



EMERGENCY RULES PUBLISHED

The Department of Health and Hospitals has addressed a budget deficit in the Louisiana Medicaid Program through the elimination of some Medicaid services and reduction of some reimbursement rates. Emergency Rules will be published in the January 20, 2013 edition of the *Louisiana Register*, the state's official journal, to address these changes.

For details regarding which services are affected, 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 **February 1, 2013**:

Disproportionate Share Hospital Payments – Community Hospitals: amends the provisions governing DSH payments to non-rural community hospitals in order to eliminate the community hospital psychiatric DSH pool.

Hospice Services: amends the provisions governing the hospice program in order to discontinue new enrollments in the program for recipients 21 years of age and older. Recipients enrolled in the Hospice Program prior to February 1, 2013 will continue to receive hospice services.

Inpatient Hospital Services – Non-Rural, Non-State Hospitals – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals.

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.

Pregnant Women Extended Services – Dental Services – Program Termination: repeals the provisions governing dental services rendered to Medicaid eligible pregnant women in order to terminate the program.

Professional Services Program – Physician Services – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for physician services in order to further reduce the reimbursement rates.

Rehabilitation Clinics – Termination of Coverage for Recipients 21 and Older: amends the provisions governing rehabilitation clinic services rendered to recipients 21 years of age and older in order to terminate coverage of these services.

Targeted Case Management – HIV Coverage Termination: amends the provisions governing targeted case management in order to terminate the coverage of services rendered to HIV disabled individuals.

Targeted Case Management – Nurse Family Partnership – Program Termination: amends the provisions governing targeted case management in order to terminate the Nurse Family Partnership Program.