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- Molina Medi-Cal Managed Care
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- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

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- Directs

**Specialists**

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- IPA

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**FOR QUESTIONS CALL PROVIDER SERVICES:**  
(855) 322-4075, Extension:**Los Angeles/Orange Counties**

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## All Plan Letter 18-022 Access Requirements for Freestanding Birth Centers and the Provision of Midwife Services

This is an advisory notification to Molina Healthcare of California (MHC) network providers. The Department of Health Care Services (DHCS) has issued an All Plan Letter 18-022 - Access Requirements for Freestanding Birth Centers and the provision of Midwife Services on December 19, 2018. This APL supersedes All Plan Letter 16-017. Please review APL at:

<https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

### PURPOSE

To clarify the requirements for Medi-Cal managed care health plans (MCPs) regarding their responsibilities to provide members with access to freestanding birth centers (FBCs) as well as to services provided by Certified Nurse Midwives (CNMs) and Licensed Midwives (LMs).

### BACKGROUND

The Department of Health Care Services (DHCS) policy pertaining to FBCs, CNMs, and LMs, as contained in this APL, is supported by federal and state law, official guidance from the federal Centers for Medicare & Medicaid Services (CMS), and the California State Plan.

### FREESTANDING BIRTH CENTERS

Federal law mandates coverage of FBC services and requires separate payments to providers administering prenatal labor and delivery or postpartum care in an FBC. CMS guidance clarifies that the FBC benefit category is considered both a service and a setting for services. Federal law defines an FBC as a health facility:

- (i) that is not a hospital;
- (ii) where childbirth is planned to occur away from the pregnant woman's residence;
- (iii) that is licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan; and
- (iv) that complies with such other requirements relating to the health and safety of individuals furnished services by the facility as the state shall establish.

California State Plan Amendment (SPA) 11-022 added FBCs - also referred to in the SPA as Alternative Birth Centers (ABCs) - to the State Plan, as federally mandated. SPA 11-022 did not change the scope of services at ABCs or the requirement that ABCs be certified as Comprehensive Perinatal Services Program providers. The DHCS Provider Manual contains additional information about ABC services.

## **CERTIFIED NURSE MIDWIVES AND LICENSED MIDWIVES**

Federal law mandates coverage of services furnished by CNMs, as legally authorized by the state, and California law requires coverage of both CNMs and LMs. The California State Plan authorizes CNMs and LMs as providers of all services permitted within the scope of the practitioner's license.

While CNMs and LMs are both authorized under state law to provide prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, there are some differences between the two provider types with regard to licensing and supervision requirements, as well as the circumstances under which care may be provided. For instance, a CNM is licensed as a registered nurse and certified as a nurse midwife by the California Board of Registered Nursing, while an LM is licensed as a midwife by the Medical Board of California. Under state law, CNMs are permitted to "attend cases of normal childbirth," whereas LMs are permitted to "attend cases of normal pregnancy and childbirth, as defined" and must adhere to a detailed set of restrictions and requirements when a patient's condition deviates from the legal definition of normal. The DHCS Provider Manual details supervision, billing, and enrollment requirements, along with covered services, for each provider type.

Please note that MHC is subject to State regulatory audits and is responsible for ensuring downstream compliance with State program initiatives and requirements. As such, PCPs and Independent Physician Associations (IPAs) must ensure that internal operations are consistent and compliant with these requirements. MHC may conduct periodic audits and request copies of applicable policies and procedures and/or documentation that demonstrates compliance within your organization. Failure to submit any requested documents may result in a Corrective Action Plan.

## **QUESTIONS**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.