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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 18-013

This file contains the following documents in the order listed:

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

October 3, 2018

Our Reference: SPA LA 18-0013

Ms. Jen Steele, State Medicaid Director
Department of Health
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Karen Barnes

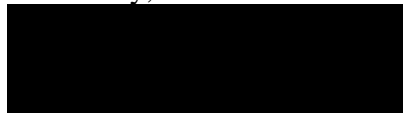
Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 18-0013 dated September 7, 2018. This state plan amendment proposes to amend the provisions governing the reimbursement methodology for federally qualified health centers (FQHCs) in order to implement a payment methodology to allow reimbursement for long-acting reversible contraceptive devices outside of the perspective payment system rate.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of January 1, 2019. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at Cheryl.Rupley@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
18-0013

2. STATE
Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
January 1, 2019

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR 447.201 and
Section 1902(bb) of the Social Security Act**

7. FEDERAL BUDGET IMPACT:

a. FFY 2019 **(\$ 31,465.00)**
b. FFY 2020 **(\$ 91,298.00)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 2c, Page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
Same (TN 11-37)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing the reimbursement methodology for federally qualified health centers in order to implement a payment methodology to allow reimbursement for long-acting reversible contraceptive devices outside of the perspective payment system rate.**

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. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Rebekah E. Gee MD, MPH

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 7, 2018

16. RETURN TO:

**Jen Steele, Medicaid Director
State of Louisiana
Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
9-07-18

18. DATE APPROVED: 10-03-18

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1-01-19

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bill Brooks

22. TITLE:

Division of Medicaid & Children's Health

23. REMARKS:

STATE OF LOUISIANA

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:

published Medicare Economic Index (MEI) for primary care services. The MEI increase will be applied on July 1 of each year.

Effective October 21, 2004, FQHC services furnished to dual eligibles will be reimbursed reasonable cost which is equivalent to the provider specific prospective payment rate.

Effective for dates of service on or after February 21, 2011, the Medicaid Program shall provide reimbursement for diabetes self-management training (DSMT) services rendered by qualified health care professionals in the FQHC encounter rate.

Separate encounters for DSMT services are not permitted and the delivery of DSMT services alone does not constitute an encounter visit.

Effective for dates of service on or after December 1, 2011, the Medicaid Program shall provide reimbursement for fluoride varnish applications rendered by qualified health care professionals to recipients under the age of 6 years in the FQHC encounter rate when performed on the same date of service as an office visit or preventative screening.

Separate encounters for fluoride varnish services are not permitted and the application of fluoride varnish does not constitute an encounter visit.

Alternate Payment Methodology

Effective for dates of service on or after October 21, 2007, the Medicaid Program shall provide for an alternate payment methodology. This alternate methodology will include the aforementioned PPS methodology plus an additional reimbursement for adjunct services provided by FQHCs when these services are rendered during evening, weekend, or holiday hours. Reimbursement is limited to services rendered between the hours of 5 p.m. and 8 a.m. Monday through Friday, on weekends and State legal holidays. (**NOTE:** A payment for adjunct services is not allowed when the encounter is for dental services only.)

The reimbursement for adjunct services is a flat fee, based on the adjunct CPT code(s) regardless of practitioner (except dental), in addition to the reimbursement for the associated office encounter (PPS methodology). The agency's rates were set as of October 21, 2007, and are effective for services on or after that date. All rates are published on the agency's website (www.lamedicaid.com). The same add-on rate for services delivered between the hours of 5 p.m. and 8 a.m. Monday through Friday, on weekends, and State legal holidays, is paid to governmental and non-governmental providers.

Long-Acting Reversible Contraceptives

Effective for dates of service on or after January 1, 2019, FQHCs shall be reimbursed a separate payment outside of the PPS rate, accordingly, for the long-acting reversible contraceptives (LARCs). This alternate methodology will include the PPS rate, plus reimbursement for the device.

Reimbursement for LARCs shall be at the lesser of, the rate on file or the actual acquisition cost, for entities participating in the 340B program. FQHCs eligible for 340B pricing must bill Medicaid at their 340B actual acquisition cost for reimbursement.

State: Louisiana
Date Received: 9-07-18
Date Approved: 10-03-18
Date Effective: 1-01-19