

## Requirements and Procedures for 'Clinic-Based Certified Nurse Midwife' Enrollment

This bulletin provides a supplement to the current enrollment requirements of the Medi-Cal program for certified nurse midwives. This bulletin applies to individual certified nurse midwives who are solely employed by, or provide services pursuant to a contract with, licensed primary care clinics and who, as individuals, do not have a provider number that is actively-enrolled with Medi-Cal to bill for healthcare services to Medi-Cal beneficiaries at another location. These individual certified nurse midwives will be referred to as "clinic-based certified nurse midwife providers". Enrollment as a "clinic-based certified nurse midwife" is exclusively for inpatient services provided in a general acute care hospital as defined in Health and Safety (H&S) Code, Section 1250(a) and that are not otherwise reimbursed by the Medi-Cal program.

This bulletin does not substitute for, or eliminate other enrollment requirements set forth in Welfare and Institutions (W&I) Code, Section 14043.26. A certified nurse midwife who is an employee and/or contractor of a licensed primary care clinic and also has a separate business address where he/she provides services, goods, merchandise or supplies to Medi-Cal beneficiaries must continue to apply and be enrolled at that separate location and thereafter may bill inpatient services using that separate location's enrolled provider number.

Based upon the authority granted to the director of the Department of Health Care Services (DHCS) in W&I Code, Section 14043.75(b), the director has established the procedures set forth below that must be followed by any certified nurse midwife who seeks to enroll as a "clinic-based certified nurse midwife provider". These procedures implement W&I Code, Sections 14043.15, 14043.26 and 14043.27 and have the full force and effect of law. This bulletin is effective July 15, 2009.

In order to enroll in the Medi-Cal program as a "clinic-based certified nurse midwife provider", a certified nurse midwife must enroll as an individual provider and satisfy the same enrollment requirements as other applicants or providers appropriate to the services they deliver, except for the established place of business requirements which can be met by compliance with the requirements and procedures set forth in this bulletin.

A certified nurse midwife shall qualify for application as a "clinic-based certified nurse midwife provider" after all of the requirements below are met:

1. Each certified nurse midwife discloses in his/her application package that he/she renders services to Medi-Cal beneficiaries exclusively at one or more licensed primary care clinics, except for when (i) following clinic patients to a general acute care hospital or, (ii) providing "on-call" coverage for Medi-Cal patients at a Medi-Cal enrolled hospital, as required for the certified nurse midwife to maintain admitting privileges.
2. Each certified nurse midwife is currently licensed and certificated under Article 2.5 of, Chapter 6 of, Division 2 of the *Business and Professions Code* to provide health care services in the state of California.
3. There are no current pending or outstanding Medi-Cal, other state Medicaid, Medicare or licensing sanctions against the individual certified nurse midwife who is seeking Medi-Cal enrollment as a "clinic-based provider" or against the licensed primary care clinic for which the applicant is employed or contracted for services at the time of application.
4. Each certified nurse midwife is not already actively enrolled in Medi-Cal using a provider number for billing services rendered to Medi-Cal beneficiaries at another location.
5. Each certified nurse midwife is covered by professional liability insurance or equivalent liability coverage for all professional services provided in an acute care facility.
6. Each certified nurse midwife will utilize a Tax Identification Number, or Federal Employee Identification Number that is issued to him/her by the Internal Revenue Service as outlined in the *California Code of Regulations* (CCR), Title 22, Section 51000.30(d)(12), or he/she must utilize his/her Social Security Number.
7. Each licensed primary care clinic in which the certified nurse midwife renders services to Medi-Cal beneficiaries is currently licensed and enrolled in the Medi-Cal program; and

8. Each licensed primary care clinic in which the certified nurse midwife renders services to Medi-Cal beneficiaries confirms:
  - a. that the certified nurse midwife is employed and/or contracted by the licensed primary care clinic at the time of application; and
  - b. that all services provided by the certified nurse midwife at the licensed primary care clinic location are reimbursed directly to the licensed primary care clinic or are included in the Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) Prospective Payment System (PPS) rate per visit; and that the PPS rate per visit will not include inpatient services provided by the certified nurse midwife at a Medi-Cal enrolled general acute care hospital that will otherwise be reimbursed directly to the certified nurse midwife under the certified nurse midwife's individually-enrolled provider number.

