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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 15-0038

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

February 18, 2016

Our Reference: SPA LA 15-0038

Ms. Jen Steele, Interim State Medicaid Director Department of Health and Hospitals 628 North 4th St. P.O. Box 91030 Baton Rouge, LA 70821-9030

Attention: Darlene Budgewater

Dear Ms. Steele:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 15-0038. This State Plan Amendment (SPA) adopts the provisions governing coverage and reimbursement for labor and delivery services rendered by free-standing birthing centers (FSBCs).

Transmittal Number 15-0038 is approved with an effective date of November 20, 2015 as requested. A copy of the CMS-179, Transmittal No. 15-0038 dated December 29, 2015 is enclosed along with the approved plan pages.

If you have any questions regarding this letter, please contact Ford Blunt at 214-767-6381 by phone or by e-mail at <u>ford.blunt@cms.hhs.gov</u>.

Sincerely,

Bill Brooks Associate Regional Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	15-0038	Louisiana	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: 1 SOCIAL SECURITY ACT (MEDI		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	November 20, 2015		
5. TYPE OF PLAN MATERIAL (Check One):			
■ NEW STATE PLAN ■ AMENDMENT TO BE CONS		ENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN 6. FEDERAL STATUTE/REGULATION CITATION:	DMENT (Separate Transmittal for each of the Transmittal fo	amendment)	
42 CFR Section 1396d(I)(3)B	a. FFY 2016	\$ (23.38) \$116.83	
42 CFR Section 1390d(1)(3)B	b. FFY 2017	\$ (27.30) \$205.73	
O DACE NUMBER OF THE REAL OF THE REAL OF A THE OWN OF A THE OWN OF THE REAL OWN			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):		
Attachment 3.1-A, Item 27, Page 13	SAME (TN 12-09)		
Attachment 4.19-B, Item 27, Page 1	NONE - New Page		
	NONE - New Page		
Attachment 4.19-B, Item 28(i), Page 1	NONE - New 1 age		
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPECIFIED: The Governor does not review	state plan material.	
12 DE STATE AGENCY OFFICIAL:	16. RETURN TO:		
	J. Ruth Kennedy, Medicaid	Director	
13. TYPED NAME:	State of Louisiana	Director	
Kathy H. Kliebert	Department of Health and H	lospitals	
14. TITLE:	628 N. 4th Street	ospitals	
Secretary	P.O. Box 91030		
15. DATE SUBMITTED:	Baton Rouge, LA 70821-90	30	
December 29, 2015	Daton Rouge, Lit 70021-70.	30	
FOR REGIONAL OFF			
17. DATE RECEIVED: December 29, 2015	18. DATE APPROVED: February 18	3, 2016	
PLAN APPROVED – ONE			
19. EFFECTIVE DATE OF APPROVED MATERIAL: November 20, 2015	20. SIGNATURE OF REGIONAL OFFI	CIAL:	
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Adr	ninistrator	
DIII DI UUKS	Division of Medicaid a		
23. REMARKS: The State requests a pen and ink change to b			
The state requests a pen and mix change to t	one in a min a more		

State: Louisiana

Date Approved: 02/18/16
Date Received: 11/18/15
Date Effective: 11/20/15

Transmittal Number: LA 15-0038

Attachment 3.1-A Page 13

OMB Approved 0938-1024

Attachment 3.1A: Freestanding Birth Center Services

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers						
Provide	ed:	☐ No limitations		☐None licensed or approved		
	Stays for and the services practition immediately. The FSI with what allowed	services rendered for la rendered during inpati oner from the time of thate postpartum period. BC shall be located with sich the FSBC shall ma	abor and delivery are very tent hospital stays. Service the pregnant woman's adme thin a ground travel time of intain a contractual relation aesarian delivery to begin	(FSBC) are typically less than 24 hours by limited in comparison to delivery sees shall be provided by the attending mission through the birth and the distance from a general acute care hospital ionship, including a transfer agreement, in within 30 minutes of the decision a		
		d or Otherwise State ing Birth Center	e-Recognized covered p	professionals providing services in		
Provide	ed:	☐ No limitations	oxtimes with limitations (p	please describe below)		
	Not Ap	plicable (there are no	o licensed or State appr	roved Freestanding Birth Centers)		
		e any limitations: .nding birthing center s	taff shall not administer g	general or epidural anesthesia services.		
<u>Please o</u>	check a	ll that apply:				
	(a) Practitioners furnishing mandatory services described in another benefit category d otherwise covered under the State plan (i.e., physicians and certified nurse midwives).					
care in a	a freest erwise	tanding birth center	within the scope of pra R 440.60 (e.g., lay midv	al, labor and delivery, or postpartum actice under State law whose services wives, certified professional midwives		
		•	sionals licensed or othe ces (e.g., doulas, lactat	erwise recognized by the State to tion consultant, etc.).*		
providir	ng birth) above, please list a center services: d midwives	nd identify below each	n type of professional who will be		
TN 15-	-0038	A	oproval Date <u>02-18-16</u>	Effective Date11-20-15		

TN 13-0038 Supersedes TN 12-0009 STATE OF <u>LOUISIANA</u>
PAYMENT 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:

CITATION 42 CFR Section 1396d(l)(3)B

Free-Standing Birthing Centers Methods and Standards for Establishing Payment Rates

Effective for dates of service on or after November 20, 2015, a free-standing birthing center (FSBC) shall be reimbursed a one-time payment for labor and delivery services at a rate equal to 90 percent of the average per diem rates of surrounding hospitals* providing the same services.

FSBCs shall be reimbursed for labor and low-risk delivery services provided to Medicaid eligible pregnant women by an obstetrician, family practitioner, certified nurse midwife, or licensed midwife. FSBC services are appropriate when a normal, uncomplicated labor and birth is anticipated.

Attending physicians shall be reimbursed for birthing services according to the published fee schedule rate for physician services rendered in the Professional Services program.

Certified nurse midwives providing birthing services within a FSBC shall be reimbursed at 80 percent of the published fee schedule rate for physician services rendered in the Professional Services program.

Licensed midwives providing birthing services within a FSBC shall be reimbursed at 75 percent of the published fee schedule rate for physician services in the Professional Services program.

A licensed midwife providing birthing services within the FSBC must:

- 1. Have passed the national certification exam through the North American Registry of Midwives; and
- 2. Hold a current, unrestricted state license with the Louisiana State Board of Examiners.

All rates are published on the Medicaid provider website using the following link: http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

*Surrounding Hospital

A. Urban areas: located within a 20-mile radius of the FSBC.

B. Rural areas: located within a 30-mile radius of the FSBC.

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TN_15-0038 Supersedes TN_None - New Page

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Effective Date 11-20-15