

CHAPTER 1127. BIRTH CENTER SERVICES

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Authority

The provisions of this Chapter 1127 issued under sections 443.3(1) and 451 of the Public Welfare Code (62 P. S. §§ 443.3(1) and 451), unless otherwise noted.

1127-1

(276097) No. 319 Jun. 01

Source

The provisions of this Chapter 1127 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267, unless otherwise noted.

GENERAL PROVISIONS**§ 1127.1. Policy.**

The MA Program makes payment for medical services provided under the auspices of a birth center. Payment for birth center services rendered to eligible recipients by birth centers enrolled as providers under the program is subject to this chapter and Chapters 1101 and 1150 (relating to general provisions; and MA Program payment policies) and the MA Program fee schedule.

Source

The provisions of this § 1127.1 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (114406).

§ 1127.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

All-inclusive fee—A rate of payment that covers services ordinarily furnished to a patient under the auspices of a birth center.

Birth center—A freestanding facility not physically part of a hospital, which provides comprehensive obstetrical care to women expected to experience a normal pregnancy, delivery and post-partum period.

Obstetrical care—medical attention and supervision provided during pregnancy, labor and the post-partum period. The care shall be comprehensive, covering all services included under the birth center's written policies.

Source

The provisions of this § 1127.2 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267.

SCOPE OF BENEFITS**§ 1127.21. Scope of benefits for the categorically needy.**

Categorically needy recipients are eligible for birth center services.

Source

The provisions of this § 1127.21 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267.

§ 1127.22. Scope of benefits for the medically needy.

Medically needy recipients are eligible for birth center services.

Source

The provisions of this § 1127.22 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267.

§ 1127.23. Scope of benefits for State Blind Pension recipients.

State Blind Pension recipients are not eligible for birth center services under the MA Program unless the recipient is also categorically needy or medically needy.

Source

The provisions of this § 1127.23 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267.

§ 1127.24. Scope of benefits for General Assistance recipients.

General Assistance recipients, age 21 to 65, whose MA benefits are funded solely by State funds, are eligible for medically necessary basic health care benefits as defined in Chapter 1101 (relating to general provisions). See § 1101.31(e) (relating to scope).

Source

The provisions of this § 1127.24 adopted December 11, 1992, effective January 1, 1993, 22 Pa.B. 5995.

PROVIDER PARTICIPATION**§ 1127.41. Participation requirements.**

In addition to the participation requirements established in §§ 1101.41—1101.43 (relating to participation) birth centers shall:

- (1) Be licensed by the Department of Health.
- (2) Have an established fee schedule for billing third party and private payors.
- (3) Be licensed by the appropriate agency of the state in which the birth center is located, if it is located outside this Commonwealth.

Source

The provisions of this § 1127.41 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267.

§ 1127.42. Ongoing responsibilities of providers.

Ongoing responsibilities of providers are established in § 1101.51 (relating to ongoing responsibilities of providers).

Source

The provisions of this § 1127.42 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267.

PAYMENT FOR BIRTH CENTER SERVICES**§ 1127.51. General payment policy.**

(a) Payment is made for services provided for participating birth centers subject to the conditions and limitations established in this chapter, Chapters 1101 and 1150 (relating to general provisions; and MA Program payment policies) and the MA Program fee schedule.

(b) A total fee determined by the Department is paid to each birth center for services, including professional services, provided by the facility throughout the course of a routine pregnancy, delivery and post-partum period.

(c) Birth center services shall be comprehensive beginning with the initial prenatal visit and concluding with the final post-partum visit. The services include but are not limited to:

(1) Orientation to birth center care.

(2) Twenty-four hour availability of the nurse-midwife/physician team.

(3) Routine laboratory and other diagnostic services. For the purpose of this chapter, routine laboratory tests include only hematocrit, hemoglobin and urinalysis.

(4) Patient education regarding nutrition with respect to both mother and child, substances hazardous to the health of mother and child, anatomy and physiology pertaining to the mother and child throughout all phases of the pregnancy, preparation for birth center delivery and early discharge, infant care, parenting and options for family planning and contraception.

(5) Prenatal care including, but not limited to, a written social and medical history, initial physical examination, examination by obstetrician, identification of risk status with referral for appropriate care when indicated and visits with midwife or physician.

(6) Labor, delivery and newborn services including a minimum of 6 hours of post delivery care.

