



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

Free Standing Birthing Center

(Enrollment packet is subject to change without notice)

General Information for the Free Standing Birthing Center (FSBC) Facility Provider Type

Birth Centers are facilities for the primary purpose of performing low-risk deliveries but are not a hospital or licensed as part of a hospital. “Low-risk pregnancy” means a normal, uncomplicated prenatal course as determined by documentation of adequate prenatal care and the anticipation of a normal, uncomplicated labor and birth, as defined by reasonable and generally accepted criteria adopted by professional groups for maternal, fetal, and neonatal health care. Physicians, Certified Nurse Midwives, and Licensed Midwives* enrolled in Louisiana Medicaid are eligible to provide delivery services within Medicaid enrolled FSBC’s. Neither general nor epidural anesthesia shall be provided in the birthing center.

Centers are required to meet Medicaid’s criteria for enrollment, and have completed the enrollment process prior to providing services to Medicaid recipients.

Medicaid Birthing Center criteria for enrollment:

- Centers must be CABC (Commission for the Accreditation of Birth Centers) accredited.
- Centers shall be located within a ground travel time distance from the general acute care hospital with which the center maintains a contractual relationship, including a transfer agreement, that allows for an emergency cesarean delivery to be started within 30 minutes of the decision a cesarean delivery is necessary.
- All freestanding birthing center applications for enrollment are subject to review and approval of the Medicaid Medical director.

*Licensed Midwives providing delivery services in FSBC’s must comply with Title 46 Professional and Occupational Standards Part XLV. Medical Professions; Subpart 3. Practice; Chapter 53. Licensed Midwives Subchapter A. Standards of Practice §5311-5321.

Free Standing Birthing Center CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Gainwell Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as a Free Standing Birth Center provider:

Completed	Document Name
<input type="checkbox"/> *	1. Completed Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
<input type="checkbox"/> *	2. Completed PE-50 Addendum – Provider Agreement Form (two pages).
<input type="checkbox"/> *	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
<input type="checkbox"/> *	4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business.
<input type="checkbox"/> *	5. (If submitting claims electronically) Completed Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form and Power of Attorney Form (if applicable).
<input type="checkbox"/>	6. Copy of voided check or letter from the bank on bank letterhead verifying the account and routing number for the account to which you wish to have your funds electronically deposited (deposit slips are not accepted) .
<input type="checkbox"/>	7. Copy of a pre-printed document received from the IRS showing both the employer identification number (EIN) and the official name as recorded on IRS records (W-9 forms are not accepted) .
<input type="checkbox"/>	8. Copy of Accreditation Certificate from the Commission for the Accreditation of Birth Centers (CABC).
<input type="checkbox"/>	9. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 70 (Clinic or Other Group Practice).
<input type="checkbox"/>	10. Copy of CLIA certificate, if applicable.
<input type="checkbox"/>	11. Emergency Transfer Agreement contract.

*These forms are available in the **Basic Enrollment Packet for Entities/Businesses**.

**Forms are included here.

PLEASE USE THIS CHECKLIST TO ENSURE THAT ALL REQUIRED ITEMS ARE SUBMITTED WITH YOUR APPLICATION FOR ENROLLMENT. ATTACHED FORMS MUST BE SUBMITTED AS ORIGINALS WITH ORIGINAL SIGNATURES (NO STAMPED SIGNATURES OR INITIALS)

Please submit all required documentation to:
Gainwell Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159