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

June 6, 2011

Our Reference: SPA LA 11-02

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 11-02. This state plan amendment establishes the program criteria and reimbursement methodology for diabetes self-management training services as a physician service in the Louisiana state plan.

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 11-02 is approved with an effective date of February 21, 2011 as requested. A copy of the HCFA-179, Transmittal No. 11-02 dated March 17, 2011 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at <u>ford.blunt@cms.hhs.gov</u> or by phone at (214) 767-6381.

Bill Brooks

Associate Regional Administrator

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-019
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	11-02	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: SOCIAL SECURITY ACT (MEI	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE February 21, 2011	,
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONS.	IDEBED AS NEW DI AN	MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	л ителитету
42 CFR 440.50	a. FFY 2011	\$55.32
42 CFR 447 Subpart A	b. FFY <u>2012</u>	<u>\$66.25</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPE SECTION OR ATTACHMENT	
Attachment 3.1-A, Item 5, Page 1a	Same (TN 10-29)	
Attachment 3.1-A, Item 5, Page 1b	None (New Page)	
Attachment 4.19-B, Item 5, Page 2b(1)	None (New Page) (TN 07-3	3)
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22. TITLE: Associate Regional Administrator

Pen + Ink Change made per con-currence w/ State Rep that Attachment 4.19.8, Item, 5, Page 26(1) should be superseded by same page TN 07-83

Division of Medicaid & Children's Health

21. TYPED NAME:

23. REMARKS:

Bill Brooks

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

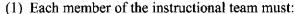
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

B. Diabetes Education Services

- Effective for dates of service on or after February 21, 2011, the department shall
 provide coverage of diabetes self-management training (DSMT) services rendered to
 Medicaid recipients diagnosed with diabetes. The services shall be comprised of one
 hour of individual instruction and nine hours of group instruction on diabetes selfmanagement.
 - a. Recipients of DSMT services shall receive up to 10 hours of services during the first 12-month period beginning with the initial training date.
 - b. After the first 12-month period has ended, recipients shall only be eligible for two hours of individual instruction on diabetes self-management per calendar year.

2. Provider Participation Standards

- a. In order to receive Medicaid reimbursement, professional services providers must have a DSMT program that meets the quality standards of one of the following accreditation organizations:
 - (1) the American Diabetes Association;
 - (2) the American Association of Diabetes Educators; or
 - (3) the Indian Health Service.
- b. All DSMT programs must adhere to the national standards for diabetes self-management education.



6-6-11

- (a) Be a certified diabetes educator (CDE) certified by the National Certification Board of Diabetes Educators; or
- (b) Have a recent didactic and experiential preparation in education and diabetes management.
- (2) At a minimum, the instructional team must consist of one of the following professionals who is a CDE:
 - (a) a registered dietician;
 - (b) a registered nurse, or
 - (c) a pharmacist.

Approval Date

- (3) The instructional team must obtain the nationally recommended annual continuing education hours for diabetes management.
- c. Members of the instructional team must either be employed by, or have a contract with a Medicaid enrolled professional services provider that will submit the claims for reimbursement of DSMT services rendered by the team.
- C. Reserved

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D. Reserved

SUPERSEDES: NONE NEW PAGE

Effective 2-21-11

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

Attachment 4.19-B Item 5, Page 2b(1)

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

C. **Diabetes Education Services Reimbursement**

- 1. Effective for dates of service on or after February 21, 2011, the Medicaid Program shall provide reimbursement for diabetes self-management training services rendered by qualified health care professionals.
- 2. Reimbursement for DSMT services shall be a flat fee based on the appropriate Healthcare Common Procedure Coding (HCPC) code.

Payment is uniform for both governmental and private providers. The fee schedule is published on the Louisiana Medicaid provider website, lamedicaid.com.

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STATE 601 3-17-11 DATE REC'D 3-17-11 DATE APPV'D 6-6-11 DATE EFF 2-21-11 HC:A 179 11-02	А
· 1176	

TN# 11-02	Approval Date 6-6-11	Effective	2-21-11
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TN# 01-33			

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

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

CITATION 42 CFR 440.50 Medical and Remedial Care and Services-Item 5 (cont'd)

- 2. Effective for dates of service on or after January 1, 2007, the reimbursement of up to three medically necessary inpatient evaluation and management services by providers of different specialties per recipient, per day, for recipients age 21 and older will be allowed.
- 3. Pre- and post-operative **inpatient and outpatient visits related to surgery** are not reimbursed when made during the global surgery period assigned to the surgical procedure code. Visits are considered unrelated when the reason for the visit is not the same as the reason for the surgery.
- 4. Reimbursement for inpatient physician services rendered in hospitals is subject to hospital precertification and length of stay assignment criteria.

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HCFA 179 11-02	

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TN#	11-02	Approval Date	6-6-11	Effective Date	2-21-11	
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