

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP, and Survey & Certification

Mr. Don Gregory, Director
Bureau of Health Services Financing
Department of Health and Hospitals
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

MAY - 2 2011

Attention: Sandra Victor

RE: Louisiana 10-56

Dear Mr. Gregory:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 10-56. The purpose of this amendment is to provide for supplemental Medicaid payments to state owned acute care hospitals located in the Department of Health & Hospitals Administrative Region 8. There is only one state acute care hospital in Administrative Region 8, which is E.A. Conway Medical Center. In addition, this amendment reduces Medicaid rates to the non Administrative Region 8 state hospitals to 60 percent of allowable Medicaid cost.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-A. Based upon your assurances, Medicaid State plan amendment 10-56 is approved effective October 16, 2010. We are enclosing the HCFA-179 and the new plan page.



If you have any questions, please call Sandra Dasheiff, CPA at (214) 767-6490.

Sincerely,

A black rectangular box redacting the signature of Cindy Mann.

Cindy Mann
Director
Center for Medicaid, CHIP, and Survey & Certification

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 10-56	2. STATE Louisiana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 16, 2010	
5. TYPE OF PLAN MATERIAL (Check One): G NEW STATE PLAN G AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C		7. FEDERAL BUDGET IMPACT: * a. FFY <u>2011</u> \$0.00 \$21,309,891 b. FFY <u>2012</u> \$0.00 \$20,774,458	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Item 1, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 05-26)	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to provide for supplemental Medicaid payments to state owned acute care hospitals.			
11. GOVERNOR-S REVIEW (Check One): <input type="checkbox"/> GOVERNOR-S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR-S OFFICE ENCLOSED The Governor does not review state plan material. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Bruce D. Greenstein		17. DATE RECEIVED: 1 December, 2010 18. DATE APPROVED: 05-02-11 PLAN APPROVED - ONE C	
14. TITLE: Secretary			
15. DATE SUBMITTED: December 1, 2010			
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 16 2010		20. 	
21. TYPED NAME: William Lasowski		22. TITLE: Deputy Director, CMCS	
23. REMARKS:			

* Pen and ink changes requested by Allyson Lamy,
Program Manager on 04/04/11.

Marks, Marsha L. (CMS/SC)

From: Cooley, Mark S. (CMS/CMCS)
Sent: Tuesday, May 03, 2011 1:13 PM
To: Marks, Marsha L. (CMS/SC)
Subject: FW: Approval Package LA 10-056
Attachments: LA 10-056.pdf

Approval package for LA 10-56

From: Cooley, Mark S. (CMS/CMCS)
Sent: Tuesday, May 03, 2011 2:06 PM
To: Dasheiff, Sandra (CMS/CMCHO)
Cc: Goldstein, Stuart S. (CMS/CMCS); Brooks, Bill D. (CMS/CMCHO); Cieslicki, Mary E. (CMS/CMCS)
Subject: Approval Package LA 10-056

Approval Package for Louisiana 10-056