Revision:

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

OMB No.: 0938-

State/Territory:

LOUISIANA

Citation

4.19 Payment for Services

42 CFR 447.252
1902(a)(13)
and 1923 of
the Act
Sed. 102(e)7

2 me 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.

 $\sqrt{X/}$ Inappropriate level of care days are not covered.

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TN No. 9/25
Supersedes 7.24 Approval Date MAY 12 1992 Effective Date OCT 0 1 1991
TN No. 87.24 Approval Date

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HCFA 179

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Revision:

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1993

(MB)

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August

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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), (1), 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.

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Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State

LOUISIANA

Citation 42 CER 447.40 AT-78-90

4.19 (c)

Payment is made to reserve a bed during a recipient's temporary absence from an impatient facility.

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

No.

IN 1 77-1 Supersedes IN #

Approval Date 3/1/77

Effective Date 1/1/77

Revision: HCFA - Region VI November 1990

State/Territory: LOUISIANA

Citation 4.19 (d) 42 CFR 447.252 47 FR 47964 48 FR 56046 (1)The Medicaid agency meets the 42 CFR 447.280 requirements of 42 CFR Part 447, 47 FR 31518 Subpart C, with respect to 52 FR 28141 payments for nursing facility Section 1902(a) services and intermediate care (13)(A) of Act facility services for (Section 4211 (h) mentally retarded. (2)(A) of P.L. ATTACHMENT 4.19-D describes the 100-203). methods and standards used to determine rates for payment for nursing facility services and intermediate care facility services for the mentally retarded. The Medicaid agency provides payment for routine nursing (2) facility services furnished by a swing-bed hospital. At the average rate per patient day paid to NFs routine services furnished during the previous calendar year. X At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, applicable. Not applicable. The agency does not provide payment for NF services to a swing-

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bed hospital.

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).

STATE CULS CASA

DATE RECD 3-18-93

DATE APPV'D 6-39-93

DATE EFF
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Revision: HCFA-PM-87-4

MARCH 1987

(BERC)

CMCB Bo.: 0938-0193

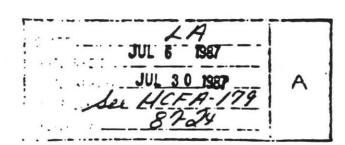
State/Territory:

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.

> Wo 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 change.



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

LOUISIANA State

Citation 42 CER 447.201 42 CER 447.202 AT-78-90

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: ELFA-AT-80-38 (BPP)

May 22, 1980

LOUISIANA State_

Citation 42 CER 447.201

42 = 447.203 AT-78-90

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

availability of payment rates.

evision: EIFA-AT-80-38 (BPP)

May 22, 1980

State

LOUISIANA

Ditation 42 CFR 447.201 42 CER 447.204 AT-75-90

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.

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State:

LOUISIANA

Citation

42 CFR 447.201

and 447.205

4.19(1)

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

(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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TN No. 91-23 Superseder Approval Date MAY 12 1992 Effective Date OCT 0 1 1991 TN No. 89-03

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DATE REC'D MAY 12 1992

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DATE EFF 0CT 0 1 1991

HCFA 179

Revision: HCFA-PM-92-7

(MB)

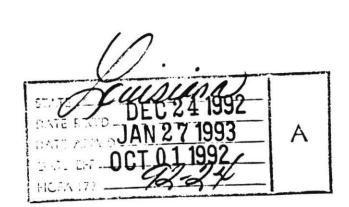
October 1992

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 physican 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.



Effective DaGCT

66(b)

Revision:

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

State/Territory: LOUISIANA

STATE LOUISIAI)A

DATE REC'D 9-30-08

DATE APPL'D 11-24-08

DATE EFF 8-6-08

HCTA 179 08-19

CITATION 1928(c)(2) (C)(ii) of the Act

4.19 (m)

Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

(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.
- X 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 Medicarc 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.

S. 13-1881 45-22

TN# 08-19

Approval Date 11-24-08

Effective Date 8-6-08

Supersedes TN# 95-Z2.