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State/Territory Name: Louisiana

State Plan Amendment (SPA) LA: 22-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

September 26, 2022

Tara LeBlanc
Medicaid Executive Director
Louisiana Medicaid Program
Louisiana Department of Health
Bureau of Health Services
Financing 628 North Fourth Street
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

RE: Louisiana TN 22-0022

Dear Tara LeBlanc:

We have reviewed the proposed Louisiana State Plan Amendment (SPA) to Attachment 4.19-B pages under LA- 22-0022, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 8, 2022. The purpose of this SPA is to revise the provisions governing outpatient hospital services in order to establish the criteria for an acute care hospital to qualify as an urban metropolitan statistical area (MSA) facility and to establish the reimbursement methodology under that criteria.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 2, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at (945) 35-1231 or/and via email at: Monica.Neiman@cms.hhs.gov.

Sincerely,

Todd McMillion


Todd McMillion
Director
Division of Reimbursement Review


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 22-0022	2. STATE LA
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 2, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.20(a) 42 CFR 447 Subpart C 1905(a) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>10,691</u> b. FFY <u>2024</u> \$ <u>8,509</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Item 2.a, Pages 11-12	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) (New Page)	

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to revise the provisions governing outpatient hospital services in order to establish the criteria for an acute care hospital to qualify as an urban metropolitan statistical area (MSA) facility and to establish the reimbursement methodology under that criteria.

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.
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11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips	
13. TITLE Secretary	
14. DATE SUBMITTED August 8, 2022	

FOR CMS USE ONLY	
16. DATE RECEIVED August 8, 2022	17. DATE APPROVED September 26, 2022
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL July 2, 2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director Division of Reimbursement Review
22. REMARKS The State requests a pen and ink change to boxes 5 and 8.	

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:

Urban Metropolitan Statistical Area (MSA) Facility

Qualifying Criteria

In order to qualify as an urban metropolitan statistical area (MSA) facility, the hospital must:

1. have a facility type code of acute and opened subsequent to the March 13, 2020 presidential declaration of a national emergency concerning the coronavirus disease 2019 (COVID-19) to provide availability of additional beds and services for COVID-19 patients;
2. have been licensed and certified no later than June 30, 2020, and located in zip code 70806, east of I-110, north of I-10, and south of Business Highway 190;
3. be located in an urban metropolitan statistical area (MSA) as defined by the United States Office of Management and Budget;
4. have an operational emergency room and is located greater than five miles in distance from the closest hospital emergency room; and
5. be located on a single site.

These provisions qualify The General Hospital also known as “Baton Rouge General – Mid-City Location”, as the only qualifying urban MSA facility.

Reimbursement Methodology

Effective for dates of service on or after July 2, 2022, payments for outpatient services to an urban MSA facility that meet all of the criteria above shall be made in accordance with the following:

1. **Outpatient Surgery:** An interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement amount of 95 percent of allowable Medicaid cost as calculated through the cost report settlement process.
Payment for Coronavirus Disease 2019 (COVID-19) laboratory testing shall be made in addition to the outpatient surgery fee schedule reimbursement amount claim payment. The procedure codes and rates applicable to COVID-19 testing are published on the Louisiana Medicaid website at www.lamedicaid.com. The COVID-19 laboratory testing claim payment shall be a final payment and shall not be subject to cost settlement.
2. **Clinic Services:** An interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement amount of 95 percent of allowable Medicaid cost as calculated through the cost report settlement process.
3. **Laboratory Services:** The Medicaid fee schedule amount on file for each service.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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4. **Rehabilitation Services:** An interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement amount of 95 percent of allowable Medicaid cost as calculated through the cost report settlement process.
5. **Other Outpatient Hospital Services:** For outpatient hospital services other than clinic services, laboratory services, outpatient surgeries, rehabilitation services, and outpatient hospital facility fees, reimbursement shall be an interim payment equal to 95 percent of allowable Medicaid cost calculated based on the latest filed cost report. Final reimbursement shall be cost settled at 95% of allowable Medicaid costs through the cost report settlement process.

The above payment rates are contingent on the hospital continuing to meet all qualifying criteria set forth above. The addition of any off site campus location to the license of this hospital will invalidate the provisions of this reimbursement methodology. If the hospital no longer qualifies as an urban MSA facility, payments will revert back to appropriate non-rural, non-state hospital assigned rates effective on the date that the qualification(s) above are no longer met.