

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

ATTACHMENT 4.19-B  
Item 18, Page 1

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 ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR Part 418  
Subpart G

State Medicaid  
Manual, Chapter 4,  
Sections 4306 & 4307  
P.L. 105.33

Medical and Remedial Care  
and Services  
Item 18

**Hospice Care**

**Method of Payment**

Hospice care is reimbursed utilizing the principles of reimbursement as detailed in the State Medicaid Manual, Chapter 4, Sections 4306 and 4307 as amended by Public Law 105-33, "Balanced Budget Act of 1997".

**Payment Rates**

The Louisiana Medicaid Hospice Program pays Medicaid hospice rates that are calculated by using the Medicare hospice methodology but adjusted to disregard cost offsets allowed for Medicare deductible/coinsurance amounts. For routine home care, continuous home care, and inpatient respite care, only one rate is applicable for each day. For continuous home care, the amount of payment is determined based on the number of hours of continuous care furnished to the recipient on that day.

Payment rates are adjusted for regional differences in wages. The Bureau will compute the adjusted rate based on the geographic location at which the service was furnished to allow for the differences in area wage levels, using the same method used under Part A of Title XVIII. These adjusted rates are published on the agency's website at [www.lamedicaid.com](http://www.lamedicaid.com).

The hospice will be paid an additional amount on routine home care and continuous home care days to take into account the room and board furnished by the facility for Medicaid recipients residing in a nursing facility or intermediate care facility for persons with intellectual disabilities (ICF/ID). Effective for dates of service on or after February 1, 2009, the room and board rate reimbursed to hospice providers shall be 95 percent of the per diem rate that would have been paid to the facility for the recipient if he/she had not elected to receive hospice services.

The hospice is paid for other physicians' services, such as direct patient care services, furnished to individual patients by hospice employees and for physician services furnished under arrangements made by the hospice unless the patient care services were furnished on a volunteer basis. The physician visit

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for the face-to-face encounter will not be reimbursed by the Medicaid Program.

The number of inpatient days (both for general inpatient care and inpatient respite care) for any one hospice recipient may not exceed five days in any one election period. Additional days may be allowed for inpatient services through appeal.

Governmental and non-governmental providers are paid the same rates.

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STATE OF LOUISIANA

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

Hospice Services

CITATION

Section 1905(a)(18) of the  
Social Security Act

Reimbursement Methodology

Reimbursement for hospice services is made to a designated hospice provider based on the Medicaid rates published annually in a memorandum issued by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), Center for Medicaid and CHIP Services. These rates are effective from October 1st of each year through September 30th of the following year.

Payment for hospice care will be made at predetermined rates for each day in which a beneficiary is under the care of the hospice provider. The daily rate is applicable to the type and intensity of services furnished to the beneficiary on that day as follows:

1. Routine home care - The hospice is paid at one of two routine home care rates for each day the patient is under the care of the hospice and no other hospice rate is paid. This rate is paid without regard to the volume or intensity of services provided on any given day.
  - a. Days 1 through 60; and
  - b. Days 61 and longer
2. Continuous home care - Only one rate is applicable for each day. The amount of payment is determined based on the number of hours of continuous care furnished to the beneficiary on that day.
3. Inpatient respite care - Only one rate is applicable for each day.
4. General inpatient care - The State pays at the general inpatient rate when general inpatient care is provided.
5. Service intensity add-on (SIA) - An SIA payment is reimbursable for a visit by a registered nurse or a social worker, when provided during routine home care in the last seven days of a patient's life. The SIA payment is made in addition to the routine home care rate.

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[Hospice nursing facility room and board per diem rates are reimbursed to the hospice provider at the rate equal to 95 percent of the skilled nursing facility rate, less any post-eligibility treatment of income \(PETI\) amount, for Medicaid beneficiaries receiving hospice care services.](#)

[Hospice providers that do not comply with hospice quality data submission will be subject to hospice payments with a four percent market basket reduction.](#)

[Physician rendered professional services that are unrelated to the hospice diagnosis and not included in the composite hospice rate may be reimbursed in accordance with Medicaid reimbursement for physician services based on the lower of the actual charge or the Medicaid maximum allowable amount for the specific service.](#)