

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

July 23, 2013

Our Reference: SPA LA 12-64

Ms. Ruth Kennedy, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attn: Darlene Adams
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 12-64. This SPA establishes a supplemental payment for outpatient hospital services associated with Our Lady of the Lake Hospital to encourage the takeover and management of state-owned and operated outpatient hospital services.

Transmittal Number 12-64 is approved with an effective date of April 15, 2013 as requested. A copy of the HCFA-179, Transmittal No. 12-64 dated November 2, 2012 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III a: ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks" followed by a flourish.

Bill Brooks
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

12-64

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

April 15, 2013

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- 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 F

7. FEDERAL BUDGET IMPACT:

a. FFY **2013** **\$1,637.75**

b. FFY **2014** **\$6,257.58**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Item 1, Page 10
**** Attachment 4.19-B, Item 2a, Page 9**

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

None (New Pages)
None (New Page)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to revise the reimbursement methodology for outpatient hospital services to establish supplemental Medicaid payments to encourage them to take over the operation and management of state-owned and operated hospitals that have terminated or reduced services.**

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Kathy H. Kliebert

14. TITLE:

Interim Secretary

15. DATE SUBMITTED:

*** April 25, 2013**

16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

11-2-12

18. DATE APPROVED

7-23-13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4-15-13

20. SIGNATURE OF REGIONAL OFFICIAL:

Bill Bol Fanell for

21. TYPED NAME:

Bill Brooks

**Associate Regional Administrator
Division of Medicaid & Children's Health**

23. REMARKS:

*** This is a revised 179, the original 179 was submitted on 11-2-12.**
**** As per pen and ink change email dated 7-2-13.**

PAYMENT 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 ARE INCLUDED IN THE PROGRAM
UNDER THE PLAN AS DESCRIBED AS FOLLOWS:

Supplemental Payments for Private Hospitals

A. Baton Rouge Area

Qualifying Criteria

Effective for dates of service on or after April 15, 2013, a quarterly supplemental payment shall be made to Our Lady of the Lake Hospital, Inc.

Reimbursement Methodology

Payments shall be made quarterly based on the annual upper payment limit calculation per state fiscal year. For SFY 2013, this payment shall be \$2,109,589, and for each state fiscal year starting with SFY 2014, this payment shall be \$10,000,000, not to exceed the upper payment limits pursuant to 42 CFR 447.321. Maximum payments shall not exceed the upper payment limit pursuant to 42CFR 447.321.

STATE	<u>LOUISIANA</u>	A
DATE REC'D	<u>11-2-12</u>	
DATE APPV'D	<u>7-23-13</u>	
DATE EFF	<u>4-15-13</u>	
ISSA 179	<u>12-64</u>	

TN# 12-64 Approval Date 7-23-13 Effective Date 4-15-13
Supersedes
TN# NONE - NEW PAGE SUPERSEDES: NONE - NEW PAGE