

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

April 16, 2010

Our Reference: SPA-LA-09-32

Mr. Don Gregory, Interim 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. Gregory:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-32. This state plan amendment reduces reimbursement for supplies on land based ambulances by 36 percent.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for that SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (e) of the Recovery and Reinvestment Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 09-32 is approved with an effective date of August 4, 2009 as requested. A copy of the HCFA-179, Transmittal No. 09-32 dated September 3, 2009 is enclosed along with the approved plan pages.

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

Sincerely,



Bill Brooks
Associate Regional Administrator

Enclosures

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Thursday, April 22, 2010 11:48 AM
To: CMS CMSO_508_SPA
Cc: Rupley, Cheryl A. (CMS/SC); Carter, Demetria (CMS/SC); Sampson, Tamara L. (CMS/CMCHO)
Subject: Approval Pkg for LA 09-32
Attachments: SPA-LA-09-32.doc; Final Approval Package LA 09-32.pdf

See Attached.

State: Louisiana

Brief Description: Amendment reduces reimbursement for supplies on land based ambulances by 36 percent. State indicated that non-federal share of payment will be funded through Medicaid Agency & the State The reduction does not direct impact on Indians, Indian health programs or Urban Indian Organizations.

Effective Date: 8/4/2009

Approval Date: 4/16/2010

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

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:

<u>CITATION</u>	<u>Medical and Remedial Care and Services</u>	<u>Any Other Medical Care and Any Other Type of Medical Care Recognized Under State Law Specified by the Secretary</u>
42 CFR 440.170	Item 24.a.	Transportation Services are reimbursed as follows:

I. Method of Payment

A. Emergency Medical Transportation

1. Land-Based Ambulances

Reimbursement for land based ambulances through Title XIX funds is made according to the established State fee schedule (based on Medicare rates) for emergency ambulance transport, basic life support (BLS), advanced life support (ALS) and mileage, oxygen, intravenous fluids, and disposable supplies administered during the emergency ambulance transport minus the amount paid by any liable third party coverage. Rates will be adjusted periodically when significant changes such as Medicare rate increases and allocation of additional funds have taken place.

An increase of 1.4% based on additional funds allocated by the 2001 Regular Session of the Legislature is applied to the reimbursement rates in effect as of June 30, 2001.

Effective for dates of service on or after August 4, 2009, the reimbursement rates for the following supplies shall be reduced by 36 percent of the rate on file as of August 3, 2009.

- Advanced life support special service disposable intravenous supplies; and
- Advanced life support routine disposable supplies.

Governmental and private providers are paid using the same rate. These rates are published on the agency's website, www.lamedicaid.com.

The Department ensures through post pay review that all services are medically appropriate for the level of care billed and have been provided in accordance with the ALS or BLS certification level of the ambulance service.

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-3-09</u>	
DATE APP'VD <u>4-16-10</u>	
DATE EFF <u>8-4-09</u>	
HCFA 179 <u>09-32</u>	

TN# 09-32 Approval Date 4-16-10 Effective Date 8-4-09

Supersedes

TN# 01-09

SUPERSEDES: TN- 01-09

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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

CITATION Medical and Remedial
42 CFR Care and Services
440.170(a) Item 24.a. (cont'd)

The provider of intrastate transportation shall be determined according to the following hierarchy:

- Family and friends.
 - Public conveyance. The determination as to use and type of public conveyance shall be based on medical condition of the recipient to be transported, availability of public conveyance, and least cost.
 - Non-profit provider.
 - Profit provider.
4. Payment will not be made for any person **in excess** of a single escort/companion when such an escort is medically necessary or when the person is accompanying a child to the medical provider.
5. Reserved.
6. The Bureau will not authorize trips on the same day the recipient calls to schedule transportation services ("same day" trips) except in the instance of need for immediate medical care due to injury or illness. Same day trips will not be authorized for scheduled appointments for predictable or routine medical care. Recipients will be asked to reschedule the appointment and make the subsequent request for transportation timely.

SUPERSEDES: TN- 94-30

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-3-09</u>	
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