Upon compliance with all of the requirements and procedures set forth in this bulletin, the clinic-based certified nurse midwife provider will be deemed to meet the established place of business requirements set forth in CCR, Title 22, Section 51000.60(c).

### **Procedures for Enrollment as a Clinic-Based Certified Nurse Midwife Provider**

A certified nurse midwife applicant requesting consideration for enrollment as a "clinic-based certified nurse midwife provider," who is solely employed by or provides services pursuant to a contract with licensed primary care clinics and uses the licensed primary care clinic(s) as his/her established place of business, must complete all of the following:

1. An application package, consisting of the *Medi-Cal Provider Application* (DHCS 6204), a complete *Medi-Cal Disclosure Statement* (DHCS 6207) and a complete *Medi-Cal Provider Agreement* (DHCS 6208) pursuant to CCR, Title 22, Section 51000 (et seq.) Applicant must write in ink at the top of the first page of the *Medi-Cal Provider Application* "clinic-based certified nurse midwife provider."
2. Submit with the application package a cover letter from each Medi-Cal enrolled and licensed primary care clinic at which the "clinic-based certified nurse midwife provider" provides services. Each letter must be on the letterhead of the licensed primary care clinic and include the following:
  - a. Date of the letter;
  - b. Name and location of the currently licensed and Medi-Cal enrolled clinic;
  - c. Description of the applicant's professional relationship with the licensed primary care clinic;
  - d. The statement: "I, (person authorized to legally bind the licensed primary care clinic), understand that (applicant) has submitted an application package for enrollment in the Medi-Cal program as a "clinic-based certified nurse midwife provider" indicating that (applicant) provides services under contract at (licensed primary care clinic) or as an employee of the clinic. I further understand that approval of the application package is based in part on the contractual agreement between (applicant) and (licensed primary care clinic), and based in part on the representation that there are no current sanctions against (licensed primary care clinic). I attest that a contractual relationship does exist between (applicant) and (licensed primary care clinic), and I attest that there are no current pending or outstanding Medi-Cal, other state Medicaid or Medicare or licensing sanctions against the (licensed primary care clinic). Additionally, I further attest that only services provided by (applicant) here at (licensed primary care clinic) will be directly reimbursed to the licensed primary care clinic or are included in the Prospective Payment System rate per visit. (Applicant) may arrange for and be responsible and liable for claims submission and reimbursement of inpatient services provided to clinic patients of (licensed primary care clinic) or providing "on-call" coverage for Medi-Cal patients at a Medi-Cal enrolled hospital, as required for the certified nurse midwife to maintain admitting privileges. I understand that the inpatient services claimed shall be services that are not billed by (licensed primary care clinic) and are not reimbursed directly to the licensed primary care clinic or included in the Federally Qualified Health Center or Rural Health Clinic Prospective Payment System rate per visit."
3. Submit with the application package a cover letter in which the applicant states, under penalty of perjury under the laws of the state of California the following:

- a. The applicant is currently licensed to render health care services of the type and complexity coming within the level of care provided by the licensed primary care clinic at which the applicant practices.
  - b. The applicant renders services exclusively at a licensed primary care clinic or clinics except for, when (i) following clinic patients to a general acute care hospital, as defined in H&S Code Section 1250(a) and (ii) providing “on-call” coverage for Medi-Cal patients at a Medi-Cal enrolled hospital, as required for the certified nurse midwife to maintain admitting privileges.
  - c. The statement: “I, (applicant) understand that enrollment in the Medi-Cal program as a “clinic-based certified nurse midwife provider” is based in part on the contractual agreement between myself and (licensed primary care clinic) and that any change in this contractual relationship including, but not limited to, termination of the contract and/or relationship must be reported by me to the Department of Health Care Services within 35 days of the change. This change is in addition to any changes required to be reported in accordance with Welfare and Institutions Code, Section 14043.26(a)(1) and Title 22 of the California Code of Regulations, Section 51000.40.” I (applicant) attest and agree to use my “clinic-based certified nurse midwife-enrolled provider number” specifically for claims submission and reimbursement of inpatient services provided to clinic patients of (licensed primary care clinic) or providing “on-call” coverage for Medi-Cal patients at a Medi-Cal enrolled hospital, as required to maintain admitting privileges. I (applicant) will maintain liability for all claims submitted using my “clinic-based certified midwife provider” provider number.
4. Declare under penalty of perjury under the laws of the State of California that each and every copy of the documents included in the *Medi-Cal Provider Application* (DHCS 6204), the *Medi-Cal Disclosure Statement* (DHCS 6207) and the *Medi-Cal Provider Agreement* (DHCS 6208) requesting enrollment in Medi-Cal as a “clinic-based nurse midwife provider”, or attached to the application package, or a cover letter(s), is a true and correct copy of what it purports to be.

