

STATE OF LOUISIANA

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 ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<p><u>CITATION</u> 42 CFR 440.130</p>	<p>Medical and Remedial Care and Services Item 13.d.</p>	<p><u>Other Diagnostic, Screening, Preventive, and Rehabilitative Services (i.e. other than those provided elsewhere in this Plan)</u></p>
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I. Rehabilitation Center Services

A. Reimbursement Methodology

Upon prior approval by the Prior Authorization Unit, Bureau of Health Services Financing, payment for rehabilitation services provided by a Title XVIII certified private or public rehabilitation center will be made based on a schedule of payment rates established by the Bureau of Health Services Financing and contained in the Rehabilitation Center Provider Training Manual.

Rates for services provided to recipients up to the age of three are as follows:

Group Speech /Language Hearing Therapy ½ hr	\$26.00
Speech Group Therapy Add 15 minutes	\$13.00
Group Speech/Language Hearing Therapy 1 hour	\$51.00
Initial Speech/Language Evaluation	\$70.00
Initial Hearing Evaluation	\$70.00
Speech/Language/Hearing Therapy 30 minutes	\$26.00
Speech/Language/Hearing Therapy 45 minutes	\$39.00
Speech/Language/Hearing Therapy 60 minutes	\$52.00
Visit with Procedure(s) 30 minutes	\$34.00
Visit with Procedure(s) 45 minutes	\$51.00
Visit with Procedure(s) 60 minutes	\$68.00
Visit with Procedure(s) 75 minutes	\$85.00
Visit with Procedure(s) 90 minutes	\$102.00
CTR visit one/more modal /proc 15 minutes	\$17.00
Procedures and modalities 60 minutes	\$68.00
PT and Rehab Evaluation	\$75.00
Initial OT Evaluation	\$70.00
OT 30 minutes	\$26.00
OT 45 minutes	\$39.00
OT 60 minutes	\$52.00

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STATE Louisiana

DATE REC'D 9-27-02

DATE APP'VD 11-14-02

DATE EFF 7-6-02

HCFA 179 LA 02-11

SUPERSEDES: TN- 0032

TN# LA 02-11 Approval Date 11-14-02 Effective Date 7-6-02

Supersedes

TN# 00-32

STATE OF LOUISIANA
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 ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR
440.130

**Medical and Remedial
Care and Services
Item 13.d**

State: Louisiana
Date Received: 3/12/14
Date Approved: 5/2/14
Date Effective: 2/13/14
Transmittal Number: 14-07

B. Standards for Payment

- 1) The rehabilitation services center must be certified by the Health Standards Section of the Bureau of Health Services Financing.
- 2) The rehabilitation center must be Title XVIII certified.
- 3) Referral for such services has been made by a licensed physician, and the Prior Authorization Unit, Bureau of Health Services Financing (BHSF) has a copy of his recommendations to the rehabilitation services provider.
- 4) The rehabilitation services provider has evaluated the client and submitted a copy of its proposed plan of services to the Prior Authorization Unit for approval.
- 5) The rehabilitation services provider has agreed to provide evaluation reports as requested by the Prior Authorization Unit when the plan is approved.
- 6) The BHSF Prior Authorization Unit has approved the plan of treatment.

Effective for dates of service on or after February 13, 2014, reimbursement for physical and occupational therapy services shall be 85 percent of the 2013 Medicare published rate. The Medicare published rate shall be the rate in effect on February 13, 2014. There shall be no automatic enhanced adjustment for physical and occupational therapy services.

Speech/language therapy services shall continue to be reimbursed at the flat fee in place as of February 13, 2014 and in accordance with the Medicaid published fee schedule found on the Louisiana Medicaid provider website using the following link: http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm.

[Exclusions]:

Effective for dates of service on or after February 1, 2013, reimbursement shall not be made for rehabilitation clinic (center) services rendered to recipients 21 years of age and older.

TN# 14-07 Approval Date 5/2/14 Effective Date 2/13/14
Supersedes 13-08

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>	<u>Medical and Remedial</u>
42 CFR	Care and Services
447.304	Item 13.d (cont'd.)
440.130	

II. Rehabilitation Services for Mental Illness

A. Reimbursement Methodology

The reimbursement methodology is based on a comparative survey of rates paid in several other states for similar behavioral health services with an adjustment made for economic factors in Louisiana.

