

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

March 11, 2011

Our Reference: SPA-LA-10-75

Mr. Don Gregory, 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 10-75. This state plan amendment increases the reimbursement rates to physicians for obstetrics delivery services.

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 the 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 10-75 is approved with an effective date of December 1, 2010 as requested. A copy of the HCFA-179, Transmittal No. 10-75 dated December 20, 2010 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at (214) 767-6381.

Sincerely,


Bill Brooks
Associate Regional Administrator

Enclosures

**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: 10-75	2. STATE Louisiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE December 1, 2010	


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 <u>2011</u> \$1,015.44 b. FFY <u>2012</u> \$1,082.69
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 5, Page 2a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same(TN 10-23)
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10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to increase the reimbursement rates to physicians for obstetrics delivery services.**

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **The Governor does not review state plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: Bruce D. Greenstein	
14. TITLE: Secretary	
15. DATE SUBMITTED: December 10, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 20 December, 2010	18. DATE APPROVED: 11 March, 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 December, 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Wednesday, March 16, 2011 2:56 PM
To: CMS SPA; CMS CMSO_508_SPA
Cc: Blunt, Ford J. (CMS/SC); Jackson, Teresa K. (CMS/CMCHO); Monroe, Monique S. (CMS/CMCHO); Carter, Demetria (CMS/SC); Higgs, Annese (CMS/CMCS); Cieslicki, Mary E. (CMS/CMCS)
Subject: Final Approval Pkg for LA 10-75
Attachments: Final Approval Pkg for LA 10-75.pdf; LA1075APPROVAL.doc

See Attached.

State: Louisiana

Brief Description: The plan amendment increases the reimbursement rates for physicians for obstetrics delivery services. The plan did not require a tribal consultation.

Approval Date: 11 March, 2011

Effective Date: 1 December, 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

PAYMENT OF 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:

Recipients age 16 or older

Effective for dates of service on or after January 22, 2010, physician services rendered to recipients 16 years of age or older shall be reduced to 75 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

Effective for dates of service on or after January 22, 2010, those services rendered to recipients 16 years of age or older that are currently reimbursed at a rate below 75 percent of the 2009 Louisiana Medicare Region 99 allowable will be reimbursed at a rate of 75 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

The following physician services rendered to recipients 16 years of age or older shall be reimbursed at 80 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount:

- a. Prenatal evaluation and management services;
- b. Preventive medicine evaluation and management services; and
- c. Obstetrical delivery services.

State: Louisiana
Date Rec'd: 12-20-10
Date Appv'd: 3-11-11
Date Eff: 12-1-10
HCFA 179: 10-75

Effective for dates of service on or after December 1, 2010, reimbursement shall be 90 percent of the 2009 Louisiana Medicare Region 99 allowable for the following obstetric services when rendered to recipients 16 years of age and older:

- 1. vaginal-only delivery (with or without postpartum care);
- 2. vaginal delivery after previous cesarean (VBAC) delivery; and
- 3. cesarean delivery following attempted vaginal delivery after previous cesarean delivery.

The reimbursement for a cesarean delivery remains at 80 percent of the 2009 Louisiana Medicare Region 99 allowable when the service is rendered to recipients 16 years of age and older.

Recipients under the age of 16

Effective for dates of service on or after January 22, 2010, physician services rendered to recipients under the age of 16 shall be reimbursed at 90 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

Effective for dates of service on or after January 22, 2010, those services rendered to recipients under the age of 16 that are currently reimbursed at a rate below 90 percent of the 2009 Louisiana Medicare Region 99 allowable will be reimbursed at a rate of 90 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount.

Physician administered drugs

Effective for dates of service on or after January 22, 2010, all physician-administered drugs shall be reimbursed at 90 percent of the 2009 Louisiana Medicaid Region 99 allowable or billed charges, whichever is the lesser amount.

State developed fee schedule rates are the same for both public and private providers of the service, except as noted elsewhere in the plan; and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the Louisiana Medicaid Provider website at www.lamedicaid.com.

- (b) Effective for dates of service on or after October 21, 2007, the Medicaid Program shall provide reimbursement for the payment of adjunct services in addition to the reimbursement for evaluation and management services and the associated ancillary services when these professional services are rendered in settings other than hospital emergency departments during evening, weekend or holiday hours. Reimbursement is limited to services rendered between the hours of 5 p.m. and 8 a.m. Monday through Friday, on weekends and State legal holidays.

Effective for dates of service on or after October 21, 2007, the reimbursement for adjunct services is a flat fee, based on the adjunct CPT code, in addition to the reimbursement for the associated evaluation and management service, and associated ancillary services. The same methodology is used for both governmental and non-governmental providers.

TN# 10-75 Approval Date 3-11-11 Effective 12-1-10

Supersedes

TN# 10-23

SUPERSEDES: TN- 10-23