DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



Financial Management Group

OCT 14 2015

Ms. Ruth Kennedy, Director Bureau of Health Services Financing Department of Health and Hospitals Post Office Box 91030 Baton Rouge, Louisiana 70821-9030

RE: Louisiana 15-0022

Dear Ms. Kennedy:

We have reviewed the proposed State plan amendment (SPA) to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 15-0022. Louisiana Department of Health and Hospitals submitted this SPA to amend the inpatient hospital methodology to reinstate the additional reimbursement for hemophilia blood products purchased by non-rural non-state acute care hospitals.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-A.

Based upon the information provided by the State, Medicaid State plan amendment 15-0022 is approved effective July 1, 2015. We are enclosing the CMS-179 and the new plan page.

If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

Timothy Hill

Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	15-0022	Louisiana	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: 1 SOCIAL SECURITY ACT (MEDI		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2015		
5. TYPE OF PLAN MATERIAL (Check One):	-		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	IDERED AS NEW PLAN 🛛 AM	ENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	DMENT (Separate Transmittal for each	amendment)	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447, Subpart C	7. FEDERAL BUDGET IMPACT: a. FFY 2016 b. FFY 2017	\$ 46.54 \$188.03	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):		
Attachment 4.19-A, Item 1, Page 8d	Same (TN 15-0013)		
methodology for inpatient hospital services rendered by non-rural, non-state hospitals to reinstate reimbursements for costs incurred in the purchase of blood products for certain Medicaid recipients diagnosed with, and receiving inpatient treatment for, hemophilia. 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 12. SIGNATURE OF STATE AGENCY OFFICIAL: 16. RETURN TO:			
	J. Ruth Kennedy, Medicaid Director		
13. TYPED NAME:	State of Louisiana		
Kathy H. Kliebert	Department of Health and Hospitals		
14. TITLE:	628 N. 4th Street		
Secretary 15. DATE SUBMITTED:	P.O. Box 91030		
July 31, 2015	Baton Rouge, LA 70821-90	30	
FOR REGIONAL OFF			
8-5-2015		1 4 2015	
PLAN APPROVED – ONE 19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	CIAI	
7-1-2015	4 Sun L T	CIAL.	
21. TYPED NAME: TOUS TON FAN	22. TITLE: Deputy Director, FN	16	
23. REMARKS:			

STATE OF <u>LOUISIANA</u> PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

10. Additional Payments for Non-Rural, Non-State Hospitals

Hemophilia Blood Products

Effective for dates of service on or after July 1, 2015, the Department of Health and Hospitals shall provide additional reimbursements to certain non-rural, non-state acute care hospitals for the extraordinary costs incurred in purchasing blood products for certain Medicaid recipients diagnosed with, and receiving inpatient treatment for hemophilia.

A. Hospital Qualifications

To qualify for the additional reimbursement, the hospital must:

- be classified as a major teaching hospital and contractually affiliated with a
 university located in Louisiana that is recognized by the Centers for Disease Control
 and Prevention and the Health Resource and Services Administration, Maternal and
 Child Health Bureau as maintaining a comprehensive hemophilia care center;
- 2. have provided clotting factors to a Medicaid recipient who:
 - a. has been diagnosed with hemophilia or other rare bleeding disorders for which the use of one or more clotting factors is Food and Drug Administration (FDA) approved; and
 - b. has been hospitalized at the qualifying hospital for a period exceeding six days;
 and
- 3. have actual cost exceeding \$50,000 for acquiring the blood products used in the provision of clotting factors during the hospitalization.
 - a. Actual cost is the hospital's cost of acquiring blood products for the approved inpatient hospital dates of service as contained on the hospital's original invoices, less all discount and rebate programs applicable to the invoiced products.

B. Reimbursement

Hospitals who meet the above qualifications may receive reimbursement for their actual costs that exceed \$50,000 if the hospital submits a request for reimbursement to the Medicaid Program within 180 days of the patient's discharge from the hospital.

The request for reimbursement shall be submitted in a format specified by the Department.

TN15-0022	Approval Date	1 4 2015 Effective Date 7-1-2015	
Supersedes TN15-0013		State: Louisiana Date Received: August 5, 2015 Date Approved:0CT 1 2015 Date Effective: July 1, 2015 Transmittal Number: 15-0022	