The reimbursement rates for physician services rendered under the Louisiana Behavioral Health Partnership (LBHP) shall be a flat fee for each covered service as specified on the established Medicaid fee schedule. The reimbursement rates shall be based on a percentage of the Louisiana Medicare Region 99 allowable for a specified year.

Effective for dates of service on or after April 20, 2013, the reimbursement for behavioral health services rendered by a physician under the LBHP shall be 75 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients.

Effective for dates of service on or after September 1, 2013, the reimbursement for procedure codes 90791, 90792, 90832, 90834, and 90837 shall be excluded from the January 2013 Medicare rate changes and shall remain at the Medicaid fee schedule on file as of December 31, 2012.

Each service provided to a qualified recipient will be reimbursed on a fee-for-service basis. Reimbursement shall be determined in accordance with the published Medicaid fee schedule and shall be applicable statewide to all MHR providers. Reimbursement for providers of Community Supports services are reimbursed as follows: Master's level practitioners are paid 100% of fee on file, and non-Master's level practitioners are paid 60% of the fee on file. Reimbursement for providers of Medication Management services are reimbursed as follows: Psychiatrist is paid 100% of fee on file, APRN is paid 80%, and RN is paid 67%.

TN# 13-38 Approval Date 07-24-14 Effective Date 09-01-13
Supersedes
TN# 13-19

State: Louisiana
Date Received: 09-26-13
Date Approved: 07-24-14
Date Effective: 09-01-13
Transmittal Number: 13-38

STATE OF LOUISIANA

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

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

The state developed fee schedule rates are the same for both governmental and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid provider website at www.lamedicaid.com.

Effective for dates of service on or after February 1, 2009, the reimbursement rates for MHR services shall be reduced by 3.5 percent of the fee amounts on file as of January 31, 2009.

Effective for dates of services on or after August 4, 2009, the reimbursement rates for the following MHR services shall be reduced by 1.23 percent of the fee amounts on file as of August 3, 2009:

- counseling;
- oral medication administration;
- psychosocial skills training;
- community supports; and
- injections.

Effective for dates of service on or after August 4, 2009, the reimbursement rates for parent/family intervention (intensive) services shall be reduced by 17.6 percent of the fee amounts on file as of August 3, 2009.

Effective for dates of service on or after January 22, 2010, the reimbursement rates for Mental Health Rehabilitation services shall be reduced by 1.62 percent of the rates on file as of January 21, 2010.

Effective for dates of service on or after August 1, 2010, Medicaid reimbursement shall be terminated for parent/family intervention (intensive) services.

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-28-10</u>	
DATE APP'VD <u>12-20-10</u>	
DATE EFF <u>8-1-10</u>	
HCFA 179 <u>10-55</u>	

TN# 10-55 Approval Date 12-20-10 Effective Date 8-1-10
Supersedes
TN# 10-19

SUPERSEDES: TN- 10-19

STATE OF LOUISIANA

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

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

Effective for dates of service on or after January 1, 2011, the reimbursement rates for Mental Health Rehabilitation services shall be reduced by 3.3 percent of the rates on file as of December 31, 2010.

SUPERSEDES: NONE - NEW PAGE

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-20-10</u>	
DATE APPV'D <u>6-30-11</u>	
DATE EFF <u>1-1-11</u>	
HGFA 179 <u>10-70</u>	

TN# 10-70 Approval Date 6-30-11 Effective Date 1-1-11

Supersedes

TN# _____

SUPERSEDES: NONE - NEW PAGE

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR
SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE
PLAN ARE DESCRIBED AS FOLLOWS:

Substance Abuse Rehabilitation Health Services

Reimbursements for services are based upon a Medicaid fee schedule established by the State of Louisiana. The reimbursement rates for physician services rendered under the Louisiana Behavioral Health Partnership (LBHP) shall be a flat fee for each covered service as specified on the established Medicaid fee schedule. The reimbursement rates shall be based on a percentage of the Louisiana Medicare Region 99 allowable for a specified year.

