



State of Louisiana
Louisiana Department of Health
Office of the Secretary

March 28, 2024

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898


RE: Louisiana Title XIX State Plan
Transmittal No. 24-0010

Dear Mr. Scott:

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

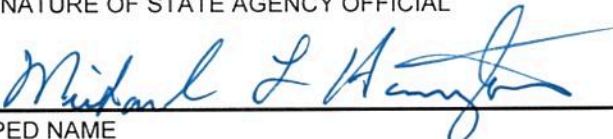
I recommend this material for adoption and inclusion in the body of the State Plan.
Should you have any questions or concerns regarding this matter, please contact Karen
Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Sincerely,

 designee for
Ralph L. Abraham, M.D.
Secretary

Attachments (3)

RLA:KS:KC

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 24-0010	2. STATE LA
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE March 20, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart C		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ 284,303 b. FFY 2025 \$ 1,020,424	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Item 9, Page 4a		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 21-0022)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing the reimbursement methodology for ambulatory surgical centers (ASCs) in order to allow qualified ASCs to bill for services provided to Medicaid beneficiaries at the outpatient hospital rate and be reimbursed in accordance with the current Louisiana Medicaid Louisiana State University (LSU) ambulatory surgical center fee schedule.			
10. GOVERNOR'S REVIEW (Check One) <div><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</div> <div><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.</div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Kimberly Sullivan Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Michael Harrington, MBA, MA designee for Ralph L. Abraham, M.D.			
13. TITLE Secretary			
14. DATE SUBMITTED March 28, 2024			
FOR CMS USE ONLY			
16. DATE RECEIVED		17. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL		21. TITLE OF APPROVING OFFICIAL	
22. REMARKS			

LA TITLE XIX SPA
TRANSMITTAL #: 24-0010
TITLE: Ambulatory Surgical Centers Reimbursement Methodology
EFFECTIVE DATE: March 20, 2024

FISCAL IMPACT:
Increase

	year		*# mos	range of mos.	dollars
1st SFY	2024		4	March 2024 - June 2024	\$244,736
2nd SFY	2025		12	July 2024- June 2025	\$1,354,206
3rd SFY	2026		12	July 2025- June 2026	\$1,934,581

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2024

\$244,736 /	12 X 4	March 2024 - June 2024		\$81,579	
		\$81,579	X	67.67%	\$55,205
\$1,354,206 /	12 X 3	July 2024 - September 2024		\$338,552	
		\$338,552	X	67.67%	\$229,098
	FFP (FFY	2024) =			<u>\$284,303</u>

Total increase or decrease cost FFY 2025

\$1,354,206 /	12 X 9	October 2024 - June 2025		=	\$1,015,655
		\$1,015,655	X	68.06%	=
					\$691,255
\$1,934,581 /	12 X 3	July 2025 - September 2025		=	\$483,645
		\$483,645	X	68.06%	=
					<u>\$329,169</u>
	FFP (FFY	2025) =			<u>\$1,020,424</u>

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:

Effective for dates of service on or after January 1, 2011, the reimbursement for surgical services provided by an ambulatory surgical center shall be reduced by 2 percent of the fee amounts on file as of December 31, 2010.

Effective for dates of service on or after July 1, 2012, the reimbursement for surgical services provided by an ambulatory surgical center shall be reduced by 3.7 percent of the fee amounts on file as of June 30, 2012.

Effective for dates of service on or after September 20, 2021, reimbursement for COVID-19 laboratory testing shall be made, in addition to the ambulatory surgical center flat fee reimbursement amount.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of COVID-19 laboratory testing in ambulatory surgical centers. The agency's fee schedule rate was set as of June 17, 2021, and is effective for services provided on or after that date. All rates are published on the Louisiana Medicaid website at www.lamedicaid.com.

Effective for dates of service after March 20, 2024, an ambulatory surgical center shall be reimbursed based on the Louisiana Medicaid Louisiana State University (LSU) ambulatory surgical center fee schedule rate if the ambulatory surgical center is:

1. owned and/or operated by LSU School of Dentistry, LSU Health Sciences Center, or LSU Healthcare network;
2. licensed within the state of Louisiana; and
3. Medicaid enrolled.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of ambulatory surgical center services. The agency's fee schedule rate was set as of January 1, 2024, and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.

C. Tuberculosis (TB) and Sexually Transmitted Disease (STD) Control Clinics

Effective for services on or after October 1, 2003, TB and STD clinics are reimbursed according to fee schedule amounts which in the aggregate are less than or equal to the Medicare payment