

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

SEP 23 2011

Attention: Darlene York

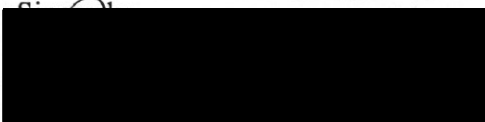
RE: Louisiana 11-17

Dear Mr. Gregory:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 11-17. The purpose of this amendment is to provide for supplemental Medicaid payments to non-rural, non-state acute care public hospitals.

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 11-17 is approved effective May 15, 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.


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: 11-17		2. STATE Louisiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
4. PROPOSED EFFECTIVE DATE May 15, 2011		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		
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 2011 \$ 17,367,132 \$11,795.61 b. FFY 2012 \$ 49,283,437 \$31,496.51	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Item 1, Page 8c(3)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New Page)	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to provide for supplemental Medicaid payments to non-rural, non-state public 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: Don Gregory, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: Bruce Greenstein		
14. TITLE: Secretary		
15. DATE SUBMITTED: June 27, 2011		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 29 June, 2011	18. DATE APPROVED: SEP 23 2011	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: MAY 15 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: PENNY Thompson	22. TITLE: Deputy Director, CMCS	
23. REMARKS:		

Pen and ink changes requested by Keydra Singleton, Medicaid Program Manager on September 12, 2011.

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

e. Non-Rural Non-State Public Hospitals

Effective for dates of service on or after May 15, 2011, quarterly supplemental payments will be issued to qualifying non-rural, non-state public hospitals for inpatient services rendered during the quarter. Payment amount shall be up to the Medicare inpatient upper payment limits as determined in accordance with 42 CFR §447.272.

1. Qualifying criteria -

In order to qualify for the supplemental payment, a non-rural, non-state public acute care hospital must:

- a. be designated as a major teaching hospital by the department in state fiscal year 2011; and
- b. have provided at least 17,000 Medicaid acute care and distinct part psychiatric unit paid days for state fiscal year 2010 dates of service.

2. Reimbursement methodology - each qualifying hospital shall receive quarterly supplemental payments for the inpatient services rendered during the quarter. Quarterly payments shall be the difference between each qualifying hospital's inpatient Medicaid billed charges and Medicaid payments the hospital receives for covered inpatient services provided to Medicaid recipients. Medicaid billed charges and payments will be based on a 12 consecutive month period for claims data selected by the Department.

TN# 11-17

Approval Date SEP 23 2011

Effective Date 05-15-11

Supersedes

TN# New Page