Effective for dates of service on or after April 20, 2013, the reimbursement for behavioral health services rendered by a physician under the LBHP shall be 75 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients.

Effective for dates of service on or after September 1, 2013, the reimbursement for procedure codes 90791, 90792, 90832, 90834, and 90837 shall be excluded from the January 2013 Medicare rate changes and shall remain at the Medicaid fee schedule on file as of December 31, 2012.

If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay Psychologists and APRNs at 80% of the LBHP physician rates. If a Medicare fee exists for a defined covered procedure code, then Louisiana will pay LCSWs, LPCs, LMFTs, and LAC's as well as qualified unlicensed practitioners delivering substance abuse services at 70% of the LBHP physician rates.

Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the Plan are available to individuals at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act 42 CFR 447.200, regarding payments and consistent with economy, efficiency and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

Except as otherwise noted in the Plan, the State-developed fee schedule is the same for both governmental and private individual providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the Louisiana Register.

TN# 13-38 Approval Date 07-24-14 Effective Date 09-01-13
Supersedes
TN# 13-19

State: Louisiana
Date Received: 09-26-13
Date Approved: 07-24-14
Date Effective: 09-01-13
Transmittal Number: 13-38

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR
SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER
THE PLAN ARE DESCRIBED AS FOLLOWS:

The Agency's fee schedule rate was set as of August 1, 2011 and is effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com.

The fee development methodology will primarily be composed of provider cost modeling, though Louisiana provider compensation studies, cost data and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development.

- Staffing Assumptions and Staff Wages
- Employee-Related Expenses – Benefits, Employer Taxes (e.g., FICA, unemployment, and workers compensation)
- Program-Related Expenses (e.g., supplies)
- Provider Overhead Expenses
- Program Billable Units.

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

Effective for dates of service on or after July 1, 2012, the reimbursement rates for outpatient substance abuse services provided to children/adolescents shall be reduced by 1.44 percent of the rates in effect on June 30, 2012.

State: Louisiana
Date Received: 28 June, 2013
Date Approved: 19 September, 2013
Date Effective: 20 April, 2013
Transmittal Number: LA 13-19

TN# 13-19 Approval Date 9-19-13 Effective Date 4/20/13
Supersedes
TN# 12-30

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED
IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS
FOLLOWS:

Behavioral Health Services Provided by Local Education Agencies

- (a) Medicaid Services Provided in Schools are services that are medically necessary and provided in schools to Medicaid recipients in accordance with an Individualized Education Program, (IEP). Covered services include the following as described in Attachment 3.1-A, Item 4b:
 - 3. Other Licensed Practitioner Behavioral Health Services
 - 4. Rehabilitation Behavioral Health ServicesAnd Addiction Services in the rehabilitation section in Attachment 3.1-A, Item 13.d.

The interim payment to the Local Education Agencies for services listed above are based on the behavioral health fee schedule methodology as outlined in the Louisiana Medicaid Fee Schedule.

Summary of Payment Methodology

Final payment to each LEA is the lesser of: 1) number of units billed multiplied by \$100 (To be adjusted by DHH periodically per the Agency's fee schedule rate set as of March 1, 2012 and effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com) or 2) the most recent school year's actual cost as determined by desk review and/or audit for each Local Education Agency (LEA) provider.

Each LEA shall determine cost annually by using DHH's Cost Report for Direct Service Cost (the Direct Service Cost Report) form as approved by CMS November 2005. Direct cost is limited to the amount of total compensation (salaries and fringe benefits) of current direct service providers as allocated to direct services for Medicaid special education recipients. The basis of allocation for direct compensation cost is DHH's Direct Services Time Study Methodology approved by CMS November 2005. This time study incorporates the CMS-approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel and is used to determine the percentage of time direct service personnel spend on direct IDEA/IEP services and General and Administrative (G&A) time. There are no additional direct costs included in the rate. Indirect cost is derived by multiplying the cognizant agency indirect cost unrestricted rate assigned by the Department of Education to each LEA. There are no additional indirect costs included. The Direct Service Cost Report initially provides the total cost of all school based services provided regardless of payer. To determine the amount of direct services cost that may be attributed to Medicaid, the ratio of Medicaid covered students with IEPs to all students with IEPs is multiplied by total direct cost. Cost data is subject to certification by each parish. This serves as the basis for obtaining Federal Medicaid funding.

