



State of Louisiana
Louisiana Department of Health
Office of the Secretary

October 30, 2018

VIA ELECTRONIC MAIL ONLY

Mr. 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

**Re: Louisiana Title XIX State Plan
Transmittal No. 18-0019**

Dear Mr. Brooks:

I have reviewed and I approve of the enclosed Louisiana Title XIX State Plan material. It is my recommendation that the amendment be adopted and included in the body of the State Plan. Should you have any questions or concerns regarding this matter, please contact Medicaid Director Jen Steele for additional assistance.

Warmly,

A handwritten signature in blue ink, appearing to read "Rebekah E. Gee".

Rebekah E. Gee MD, MPH
Secretary

Attachments (3)

REG:JS:SJB

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

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER
18 - 0019

2. STATE
Louisiana

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2019

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 447.201
Section 1902(bb) of the Social Security Act**

7. FEDERAL BUDGET IMPACT

- a. FFY **2019** **(\$ 242,257)**
b. FFY **2020** **(\$ 427,331)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Item 2c, Page 4a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same (TN 11-37)

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 mammography screening and diagnosis services 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

13. TYPED NAME

Rebekah E. Gee MD, MPH



14. TITLE

Secretary

15. DATE SUBMITTED

October 30, 2018

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

LA TITLE XIX SPA

TRANSMITTAL #: 18-0019

TITLE: Federally Qualified Health Centers - Mammography Separate Paymen

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	-\$211,342
2nd SFY	2020		0.00%	12	July 2019- June 2020	-\$645,444
3rd SFY	2021		0.00%	12	July 2020 - June 2021	-\$651,592

*5 months includes a 1-month claim lag.

Total Increase or Decrease Cost FFY 2019

SFY 2019 (\$211,342) for 5* months January 2019 - June 2019 (\$211,342)

SFY 2020 (\$645,444) for 12 months July 2019- June 2020
 (\$645,444) / 12 X 3 July 2019 - September 2019 = (\$161,361)
(\$372,703)

FFP (FFY 2019) = (\$372,703) X 65.00% = (\$242,257)

Total Increase or Decrease Cost FFY 2020

SFY 2020 (\$645,444) for 12 months July 2020 - June 2021
 (\$645,444) / 12 X 9 October 2019 - June 2020 = (\$484,083)

SFY 2021 (\$651,592) for 12 months July 2021 - June 2022
 (\$651,592) / 12 X 3 July 2020 - September 2020 = (\$162,898)
(\$646,981)

FFP (FFY 2020)= (\$646,981) X 66.05% = (\$427,331)

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:

Mammogram Screening and Diagnosis

Effective for dates of service on or after January 1, 2019, FQHCs shall be reimbursed a separate payment outside of the prospective payment system (PPS) rate for mammogram screening and diagnosis services.

Reimbursement for mammogram screening and diagnostics shall be a flat fee on file based on Medicaid covered current procedural terminology (CPT) code(s), in addition to the PPS rate for the associated encounter/office visit.

Standards for Payment

1. The FQHC must meet the Standards for Participation outlines in Attachment 3.1-A, Item 2.c.
2. The FQHC provider shall maintain an acceptable fiscal record keeping system that will enable the services provided by a FQHC to be readily distinguished from each other type of service which that facility may provide.
3. The FQHC provider shall retain all records as are necessary to disclose fully the extent of services provided to recipients; to furnish information regarding such records and regarding any payments claimed for providing such services as Medicaid of Louisiana, the Secretary, or the Medicaid Fraud Control Unit may request, for five years from date of service.
4. The FQHC provider shall abide by and adhere to all federal and state regulations, guidelines, policies, manuals, etc.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____