

Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 12-18

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

July 9, 2013

Our Reference: SPA LA 12-18

Ms. Ruth Kennedy, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

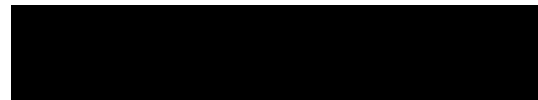
Attn: Darlene Adams
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 12-18. The state plan amendment reduces the reimbursement rates for emergency ambulance services rendered by 5.25 percent in order to avoid a budget deficit.

Transmittal Number 12-18 is approved with an effective date of July 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-18 dated August 1, 2012 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.



Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;">12-18</div>	2. STATE <div style="text-align: center;">Louisiana</div>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">July 1, 2012</div>	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447, Subpart B	7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> (\$202.39) b. FFY <u>2013</u> (\$765.72)		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 24.a, Page 1 Attachment 4.19-B, Item 24.a, Page 1a Attachment 4.19-B, Item 24.a, Page 1a(1)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (10-68) Same (10-68) None (New Page)		
10. SUBJECT OF AMENDMENT: The purpose of this State Plan amendment is to reduce the reimbursement rates for emergency ambulance services by 5.25 % in order to avoid a budget deficit.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>		16. RETURN TO: J. Ruth Kennedy, Medicaid Director 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		17. DATE RECEIVED: <div style="text-align: center;">8/1/12</div>	
14. TITLE: Secretary		18. DATE APPROVED: 7/19/12 <div style="background-color: black; width: 150px; height: 40px; margin-top: 5px;"></div>	
15. DATE SUBMITTED: July 24, 2012		19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">7/1/12</div>	
21. TYPED NAME: <div style="text-align: center;">Bill Brooks</div>		20. SIGNATURE: <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>	
23. REMARKS:		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	

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

ATTACHMENT 4.19-B
Item 24.a. Page 1

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:

<u>CITATION</u>	<u>Medical and Remedial Care and Services</u>	<u>Any Other Medical Care and Any Other Type of Medical Care Recognized Under State Law Specified by the Secretary</u>
42 CFR 440.170	Item 24.a.	Transportation Services are reimbursed as follows:

I. Method of Payment

A. Emergency Medical Transportation

1. Land-Based Ambulances

Reimbursement for land based ambulances through Title XIX funds is made according to the established State fee schedule (based on Medicare rates) for emergency ambulance transport, basic life support (BLS), advanced life support (ALS) and mileage, oxygen, intravenous fluids, and disposable supplies administered during the emergency ambulance transport minus the amount paid by any liable third party coverage. Rates will be adjusted periodically when significant changes such as Medicare rate increases and allocation of additional funds have taken place.

An increase of 1.4% based on additional funds allocated by the 2001 Regular Session of the Legislature is applied to the reimbursement rates in effect as of June 30, 2001.

Effective for dates of service on or after August 4, 2009, the reimbursement rates for the following supplies shall be reduced by 36 percent of the rate on file as of August 3, 2009.

- Advanced life support special service disposable intravenous supplies; and
- Advanced life support routine disposable supplies.

Governmental and private providers are paid using the same rate. These rates are published on the agency's website, www.lamedicaid.com.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for emergency ambulance transportation services shall be reduced by 5 percent of the rate on file as of January 21, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for emergency ambulance transportation services shall be reduced by 2 percent of the rate on file as of December 31, 2010.

STATE	LOUISIANA
DATE REC'D	8-1-12
DATE APPV'D	7-9-13
DATE EFF	7-1-12
NOFA 179	12-18

A

TN# 12-18 Approval Date 7-9-13 Effective Date 7-1-12
Supersedes
TN# 10-68 **SUPERSEDES: TN- 10-68**

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

ATTACHMENT 4.19-B
Item 24.a. Page 1a

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 July 1, 2012, the reimbursement rates for emergency ambulance transportation services shall be reduced by 5.25 percent of the rate on file as of June 30, 2012.

The Department ensures through post pay review that all services are medically appropriate for the level of care billed and have been provided in accordance with the ALS or BLS certification level of the ambulance service.

2. Air Transport

The rate of reimbursement for air transport is base rate plus mileage according to rates in effect for Medicare as of January 1, 1995, minus the amount paid by any liable third party coverage.

Separate reimbursement for oxygen and disposable supplies is made when the provider incurs these costs. Reimbursement for these services will be made in accordance with the rates previously established by Medicare and approved by Medicaid effective April 1, 1995.

Payment for air mileage is limited to actual air miles from the pick-up point to the point of delivery of the patient.

Payment for a round trip transport on the same day between two hospitals is the base rate plus the round trip mileage.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for fixed winged emergency ambulance services shall be reduced by 5 percent of the rate on file as of January 21, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for fixed winged emergency ambulance services shall be reduced by 2 percent of the rate on file as of December 31, 2010.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for fixed winged emergency air ambulance services shall be reduced by 5.25 percent of the rate on file as of June 30, 2012.

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>8-1-12</u>
DATE APPV'D	<u>7-9-13</u>
DATE EFF	<u>7-1-12</u>
NOFA 179	<u>12-18</u>

A

TN# 12-18 Approval Date 7-9-13 Effective Date 7-1-12

Supersedes

TN# 10-68

SUPSEDES: TN- 10-68

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:

Rotor Winged (Helicopters) Ambulance

Effective for dates of service on or after September 17, 2008, the reimbursement rate paid for rotor winged air ambulance services shall be increased to 100 percent of the 2008 Louisiana Medicare allowable rate. Governmental and non-governmental providers are paid the same.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for rotor winged emergency ambulance services shall be reduced by 5 percent of the rate on file as of January 21, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for rotor winged emergency ambulance services shall be reduced by 2 percent of the rate on file as of December 31, 2010.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for rotor winged emergency air ambulance services shall be reduced by 5.25 percent of the rate on file as of June 30, 2012.

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>8-1-12</u>
DATE APPV'D	<u>7-9-13</u>
DATE EFF	<u>7-1-12</u>
INFA 179	<u>12-18</u>

A

TN# 12-18 Approval Date 7-9-13 Effective Date 7-1-12

Supersedes

TN# NONE - NEW PAGE

SUPERSEDES: NONE - NEW PAGE