



Member Access to Freestanding Birth Centers and Midwife Services

Medi-Cal patients can access different birthing options based on what works best for them and their families

Health Net and other Medi-Cal managed care health plans (MCPs) must allow members access to:

- Freestanding birth centers (FBCs)¹
- Services from certified nurse midwives (CNMs)
- Licensed midwives (LMs)

Network requirements are outlined below.

MAINTAIN AN ADEQUATE NETWORK

The MCP network must include, at a minimum:

- one FBC,¹
- one CNM; and
- one LM.

Documentation of these provider types in its network must be maintained.

PROVIDE ACCESS TO OUT-OF-NETWORK PROVIDERS

If no participating FBC, CNM or LM is available, members can access out-of-network services. If network deficiencies exist for these provider types, services to out-of-network providers must be authorized.

REIMBURSE OUT-OF-NETWORK PROVIDERS ADEQUATELY

Out-of-network FBCs, CNMs and LMs must be reimbursed no less than the applicable Medi-Cal fee-for-service (FFS) rates for services.

SELECT CONDITIONS ALLOW FOR NOT CONTRACTING WITH AN FBC, CNM OR LM

MCPs are not required to contract with an FBC, CNM or LM if:

- 1 The provider is unwilling to accept the higher of the contract rates or the Medi-Cal FFS rates.
- 2 The provider does not meet applicable professional standards. Or, the provider has disqualifying quality of care issues (documented concerns with the provider's quality of care must be available).

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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WHAT YOU NEED TO KNOW ABOUT FBCs, CNMs and LMs

FBCs

Federal law defines an FBC as a health facility:

- That is not a hospital.
- Where childbirth is planned to occur away from the pregnant woman’s residence.
- 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.
- That complies with such other requirements relating to the health and safety of individuals furnished services by the facility as the state shall establish.

CNMs and LMs

The Department of Health Care Services (DHCS) authorizes CNMs and LMs as providers of all services permitted within the scope of the practitioner’s license.² Both are authorized under state law to provide prenatal, intrapartum, and postpartum care. This includes family planning care for the mother and immediate care for the newborn. The table below outlines the differences between the two provider types and conditions under which they can provide care.

Midwife type	Licensing	Services
CNM	Licensed as a registered nurse and certified as	Permitted to “attend cases of normal
LM	Licensed as a midwife by the Medical Board of	Permitted to “attend cases of normal

ADDITIONAL INFORMATION

For more information on network access for FBCs, CNMs and LMs, refer to DHCS All Plan Letter (APL) 18-022.

Relevant sections of Health Net’s provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on Health Net’s provider website at provider.healthnet.com.

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.

¹ 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.

²Refer to the California State Plan, Section 3 – Services at www.dhcs.ca.gov/formsandpubs/laws/Pages/Section3.aspx. See *Limitations on Attachment 3.1-A*.