

**NOTICE OF INTENT**

**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 proposes to amend 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 proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

In compliance with the requirements of the Affordable Care Act and 42 CFR 455.460, the Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing the screening and enrollment of Medicaid providers in order to collect an application fee for any providers that have not already been screened by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services or another state Medicaid agency.

**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:

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 the submission to CMS for review and approval is required.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, but may result in minimal costs to the provider to provide the same level of service due to the one-time screening application fee. It is anticipated that this proposed Rule will have no impact on the provider's

ability to provide the same level of service as described in HCR 170.

Interested persons may submit written comments to Jen Steele, Bureau of Health Services, Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is responsible for responding to inquiries regarding the proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the hearing. A public hearing on this proposed Rule is scheduled for Thursday, March 29, 2018 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be offered an opportunity to submit data, views or arguments either orally or in writing.

Rebekah E. Gee MD, MPH

Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT  
FOR ADMINISTRATIVE RULES

Person

Preparing

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Return Address: P.O. Box 91030  
Baton Rouge, LA

Rule Title: Medicaid Provider Screening  
Application Fee

Date Rule Takes Effect: May 20, 2018

SUMMARY

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. The following summary statements, based on the attached worksheets, will be published in the Louisiana Register with the proposed agency rule.

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (SUMMARY)

*It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 17-18. It is anticipated that \$432 (\$216 SGF and \$216 FED) will be expended in FY 17-18 for the state's administrative expense for promulgation of this proposed rule and the final rule.*

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

*It is anticipated that the implementation of this proposed rule will increase federal revenue collections by approximately \$216 for FY 17-18, \$91,040 in FY 18-19 and \$91,040 for FY 19-20. However, any excess revenue collections above the application screening costs must be returned to the Centers for Medicare and Medicaid services (CMS). It is anticipated that \$216 will be collected in FY 17-18 for the federal share of the expense for promulgation of this proposed rule and the final rule.*

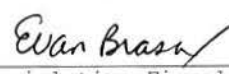

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

*This proposed Rule, in compliance with the requirements of the Affordable Care Act and 42 CFR 455.460, amends the provisions governing the screening and enrollment of Medicaid providers in order to collect an application fee for any providers that have not already been screened by CMS or another state Medicaid agency. The proposed Rule may result in a one-time, minimal cost to some providers applying for Medicaid enrollment. It is anticipated that implementation of this proposed rule will have no programmatic costs or benefits to the Medicaid Program in FY 17-18, FY 18-19 and FY 19-20 since the application fee will cover the screening costs incurred by the department and any portion collected in excess of the actual cost of the screening will be returned to CMS.*

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

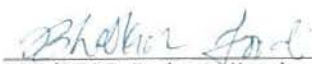
*This rule has no known effect on competition and employment.*

  
\_\_\_\_\_  
Signature of Agency Head  
or Designee

   
\_\_\_\_\_  
Legislative Fiscal Officer  
or Designee

Jen Steele, Medicaid Director  
\_\_\_\_\_  
Typed name and Title of  
Agency Head or Designee

2/9/18  
\_\_\_\_\_  
Date of Signature

  
\_\_\_\_\_  
LDH/BHSF Budget Head

02/09/18  
\_\_\_\_\_  
Date of Signature

FISCAL AND ECONOMIC IMPACT STATEMENT  
FOR ADMINISTRATIVE RULES

The following information is required in order to assist the Legislative Fiscal Office in its review of the fiscal and economic impact statement and to assist the appropriate legislative oversight subcommittee in its deliberations on the proposed rule.

- A. Provide a brief summary of the content of the rule (if proposed for adoption or repeal) or a brief summary of the change in the rule (if proposed for amendment). Attach a copy of the notice of intent and a copy of the rule proposed for initial adoption or repeal (or, in the case of a rule change, copies of both the current and proposed rules with amended portions indicated).

*This proposed Rule, in compliance with the requirements of the Affordable Care Act and 42 CFR 455.460, amends the provisions governing the screening and enrollment of Medicaid providers in order to collect an application fee for providers that have not already been screened by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services or another state Medicaid agency.*

- B. Summarize the circumstances that require this action. If the action is required by federal regulations, attach a copy of the applicable regulation.

*In compliance with the requirements of the Affordable Care Act and 42 CFR 455.460, the Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing the screening and enrollment of Medicaid providers in order to collect an application fee for providers that have not already been screened by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services or another state Medicaid agency.*

- C. Compliance with Act 11 of the 1986 First Extraordinary Session.

- (1) Will the proposed rule change result in any increase in the expenditure of funds? If so, specify amount and source of funding.

*No. It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 17-18. In FY 17-18, \$432 is included for the state's administrative expense for promulgation of this proposed rule and the final rule.*

- (2) If the answer to (1) above is yes, has the Legislature specifically appropriated the funds necessary for the associated expenditure increase?

- (a)  If yes, attach documentation.  
(b)  If no, provide justification as to why this rule change should be published at this time.



