



**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 handwritten signature in blue ink, appearing to be "Rebekah E. Gee".

Rebekah E. Gee MD, MPH  
Secretary

Attachments (3)

REG:JS:JH

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**17-0019**

2. STATE

**Louisiana**

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

4. PROPOSED EFFECTIVE DATE

**May 1, 2017**

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 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 PAGE NUMBER OF THE SUPERSEDED PLAN  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*):

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:

May 31, 2017

16. RETURN TO:

**Jen Steele, Medicaid Director  
State of Louisiana  
Department of Health  
628 North 4<sup>th</sup> 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	0.00%		12	July 2018 - June 2019	\$255,218,480
3rd SFY 2020	0.00%		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 ) =

\$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

\$191,413,860

SFY 2020 \$255,218,480 for 12 months months  
 \$255,218,480 / 12 X 3 = \$63,804,620

\$63,804,620

FFP (FFY 2019 ) =

\$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.