



State of Louisiana
Louisiana Department of Health
Office of the Secretary

December 12, 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. 22-0036

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 "Karen Barnes".

_____, for
Dr. Courtney N. Phillips
Secretary

Attachments (3)

CNP:TAL:UN

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 22-0036	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 January 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447, Subpart C		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 \$ 2,690,866 b. FFY 2024 \$ 2,489,316	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 1, Page 46 Attachment 4.19-A, Item 1, Page 15		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 20-0007) Same (TN 21-0022)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to allow reimbursement, outside of the inpatient hospital per diem, for genetic testing of critically ill infants.			
10. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		The Governor does not review State Plan material.	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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 December 12, 2022			
FOR CMS USE ONLY			
16. DATE RECEIVED		17. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL		21. TITLE OF APPROVING OFFICIAL	
22. REMARKS			

LA TITLE XIX SPA

TRANSMITTAL #: 22-0036

TITLE: Inpatient Hospital Services - Genetic Testing of Critically Ill Infants

EFFECTIVE DATE: January 1, 2023

FISCAL IMPACT:

Increase

	year	% inc.	fed. match		*# mos	range of mos.	dollars
1st SFY	2023				6	January 2023 - June 2023	\$3,103,975
2nd SFY	2024				12	July 2023- June 2024	\$3,582,112
3rd SFY	2025				12	July 2024 - June 2025	\$4,130,795

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2023

SFY 2023 \$3,103,975 for 6 months January 2023 - June 2023 \$3,103,975

SFY 2024 \$3,582,112 for 12 months July 2023- June 2024
 \$3,582,112 / 12 X 3 July 2023 - September 2023 = \$895,528
\$3,999,503

FFP (FFY 2023) = \$3,999,503 X 67.28% = \$2,690,866

Total increase or decrease cost FFY 2024

SFY 2024 \$3,582,112 for 12 months July 2023- June 2024
 \$3,582,112 / 12 X 9 October 2023 - June 2024 = \$2,686,584

SFY 2025 \$4,130,795 for 12 months July 2024 - June 2025
 \$4,130,795 / 12 X 3 July 2024 - September 2024 = \$1,032,699
\$3,719,283

FFP (FFY 2024)= \$3,719,283 X 66.93% = \$2,489,316

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 infants in acute care hospitals.

Genetic Testing of Critically Ill Infants

Effective for dates of service on or after January 1, 2023, inpatient hospitals shall receive reimbursement for rapid whole genome sequencing testing of an infant who meets all of the following criteria:

1. Is one year of age or younger;
2. Has a complex illness of unknown etiology; and
3. Is receiving inpatient hospital services in an intensive care or pediatric unit.

Rapid whole genome sequencing testing includes individual sequencing, trio sequencing of the parents of the infant, and ultra-rapid sequencing.

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT 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 infants 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.

Reimbursement for COVID-19 Laboratory Testing Services in Acute Inpatient Hospitals

Effective for dates of service on or after September 20, 2021, acute care hospitals shall receive reimbursement for COVID-19 laboratory testing, in addition to the hospital per diem payment for the inpatient hospital stay. These add-on payments to the inpatient per diem rate shall be applicable only for acute care inpatient stays in state and non-state owned hospitals, small rural hospitals, Children's specialty hospitals and Our Lady of the Lake Regional Medical Center. Psychiatric, rehabilitation, long term acute care hospitals shall not receive these payments.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of COVID-19 laboratory testing in acute care hospitals. The agency's fee schedule rate was set as of June 17, 2021, and is effective for services provided on or after that date. All rates are published on the Louisiana Medicaid website at www.lamedicaid.com.

Genetic Testing of Critically Ill Infants

Effective for dates of service on or after January 1, 2023, hospitals shall receive reimbursement for rapid whole genome sequencing testing, in addition to the hospital per diem payment for the inpatient stay.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of genetic testing of critically ill infants in inpatient hospitals. The agency's fee schedule rate was set as of July 1, 2022, and is effective for services provided on or after that date. All rates are published on the Louisiana Medicaid website at www.lamedicaid.com.