

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



NOV 20 2013

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

RE: Louisiana 13-29

Dear Ms. Kennedy:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-29. The purpose of this amendment is to change the qualifying criteria for teaching hospitals by clarifying how a facility will be considered as a major and minor teaching hospital in a graduate medical education program, and what is an approved medical residency program. Also, this amendment clarifies the deadlines for submissions of documentation for conversion from public to private ownership.

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-D.

Based upon your assurances, Medicaid State plan amendment 13-29 is approved effective July 1, 2013. We are enclosing the HCFA-179 and the amended plan pages.



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

Sincerely,

A black rectangular box redacting the signature of Cindy Mann.

Cindy Mann
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 13-29	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 July 1, 2013	
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 413, Subpart F		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$0 b. FFY 2014 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Item 1, Page 7.c(3) Attachment 4.19-A, Item 1, Page 7.d Attachment 4.19-A, Item 1, Page 10m (1-3) Attachment 4.19-A, Item 1, Page 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same as (TN 11-88) Same as (TN 12-86) Same as (TN 04-21) Same as (TN 02-21)	
10. SUBJECT OF AMENDMENT: The SPA proposes to amend the provisions governing the qualifying criteria for teaching hospitals in order to correlate with Medicare guidelines, and to clarify deadlines for submissions of qualifying documentation and provisions for conversion to private ownership.			
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: J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4 th Street PO Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Kathy H. Kliebert		17. DATE RECEIVED: 9-11-2013	
14. TITLE: Secretary		18. DATE APPROVED: NOV 20 2013	
15. DATE SUBMITTED: September 6, 2013		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Penny Thompson		22. TITLE: Deputy Director, Policy & Financial Mgt. CMRS	
23. REMARKS: The State request a pen and ink change to box 8 and box 9 of form 179			

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

Attachment 4.19-A
Item 1, Page 5

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

1994) then arrayed by peer group from high to low in order to determine the median cost for the peer group. Fixed capital cost for each hospital/unit above the median was capped at the median. Exception: Long term hospitals are capped at the 30th percentile facility as reported on the as-filed cost report for the hospital cost report year ending between July 1, 1995 through June 30, 1996.

Step 3 - Calculation of blended component.

A blended component for each hospital was calculated comprised of 70% of the peer group median and 30% of the hospital specific component (capped at the median).

Step 4 - Calculation of capped weighted average.

A capped weighted average for each peer group was calculated by multiplying the per diem cost for each hospital (capped at the median) by the number of Medicaid days provided by the hospital in 1991, adding the products then dividing the resulting sum by the total number of Medicaid days in 1991 for all hospitals in the group.

Step 5 - Determination of hospital specific component.

Each hospital's fixed capital cost component was set at the lower of the hospital's blended rate or the capped weighted average for the peer group.

The inflation factor is not applied annually.

b. Medical education cost.

A facility-specific cost component is allowed for any hospital that maintains a program or "Approved Educational Activities" as defined in the Medicare Provider Reimbursement Manual § 402.1 and listed in § 404. The audit intermediary determines whether the hospital program qualifies to have medical education costs included in each hospital's rate. In addition to the above, hospitals qualifying for graduate medical education reimbursement must meet the criteria specified in either II.D. or E, and II F.

Hospitals which begin new qualifying programs are eligible to have this component included in the calculation of the hospital's rate at the beginning of the state fiscal year subsequent to the hospital's valid request for medical education costs to be included, trended forward from the most recent filed cost report year to the current state fiscal year.

The component cost for each hospital that had qualifying program(s) in the hospital's base year cost report was inflated from the midpoint of the base year to the midpoint of the implementation year (December 31, 1994). Costs are inflated for each subsequent non-rebasing year when the state legislature allocates funds for this purpose.

STATE	<u>Louisiana</u>
DATE REC'D	<u>9-11-2013</u>
DATE APPV'D	<u>NOV 20 2013</u>
DATE EFF	<u>7-1-2013</u>
INDEX	<u>179</u>

A

TN# 13-29 Approval Date NOV 20 2013 Effective Date 7-1-2013
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TN# 02-21

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

ATTACHMENT 4.19-A
Item 1, Page 7.c(3)

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

multiplied by the exceeding hospital's paid PICU days for SFY 2010, to take the place of the hospital's actual paid outlier amount.

