for facility services is the lesser of the provider's billed charges or one hundred percent of the rate listed on the fee schedule. All rates are published on the agency's website at medicaid.ohio.gov. The agency's fee schedule was set as of January 1, 2012, and is effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

In addition to reimbursement for facility services, a FBC may also be reimbursed for laboratory procedures, radiological procedures, and diagnostic and therapeutic procedures provided in connection with a covered FBC procedure. To be reimbursed for these procedures, FBC providers must bill using appropriate HCPCS codes. A FBC will not be reimbursed separately for the professional component of such services.

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