

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street  
Dallas, Texas 75202



**Division of Medicaid & Children's Health**

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27 July, 2017

Reference: **SPA – LA 17-0019**  
**(Outpatient Hospital Services)**

Jen Steele  
Department of Health & Hospitals  
628 N. 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

Dear Ms Kennedy:

This is to acknowledge receipt of State's letters dated 21 July, 2017, stating Withdrawal of State Plan Transmittals No.17-0019. This action is reflected on the enclosed original SPA submission and for your convenience, we are enclosing copies of the material withdrawn.

If you have any questions, please call Cheryl Rupley at ext. 214-767-.6278

Sincerely,

A handwritten signature in cursive script that reads "Marsha Marks".

Marsha Marks, Health Insurance Specialist  
Centers for Medicare & Medicaid Services  
Division of Medicaid and Child Health

Enclosures:  
State's Withdraw Letter Dated 7/21/17  
Copies of Withdrawn Page



**State of Louisiana**  
Louisiana Department of Health  
Bureau of Health Services Financing

**VIA ELECTRONIC MAIL ONLY**

July 20, 2017

Bill Brooks  
Associate Regional Administrator  
Division of Medicaid & Children's Health  
DHHS/Centers for Medicare and Medicaid Services  
1301 Young Street, Room #833  
Dallas, Texas 75202

Dear Mr. Brooks:

**RE: Louisiana Title XIX State Plan  
Transmittal No. 17-0019 Professional Services – Reimbursement  
Methodology – State Owned or Operated Professional Services Practices  
(LSU)**

Please refer to the above proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0019 with an effective date of May 1, 2017. The SPA proposed to revise the provisions governing the Professional Services program in order to change the reimbursement methodology for services rendered by physicians and other professional services practitioners employed by, or under contract to provide services in affiliation with, a state-owned or operated entity.

The Department no longer wishes to pursue this State Plan amendment and requests that LA SPA TN 17-0019 be withdrawn from consideration.

Sincerely,

A handwritten signature in blue ink that reads "Lee A. Budgewater".

*for* Lee Steele  
Medicaid Director

JS/KHB/MJ



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

May 31, 2017

This SPA was withdrawn per State's Letter  
Dated 21 July, 2017

Bill Brooks  
Associate Regional Administrator  
Division of Medicaid & Children's Health  
DHHS/Centers for Medicare and Medicaid Services  
1301 Young Street, Room #833  
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan  
Transmittal No. 17-0019

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Warmly,

A blue ink signature of Rebekah E. Gee.

Rebekah E. Gee MD, MPH  
Secretary

Attachments (3)

REG:JS:JH

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <b>17-0019</b>	2. STATE <b>Louisiana</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>May 1, 2017</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR Part 447, Subpart F</b>		7. FEDERAL BUDGET IMPACT: a. FFY <b>2018</b> <b>\$213,018,308</b> b. FFY <b>2019</b> <b>\$162,548,650</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, Item 5, Page 7a</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>None – New Page</b>	
10. SUBJECT OF AMENDMENT: <b>The SPA proposes to revise the provisions governing the Professional Services program in order to change the reimbursement methodology for services rendered by physicians and other professional services practitioners employed by, or under contract to provide services in affiliation with, a state-owned or operated entity.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>The Governor does not review State Plan material.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:  <b>Jen Steele, Medicaid Director</b> <b>State of Louisiana</b> <b>Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>	
13. TYPED NAME: <b>Rebekah E. Gee MD, MPH</b>			
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>May 31, 2017</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

This SPA was withdrawn per State's Letter  
Dated 21 July, 2017



This SPA was withdrawn per State's Letter  
Dated 21 July, 2017

LA TITLE XIX SPA  
TRANSMITTAL #: 17-0019  
TITLE: Professional Services - Reimb Meth - State Owned or Operated Prof Svc  
EFFECTIVE DATE: May 1, 2017

FISCAL IMPACT:  
Increase

1st SFY	2nd SFY	3rd SFY
year	2018	2019
% inc.		
fed. match	0.00%	0.00%
*# mos	12	12
range of mos	July 2017 - June 2018	July 2018 - June 2019
dollars	\$270,656,532	\$255,218,480
		\$255,218,480

\*#mos-Months remaining in fiscal year

**Total Increase Cost FFY 2018**

SFY 2018 \$270,656,532 for 12 months July 2017 - June 2018 \$270,656,532

SFY 2019 \$255,218,480 for 12 months July 2018 - June 2019 = \$63,804,620  
\$255,218,480 / 12 X 3 July 2019 - September 2019 \$334,461,152

FFP (FFY 2018 ) = \$334,461,152 X 63.69% = \$213,018,308

**Total Increase Cost FFY 2019**

SFY 2019 \$255,218,480 for 12 months July 2018 - June 2019 = \$191,413,860  
\$255,218,480 / 12 X 9 October 2019 - June 2020

SFY 2020 \$255,218,480 for 12 months July 2019 - June 2020 = \$63,804,620  
\$255,218,480 / 12 X 3 July 2020 - September 2020 \$255,218,480

FFP (FFY 2019 ) = \$255,218,480 X 63.69% = \$162,548,650

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**State Owned or Operated Professional Services Practices**

1. Qualifying Criteria

Effective for dates of services on or after May 1, 2017, in order to qualify to receive payments for services rendered to Medicaid recipients under these provisions, physicians and other eligible professional service practitioners must be:

- a. licensed by the State of Louisiana;
- b. enrolled as a Louisiana Medicaid provider; and
- c. employed by, or under contract to provide services in affiliation with a state-owned or operated entity, such as state-operated hospital or other state entity, including a state academic health system, which has been designated by the Department as an essential provider. Essential providers include:
  - i. LSU School of Medicine – New Orleans
  - ii. LSU School of Medicine – Shreveport; and
  - iii. LSU/state operated hospitals (Lallie Kemp Regional Medical Center and Villa Feliciana Geriatric Hospital).

2. Payment Methodology

Effective for dates of service on or after May 1, 2017, physicians who qualify for services rendered in affiliation with a state-owned or operated entity and have been designated as an essential provider, shall receive payment in the amount of billed charges for qualifying services.

This SPA was withdrawn per State's Letter  
Dated 21 July, 2017