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State/Territory Name: Louisiana

State Plan Amendment (SPA) LA: 23-0037

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

December 7, 2023

Kimberly Sullivan
Medicaid Executive Director
Louisiana Medicaid Program
Louisiana Department of Health
Bureau of Health Services
Financing 628 North Fourth Street
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

RE: Louisiana TN 23-0037

Dear Medicaid Executive Director Kimberly Sullivan:

We have reviewed the proposed Louisiana State Plan Amendment (SPA) to Attachment 4.19-B pages under LA- 23-0037, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 20, 2023. The purpose of this SPA is to amend the provisions governing midwifery services in order to increase the reimbursement rate for services provided by certified nurse midwives and licensed midwives.

Based upon the information provided by the State, we have approved the amendment with an effective date of August 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at via email at: Monica.Neiman@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
23-0037

2. STATE
LA

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
August 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447 Subpart I
Section 1905(a)(17) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY **2023** \$ **24,498**
b. FFY **2024** \$ **156,635**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Item 17, Page 1
Attachment 4.19-B, Item 28(i), Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same (TN 05-27)
Same (TN 15-0038)

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to amend the provisions governing midwifery services in order to increase the reimbursement rate for services provided by certified nurse midwives and licensed midwives.

10. 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.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Pam Diez, designee for Stephen R. Russo, JD

13. TITLE

Secretary

14. DATE SUBMITTED

15. RETURN TO

Kimberly Sullivan
Interim Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR CMS USE ONLY

16. DATE RECEIVED

September 20, 2023

17. DATE APPROVED

December 7, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

August 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. 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 ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>Citation</u>	Medical and Remedial	<u>MIDWIFERY SERVICES</u>
42 CFR	Care and Services	
440.165	Item 17	

I. Reimbursement Methodology

The reimbursement rate shall be 80 percent of the rate on file on the professional services fee schedule for covered services and 100 percent of the rate on file for a designated group of procedures as determined by the Medicaid Program. Services related to pregnancy and childbirth provided by certified nurse midwives (including licensed midwives), are reimbursed at 95 percent of the physician fee on file and 100 percent of the rate on file for a designated group of procedures as determined by the Department.

State developed fee schedule rates are the same for both public and private providers of the midwifery services. The agency's fee schedule rates were set as of May 12, 2023, and are effective for service provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.

II. Standards for Payment

Certified nurse midwives are professional nurses currently licensed in Louisiana and legally authorized to practice midwifery. Certified nurse midwives must enroll as Medicaid providers in order to be reimbursed for their services. Certified nurse midwives must obtain an individual Medicaid provider number.

Billing the agency for services rendered is the responsibility of the certified nurse midwife.

If a physician is not called in, no physician may be paid. If a physician is called in, it is the responsibility of the physician and the certified nurse midwife to determine who will bill the agency for respective services rendered. In no case will Medicaid pay twice for the same service.

All claims filed for reimbursement must identify the nurse midwife as the attending provider if he/she is employed by or under contract with a Medicaid enrolled physician or physician group.

Nurse midwives shall not bill separately for his/her services when he/she is employed by or under contract with a Medicaid enrolled provider whose reimbursement is based on cost reports that include the cost of their salary.

STATE OF LOUISIANA

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(1)(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 95 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 95 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.

State developed fee schedule rates are the same for both public and private providers of birthing center services. The agency's fee schedule rates were set as of May 12, 2023, are effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com

*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.