



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

May 31, 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: Louisiana Title XIX State Plan
Transmittal No. 17-0019

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.

Warmly,

A blue ink signature of Rebekah E. Gee, consisting of a stylized 'R' and 'G'.

Rebekah E. Gee MD, MPH
Secretary

Attachments (3)

REG:JS:JH

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0019	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 May 1, 2017	
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 Part 447, Subpart F		7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$213,018,308 b. FFY 2019 \$162,548,650	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 5, Page 7a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None – New Page	
10. SUBJECT OF AMENDMENT: The SPA proposes to revise the provisions governing the Professional Services program in order to change the reimbursement methodology for services rendered by physicians and other professional services practitioners employed by, or under contract to provide services in affiliation with, a state-owned or operated entity.			
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:	
13. TYPED NAME: Rebekah E. Gee MD, MPH		Jen Steele, Medicaid Director	
14. TITLE: Secretary		State of Louisiana	
15. DATE SUBMITTED: May 31, 2017		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:			

LA TITLE XIX SPA

TRANSMITTAL #: 17-0019

TITLE: Professional Services - Reimb Meth - State Owned or Operated Prof Svc

EFFECTIVE DATE: May 1, 2017

FISCAL IMPACT:
Increase

year	% inc.	fed. match	*# mos	range of mos	dollars
1st SFY 2018			12	July 2017 - June 2018	\$270,656,532
2nd SFY 2019			12	July 2018 - June 2019	\$255,218,480
3rd SFY 2020			12	July 2019 - June 2020	\$255,218,480

*#mos-Months remaining in fiscal year

Total Increase Cost FFY 2018

SFY 2018 \$270,656,532 for 12 months July 2017 - June 2018 \$270,656,532

SFY 2019 \$255,218,480 for 12 months months
\$255,218,480 / 12 X 3

= \$63,804,620
\$334,461,152

FFP (FFY 2018) =

63.69% X \$334,461,152 \$213,018,308

Total Increase Cost FFY 2019

SFY 2019 \$255,218,480 for 12 months months
\$255,218,480 / 12 X 9

= \$191,413,860

SFY 2020 \$255,218,480 for 12 months months
\$255,218,480 / 12 X 3

= \$63,804,620
\$255,218,480

FFP (FFY 2019) =

63.69% X \$255,218,480 \$162,548,650

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:

State Owned or Operated Professional Services Practices

1. Qualifying Criteria

Effective for dates of services on or after May 1, 2017, in order to qualify to receive payments for services rendered to Medicaid recipients under these provisions, 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 in affiliation with a state-owned or operated entity, such as state-operated hospital or other state entity, including a state academic health system, which has been designated by the Department as an essential provider. Essential providers include:
 - i. LSU School of Medicine – New Orleans
 - ii. LSU School of Medicine – Shreveport; and
 - iii. LSU/state operated hospitals (Lallie Kemp Regional Medical Center and Villa Feliciana Geriatric Hospital).

2. Payment Methodology

Effective for dates of service on or after May 1, 2017, physicians who qualify for services rendered in affiliation with a state-owned or operated entity and have been designated as an essential provider, shall receive payment in the amount of billed charges for qualifying services.