

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

November 21, 2013

Our Reference: SPA LA 13-30

Ms. Ruth Kennedy, State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
P.O. Box 91030
Baton Rouge, LA 70821-9030

Attention: Darlene York
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed your request to amend the Louisiana State Plan submitted under Transmittal No. 13-30, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 27, 2013. This amendment changes the qualifying criteria and reimbursement methodology for outpatient hospital services in order to make Terrebonne General Hospital qualify for the supplemental payment that West Jefferson is currently receiving.

We conducted our review of your submittal according to the applicable federal regulations and guidelines. Before we can continue processing this amendment, we need additional or clarifying information. Since the plan is the basis for Federal financial participation, it is important that the plan's language be clear and unambiguous. Therefore, we have the following questions/concerns regarding TN 13-30.

UPL Demonstration and Reimbursement

1. The State must submit a UPL demonstration showing the available gap for SFY 2014 (July 1, 2013 – June 30, 2014) which must include the planned payments to Terrebonne.
2. The State needs to either stipulate the amount of the supplemental payment on the payment page,(as they did with West Jeff), or provide a comprehensive description of exactly how the supplemental payment will be computed.
3. The UPL demonstration does not show any payments for LA SPA 12-60. LA SPA 12-60 should have some fiscal impact from October 1, 2012 to September 30, 2013. Please explain in writing why there are no payments from LA SPA 12-60 included in the UPL demonstration for LA SPA 13-30.

We are requesting this additional/clarifying information under provisions of Section 1915(f) of the Social Security Act. This has the effect of stopping the 90-day time frame for CMS to take action on the material. A new 90-day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, if we have not received the State's response to our request for additional information within 90 days from the date of this letter, we will initiate disapproval action on the amendment.

If you have any questions regarding this letter, please contact Ford Blunt at 214-767-6381 by phone or by email at ford.blunt@cms.hhs.gov.

Sincerely,

Bill Brooks
Associate Regional Administrator