

NOTICE OF INTENT

Department of Health Bureau of Health Services Financing

Professional Services Program Immunizations (LAC 50:IX.Chapter 83 and Chapter 85)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:IX.Chapter 83 and Chapter 85 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing immunizations in the Professional Services Program in order to ensure that the language in the administrative Rule reflects current practices and is promulgated clearly and accurately in the *Louisiana Administrative Code*.

Title 50

PUBLIC HEALTH-MEDICAL ASSISTANCE Part IX. Professional Services Program Subpart 7. Immunizations

Chapter 83. Children's Immunizations

§8301. General Provisions

A. The ~~department shall provide~~ Medicaid Program shall provide coverage for the administration of childhood and

adolescent vaccines recommended by the Advisory Committee on Immunization Practices and available through the Louisiana-
~~Medicaid reimbursement is not available for the cost of vaccines that may be obtained through the Louisiana~~ Immunization Program/Vaccines for Children ~~(VFC) Program and administered to Medicaid eligible children.~~

B. ~~Provider Qualifications. In order to~~ To qualify for Medicaid reimbursement for ~~the~~ vaccine ~~administration of these vaccines,~~ a provider must be:

1. a licensed health care provider who has the authority under Louisiana state law to administer childhood and adolescent vaccines;

2. ...

3. an enrolled Louisiana Immunization Program/Vaccines for Children Program provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:70 (January 2009) amended by the Department of Health, Bureau of Health Services Financing LR 47:

§8305. Reimbursement Methodology

A. ~~Effective for dates of service on or after August 6, 2008, the~~ There shall be no reimbursement ~~for the administration~~

~~of childhood and adolescent~~ for the cost of vaccines ~~shall be 90 percent of the 2008~~ that are available from the Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount, unless otherwise stipulated. The reimbursement shall not exceed the maximum regional charge for vaccine administration as determined by the Centers for Medicare and Medicaid Services (CMS) Immunization Program/Vaccines for Children Program.

1. ~~The reimbursement shall remain the same for those vaccine administration services that are currently being reimbursed at a rate that is between 90 percent and 120 percent of the 2008 Louisiana Medicare Region 99 allowable, but not to exceed the maximum regional charge for vaccine administration as determined by CMS~~ Repealed.

B. ~~Reimbursement shall be made for the~~ For vaccine administration, ~~of vaccines available from the Louisiana Immunization Program/Vaccines for Children Program and recommended by the Advisory Committee on Immunization Practices (ACIP). There shall be no reimbursement for the cost of the vaccines that are available from the VFC Program~~ providers shall be reimbursed according to the established fee schedule or billed charges, whichever is the lesser amount.

C. ~~Office of Public Health Uncompensated Care Payments~~ The reimbursement for the administration of childhood and adolescent

vaccines shall be 90 percent of the 2008 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount, unless otherwise stipulated. The reimbursement shall not exceed the maximum regional charge for vaccine administration as determined by the Centers for Medicare and Medicaid Services (CMS) .

1. ~~Effective for dates of service on or after July 1, 2012, the department~~ The reimbursement shall ~~provide the Office of Public Health (OPH) with Medicaid payment of their uncompensated care costs for immunization~~ remain the same for those vaccine administration services ~~rendered to Medicaid recipients. The Office of Public Health shall certify public expenditures to the Medicaid Program in order to secure federal funding for services provided at the cost of OPH~~ that are currently being reimbursed at a rate that is between 90 percent and 120 percent of the 2008 Louisiana Medicare Region 99 allowable, but not to exceed the maximum regional charge for vaccine administration as determined by CMS.

2. ~~The OPH will submit an estimate of cost for services provided under this Chapter.~~

~~a. The estimated cost will be calculated based on the previous fiscal year's expenditures and reduced by the estimate of payments made for services to OPH under this Chapter, which will be referred to as the net uncompensated care~~

~~cost. The uncompensated care cost will be reported on a quarterly basis~~

~~3. Upon completion of the fiscal year, the Office of Public Health will submit a cost report which will be used as a settlement of cost within one year of the end of the fiscal year.~~

~~a. Any adjustments to the net uncompensated care cost for a fiscal year will be reported on the CMS Form 64 as a prior period adjustment in the quarter of settlement.~~

~~D. Effective for dates of service on or after January 1, 2013 through December 31, 2014, certain vaccine administration services shall be reimbursed at payment rates consistent with the methodologies that apply to such services and physicians under part B of Title XVIII of the Social Security Act (Medicare) and the Vaccines for Children (VFC) Program.~~

~~1. The following vaccine service codes, when covered by the Medicaid Program and provided under the VFC Program, shall be reimbursed at an increased rate:~~

~~a. 90471, 90472, 90473 and 90474; or~~

~~b. their successor codes as specified by the U.S. Department of Health and Human Services.~~

~~2. Qualifying Criteria. Reimbursement shall be limited to specified services furnished by a physician, either a doctor of osteopathy or a medical doctor or under the personal~~

~~supervision of a physician, who attests to a specialty or subspecialty designation in family medicine, general internal medicine or pediatrics, and also attests to meeting one or more of the following criteria:~~

~~_____ a. _____ certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA); or~~

~~_____ b. _____ specified evaluation and management and vaccine services that equal at least 60 percent of total Medicaid codes paid during the most recently completed calendar year, or for newly eligible physicians the prior month.~~

~~_____ 3. _____ Payment Methodology. For vaccine administration services provided under the Vaccines for Children Program in calendar years 2013 and 2014, the reimbursement shall be the lesser of the:~~

