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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 13-17

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

September 6, 2013

Our Reference: SPA LA 13-17

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 13-17. The state plan adjusts the July 1, 2012 reimbursement rate reduction for family planning services rendered by a physician from a 3.7 percent to 3.4 percent of the rate in effect on June 30, 2012.

Transmittal Number 13-17 is approved with an effective date of February 20, 2013 as requested. A copy of the HCFA-179, Transmittal No. 13-17 dated March 27, 2013 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 large black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 13-17	2. STATE Louisiana
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 February 20, 2013	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447, Subpart F		7. FEDERAL BUDGET IMPACT: a. FFY 2013 (\$22.62) b. FFY 2014 (\$36.13)	
Attachment 4.19-B, Item 5, Page 2a Attachment 3.1-A Item 4c, Page 1 Attachment 3.1-A, Item 5 Pages 3&4 Attachment 4.19-B Item 5 page 5 Attachment 4.19-B, Item 5 page 6 Attachment 4.19-B, Item 5, page 7		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Pending (TN 13-06) None: (New Page) Same 78-13 & 82-1 Same 10-06 Same 78-13 Same 12-61	
10. SUBJECT OF AMENDMENT: The SPA proposes to adjust the July 1, 2012 reimbursement rate reduction for family planning services rendered by a physician from a 3.7 percent to 3.4 percent of the rates in effect on June 30, 2012.			
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: The Governor does not review state plan material.	
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: March 26, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 27 March, 2013		18. DATE APPROVED: 6 September, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 20 February, 2013			
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: The State requests pen and ink changes to block 8 and 9 as shown above. Please note: The RAI response to question number six referenced, Attachment 4.19B, Item 5, Page 2 and it should have referenced 4.19B, Item 5, Page 2a.			

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS 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 family planning services rendered by a physician shall be reduced by 3.7 percent of the rates in effect on June 30, 2012.

Effective for dates of service on or after February 1, 2013, the reimbursement for certain physician services shall be reduced by 1 percent of the rate in effect on January 31, 2013. Specified primary care services rendered by a physician with a specialty designation of family medicine, internal medicine, or pediatrics shall be excluded from the February 1, 2013 rate reduction. Rates for such services are exempt from the rate reduction, paralleling the January 1, 2013 implementation of Affordable Care Act requirements for Medicaid to reimburse at the Medicare rate for such services rendered in calendar years 2013 and 2014.

Effective for dates of services on or after February 20, 2013, the 3.7 percent reimbursement rate reduction for family planning services rendered by a physician shall be adjusted to 3.4 percent of the rates in effect on June 30, 2012

State: Louisiana
Date Received: 27 March, 2013
Date Approved: 6 September, 2013
Date Effective: 20 February, 2013
Transmittal Number: LA 13-17

TN# 13-17 Approval Date 9/6/13 Effective Date 2/20/13
Supersedes
TN# 13-06

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

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

1905(a)(4)(c) Family Planning Services

1. The state provides Family Planning services and supplies for individuals of child-bearing age (including minors who can be considered to be sexually active) who are eligible under the plan and who desire the services and supplies.
 - a. The benefits include permanent birth control by surgery, when performed within the scope of the requirements of 42 CFR 441, Subpart F.
 - i. Permanent birth control surgery will be defined as non-therapeutic (elective) sterilization, which are medical procedures that are performed for the sole or primary purpose of rendering an individual incapable of reproducing. All procedures which meet the above definition are subject to the following requirements:
 - b. Recipients Eligible for Payments
 - i. The patient must be at least 21 years of age.
 - ii. The patient must be mentally competent at the present time,
 - iii. The patient must have signed a consent form which meets all the requirements for sterilization.
 - c. Requirements for Sterilization Procedures-Informed Consent

Providers must use the current sterilization consent forms (HHS 687 available in English and HHS 687-1 available in Spanish) from the Health and Human Services website.

State: Louisiana

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TN No. 13-17 Approval Date 9/6/13 Effective Date 2/20/13

Supersedes

TN No. None New Page

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS IN THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

F. THIS SECTION IS RESERVED

State: Louisiana
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STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS IN THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

G. Payment For Physician Services For Diagnostic and Laboratory Services

Payment for diagnostic and laboratory services, rendered in a physician's office, is limited to those services which the physician has on file with the Medical Assistance Program (Provider Enrollment) in a list of his/her diagnostic and/or laboratory equipment, the capacities of such equipment and permits verification of this data in accordance with the provider agreement.

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In these situations reimbursement for the combined segments of patient care may not exceed the rate set for that physician had he/she been the attending physician for the entire service.

C. Physician Services for Abortion

Payment will be made to the attending physician for abortions when the physician has found, and certified in writing to the Medicaid Agency, that on the basis of his professional judgment, the mother suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused or arising from the pregnancy itself placing the mother in danger of death unless an abortion is performed.

Payment will be made to the attending physician for abortions terminating pregnancies resulting from rape or incest in accordance with provisions of State law (La R.S. 40:1299.34.5 and La. R.S. 40:1299.35.7 as amended and enacted by Act 1 of the Fourth Extraordinary Session of the 1994 Legislature.)

D. RESERVED

State: Louisiana
Date Received: 27 March, 2013
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Transmittal Number: LA 13-17

TN#	13-17	Approval Date	9/6/13	Effective Date	2/20/13
Supersedes					
TN#	10-06				

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

E. Optometry Services

1. Effective October 1, 2012, eye care services rendered by a participating optometrist, within their scope of optometric practice, shall be classified and reimbursed under the Medicaid State Plan as a mandatory physician service to the same extent, and according to the same standards as physicians who perform the same eye care services.
2. Recipients in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program are excluded from optometry service limits.
3. The Medicaid Program shall not provide reimbursement for eyeglasses provided to Medicaid recipients 21 years of age or older.

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TN# <u>13-17</u>	Approval Date <u>9/6/13</u>	Effective Date <u>2/20/13</u>
Supersedes		
TN# <u>78-13</u>		

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

Attachment 4.19-B
Item 5, Page 7

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

RESERVED

State: Louisiana
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Date Approved: 6 September, 2013
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Supersedes
TN# 12-61