



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

September 11, 2017

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: LA SPA TN 17-0011 RAI Response
Professional Services - Supplemental Payments Qualifying Criteria

Please refer to our proposed amendment to the Medicaid State Plan submitted under transmittal number (TN) 17-0011 with the proposed effective date of February 20, 2017. The State Plan amendment (SPA) proposes to amend the qualifying criteria for supplemental payments to physicians and other professional service practitioners in order to clarify these provisions. We are providing the following in response to your request for additional information (RAI) dated May 24, 2017.

CMS- 179

1. Form 179, Block 7 – The State projects a Federal budget impact of \$0 for Federal fiscal years 2017 and beyond. Please provide an analysis of why the State believes there is no Federal budget impact or provide an estimate of the budget impact if the state determines that the SPA will result in an increase or decrease in Federal spending.

RESPONSE:

Under the attached plan pages, the State projects a federal budget impact of \$10,721.09 for federal fiscal year (FFY) 2017 and of \$10,963.81 for FFY 2018.

2. Please revise the effective date for services on Attachment 4.19B, Pages 8 and 9, to reflect the revised effective date for the SPA of February 21, 2017.

RESPONSE:

Please see the attached plan pages that have been revised to reflect the February 21, 2017 effective date.

3. Please include a listing on Attachment 4.19-B, Item 5, Page 10, of all non-state owned or operated governmental facilities that will qualify for supplemental payments to physicians and other professional service practitioners.

RESPONSE:

Please see the attached plan pages that have been revised to list all such entities.

4. Please add language to Attachment 4.19-B, Item 5, Page 10 (g) that describes the events that occur after the close of the quarter and the associated timelines, that precede payment to the qualifying facilities. Please include language that clearly indicates the date by which payment will be made by, for a specific preceding quarter.

RESPONSE:

Please see the attached plan pages that have been updated to reflect such events.

5. Please include state plan language to address any initial or periodic submissions that facilities or providers must make to both initially qualify and participate under the program or to receive supplemental payments for a specific quarter.

RESPONSE:

This language already exists. The State will require documentation of an employment agreement, contract, or affiliation arrangement between the provider and the required entity to qualify and participate in the program.

6. Please describe any financial related agreements, such as inter-governmental transfers (IGTS) between state and non-state facilities, and private facilities or provider groups that are related to the supplemental payment program.

RESPONSE:

Required entities transfer funds from their state appropriated budgets or from their self-generated funds sufficient to finance the state share of this program plus 22 percent. The entirety of this IGT is then used for match in the Medicaid program. Louisiana Medicaid does not direct or coordinate and is not otherwise aware of any other financial arrangements related to the program.

7. In discussing IGTs associated with supplemental payments to physicians and other professional practitioners, the State indicated that a portion of the IGT is retained by the State. Please explain the current flow of the IGT funds and any arrangements surrounding the withholding of the IGT funds by the State.

RESPONSE:

See response to number 6. No sums are withheld by the State; excess IGT is used for match for other payments made in the program during the month it is received.

8. Please confirm that the calculated ratios in the Physician UPL Demonstration submitted on July 12, 2016, are the ratios that will be applicable as of the effective date of the SPA.

RESPONSE:

The State has confirmed that the calculated ratios in the physician UPL Demonstration submitted July 12, 2016 are the ratios that will be applicable as of the effective date of the SPA.

9. Please revise the responses to the standard funding questions as the State indicated that IGTs were used to fund the State share.

RESPONSE:

Please see the attached, revised standard funding responses.

Please consider this a formal request to begin the 90-day clock. We trust this additional information will result in the approval of the pending SPA. We look forward to negotiating with CMS to ensure approval.

As always, we appreciate the assistance of Cheryl Rupley in resolving these issues. If further information is required, you may contact Karen H. Barnes at Karen.Barnes@la.gov or by phone (225) 342-3881.

Sincerely,

Darlene Budgewater

for Jen Steele
Medicaid Director

JS:KHB:MJ

Attachments (2)

c: Darlene Budgewater
Cheryl Rupley
Tamara Sampson

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

17-0011

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

~~February 20, 2017~~ **February 21, 2017**

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

5. TYPE OF PLAN MATERIAL (Check One):

☐ G NEW STATE PLAN

☐ G 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 C

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 ~~\$0~~ **\$10,721.09**

b. FFY 2018 ~~\$0~~ **\$10,963.81**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19- B, Item 5, Page 8

Attachment 4.19- B, Item 5, Page 8a Page 9a

Attachment 4.19-B, Item 5, Page 9

Attachment 4.19-B, Item 5, Page 10

Attachment 4.19-B, Item 5, Page 10a

Attachment 4.19-B, Item 5, Page 11

~~Attachment 4.19-B, Item 5, Page 11a~~

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

Same (TN 10-0031)

None (New Page)

Same (TN 05-0005)

Same (TN 10-0031)

None (New Page)

Same (TN 10-0031)

~~None (New Page)~~

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the qualifying criteria for supplemental payments to physicians and other professional service practitioners in order to clarify these provisions.**

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:



13. TYPED NAME:

Rebekah E. Gee MD, MPH

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 3, 2017

16. RETURN TO:

Jen Steele, Medicaid Director

State of Louisiana

Department of Health

628 North 4th Street

P.O. Box 91030

Baton Rouge, LA 70821-9030

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 boxes 7, 8 and 9.**

STATE OF LOUISIANA

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:

III. Supplemental Payments for Physicians and Other Professional Service Practitioners

State-Owned or Operated Entities

1. Qualifying Criteria

Effective for dates of service on or after February 21, 2017, in order to qualify to receive supplemental payments, the physician or professional service practitioner must be:

- a. licensed by the State of Louisiana;
- b. enrolled as a Louisiana Medicaid provider;
- c. employed by, or under contract to provide services in affiliation with, a state-owned or operated entity, such as a state-operated hospital or other state entity including a state academic health system, which has been designated by the Department as an essential provider and which has furnished satisfactory data to the Department regarding the commercial insurance payments made to its employed physicians and other professional service practitioners. Essential providers include:
 - i. LSU School of Medicine – New Orleans;
 - ii. LSU School of Medicine – Shreveport;
 - iii. LSU School of Dentistry;
 - iv. LSU/State Operated Hospitals (Lallie Kemp Regional Medical Center and Villa Feliciana Geriatric Hospital).

2. Qualifying Provider Types

For purposes of qualifying for supplemental payments under this Section, services provided by the following professional practitioners will be included:

1. physicians;
2. physician assistants;
3. certified registered nurse practitioners;
4. certified nurse anesthetists; and
5. dentists.

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Non-State Owned or Operated Governmental Entities

1. Qualifying Criteria

Effective for dates of service on or after February 21, 2017, in order to qualify to receive supplemental payments, physicians and other eligible professional service practitioners must be:

- a. licensed by the State of Louisiana;
- b. enrolled as a Louisiana Medicaid provider; and
- c. employed by, or under contract to provide services at or in affiliation with a non-state owned or operated governmental entity and identified by the non-state owned or operated governmental entity as a physician that is employed by, under contract to provide services at or in affiliation with said entity. Non-state owned or operated governmental entities include:

- 1. Abbeville General Hospital
- 2. Acadia St. Landry Hospital
- 3. Allen Parish Hospital
- 4. Beauregard Memorial Hospital
- 5. Bunkie General Hospital
- 6. Citizens Medical Center
- 7. Claiborne Memorial Hospital
- 8. East Carroll Parish Hospital
- 9. East Jefferson General Hospital
- 10. Franklin Foundation Hospital
- 11. Franklin Medical Center
- 12. Hardtner Medical Center
- 13. Hood Memorial Hospital
- 14. Iberia Parish Hospital
- 15. Jackson Parish Hospital
- 16. Lady of the Sea Hospital
- 17. Lane Regional Medical Center
- 18. LaSalle General Hospital
- 19. Leonard J. Chabert Medical Center

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20. Madison Parish Hospital
21. Morehouse General Hospital
22. Natchitoches Parish Hospital
23. New Orleans East Hospital
24. North Caddo Memorial Hospital
25. North Oaks Medical Center
26. North Oaks Rehab Hospital
27. Opelousas General Hospital
28. Pointe Coupee General Hospital
29. Prevost Memorial Hospital
30. Reeves Memorial Medical Center
31. Richardson Medical Center
32. Richland Parish Hospital
33. Riverland Medical Center
34. Riverside Medical Center
35. Savoy Medical Center
36. Slidell Memorial Hospital
37. St. Bernard Parish Hospital
38. St. Charles Parish Hospital
39. St. Helena Parish Hospital
40. St. James Parish Hospital
41. St. Tammany Parish Hospital
42. Terrebonne General Medical Center
43. Thibodaux General Medical Center
44. West Calcasieu-Cameron Hospital
45. West Feliciana Parish Hospital