The Department shall evaluate all rates and tiers two years after implementation.

RESERVED

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>9-11-2013</u>	
DATE APPV'D	<u>NOV 20 2013</u>	
DATE EFF	<u>7-1-2013</u>	
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ATTACHMENT 4.19-A
Item 1, Page 7dMEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANAPAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICESMETHODS AND STANDARDS FOR ESTABLISHING RATES - INPATIENT HOSPITAL CARE

Qualification for teaching hospital status shall be reestablished at the beginning of each fiscal year.

To be reimbursed as a teaching hospital a facility shall submit a signed "Certification For Teaching Hospital Recognition" form to the Bureau of Health Services, Supplemental Payments Section at least thirty days prior to the beginning of each state fiscal year, or at least 30 days prior to the effective date of converting a state owned and operated teaching hospital to private operation and management.

Each hospital which is reimbursed as a teaching hospital shall submit the following documentation with their Medicaid cost report filing:

1. a copy of the Intern and Resident Information System report that is submitted annually to the Medicare intermediary; and
2. a copy of any notice given to the ACGME that residents rotate through a facility for more than one sixth of the program length or more than a total of six months.

Copies of all affiliation agreements, contracts, payroll records and time allocations related to graduate medical education must be maintained by the hospital and available for review by the state and federal agencies or their agents upon request.

If it is subsequently discovered that a hospital has been reimbursed as a major or minor teaching hospital and did not qualify for that peer group for any reimbursement period, retroactive adjustment shall be made to reflect the correct peer group to which the facility should have been assigned. The resulting overpayment will be recovered through either immediate repayment by the hospital or recoupment from any funds due to the hospital from the department.

Effective for dates of service on or after February 1, 2012, medical education payments for inpatient services which are reimbursed by a prepaid risk-bearing managed care organization (MCO) shall be paid monthly by Medicaid as interim lump sum payments.

1. Hospitals with qualifying medical education programs shall submit a listing of inpatient claims paid each month by each MCO. Qualifying medical education programs are defined as graduate medical education, paramedical education, and nursing schools.
2. Qualifying hospitals must have a direct medical education add-on component included in their prospective Medicaid per diem rates as of January 31, 2012 which was carved-out of the per diem rate reported to the MCOs.
3. Monthly payments shall be calculated by multiplying the number of qualifying inpatient days submitted by the medical education costs component included in each hospital's fee-for-service prospective per diem rate. Monthly payment amounts shall be verified by the Department semi-annually using reports of MCO covered days generated from encounter data. Payment adjustments or recoupment shall be made as necessary based on the MCO encounter data reported to the Department.

STATE	Louisiana
DATE REC'D	9-11-2013
DATE APPROV'D	NOV 20 2013
DATE EFF	7-1-2013
ISS#	179-13-29
A	

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

ATTACHMENT 4.19-A
Item 1, Page 10 m (1)

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

C. To be eligible for reimbursement for services provided by a **Hospital Intensive Neurological Rehabilitation Care (HINRC) unit**, a hospital must:

1. Meet the requirements of A. above;
and
2. Be accredited by the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) and by the Commission on Accreditation of Rehabilitation Facilities (CARF);
and
3. Contain a unit that meets the requirements for a HINRC unit as described in Attachment 3.1-A, Item 1;
and
4. Enroll the HINRC unit separately as a Medicaid provider of Hospital Intensive Neurological Rehabilitation Care.

D. To be eligible for reimbursement for services provided by a **major teaching hospital**, a hospital must:

1. Meet the requirements of A. above;
and
2. Have a documented affiliation agreement with a Louisiana medical school accredited by the Liaison Committee on Medical Education (LCME). These facilities must be a major participant in at least four approved medical residency programs and maintain at least 15 interns and resident un-weighted full time equivalent positions. Full time equivalent positions will be calculated as defined in 42 CFR 413.78. At least two of the programs must be in medicine, surgery, obstetrics/gynecology, pediatrics, family practice, emergency medicine or psychiatry; or
3. Maintain at least 20 intern and resident unweighted full time equivalent positions, with an approved medical residency program in family practice located more than 150 miles from the medical school accredited by the LCME. Full time equivalent positions will be calculated as defined in 42 CFR 413.78.
4. For the purposes of recognition as a major teaching hospital, a facility shall be considered a "major participant" in a graduate medical education program if it meets the following criteria.

