

Rebekah E. Gee MD, MPH
SHCRETARY

Louisiana Department of Health Office of the Secretary

VIA ELECTRONIC MAIL ONLY

September 7, 2018

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. 18-0014

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,

Rebekah E. Gee MD, MPH

Cridy Rever

Secretary

Attachments (3)

REG:JS:MJ

TRANSMITTAL AND NOTICE OF APPROVAL OF 1. TRANSMITTAL NUMBER: 2. STATE STATE PLAN MATERIAL 18-0014 Louisiana FOR: HEALTH CARE FINANCING ADMINISTRATION 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TO: REGIONAL ADMINISTRATOR 4. PROPOSED EFFECTIVE DATE HEALTH CARE FINANCING ADMINISTRATION January 1, 2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): ☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$ 55,797.00 42 CFR 447.201 and b. FFY **2020** \$74,958.00 Section 1902(bb) of the Social Security Act 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 11-39) Attachment 4.19-B, Item 2b, Page 3 10. SUBJECT OF AMENDMENT: The purpose of this SPA is to amend the provisions governing the reimbursement methodology for rural health clinics in order to implement a payment methodology to allow reimbursement for long-acting reversible contraceptive devices outside of the perspective payment system 11. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☑ OTHER, AS SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State Plan material. \square NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana 13. TYPED NAME: Department of Health Rebekah E. Gee MD, MPH 628 North 4th Street 14. TITLE: P.O. Box 91030 Secretary 15. DATE SUBMITTED: Baton Rouge, LA 70821-9030 September 7, 2018 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL: 21. TYPED NAME: 22. TITLE: 23. REMARKS:

LA TITLE XIX SPA

TRANSMITTAL #:

18-0014

TITLE: Rural Health Clinics – Reimbursement Methodology – Long-Acting Reversible Contrace EFFECTIVE DATE: January 1, 2019

1st SFY 2nd SFY 3rd SFY

year	% inc.	fed, match	# mos	range of mos	dollars
2019		. %	5*	January 2019- June 2019	\$54,972
2020		0.00%	12	July 2019- June 2020	\$123,475
2021		0.00%	12	July 2020 - June 2021	\$83,518

FISCAL IMPACT:

Increase

^{*5} months includes a 1-month claim lag

Total Incre	ase or Decrea	se Cost FFY	<u> 2019</u>					
SFY	2019	\$54,972	for	5* months	January 2019- June 2019			\$54,972
SFY	2020	\$123,475 \$123,475	for /	12 months 12 X 3	July 2019- June 2020 July 2018 - September 2018		=	\$30,869 \$85,841
			FFP (FFY	2019)=	\$85,841 X	65.00%	=	\$55,797
Total Incre	ase or Decrea	se Cost FFY	2020					
SFY	2020	\$123,475 \$123,475	for	12 months 12 X 9	July 2019- June 2020 October 2018 - June 2019		=	\$92,606
SFY	2021	\$83,518 \$83,518	for /	12 months 12 X 3	July 2020 - June 2021 July 2019 - September 2019		=	\$20,880 \$113,486
			FFP (F	FFY 2020)=	\$113,486 X	66.05%	=	<u>\$74,958</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B Item 2b, Page 3

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

CITATION Medical and Remedial Care and Services
42 CFR 447.201 and Item 2.c.
Section 1902(aa) of the
Social Security Act

No interim or alternate payment methodologies will be developed by the State without prior notification to each enrolled Medicaid RHC.

Should an RHC increase or decrease its scope of services through new program development, program closure, program enhancement, etc., it is responsible for notifying the Bureau of Health Services Financing, Institutional Reimbursements Section of the scope of change in writing. The RHC shall include with this notification a budgetary presentation showing the impact on costs and Medicaid patient visits. The Institutional Reimbursements Section will be responsible for incorporating allowable costs and visits into the PPS per visit rate calculation and determining a new rate.

For an RHC which enrolls and receives approval to operate on or after January 1, 2001, the facility's initial PPS per visit rate will be determined first through comparison to other RHCs in the same town/city/parish. Scope of services will be considered in determining which proximate RHC most closely approximates the new provider. If no RHCs are available in the proximity, comparison will be made to the nearest RHC offering the same scope of services. The rate will be set to that of the RHC comparative to the new provider.

Beginning with Federal fiscal year 2002, the PPS per visit rate for each facility will be increased annually by the percentage increase in the published Medicare Economic Index (MEI) for primary care services. The MEI increase will be applied on July 1 of each year.

Effective for dates of services on or after February 21, 2011, the Medicaid Program shall provide reimbursement for diabetes self-management training (DSMT) services rendered by qualified health care professionals in the RHC encounter rate. Separate encounters for DSMT services are not permitted and the delivery of DSMT services alone does not constitute an encounter visit.

Alternate Payment Methodology

Effective for dates of service on or after October 21, 2007, the Medicaid Program shall provide for an alternate payment methodology. This alternate methodology will include the aforementioned PPS methodology plus an additional reimbursement for adjunct services provided by rural health clinics when these services are rendered during evening, weekend or holiday hours. Reimbursement is limited to services rendered between the hours of 5 p.m. and 8 a.m. Monday through Friday, on weekends and State legal holidays. (NOTE: A payment for adjunct services is not allowed when the encounter is for dental services only.)

Effective for dates of service on or after January 1, 2019, RHCs shall be reimbursed a separate payment outside of the PPS rate, accordingly, for long-acting reversible contraceptives (LARCs).

Reimbursement for LARCs shall be at the lesser of, the rate on file or the actual acquisition cost, for entities participating in the 340B program. RHCs eligible for 340B pricing must bill Medicaid at their 340B actual acquisition cost for reimbursement.

TN	Approval Date	Effective Date
Supersedes		
TN		