

**AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

24.g. Birthing Center Services

Payment is made for compensable birthing center services to those facilities, place, or institutions which are maintained or established primarily for the purpose of providing services of a ~~certified midwife licensed midwife, certified nurse-midwife,~~ or licensed ~~doctor~~physician to attend a woman in delivery and birth. Services for adults and children include admission to the birthing center, with an anticipated spontaneous delivery for the period of labor and delivery. Services are limited to one each nine months.

Eligible providers are birthing centers which ~~have been licensed by the Oklahoma State Health Department~~ are not licensed as a hospital and meet the following requirements:

- (1) Have a written agreement with a board certified OB/GYN to provide coverage for consultation, collaboration or referral services as defined by the American College of Nurse Midwives.
- (2) Have a ~~medical/clinical~~ director who is a ~~board certified OB/GYN physician, certified nurse midwife, advanced practice registered nurse, or licensed midwife~~ and is responsible for establishing patient protocols and other functions as defined in requirements for state licensure. This individual may, or may not, be the physician providing individual patient coverage for consultation, collaborative or referral service.
- (3) Have a written agreement with a referral hospital which is a Class II hospital. Class II hospital is defined as a facility with 24-hour availability of OB/GYN and capability of performing c-section within thirty minutes.
- (4) Must be accredited by the Commission for the Accreditation of ~~Freestanding~~ Birth Centers.

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6d. Other Practitioners' Services *(continued)*

- H. **Genetic Counseling Services** – In accordance with 42 CFR 440.60, genetic counseling services are provided by licensed genetic counselors to members for whom it is medically necessary
- I. **Diabetes Self-Management Education and Support (DSMES) Services** – In accordance with 42 CFR 440.60, diabetes self-management education and support services are provided by a Registered Dietician (RD), Registered Nurse (RN), or Pharmacist who is licensed, in good standing in the state in which s/he practices, and has training and experience pertinent to diabetes self-management, or provided by a health care professional holding the certification of a Certified Diabetes Care and Education Specialist (CDCES) or Board-Certified Advanced Diabetes Management (BC-ADM). The CDCES and BC-ADM are licensed practitioners operating within scope of practice under state law or are under the supervision of a licensed practitioner who assumes professional responsibility and such supervision is within the licensed practitioner's scope of practice, consistent with 42 CFR 440.60.
- J. **Pharmacy Services** – Per 42 CFR 440.60, licensed Pharmacists may provide any and all services within their scope of practice pursuant to state law, including but not limited to administration of any vaccinations or immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).
- K. Licensed Midwives' Services – Per 42 CFR 440.60, Certified Professional Midwives and Certified Midwives licensed under Section 3040.6 of Title 59 of the Oklahoma Statutes may provide services within their scope of practice as defined by state law within a birthing center.**

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

Payment for Birthing Centers

Payment to a birthing center on behalf of a Medicaid client is an all-inclusive facility payment and represents payment in full for the birthing center services. ~~Separate payment will be made for the midwife or physician obstetrical care, delivery, and postpartum care as appropriate.~~ The facility charge is determined by the Ambulatory Payment Classification (APC) fee schedule maintained by CMS. Payment is made according to the Agency fee schedule. Rates for birthing center services were set as of July 1, 2025 and are effective for services provided on or after that date. All rates are published on the agency's website located at www.okhca.org. A uniform rate is paid to governmental and non-governmental providers.

Separate payment will be made for medically necessary lab services and the midwife or physician obstetrical care, delivery, and postpartum care as appropriate.

Listed below is the methodology used to arrive at the birthing center payment rate:

- ~~(1) — The statewide hospital maternity level of care per diem rate was allowed for the mother and child.~~
- ~~(2) — The average acute care inpatient hospital weighted fixed capital rate for maternity level of care was allowed as an add-on component of the maternity level of care for the mother and the child.~~
- ~~(3) — There was a geographic adjustment made for birthing centers in rural and urban areas. Based on a 1990 study by KPMG Peat Marwick, maternity level provided in urban counties was 5.63% higher than the statewide median maternity operating costs and rural hospitals were 3.59% lower than the statewide median.~~
- ~~(4) — The statewide average length of stay in an inpatient hospital for mother and child is 2.7 days. According to Dr. Roger Deapen of the Oklahoma State Health Department, 28,259 of the 47,759 or 59% of all deliveries during 1991 had no risk factors. The length of stay average of 2.7 days was adjusted for low risk deliveries by multiplying 59% x 2.7 days to arrive at an average length of stay for low-risk deliveries of 1.6 days. Birthing centers delivery costs average 33% less than hospital delivery.~~

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Licensed Midwives

Payment for licensed midwives' services are made in accordance with the established fee schedule rates described in Attachment 4.19-B, Page 3; Payment for physicians' services.

Reimbursement for licensed midwives' services will be made at 80% of the physician fee schedule for the same service. Reimbursement for lab services ordered by licensed midwives will be made at 100% of the physician fee schedule.

The agency's fee schedule was set as of July 1, 2025 and is effective for services provided on or after that date. All rates are published on the agency's website at <http://www.okhca.org/feeschedules>.

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