

Revision: HCFA-PM-91-4 (BPD) -
AUGUST 1991

OMB No.: 0938-

State/Territory: LOUISIANA

Citation 4.19 Payment for Services

42 CFR 447.252
1902(a)(13)
and 1923 of
the Act

*Sect. 102 (e)(7)
of the Act*

(a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

- Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.
- Inappropriate level of care days are not covered.

TN No. 91-25 Approval Date MAY 12 1992 Effective Date OCT 01 1991
 Supersedes 87-24
 TN No. 87-24

HCFA ID: 7982E

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>DEC 05 1991</u>	
DATE APPVD	<u>MAY 12 1992</u>	
DATE EFF	<u>OCT 01 1991</u>	
HCFA 174	<u>91-25</u>	

Revision: HCFA-PM-93- 6 (MB)
August 1993

OMB No.: 0938-

State/Territory: LOUISIANA

Citation
42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902(a)(13)(E)
1903(a)(1) and
(n), 1920, and
1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and
1902(a)(30) of
the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

STAT. <u>Louisiana</u>	A
DATE REC'D <u>10-6-93</u>	
DATE APPV'D <u>11-3-93</u>	
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HCFA 179 <u>93-25</u>	

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 TN No. 91-26

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State LOUISIANA

Citation
42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

Yes. The State's policy is described in ATTACHMENT 4.19-C.

No.

TN # 77-1
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Approval Date 3/1/77 Effective Date 1/1/77

Revision: HCFA - Region VI
November 1990

State/Territory: LOUISIANA

Citation

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141
Section 1902(a)
(13)(A) of Act
(Section 4211 (h)
(2)(A) of P.L.
100-203).

4.19 (d)

- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for nursing facility services and intermediate care facility services for the mentally retarded.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for nursing facility services and intermediate care facility services for the mentally retarded.

- (2) The Medicaid agency provides payment for routine nursing facility services furnished by a swing-bed hospital.

At the average rate per patient day paid to NFs for routine services furnished during the previous calendar year.

At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

Not applicable. The agency does not provide payment for NF services to a swing-bed hospital.

STATE <u>LOUISIANA</u>	A
DATE REC'D <u>DEC 28 1990</u>	
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HCFA 179 <u>90-32</u>	

TN No. 90-32
Supersedes
TN No. 87-32

Approval Date MAY 20 1992 Effective Date OCT 01 1990

Revision: HCFA-Region VI
March 1991

State : LOUISIANA

Citation
42 CFR 447.45
AT-79-50
Sec. 1915(b)(4),
(Sec. 4742 of
P.L. 101-508)

4.19(e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

NOTE: EPSDT medical screening claims for beneficiaries age 4 months to 21 years must be received by Louisiana KIDMED within sixty (60) calendar days from the date of service or from the date eligibility is determined, whichever is later.

EXCEPTIONS to this rule may be granted due to certain extenuating circumstances (i.e. administrative error or hardship).

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DATE RECD	<u>2-18-93</u>	
DATE APPV'D	<u>6-29-93</u>	
DATE EFF	<u>2-1-93</u>	
HCFA 179	<u>93-02</u>	

TN# 93-02 Approval Date 6/29/93 Effective Date 3/1/93
Supersedes
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Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Louisiana

Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing charge.

LA	A
JUL 6 1987	
JUL 30 1987	
See HCFA-179 87-24	

TM No. 87-24
Supersedes
TM No. 83-16

Approval Date JUL 30 1987

Effective Date APR 1 1987

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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State LOUISIANA

Citation
42 CFR 447.201
42 CFR 447.202
AT-76-90

4.19 (g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

Revision: EMFA-AT-80-38 (BPP)
May 22, 1980

State LOUISIANA

Citation
42 CFR 447.201
42 CFR 447.203
AT-76-90

4.19 (h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

TV # 78-17

Supersedes

TV #

Approval Date 12/4/78

Effective Date 7/1/78

Revision: ~~ETA~~-AT-80-38 (BPP)
May 22, 1980

State LOUISIANA

Citation
42 CFR 447.201
42 CFR 447.204
AT-78-90

4.19 (i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

N # 78-17
Supersocls
TR #

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AUGUST 1991

OMB No.: 0938-

State: LOUISIANA

Citation

42 CFR
447.201
and 447.205

4.19(j) The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(v) of the Act

(k) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

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Supersedes 89-13 Approval Date MAY 12 1992 Effective Date OCT 01 1991
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HCFA 179	<u>91-25</u>	

66(a)

Revision: HCFA-PM-92-7 (MB)
October 1992

State/Territory: Louisiana

Citation

1903(i)(14)
of the Act

4.19(1) The Medicaid agency meets the requirements of section 1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

STATE	<i>Louisiana</i>	
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DATE APPROVED	JAN 27 1993	A
DATE EFFECTIVE	OCT 01 1992	
HCFA 173	<i>92-24</i>	

TN No. *92-24* Approval Date JAN 27 1993 Effective Date OCT 01 1992
 Supersedes *None-New Page*
 TN No. *None-New Page*

66(b)

Revision: HCFA-PM-94-8 (MB)
OCTOBER 1994

State/Territory: LOUISIANA

STATE	Louisiana	A
DATE RECD	9-30-08	
DATE APPL'D	11-24-08	
DATE EFF	8-6-08	
HCFA 179	08-19	

CITATION 4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the
1928(c)(2) Pediatric Immunization Program
(C)(ii) of
the Act

(i) A provider may impose a change for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(ii) The State:

- sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
- is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
- sets a payment rate below the level of the regional maximum established by the DHHS Secretary.*
- is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

*The State's reimbursement methodology for the administration of vaccines shall be 90 percent of the 2008 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount. The reimbursement shall not exceed the maximum regional charge for vaccine administration.

The reimbursement shall remain the same for those vaccine administration services that are currently being reimbursed at a rate that is between 90 percent and 120 percent of the 2008 Louisiana Medicare Region 99 allowable, but not to exceed the maximum regional charge for vaccine administration as determined by CMS.

This rate is effective for dates of service on or after August 6, 2008.

The maximum regional charge established by the DHHS Secretary for vaccine administration for Louisiana for 2008 is \$15.22.

Supersedes TN# 95-22

TN# 08-19

Approval Date 11-24-08

Effective Date 8-6-08

Supersedes
TN# 95-22