



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

July 3, 2013

Gloria Nagle, PhD, MPA
Associate Regional Administrator
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 13-020

Dear Ms. Nagle:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 13-020 to reflect the effective date for the 2013 reimbursement rate for alternative birth centers. The 2013 reimbursement rate will be effective on or after July 1, 2013. Medi-Cal currently covers alternative birth centers and professionals who provide services in them.

On June 14, 2013, the Centers for Medicare and Medicaid Services (CMS) informed DHCS that tribal consultation is not required for this SPA. DHCS has submitted a Public Notice reflecting the proposed changes for the effective date for the 2013 rate and will be published in the California Regulatory Notice Register on June 28, 2013.

Enclosed are the following forms for SPA 13-020:

- Attachment 4.19-B
- HCFA Form -179

If you have any questions regarding this SPA, please contact John Mendoza, Chief, Fee-For-Service Rates Development Division at (916) 552-9639 or by email at John.Mendoza@dhcs.ca.gov.

Sincerely,

Original Document Signed By:

Toby Douglas
Director

Gloria Nagle, PhD, MPA
Page 2

cc: John Mendoza, Chief
Fee-For-Service Rates Development Division
1501 Capitol Avenue, Suite 71.4001, MS 4600
Sacramento, CA 95814

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-020	2. STATE California
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2013	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: Affordable Care Act, Section 2301	7. FEDERAL BUDGET IMPACT: a. FFY 2013-14 \$1,157 b. FFY 2014-15 \$4,628	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 65	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, page 65	
10. SUBJECT OF AMENDMENT: Adjust the effective date of the new 2013 rate for Alternative Birth Centers.		
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.		
12. SIGNATURE OF STATE AGENCY OFFICIAL: Original Document Signed By:	Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.326 P.O. Box 997417 Sacramento, CA 95899-7417	
13. TYPED NAME: Toby Douglas		
14. TITLE: Director		
15. DATE SUBMITTED: July 3, 2013		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:	22. TITLE:	
23. REMARKS:		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

REIMBURSEMENT FOR ALTERNATIVE BIRTH CENTERS AND LICENSED
OR OTHERWISE STATE-RECOGNIZED COVERED PROFESSIONALS
PROVIDING SERVICES IN THE ALTERNATIVE BIRTH CENTER

Alternative Birth Center services described in paragraph 29.a of Attachment 3.1-A and in paragraph 28.a of Attachment 3.1-B of the California State Plan are reimbursed at the lower of (1) the usual and customary rate, or (2) California Department of Health Care Services' (DHCS') published statewide all-inclusive rate per delivery.

DHCS' fee schedule ~~was~~ will be set as of ~~January~~ July 1, 201~~23~~, and is effective for services provided on or after that date. The DHCS rates are published on the DHCS Website at <http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>.

The all-inclusive reimbursement rate is updated annually and is based on the annual published legislative report of average contract rate for general acute care hospitals with Medi-Cal contracts (~~as published by the California Medical Assistance Commission or other entity that may assume this responsibility~~).

Reimbursement rates for licensed or otherwise State-recognized covered professionals providing services in an Alternative Birth Center as described in paragraph 29.b of Attachment 3.1-A and in paragraph 28.b of Attachment 3.1-B are published on the DHCS Website referenced above.

Except as otherwise provided in the State Plan, State developed fee schedule rates are the same for both governmental and private providers of Alternative Birth Center services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

REIMBURSEMENT FOR ALTERNATIVE BIRTH CENTERS AND LICENSED OR
OTHERWISE STATE-RECOGNIZED COVERED PROFESSIONALS PROVIDING
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TN: 13-020

Supersedes:

TN: 11-022

Approved Date: _____ Effective Date: July 1, 2013