



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

**VIA ELECTRONIC MAIL ONLY**

June 4, 2021

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. 21-0008

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](mailto:Karen.Barnes@la.gov).

Sincerely,

A handwritten signature in black ink, appearing to be "C. Phillips", written over a horizontal line.

Dr. Courtney N. Phillips

Attachments (3)

CNP:TAL:UN

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

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**21-0008**

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, 2021**

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 Subpart E**

7. FEDERAL BUDGET IMPACT

a. FFY **2021**      **\$ 1,929**  
b. FFY **2022**      **\$ 3,893**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-B, Item 24a, Page 1b(3)**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

**Same (TN 19-0020)**

10. SUBJECT OF AMENDMENT **The purpose of this SPA is to amend the provisions governing enhanced reimbursements for qualifying emergency and non-emergency ground ambulance providers by adding East Jefferson Mobile Emergency Medical Services to the list of providers that qualify for enhanced reimbursement.**

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

**Dr. Courtney N. Phillips**

14. TITLE

**Secretary**

15. DATE SUBMITTED

**June 4, 2021**

16. RETURN TO

**Tara A. LeBlanc  
Interim Medicaid Executive 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 #: 21-0008

TITLE: Emergency and Non-Emergency Ground Ambulance Service Providers

EFFECTIVE DATE: April 1, 2021

FISCAL IMPACT:

Increase

	year	% inc.	fed. match		*# mos	range of mos.	dollars
1st SFY	2021			0.00%	3	April 1, 2021 - June 2021	\$1,430
2nd SFY	2022			0.00%	12	July 2021- June 2022	\$5,723
3rd SFY	2023			0.00%	12	July 2022 - June 2023	\$5,723

\*#mos-months remaining in fiscal year

**Total increase or decrease cost FFY 2021**

SFY 2021 \$1,430 for 3 months April 1, 2021 - June 2021 \$1,430

SFY 2022 \$5,723 for 12 months July 2021- June 2022  
 \$5,723 / 12 X 3 July 2021 - September 2021 = \$1,431  
\$2,861

FFP (FFY 2021 ) = \$2,861 X 67.42% = \$1,929

**Total increase or decrease cost FFY 2022**

SFY 2022 \$5,723 for 12 months July 2021- June 2022  
 \$5,723 / 12 X 9 October 2021 - June 2022 = \$4,292

SFY 2023 \$5,723 for 12 months July 2022 - June 2023  
 \$5,723 / 12 X 3 July 2022 - September 2022 = \$1,431  
\$5,723

FFP (FFY 2022 )= \$5,723 X 68.02% = \$3,893

STATE OF LOUISIANA

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:

**Enhanced Reimbursements for Qualifying Emergency and Non-Emergency Ground Ambulance Service Providers**

A. Effective for emergency services (as defined 42 CFR § 410.40(b)) with dates of service on or after August 1, 2016 and non-emergency services with dates of service on or after July 1, 2019, the following emergency ambulance service providers qualify for enhanced reimbursement through the Supplemental Payment program:

1. A Med Ambulance Inc.
2. Acadian Ambulance New Orleans
3. Acadian Ambulance Service
4. Advanced Emergency Medical Services
5. Balentine Ambulance Services
6. Med Express Ambulance Service
7. Med Life Emergency Medical Services
8. Metro Ambulance Service
9. Miss-Lou Ambulance Service
10. Northeast Louisiana Ambulance
11. Northshore Emergency Medical Services
12. Pafford Emergency Medical Service
13. St. Landry Emergency Medical Services
14. West Jefferson Medical Center

Effective for dates of services on or after April 1, 2021, the following provider qualifies for enhanced reimbursement through the Supplemental Payment program as described in Section A above:

East Jefferson Mobile Emergency Medical Services

**B. Calculation of Average Commercial Rate**

1. The enhanced reimbursement shall be determined in a manner to bring the payments for these services up to the average commercial rate level as described in Subparagraph C.3.h. The average commercial rate level is defined as the average amount payable by the commercial payers for the same service.