DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

December 21, 2021

Mr. Patrick Gillies
Medicaid Executive Director
State of Louisiana
Department of Health
628 N 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

Re: Louisiana Disaster Relief SPA TN 21-0025

Dear Mr. Gillies:

The Centers for Medicare & Medicaid Services (CMS) has completed our review of the proposed amendment submitted under transmittal number (TN) 21-0025. This Medicaid disaster relief state plan amendment (SPA) was submitted to respond to the COVID-19 public health emergency (PHE). The purpose of this amendment is to establish an alternative payment methodology for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) for COVID-19 treatment and has an effective date of September 1, 2021.

Before CMS can continue processing this amendment, we need additional or clarifying information. The requested information and revisions are needed to satisfy the requirements that Medicaid Disaster Relief SPAs be used only to add or increase coverage, benefits, or payment. CMS requests the following:

Section E – Payment:

1. Please submit the responses to the standard funding questions.

2. Please clarify whether the services are already part of FQHC services and are covered by the PPS, or not.

3. Please clarify whether, even if the services would be covered by the PPS, the visits during which the services are provided are a billable encounter.

4. Please clarify whether, even if the services are covered by the PPS, the State purpose is to raise payment to FQHCs to reflect additional costs of certain COVID-19 treatments.

5. Please refer to the approved language in Section E from LA#21-0013 SPA. Furthermore, please replace administration of vaccines language with monoclonal antibodies language.

Below is the approved language from LA#21-0013:

During the statewide COVID-19 PHE, Louisiana Medicaid will establish an alternative payment methodology (APM) for Federally Qualified Health Centers and Rural Health Clinics to receive reimbursement for COVID-19 vaccine only visits at the Medicare rate. Payments under this APM are to cover the additional costs associated with the administration of COVID-19 vaccines by FQHCs/RHCs during COVID-19 vaccine-only visits as the PPS cost base for FQHCs/RHCs did not include these costs. The payments for the vaccine-only visits provide a needed supplement to FQHCs/RHCs' reimbursement during this public health emergency. The supplemental amounts made under this APM are in addition to the Prospective Payment System (PPS) paid to FQHCs/RHCs for an encounter. The amount in total paid to FQHC and RHC providers is at least their provider-specific PPS rate.

Reimbursement will start with dates of services on December 23, 2020, and continue through the end of the Federal PHE.

Payments made to the FQHCs/RHCs under this APM will be made per submitted claim for a COVID-19 vaccine only visit, which will be reimbursed at the Medicare rate. When the COVID-19 vaccine is administered as part of an otherwise billable FQHC/RHC encounter per Attachment 4.19-B, the encounter is reimbursed under the existing PPS/APM per Attachment 4.19-B, and no separate reimbursement will be made.

FQHC and RHC providers must agree to receive the APM.

Please note that the state may withdraw this SPA at any time and submit another disaster relief SPA by the end of the PHE, and may request an 1135 waiver permitting an effective date earlier than the first day of the quarter in which the SPA is submitted.

Pursuant to section 1135(b)(5) of the Social Security Act (Act), for the period of the PHE, CMS may modify the requirement at 42 C.F.R. § 430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

CMS is requesting this additional/clarifying information under provisions of section 1915(f)(2) of the Act (added by PL 97-35). This has the effect of stopping the 90-day clock for CMS to take action on the material, which would have expired on December 29, 2021. A new 90-day clock will not begin until we receive your response to this request.

In accordance with our guidance to all State Medicaid Directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid & CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA action. In addition, because this amendment was submitted after January 2, 2001, and is effective

after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available beginning with the effective of the SPA.

Should you have any questions concerning this letter, please contact Tobias Griffin, Division of Program Operations, at (214) 767-4425 or via e-mail at Tobias.Griffin@cms.hhs.gov.

Sincerely,

Alissa M. Deboy -S

Digitally signed by Alissa M. Deboy -S
Date: 2021.12.21 12:59:13 -05'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures