

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

June 30, 2015

Our Reference: SPA LA 15-0015

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 15-0015. The state plan amends the provisions governing the reimbursement methodology for physician services in order to increase the reimbursement rate paid to physicians for the administration of the drug, 17 Hydroxyprogesterone (17P).

Transmittal Number 15-0015 is approved with an effective date of June 20, 2015 as requested. A copy of the HCFA-179, Transmittal No. 15-0015 dated April 15, 2015 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,

Bill Brooks for

Bill Brooks
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	
FOR: HEALTH CARE FINANCING ADMINISTRATION	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	
1. TRANSMITTAL NUMBER: 15-0015	2. STATE Louisiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE June 20, 2015	
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 447, Subpart F	7. FEDERAL BUDGET IMPACT: a. FFY <u>2015</u> (\$117.87) \$ 6.40 b. FFY <u>2016</u> (\$476.23) \$23.98
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-b, Item 5, Page 7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SAME (TN 13-17)
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to amend the provisions governing the reimbursement methodology for physician services in order to increase the reimbursement rate paid to physicians for the administration of the drug, 17 Hydroxyprogesterone (17P).	
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> 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 P.O. Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: Kathy H. Kliebert	
14. TITLE: Secretary	
15. DATE SUBMITTED: April 15, 2015	
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: April 15, 2015	18. DATE APPROVED: June 30, 2015
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 20, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health
23. REMARKS: The State requests a pen and ink change to Box 7 as indicated above.	

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Physician-Administered 17 Hydroxyprogesterone (17P)

Effective for dates of service on or after June 20, 2015, the reimbursement for the administration of the drug, 17 Hydroxyprogesterone (17P), shall increase to \$69 per dose.

The reimbursement rate is listed in the Louisiana Medicaid Professional Services Fee Schedule at: http://www.lamedicaid.com/provweb1/fee_schedules/FEESCHED.pdf

State: Louisiana
Date Received: 15 April, 2015
Date Approved: 30 June, 2015
Effective Date: 20 June, 2015
Transmittal Number: 15-0015