

## Table of Contents

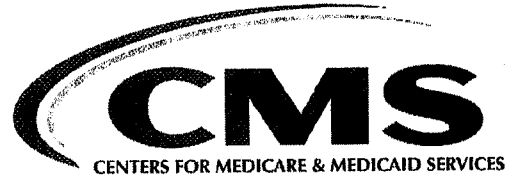
State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 12-54 NIRT

This file contains the following documents in the order listed:

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

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 (CMCS)

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

DEC 19 2012

RE: Louisiana 12-54

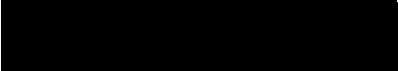
Dear Ms. Kennedy:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 12-54. The purpose of this amendment is to provide for supplemental Medicaid payments to non-rural, non-state acute care government 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 12-54 is approved effective January 1, 2014. We are enclosing the HCFA-179 and the new plan page.

If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

  
Cindy Mann  
Director, CMCS

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  12-54	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  August 1, 2012 January 1, 2014	
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 2013 \$0 b. FFY 2014 \$1,099,241,077.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-A, Item 1, Page 8e(3)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 11-17)	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to provide for supplemental Medicaid payments to qualifying 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:  [Redacted Signature]		16. RETURN TO:  J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4 <sup>th</sup> Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Bruce D. Greenstein		17. DATE RECEIVED: 24 August, 2012	
14. TITLE: Secretary		18. DATE APPROVED: DEC 19 2012	
15. DATE SUBMITTED: August 24, 2012		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014 JAN -1 2014		20. SIGNATURE OF REGIONAL OFFICIAL:  [Redacted Signature]	
21. TYPED NAME: Penny Thompson		22. TITLE: Deputy Director, CMCS	
23. REMARKS:			

\* p2w and ink requested by the State  
through e-mail dated 12/14/2012 12:03pm

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

ATTACHMENT 4.19-A  
Item 1, Page 8c(3)

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 Government 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 have provided at least 17,000 Medicaid acute care and distinct part psychiatric unit paid days for state fiscal year 2010 dates of service; or,
- b. effective for dates of service on or after January 1, 2014, be located in a city with a population of over 300,000 as of the 2010 U.S. Census.

2. **Reimbursement methodology:**

- a. 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.
- b. With respect to qualifying hospitals that are enrolled in Medicaid **after January 1, 2014**, actual Medicaid utilization and claims data for the hospital for the preceding quarter per the Department's paid claims data will be used as the basis for making quarterly supplemental payments during the hospital's start-up period.
  - For purposes of these provisions, the start-up period shall be defined as the first three years of operation.
  - During the start-up period, each quarterly supplemental payment shall be made no later than the 60<sup>th</sup> day of the subsequent quarter to allow the Department sufficient time to compile actual inpatient Medicaid claims data for the new hospitals to calculate the actual quarterly inpatient charge differential. These retroactive quarterly payments shall be applicable to service dates in the preceding quarter.
- c. Payments in the aggregate will not exceed the UPL for all hospitals included in the non-state government owned group.

STATE <u>LOUISIANA</u>	
DATE REC'D	<u>8-24-2012</u>
DATE APP'VD	<u>DEC 19 2012</u>
DATE EFF	<u>1-1-2014</u>
ISSN	<u>179 LA 12-54</u>

TN# 12-54  
Supersedes  
TN# 11-17

Approval Date DEC 19 2012

Effective Date 1-1-2014