



State of Louisiana
Louisiana Department of Health
Office of the Secretary

September 20, 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. 23-0037

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)

SRR:KS:NF

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

1. TRANSMITTAL NUMBER
23-0037

2. STATE
LA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

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

4. PROPOSED EFFECTIVE DATE
August 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447 Subpart I

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY **2023** \$ **24,498**

b. FFY **2024** \$ **156,635**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Item 17, Page 1
Attachment 4.19-B, Item 28(i), Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same (TN 05-27)
Same (TN 15-0038)

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to amend the provisions governing midwifery services in order to increase the reimbursement rate for services provided by certified nurse midwives and licensed midwives.

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

September 20, 2023

15. RETURN TO

Kimberly Sullivan, JD
Interim 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 #: 23-0037
 TITLE: Midwife Services Reimbursement Methodology
 EFFECTIVE DATE: August 1, 2023

FISCAL IMPACT:
Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2024		69.78%	11	August 2023 - June 2024	\$210,641
2nd SFY	2025		68.17%	12	July 2024 - June 2025	\$289,280
3rd SFY	2026		67.67%	12	July 2025 - June 2026	\$297,958

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2023

\$210,641 /	12 x 2	August 2023 - September 2023		\$35,107		\$24,498
			X	69.78%		

FFP (FFY 2023) = \$24,498

Total increase or decrease cost FFY 2024

\$210,641 /	12 X 9	October 2023 - June 2024	=	\$157,981		
		\$157,981	X	68.17%	=	\$107,696
\$289,280 /	12 X 3	July 2024 - September 2024	=	\$72,320		
		\$72,320	X	67.67%	=	\$48,939

FFP (FFY 2024) = \$156,635

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 ARE INCLUDED IN THE PROGRAM, UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>Citation</u>	Medical and Remedial	<u>MIDWIFERY SERVICES</u>
42 CFR	Care and Services	
440.165	Item 17	

I. Reimbursement Methodology

The reimbursement rate shall be 80 percent of the rate on file on the professional services fee schedule for covered services and 100 percent of the rate on file for a designated group of procedures as determined by the Medicaid Program. Services related to pregnancy and childbirth provided by certified nurse midwives (including licensed midwives), are reimbursed at 95 percent of the physician fee on file and 100 percent of the rate on file for a designated group of procedures as determined by the Department.

State developed fee schedule rates are the same for both public and private providers of the midwifery services. The agency's fee schedule rates were set as of May 12, 2023, and are effective for service provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.

II. Standards for Payment

Certified nurse midwives are professional nurses currently licensed in Louisiana and legally authorized to practice midwifery. Certified nurse midwives must enroll as Medicaid providers in order to be reimbursed for their services. Certified nurse midwives must obtain an individual Medicaid provider number.

Billing the agency for services rendered is the responsibility of the certified nurse midwife.

If a physician is not called in, no physician may be paid. If a physician is called in, it is the responsibility of the physician and the certified nurse midwife to determine who will bill the agency for respective services rendered. In no case will Medicaid pay twice for the same service.

All claims filed for reimbursement must identify the nurse midwife as the attending provider if he/she is employed by or under contract with a Medicaid enrolled physician or physician group.

Nurse midwives shall not bill separately for his/her services when he/she is employed by or under contract with a Medicaid enrolled provider whose reimbursement is based on cost reports that include the cost of their salary.

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

CITATION

42 CFR Section 1396d(1)(3)B

**Free-Standing Birthing Centers
Methods and Standards for Establishing Payment Rates**

Effective for dates of service on or after November 20, 2015, a free-standing birthing center (FSBC) shall be reimbursed a one-time payment for labor and delivery services at a rate equal to 90 percent of the average per diem rates of surrounding hospitals* providing the same services.

FSBCs shall be reimbursed for labor and low-risk delivery services provided to Medicaid eligible pregnant women by an obstetrician, family practitioner, certified nurse midwife, or licensed midwife. FSBC services are appropriate when a normal, uncomplicated labor and birth is anticipated.

Attending physicians shall be reimbursed for birthing services according to the published fee schedule rate for physician services rendered in the Professional Services program.

Certified nurse midwives providing birthing services within a FSBC shall be reimbursed at 95 percent of the published fee schedule rate for physician services rendered in the Professional Services program.

Licensed midwives providing birthing services within a FSBC shall be reimbursed at 95 percent of the published fee schedule rate for physician services in the Professional Services program.

A licensed midwife providing birthing services within the FSBC must:

1. Have passed the national certification exam through the North American Registry of Midwives; and
2. Hold a current, unrestricted state license with the Louisiana State Board of Examiners.

State developed fee schedule rates are the same for both public and private providers of birthing center services. The agency's fee schedule rates were set as of May 12, 2023, are effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com

*Surrounding Hospital

- A. Urban areas: located within a 20-mile radius of the FSBC.
- B. Rural areas: located within a 30-mile radius of the FSBC.