

John Bel Edwards
GOVERNOR



Stephen R. Russo, JD
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of the Secretary

July 7, 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. 23-0007

Dear Mr. Scott:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

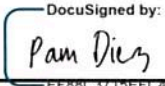
I recommend this material for adoption and inclusion in the body of the State Plan. Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Sincerely,

DocuSigned by:

_____, for
Stephen R. Russo, JD
Secretary

Attachments (2)

SRR:TAL:UN

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 23-0007	2. STATE LA
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 413 Subpart F		4. PROPOSED EFFECTIVE DATE July 1, 2023	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Item 1, Page 2 Attachment 3.1-A Item 1, page 3 Attachment 3.1-A, Item 1, Page 4 Attachment 3.1-A, Item 1, Page 45 (Now page 4 (new page)) Attachment 3.1-A, Item 1, Page 46 (Now page 5) Attachment 4.19-A Item 1, page 10l (2) Attachment 4.19-A, Item 1, page 10l(1)(d) Attachment 4.19-A, Item 1, Pages 10m (1-2) Attachment 3.1-A, Item 1, Page 5 (Now page 3)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing inpatient hospital services in order to remove language in the Medicaid State Plan that is obsolete.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 18-0002) Same (TN 94-032) Same (TN 79-19) Same (TN 94-32) Same (TN 22-0036) Same (TN 20-0017) Same (TN 19-0025) Same (TN 22-0035) Same (TN 79-19) Delete pages: Attachment 3.1-A Item 1, pages 40-44 (TN 93-11) Attachment 4.19-A, Item 1, 10l(2), 10l(3), and 10l(4)	
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 4 th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Pam Diez, designee for Stephen R. Russo, JD			
13. TITLE Secretary			
14. DATE SUBMITTED July 7, 2023			
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 The State requests a pen and ink change to boxes 7 and 8.			

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- C. Each hospital is required to have a Utilization Review Committee.
- D. Effective December 2, 1994, there will be no Medicaid payment for reservation of a bed for a recipient who is temporarily absent from that facility.
- E. Outpatient Surgeries on an Inpatient Basis

Certain surgical procedures, as specified in the *Hospital Services Manual*, which are performable on an outpatient or ambulatory basis, require authorization from BHSF for payment to be made when performance of the procedure occurs on an inpatient basis.

Documentation of the medical circumstances which substantiate the need for performance of the procedure(s) on an inpatient basis must be submitted with the request to BHSF for authorization.

- F. Criteria for Reimbursement of Organ Transplants

Services related to organ transplants to be performed at a designated transplant center must be authorized by BHSF. Requests for organ transplants for Title XIX recipients will be reviewed on a case by case basis applying the criteria set forth in the *Medicaid Eligibility Manually* equally to all similarly situated individuals.

Organ transplant units must be in compliance with the requirements for such units as contained in Attachment 4.19-A, Standards for Payment.

- G. Those services provided in Distinct Part Psychiatric Units and Hospital-Based Alcohol and Drug Treatment Units must be in compliance with the *Standards for Payment for Distinct Part Psychiatric Units and Hospital-Based Alcohol and Drug Treatment Units*.

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND
REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

I. Criteria for Specialized Units

Acute care hospitals that wish to be reimbursed for high-intensity services (neonatal care, pediatric intensive care, or burn care) at a rate commensurate with the greater resource allocation required for such services must meet the criteria for specialized units as described in Attachment 4.19-A, Standards for Payment. Establishment of specialized units is discretionary. Enrollment of a specialized unit can only occur at the beginning of the subsequent state fiscal year (July 1), and a change in level of care of an approved unit shall be effective only at the beginning of the hospital's subsequent cost reporting period, and after a completed attestation form indicating compliance with specialized unit criteria has been received from the provider. Compliance with specialized unit criteria shall be verified via an on-site survey according to established procedures within thirty (30) days after receipt of application.

