



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

VIA ELECTRONIC MAIL ONLY

November 18, 2014

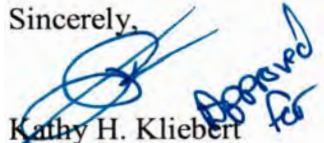
Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

**RE: Louisiana Title XIX State Plan
Transmittal No. 14-0037**

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

Approved for

Attachments (4)

KHK/JRK/DAB

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
14-0037

2. STATE
Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
October 4, 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 Subpart C

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 **(\$32.55)**
b. FFY 2016 **(\$131.18)**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:


Attachment 4.19-A, Item 1, Pages 8e and 8f
Attachment 4.19-A, Item 1, Page 8f (1)
Attachment 4.19-A, Item 1, Page 101 (1)(b)
Attachment 4.19-A, Item 1, Page 101 (1)(b)1 (Remove page)

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Same (TN 09-42)
None (New Page)
Same (TN 10-73)
Same (TN 13-02) Remove page

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to amend the provisions governing the reimbursement methodology for inpatient hospital services rendered by children's specialty hospitals to revise the reimbursement methodology and establish outlier payment provisions.**

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **The Governor does not review state plan material.**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME:
Kathy H. Kliebert

14. TITLE:
Secretary

15. DATE SUBMITTED:
November 18, 2014

16. RETURN TO:
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 #: 14-0037

TITLE: Inpatient Hospitals NR, NS Children's Specialty Hospitals Reimbursements

EFFECTIVE DATE: October 4, 2014

FISCAL IMPACT

Decrease

	year	% inc.		* # mos	range of mos.	dollars
1st SFY	2015	N/A		8.8	October 4, 2014 - June 2015	(\$153,879)
2nd SFY	2016			12	July 2015- June 2016	(\$216,130)
3rd SFY	2017			12	July 2016 - June 2017	(\$222,614)

* #mos-Months remaining in fiscal year

SFY	Total Decrease in Cost FFY 2015		<u>2015</u>					
		(\$153,879) for 8.8 months	October 4, 2014 - June 2015					
		(\$153,879) / 8.8 X 3 months		July 2014 - September 2014	=		<u>(\$52,459)</u>	
							<u>(\$52,459)</u>	
			FFP (FFY 2015)=	(\$52,459)	X 62.05%	=	<u>(\$32,551)</u>	
SFY	Total Decrease in Cost FFY 2015		<u>2015</u>					
		(\$153,879) for 8.8 months	October 4, 2014 - June 2015					
		(\$153,879) / 8.8 X 9		October 2014 - June 2015	=		(\$157,376)	
SFY	2016	(\$216,130) for 12 months		July 2015- June 2016				
		(\$216,130) / 12 X 3		July 2015 - September 2015	=		<u>(\$54,033)</u>	
							<u>(\$211,409)</u>	
			FFP (FFY 2015)=	(\$211,409)	X 62.05%	=	<u>(\$131,179)</u>	

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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:

11. Reimbursement for In-State 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;
- (2) not qualify for Medicare disproportionate share hospital payments; and
- (3) have a Louisiana Medicaid inpatient days utilization rate greater than the mean plus two standard deviations of the Medicaid utilization rates for all hospitals in the state receiving Medicaid payments.

b. Reimbursement Methodology

Effective for dates of service on or after October 4, 2014, hospitals that meet the above qualifications shall be eligible for outlier payments.

Qualifying and receiving reimbursement as a children’s specialty hospital shall not preclude these hospitals from participation in the Medicaid Program under the high Medicaid or graduate medical education supplemental payments provisions.

Reimbursement shall be made in accordance with the following children’s specialty hospitals services:

(1) Routine Pediatric Inpatient Services

For dates of service on or after October 4, 2014, payment shall be made per a prospective per diem rate that is 81.1 percent of the routine pediatric inpatient cost per day as calculated per the “as filed” fiscal year end cost report ending during SFY 2014. The “as filed” cost report will be reviewed by the department for accuracy prior to determination of the final per diem rate.

