DEPARTMENT OF HEALTH CARE FINANCE

NOTICE OF FINAL RULEMAKING

The Director of the Department of Health Care Finance (DHCF), pursuant to the authority set forth in An Act to enable the District of Columbia to receive federal financial assistance under Title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02 (2012 Repl.)) and Section 6(6) of the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.05(6) (2012 Repl.)), hereby gives notice of the adoption of a new Section 941 of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR), to be entitled "Medicaid Birth Center Services and Reimbursement."

Birth centers provide alternatives to institutionalized childbirth settings for women who have uncomplicated, low risk pregnancies. Medicaid reimbursable services focus on three distinct phases of care: (1) routine ante-partum care in any trimester; (2) delivery services; and (3) postpartum care. Additionally, these rules require birth centers to have procedures to access hospital care in the event complications arise during the labor phase of birth. Lastly, these rules set standards for Medicaid participation, as well as identify health care practitioners eligible for reimbursement of services rendered at freestanding birth centers.

The corresponding amendment to the District of Columbia State Plan for Medical Assistance (State Plan) was approved by the Council of the District of Columbia (Council) on August 10th, 2012 (PR-0820). The State Plan Amendment (SPA) was submitted to the Centers for Medicare and Medicaid Services (CMS) on August 3, 2012 and approved on September 16, 2013 with an effective date of April 13, 2013.

A Notice of Proposed Rulemaking was published in the *D.C. Register* on April 12, 2013 at 60 DCR 005648. No comments were received and no substantive changes have been made. These rules were adopted by the Director on October 28, 2013 and shall become effective on the date of publication of this notice in the *D.C. Register*.

A new Section 941 of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the DCMR is added to read as follows:

941 MEDICAID BIRTH CENTER SERVICES AND REIMBURSEMENT

941.1 These rules establish standards governing Medicaid reimbursement for the delivery of services provided to Medicaid beneficiaries at freestanding birth centers located in the District of Columbia.

941.2 A freestanding birth center, eligible for Medicaid reimbursement shall be:

(a) Licensed in accordance with the Health-Care and Community Residence

Facility, Hospice and Home-Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code, §§ 44-501, *et seq.* (2005 Repl. & 2012 Supp.)) and implementing rules; and

(b) Enrolled by DHCF as a Medicaid provider of birth center/maternity center services.

941.3 Services eligible for Medicaid reimbursement provided at a freestanding birth center shall be delivered by a:

(a) Physician licensed in accordance with the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201 *et seq.* (2007 Repl. & 2012 Supp.));

(b) Pediatric Nurse Practitioner who is licensed as a registered nurse pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201 *et seq.* (2007 Repl. & 2012 Supp.)), and certified by the National Board of Pediatric Nurse Practitioners or the Pediatric Nursing Certification Board (PNCB);

(c) Family Nursing Practitioner who is licensed as a registered nurse pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201 *et seq.* (2007 Repl. & 2012 Supp.)) and credentialed as a Family Nurse Practitioner- Board Certified (FNP-BC);

(d) Nurse Midwife who is licensed as an advanced practice registered nurse pursuant to the District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201 *et seq.* (2007 Repl. & 2012 Supp.)), and certified by the American Midwifery Certification Board (AMCB); or

(e) Certified Professional Midwife who is certified pursuant to the American Midwifery Certification Board (AMCB).

941.4 Services eligible for Medicaid reimbursement provided at a freestanding birth center shall be provided:

(a) To beneficiaries in an outpatient setting;

(b) By a facility that is not a part of a hospital; and

(c) By or under the direction of a physician.

941.5 Services eligible for Medicaid reimbursement provided at a freestanding birth center shall consist of the following:

(a) Routine ante-partum care;

(b) Delivery; and

(c) Postpartum care.

941.6 Medicaid reimbursement for routine ante-partum care in any trimester shall include the following:

(a) Initial and subsequent medical history;

(b) Physical examination;

(c) Recording of fetal heart tones;

(d) Recording of weight and blood pressure;

(e) Routine chemical urinalysis; and

(f) Maternity counseling.

941.7 Medicaid reimbursement for delivery services shall include:

(a) Admission history and physical examination;

(b) Management of uncomplicated labor; and

(c) Vaginal delivery.

941.8 Medicaid reimbursement for postpartum care shall include:

(a) Mother's postpartum check within six (6) weeks after birth;

(b) Newborn screening test which consists of a screening panel which shall include, but not be limited to:

(1) Phenylketonuria (PKU);

(2) Congenital Adrenal Hyperplasia (CAH);

(3) Congenital hypothyroidism;

(4) Hemoglobinopathies;

(5) Biotinidase deficiency;

(6) Maple Syrup Urine Disease (MSUD);

(7) Homocystinuria; and

(8) Galactosemia.

(c) A well baby check or newborn assessment to include two separate screenings for a newborn on two separate dates of service.

941.9 Medicaid reimbursement for services for normal, uncomplicated pregnancies shall be limited to fourteen (14) ante-partum visits. These visits shall occur in the following manner:

(a) Monthly visits up to twenty-eight (28) weeks gestation;

(b) Thereafter, biweekly visits up to thirty-six (36) weeks gestation;

(c) Thereafter, weekly visits until delivery.

941.10 In order to be eligible for Medicaid reimbursement, additional birth center visits, beyond the requirements set forth in § 941.9 shall be deemed medically necessary and require prior authorization.

941.11 Reimbursement rates for birth centers and practitioners delivering birth center services shall be published on the DHCF website at www.dhcf.dc.gov.

941.99 **DEFINITIONS**

For purposes of this chapter, the following terms shall have the meanings ascribed:

Ante-partum care - Care delivered to a pregnant patient during the period before childbirth.

Gestation - The period of development in the uterus from conception until birth.

Outpatient - A patient who receives medical treatment without being admitted to a hospital.

Postpartum care - Care delivered to a patient shortly after childbirth.