

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 10-36	2. STATE Louisiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE August 1, 2010	

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

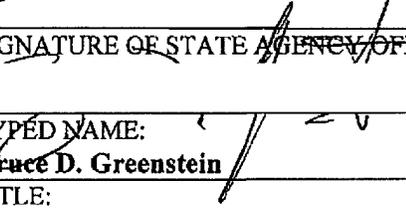
5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
 COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447, Subpart F	7. FEDERAL BUDGET IMPACT: * a. FFY <u>2010</u> (\$27.06) (\$26.82) * b. FFY <u>2011</u> (\$150.42) (\$127.70)
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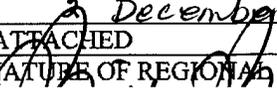
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 9, Page 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 10-03)
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10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to reduce the reimbursement rates for services provided by ambulatory surgical centers by 4.4% in order to avoid a budget deficit.**

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **The Governor does not review state plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY/OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: Bruce D. Greenstein	
14. TITLE: Secretary	
15. DATE SUBMITTED: September 28, 2010	

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17. DATE RECEIVED: 28 September, 2010	18. DATE APPROVED: December, 2010
PLAN APPROVED -- ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 August, 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: BILL BROOKS	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:
**** Pen and Ink change made per State's e-mail dated 15 November, 2010 changing Fiscal Impact.**

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:

CITATION Medical and
 42 CFR 447 Remedial Care
 Subpart F and Services
 Item 9 (cont'd.)

four groupings, not to exceed the Medicare maximums for ambulatory surgeries. Surgeries not included in these groupings continue to be reimbursed at the State's flat fee amount.

The flat fee amounts for the four groupings and the State's flat fee amount cover all operative functions attendant to medically necessary surgery performed at the center by a private physician, osteopathic physician, or dentist (for emergency and life threatening conditions and for EPSDT eligibles) including admitting and laboratory tests, patient history and physical, operating room staffing and attendants, recovery room charges and discharge, except for those certain procedures that have been identified as having a separate reimbursement. It includes all supplies related to the surgical care of the patient while in the center. The flat fee payment excludes the physician fee, the radiologist fee, or the anesthesiology fee for private physicians not under contract to the Center as well as any prosthetic devices related to the surgery which must be billed separately.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any adjustments to the fee schedule are published on the agency's provider website at www.lamedicaid.com. The agency's fee schedule rate was set as of December 1, 1985 and is effective for services provided on or after that date. All rates are published on the agency's website.

Effective for dates of service on or after February 26, 2009, the reimbursement for surgical services provided by an ambulatory surgical center shall be reduced by 3.5 percent of the rate in effect on February 25, 2009.

Effective for dates of service on or after February 5, 2010, the reimbursement for surgical services provided by an ambulatory surgical center shall be reduced by 5 percent of the rate in effect on February 4, 2010.

Effective for dates of service on or after August 1, 2010, the reimbursement for surgical services provided by an ambulatory surgical center shall be reduced by 4.4 percent of the fee amounts on file as of July 31, 2010.

STATE	<u>Louisiana</u>
DATE REC'D	<u>9-28-10</u>
DATE APPL'D	<u>12-2-10</u>
DATE EFF	<u>8-1-10</u>
HCFA 179	<u>10-36</u>

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.

TN# 10-36
 Supersedes

Approval Date 12-2-10

Effective Date 8-1-10

TN# 10-03

SUPERSEDES: TN- 10-03