A	
STATE <u>Louisiana</u>	
DATE REC'D <u>9-11-2013</u>	
DATE APP'D <u>NOV 20 2013</u>	
DATE EFF <u>7-1-2013</u>	
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TN# 13-29
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Approval Date NOV 20 2013 Effective Date 7-1-2013

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

ATTACHMENT 4.19-A
Item 1, Page 10 m (2)

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

The facility must participate in residency programs that:

- a. require residents to rotate for a required experience, and
- b. require explicit approval by the appropriate Residency Review Committee (RRC) of the medical school with which the facility is affiliated prior to utilization of the facility, and
- c. provide residency rotations of more than one-sixth of the program length or more than a total of six months at the facility and are listed as part of an accredited program in the *Graduate Medical Education Directory* of the Accreditation Council for Graduate Medical Education (ACGME).

A	
STATE	Louisiana
DATE REC'D	9-11-2013
DATE APP'D	NOV 20 2013
DATE EFF	7-1-2013
179	13-29

- E. To be eligible for reimbursement for services provided by a minor teaching hospital, a hospital must:
1. Meet the requirements of A. above;
and
 2. Have a documented affiliation agreement with a Louisiana medical school accredited by the Liaison Committee on Medical Education (LCME). These facilities must participate significantly in at least one approved medical residency program. Maintain at least six intern and resident un-weighted full time equivalent positions. Full time equivalent positions will be calculated as defined in 42 CFR 413.78. At least one of these programs must be in medicine, surgery, obstetrics/gynecology, pediatrics, family practice, emergency medicine, or psychiatry.
 3. For the purposes of recognition as a minor teaching hospital, a facility is considered to "participate significantly" in a graduate medical education program if it meets both of the following criteria: The facility must participate in residency programs that:
 - a. require residents to rotate for a required experience, and
 - b. require explicit approval by the appropriate Residency Review Committee (RRC) of the medical school with which the facility is affiliated prior to utilization of the facility, and
 - c. provide residency rotations of more than one-sixth of the program length or more than a total of six months at the facility and are listed as part of an accredited program in the *Graduate Medical*

TN# 13-29
Supersedes
TN# 04-21

Approval Date NOV 20 2013 Effective Date 7-1-2013

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

ATTACHMENT 4.19-A
Item 1, Page 10 m (3)

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

Education Directory of the Accreditation Council for Graduate Medical Education (ACGME). If not listed, the sponsoring institution must have notified ACGME, in writing, that the residents rotate through the facility and spend more than one-sixth of the program length or more than a total of six months at the facility.

- F. An approved medical residency program is one that meets one of the following criteria:
1. Is approved by one of the national organizations listed in 42 CRF 415.152;2.
 2. May count towards certification of the participant in specialty or subspecialty listed in the current edition of the following publications:
 - a. The Directory of Graduate Medical Education Programs published by the American Medical Association, and available from American Medical Association, Department of Directories and Publications; or
 - b. The Annual Report and Reference Handbook published by the American Board of Medical Specialties, and available from American Board of Medical Specialties;
 3. Is approved by the Accreditation Council for Graduate Medical Education (ACGME) as a fellowship program in geriatric medicine; or
 4. Is a program that would be accredited except for the accrediting agency's reliance upon an accreditation standard that requires an entity to perform an induced abortion or require, provide, or refer for training in the performance of induced abortions, or make arrangements for such training, regardless of whether the standard provides exceptions or exemptions.
- G. To be eligible for reimbursement for services provided by a specialty hospital, a hospital must:
1. Meet the requirements of A. above; and

A	
STATE	Louisiana
DATE REC'D	9-11-2013
DATE APP'D	NOV 20 2013
DATE EFF	7-1-2013
155179	1329

TN# 1329
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