

## Louisiana Department of Health Office of the Secretary

#### VIA ELECTRONIC MAIL ONLY

July 15, 2020

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

RE: Louisiana Title XIX State Plan Transmittal No. 20-0007

Dear Mr. Brooks:

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. Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Warmly,

Dr. Courtney N. Phillips

Secretary

Attachments (3)

CNP:RJ:SSJ

Secretary  15. DATE SUBMITTED July 15, 2020  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	TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER	2. STATE		
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COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)  6. FEDERAL STATUTE/REGULATION CITATION  42 CFR 440.10 42 CFR 447, Subpart C  8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1-A, Item 1, Page 46 Attachment 4.19-A, Item 1, Page 15  10. SUBJECT OF AMENDMENT  The purpose of this SPA is to adopt provisions governing reimbursement outside of the inpatient hospital per diem for donor human breast milk provided to hospitalized premature newborns in order to ensure access to an effective treatment to reduce the incidence of severe complications.  11. GOVERNOR'S REVIEW (Check One)  □ GOVERNOR'S REVIEW (Check One) □ GOVERNOR'S OFFICE REPORTED NO COMMENT □ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE ACENCY OFFICIAL □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  14. TITLE Secretary  15. DATE SUBMITTED □ July 15, 2020  FOR REGIONAL OFFICE USE ONLY  17. DATE RECEIVED  PLAN APPROVED - ONE COPY ATTACHED  19. EFFECTIVE DATE OF APPROVED MATERIAL  20. SIGNATURE OF REGIONAL OFFICIAL  19. EFFECTIVE DATE OF APPROVED MATERIAL  20. SIGNATURE OF REGIONAL OFFICIAL  19. EFFECTIVE DATE OF APPROVED MATERIAL  20. SIGNATURE OF REGIONAL OFFICIAL  19. EFFECTIVE DATE OF APPROVED MATERIAL  20. SIGNATURE OF REGIONAL OFFICIAL  21. TYPED NAME  PLAN APPROVED - ONE COPY ATTACHED  20. SIGNATURE OF REGIONAL OFFICIAL  21. TYPED NAME  22. TITLE	CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE			
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LA TITLE XIX SPA
TRANSMITTAL #: 20-0007
TITLE: Inpatient Hospital Services Coverage of Donor Human Breast Milk

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\$212,694

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

Attachment 3.1-A Item 1, Page 46

#### STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

#### **Elective Deliveries**

Induced deliveries and cesarean sections shall not be reimbursed when performed prior to 39 weeks gestation. This shall not apply to deliveries when there is a documented medical condition that would justify delivery prior to 39 weeks gestation.

### **Coverage of Donor Human Breast Milk**

Effective for dates of service on or after August 20, 2020, coverage shall be provided for donor human breast milk obtained from a member bank of the Human Milk Banking Association of North America, provided to hospitalized premature newborns in acute care hospitals.

TN	Approval Date	Effective Date
Supersedes		
TN		

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

ATTACHMENT 4.19-A Item 1, Page 15

STATE OF **LOUISIANA** 

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING RATES - INPATIENT HOSPITAL CARE

#### **Reimbursement for Donor Human Breast Milk**

Effective for dates of service on or after August 20, 2020, hospitals shall be reimbursed for donor human breast milk provided to hospitalized premature newborns when obtained from a member bank of the Human Milk Banking Association of North America. Reimbursement will be made as an add-on service in addition to the hospital payment for the inpatient hospital stay.

TN	Approval Date	Effective Date
Supersedes		
TN		