FISCAL AND ECONOMIC IMPACT STATEMENT  
WORKSHEET

I. A. COST OR SAVINGS TO STATE AGENCIES RESULTING FROM THE ACTION PROPOSED

1. What is the anticipated increase or (decrease) in cost to implement the proposed action?

| COST                  | FY 17-18     | FY 18-19   | FY 19-20   |
|-----------------------|--------------|------------|------------|
| PERSONAL SERVICES     |              |            |            |
| OPERATING EXPENSES    | \$432        | \$0        | \$0        |
| PROFESSIONAL SERVICES |              |            |            |
| OTHER CHARGES         |              |            |            |
| REPAIR & CONSTR.      |              |            |            |
| POSITIONS (#)         |              |            |            |
| <b>TOTAL</b>          | <b>\$432</b> | <b>\$0</b> | <b>\$0</b> |

2. Provide a narrative explanation of the costs or savings shown in "A.1.", including the increase or reduction in workload or additional paperwork (number of new forms, additional documentation, etc.) anticipated as a result of the implementation of the proposed action. Describe all data, assumptions, and methods used in calculating these costs.

*In FY 17-18, \$432 is included for the state's administrative expense for promulgation of this proposed rule and the final rule.*

3. Sources of funding for implementing the proposed rule or rule change.

| Source             | FY 17-18     | FY 18-19   | FY 19-20   |
|--------------------|--------------|------------|------------|
| STATE GENERAL FUND | \$216        | \$0        | \$0        |
| SELF-GENERATED     |              |            |            |
| FEDERAL FUND       | \$216        | \$0        | \$0        |
| OTHER (Specify)    |              |            |            |
| <b>Total</b>       | <b>\$432</b> | <b>\$0</b> | <b>\$0</b> |

4. Does your agency currently have sufficient funds to implement the proposed action? If not, how and when do you anticipate obtaining such funds?

*Yes, sufficient funds are available to implement this rule.*

B. COST OR SAVINGS TO LOCAL GOVERNMENTAL UNITS RESULTING FROM THIS PROPOSED ACTION.

1. Provide an estimate of the anticipated impact of the proposed action on local governmental units, including adjustment in workload and paperwork requirements. Describe all data, assumptions and methods used in calculating this impact.

*This proposed rule has no known impact on local governmental units.*

FISCAL AND ECONOMIC IMPACT STATEMENT  
WORKSHEET

2. Indicate the sources of funding of the local governmental unit that will be affected by these costs or savings.

*There is no known impact on the sources of local governmental unit funding.*

II. EFFECT ON REVENUE COLLECTIONS OF STATE AND LOCAL GOVERNMENTAL UNITS

- A. What increase or (decrease) in revenues can be expected from the proposed action?

| REVENUE INCREASE/DECREASE | FY 17-18     | FY 18-19        | FY 19-20        |
|---------------------------|--------------|-----------------|-----------------|
| STATE GENERAL FUND        |              |                 |                 |
| AGENCY SELF-GENERATED     |              |                 |                 |
| RESTRICTED FUNDS*         |              |                 |                 |
| FEDERAL FUNDS             | \$216        | \$91,040        | \$91,040        |
| LOCAL FUNDS               |              |                 |                 |
| <b>Total</b>              | <b>\$216</b> | <b>\$91,040</b> | <b>\$91,040</b> |

**\*Specify the particular fund being impacted**

- B. Provide a narrative explanation of each increase or decrease in revenue shown in "A". Describe all data, assumptions, and methods used in calculating these increases or decreases.

*The amounts reflected above are the estimated increases in revenue collections for Medicaid Program expenditures for Provider Application screenings. Any amounts above the screening costs will be returned to CMS. In FY 17-18, \$216 will be collected for the federal share of the administrative expense for promulgation of this proposed rule and the final rule.*

III. COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS

- A. What persons or non-governmental groups would be directly affected by the proposed action? For each, provide an estimate and a narrative description of any effects on costs, including workload adjustments and additional paperwork (number of new forms, additional documentation, etc.)

*This proposed Rule, in compliance with the requirements of the Affordable Care Act and 42 CFR 455.460, amends the provisions governing the screening and enrollment of Medicaid providers in order to collect an application fee for any providers that have not already been screened by CMS or another state Medicaid agency.*

- B. Also, provide an estimate of any revenue impact resulting from this rule or rule change to these groups.

*The proposed Rule may result in a one-time, minimal cost to some providers applying for Medicaid enrollment. It is anticipated that implementation of this proposed rule will have no programmatic costs or benefits to the Medicaid Program in FY 17-18, FY 18-19 and FY 19-20 since the application fee will cover the screening costs incurred by the department and any portion collected in excess of the actual cost of the screening will be returned to CMS.*

IV. EFFECTS ON COMPETITION AND EMPLOYMENT

Identify and provide estimates of the impact of the proposed action on competition and employment in the public and private sectors. Include a summary of any data, assumptions and methods used in making these estimates.

*This rule has no known effect on competition and employment.*