(2) Carve-Out Specialty Services

Carve-out specialty services are rendered by neonatal intensive care units, pediatric intensive care units, burn units and include transplants.

TN# _____
Supersedes
TN# _____

Approval Date _____

Effective Date _____

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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:

Neonatal Intensive Care Units, Pediatric Intensive Care Units, and Burn Units

For dates of service on or after October 4, 2014, payment for neonatal intensive care units, pediatric intensive care units, and burn units shall be made per prospective per diem rates that are 84.5 percent of the cost per day for each service as calculated per the “as filed” fiscal year end cost report ending during SFY 2014. The “as filed” cost report will be reviewed by the department for accuracy prior to determination of the final per diem rate.

Transplants

Payment shall be the lesser of costs or the per diem limitation for each type of transplant. The base period per diem limitation amounts shall be calculated using the allowable inpatient cost per day for each type of transplant per the cost reporting period which ended in SFY 2009. The target rate shall be inflated using the update factors published by the Centers for Medicare and Medicaid (CMS) beginning with the cost reporting periods starting on or after January 1, 2010.

For dates of service on or after September 1, 2009, payment shall be the lesser of the allowable inpatient costs as determined by the cost report or the Medicaid days for the period for each type of transplant multiplied times the per diem limitation for the period.

Effective for dates of service on or after February 3, 2010, the rates to children’s specialty hospitals shall be reduced by 5 percent. Final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified for the period, multiplied by 95 percent of the target rate per diem limitation as specified for the period.

Effective for dates of service on or after August 1, 2010, the rates paid to children’s specialty hospitals shall be reduced by 4.6 percent. Final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified for the period, multiplied by 90.63 percent of the target rate per diem limitation as specified for the period.

Effective for dates of service on or after January 1, 2011, the rates paid to children’s specialty hospitals shall be reduced by 2 percent. Final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified for the period multiplied by 88.82 percent of the target rate per diem limitation as specified for the period

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STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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:

Effective for dates of service on or after August 1, 2012, the per diem rates paid to children’s specialty hospitals shall be reduced by 3.7 percent. Final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified for the period, multiplied by 85.53 percent of the target rate per diem limitation as specified for the period.

Effective for dates of service on or after February 1, 2013, the per diem rates paid to children’s specialty hospitals shall be reduced by 1 percent. Final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified for the period, multiplied by 84.67 percent of the target rate per diem limitation as specified for the period.

TN# _____
Supersedes
TN# _____

Approval Date _____

Effective Date _____

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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:

- b. For dates of service on or after October 4, 2014, payment shall be a prospective per diem rate that is 100 percent of the distinct part psychiatric cost per day as calculated per the “as filed” fiscal year end cost report ending during SFY 2014. The “as filed” cost report will be reviewed by the department for accuracy prior to determination of the final per diem rate.

Costs and per discharge/per diem limitation comparisons shall be calculated and applied separately for acute, psychiatric and each specialty service.

- c. Children’s specialty hospitals shall be eligible for outlier payments for dates of service on or after October 4, 2014.
- d. Qualifying and receiving reimbursement as a children’s specialty hospital shall not preclude these hospitals from participation in the Medicaid Program under the high Medicaid or graduate medical education supplemental payments provisions.

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NOTE: Some notices are extracted from PDF files and may be difficult to read.

