

**RULE**

**Department of Health  
Bureau of Health Services Financing**

**Medicaid Provider Screening Application Fee  
(LAC 50:I.1501)**

The Department of Health, Bureau of Health Services Financing has amended LAC 50:I.1501 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. This Rule is hereby adopted on the day of promulgation.

**Title 50  
PUBLIC HEALTH—GENERAL  
Part I. Administration  
Subpart 1. General Provisions**

**Chapter 15. Provider Screening and Enrollment**

**§1501. General Provisions**

A. - F.4. ...

G. Provider Screening Application Fee

1. In compliance with the requirements of the Affordable Care Act and 42 CFR 455.460, the department shall collect an application fee for provider screening prior to executing provider agreements from prospective or re-enrolling providers other than:

a. individual physicians or non-physician practitioners; and

b. providers who:

i. are enrolled in title XVIII of the Social Security Act;

ii. are enrolled in another state's title XIX or XXI plan; or

iii. have paid the applicable application fee to a Medicare contractor or another state.

2. The department shall return the portion of all fees collected which exceed the cost of the screening to CMS.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Management and Finance, LR 39:1051 (April 2013), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

Rebekah E. Gee MD, MPH

Secretary

**RULE**

**Department of Health  
Bureau of Health Services Financing**

**Professional Services Program  
Reimbursement Methodology  
Supplemental Payments  
(LAC 50:IX.15151 and 15153)**

The Department of Health, Bureau of Health Services Financing has amended LAC 50:IX.15151 and §15153 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. This Rule is hereby adopted on the day of promulgation.

**Title 50**

**PUBLIC HEALTH-MEDICAL ASSISTANCE  
Part IX. Professional Services Program  
Subpart 15. Reimbursement**

**Chapter 151. Reimbursement Methodology**

**Subchapter F. Supplemental Payments**

**§15151. State-Owned or Operated Professional Services**

**Practices**

A. Qualifying Criteria. Effective for dates of service on or after February 21, 2017, in order to qualify to receive supplemental payments, physicians and other eligible professional service practitioners must be:

1. - 2. ...

3. employed by, or under contract to provide services in affiliation with, a state-owned or operated entity, such as a state-operated hospital or other state entity, including a state academic health system, which:

a. has been designated by the department as an essential provider. Essential providers include:

a.i. - b. ...

B. Qualifying Provider Types. For purposes of qualifying for supplemental payments under this Section, services provided by the following professional practitioners will be included:

1. - 3. ...

4. certified nurse anesthetists; and

5. dentists.

6. - 21. Repealed.

C. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:544 (March 2014), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1390 (July 2017), LR 44:

**§15153. Non-State-Owned or Operated Professional Services Practices**

A. Qualifying Criteria. Effective for dates of service on or after February 21, 2017, in order to qualify to receive supplemental payments, physicians and other eligible professional service practitioners must be:

1. - 2. ...

3. employed by, or under contract to provide services at a non-state owned or operated governmental entity and identified by the non-state owned or operated governmental entity as a physician that is employed by, or under contract to provide services at or in affiliation with said entity.

B. Qualifying Provider Types. For purposes of qualifying for supplemental payments under this Section, services provided by the following professional practitioners will be included:

1. - 2. ...

3. certified registered nurse practitioners; and

4. certified nurse anesthetists.

5. - 21. Repealed.

C. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:544 (March 2014), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1390 (July 2017), LR 44:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Rebekah E. Gee MD, MPH

Secretary