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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 12-38

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 23, 2013

Our Reference: SPA LA 12-38

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 12-38. This state plan amendment reduces the reimbursement rates for dental services in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program in order to avoid a budget deficit.

Transmittal Number 12-38 is approved with an effective date of July 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-38 dated July 27, 2012 is enclosed along with the approved plan pages.

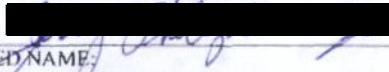

If you have any questions, please contact Ford Blunt III at ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-38	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2012	
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)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart B		7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> (\$539.63) b. FFY <u>2013</u> (\$2,041.63)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 4.b, Page 1.1 (a)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New Page)	
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to amend the provisions governing reimbursement methodology for dental services in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program to reduce the reimbursement rates 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: 		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			
14. TITLE: Secretary			
15. DATE SUBMITTED: July 25, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 27 July, 2012		18. DATE APPROVED: 23 JULY, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2012		20. APPROVED BY: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

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

Attachment 4.19-B
Item 4.b., Page 1.1.(a)

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 dates of service on or after July 1, 2012, the reimbursement fees for EPSDT dental services shall be reduced to the following percentages of the 2009 National Dental Advisory Service Comprehensive Fee Report 70th percentile, unless otherwise:

1. 65 percent for the following oral evaluation services:
 - a) periodic oral examination;
 - b) oral examination- patients under three years of age; and
 - c) comprehensive oral examination- new patients;
2. 62 percent for the following annual and periodic diagnostic and preventive services:
 - a) radiographs – periapical, first film;
 - b) radiographs- periapical, each additional film;
 - c) radiographs- panoramic film;
 - d) diagnostic casts;
 - e) prophylaxis- adult and child;
 - f) topical application of fluoride, adult and child (prophylaxis not included); and
 - g) topical fluoride varnish, therapeutic application for moderate to high caries risk patients (under 6 years of age);
3. 45 percent for the following diagnostic and adjunctive general services:
 - a) oral/facial image;
 - b) non-intravenous conscious sedation; and
 - c) hospital call; and
4. 56 percent for the remainder of the dental services.

Removable prosthodontics and orthodontic services are excluded from the July 1, 2012 rate reduction.

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>7-27-12</u>
DATE APPV'D	<u>7-23-13</u>
DATE EFF	<u>7-1-12</u>
INDEX 179	<u>12-38</u>

A

TN# 12-38 Approval Date 7-23-13 Effective Date 7-1-12
Supersedes
TN# NONE - NEW PAGE **SUPERSEDES: NONE - NEW PAGE**