



State of Louisiana
Louisiana Department of Health
Office of the Secretary

September 23, 2022

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan
Transmittal No. 22-0023

Dear Mr. Scott:

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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Johnson".

_____, for
Dr. Courtney N. Phillips
Secretary

Attachments (2)


CNP:TAL:UN

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER 22-0023</p>	<p>2. STATE LA</p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart B</p>	<p>4. PROPOSED EFFECTIVE DATE October 1, 2022</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Item 7, Page 2.a(1)</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ 0 b. FFY <u>2024</u> \$ 0</p>	
<p>9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing reimbursement for durable medical equipment in the Home Health Program in order to revise the methodology used to set the rates for enteral formulas and allow reimbursement under the standard procedure codes on the Louisiana Medicaid fee schedule.</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 12-42)</p>	

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
 The Governor does not review State Plan material.

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>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</p>
<p>12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips</p>	
<p>13. TITLE Secretary</p>	
<p>14. DATE SUBMITTED September 23, 2022</p>	

FOR CMS USE ONLY	
<p>16. DATE RECEIVED</p>	<p>17. DATE APPROVED</p>
PLAN APPROVED - ONE COPY ATTACHED	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p>
<p>20. TYPED NAME OF APPROVING OFFICIAL</p>	<p>21. TITLE OF APPROVING OFFICIAL</p>
<p>22. REMARKS</p>	

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 1902 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

- eighty percent (80%) of the Manufacturer's Suggested Retail Price (MSRP).
- D. Tracheostomy tubes and care kits are reimbursed at ninety percent (90%) of the 2000 Medicare fee schedule for the procedure codes that were listed on the 2000 Medicare fee schedule and at the same amount for the HIPAA compliant codes which replaced them or 80 % of the Medicare fee schedule under which the procedure code first appeared.
- E. Enteral Formulas
- Enteral formulas are reimbursed a flat fee amount. Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers of enteral formulas. The agency's fee schedule rates were set as of July 1, 2012, and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.
- F. Enteral infusion pumps, standard type wheelchairs, hospital beds, commode chairs, and stationary suction machines are reimbursed at the Medicaid established flat fee amount.