

John Bel Edwards
GOVERNOR



Stephen R. Russo, JD
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of the Secretary

June 21, 2023

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. 23-0005

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,


_____, for
Stephen R. Russo, JD
Secretary

Attachments (3)

CNP:TAL:KC

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 23-0005	2. STATE LA
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE July 20, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.201	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>560,953</u> b. FFY <u>2024</u> \$ <u>2,289,791</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19- B, Item 2.c., Page 4a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (21-0019)


TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to amend the provisions governing reimbursement for FQHCs in order to establish an alternative payment methodology (APM) that provides an add-on of \$30 per encounter, in addition to the Prospective Payment System (PPS) rate on file for the same date of service.

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

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Pam Diez, designee for Stephen R. Russo, JD

13. TITLE
Secretary

14. DATE SUBMITTED
June 21, 2023

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**

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 #: 23-0005
 TITLE: Federally Qualified Health Centers (FQHC) Alternative Payment Methodology
 EFFECTIVE DATE: July 20, 2023

FISCAL IMPACT:
Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2024			0.00%	12 July 2023 - June 2024	\$3,215,550
2nd SFY	2025			0.00%	12 July 2024 - June 2025	\$3,888,330
3rd SFY	2026			0.00%	12 July 2025 - June 2026	\$4,082,850

FFY 23 69.78% FMAP for July - Sept 23
 FFY 24 67.67% FMAP for FFY 23 (excluding the 1.5%
 FFY 25 68.01% Preliminary Rate

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2023

SFY	2024	\$3,215,550	for	12 months	July 2023 - June 2024	
		\$3,215,550 /		12 x 3	July 2023 - September 2023	\$803,888
						<u>\$803,888</u>

FFP (FFY 2023) = \$803,888 X 69.78% = \$560,953

Total increase or decrease cost FFY 2024

SFY	2025	\$3,888,330	for	12 months	July 2024 - June 2025	
		\$3,215,550 /		12 X 9	October 2023 - June 2024	= \$2,411,663

SFY	2026	\$4,082,850	for	12 months	July 2025 - June 2026	
		\$3,888,330 /		12 X 3	July 2024 - September 2024	= <u>\$972,083</u>
						\$3,383,746

FFP (FFY 2024)= \$3,383,746 X 67.67% = \$2,289,781

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 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Behavioral Health and Dental Services

Effective for dates of service on or after April 1, 2019, the Medicaid Program shall establish an alternative payment methodology for behavioral health services provided in FQHCs by one of the following practitioners:

1. Physicians with a psychiatric specialty;
2. Nurse practitioners or clinical nurse specialist with a psychiatric specialty;
3. Licensed clinical social workers; or
4. Clinical psychologist.

The reimbursement for behavioral health services will equal the all-inclusive PPS rate on file for the date of service. This reimbursement will be in addition to any all-inclusive PPS rate on the same date for a medical/dental visit.

Dental services shall be reimbursed at the all-inclusive encounter PPS rate on file for fee-for-service for the date of service. This reimbursement will be in addition to any all-inclusive PPS rate made on the same date for a medical/behavioral health visit.

The Alternative Payment Methodology (APM) will be agreed to by the Department and the FQHC, and will result in payment to the FQHC of an amount that is at least equal to the Prospective Payment System (PPS) rate.

Encounter Rate Adjustment

Effective for dates of service on or after July 20, 2023, Medicaid will increase payments by \$30 per encounter. This payment is to assist providers with increased cost associated with delivering services in underserved areas. This payment shall be reimbursed through an APM when these services are provided on the same date as a medical/dental/behavioral health visit that includes an evaluation and management procedure code as one of the detailed lines on the claim.

The APM must be agreed to by the Department and the FQHC and must result in a payment to the FQHC, which is at least the PPS rate on file for the date of service.

Managed Care Enrollees

An FQHC that furnishes services that qualify as an encounter to Medicaid beneficiaries pursuant to a contract with a managed care entity, as defined in Section 1932(a)(1)(B) of the Social Security Act, where the payment(s) from such entity is less than the amount the FQHC would be entitled to receive under PPS or APM, will be eligible to receive a wrap-around supplemental payment processed and paid by Louisiana Department of Health. The wrap-around supplemental payment shall be made no less frequently than every four months and reconciled no less than annually. Payments related to yearly reconciliations will be made within the two year payment requirements at 42 CFR Section 447.45 and 45 CFR Section 95, Subpart A.