



EMERGENCY RULES

SFY 2013 REIMBURSEMENT RATE REDUCTIONS

In order to avoid a budget deficit in the Medicaid Program, the Department of Health and Hospitals has published Emergency Rules which will: 1) reduce the reimbursement rates paid to providers; 2) realign the reimbursement rates for certain Medicaid services; and 3) discontinue Medicaid payment for certain services. These Emergency Rules will be published in the **July 20, 2012** 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://www.doa.louisiana.gov/osr/reg/register.htm>.

The following Emergency Rules are effective for dates of service on or after July 1, 2012, with the exception of the Children's Choice Waiver service cap reduction which is effective for August 1, 2012.

Adult Dentures – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for adult denture services to reduce the reimbursement fees paid to the following percentages of the 2009 National Dental Advisory Service Comprehensive Fee Report 70th percentile: 65 percent for comprehensive evaluation exams and 56 percent for full mouth x-rays. Removable prosthodontics and orthodontic services were excluded from the rate reduction.

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 3.7 percent.

Behavioral Health Services – Statewide Management Organization – Adults Capitated Payment Reduction: amends the provisions governing the reimbursement of adult behavioral health services coordinated through the Statewide Management Organization to reduce the monthly capitated payment by 1.927 percent.

Children’s Behavioral Health Services – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for children’s behavioral health services to reduce the reimbursement rates paid for therapeutic services, rehabilitation services, and crisis intervention services by 1.44 percent.

Early and Periodic Screening, Diagnosis and Treatment - Dental Program - 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 70th percentile: 65 percent for certain oral evaluation services; 62 percent for certain annual and periodic diagnostic and preventive services; 45 percent for certain diagnostic and adjunctive general services; and 56 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 3.7 percent.

Family Planning Clinics – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for family planning clinics in order to realign the reimbursement rates to equal the reimbursement rates for family planning services in the Professional Services Program.

Family Planning Waiver – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for certain Family Planning Waiver services to adjust the reimbursement rates to be consistent with the reimbursement rates paid on the established Medicaid fee schedule for family planning services covered under the Medicaid State Plan in the Professional Services Program.

Home and Community-Based Service Waivers – Adult Day Health Care – Reimbursement Rate Reduction: amends the reimbursement methodology for Adult Day Health Care Waiver services to reduce the reimbursement rates by 1.5 percent.

Home and Community-Based Service Waivers – Children’s Choice – Service Cap

Reduction: amends the provisions governing the Children’s Choice Waiver in order to reduce the service cap to \$16, 410 per individual per plan of care year. The effective date of the service cap reduction is August 1, 2012.

Home and Community-Based Service Waivers – Community Choices Waiver –

Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for Community Choices Waiver services to reduce the reimbursement rates by 1.5 percent.

Home and Community-Based Service Waivers – New Opportunities Waiver –

Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for certain New Opportunities Waiver services to reduce the reimbursement rates by 1.5 percent. The following services were excluded from the rate reduction: environmental accessibility adaptations; specialized medical equipment and supplies; personal emergency response systems; one-time transitional expenses; and individualized and family support services-shared day; and individualized and family support services-night.

Home and Community-Based Service Waivers – Residential Options Waiver –

Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for certain Residential Options Waiver services to reduce the reimbursement rates by 1.5 percent. The following services were excluded from the rate reduction: personal emergency response services; environmental accessibility adaptation services; specialized medical equipment and supplies; and transitional services.

Home and Community-Based Service Waivers – Supports Waiver – Reimbursement Rate

Reduction: amends the provisions governing the reimbursement methodology for Supports Waiver services to reduce the reimbursement rates by 1.5 percent. Personal emergency response system services were excluded from the rate reduction.

Home Health Program – Durable Medical Equipment – Reimbursement Rate Reduction:

amends the provisions governing medical equipment, supplies, and appliances covered in the Home Health Program to reduce the reimbursement rates by 3.7 percent.

Home Health Program –Nursing and Home Health Aide Services – Reimbursement Rate

Reduction: amends the provisions governing intermittent and extended nursing services and home health aide services covered in the Home Health Program to reduce the reimbursement rates by 3.7 percent.

Intermediate Care Facilities for Persons with Developmental Disabilities – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for non-state intermediate care facilities for persons with developmental disabilities to reduce the per diem rates by 1.5 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 3.7 percent.

LaCHIP Affordable Plan – Dental Program – Reimbursement Rate Reduction: adopts provisions governing the reimbursement methodology for the LaCHIP Affordable Dental Program to reduce the reimbursement rates paid for dental services to the following percentages of the 2009 National Dental Advisory Service Comprehensive Fee Report 70th percentile: 65 percent for certain oral evaluation services; 62 percent for certain annual and periodic diagnostic and preventive services; 45 percent for certain diagnostic and adjunctive general services; and 56 percent for the remainder of the dental services. Removable prosthodontics and orthodontic services were excluded from the rate reduction.

Medical Transportation Program- Emergency Ambulance Services - Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for emergency medical transportation services to reduce the reimbursement rates by 5.25 percent for ground and air transportation.

Nursing Facilities – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for non-state nursing facilities to reduce the average daily rates by \$4.11 per day after the sunset of the state fiscal year (SFY) 2012 rebase and **before** the SFY 2013 rebase.

Nursing Facilities – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for non-state nursing facilities to reduce the average daily rates by \$1.15 per day after the sunset of the SFY 2012 rebase and **after** the SFY 2013 rebase.

Pediatric Day Health Care Program – Reimbursement Rate Reduction: amends the provisions governing pediatric day health care services to reduce the reimbursement rates by 3.7 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 1.5 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 70th Percentile: 65 percent for the comprehensive periodontal evaluation exam; 62 percent for certain diagnostic and preventive services; 56 percent for the remaining diagnostic services and all periodontic procedures, restorative and oral and maxillofacial surgery procedures.

Professional Services Program – Anesthesia Services – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for anesthesia services covered in the Professional Services Program to reduce the reimbursement rates for formula-based and flat-fee reimbursed anesthesia services by 3.4 percent.

Professional Services Program – Family Planning Services – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for family planning services covered in the Professional Services Program to reduce the reimbursement rates paid by 3.7 percent.

Professional Services Program – Physician Services – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for physician services covered in the Professional Services Program to be as follows for designated services: reimbursement for certain professional services procedure (consult) codes were discontinued; certain cesarean delivery fees were reduced to equal corresponding vaginal delivery fees; and reimbursement for all other professional services procedure codes, exclusive of Affordable Care Act primary care procedure codes, were reduced by 3.4 percent.

Prosthetics and Orthotics – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for prosthetic and orthotic devices to reduce the reimbursement rates by 3.7 percent. The rate reduction will not apply to items that do not appear on the fee schedule and are individually priced.

Substance Abuse Services – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for outpatient substance abuse services provided to children/adolescents to reduce the reimbursement rates by 1.44 percent.

Targeted Case Management – Reimbursement Rate Reduction: amends the provisions governing the reimbursement methodology for case management services provided to the following targeted populations to reduce the reimbursement rates by 1.5 percent: participants in the Nurse Family Partnership Program and the Early and Periodic Screening, Diagnosis, and Treatment Program; individuals diagnosed with HIV; and individuals with developmental disabilities who participate in the New Opportunities Waiver.

****Additional Executive Budget Reduction****

CommunityCARE Program – Program Termination: repealed the provisions governing the CommunityCARE Program due to the implementation of the BAYOU HEALTH Program. Upon the implementation of the BAYOU HEALTH Program, the CommunityCARE Program was terminated; hence, the pass-through payment of \$1.50 to primary care physicians in the shared plans has been terminated.