STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – FREESTANDING BIRTH CENTER SERVICES

The facility fee is based on a review of Medicaid fees paid by other states. Under this State Plan, birthing centers are limited to those licensed by the State of Nebraska or other legally authorized licensing authority under applicable state laws, to provide a level of service commensurate with the professional skills of a physician (MD or DO) or a certified nurse-midwife (CNM) who acts as birth attendant. The center, the physician, and CNM must be licensed at the time and place the services are provided. The birthing center must be enrolled and approved by the state agency or its designee for participation in the Nebraska Medical Assistance Program. The center must have a written agreement for emergency care with a hospital that provides obstetrical services. Admission to the facility must be restricted to low-risk vaginal delivery patients. Caesarean section procedures are prohibited. Each mother and newborn must be discharged within 24 hours after admission, in a condition which will not endanger the well-being of either. If the condition of mother or newborn does not allow discharge within 24 hours, then transfer to a hospital must occur.

Coverage of birthing center facility services is limited to certain birthing services provided by the center and determined by the attending physician or CNM to be necessary for the care of the mother and live newborn child following the mother’s normal, uncomplicated pregnancy. Reimbursable services are limited to facility services provided during the labor, delivery and postpartum periods. Birthing center facility services furnished prior to or after the above described period are not considered birthing center facility services and are not covered or reimbursed as such under this state plan. Services provided by a physician or CNM are not considered to be birthing center facility services.