



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

VIA ELECTRONIC MAIL ONLY

August 22, 2014

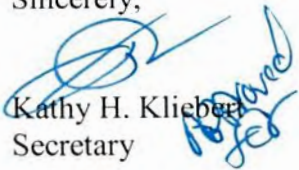
Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

**RE: Louisiana Title XIX State Plan
Transmittal No. 14-29**

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 (1)

KHK/JRK/DAB

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

1. TRANSMITTAL NUMBER:
14-29

2. STATE
Louisiana

FOR: HEALTH CARE FINANCING ADMINISTRATION

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, 2014

5. TYPE OF PLAN MATERIAL (*Check One*):

G NEW STATE PLAN G 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 447.253

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 **\$1,571.42**
b. FFY 2016 **\$1,295.53**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-A, Item 1, Page 10

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (*If Applicable*):
Same (TN 03-26)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to revise the provisions governing the reimbursement methodology for inpatient hospital services provided by out-of-state border hospitals in order to remove these provisions from the State Plan.**

11. GOVERNOR=S REVIEW (*Check One*):

G GOVERNOR=S OFFICE REPORTED NO COMMENT
G COMMENTS OF GOVERNOR=S OFFICE ENCLOSED
G 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 22, 2014

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 #: 14-29

TITLE: Inpatient Hospital Services Out-of-State Hospitals Reimbursement

EFFECTIVE DATE: July 1, 2014

FISCAL IMPACT:

Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2015		62.05%	12	July 1, 2014 - June 30, 2015	\$2,011,976
2nd SFY	2016	3.0%	62.39%	12	July 2015 - June 2016	\$2,072,335
3rd SFY	2017	3.0%	62.39%	12	July 2016 - June 2017	\$2,134,505

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY		2015						
SFY	2015	\$2,011,976	for	12	months	July 1, 2014 - June 30, 2015		\$2,011,976
SFY	2016	\$2,072,335	for	12	months	July 2015 - June 2016		
		\$2,072,335 /		12 X 3		July 2014 - September 2014	=	\$518,084
								<u>\$2,530,060</u>
		FFP (FFY 2015)=					X	62.11% =
								<u>\$1,571,420</u>
Total Increase in Cost FFY		2015						
SFY	2016	\$2,072,335	for	12	months	July 2015 - June 2016		
		\$2,072,335 /		12 X 9		October 2014 - June 2015	=	\$1,554,251
SFY	2017	\$2,134,505	for	12	months	July 2016 - June 2017		
		\$2,134,505 /		12 X 3		July 2015 - September 2015	=	\$533,626
								<u>\$2,087,877</u>
		FFP (FFY 2015)=					X	62.05% =
								<u>\$1,295,528</u>

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

CITATION 42CFR
447.253, OBRA 90
P.L. 101-508,
Sections 4702-4703

Medical and Remedial
Care and Services
Item 1 (Cont.)

C. Out-of-State Facilities-

Effective for dates of service on or after April 1, 2003, out-of-state facilities are reimbursed for inpatient hospital services at the lower of 40% of billed charges or the Medicaid per diem rate of the state wherein the services are provided for recipients age 21 and older and the lower of 60% of billed charges or the Medicaid per diem rate of the state wherein the services are provided for recipients under the age of 21. Hospitals designated as children's hospitals that are located in states that border Louisiana shall be reimbursed at the lower of the Medicaid per diem rate of the state wherein the services are provided or the Louisiana children's hospital Medicaid peer group rate. Neonatal intensive care unit services, pediatric intensive care unit services, and burn unit services provided in these children's hospitals shall be paid the Louisiana peer group rate for the qualifying level of service documented by the hospital. The hospital stay and the level of service shall be authorized by the Bureau.

D. Disproportionate Share Hospitals

Effective for inpatient hospital services provided on or after July 1, 2003, a payment adjustment for hospitals serving a disproportionate share of low income patients (DSH) shall be implemented in the following manner:

TN# _____ Approval Date _____ Effective Date _____
Supersedes
TN# _____