2. Qualifying Provider Types

For purposes of qualifying for supplemental payments under this section, services provided by the following professional practitioners will be included:

1. physicians;
2. physician assistants;
3. certified registered nurse practitioners; and
4. certified nurse anesthetists.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

STATE OF LOUISIANA

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:

Payment Methodology

1. Non-Dentist Providers

The supplemental payment to non-dentist providers will be determined in a manner to bring payments for these services up to the community rate level. The community rate level is defined as the rates paid by commercial payers for the same service. Under this methodology, the terms physician and physician services include services provided by all qualifying non-dentist provider types as set forth in Subsection 2 of both the State Owned or Operated Entities Section and the Non-State Owned or Operated Governmental Entities Section.

The specific methodology to be used in establishing the supplemental payment for physician services is as follows:

- a. For services provided by physicians at a state-owned or operated hospital or at a non-state governmental hospital, the State will collect from the hospital its current commercial physician fees by Current Procedural Terminology (CPT) code for the hospital's top three commercial payers by volume.
- b. The State will calculate the average commercial fee for each CPT code for each physician practice plan or physician that provides services at the hospital.
- c. The State will extract from its paid claims history file for the preceding fiscal year all paid claims for those physicians who will qualify for a supplemental payment. The State will align the average commercial fee for each CPT code as determined in b. above to each Medicaid claim for that physician or physician practice plan and calculate the average commercial payments for the claims. For eligible non-physician practitioners, the maximum allowable Medicaid reimbursement shall be limited to 80 percent of this amount.
- d. The State will also align the same paid Medicaid claims with the Medicare fees for each CPT code for the physician or physician practice plan and calculate the Medicare payment amounts for those claims. The Medicare fees will be the most currently available national non-facility fees.

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- e. The State will then calculate an overall Medicare to commercial conversion factor by dividing the total amount of the average commercial payments for the claims by the total Medicare payments for the claims. The commercial to Medicare ratio will be re-determined every three years.
- f. After the end of each state fiscal year the State will extract paid Medicaid claims for each qualifying physician or physician practice plan for that year.
- g. The State will then calculate the amount Medicare would have paid for those claims by aligning the claims with the Medicare fee schedule by CPT code. The Medicare fees will be the most currently available national non-facility fees.
- h. The total amount that Medicare would have paid for those claims is then multiplied by the Medicare to commercial conversion factor and the amount Medicaid actually paid for those claims is subtracted to establish the supplemental payment amount for the physician or physician practice plan for that year. Supplemental payments will occur within one-hundred and eighty (180) days of the close of a state fiscal year. However, in the year in which the average commercial rate is being set or updated, payment will be made within 180 days from the computation and final review of the average commercial rate.

2. Dentist Providers

The supplemental payment to dentist providers will be determined in a manner to bring payments for these services up to the community rate level. The community rate level is defined as the rates paid by the Managed Care of North America (MCNA) Commercial National Preferred Provider Organization (PPO) Network Specialist Fee for the same service.

The specific methodology to be used in establishing the supplemental payment for dental services is as follows:

- a. For each year the State will extract paid Medicaid claims for each qualifying dentist or dental practice plan for that year.
- b. The State will then calculate the amount MCNA would have paid for those claims by aligning the claims with the MCNA fee schedule by Current Dental Terminology (CDT) code. The MCNA fees will be the most currently available Commercial National PPO Network Specialist Fee.

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- c. The total amount Medicaid actually paid for those claims is subtracted from the amount that MCNA would have paid for those claims to establish the supplemental payment amount for the dentist or dental practice plan for that year.

3. Effective Date of Payment

The supplemental payment will be made effective for services provided on or after July 1, 2010. This payment is based on the Medicare equivalent of the average commercial rate and is set using the Medicare physician fee schedule for hospital based services rendered by the qualifying providers. After the initial calculation for fiscal year 2010-2011, Louisiana will rebase the Medicare equivalent of the average commercial rate using adjudicated claims data for dates of services from the most recently completed fiscal year. This calculation will be made every three years. A link to the Medicare fee schedule used to determine the payment factor will be posted on the Louisiana Medicaid website at www.lamedicaid.com