

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 12-47**

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**

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July 9, 2013

Our Reference: SPA LA 12-47

Ms. Ruth Kennedy, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> 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 12-47. The state plan amendment reduces the reimbursement rates for emergency ambulance services by 5 percent in order to avoid a budget deficit.

Transmittal Number 12-47 is approved with an effective date of August 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-47 dated September 13, 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](mailto:ford.blunt@cms.hhs.gov) or by phone at (214) 767-6381.

Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	1. TRANSMITTAL NUMBER: <b>12-47</b>
	2. STATE <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
	4. PROPOSED EFFECTIVE DATE <b>August 1, 2012</b>
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: <b>42 CFR 447, Subpart B</b>	7. FEDERAL BUDGET IMPACT: a. FFY <b>2012</b> <b>(\$166.03)</b> b. FFY <b>2013</b> <b>(\$628.16)</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, Item 24.a, Page 1a</b> <b>Attachment 4.19-B, Item 24.a, Page 1a(1)</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Pending (12-18)</b> <b>Pending (12-18)</b>
10. SUBJECT OF AMENDMENT: <b>The purpose of this State Plan amendment is to reduce the reimbursement rates for emergency ambulance services by 5% in order to avoid a budget deficit.</b>	
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <b>The Governor does not review state plan material.</b>	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: <b>J. Ruth Kennedy, Medicaid Director</b> <b>State of Louisiana</b> <b>Department of Health and Hospitals</b> <b>628 N. 4<sup>th</sup> Street</b> <b>PO Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>
13. TYPED NAME: <b>Bruce D. Greenstein</b>	
14. TITLE: <b>Secretary</b>	
15. DATE SUBMITTED: <b>September 13, 2012</b>	
<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED: <b>September 13, 2012</b>	18. DATE APPROVED: <b>July 9, 2013</b>
PLAN APPROVED - ONE COPY A	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>August 1, 2012</b>	20. SIGN: 
21. TYPED NAME: <b>Bill Brooks</b>	22. TITLE: <b>Associate Regional Administrator</b> <b>Division of Medicaid &amp; Children's Health</b>
23. REMARKS:	



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.

Effective for dates of service on or after August 1, 2012, the reimbursement rates for emergency ambulance transportation services shall be reduced by 5 percent of the rates on file as of July 31, 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	LOUISIANA
DATE REC'D	9-13-12
DATE APPV'D	7-9-13
DATE EFF	8-1-12
HOFA 179	12-47

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TN# 12-47 Approval Date 7-9-13 Effective Date 8-1-12

Supersedes

TN# 12-18

SUPERSEDES: TN- 12-18



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(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:

Effective for dates of service on or after August 1, 2012, the reimbursement rates for fixed winged emergency ambulance services shall be reduced by 5 percent of the rate on file as of July 31, 2012.

**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.

Effective for dates of service on or after August 1, 2012, the reimbursement rates for rotor winged emergency air ambulance services shall be reduced by 5 percent of the rate on file as of July 31, 2012.

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>9-13-12</u>
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HOFA 179	<u>12-47</u>

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TN# 12-47 Approval Date 7-9-13 Effective Date 8-1-12  
Supersedes  
TN# 12-18 **SUPERSEDES: TN- 12-18**