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS OF 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. 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 – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

I. Supplemental Payments for Low Income and Needy Care Collaboration Hospitals

Effective for dates of service on or after January 1, 2010, quarterly supplemental payments will be issued to qualifying non-rural, non-state acute care hospitals for inpatient services rendered during the quarter. Maximum aggregate payments to all qualifying hospitals in this group shall not exceed the available upper payment limit per state fiscal year.

1. Qualifying Criteria. In order to qualify for the supplemental payment, the non-rural, non-state hospital must be affiliated with a state or local governmental entity through a Low Income and Needy Care Collaboration Agreement.
 - a. A non-state hospital is defined as a hospital which is owned or operated by a private entity.
 - b. A Low Income and Needy Care Collaboration Agreement is defined as an agreement between a hospital and a state or local governmental entity to collaborate for purposes of providing healthcare services to low income and needy patients.
2. Reimbursement Methodology. Each qualifying hospital shall receive quarterly supplemental payments for the inpatient services rendered during the quarter. Quarterly payment distribution shall be limited to one-fourth of the lesser of:
 - a. the difference between each qualifying hospital's inpatient Medicaid billed charges and Medicaid payments the hospital receives for covered inpatient services provided to Medicaid beneficiaries. Medicaid billed charges and payments will be based on a 12 consecutive month period for claims data selected by the Department; or
 - b. for hospitals participating in the Medicaid Disproportionate Share Hospital (DSH) Program, the difference between the hospital's specific DSH limit and the hospital's DSH payments for the applicable payment period.

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING RATES - IN-PATIENT HOSPITAL CARE

- C. To be eligible for reimbursement for services provided by a **major teaching hospital**, a hospital must:
1. Meet the requirements of A. above;
and
 2. Have a documented affiliation agreement with a Louisiana medical school accredited by the Liaison Committee on Medical Education (LCME) or by the Commission on Osteopathic College Accreditation (COCA). These facilities must be a major participant in at least four approved medical residency programs and maintain at least 15 interns and resident un-weighted full time equivalent positions. Full time equivalent positions will be calculated as defined in 42 CFR 413.78. At least two of the programs must be in medicine, surgery, obstetrics/gynecology, pediatrics, family practice, emergency medicine or psychiatry; or
 3. Maintain at least 20 intern and resident unweighted full time equivalent positions, with an approved medical residency program in family practice located more than 150 miles from the medical school accredited by LCME or COCA Full time equivalent positions will be calculated as defined in 42 CFR 413.78.
 4. For the purposes of recognition as a major teaching hospital, a facility shall be considered a “major participant” in a graduate medical education program if it meets the following criteria:

The facility must participate in residency programs that:

- a. require residents to rotate for a required experience, and
- b. require explicit approval by the appropriate Residency Review Committee (RRC) of the medical school with which the facility is affiliated prior to utilization of the facility, and
- c. provide residency rotations of more than one-sixth of the program length or more than a total of six months at the facility, and are listed as part of an accredited program in the *Graduate Medical Education Directory* of the Accreditation Council for Graduate Medical Education (ACGME).

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - IN-PATIENT HOSPITAL CARE

- D. To be eligible for reimbursement for services provided by a **minor teaching hospital**, a hospital must:
1. Meet the requirements of A. above;
and
 2. Have a documented affiliation agreement with a Louisiana medical school accredited by LCME or COCA. These facilities must participate significantly in at least one approved medical residency program. Maintain at least six intern and resident un-weighted full time equivalent positions. Full time equivalent positions will be calculated as defined in 42 CFR 413.78. At least one of these programs must be in medicine, surgery, obstetrics/gynecology, pediatrics, family practice, emergency medicine, or psychiatry.
 3. For the purposes of recognition as a minor teaching hospital, a facility is considered to “participate significantly” in a graduate medical education program if it meets both of the following criteria: The facility must participate in residency programs that:
 - a. require residents to rotate for a required experience, and
 - b. require explicit approval by the appropriate Residency Review Committee (RRC) of the medical school with which the facility is affiliated prior to utilization of the facility; and
 - c. provide residency rotations of more than one-sixth of the program length or more than a total of six months at the facility and are listed as part of an accredited program in the *Graduate Medical*