



State of Louisiana
Department of Health and Hospitals
Office of the Secretary

May 16, 2013

Mr. Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 13-21

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,



Kathy Kliebert
Interim Secretary

Attachments

**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)

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 **\$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 PAGE NUMBER OF THE SUPERSEDED PLAN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 TN 13-21)

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
☐ 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 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:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

LOUISIANA TITLE XIX STATE PLAN

TRANSMITTAL #: 13-21

TITLE: Outpatient Hospitals Public Private Partnership Rate for OLOL

EFFECTIVE DATE: April 15, 2013

FISCAL IMPACT:

Increase

	year		*# mos	range of mos.	state fiscal year years
1st SFY	2013		2.5	April 15, 2013-June 2013	\$451,900
2nd SFY	2014		12	July 2013 - June 2014	\$2,142,124
3rd SFY	2015		12	July 2014 - June 2015	\$2,142,124

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2013

State Fiscal Year 2013 \$451,900 for 2.5 months April 15, 2013-June 2013 \$451,900
Federal Fiscal Year

State Fiscal Year 2014 \$2,142,124 for 12 months July 2013 - June 2014
Federal Fiscal Year \$2,142,124 / 12 X 3 July 2013 - September 2013 = \$535,531
\$987,431

FFP (FFY 2013) = \$987,431 X 65.51% = \$646,866

Total Increase in Cost FFY 2014

State Fiscal Year 2014 \$2,142,124 for 12 months July 2013 - June 2014
Federal Fiscal Year \$2,142,124 / 12 X 9 October 2013 - June 2014 = \$1,606,593

State Fiscal Year 2015 \$2,142,124 for 12 months July 2014 - June 2015
Federal Fiscal Year \$2,142,124 / 12 X 3 July 2014 - September 2014 = \$535,531
\$2,142,124

FFP (FFY 2014) = \$2,142,124 X 62.11% = \$1,330,473

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 Public-Private Partnership Hospitals

Payments to qualifying hospitals shall be made on a quarterly basis in accordance with 42 CFR 447.321.

Effective for dates of service on or after April 15, 2013, a major teaching hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to provide acute care hospital services to Medicaid and uninsured patients, and which assumes providing services that were previously delivered and terminated or reduced by a state owned and operated facility 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 amount of 95 percent of allowable Medicaid cost.
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 amount of 95 percent of allowable Medicaid cost.
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 amount of 95 percent of allowable Medicaid cost.
5. **Other Outpatient Hospital Services:** The reimbursement amount for outpatient hospital services other than clinical diagnostic laboratory services, outpatient surgeries, rehabilitation services and outpatient hospital facility fees shall be an interim payment equal to 95 percent of allowable Medicaid cost.