The following pages contain suggested formats which may be used for the two required cover letters that are described above.

### Licensed Primary Care Clinic Cover Letter

(One signed and dated cover letter should be submitted for each licensed primary care clinic at which the applicant renders services to Medi-Cal beneficiaries.)

I, \_\_\_\_\_, understand  
(Name of person authorized to legally bind the licensed primary care clinic)

that \_\_\_\_\_ has submitted an application package for enrollment in  
(Name of applicant)

the Medi-Cal program as a “clinic-based provider” indicating that \_\_\_\_\_  
(Name of applicant)

is employed and/or contracted to provide services at \_\_\_\_\_. I further  
(Name of licensed primary care clinic)

understand that approval of the application package is based in part on the contractual agreement between  
\_\_\_\_\_ and \_\_\_\_\_,  
(Name of applicant) (Name of licensed primary care clinic)

and based in part on the representation that there are no current sanctions against  
\_\_\_\_\_. Therefore, I attest that a contractual relationship  
(Name of licensed primary care clinic)

does exist between \_\_\_\_\_ and \_\_\_\_\_  
(Name of applicant) (Name of licensed primary care clinic)

and I attest that there are no currently pending or outstanding Medi-Cal, other state Medicaid or  
Medicare, or licensing sanctions against \_\_\_\_\_. The inpatient services  
(Name of licensed primary care clinic)

claimed by the applicant shall be services that are not billed by \_\_\_\_\_ and not reimbursed  
(Name of licensed primary care clinic)

directly to \_\_\_\_\_ or included in the clinic’s Prospective Payment System  
(Name of licensed primary care clinic)

rate per visit.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Day of month) (Month) (Year)

In \_\_\_\_\_, California.  
(Name of county where signed)

By: \_\_\_\_\_  
(Printed name and title of person authorized to legally bind the licensed primary care clinic)

**Certified Nurse Midwife Cover Letter**

(One signed and dated cover letter should be submitted by all applicants requesting consideration as a “clinic-based nurse midwife provider”.)

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the state of  
(Name of applicant)

California that I am currently licensed and certified to render health care services of the type and complexity within the level of care provided by \_\_\_\_\_ at which I practice, and that  
(Name of licensed primary care clinic)

I render services exclusively at licensed primary care clinics, except for when following clinic patients to a general acute care hospital, or providing “on-call” coverage for Medi-Cal patients in a Medi-Cal enrolled hospital, and that I have no other leased or owned space or premises where I provide services.

Furthermore, I, \_\_\_\_\_, understand that enrollment in the Medi-Cal program  
(Name of applicant)  
as a “clinic-based provider” is based in part on the contractual agreement between myself,

\_\_\_\_\_ and \_\_\_\_\_ and that  
(Name of applicant) (Name of licensed primary care clinic)  
any change in this contractual relationship including, but not limited to, termination of the contract and/or relationship must be reported by me to the Department of Health Care Services within 35 days of the change.

This change is in addition to any changes required to be reported in accordance with *Welfare and Institutions Code*, Section 14043.26(a)(1) and the *California Code of Regulations*, Title 22, Section

51000.40. I \_\_\_\_\_ further attest and agree to only use my “clinic-based nurse midwife-  
(Name of applicant)  
enrolled” provider number specifically for claims submission and reimbursement of inpatient services provided to patients of \_\_\_\_\_ or when providing “on call” coverage  
(Name of licensed primary care clinic)

for Medi-Cal patients at a Medi-Cal enrolled hospital, as required to maintain admitting privileges.

I \_\_\_\_\_ will maintain liability for all claims submitted using my “clinic-based  
(Name of applicant)  
certified nurse midwife-enrolled” provider number.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Day of month) (Month) (Year)

In \_\_\_\_\_, California.  
(Name of county where signed)

By: \_\_\_\_\_  
(Printed name of applicant)

\_\_\_\_\_  
(Signature of applicant)