



State of Louisiana
Department of Health and Hospitals
Office of the Secretary

September 16, 2013

Mr. Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 13-31

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kathy H. Kliebert".

Kathy H. Kliebert
Secretary

Attachments (3)

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

1. TRANSMITTAL NUMBER:
13-31

2. STATE
Louisiana

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

4. PROPOSED EFFECTIVE DATE
July 1, 2013

5. TYPE OF PLAN MATERIAL (*Check One*):
G NEW STATE PLAN G 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 447.40

7. FEDERAL BUDGET IMPACT:
a. FFY **2013** **\$0**
b. FFY **2014** **\$0**


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Item 5 Pages 9.a. & 9.b.

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (*If Applicable*):
None (New Pages)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to amend the provisions governing the reimbursement methodology for the Professional Services Program to provide a supplemental payment to physicians and other professional service practitioners employed by a physician group affiliated with certain non-state-owned hospitals participating in public-private partnerships.**

11. GOVERNOR=S REVIEW (*Check One*):
G GOVERNOR=S OFFICE REPORTED NO COMMENT
G COMMENTS OF GOVERNOR=S OFFICE ENCLOSED
G 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:
Kathy H. Kliebert
14. TITLE:
Secretary
15. DATE SUBMITTED:
September 16, 2013

16. RETURN TO:
**State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

PAYMENTS 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:

Public-Private Partnerships (Physician Payments)

1. Qualifying Criteria:

Effective for dates of service on or after July 1, 2013, physicians and other professional service practitioners employed by a physician group affiliated with a non-state owned and operated hospital and providing services as a result of a public-private partnership with Louisiana State University, may qualify for supplemental payments for services rendered to Medicaid recipients. To qualify for the supplemental payment, the physician or professional service practitioner must be:

- a. licensed by the state of Louisiana;
- b. enrolled as a Louisiana Medicaid provider; and
- c. identified by Louisiana State University as a physician or other professional service practitioner that is employed by, or under contract to provide services through a public-private partnership at one of the former state-owned or operated hospitals that has terminated or reduced services.

2. Qualifying Provider Types

The following professional services practitioners shall qualify to receive supplemental payments:

- a. physicians;
- b. physician assistants;
- c. certified registered nurse practitioners; and
- d. certified registered nurse anesthetists.

3. Payment Methodology

The supplemental payment shall be calculated in a manner that will bring payments for these services up to the community rate level. For purposes of these provisions, the community rate shall be defined as the rates paid by commercial payers for the same service. The private physician group shall periodically furnish satisfactory data for calculating the community rate as requested by the department.

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The supplemental payment amount shall be determined by establishing a Medicare to community rate conversion factor for the private physician group. At the end of each quarter, for each Medicaid claim paid during the quarter, a Medicare payment amount will be calculated and the Medicare to community rate conversion factor will be applied to the result. Medicaid payments made for the claims paid during the quarter will then be subtracted from this amount to establish the supplemental payment amount for that quarter.

The supplemental payments shall be made on a quarterly basis and the Medicare to community rate conversion factor shall be recalculated at least every three years.

TN# _____	Approval Date _____	Effective Date _____
<u>Supersedes</u>		
TN# _____		