

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

Provided: No limitations With limitations

None licensed or approved

Please describe any limitations: See ATTACHMENT 3.1-A, LIMITATION SUPPLEMENT, PAGE 10a

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: See ATTACHMENT 3.1-A, LIMITATION SUPPLEMENT, PAGE 10a

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:

Licensed Midwives

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- G. Medical Supplies and Oxygen - The following items are included, however, the included items are not limited to this list: oxygen, supplies used for inhalation therapy, catheters and related supplies, dressings, disposable enema equipment or other irrigation supplies, I.V. solutions, disposable instrument trays, levine tubes and other supplies ordered by a physician or necessary to meet the needs of the resident because of the resident's medical condition.
- 24.e EMERGENCY HOSPITAL SERVICES - These services are subject to the limitations found in the introduction to the Limitation Supplement to Attachment 3.1-A.
- 28(i) Licensed or Otherwise State-Approved Freestanding Birth Centers: - Medicaid will provide coverage for Birthing Centers as long as they are licensed by the appropriate licensing and regulation agency(ies) and are an enrolled provider in Medicaid. Services will be limited to obstetrical services, newborn care and routine maternal care.
- 28(ii) Licensed or otherwise State-Recognized covered professionals providing services in the Freestanding Birthing Center: - Medicaid coverage for Licensed Midwives and Certified Nurse Midwives includes all obstetrical services, newborn care and medical routine maternal care. All services must be medically necessary.

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Reimbursement for laboratory (pathology) services performed by individual practitioners is calculated as specified in 5.

End State Renal Disease - Reimbursement for ESRD treatments, either home or in center, will be an all inclusive fee based on the statewide average of the composite rates established by Medicare. The reimbursement will be an all inclusive fee to include the purchase or rental, installation and maintenance of all equipment.

6.a Podiatrists' Services:

Reimbursement is calculated in the same manner as for Physicians' services. Refer to 5.

6.b Optometrists' Services (Vision Care Services):

Payment will be according to an established fee schedule for all services not provided through the sole source contract. Effective February 1, 1982.

6.c Chiropractor's Services:

Reimbursement is calculated in the same manner as for Physicians' services. Refer to 5.

6.d Certified Registered Nurse Anesthetist(CRNA): CRNAs under the medical direction of a surgeon will be reimbursed at 90 percent of the Anesthesiologist reimbursement rate. CRNAs under the medical direction of an Anesthesiologist will receive 50 percent of the reimbursement rate. Refer to 5 Physician Services.

Nurse Practitioner: Reimbursement is calculated at 80 percent of the rate for Physician Services. Refer to 5.

Psychologists: Psychological services are reimbursed at an established statewide fee schedule as based on the Methodology outlined in the Physician Section 5, Attachment 4.19-B, Page 2a. All requirements identified under CFR 447.200ff and 447.300ff shall be met.

Medical Social Services: Governmental and non-governmental providers of Medical Social Services are reimbursed using the same payment methodology as those services described under the Medicaid Home Health benefit. See section Attachment 4.19-B, Section 7. There is a standard co-payment of \$2.00 per home visit when applicable.

7. Home Health Services:

Nursing Services, Home Health Aide Services, Physical Therapy, Occupational Therapy, Speech Pathology, and Audiology are provided and reimbursed based on the lesser of allowable Medicare costs, charges, or the Medicare cost limits. At the end of each Home Health Agency's fiscal year end, an actual cost report must be submitted which is used for the purpose of completing a cost settlement based on the lesser of allowable Medicare costs, charges, or the Medicare cost limits.

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Depreciation is allowed on provider owned vehicles. A state agency or school based provider may allocate costs of fleet operations if applicable.

1. **Indirect costs:** To provide for the administrative and overhead costs the provider incurred to support the Medicaid Transportation contract, the provider is allowed to apply their specific indirect rate. For state agency providers, this will be the indirect rate as approved by USDHHS. For local school districts, this will be the unrestricted indirect rate as calculated by the SDE in cooperation with the United States Department of Education.
2. **Service Utilization Statistics:** Service units are passenger miles. As cost is based on services provided to all passengers (i.e. total passengers), annual units of service projections are based on total passenger miles.

Annual Cost Reports (State Agency and School Based):

Annual cost reports are required of all state agency providers of non-emergency transportation services described above to ensure that these providers have not received reimbursements in excess of actual allowable costs.

For all state agency providers of non-emergency transportation, the budgeted rate established at the beginning of the contract year represents their maximum per passenger mile reimbursement rate for the year. Cost reconciliation based on the annual cost reports of public providers is completed. If a state agency provider's interim payments exceed the actual allowable costs of non-emergency transportation services, the SCDHHS will establish a receivable to recover the excess payments. No additional payments will be made to a provider as a result of the cost reconciliation process.

For Local Education Agencies also participating in the Administrative Claiming program, services associated with coordinating and scheduling of transportation services are specifically excluded from allowable Administrative Claiming activities.

- 28(i) Licensed or Otherwise State-Approved Freestanding Birth Centers: For services provided at a birthing center, the facility payment will be no more than 50 percent of a normal vaginal hospital delivery. The provider shall append a TC modifier to the vaginal delivery code when billing the all-inclusive facility fee. The Licensed or Otherwise State Approved Freestanding Birth Centers facility fee schedule rate is effective for services provided on or after the implementation date as outlined in the Physician Section 5, Attachment 4.19-B, Page 2a.2.

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28(ii) Licensed or otherwise State-Recognized covered professionals providing services in the Freestanding Birthing Center: Reimbursement for midwifery services for a normal vaginal birth are based on the lesser of billed charges, or 100% of the allowed provider reimbursement for a routine delivery*.

All other obstetrical services provided by midwives are reimbursed at the allowed provider reimbursement (*) based on South Carolina's Physician Fee Schedule.

* Allowed provider reimbursement is based on provider type, i.e. certified nurse midwife or licensed midwife. A certified nurse midwife receives 100% of the allowable reimbursement based on the South Carolina Physician's Fee Schedule while a licensed midwife receives 65 percent of the allowable reimbursement.

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