



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

July 15, 2020

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

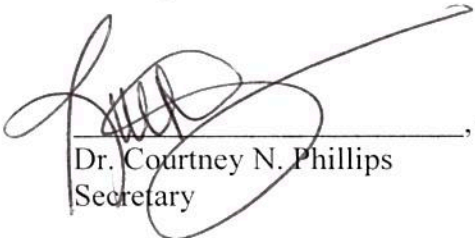
RE: Louisiana Title XIX State Plan
Transmittal No. 20-0007

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,


_____, for
Dr. Courtney N. Phillips
Secretary

Attachments (3)

CNP:RJ:SSJ

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 20-0007	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 August 20, 2020
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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 440.10 42 CFR 447, Subpart C	7. FEDERAL BUDGET IMPACT a. FFY 2021 \$ 210,802 b. FFY 2022 \$ 212,694
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 1, Page 46 Attachment 4.19-A, Item 1, Page 15	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 14-0030) None New Page
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10. SUBJECT OF AMENDMENT

The purpose of this SPA is to adopt provisions governing reimbursement outside of the inpatient hospital per diem for donor human breast milk provided to hospitalized premature newborns in order to ensure access to an effective treatment to reduce the incidence of severe complications.

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 Ruth Johnson, Medicaid Executive Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips	
14. TITLE Secretary	
15. DATE SUBMITTED July 15, 2020	

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 #: 20-0007
 TITLE: Inpatient Hospital Services Coverage of Donor Human Breast Milk
 EFFECTIVE DATE: August 20, 2020

FISCAL IMPACT:
Increase

year	% inc.	fed. match	# mos	range of mos.	dollars
1st SFY 2021			10.38	August 20, 2020 - June 2021	\$240,372
2nd SFY 2022	0.00%		12	July 2021 - June 2022	\$299,664
3rd SFY 2023	0.00%		12	July 2022 - June 2023	\$361,231

*Includes 1 month claim lag

Total increase or decrease cost FFY 2021
 SFY 2021 \$240,372 for 10.38 months August 20, 2020 - June 2021 \$240,372

SFY 2022 \$299,664 for 12 months July 2021 - June 2022 = \$74,916
 \$299,664 / 12 X 3 = \$315,288

FFP (FFY 2021) = \$315,288 X 66.86% = \$210,802

Total increase or decrease cost FFY 2022
 SFY 2022 \$299,664 for 12 months July 2021 - June 2022 = \$224,748
 \$299,664 / 12 X 9 = \$224,748

SFY 2023 \$361,231 for 12 months July 2022 - June 2023 = \$90,308
 \$361,231 / 12 X 3 = \$90,308

FFP (FFY 2022) = \$315,056 X 67.51% = \$212,694

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Elective Deliveries

Induced deliveries and cesarean sections shall not be reimbursed when performed prior to 39 weeks gestation. This shall not apply to deliveries when there is a documented medical condition that would justify delivery prior to 39 weeks gestation.

Coverage of Donor Human Breast Milk

Effective for dates of service on or after August 20, 2020, coverage shall be provided for donor human breast milk obtained from a member bank of the Human Milk Banking Association of North America, provided to hospitalized premature newborns in acute care hospitals.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING RATES - INPATIENT HOSPITAL CARE

Reimbursement for Donor Human Breast Milk

Effective for dates of service on or after August 20, 2020, hospitals shall be reimbursed for donor human breast milk provided to hospitalized premature newborns when obtained from a member bank of the Human Milk Banking Association of North America. Reimbursement will be made as an add-on service in addition to the hospital payment for the inpatient hospital stay.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____