

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 10-59	2. STATE Louisiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE * December 1, 2010 January 1, 2011	

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>2011</u> (\$236.06) (\$278.17) b. FFY <u>2012</u> (\$296.60)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 9, Page 1.a Attachment 4.19-B Item 9, Page 1.a (1)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (Pending TN 10-37) Same (Pending TN 10-37)
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10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to reduce the reimbursement rates for services provided by end stage renal disease (ESRD) facilities by 2% 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: December 10, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 20 December, 2010	18. DATE APPROVED: 7 March, 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1-December, 2010 1 Jan, 2011	20. SIGNATURE OF REGIONAL OFFICIAL:
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21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
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23. REMARKS:
* Pen and Ink change made per State's E-mail dated 1-18-2011, changing the Fiscal Impact for 2011 and the Effective Date of the SPA.

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:

- (3) Payment to freestanding End Stage Renal Disease (ESRD) facilities and radiation therapy centers.
 - (a) ESRD Facilities.
 - (i) For non-Medicare claims, end stage renal disease (ESRD) facilities are reimbursed a hemodialysis composite rate. The composite rate is a comprehensive payment for the complete hemodialysis treatment in which the facility assumes responsibility for providing all medically necessary routine dialysis services.

Covered non-routine dialysis services, continuous ambulatory peritoneal dialysis (CAPD), continuous cycling peritoneal dialysis (CCPD), epogen (EPO) and injectable drugs are reimbursed separately from the composite rate.

A	
STATE	<u>Louisiana</u>
DATE REC'D	<u>12-20-10</u>
DATE APPV'D	<u>3-7-11</u>
DATE EFF	<u>1-1-11</u>
HCFA 179	<u>10-59</u>

Effective for dates of service on or after February 26, 2009, the reimbursement to ESRD facilities shall be reduced by 3.5 percent of the rates in effect on February 25, 2009.

Effective for dates of service on or after January 22, 2010, the reimbursement to ESRD facilities shall be reduced by 5 percent of the rates in effect on January 21, 2010.

Effective for dates of service on or after August 1, 2010, the reimbursement to ESRD facilities shall be reduced by 4.6 percent of the rates in effect on July 31, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement to ESRD facilities shall be reduced by 2 percent of the rates in effect on December 31, 2010.

- (ii) For Medicare Part B claims, ESRD facilities are reimbursed for full co-insurance and deductibles.

The Medicare payment plus the amount of the Medicaid payment (if any) shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service.

TN# 10-59 Approval Date 3-7-11 Effective Date 1-1-11
Supersedes

TN# 10-37

SUPERSEDES: TN- 10-37

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 February 26, 2009, the reimbursement to ERSD facilities for Medicare Part B claims shall be reduced by 3.5 percent of the rates in effect on February 25, 2009.

Effective for dates of service on or after January 22, 2010, the reimbursement to ERSD facilities for Medicare Part B claims shall be reduced by 5 percent of the rates in effect on January 21, 2010.

Effective for dates of service on or after August 1, 2010, the reimbursement to ESRD facilities for Medicare Part B claims shall be reduced by 4.6 percent of the rates in effect on July 31, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement to ESRD facilities for Medicare Part B claims shall be reduced by 2 percent of the rates in effect on December 31, 2010.

SUPERSEDES: TN# 10-37

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