County: Caddo
Printed In: The Times
Printed On: 2014/10/01

Public Notice:

PUBLIC PROCESS NOTICE Department of Health and Hospitals Bureau of Health Services Financing Inpatient Hospital Services Non-Rural, Non-State Hospitals Children's Specialty Hospitals Reimbursements Due to a budgetary shortfall in SFY 2013, the Department of Health and Hospitals, Bureau of Health Services Financing, amended the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals, including children's specialty hospitals (Louisiana Register, Volume 40, Number 2). The department has now determined that it is necessary to amend the provisions governing the reimbursement methodology for inpatient hospital services rendered by children's specialty hospitals to revise the reimbursement methodology and establish outlier payment provisions. This action is being taken to promote the health and welfare of Medicaid recipients by maintaining access to neonatal and pediatric intensive care unit services and encouraging the continued participation of hospitals in the Medicaid Program. Effective October 4, 2014, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to promulgate an Emergency Rule to amend the provisions governing the reimbursement methodology for inpatient hospital services rendered by children's specialty hospitals. Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required. Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this public notice. The deadline for receipt of all written comments is November 3, 2014 by 4:30 p.m. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices. Kathy H. Kliebert Secretary The Times October 1, 2014

Public Notice ID: 21781913.HTM



State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

October 9, 2014

Karen Matthews, Health Director
Chitimacha Health Clinic
3231 Chitimacha Trail
Jeanerette, LA 70544

Angela Martin
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Anita Molo
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Marshall Pierite, Chairman
Misty Hutchby, Health Director
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351-1589

Lovelin Poncho, Chairman
Paula Manuel, Health Director
Coushatta Tribe of Louisiana
P. O. Box 818
Elton, LA 70532

Chief Beverly Cheryl Smith
Holly Vanhoozen, Health Director
The Jena Band of Choctaw Indians
P. O. Box 14
Jena, LA 71342

Dear Louisiana Tribal Contact:

RE: Notification of Louisiana Medicaid State Plan Amendments

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, the Department of Health and Hospitals, Bureau of Health Services Financing is taking the opportunity to notify you of the State Plan amendments (SPAs) that may have an impact on your tribe.

Attached for your review and comments is a summary of the proposed State Plan amendments. Please provide any comments you may have by October 16, 2014 to Mrs. Darlene Budgewater via email to Darlene.Budgewater@la.gov or by postal mail to:

Department of Health and Hospitals
Bureau of Health Services Financing
Medicaid Policy and Compliance
P.O. Box 91030
Baton Rouge, LA 70821-9030

Louisiana Tribal Notice

October 9, 2014

Page 2

Should you have additional questions about Medicaid policy, Mrs. Budgewater will be glad to assist you. You may reach her by email or telephone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,

Starlene A. Budgewater

for J. Ruth Kennedy
Medicaid Director

Attachment (1)

JRK/DB/RJ

c: Ford J. Blunt III
Stacey Shuman

State Plan Amendment for submittal to CMS

Request for Tribal Comments

October 9, 2014

14-36 ICF-ID Public Facilities Reimbursement Rate Increase (Effective: October 1, 2014)

- Proposes to amend the provisions governing the transitional rates for public facilities in order to increase the Medicaid reimbursement rate.

14-37 Inpatient Hospital Services, NR, NS Children's Specialty Hospital Reimbursements (Effective: October 4, 2014)

- Proposes to amend the provisions governing the reimbursement methodology for inpatient hospital services rendered by children's specialty hospitals to revise the reimbursement methodology and establish outlier payment provisions.

14-38 ICF-ID Complex Care Reimbursements (Effective: October 1, 2014)

- Proposes to amend the provisions governing the reimbursement methodology for ICFs/ID to establish reimbursement for complex care services provided to Medicaid recipients residing in non-state ICFs/ID.

14-39 Medical Transportation Program Non-Emergency Medical Transportation (Effective: October 1, 2014)

- Proposes to revise the provisions governing the reimbursement methodology for non-emergency medical transportation services to replace the monthly payment of capitated rates with a monthly per trip payment methodology.

14-40 Applied Behavior Analysis-Based Therapy Services (Effective October 20, 2014)

- Proposes to revise the provisions governing Applied Behavior Analysis-Based Therapy Services to clarify the provider participation requirements.