STATE OF <u>LOUISIANA</u>

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – INPATIENT HOSPITAL CARE:

G. Transplant Services

Routine operating costs and ancillary charges associated with an approved transplant are carved out of the hospital's cost report. Reimbursement is limited to the lesser of cost or the hospitalspecific per diem limitation for each type of transplant. Cost is defined as the hospital-specific ratio of cost to charges from the base period multiplied by the covered charges for the specific transplant type.

Reimbursement Methodology

Reimbursement shall be limited to the lesser of allowable cost, net of capital and medical education cost, or the hospital-specific per diem limitation calculated for each type of transplant.

- 1. <u>Allowable cost is defined as the ratio of cost to charges from the annual filed cost report</u> <u>multiplied by the covered charges, net of capital and medical education cost, for the specific</u> <u>transplant type.</u>
- 2. <u>The per diem limitation is calculated by deriving the hospital's per diem for the transplant</u> type from the hospital's base period trended forward using the Medicare target rate <u>inflation</u> percentage for <u>prospective payment system (PPS)</u>-exempt hospitals-<u>each year</u>.
- The base period is the cost reporting period for the hospital's fiscal year ending September 30, 1983 through August 31, 1984. <u>The base period</u> for types of transplants that were not performed in the base period <u>shall be</u> <u>or</u> the first <u>subsequently filed</u> cost report filed <u>subsequently</u> that <u>contains includes</u> costs for that type of transplant.
- 4. Reasonable capital and medical education costs as calculated per the annual filed cost report shall be paid as a pass through cost and included in cost report settlement amounts.

Qualifying Criteria

The hospital must be a Medicare approved transplant center for each type of organ transplant to qualify for reimbursement of Medicaid transplant services. Bone marrow transplant, stem cell transplant, and certain autologous immunotherapies (such as CAR T-cell therapy) services shall only be allowable for payment to hospitals that are accredited by the Foundation for the Accreditation of Cellular Therapy (FACT).