

NOTICE OF PROPOSED MEDICAID STATE PLAN AMENDMENTS

The State of Connecticut Department of Social Services (DSS) proposes to submit the following amendments to the Medicaid State Plan to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

Free-Standing Birth Centers

This State Plan Amendment (SPA), TN # 12-013 will establish free-standing birth center (“birth center”) reimbursement methodologies effective April 1, 2012. These changes are necessary to comply with Section 2301 of the Patient Protection and Affordable Care Act, codified at 42 USC 1396d(a)(28) and 1396d(l)(3), which requires states to provide Medicaid coverage for birth center services and other ambulatory services offered by a birth center and otherwise included in the Medicaid State Plan. These statutory provisions require that the payments to licensed clinicians who perform services at a birth center shall be excluded from the payments to the birth center.

DSS will amend Attachments 3.1-A and 4.19-A of the state plan to establish the methods and standards for setting payment rates for birth center services and other ambulatory services offered by a birth center and otherwise included in the Medicaid State Plan. Although the exact fiscal impact of the SPA has not been estimated at this time, the department anticipates a small savings.

ADDITIONAL INFORMATION:

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal requirements governing the Medicaid program, upon request, DSS will provide copies of the proposed amendment to the Medicaid State Plan. In addition, copies of the proposed amendment may be obtained at each of the DSS regional offices and on the DSS web site: <http://www.ct.gov/dss>. Go to “Publications” and then to “Updates”.

Written, phone, and email requests should be directed to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 25 Sigourney Street, 11th Floor, Hartford, CT 06106-5033 (Phone: 860-424-5145, Fax: 860-424-5799, Email: ginny.mahoney@ct.gov). Please reference the appropriate SPA heading listed above (*e.g.*, “TN # 12-013 Free-Standing Birth Centers”). Written comments may be submitted by April 16, 2012.

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

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:

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:

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:

TN # 12-013
Supersedes
TN # New

Approval Date _____

Effective Date: 4/1/2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

METHODS AND STANDARDS FOR ESTABLISHING RATES

28. Freestanding Birth Center Services

Fixed fee schedule. The agency's rates were set as of April 1, 2012 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com.

Payment to the freestanding birth center excludes all services provided by licensed practitioners. The Department will reimburse licensed practitioners for services in accordance with the reimbursement methodology applicable to the licensed practitioner's provider type.

TN # 12-013
Supersedes
TN # New

Approval Date _____

Effective Date: 4/1/2012

Description of Free-Standing Birth Center Fee Schedule
Updated April 25, 2012

The Department of Social Services is currently working to post the fee schedule for Free-Standing Birthing Centers, which will not appear on the www.ctdssmap.com website at this time.

Once the fee schedule has been posted, it will reflect the following fee information:

Labor, delivery and recovery of the maternal patient following delivery: \$2500.00 flat fee

Services provided prior to transfer, if the patient must be transferred to a hospital prior to actual delivery: \$1000.00 flat fee