

Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 12-14

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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 and CHIP Services

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

JUN 18 2012

Attention: Darlene York

RE: Louisiana 12-14

Dear Mr. Gregory:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN)12-14. The purpose of this amendment is to establish the state appropriation for Disproportionate Share Hospital (DSH) payments to Federally Mandated Statutory hospitals. The state appropriation is \$2,000,000 for state fiscal year (SFY) 2012 and \$7,000,000 for SFY 2013 and thereafter.

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 12-14 is approved effective May 21, 2012. 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 and CHIP Services

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;">12-14</div>	2. STATE <div style="text-align: center;">Louisiana</div>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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)		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">July 1, 2012 May 21, 2012 *</div>	
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center;">42 CFR 447, Subpart E</div>	7. FEDERAL BUDGET IMPACT: * a. FFY <u>2012</u> \$ 2290.88 62,449.60 b. FFY <u>2013</u> \$ 4286.80 91,990.30		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;">Attachment 4.19-A, Item 1, Page 10k</div>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <div style="text-align: center;">Same(TN 11-18)</div>		
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to revise the state appropriation for Federally Mandated Statutory hospitals for the SFY 2012.			
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: <div style="background-color: black; height: 20px; width: 100%;"></div>	16. RETURN TO: <div style="text-align: center;"> State of Louisiana Department of Health and Hospitals 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821-9030 </div>		
13. TYPED NAME: <div style="text-align: center;">Bruce D. Greenstein</div>	14. TITLE: <div style="text-align: center;">Secretary</div>		
15. DATE SUBMITTED: <div style="text-align: center;">May 22, 2012</div>	17. DATE RECEIVED: <div style="text-align: center;">6-6-12</div>		
FOR REGIONAL OFFICE USE ONLY			
18. DATE APPROVED: <div style="text-align: center;">JUN 18 2012</div>		19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">MAY 21 2012</div>	
20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; height: 20px; width: 100%;"></div>		21. TYPED NAME: <div style="text-align: center;">Penny Thompson</div>	
22. TITLE: <div style="text-align: center;">Deputy Director, CMCS</div>		23. REMARKS:	

FORM HCFA-179 (07-92) * Pen and ink changes requested by Keydra Singleton, Medicaid Program Manager, on 6/7/12.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-A
Item 1, Page 10 k

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

c. Federally Mandated Statutory Hospitals

- 1) Hospitals that meet the federal DSH statutory utilization requirements in D.1.d.(i) and (ii).
- 2) DSH payments to individual federally mandated statutory hospitals shall be based on actual paid Medicaid days for a six-month period ending on the last day of the last month of that period, but reported at least 30 days preceding the date of payment. Annualization of days for the purposes of the Medicaid days pool is not permitted. The amount will be obtained by the Department from a report of paid Medicaid days by service date.
- 3) Disproportionate share payments for individual hospitals in this group shall be calculated based on the product of the ratio determined by:
 - (i) dividing each qualifying hospital's actual paid Medicaid inpatient days for a six month period ending on the last day of the month preceding the date of payment (which will be obtained by the Department from a report of paid Medicaid days by service date) by the total Medicaid inpatient days obtained from the same report of all qualified hospitals included in this group. Total Medicaid inpatient days include Medicaid nursery days but do not include skilled nursing facility or swing bed days; and
 - (ii) for the SFY 2011-2012, multiplying by \$2,000,000 which is the state appropriation share payments allocated for this pool of hospitals. Thereafter, multiplying by \$7,000,000, the state appropriation for disproportionate share payments allocated for this pool of hospitals.
- 4) A pro rata decrease necessitated by conditions specified in I.D.2. above for hospitals in this group will be calculated based on the ratio determined by dividing the hospitals' Medicaid days by the Medicaid days for all qualifying hospitals in this group; then multiplying by the amount of disproportionate share payments calculated in excess of the federal disproportionate share allotment or state disproportionate share appropriated amount as indicated in paragraph c.3) (ii) above.

Payments from this DSH category to hospitals qualifying for another DSH category will be made subsequent to the other DSH payments. Aggregate DSH payments for hospitals that received payment from this and any other DSH category shall not exceed the hospital's specific DSH limit as defined in section D.2.c. If payments calculated under this methodology would cause a hospital's aggregate DSH payment to exceed the limit, the payment from this category shall be adjusted downward not to exceed the limit.

TN# 12-14
Supersedes
TN# 11-18

Approval Date JUN 18 2012

Effective Date 05-21-12