~~_____ a. _____ regional maximum administration fee; or~~

~~_____ b. _____ Medicare fee schedule rate in calendar years 2013 or 2014 that reflects the mean value over all parishes (counties) of the rate for each of the specified code(s) or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor multiplied by the calendar year 2013~~

~~and 2014 relative value units in accordance with 42 CFR 447.405 as approved by the Centers for Medicare and Medicaid Services.~~

~~4. The department shall make a payment to the provider for the difference between the Medicaid rate and the increased rate, if any~~C.2. - D.4. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 35:71 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:96 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1289 (July 2015), amended by the Department of Health, Bureau of Health Services Financing LR 47:

Chapter 85. ~~Adult~~ Other Immunizations

§8501. General Provisions

A. ~~Effective October 1, 2007, the Department shall provide~~The Medicaid Program shall provide coverage for ~~certain immunizations and administered by enrolled Medicaid providers to adult recipients~~ vaccines recommended by the Advisory Committee on Immunization Practices for beneficiaries, age ~~21 or~~19 and

older. ~~Adult immunizations shall be covered for the following diseases:~~

~~1. influenza;~~

~~2. pneumococcal; and~~

~~3. human papillomavirus (HPV)~~ 1. - 3. Repealed.

B. To qualify for Medicaid reimbursement for the vaccine and vaccine administration, a provider must be a licensed health care provider who has the authority under Louisiana state law to administer vaccines and be an enrolled Medicaid provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:1035 (June 2008), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§8503. Coverage Restrictions

~~A. HPV Immunizations. Immunizations for HPV are restricted to female recipients from age 21 through 26 years old.~~ Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health

Services Financing, LR 34:1035 (June 2008), repealed by the Department of Health, Bureau of Health Services Financing, LR 47:

§8505. Reimbursement Methodology

A. ~~Providers~~For the vaccine and vaccine administration, providers shall be reimbursed according to the established fee schedule ~~for the vaccine and the administration of the vaccine~~or billed charges, whichever is the lesser amount.

B. ~~Office of Public Health Uncompensated Care Payments~~The reimbursement methodology for the vaccine is as a physician-administered drug under the provisions of LAC 50:XXIX.949.

~~1. Effective for dates of service on or after July 1, 2012, the department shall provide the Office of Public Health (OPH) with Medicaid payment of their uncompensated care costs for immunization services rendered to Medicaid recipients. The Office of Public Health shall certify public expenditures to the Medicaid Program in order to secure federal funding for services provided at the cost of OPH.~~

~~2. The OPH will submit an estimate of cost for services provided under this Chapter.~~

~~a. The estimated cost will be calculated based on the previous fiscal year's expenditures and reduced by the estimate of payments made for services to OPH under this Chapter, which will be referred to as the net uncompensated care~~

~~cost. The uncompensated care cost will be reported on a quarterly basis~~

~~3. Upon completion of the fiscal year, the Office of Public Health will submit a cost report which will be used as a settlement of cost within one year of the end of the fiscal year.~~

~~a. Any adjustments to the net uncompensated care cost for a fiscal year will be reported on the CMS Form 64 as a prior period adjustment in the quarter of settlement~~B.1. - B.3.a Repealed.

C. ~~Effective for dates of service on or after January 1, 2013 through December 31, 2014, certain vaccine administration services shall be reimbursed at payment rates consistent with the~~The reimbursement methodology that applies to such services and physicians under part B of title XVIII of the Social Security Act (Medicare) for vaccine administration for beneficiaries age 19 and older is the same as for beneficiaries younger than 19 years old under the provisions of §8305 of this part.

~~1. The following vaccine service codes, when covered by the Medicaid Program, shall be reimbursed at an increased rate:~~

~~a. 90471, 90472, 90473 and 90474; or~~

~~_____ b. _____ their successor codes as specified by the U.S. Department of Health and Human Services.~~

~~_____ 2. _____ Qualifying Criteria. Reimbursement shall be limited to specified services furnished by a physician, either a doctor of osteopathy or a medical doctor or under the personal supervision of a physician, who attests to a specialty or subspecialty designation in family medicine, general internal medicine or pediatrics, and also attests to meeting one or more of the following criteria:~~

~~_____ a. _____ certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA); or~~

~~_____ b. _____ specified evaluation and management and vaccine services that equal at least 60 percent of total Medicaid codes paid during the most recently completed calendar year, or for newly eligible physicians the prior month.~~

~~_____ 3. _____ Payment Methodology. For vaccine administration services provided in calendar years 2013 and 2014, the reimbursement shall be the lesser of the:~~

~~_____ a. _____ Medicare fee schedule rate in calendar years 2013 or 2014 that reflects the mean value over all parishes (counties) of the rate for each of the specified code(s) or, if~~

~~greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor multiplied by the calendar year 2013 and 2014 relative value units in accordance with 42 CFR 447.405 as approved by the Centers for Medicare and Medicaid Services; or~~

~~_____ b. provider's actual billed charges for the service.~~

~~_____ 4. The department shall make a payment to the provider for the difference between the Medicaid rate and the increased rate, if any~~C.1. - C.4 Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:97 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1290 (July 2015), amended by the Department of Health, Bureau of Health Services Financing LR 47:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Small Business Analysis

In compliance with Act 820 of the 2008 Regular Session of the Louisiana Legislature, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will have no impact on small businesses, as described in R.S. 49:965.2 et seq.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the

staffing level requirements or qualifications required to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments to Ruth Johnson, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. Johnson is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on November 29, 2020.

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on November 9, 2020. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on November 24, 2020 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after November 9, 2020. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally

or in writing. In the event of a hearing, parking is available to the public in the Galvez Parking Garage, which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to LDH staff at the hearing.

Dr. Courtney N. Phillips

Secretary