

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

September 9, 2020

Ms. Ruth Johnson
Medicaid Executive Director
Bureau of Health Services Financing
Department of Health
628 North Fourth Street
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

RE: Louisiana State Plan Amendment (SPA) 20-0007

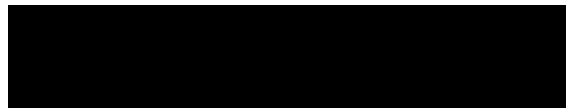
Dear Ms. Johnson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 20-0007 effective for services on or after August 20, 2020. The purpose of this state plan amendment is to adopt provisions governing reimbursement outside of the inpatient hospital per diem for donor human breast milk provided to hospitalized premature newborns in order to ensure access to an effective treatment to reduce the incidence of severe complications.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 20-0007 is approved effective August 20, 2020. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,



Rory Howe
Acting Director

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**1. TRANSMITTAL NUMBER
20-00072. STATE
Louisiana3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
August 20, 2020

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 440.10
42 CFR 447, Subpart C**

7. FEDERAL BUDGET IMPACT

a. FFY **2021** **\$ 210,802**
b. FFY **2022** **\$ 212,694**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 3.1-A, Item 1, Page 46
Attachment 4.19-A, Item 1, Page 15**9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable)**Same (TN 14-0030)
None New Page**

10. SUBJECT OF AMENDMENT

The purpose of this SPA is to adopt provisions governing reimbursement outside of the inpatient hospital per diem for donor human breast milk provided to hospitalized ~~premature~~ newborns in order to ensure access to an effective treatment to reduce the incidence of severe complications.

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

Ruth Johnson, designee for Dr. Courtney N. Phillips14. TITLE
Secretary15. DATE SUBMITTED
July 15, 2020

16. RETURN TO

**Ruth Johnson, Medicaid Executive 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

18. DATE APPROVED
9/9/20

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
8/20/20

20. SIGNATURE

21. TYPED NAME
Rory Howe22. TITLE
Acting Director, FMG

23. REMARKS

Plan pages were updated during the state plan review to delete the word premature. It was inadvertently left in the CMS 179 which has been technically corrected with the strikethrough.

STATE OF LOUISIANA

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:

Elective Deliveries

Induced deliveries and cesarean sections shall not be reimbursed when performed prior to 39 weeks gestation. This shall not apply to deliveries when there is a documented medical condition that would justify delivery prior to 39 weeks gestation.

Coverage of Donor Human Breast Milk

Effective for dates of service on or after August 20, 2020, coverage shall be provided for donor human breast milk obtained from a member bank of the Human Milk Banking Association of North America, provided to hospitalized infants in acute care hospitals.

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING RATES - INPATIENT HOSPITAL CARE

Reimbursement for Donor Human Breast Milk

Effective for dates of service on or after August 20, 2020, hospitals shall be reimbursed for donor human breast milk provided to hospitalized infants when obtained from a member bank of the Human Milk Banking Association of North America. Reimbursement will be made as an add-on service in addition to the hospital payment for the inpatient hospital stay.