

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP, and Survey & Certification

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

SEP 29 2011

Attention: Darlene York

RE: Louisiana 10-80

Dear Mr. Gregory:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 10-80. The purpose of this amendment is to provide for a one time supplemental payment for inpatient hospital services rendered by non-rural, non-state hospitals designated as a major teaching hospital. This amendment is effective for dates of service July 1, 2011 through September 30, 2011.


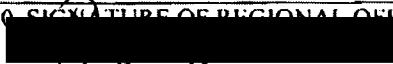
We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-A. Based upon your assurances, Medicaid State plan amendment 10-80 is approved effective July 1, 2011. 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,

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: 10-80	2. STATE Louisiana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
10. REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> 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> * \$ 2,996,075 \$8,905.40 b. FFY <u>2012</u> \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Item 1, Page 8c(2)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New Page)	
10. SUBJECT OF AMENDMENT: The purpose of this State Plan amendment is to provide for a supplemental payment for inpatient hospital services rendered by non-rural, non-state hospitals designated as a major teaching hospital.			
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 623 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Bruce D. Greenstein			
14. TITLE: Secretary			
15. DATE SUBMITTED: December 20, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 21 December, 2010		18. DATE APPROVED: SEP 23 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Penny Thompson		22. TITLE: Deputy Director, CMCS	
23. REMARKS:			

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - IN-PATIENT HOSPITAL CARE

- iii. Effective for the dates of service July 1, 2011, through September 30, 2011, a supplemental payment will be issued subject to upper payment limits to qualifying non-rural, non-state acute care hospitals for inpatient services rendered during this quarter. These payments shall be used to facilitate the development of public-private partnerships to preserve access to medically necessary services for Medicaid enrollees. Aggregate payments to qualifying hospitals shall not exceed the maximum allowable cap of \$4,403,403 for the quarter.

Payments shall be distributed quarterly and shall be calculated using the Medicaid acute and distinct part psychiatric paid days for service dates in state fiscal year 2010 serving as a proxy for SFYs 2012. The annual days from 2010 shall be divided by four to obtain the quarterly days.

Payments shall be calculated as follows:

- For dates of service 7/1/11 – 9/30/11 – the Medicaid acute and distinct part psychiatric unit paid days for service dates in state fiscal year 2010 shall be multiplied by the rate of \$559.45.

Payments are applicable to Medicaid service dates provided during the quarter noted above only and shall be discontinued for the remainder of the state fiscal year after the maximum payment cap is reached.

State: Louisiana
Date Received: 12 December, 2010
Date Approved: 23 September, 2011
Effective Date: 1 July, 2011
Transmittal Number: LA 10-80

TN# 10-80
Supersedes
TN# New Page

Approval Date SEP 23 2011

Effective Date 07-01-11