

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 13-21

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 13-21. This plan amendment changes the base payments for outpatient hospital services for Our Lady of the Lake Hospital, Inc. to equal 95 percent of allowable Medicaid costs.

Transmittal Number 13-21 is approved with an effective date of April 15, 2013 as requested. A copy of the HCFA-179, Transmittal No. 13-21 dated May 22, 2013 is enclosed along with the approved plan pages.

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

Sincerely,

Bill Brooks for

Bill Brooks
Associate Regional Administrator

Enclosures

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 13-21	2. STATE Louisiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE April 15, 2013	

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 **\$646.87**

b. FFY 2014 **\$1,330.47**

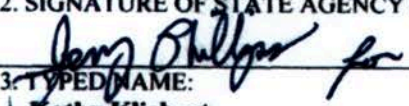
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Item 2a, Page 10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
None (New Page)

10. SUBJECT OF AMENDMENT: **The SPA proposes to provide Medicaid payments for outpatient services rendered by private major teaching hospitals participating in public-private partnerships which assume the provision of services that were previously delivered and terminated, or reduced, by a state owned and operated facility.**

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **The Governor does not review state plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME:
Kathy Kliebert

14. TITLE:
Interim Secretary

15. DATE SUBMITTED:
May 16, 2013

16. RETURN TO:

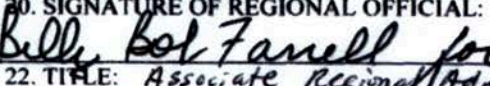
**J. Ruth Kennedy, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **5-22-13** 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:


21. TYPED NAME:
BILL BROOKS

22. TITLE: **Associate Regional Administrator
Division of Medicaid & Children's Health**

23. REMARKS:

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:

Reimbursement for Our Lady of the Lake Hospital, Inc.

Effective for dates of service on or after April 15, 2013, Our Lady of the Lake Hospital, Inc. shall be reimbursed as follows:

1. **Outpatient Surgery:** The reimbursement amount for outpatient hospital surgery services shall be an interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement will be cost settled using the final audited cost report CMS-2552-10 to 95 percent of allowable Medicaid costs.
2. **Clinic Services:** The reimbursement amount for outpatient clinic services shall be an interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement will be cost settled using the final audited cost report CMS-2552-10 to 95 percent of allowable Medicaid costs.
3. **Laboratory Services:** The reimbursement amount for outpatient clinical diagnostic laboratory services shall be the Medicaid fee schedule amount on file for each service.
4. **Rehabilitative Services:** The reimbursement amount for outpatient clinic services shall be an interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement will be cost settled using the final audited cost report CMS-2552-10 to 95 percent of allowable Medicaid costs.
5. **Other Outpatient Hospital Services:** Outpatient hospital services other than clinical diagnostic laboratory services, outpatient surgeries, rehabilitation services and outpatient hospital facility fees shall be reimbursed a hospital specific cost to charge ratio calculation based on the latest filed cost report. The final reimbursement will be cost settled using the final audited cost report CMS-2552-10 to 95 percent of allowable Medicaid costs.

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>5-22-13</u>
DATE APPV'D	<u>7-23-13</u>
DATE EFF	<u>4-15-13</u>
NOFA 179	<u>13-21</u>

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SUPERSEDES: NONE - NEW PAGE

TN# 13-21 Approval Date 7-23-13 Effective Date 4-15-13
Supersedes
TN# NONE - NEW PAGE