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

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERATIN ITEMS OF PROVIDED MEDICAL SERVICES ARE DESCRIBED AS FOLLOWS:

6. Fluoride Varnish Applications

Effective for dates of service on or after December 1, 2011, the department shall provide coverage for fluoride varnish applications to recipients under the age of 6 years when performed in the RHC. Services shall be limited to once every 6 months.

- 1. Fluoride varnish applications shall be reimbursed when performed in the RHC by:
 - a. the appropriate dental providers;
 - b. physicians;
 - c. physician assistants;
 - d. nurse practitioners;
 - e. registered nurses; or
 - f. licensed practical nurses.
- 2. All participating staff shall review the recommended American Academy of Family Practice approved training module for fluoride varnish and successfully pass the post assessment. All staff involved in the varnish application must be deemed as competent to perform the service by the RHC.

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

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RAT	ES – OTHER TYPES OF CARE OR SERVICE LISTED IN
SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROC	FRAM UNDER THE PLAN ARE DESCRIBED AS
FOLLOWS:	DTATE 1 DISTANCE

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

Medical and Remedial Care and Services Item 2.b.

STATE LOUISIANA

DATE REC' 12-16-11

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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.

Effective for dates of service on or after December 1, 2011, the Medicaid Program shall provide reimbursement for fluoride varnish applications by qualified health care professionals to recipients under the age of 6 years in the RHC encounter rate when performed on the same date of service as an office visit or preventative screening.

Separate encounters for fluoride varnish services are not permitted and the application of fluoride varnish 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

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.)

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

ATTACHMENT 4.19-B Item 4.b, Page 1.m

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:

Effective for the dates of service on or after December 1, 2011, reimbursement for fluoride varnish applications to recipients under five years performed in federally qualified health clinics are pursuant to the methodology as outlined under Attachment 4.19-B, Item 2c.

Effective for the dates of service on or after December 1, 2011, reimbursement for fluoride varnish applications to recipients under 6 years performed in rural health clinics are pursuant to the methodology as outlined under Attachment 4.19-B, Item 2b.

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