

**John Bel Edwards**  
GOVERNOR



**Rebekah E. Gee MD, MPH**  
SECRETARY

**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

September 7, 2018

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. 18-0013

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 that reads "Rebekah E. Gee".

Rebekah E. Gee MD, MPH  
Secretary

Attachments (3)

REG:JS:MJ

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: <b>18-0013</b>	2. STATE <b>Louisiana</b>
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE <b>January 1, 2019</b>	

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:  <b>42 CFR 447.201 and Section 1902(bb) of the Social Security Act</b>	7. FEDERAL BUDGET IMPACT: a. FFY <b>2019</b> <b>(\$ 31,465.00)</b> b. FFY <b>2020</b> <b>(\$ 91,298.00)</b>
--	---

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, Item 2c, Page 4</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): <b>Same (TN 11-37)</b>
--	---

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing the reimbursement methodology for federally qualified health centers in order to implement a payment methodology to allow reimbursement for long-acting reversible contraceptive devices outside of the perspective payment system rate.**

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT      OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED     **The Governor does not review State Plan material.**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  	16. RETURN TO: <b>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</b>
13. TYPED NAME: <b>Rebekah E. Gee MD, MPH</b>	
14. TITLE: <b>Secretary</b>	
15. DATE SUBMITTED: <b>September 7, 2018</b>	

**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 #: 18-0013

TITLE: Federally Qualified Health Centers – Reimbursement Methodology – Long-Acting Rever

EFFECTIVE DATE: January 1, 2019

FISCAL IMPACT:  
Decrease

	year	% inc.	fed. match	# mos	range of mos	dollars
1st SFY	2019		%	5*	January 2019- June 2019	-\$19,450
2nd SFY	2020		0.00%	12	July 2019- June 2020	-\$115,831
3rd SFY	2021		0.00%	12	July 2020 - June 2021	-\$205,407

\*5 months includes a 1-month claim lag.

**Total Increase or Decrease Cost FFY 2019**

SFY 2019 (\$19,450) for 5\* months January 2019- June 2019 (\$19,450)

SFY 2020 (\$115,831) for 12 months July 2019- June 2020  
 (\$115,831) / 12 X 3 = July 2018 - September 2018 = (\$28,958)  
(\$48,408)

FFP (FFY 2019 ) = (\$48,408) X 65.00% = (\$31,465)

**Total Increase or Decrease Cost FFY 2020**

SFY 2020 (\$115,831) for 12 months July 2019- June 2020  
 (\$115,831) / 12 X 9 = October 2018 - June 2019 = (\$86,873)

SFY 2021 (\$205,407) for 12 months July 2020 - June 2021  
 (\$205,407) / 12 X 3 = July 2019 - September 2019 = (\$51,352)  
(\$138,225)

FFP (FFY 2020 )= (\$138,225) X 66.05% = (\$91,298)

STATE OF LOUISIANA

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:

published Medicare Economic Index (MEI) for primary care services. The MEI increase will be applied on July 1 of each year.

Effective October 21, 2004, FQHC services furnished to dual eligibles will be reimbursed reasonable cost which is equivalent to the provider specific prospective payment rate.

Effective for dates of service on or after February 21, 2011, the Medicaid Program shall provide reimbursement for diabetes self-management training (DSMT) services rendered by qualified health care professionals in the FQHC encounter rate.

Separate encounters for DSMT services are not permitted and the delivery of DSMT services alone does not constitute an encounter visit.

Effective for dates of service on or after December 1, 2011, the Medicaid Program shall provide reimbursement for fluoride varnish applications rendered by qualified health care professionals to recipients under the age of 6 years in the FQHC encounter rate when performed on the same date of service as an office visit or preventative screening.

Separate encounters for fluoride varnish services are not permitted and the application of fluoride varnish does not constitute an encounter visit.

**Alternate Payment Methodology**

Effective for dates of service on or after October 21, 2007, the Medicaid Program shall provide for an alternate payment methodology. This alternate methodology will include the aforementioned PPS methodology plus an additional reimbursement for adjunct services provided by FQHCs when these services are rendered during evening, weekend, or holiday hours. Reimbursement is limited to services rendered between the hours of 5 p.m. and 8 a.m. Monday through Friday, on weekends and State legal holidays. (NOTE: A payment for adjunct services is not allowed when the encounter is for dental services only.)

The reimbursement for adjunct services is a flat fee, based on the adjunct CPT code(s) regardless of practitioner (except dental), in addition to the reimbursement for the associated office encounter (PPS methodology). The agency's rates were set as of October 21, 2007, and are effective for services on or after that date. All rates are published on the agency's website (www.lamedicaid.com). The same add-on rate for services delivered between the hours of 5 p.m. and 8 a.m. Monday through Friday, on weekends, and State legal holidays, is paid to governmental and non-governmental providers.

Effective for dates of service on or after January 1, 2019, FQHCs shall be reimbursed a separate payment outside of the PPS rate, accordingly, for the long-acting reversible contraceptives (LARCs).

Reimbursement for LARCs shall be at the lesser of, the rate on file or the actual acquisition cost, for entities participating in the 340B program. FQHCs eligible for 340B pricing must bill Medicaid at their 340B actual acquisition cost for reimbursement.