For each of the IDEA related school based services other than specialized transportation services, the participating LEAs' actual cost of providing the services will be claimed for Medicaid FFP based on the methodology described in the steps below. The State will gather actual expenditure information for each LEA through its Payroll/Benefits and Accounts Payable System. These costs are also reflected in the Annual Financial Report (AFR) that all LEAs are required to certify and submit to the Department of Education. All costs included in the amount of cost to be certified and used subsequently to determine reconciliation and final settlement amounts as well as interim rates are identified on the CMS approved Direct Services Cost Report and are allowed in OMB Circular A-87. The State also will use other LEA specific information including the general fund budget and FTE counts.

TN# 11-11 Approval Date 10-12-11 Effective Date March 1, 2012
Supersedes
TN# 05-34

SUPERSEDES: TN- 05-34

STATE	<u>Louisiana</u>
DATE REC'D.	<u>3-10-11</u>
DATE APP'D.	<u>10-12-11</u>
DATE EFF.	<u>3-1-12</u>
HC FA 179	<u>11-11</u>

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STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED
IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS
FOLLOWS:

Step I: Develop Direct Cost-The Payroll Cost Base

Total annual salaries and benefits paid as well as contracted (vendor) payments are obtained initially from each LEA's Payroll/Benefits and Accounts Payable system. This data will be reported on DHH's Direct Services Cost Report form for all direct service personnel (i.e. all personnel providing LEA direct treatment services covered under the state plan).

Step 2: Adjust the Payroll Cost Base

The payroll cost base is reduced for amounts reimbursed by other funding sources (e.g. Federal grants). The payroll cost base does not include any amounts for staff whose compensation is 100 percent reimbursed by a funding source other than state/local funds. The application of Step 2 results in total adjusted salary cost.

Step 3: Determine the Percentage of Time to Provide All Direct Services

A time study which incorporates the CMS-approved Medicaid Administrative Claiming (MAC) methodology for direct service personnel is used to determine the percentage of time direct service personnel spend on direct IDEA/IEP services and General and Administrative (G&A) time. This time study will assure that there is no duplicate claiming. The G&A percentage is reallocated in a manner consistent with the CMS approved Medicaid Administrative Claiming methodology. Total G&A time is allocated to all other activity codes based on the percentage of time spent on each respective activity.

To reallocate G&A time to direct IDEA/IEP services, the percentage of time spent on direct IDEA/IEP services is divided by 100 percent minus the percentage of time spent on G&A. This will result in a percentage that represents the IDEA/IEP services with appropriate allocation of G&A. This percentage is multiplied by total adjusted salary cost as determined in Step 2 to allocate cost to school based services. The product represents total direct cost. A sufficient number of direct service personnel will be sampled to ensure results that will have a confidence level of at least 95 percent with a precision of plus or minus five percent overall.

Step 4: Determine Indirect Cost

Indirect cost is determined by multiplying each LEA's indirect unrestricted rate assigned by the cognizant agency (the Department of Education) by total adjusted direct cost as determined under Step 3. No additional indirect cost is recognized outside of the cognizant agency indirect rate. The sum of direct cost and indirect cost is total direct service costs for all students with an IEP.

TN# 11-11 Approval Date 10-12-11 Effective Date March 1, 2012
Supersedes
TN# None – New Page

SUPERSEDES: NONE - NEW PAGE

STATE <u>Louisiana</u>	A
DATE REC'D. <u>3-10-11</u>	
DATE APPL'D <u>10-12-11</u>	
DATE EFF. <u>3-1-12</u>	
HC FA 179 <u>11-11</u>	

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS
FOLLOWS:

Step 5: Allocate Direct Service Cost to Medicaid.

To determine the amount of cost that may be attributed to Medicaid, total cost as determined under Step 4 is multiplied by the ratio of Medicaid recipients with an IEP to all students with an IEP. This results in total cost that may be certified as Medicaid's portion of school based services cost.

