



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

**VIA ELECTRONIC MAIL ONLY**

November 18, 2015

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 Professional Service- Physician Visits- Service Limits State Plan  
Transmittal No. 15-0036**

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:WJR:JH

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**15-0036**

2. STATE

**Louisiana**

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

4. PROPOSED EFFECTIVE DATE

**January 01 , 2016**

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

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 2016      ~~\$0.00~~ \$14.17

b. FFY 2017      ~~\$0.00~~ \$19.46

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-A, Item 5, Page 1**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (*If Applicable*):

**SAME (TN 12-61)**

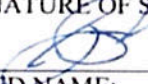
10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to revise the provisions in the Professional Services Program governing physician services in order to remove the limits from outpatient physician visits.**

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 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:



16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030**

13. TYPED NAME:

**Kathy H. Kliebert**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**November 18, 2015**

**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: **The State requests a pen and ink change to box 7 as indicated above.**

LA TITLE XIX SPA

TRANSMITTAL #: 15-0036

TITLE: Professional Services - Physician Services - Outpatient Physician Visit:

EFFECTIVE DATE: January 1, 2016

FISCAL IMPACT:  
Increase

1st SFY	2016	% inc.	fed. match	% inc.	# mos	range of mos.	dollars
2nd SFY	2017	3.0%	0.00%	0.00%	6	July 1, 2015- June 30, 2016	\$15,069
3rd SFY	2018	3.0%	0.00%	0.00%	12	July 2016- June 2017	\$31,042
					12	July 2017 - June 2018	\$31,973

\*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2016

SFY 2016 \$15,069 for 6 months July 1, 2015- June 30, 2016 \$15,069

SFY 2017

\$31,042 for 12 months July 2016- June 2017 = \$7,761  
 \$31,042 / 12 X 3 July 2016 - September 2016 = \$22,830

FFP (FFY 2016) =

\$22,830 X 62.05% = \$14,166

Total Increase in Cost FFY 2017

SFY 2017 \$31,042 for 12 months July 2016- June 2017 = \$23,282  
 \$31,042 / 12 X 9 October 2016 - June 2016

SFY 2018

\$31,973 for 12 months July 2017 - June 2018 = \$7,993  
 \$31,973 / 12 X 3 July 2017 - September 2017 = \$31,275

FFP (FFY 2017) =

\$31,275 X 62.21% = \$19,456



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

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION  
42 CFR 440.50

Medical and Remedial Care and Services – Item 5

PHYSICIAN SERVICES WHETHER FURNISHED IN THE OFFICE, THE RECIPIENT'S HOME, A SKILLED NURSING FACILITY OR ELSEWHERE ARE PROVIDED WITH LIMITATIONS AS FOLLOWS:

A. Physician Services

Physician's services furnished by a physician, whether provided in the office, the recipient's home, a hospital, a skilled nursing facility, or elsewhere, means services provided within the scope of practice of medicine, optometry or osteopathy as defined by State law and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy; and medical or surgical services furnished by a dentist in accordance with Section 1905(a)(5) of the Act as amended by Section 4103(a) of P.L. 100-203 and within the scope of dentistry as defined by State law.

1. Effective January 1, 2016, there shall be no limits placed on the number of physician visits payable by the Medicaid program for eligible recipients.

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TN# \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

Supersedes

TN# \_\_\_\_\_