

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

February 6, 2019

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. 19-0004

Dear Mr. Brooks:

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.
Should you have any questions or concerns regarding this matter, please contact Karen
Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Warmly,

Rebekah E. Gee FOR

Rebekah E. Gee MD, MPH
Secretary

Attachments (3)

REG:JS:RJ

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 19-0004	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 April 1, 2019
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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 and Section 1902(bb) of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$ <u>405,068</u> b. FFY <u>2020</u> \$ <u>1,023,707</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Item 2b, Pages 3a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) None (new page)
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10. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend the provisions governing the reimbursement methodology for Rural Health Clinics (RHCs) in order to implement an alternative payment methodology to allow RHCs to be reimbursed a separate perspective payment system (PPS) rate for behavioral health and dental services, which is at the same rate as the existing all-inclusive encounter PPS rate when such services are rendered on the same day as a medical visit.**

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 Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME Rebekah E. Gee MD, MPH	
14. TITLE Secretary	
15. DATE SUBMITTED February 6, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED
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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 #: 19-0004

TITLE: RHC - Alternative Payment Methodology (same day payments)

EFFECTIVE DATE: April 1, 2019

FISCAL IMPACT:

Increase

	year	% inc.	fed match	*# mos	range of mos.	dollars
1st SFY	2019		%	2*	April 2019- June 2019	\$240,062
2nd SFY	2020			0.00%	12 July 2019- June 2020	\$1,532,481
3rd SFY	2021			0.00%	12 July 2020 - June 2021	\$1,602,142

*includes a 1 month claim lag.

Total Increase or Decrease Cost FFY 2019

SFY 2019 \$240,062 for 2* months April 2019- June 2019 \$240,062

SFY 2020 \$1,532,481 for 12 months July 2019- June 2020
 \$1,532,481 / 12 X 3 July 2019 - September 2019 = \$383,120
\$623,182

FFP (FFY 2019)= \$623,182 X 65.00% = \$405,068

Total Increase or Decrease Cost FFY 2020

SFY 2020 \$1,532,481 for 12 months July 2020 - June 2021
 \$1,532,481 / 12 X 9 October 2019 - June 2020 = \$1,149,361

SFY 2021 \$1,602,142 for 12 months July 2021 - June 2022
 \$1,602,142 / 12 X 3 July 2020 - September 2020 = \$400,536
\$1,549,897

FFP (FFY 2020)= \$1,549,897 X 66.05% = \$1,023,707

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:

CITATION

42 CFR 447.201 and

Section 1902(bb) of the Social Security Act

Medical and Remedial Care and Services

Item 2.b.

Long-Acting Reversible Contraceptives

Effective for dates of service on or after January 1, 2019, RHCs shall be reimbursed a separate payment outside of the PPS rate, accordingly, for long-acting reversible contraceptives (LARCs). This alternate methodology will include the PPS rate, plus reimbursement for the device.

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. RHCs eligible for 340B pricing must bill Medicaid at their 340B actual acquisition cost for reimbursement.

Behavioral Health and Dental Services

Effective for dates of service on or after April 1, 2019, the Medicaid Program shall establish an alternative payment methodology for behavioral health services provided in RHCs by one of the following practitioners:

1. Physicians with a psychiatric specialty;
2. Nurse practitioners or clinical nurse specialist with a psychiatric specialty;
3. Licensed clinical social workers; or
4. Clinical psychologists.

The reimbursement for behavioral health services will equal the all-inclusive encounter PPS rate on file for fee-for-service on the date of service. This reimbursement will be in addition to any all-inclusive PPS rate on the same date for a medical/dental visit.

Dental services shall be reimbursed at the all-inclusive PPS rate on file for fee-for-service on the date of service. This reimbursement will be in addition to any all-inclusive PPS rate made on the same date for a medical/behavioral health visit.