

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

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

VIA ELECTRONIC MAIL ONLY

September 15, 2014

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. 14-34**

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,


Kathy H. Kliebert
Secretary

Attachments (2)

KHK/JRK/DAB

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
14-34

2. STATE
Louisiana

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
September 1, 2014

5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN 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, Subpart B

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 **\$598.91**
b. FFY 2016 **\$569.20**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Item 24.a, Page 1a(1)

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):
Same (12-47)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing reimbursement for emergency medical aircraft transportation in order to increase the rates for services originating in rural areas.**

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **The Governor does not review state plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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:
September 15, 2014

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:

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #: 14-34

TITLE: Medical Transportation Emergency Aircraft Transportation Rural Rotor Win;

EFFECTIVE DATE: September 20, 2014

FISCAL IMPACT:
Increase

year	% inc.	fed. match	% mos	range of mos.	dollars
1st SFY 2015			62.05%	10 September 1, 2014 - June 30, 2015	\$736,644
2nd SFY 2016	3.0%		62.39%	12 July 2015 - June 2016	\$910,492
3rd SFY 2017	3.0%		62.39%	12 July 2016 - June 2017	\$937,807

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2015

SFY 2015 \$736,644 for 10 months September 1, 2014 - June 30, 2015 \$736,644

Total Increase in Cost FFY 2016

SFY 2016 \$910,492 for 12 months July 2015 - June 2016 \$227,623
 \$910,492 / 12 X 3 = \$964,267

Total Increase in Cost FFY 2016

SFY 2016 \$910,492 for 12 months July 2015 - June 2016 \$682,869
 \$910,492 / 12 X 9 = \$964,267 X 62.11% = \$598,906

Total Increase in Cost FFY 2017

SFY 2017 \$937,807 for 12 months July 2016 - June 2017 \$234,452
 \$937,807 / 12 X 3 = \$917,321

Total Increase in Cost FFY 2017

SFY 2017 \$937,807 for 12 months July 2016 - September 2016 \$569,198
 \$937,807 / 12 X 9 = \$917,321 X 62.05% = \$569,198

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:

Effective for dates of service on or after August 1, 2012, the reimbursement rates for fixed winged emergency ambulance services shall be reduced by 5 percent of the rate on file as of July 31, 2012.

Rotor Winged (Helicopters) Ambulance

Effective for dates of service on or after September 17, 2008, the reimbursement rate paid for rotor winged air ambulance services shall be increased to 100 percent of the 2008 Louisiana Medicare allowable rate. Governmental and non-governmental providers are paid the same.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for rotor winged emergency ambulance services shall be reduced by 5 percent of the rate on file as of January 21, 2010.

Effective for dates of service on or after January 1, 2011, the reimbursement rates for rotor winged emergency ambulance services shall be reduced by 2 percent of the rate on file as of December 31, 2010.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for rotor winged emergency air ambulance services shall be reduced by 5.25 percent of the rate on file as of June 30, 2012.

Effective for dates of service on or after August 1, 2012, the reimbursement rates for rotor winged emergency air ambulance services shall be reduced by 5 percent of the rate on file as of July 31, 2012.

Effective for dates of service on or after September 1, 2014, the reimbursement rates for rotor winged emergency air ambulance services, which originate in areas designated as rural and/or super rural by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, shall be increased to the following rates:

1. base rate, \$4,862.72 per unit; and
2. mileage rate, \$33.65 per unit.

TN _____ Approval Date _____ Effective Date _____
Supersedes
TN _____