(7) Routine medically necessary medications administered in the birth center.

(8) Post-partum care that includes a minimum of three visits during which the mother and baby are examined by the midwife or a registered nurse. The first visit shall take place within 24 to 72 hours after delivery, with subsequent visits within 6 weeks after delivery.

(9) Mileage for midwife/physician trips to and from the patient's home for the purpose of visits.

(10) Facilities available to patients.

(11) The maintenance of medical records as required by the Department of Health and under § 1101.51 (relating to ongoing responsibilities of providers.)

(d) Claims shall be submitted to the Department under the provider handbook.

(e) The Department's payment for birth center services shall be considered payment in full as specified under § 1101.63 (relating to payment in full).

(f) If a birth center voluntarily terminates the provider agreement, payment for birth center services is made for those MA patients receiving services prior to the effective date of the termination of the provider agreement. Payment shall be made under § 1127.52 (relating to payment criteria).

(g) The Department will pay the lesser of the birth center's charge to the general public or the rate established by the Department.

Source

The provisions of this § 1127.51 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial pages (114407) to (114408).

Cross References

This section cited in 55 Pa. Code § 1127.53 (relating to limitations on payment); and 55 Pa. Code § 1127.54 (relating to noncompensable services).

§ 1127.52. Payment criteria.

(a) The Department will establish maximum reimbursement fees for birth centers based on the following criteria:

(1) The level of reimbursement will be consistent with efficiency, economy and quality of care.

(2) The level of reimbursement will be sufficient to assure availability of services.

(b) Total payment to a birth center will be made at 70% of the overall State-wide average hospital prospective payment rate in effect on July 1, 1986, plus a component to cover midwife prenatal visits and the delivery fee. The total prenatal visit amount will be based on 12 visits. The visit and delivery fee component will be calculated in accordance with Chapter 1150 (relating to MA Program payment policies) and the MA Program fee schedule in effect as of July 1, 1986.

(c) Payment will be made on a trimester basis at a rate of 25%, 25% and 50% of the total fee.

(d) If, during prenatal care, birth center services are terminated for any reason, including changes in the recipient's eligibility, payment is made to the birth center for visits with professional staff provided during the course of the last trimester in which the patient received services. The Department will also pay for other services the facility has provided for which it is eligible to bill on a fee for service basis. The birth center visit fee shall be the amount equal to that of the midwives' or physicians' visit fee under the MA Program fee schedule. Encounters with more than one health professional and multiple encounters with the same health professional that take place on the same day constitute a single visit.

(e) If, due to complications that develop during labor, it is necessary to transfer a birth center patient to a hospital, one payment will be made to the birth cen-

ter for services provided during the third trimester including services provided during labor. The amount of the payment is 50% of the third trimester rate of payment. Midwives or physicians attending the delivery on an inpatient basis may bill a fee under the Medical Assistance program fee schedule.

Source

The provisions of this § 1127.52 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial pages (114408) and (117353).

Cross References

This section cited in 55 Pa. Code § 1127.51 (relating to general payment policy).

§ 1127.53. Limitations on payment.

(a) The Department does not pay for services provided by a birth center except as specified under § 1127.51 (relating to general payment policy).

(b) No additional payment will be made for services provided by staff of a birth center for services provided under the auspices of the facility.

(c) The total amount of the payments made on a trimester basis will not exceed the total fee for which the facility is eligible.

Source

The provisions of this § 1127.53 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267.

§ 1127.54. Noncompensable services.

The Department does not make payment to other providers for services expected to be provided by the birth center under § 1127.51(c) (relating to general payment policy).

Source

The provisions of this § 1127.54 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267.

UTILIZATION CONTROL

§ 1127.71. Scope of claims review procedures.

Claims submitted for payment under the MA Program are subject to the utilization review procedures established in § 1101.71 (relating to utilization control).

Source

The provisions of this § 1127.71 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267.

ADMINISTRATIVE SANCTIONS

§ 1127.81. Provider misutilization.

Providers determined to have billed for services inconsistent with this part, to have provided services outside the scope of customary standards of medical practice or to have otherwise violated the standards set forth in the provider agreement, are subject to the sanctions described in §§ 1101.82—1101.84 (relating to administrative procedures).

Source

The provisions of this § 1127.81 adopted January 16, 1987, effective retroactively to July 1, 1986, 17 Pa.B. 267.

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(276104) No. 319 Jun. 01

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