



## EMERGENCY RULES REIMBURSEMENT RATE REDUCTIONS

The Department of Health and Hospitals has determined that reimbursement rate reductions are necessary in order to avoid a budget deficit in the Louisiana Medicaid Program. Emergency rules to implement these reimbursement reductions were published in the state's eight major daily newspapers on or before July 30, 2010. These Emergency Rules will also be published in the **August 20, 2010** edition of the *Louisiana Register*, the state's official journal.

For details regarding which services are affected by these reductions, please go to the *Emergency Rule* section of the above-referenced edition of the *Louisiana Register* at the Office of the State Register's website (<http://doa.louisiana.gov/osr/>).

The following rules are effective for dates of service on or after **August 1, 2010**.

**All Inclusive Care for the Elderly - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for the Program of All Inclusive Care for the Elderly (PACE) to reduce the monthly capitated amount paid to PACE organizations by 2 percent.

**Ambulatory Surgical Centers - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for ambulatory surgical centers to reduce the reimbursement rates for surgical services by 4.4 percent.

**CommunityCARE Program - Primary Care Providers - Reimbursement Rate Adjustment:** repeals the August 20, 2002 Rule which provided enhanced rates to CommunityCARE providers for certain procedure codes and amends the provisions governing reimbursements to CommunityCARE providers to align the reimbursements with the established fees for primary care services rendered by providers in the Professional Services Program. This Emergency Rule also clarifies the provisions governing the monthly management fee which shall remain in place.

**Early and Periodic Screening, Diagnosis and Treatment - Dental Program - Covered Services and Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for the Early and Periodic Screening, Diagnosis and Treatment Program to reduce the reimbursement rates paid for dental services to the following percentages of the 2009 National Dental Advisory Service Comprehensive Fee Report 70<sup>th</sup> percentile: 69

percent for certain oral evaluation services; 65 percent for certain annual and periodic diagnostic and preventive services; 50 percent for certain diagnostic and adjunctive general services; and 58 percent for the remainder of the dental services. Removable prosthodontics and orthodontic services were excluded from the rate reduction.

**End Stage Renal Disease Facilities - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for end stage renal disease facilities to reduce the reimbursement rates by 4.6 percent.

**Family Planning Clinics - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for family planning clinics to reduce the reimbursement rates to 75 percent of the 2009 Louisiana Medicare Region 99 allowable or billed charges, whichever is the lesser amount minus any third party liability coverage.

**Family Planning Waiver - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for family planning waiver services to reduce the reimbursement rates by 4.6 percent.

**Home and Community-Based Services Waivers - Adult Day Health Care - Reimbursement Rate Reduction:** amends the provisions governing the Adult Day Health Care Waiver to reduce the reimbursement rates by 2 percent.

**Home and Community-Based Services Waivers - Children's Choice - Service Cap and Reimbursement Rate Reduction:** amends the provisions governing the Children's Choice Waiver to reduce the service cap to \$16,660 per individual per plan of care year and to reduce the reimbursement rates by 2 percent, with the exception of ramps, lifts, general and vehicle modifications, family training services and support coordination services.

**Home and Community-Based Services Waivers - Elderly and Disabled Adults - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for EDA Waiver services to reduce the reimbursement rates for personal assistance services and adult day health care (ADHC) services by 2 percent and adopts provisions governing the reimbursement for ADHC services.

**Home and Community-Based Services Waivers - New Opportunities Waiver - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for the New Opportunities Waiver to reduce the reimbursement rates by 2 percent, with the exception of environmental accessibility adaptations, specialized medical equipment and supplies, personal emergency response systems, one-time transitional expenses; and individualized and family support services—night and shared night services.

**Home and Community-Based Services Waivers - Residential Options Waiver - Service Budget and Reimbursement Rate Reduction:** amends the provisions governing the Residential Options Waiver (ROW) to clarify the provisions governing the annual service budget for waiver participants and to reduce the reimbursement rates for ROW services by 2 percent, with the exception of personal emergency response services, environmental

accessibility adaptation services, specialized medical equipment and supplies, and support coordination services.

**Home and Community-Based Services Waivers - Supports Waiver - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for the Supports Waiver in order to reduce the reimbursement rates by 2 percent, with the exception of support coordination services and personal emergency response system services.

**Inpatient Hospital Services – Reimbursement Methodology:** amends the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals by 4.6 percent and amends the provisions governing the appeals procedures that address qualifying loss.

**Intermediate Care Facilities for Persons with Developmental Disabilities - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for intermediate care facilities for persons with developmental disabilities to reduce the per diem rates by 2 percent.

**Laboratory and Radiology Services - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for laboratory and radiology services to reduce the reimbursement rates by 4.6 percent.

**Medical Transportation Program- Non-Emergency Medical Transportation - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for medical transportation services to reduce the reimbursement rates for non-emergency, non-ambulance medical transportation by 4.5 percent. Friends and family providers are excluded from the rate reduction.

**Mental Health Rehabilitation Program - Termination of Parent/Family Intervention (Intensive) Services and Continued Treatment Clarifications:** terminates the coverage of Parent/Family Intervention (Intensive) services in the Mental Health Rehabilitation (MHR) Program and amends the provisions governing medical necessity for MHR services to establish continued treatment criteria.

**Multi-Systemic Therapy - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for multi-systemic therapy to reduce the reimbursement rates by 2.63 percent.

**Outpatient Hospital Services - Non-Rural, Non-State Hospitals and Children’s Specialty Hospitals - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for outpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals and children’s specialty hospitals by 4.6 percent.

**Personal Care Services – Long-Term - Reimbursement Rate Reduction:** amends the provisions governing the reimbursement methodology for long-term personal care services to reduce the reimbursement rates by 4.6 percent.

**Pregnant Women Extended Services - Dental Services - Reimbursement Rate Reduction:**

amends the provisions governing the reimbursement methodology for dental services provided to Medicaid eligible pregnant women in order to reduce the reimbursement rates to the following percentages of the 2009 National Dental Advisory Service Comprehensive Fee Report 70<sup>th</sup> Percentile: 69 percent for the comprehensive periodontal evaluation exam; 65 percent for certain diagnostic services; 58 percent for the remaining diagnostic services and all periodontic procedures, restorative and oral and maxillofacial surgery procedures.