

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

EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION		FORM APPROVEE OMB_NO, 0938-019	
TRANSMITTAL AND NOTICE OF APPROVAL OI	F 1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	09-32	Louisiana	
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	August 4, 2009		
. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN AMENDMENT TO BE CONS		MENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		ch amendment)	
FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	(200.44)	
42 CFR 440.170 and	a. FFY 2009	(\$89.26)	
42 CFR 447 Subpart B	b. FFY <u>2010</u>	<u>(\$567.99)</u>	
. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT			
	SECTION OR ATTACHMENT	(If Applicable):	
ttachment 4.19-B, Item 24.a., Page 1	Same (TN 01-09)		
Attachment 3.1-A Item 24a, page 5	# Same (TN (9-30)		
	94		
0. SUBJECT OF AMENDMENT: The purpose of this amend round medical transportation.	ment is to reduce the reimburseme	nt rates for emergene	
1. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	OTHER, AS SPECIFIED: The Governor does not revie	ew state plan materia	
GENCY OFFICIAL:	16. RETURN TO:		
	State of Louisiana		
3. TYPED NAME:	Department of Health and	Hospitals	
Alan Levine	628 N. 4 th Street	-	
4. TITLE:	PO Box 91030		
Secretary	Baton Rouge, LA 70821-9	030	
5. DATE SUBMITTED:	Baton Rouge, DA 70021-7	0.50	
August 28, 2009			
FOR REGIONAL O			
7. DATE RECEIVED: 3 September 2009		010	
PLAN APPROVED - ON			
9. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGN	ICIAL:	
4 August, 2009			
1. TYPED NAME:	22. TITLE:		
23. REMARKS: "Pen + InK Change made Dated 2-5-2010"	to 179 per States	Letter	

Marks, Marsha L. (CMS/SC)

From:	Marks, Marsha L. (CMS/SC)
Sent:	Thursday, April 22, 2010 11:48 AM
То:	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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE OF LOUISIANA

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> 42 CFR 440.170	Medical and Remedial Care and Services Item 24.a.	Under Stat	Medical Care and Any Other Type of Medical Care Recognized e Law Specified by the Secretary tion Services are reimbursed as follows: I of Payment
·.			nergency 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.
and a substance and substances of the substances		anti-frank dia managementa a successi	Effective for dates of service on or after August 4, 2009, the

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.

TN# 09-32	Approval Date	4-16-10	Effective Date	8-9-09
Supersedes				
TN# 01-09				
		SUPERSEDES	: TN- 01-09	and a second and a second a se

STATE Louisiana DATE REC'D 9-3-09 DATE APPV'D 4-16-10 DATE EFF 8-4-09 HCFA 179 09-32	A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE OF <u>LOUISIANA</u>

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:

<u>CITATION</u>	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.

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DATE REC'D 9-3-09	
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TN# 09-32 Approval Date 4-16-10 Effective Date 8-4-09Supersedes TN# 94-30

SUPERSEDES: TN- 94-30