

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

March 25, 2015

Our Reference: SPA LA 14-0039

Ms. Ruth Kennedy, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attn: Darlene Adams
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 14-0039. The state plan revises the provisions governing the reimbursement methodology for non-emergency medical transportation services to replace the monthly payment of capitated rates with a monthly per trip payment methodology.

Transmittal Number 14-0039 is approved with an effective date of October 1, 2014 as requested. A copy of the HCFA-179, Transmittal No. 14-0039 dated December 31, 2014 is enclosed along with the approved plan pages.

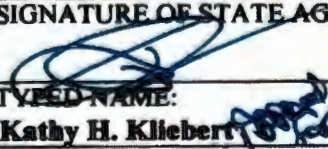
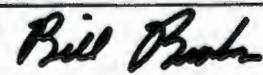
If you have any questions, please contact Ford Blunt III at ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-0039	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 October 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.170 42 CFR 447 Subpart B		7. FEDERAL BUDGET IMPACT: a. FFY <u>2015</u> \$0 b. FFY <u>2016</u> \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 24.a., Pages 3 Attachment 3.1-A, Item 24.a., Page 4 Attachment 3.1-A, Item 24.a., Page 5 Attachment 3.1-A, Item 24.a., Page 6-7 Attachment 3.1-A, Item 24.a., Page 8 Attachment 4.19-B, Item 24.a., Page 2 Attachment 4.19-B, Item 24.a., Page 3 Attachment 4.19-B, Item 24.a., Pages 3a and 3b Attachment 4.19-B, Item 24a, Page 4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 94-30) Same (TN 10-62) Same (TN 09-32) Remove page Same (TN 94-30) Remove pages Same (TN 03-43) Remove page Same (TN 04-23) Same (TN 10-62) Same (TN 11-41) Remove pages Same (TN 10-67) Remove page	
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to revise the provisions governing the reimbursement methodology for non-emergency medical transportation services to replace the monthly payment of capitated rates with a monthly per trip payment methodology.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review state plan material.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Kathy H. Kliebert			
14. TITLE: Secretary			
15. DATE SUBMITTED: December 31, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 31, 2014		18. DATE APPROVED: March 25, 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2014		20. SIGNATURE  AL:	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS IN THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION Medical and Remedial Care and Services
42 CFR 440.170 Item 24.a. (cont'd)

State: Louisiana Date Received: December 31, 2014 Date Approved: March 25, 2015 Date Effective: October 1, 2014 Transmittal Number: 14-0039

II. Medically Necessary Non-Emergency Transportation

Louisiana Medicaid provides non-emergency transportation for eligible Medicaid beneficiaries who do not otherwise have transportation to and from their Medicaid service providers.

A. Beneficiary Eligibility

Medicaid transportation is available to Medicaid beneficiaries when both of the following criteria are met:

1. The individual is enrolled in either a full-coverage Medicaid benefit program or a limited-coverage Medicaid benefit program that explicitly includes transportation services; and
2. The beneficiary or their representative has stated that they have no other means of transportation.

B. Transportation Provider Eligibility

Transportation may be provided by non-profit providers (e.g. Councils on Aging), for-profit providers (e.g. private medical transportation companies), public transit, or private individuals enrolled under the Friends and Family program. Non-emergency transportation may also be provided by ambulance if medically necessary. All transportation providers:

1. Must comply with published rules and regulations governing the Medicaid transportation program;
2. Must comply with all state laws and regulations of any other state agency, commission, or local entity with applicable jurisdiction;
3. May be subject to suspension from the Medicaid program if the Department acquires documentation of inappropriate billing or other practices that egregiously violate published program policy.

STATE OF LOUISIANA

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42 CFR 440.170 Item 24.a. (cont'd)

C. Authorization for Services

1. All non-emergency non-ambulance transportation requires prior authorization. The Department or its designee will authorize non-emergency non-ambulance transportation services under the following criteria:
 - a. The beneficiary is eligible for transportation as described in part A of this section;
 - b. The requested transportation is necessary to receive a Medicaid covered service;
 - c. The requested destination is a medical service provider currently enrolled in the Medicaid program;
 - d. The requested destination is a Medicaid provider within the beneficiary's local service area; or if the service is not available in the local service area the requested destination is the nearest available provider of the Medicaid covered service;
 - e. The transportation provider is actively enrolled in the Medicaid program and meets all criteria in part B of this section;
 - f. The transportation provider is the least costly available to provide the requested transportation service. If there are multiple providers available at the lowest cost, the beneficiary may choose a preferred transportation provider.

2. Non-emergency ambulance services are not prior authorized. Payment for non-emergency ambulance transportation shall be made upon receipt of the completed Certification of Ambulance Transportation form. The Certification form must be signed by a licensed medical professional and must describe the medical condition which necessitates ambulance services.

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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:

CITATION Medical and Remedial Care and Services
42 CFR 440.170 Item 24.a. (cont'd)

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B. Non-Emergency Medical Transportation

General Provisions- Reimbursement for Services

Effective for dates of service on or after October 1, 2014 reimbursement for transportation services shall be based on the published fee schedule

(http://www.lamedicaid.com/provweb1/fee_schedules/NEMT_Index.htm) and made in accordance with rules and regulations issued by the Department.

1. Non-emergency non-ambulance

a. Individually scheduled trips

Reimbursement shall be based on mileage according to the published fee schedule. An additional per-mile rate may be included when the Department determines that a provider requires compensation for travelling far outside of their service area. This additional payment shall only be made when there are no providers in the beneficiary's service area.

b. Recurring Trips

Payment for non-emergency transportation to regular, predictable, recurring medical services such as hemodialysis, chemotherapy, or rehabilitation therapy, may be based on capitated monthly rates when determined appropriate by the Department.

2. Ambulance

Non-emergency ambulance services are reimbursed at base rate plus mileage as shown on the published fee schedule.

3. Aircraft and Buses

Non-emergency transportation provided by commercial aircraft and buses are reimbursed at their usual and customary rate, subject to maximum limitations based on historical costs for such trips.

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:

CITATION Medical and Remedial Care and Services
42 CFR 440.170 Item 24.a. (cont'd)

4. Public Transit

Effective for dates of service on or after October 1, 2014 reimbursement for non-emergency medical transportation services rendered by public transit providers are reimbursed according to the published fee schedule (http://www.lamedicaid.com/provweb1/fee_schedules/NEMT_Index.htm).

C. Auditing

The Department shall conduct regular audits of service authorization, reimbursement, service delivery and documentation in order to ensure compliance with published rules and regulations. Lack of compliance on the part of transportation providers shall be addressed as described in the provider policy manual. Lack of compliance on the part of Department contractors shall be met with corrective action as described in contract documents.

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