

PAYMENT OF 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 Remedial RURAL HEALTH CLINIC SERVICES)
P.L. 101-239 Care and Services
Sect. 6404 Item 2.b.

Effective for services on or after July 13, 1995 and after, each Rural Health Clinic (RHC) visit (i.e., encounter) is counted toward applicable limitations per state fiscal year for Medicaid eligibles who are twenty-one years of age or older.

Effective January 1, 2006, the applicable visit limitations will be accumulated per calendar year for services rendered to Medicaid recipients who are 21 years of age and older. When the service cap has been reached, any additional services must meet medical necessity criteria established by the Bureau of Health Services Financing, and will be retroactively authorized on a case by case basis.

Extended services for pregnant women described in Attachment 3.1-A, Item 20a, will not be counted towards these visit limitations.

A. RHC Services

1. Services furnished by a physician, within the scope of practice of his profession under Louisiana law;
2. Services furnished by a:
 - a. Physician assistant;
 - b. Nurse practitioner;
 - c. Nurse midwife;
 - d. Clinical social worker;
 - e. Clinical psychologist; or
 - f. Dentist
3. Services and supplies that are furnished as an incident to professional services by all eligible professionals;
4. Other ambulatory services; and
5. Diabetes self-management training (DSMT) services.

a. Effective for dates of service on or after February 21, 2011, the department shall provide coverage of diabetes self-management training (DSMT) services rendered to Medicaid recipients diagnosed with diabetes. The services shall be comprised of one hour of individual instruction and nine hours of group instruction on diabetes self-management.

- (1) Recipients of DSMT services shall receive up to 10 hours of services during the first 12-month period beginning with the initial training date.

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-17-11</u>	
DATE APP'D <u>6-13-11</u>	
DATE EFF <u>2-21-11</u>	
HCFA 179 <u>11-03</u>	

TN# 11-03 Approval Date 6-13-11 Effective 2-21-11

Supersedes

TN# 05-39

SUPERSEDES: TN- 05-39

PAYMENT OF 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:

(2) After the first 12-month period has ended, recipients shall only be eligible for two hours of individual instruction on diabetes self-management per calendar year.

b. Provider Participation Standards

(1) In order to receive Medicaid reimbursement, a qualified RHC must have a DSMT program that meets the quality standards of one of the following accreditation organizations:

- (a) the American Diabetes Association;
- (b) the American Association of Diabetes Educators; or
- (c) the Indian Health Service.

(2) All DSMT programs must adhere to the national standards for diabetes self-management education.

- (a) Each member of the instructional team must:
 - (i) be a certified diabetes educator (CDE) certified by the National Certification Board of Diabetes Educators; or
 - (ii) have recent didactic and experiential preparation in education and diabetes management.

- (b) At a minimum, the instructional team must consist of one of the following professionals who is a CDE:
 - (i) a registered dietician;
 - (ii) a registered nurse; or
 - (iii) a pharmacist.

- (c) All members of the instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.

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CITATION
42 CFR
447.201 &
Section 1902(aa) of the
Social Security Act

Medical and Remedial Care and Services
Item 2.b.

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-17-11</u>	
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No interim or alternate payment methodologies will be developed by the State without prior notification to each enrolled Medicaid RHC.

Should an RHC increase or decrease its scope of services through new program development, program closure, program enhancement, etc., it is responsible for notifying the Bureau of Health Services Financing, Institutional Reimbursements Section of the scope of change in writing. The RHC shall include with this notification a budgetary presentation showing the impact on costs and Medicaid patient visits. The Institutional Reimbursements Section will be responsible for incorporating allowable costs and visits into the PPS per visit rate calculation and determining a new rate.

For an RHC which enrolls and receives approval to operate on or after January 1, 2001, the facility's initial PPS per visit rate will be determined first through comparison to other RHCs in the same town/city/parish. Scope of services will be considered in determining which proximate RHC most closely approximates the new provider. If no RHCs are available in the proximity, comparison will be made to the nearest RHC offering the same scope of services. The rate will be set to that of the RHC comparative to the new provider.

Beginning with Federal fiscal year 2002, the PPS per visit rate for each facility will be increased annually by the percentage increase in the published Medicare Economic Index (MEI) for primary care services. The MEI increase will be applied on July 1 of each year.

Effective for dates of services on or after February 21, 2011, the Medicaid Program shall provide reimbursement for diabetes self-management training (DSMT) services rendered by qualified health care professionals in the RHC encounter rate. Separate encounters for DSMT services are not permitted and the delivery of DSMT services alone does not constitute an encounter visit.

Alternate Payment Methodology

Effective for dates of service on or after October 21, 2007, the Medicaid Program shall provide for an alternate payment methodology. This alternate methodology will include the aforementioned PPS methodology plus an additional reimbursement for adjunct services provided by rural health clinics when these services are rendered during evening, weekend or holiday hours. Reimbursement is limited to services rendered between the hours of 5 p.m. and 8 a.m. Monday through Friday, on weekends and State legal holidays. (NOTE: A payment for adjunct services is not allowed when the encounter is for dental services only.)

TN# 11-03
Supersedes
TN# 07-34

Approval Date 6-13-11

Effective 2-21-11

SUPERSEDES: TN- 07-34