

Department of Health and Hospitals Office of the Secretary

VIA ELECTRONIC MAIL ONLY

December 29, 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 Title XIX State Plan

Transmittal No. 15-0038

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. Klieber

Secretary

Attachments (3)

STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION 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 Section 1396d(I)(3)B 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 27, Page 13 Attachment 4.19-B, Item 27, Page 1 10. SUBJECT OF AMENDMENT: The SPA proposes to adopt the provisions governing coverage and reimbursement for labor and delivery services rendered by free-standing birthing centers (FSBCs).	TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE			
SOCIAL SECURITY ACT (MEDICAID) 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 Section 1396d(I)(3)B 7. FEDERAL BUDGET IMPACT: 2. FFY 2016 S(23.38) 5. FFY 2017 S(27.30) 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 27, Page 13 Attachment 4.19-B, Item 27, Page 1 NONE – New Page 10. SUBJECT OF AMENDMENT: The SPA proposes to adopt the provisions governing coverage and	STATE PLAN MATERIAL	15-0038	Louisiana			
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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 ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL						
12. SIGNATURE OF STATE AGENCY OFFICIAL: 16. RETURN TO:	12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:				
J. Ruth Kennedy, Medicaid Director		₩. (2)	Director			
13. TYPED NAME: State of Louisiana	13. TYPED NAME:					
Kathy H. Kliebert Department of Health and Hospitals	Kathy H. Kliebert		lospitals			
14. TITLE: 628 N. 4 th Street	50.00 (C) 1	628 N. 4th Street				
Secretary P.O. Box 91030		P.O. Box 91030				
15. DATE SUBMITTED: Baton Rouge, LA 70821-9030		Baton Rouge, LA 70821-90	30			
December 29, 2015 FOR REGIONAL OFFICE USE ONLY	2-10-50 Telephotocologic Company (1990) (199	ICE LISE ONLY				
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21. TYPED NAME: 22. TITLE:	21. TYPED NAME:	22. TITLE:				
23. REMARKS:	23. REMARKS:					

(\$26,786) (\$43,562) (\$10,891) (\$11,217) (\$43,889) (\$44,869) (\$26,786)(\$32,672)dollars FISCAL IMPACT: Decrease 11 II II II II 62.05% 62.21% range of mos. 7.6 November 20, 2015- June 30, 2016 November 20, 2015- June 30, 2016 12 July 2016 - June 2017 12 July 2017 - June 2018 × × July 2016 - June 2017 July 2016 - September 2016 July 2017 - June 2018 July 2017 - September 2017 July 2016 - June 2017 October 2016 - June 2016 (\$37,677) (\$43,889) som # 0.00% %00.0 months fed. match months months months 2016)= FFP (FFY 2017)= *#mos-Months remaining in fiscal year o 12 X 12 X 12 X 7.6 FFP (FFY (\$43,562) for (\$43,562) / (\$43,562) for (\$43,562) / 2016 2017 TTAL #: 15-0038
Free-Standing Birthing Centers ģ (\$26,786) for November 20, 2015 (\$44,869) f (\$44,869) / 3.0% 3.0% **Total Decrease in Cost FFY Total Decrease in Cost FFY** % inc. 2016 2018 2016 2017 2017 EFFECTIVE DATE: year LA TITLE XIX SPA TRANSMITTAL #: SFY SFY SFY SFY TITLE 2nd SFY 1st SFY 3rd SFY

(\$23,379)

(\$27,303)

Attachment 3.1A: Freestanding Birth Center Services

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers							
Provide	ed:	☐ No limitations	With limitations	☐None licensed or approved			
Please	Please describe any limitations: Stays for delivery at the free-standing birthing centers (FSBC) are typically less than 24 hours and the services rendered for labor and delivery are very limited in comparison to delivery services rendered during inpatient hospital stays. Services shall be provided by the attending practitioner from the time of the pregnant woman's admission through the birth and the immediate postpartum period. The FSBC shall be located within a ground travel time distance from a general acute care hospital with which the FSBC shall maintain a contractual relationship, including a transfer agreement, that allows for an emergency caesarian delivery to begin within 30 minutes of the decision a caesarian delivery is necessary.						
		d or Otherwise State ing Birth Center	e-Recognized covered p	professionals providing services in			
Provide	ed:	☐ No limitations	oxtimes with limitations (p	lease describe below)			
	Not Ap	plicable (there are no	o licensed or State appr	oved Freestanding Birth Centers)			
	Free-sta		taff shall not administer g	eneral or epidural anesthesia services.			
Please	cneck a	ll that apply:					
⊠ and otł				cribed in another benefit category as and certified nurse midwives).			
are oth	a freest erwise	tanding birth center	within the scope of prac R 440.60 (e.g., lay midv	, labor and delivery, or postpartum ctice under State law whose services vives, certified professional midwives			
□ provide	(a) 50		sionals licensed or othe ces (e.g., doulas, lactati	erwise recognized by the State to on consultant, etc.).*			
	ing birth	above, please list a center services: d midwives	nd identify below each	type of professional who will be			
TN Superse	edes	_ A	pproval Date	Effective Date			

STATE OF <u>LOUISIANA</u>
PAYMENT 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:

CITATION 42 CFR Section 1396d(l)(3)B

Free-Standing Birthing Centers Methods and Standards for Establishing Payment Rates

Effective for dates of service on or after November 20, 2015, a free-standing birthing center (FSBC) shall be reimbursed a one-time payment for labor and delivery services at a rate equal to 90 percent of the average per diem rates of surrounding hospitals* providing the same services.

FSBCs shall be reimbursed for labor and low-risk delivery services provided to Medicaid eligible pregnant women by an obstetrician, family practitioner, certified nurse midwife, or licensed midwife. FSBC services are appropriate when a normal, uncomplicated labor and birth is anticipated.

Attending physicians shall be reimbursed for birthing services according to the published fee schedule rate for physician services rendered in the Professional Services program.

Certified nurse midwives providing birthing services within a FSBC shall be reimbursed at 80 percent of the published fee schedule rate for physician services rendered in the Professional Services program.

Licensed midwives providing birthing services within a FSBC shall be reimbursed at 75 percent of the published fee schedule rate for physician services in the Professional Services program.

A licensed midwife providing birthing services within the FSBC must:

- 1. Have passed the national certification exam through the North American Registry of Midwives; and
- 2. Hold a current, unrestricted state license with the Louisiana State Board of Examiners.

*Surrounding Hospital

- A. Urban areas: located within a 20-mile radius of the FSBC.
- B. Rural areas: located within a 30-mile radius of the FSBC.

TN	Approval Date	Effective Date	
Supersedes			
TN			