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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 14-34

This file contains the following documents in the order listed:

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

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

December 9, 2014

Our Reference: SPA LA 14-0034

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 Budgewater

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 14-0034. The state plan amends the provisions governing reimbursement for emergency medical aircraft transportation in order to increase the rates for services originating in rural areas.

Transmittal Number 14-0034 is approved with an effective date of September 1, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-0034 dated September 17, 2014 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 the Associate Regional Administrator.

Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	
FOR: HEALTH CARE FINANCING ADMINISTRATION	
1. TRANSMITTAL NUMBER: 14-34	2. STATE Louisiana
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 September 1, 2014
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>2015</u> \$598.91 b. FFY <u>2016</u> \$569.20
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 24.a, Page 1a(1)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (12-47)
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to amend the provisions governing reimbursement for emergency medical aircraft transportation in order to increase the rates for services originating in rural areas.	
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: Kathy H. Kliebert	
14. TITLE: Secretary	
15. DATE SUBMITTED: September 15, 2014	
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: September 17, 2014	18. DATE APPROVED: December 9, 2014
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2014	20. SIGNATURE: 
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health
23. REMARKS:	

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.

Effective for dates of service on or after September 1, 2014, the reimbursement rates for rotor winged emergency air ambulance services, which originate in areas designated as rural and/or super rural by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, shall be increased to the following rates:

1. base rate, \$4,862.72 per unit; and
2. mileage rate, \$33.65 per unit.

State: Louisiana
Date Received: 9/17/14
Date approved: 12/9/14
Date Effective: 9/1/14
Transmittal Number: LA 14-0034

TN LA 14-0034

Approval Date 12-09-14

Effective Date 09-01-14

Supersedes

TN 12-47