

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

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

August 23, 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

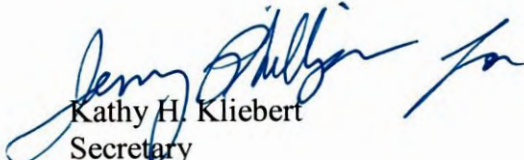
Bill
Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 13-30

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 H. Kliebert
Secretary

Attachment

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

13-30

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

July 1, 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 **\$10,215.90**

b. FFY 2014 **\$7,992.91**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 2a, Page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (if Applicable):

Pending (TN 12-60)

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing the reimbursement methodology for outpatient hospital services in order to revise the qualifying criteria and reimbursement methodology for non-rural, non-state public hospitals.**

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:

August 23, 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 #: 13-30
 TITLE: Outpt Hospitals-NR, NS Public Hospitals-Supplemental Payn
 EFFECTIVE DATE: July 1, 2013

FISCAL IMPACT:
Increase

	year		*# mos	range of mos.	state fiscal year years
1st SFY	2014		12	July 2013 - June 2014	\$12,401,128
2nd SFY	2015		12	July 2014 - June 2015	\$12,773,162
3rd SFY	2016		12	July 2015 - June 2016	\$13,156,357

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2013

State Fiscal Year 2014 \$12,401,128 for 12 months July 2013 - June 2014 \$12,401,128
 Federal Fiscal Year

State Fiscal Year 2014 \$12,773,162 for 12 months July 2013-June 2014
 Federal Fiscal Year \$12,773,162 / 12 X 3 July 2013 - September 2013 = \$3,193,291
\$15,594,419

FFP (FFY 2013) = \$15,594,419 X 65.51% = \$10,215,904

Total Increase in Cost FFY 2014

State Fiscal Year 2014 \$12,773,162 for 12 months July 2013-June 2014
 Federal Fiscal Year \$12,773,162 / 12 X 9 October 2013 - June 2014 = \$9,579,872

State Fiscal Year 2015 \$13,156,357 for 12 months July 2014 - June 2015
 Federal Fiscal Year \$13,156,357 / 12 X 3 July 2014 - September 2014 = \$3,289,089
\$12,868,961

FFP (FFY 2014) = \$12,868,961 X 62.11% = \$7,992,912

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:

Supplemental Payments for Non-Rural, Non-State Government Hospitals

Effective for dates of service on or after October 1, 2012 through June 30, 2013, quarterly supplemental payments shall be issued to qualifying non-rural, non-state government hospitals for outpatient hospital services.

- a) Qualifying criteria – In order to qualify for the quarterly supplemental payment, the non-rural, non-state government acute care hospital must be designated as a major teaching hospital by the Department in state fiscal year 2011 and have provided at least 17,000 Medicaid acute care and distinct part psychiatric unit paid days for state fiscal year 2010 dates of service.
- b) Payment Methodology – Payments shall be made quarterly based on the annual upper payment limit calculation per state fiscal year. For SFY 2013, this payment shall be \$7,060,008 not to exceed the upper payment limits pursuant to 42 CFR 447.321. Maximum payments shall not exceed the upper payment limit pursuant to 42CFR 447.321.

Effective for dates of service on or after July 1, 2013, quarterly supplemental payments shall be issued to qualifying non-rural, non-state government hospitals for outpatient hospital services.

- a) Qualifying Criteria – In order to qualify for the quarterly supplemental payment, the non-rural, non-state government acute care hospital must be designated as a non-teaching hospital by the department and must:
 - i. be located in a Medicare Metropolitan Statistical Area (MSA) per 42 CFR 413.231 (b)(1);
 - ii. provide inpatient obstetrical and neonatal intensive care unit services; and
 - iii. per the cost report period ending in SFY 2012, have a Medicaid inpatient day utilization percentage in excess of 21 percent and a Medicaid newborn day utilization percentage in excess of 65 percent as documented on the as filed cost report.
- b) Payment Methodology – Payments shall be made quarterly based on the annual upper payment limit calculation per state fiscal year. Maximum payments shall not exceed the upper payment limit pursuant to 42CFR 447.321.

Reimbursement for In-State Outpatient Children's Specialty Hospitals

- a. Qualifications
In order to qualify to receive Medicaid reimbursement as an in-state children's specialty hospital, a non-rural, non-state acute care hospital must meet the following criteria. The hospital must:
 - (1) be recognized by Medicare as a prospective payment system (PPS) exempt children's specialty hospital;

TN# _____
Supersedes
TN# _____

Approval Date _____

Effective Date _____