

**Bobby Jindal**  
GOVERNOR



**Bruce D. Greenstein**  
SECRETARY

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

October 31, 2012

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


RE: Louisiana Title XIX State Plan  
Transmittal No. 12-63

Dear Mr. Cooley:

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,

  
Bruce D. Greenstein  
Secretary

Attachments



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

**f. Supplemental Payments for Public-Private Partnerships**

**Non-State Privately Owned Hospitals**

Effective for dates of service on or after November 1, 2012, the Department shall provide supplemental Medicaid payments for inpatient hospital services rendered by non-state privately owned hospitals that meet the following conditions.

**1. Qualifying Criteria.**

The hospital must be a non-state privately owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of inpatient Medicaid and uninsured hospital services by:

- a. assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or
- b. providing services that were previously delivered and terminated or reduced by a state owned and operated facility.

**2. Reimbursement Methodology**

Payments to qualifying hospitals shall be made on a quarterly basis in accordance with 42 CFR 447.272.

**Non-State Publicly Owned Hospitals**

Effective for dates of service on or after November 1, 2012, the Department shall make supplemental Medicaid payments for inpatient hospital services rendered by non-state publicly owned hospitals that meet the following conditions.

**1. Qualifying Criteria**

The hospital must be a non-state publicly owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of inpatient Medicaid and uninsured hospital services by:

- a. assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or
- b. providing services that were previously delivered and terminated or reduced by a state owned and operated facility.

**2. Reimbursement Methodology**

Payments to qualifying hospitals shall be made on a quarterly basis in accordance with 42 CFR 447.272.

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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 – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

**Supplemental Payments for Public-Private Partnerships**

Effective for dates of service on or after November 1, 2012, the Department shall make supplemental Medicaid payments for inpatient psychiatric hospital services rendered by non-state privately or publicly owned hospitals that meet the following conditions.

1. Qualifying Criteria

The hospital must be a non-state privately or publicly owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of inpatient Medicaid and uninsured psychiatric hospital services by:

- a. assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or
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