Step 6: Compare the amount of behavioral health services authorized and billed through the interim process to the cost of the services

Final payment to each LEA is the lesser of: 1) number of units billed multiplied by \$100 (To be adjusted by DHH periodically per the Agency's fee schedule rate set as of March 1, 2012 and effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com) or 2) the most recent school year's actual cost as determined by desk review and/or audit for each Local Education Agency (LEA) provider.

Each LEA will complete the Direct Services and Transportation Cost Reports as applicable and submit the cost report(s) no later than 5 months after the June 30 fiscal year period ends and reconciliation will be completed within 12 months from the Fiscal Year End. If a provider's interim payments exceed the actual, certified costs for behavioral health Medicaid services provided in schools to Medicaid clients, the provider will remit the federal share of the overpayment at the time the cost report is submitted. BHSF will submit the federal share of the overpayment to CMS within 60 days of identification. If the actual, certified costs of a LEA provider exceed the interim payments, BHSF will pay the federal share of the difference of the lesser of 1) number of units billed multiplied by \$100 (To be adjusted by DHH periodically per the Agency's fee schedule rate set as of March 1, 2012 and effective for services provided on or after that date. All rates are published on the agency's website at www.lamedicaid.com) or 2) the most recent school year's actual cost as determined by desk review and/or audit for each Local Education Agency (LEA) provider, to the provider in accordance with the final actual certification agreement and submit claims to CMS for reimbursement of that payment in the federal fiscal quarter following payment to the provider.

SUPERSEDES: TN- 10-19

STATE <u>Louisiana</u>	
DATE REC'D <u>3-10-11</u>	
DATE APP'D <u>10-12-11</u>	A
DATE EFF <u>3-1-12</u>	
HC FA 179 <u>11-11</u>	

TN# 11-11 Approval Date 10-12-11 Effective Date March 1, 2012
Supersedes
TN# 10-19

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE
LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE
DESCRIBED AS FOLLOWS:

SUPPLEMENTAL PAYMENTS:

A. Qualifying Criteria:

Effective for dates of service on or after January 20, 2013, providers of behavioral health services may qualify for supplemental payments for services rendered to Medicaid recipients. To qualify for the supplemental payment, the behavioral health provider must be:

- 1) licensed as necessary by the state of Louisiana;
- 2) enrolled as a Medicaid provider; and
- 3) a government-owned and operated entity.

B. The following providers shall be eligible to receive supplemental payments:

- 1) Medical Psychologists;
- 2) Licensed Psychologists;
- 3) Licensed Clinical Social Workers;
- 4) Licensed Professional Counselors;
- 5) Licensed Marriage and Family Therapists;
- 6) Licensed Addiction Counselors; and
- 7) Advanced Registered Practical Nurses (specializing in mental health services).

Qualifying entities are limited to the following:

- 1) Acadiana Area Human Services District;
- 2) Capital Area Human Services District;
- 3) Central Louisiana Human Services District;
- 4) Florida Parishes Human Services Authority;
- 5) Imperial Calcasieu Human Services Authority;
- 6) Jefferson Parish Human Services Authority;
- 7) Metropolitan Human Services District;
- 8) Northeast Delta Human Services Authority;
- 9) Northwest Louisiana Human Services District; and
- 10) South Central Louisiana Human Services Authority.

State: Louisiana
Date Received: 3-27-13
Date Approved: 6-30-14
Date Effective: 1-20-13
Transmittal Number: 13-16A

C. Payment Methodology: The supplemental payment shall be calculated in a manner that will bring payments for these services up to the Medicare equivalent rate.

- 1) The state will align paid Medicaid claims with the Medicare fees for each CPT code for the provider and calculate the Medicare payment amounts for those claims. The payment will be based upon the Medicare fee schedule that is in place January 1st of each year.
- 2) For each quarter the state will extract paid Medicaid claims for each qualifying behavioral health service provider for that quarter.
- 3) The state will then calculate the amount Medicare would have paid for those claims by aligning the claims with the Medicare fee schedule by CPT code. The Medicare fees will be the most currently available national non-facility fees.
- 4) The amount Medicaid actually paid for those claims is subtracted from the amount determined in C3 to establish the supplemental payment amount for the behavioral health service provider for that quarter.

TN# 13-16A

Approval Date 6-30-14

Effective Date 1-20-13

Supersedes

TN# New page