TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE				
STATE PLAN MATERIAL	10-37	Louisiana				
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: T SOCIAL SECURITY ACT (MEDI					
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE					
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	August 1, 2010					
5. TYPE OF PLAN MATERIAL (Check One):	,					
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSI	DERED AS NEW PLAN ⊠ AM	ENDMENT				
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		amendment)				
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	92.5()				
42 CFR 447, Subpart F		82.56)( <del>8180.32)</del> 14.82)( <del>8861.54)</del>				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	SEDED PLAN				
	SECTION OR ATTACHMENT (1)	^Applicable):				
Attachment 4.19-B, Item 9, Page 1.a	Same (Pending TN 10-05)					
Attachment 4.19-B Item 9, Page 1.a (1)	None (New Page)					
10. SUBJECT OF AMENDMENT: The purpose of this amendment	u ant is to reduce the reimburger	want nates for				
services provided by end stage renal disease (ESRD) facil						
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  ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL						
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:					
	State of Louisiana					
13. TYPED MAME:	Department of Health and Hospitals					
Bruce D. Greenstein	628 N. 4 <sup>th</sup> Street					
14. TITLE:	PO Box 91030					
Secretary	Baton Rouge, LA 70821-903	30				
15. DATE SUBMITTED:		_				
September 28, 2010  FOR REGIONAL OFFICE USE ONLY						
	8. DATE APPROVED:	^				
	Decemb	er, 2010				
PLAN APPROVED – ONE  19. EFFECTIVE DATE OF APPROVED MATERIAL:  1 August, 2010	0. SIGNATURE OF REGIONAL OFFI	CIAn:				
	O TYTE D. A	A				
21. TYPED NAME: BILL BROOKS	22. TITLE: Associate Regional A Division of Medicaid	& Children's Health				
23. REMARKS:						
Pen and Ink change made per State's E-mail de	ated 15 November, 2010 changin	g Fiscal Impact				

## 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:

- Payment to freestanding End Stage Renal Disease (ESRD) facilities and radiation (3) therapy centers.
  - ESRD Facilities. (a)
    - (i) For non-Medicare claims, end stage renal disease (ESRD) facilities are reimbursed a hemodialysis composite rate. The composite rate is a comprehensive payment for the complete hemodialysis treatment in which the facility assumes responsibility for providing all medically necessary routine dialysis services.

Covered non-routine dialysis services, continuous ambulatory peritoneal dialysis (CAPD), continuous cycling peritoneal dialysis (CCPD), epogen (EPO) and injectable drugs are reimbursed separately from the composite rate.

Effective for dates of service on or after February 26, 2009, the reimbursement to ERSD facilities shall be reduced by 3.5 percent of the rates in effect on February 25, 2009.

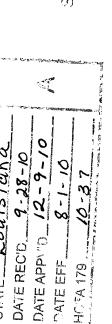
Effective for dates of service on or after January 22, 2010, the reimbursement to ESRD facilities shall be reduced by 5 percent of the rates in effect on January 21, 2010.

Effective for dates of service on or after August 1 2010, the by 4.6 percent of the

eimbursed for full co-

dicaid payment (if any) ervice. The recipient for the service.

26, 2009, the rt B claims shall be oruary 25, 2009.



en a	9-	9-10	9	7	· 医细胞 计分配 计分配 计	reimbursement to ESRD facilities shall be reduced rates in effect on July 31, 2010.
41510	9-28	12-9	8-1-	6-01	(ii)	For Medicare Part B claims, ESRD facilities are reinsurance and deductibles.
TE 60	E REC'D	E APPI"D_	EFF.	A 179		The Medicare payment plus the amount of the Med shall be considered to be payment in full for the se does not have any legal liability to make payment
S	DAT	DAT	DAT.	H		Effective for dates of service on or after February 2 reimbursement to ERSD facilities for Medicare Pa reduced by 3.5 percent of the rates in effect on Feb

TN#	037	Approval Date _	12-9-10	Effective Date	8-1-10
Supersede	es				
TN#	10-05				

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

ATTACHMENT 4.19-B Item 9, Page 1a(1)

## 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:

Effective for dates of service on or after January 22, 2010, the reimbursement to ERSD facilities for Medicare Part B claims shall be reduced by 5 percent of the rates in effect on January 21, 2010.

Effective for dates of service on or after August 1, 2010, the reimbursement to ESRD facilities for Medicare Part B claims shall be reduced by 4.6 percent of the rates in effect on July 31, 2010.

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STATE Louis	iana
DATE REC'D 9-6	28-10
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TN#	10-27	Approval Date	12-9-10	Effective Date_	9-1-10	
Supers	sedes		•			
TN#	SUPERSEDES N	NONE - NEW PAGE				