



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

June 27, 2013

National Institutional Reimbursement Team  
Attention: Mark Cooley  
CMS, CMSO  
7500 Security Boulevard, M/S S3-13-15  
Baltimore, MD 21244-1850

Dear Mr. Cooley:

RE: Louisiana Title XIX State Plan  
Transmittal No. 13-25

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,

A handwritten signature in blue ink, appearing to read "Kathy Kliebert".

Kathy Kliebert  
Secretary

Attachments

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
**13-25**

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  
**June 24, 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 E**

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 10k (10)**  
**Attachment 4.19-A, Item 1, Page 10 k (11)**

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 PAGE NUMBER OF THE SUPERSEDED PLAN  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

10. SUBJECT OF AMENDMENT: **The SPA proposes to implement DSH Medicaid qualifying criteria and payments for Medicaid and uninsured inpatient hospital services provided by non-state owned hospitals participating in public-private partnership CEAs in New Orleans, Lafayette, Houma, and Lake Charles.**

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:  
**Secretary**  
15. DATE SUBMITTED:  
**June 27, 2013**

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**

**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:

STATE OF LOUISIANA  
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

**3. New Orleans Area CEA**

- a) Effective for dates of service on or after June 24, 2013, University Medical Center Management Corporation has transferred its management and operations to a non-state owned hospital participating in a public-private partnership and shall be eligible for payment of 100 percent of uncompensated costs.
- b) Qualifying hospitals shall submit costs and patient specific data in a format specified by the Department. Cost and lengths of stay will be reviewed for reasonableness before payments are made.
- c) The first payment of each fiscal year will be made by October 15 and will be 85 percent of the annual estimate. The remainder of the payment will be made by June 30 of each year.

**4. Lafayette Area CEA**

- a) Effective for dates of service on or after June 24, 2013, University Hospital and Clinics has transferred its management and operations to a non-state owned hospital participating in a public-private partnership and shall be eligible for payment of 100 percent of uncompensated costs.
- b) Qualifying hospitals shall submit costs and patient specific data in a format specified by the Department. Cost and lengths of stay will be reviewed for reasonableness before payments are made.
- c) The first payment of each fiscal year will be made by October 15 and will be 80 percent of the annual estimate. The remainder of the payment will be made by June 30 of each year.

**5. Houma Area CEA**

- a) Effective for dates of service on or after June 24, 2013, Southern Regional Medical Center has transferred its management and operations to a non-state owned hospital participating in a public-private partnership and shall be eligible for payment of 100 percent of uncompensated costs.
- b) Qualifying hospitals shall submit costs and patient specific data in a format specified by the Department. Cost and lengths of stay will be reviewed for reasonableness before payments are made.

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TN# \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
Supersedes  
TN# \_\_\_\_\_

STATE OF LOUISIANA  
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

c.) The first payment of each fiscal year will be made by October 15 and will be 85 percent of the annual estimate. The remainder of the payment will be made by June 30 of each year.

**6. Lake Charles Area CEA**

- a) Effective for dates of service on or after June 24, 2013, Southwest Louisiana Hospital Association has assumed the management and operation of services where such services were previously provided by a state-owned and operated facility shall be eligible for payment of 100 percent of uncompensated care costs.
- b) Qualifying hospitals shall submit costs and patient specific data in a format specified by the Department. Cost and lengths of stay will be reviewed for reasonableness before payments are made.
- c) The first payment of each fiscal year will be made by October 15 and will be 85 percent of the annual estimate. The remainder of the payment will be made by June 30 of each year.

**E. (Reserved)**

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Supersedes  
TN# \_\_\_\_\_