

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) LA: 23-0020**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

March 12, 2024

Kimberly Sullivan  
Medicaid Executive Director  
Louisiana Medicaid Program  
Louisiana Department of Health  
Bureau of Health Services  
Financing 628 North Fourth Street  
Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

RE: Louisiana TN 23-0020

Dear Medicaid Executive Director Kimberly Sullivan:

We have reviewed the proposed Louisiana State Plan Amendment (SPA) to Attachment 4.19-B pages under LA- 23-0020, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 10, 2023. The purpose of this SPA is to amend provisions governing medical transportation services in order to link emergency medical transportation to the Louisiana Medicaid fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at via email at: [Monica.Neiman@cms.hhs.gov](mailto:Monica.Neiman@cms.hhs.gov).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**23-0020**

2. STATE  
**LA**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**July 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION

**42 CFR 440.170** (please see additional citations in box 22)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY ~~2024~~ **2023** \$ ~~46,949,605~~ **12,103,382**  
b. FFY ~~2025~~ **2024** \$ ~~47,185,498~~ **46,949,605**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-B, Item 24.a, page 1**  
**Attachment 4.19-B, Item 24.a, page 1a**  
~~Attachment 4.19-B, Item 24.a, Pages 1b-1b(2)~~  
~~Attachment 4.19-B, Item 24.a, Pages 1b(3)-1b(6)~~

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

**Same (TN 12-18)**  
**Same (TN 12-47)**  
~~Same (TN 11-23)~~ Attachment 4.19-B Item 24a, Pages 1b-1b(2)(REMOVE)  
~~Same (TN 19-0020)~~ Attachment 4.19-B Item 24.a Pages 1b(3)-1b(6)(REMOVE)

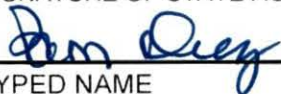
9. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend provisions governing medical transportation services in order to link emergency medical transportation to the Louisiana Medicaid fee schedule.**

10. 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

☒ OTHER, AS SPECIFIED:  
The Governor does not review State Plan material.

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

**Pam Diez, designee for Stephen R. Russo, JD**

13. TITLE

**Executive Counsel**  
**Director of Legal Audit and Regulatory Compliance**

14. DATE SUBMITTED

**May 10, 2023**

15. RETURN TO

**Tara A. LeBlanc, Medicaid Executive Director**  
**Louisiana Department of Health**  
**628 North 4<sup>th</sup> Street**  
**P.O. Box 91030**  
**Baton Rouge, LA 70821-9030**

**FOR CMS USE ONLY**

16. DATE RECEIVED **May 10, 2023**

17. DATE APPROVED  
**March 12, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

**July 1, 2023**

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

**Todd McMillion**

21. TITLE OF APPROVING OFFICIAL

**Director, Division of Reimbursement Review.**

22. REMARKS

The State requests a pen and ink change to box 5 to add the following citations: Section 1902(a)(30)(A), 433.68(f)(3)(i)(A), 42 CFR 433.56, 1903(w)(6)(A), 1903(w)(3)(B), and 42 CFR 431.53. The State requests a pen and ink change to box 6 as indicated.

The State made an additional pen and ink change to boxes 7 and 8 on March 7, 2024.

STATE OF LOUISIANA

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:

<u>CITATION</u>	<u>Medical and Remedial Care and Services</u>	<u>Any Other Medical Care and Any Other Type of Medical Care Recognized Under State Law Specified by the Secretary</u>
42 CFR 440.170	Item 24.a.	

Transportation Services are reimbursed as follows:

**I. Method of Payment**

**A. Emergency Medical Transportation**

**1. Ground Ambulances**

Reimbursement for ground ambulances through Title XIX funds is made according to the established State fee schedule for emergency ambulance transport, basic life support (BLS), advanced life support (ALS) and mileage, oxygen, intravenous fluids, and disposable supplies administered during the emergency ambulance transport minus the amount paid by any liable third party coverage.

Except as otherwise noted in the plan, state-developed fee schedule rates are identified for governmental, New Orleans governmental and private providers of Ambulance Transportation Services. The agency's fee schedule rate was set as of July 1, 2023, and is effective for services provided on or after that date. All rates are published on the agency's website at: <https://www.lamedicaid.com>

The fee schedule was established as a function of historical rates in effect as of January 1, 2023, plus an enhancement which was calculated to achieve total fee schedule reimbursement as a percentage of Average Commercial Rates (ACR), with the clarifications listed within subpart (a) through (e) below:

- a) Governmental ambulance providers, shall be reimbursed at 100 percent of ACR. Government providers include those ambulance providers who are owned or operated by a public organization such as state, federal, parish or city entities.
- b) New Orleans-based governmental ambulance providers, shall be reimbursed at 100 percent of ACR and include ambulance providers located within the city of New Orleans.
- c) All other ambulance providers, including private ambulance transportation providers, shall be reimbursed at 80 percent of ACR. Private providers include corporations, limited liability companies, partnerships, or sole proprietors. Private providers must comply with all state laws and the regulations of any governing state agency, commission, or local entity to which they are subject as a condition of enrollment and continued participation in the Medicaid program.

STATE OF LOUISIANA

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:

- d) Fees for ground ambulance mileage shall be reimbursed at a rate that is 80 percent of ACR.
- e) Fees for new services are established utilizing the most current ACR information available.

The ACR is the average amount payable by the commercial payers for the same services. The State will align the paid Medicaid claims with the Medicare fees for each HCPCS or CPT code for the ambulance provider and calculate the Medicare payment for those claims. The State will then calculate an overall Medicare to commercial conversion factor for each ambulance provider by dividing the total amount of the average commercial payments for the claims by the total Medicare payments for the claims.

## **2. Air Ambulance Transportation**

The reimbursement rates for emergency and non-emergency, rotor winged and fixed winged air ambulance transportation services shall be reimbursed based on the Louisiana Medicaid fee schedule. These rates include both in state and out-of-state air ambulance transportation. The agency's fee schedule rate was set as of January 1, 2022, and is effective for services provided on or after that date. All rates are published on the agency's website at: <https://www.lamedicaid.com>

When the provider incurs the cost for oxygen and disposable supplies, submission of a separate reimbursement for these supplies is required.

Payment for air mileage is limited to actual air miles from the pick-up point to the point of delivery of the patient.

Payment for a round trip transport on the same day between two hospitals is the base rate plus the round trip mileage.

Certification by the Bureau of Emergency Medical Services (EMS) for rotor winged and fixed winged aircrafts shall be required for reimbursement.

The parish of trip origin is used to assign each encounter as rural/super-rural or non-rural.