

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

09-15

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

February 26, 2009

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447 Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 2009

(\$63.05)

b. FFY 2010

(\$124.82)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 9, Page 4

Attachment 4.19 B, Item 9, Page 5

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Same (TN 88-26)

Same (00-13)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to reduce the reimbursement to Ambulatory Surgical Centers by 3.5% due to a budgetary shortfall.**

11. 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.

12. SIGNATURE OF

13. TYPED NAME:

Alan Levine

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 27, 2009

16. RETURN TO:

State of Louisiana

Department of Health and Hospitals

628 N. 4th Street

PO Box 91030

Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

30 March, 2009

18. DATE APPROVED:

14 December, 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

26 February, 2009

20. SIGNATURE OF REGIONAL ADMINISTRATOR:

21. TYPED NAME:

Bill Brooks

Associate Regional Administrator
Div of Medicaid & Children's Health

23. REMARKS:

Pen + Ink Change Made Per States E-mail Dated
14 November, 2009.

PAYMENTS 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 Medical and Remedial
 42 CFR 447 Care and Services
 Subpart F Item 9 (cont'd.)

four groupings, not to exceed the Medicare maximums for ambulatory surgeries. Surgeries not included in these groupings continue to be reimbursed at the State's flat fee amount.

The flat fee amounts for the four groupings and the State's flat fee amount cover all operative functions attendant to medically necessary surgery performed at the center by a private physician, osteopathic physician, or dentist (for emergency and life threatening conditions and for EPSDT eligibles) including admitting and laboratory tests, patient history and physical, operating room staffing and attendants, recovery room charges and discharge, except for those certain procedures that have been identified as having a separate reimbursement. It includes all supplies related to the surgical care of the patient while in the center. The flat fee payment excludes the physician fee, the radiologist fee, or the anesthesiology fee for private physicians not under contract to the Center as well as any prosthetic devices related to the surgery which must be billed separately.

A	
STATE	Louisiana
DATE REC'D.	8-30-09
DATE APP'D	12-14-09
DATE EFF.	2-26-09
HCFA 179	09-15

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers and the fee schedule and any adjustments to the fee schedule are published on the agency's provider website at www.lamedicaid.com. The agency's fee schedule rate was set as of December 1, 1985 and is effective for services provided on or after that date. All rates are published on the agency's website.

Effective for dates of service on or after February 26, 2009, the reimbursement for surgical services provided by an ambulatory surgical center shall be reduced by 3.5 percent of the rate in effect on February 25, 2009.

C. Tuberculosis (TB) and Sexually Transmitted Disease (STD) Control Clinics

Effective for services on or after October 1, 2003, TB and STD clinics are reimbursed according to fee schedule amounts which in the aggregate are less than or equal to the Medicare payment.

TN# 09-15 Approval Date 12-14-09 Effective Date 2-26-09
 Supersedes
 TN# 88-26
 SUPERSEDES: TN- 88-26

PAYMENTS 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:

Medical and Remedial Care and Services
Item 9
Clinic Services (Continued)

II. Standards for Payment

- A. "Clinic services" are diagnostic, preventive, therapeutic, rehabilitative or palliative items or services furnished to an outpatient by or under the direction of a physician in a facility which is not part of a hospital but which is organized and operated to provide medical care to patients.

Mental health clinics must meet the standards for psychiatric facilities providing clinic services as determined by the Bureau of Health Services Financing, Health Standards Section. ESRD facilities must meet the Title XVIII qualifications and be Medicare certified as free-standing end stage renal disease facilities. Radiation therapy centers must adhere to all federal and state laws governing radiation control.

- B. "Ambulatory Surgical Centers services" must be medically necessary, diagnostic, preventive, therapeutic, rehabilitative or palliative items or services furnished to an outpatient by or under the direction of a physician, osteopathic physician or dentist (for emergency and life threatening conditions and for EPSDT eligibles) in a facility which is not part of a hospital but which is organized and operated to provide medical care to patients. Ambulatory Surgical Centers (ASC) are free-standing facilities. These facilities do not provide services or other accommodations for patients that

SUPERSEDES: TN- 00-13

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-30-09</u>	
DATE APPV'D <u>12-14-09</u>	
DATE EFF <u>2-26-09</u>	
HCFA 179 <u>09-15</u>	

TN# 09-15 Approval Date 12-14-09 Effective Date 2-26-09
Supersedes
TN# 00-13

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

December 14, 2009

Our Reference: SPA-LA-09-15

Mr. Jerry Phillips, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Dear Mr. Phillips:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-15. This amendment reduces reimbursement for freestanding Ambulatory Surgical Centers by 3.5 percent.

Transmittal Number 09-15 is approved with an effective date of February 26, 2009 as requested. A copy of the HCFA-179, Transmittal No. 09-15 dated March 27, 2009 is enclosed along with the approved plan pages.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Bill Brooks
Associate Regional Administrator

Enclosures

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Thursday, January 21, 2010 1:15 PM
To: CMS CMSO_508_SPA
Cc: Rupley, Cheryl A. (CMS/SC); Cieslicki, Mary E. (CMS/CMSO); Carter, Demetria (CMS/SC); Sampson, Tamara L. (CMS/CMCHO)
Subject: Approval Pkg for LA 09-15
Attachments: SPA-LA-09-15.doc; Final Approval Pkg for TX 09-15.pdf

See Attached.

State: Louisiana

Brief Description: This amendment reduces reimbursement or freestanding Ambulatory Surgical Centers by 3.5 percent. It does not exceed the clinic services UPL and is uniform for governmental and private providers.

Approval Date: 14 December, 2009

Effective Date: 26 February, 2009

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov