

**Bobby Jindal**  
GOVERNOR



**Kathy H. Kliebert**  
SECRETARY

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

July 31, 2015

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. 15-0022**

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,

A handwritten signature in blue ink, appearing to read "Kathy H. Kliebert", with a flourish underneath.

Kathy H. Kliebert  
Secretary

Attachment (3)

KHK/WJR/JH

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
**15-0022**

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, 2015**

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 C**


7. FEDERAL BUDGET IMPACT:  
a. FFY 2016                                **\$ 46.54**  
b. FFY 2017                                **\$188.03**

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

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (*If Applicable*):  
  
**Same (TN 15-0013)**

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing the reimbursement 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                                 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:  
**July 31, 2015**

16. RETURN TO:  
  
**J. Ruth Kennedy, Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
P.O. 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 #:** 15-0022

**FISCAL IMPACT**

**TITLE:** Inpatient Hospital Services - Reinstatement Payments for Hemophilia Blood Products

**Increase**

**EFFECTIVE DATE:** July 1, 2015

	Year	% inc.		*# mos	range of mos.	dollars
1st SFY	2016		N/A	12	July 2015 - June 2016	\$300,000
2nd SFY	2017			12	July 2016- June 2017	\$309,000
3rd SFY	2018			12	July 2017 - June 2018	\$318,270

\*#mos-Months remaining in fiscal year

**Total Increase in Cost FFY**

SFY 2016 \$300,000 for 12 months July 2015 - June 2016 = \$75,000  
 SFY 2017 \$300,000 / 12 X 3 months July 2015 - September 2015 = \$75,000

FFP (FFY 2016 )= \$75,000 X 62.05% = \$46,538

**Total Increase in Cost FFY**

SFY 2017 \$300,000 for 12 months July 2016- June 2017 = \$225,000  
 SFY 2018 \$309,000 / 12 X 9 months October 2015 - June 2016 = \$225,000  
 SFY 2018 \$309,000 for 12 months July 2017 - June 2018 = \$77,250  
 SFY 2018 \$309,000 / 12 X 3 months July 2016 - September 2016 = \$302,250

FFP (FFY 2017 )= \$302,250 X 62.21% = \$188,030

STATE OF LOUISIANA  
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE**

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**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:

1. 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.

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TN \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_

Supersedes

TN \_\_\_\_\_



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## Public Notice:

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### PUBLIC PROCESS NOTICE

Department of Health and Hospitals  
Bureau of Health  
Services Financing

Inpatient Hospital  
Services – Non-Rural, Non-State Hospitals  
Reinstatement of  
Additional Payments for  
Hemophilia Blood Products

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted provisions governing the reimbursement methodology for inpatient hospital services rendered by non-rural, non-state acute care hospitals to provide additional reimbursements to certain hospitals for the extraordinary costs incurred in the purchase of blood products for Medicaid recipients who have been diagnosed with hemophilia (Louisiana Register, Volume 34, Number 10) and other rare bleeding disorders (Louisiana Register, Volume 35, Number 4).

As a result of a budget shortfall in state fiscal year 2015, the Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for inpatient hospital services rendered by non-rural, non-state hospitals to eliminate the additional reimbursements for hemophilia blood products purchased by hospitals (Louisiana Register, Volume 41, Number 3).

House Bill 1 of the 2015 Regular Session of the Louisiana Legislature allocated funding to the department to reinstate the additional reimbursements for hemophilia related blood products. The department hereby amends the provisions governing the reimbursement 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.

This Emergency Rule is being promulgated to avoid imminent peril to the public health, safety and welfare of Medicaid recipients by ensuring that they have access to medically necessary hospital services and medications for the treatment of hemophilia.

Effective July 1, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to promulgate an Emergency Rule to amend the reimbursement methodology for inpatient hospital services rendered by non-rural, non-state hospitals in order to reinstate additional reimbursements for hemophilia blood products.

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, Louisiana 70821—9030 or by email to [MedicaidPolicy@la.gov](mailto:MedicaidPolicy@la.gov). Ms. Kennedy is responsible for responding to inquiries regarding this public notice. The deadline for receipt of all written comments is July 31, 2015 by 4:30 p.m. A copy of this public notice is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert  
Secretary

Jun 26 1t  
00919870

**Public Notice ID: 22580309**

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**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

**VIA ELECTRONIC MAIL ONLY**

July 10, 2015

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 Amendment**

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 State Plan amendments (SPAs) that may have an impact on your tribe.

Attached for our review and comment is a summary of the proposed SPAs. Please provide any comments you may have by July 17, 2015 to Mrs. Darlene Budgewater via email to [Darlene.Budgewater@la.gov](mailto: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  
July 10, 2015  
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 by phone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,



*for*  
J. Ruth Kennedy  
Medicaid Director

RK/DB/LW

c: Ford J. Blunt, III  
Stacey Shuman



# **State Plan Amendment for submittal to CMS**

Request for Tribal Comments

July 10, 2015

## **Inpatient Hospitals – Non-Rural, Non-State – Reinstatement Payments for Hemophilia Blood Products - Effective July 1, 2015**

The SPA proposes to amend the provisions governing the reimbursement 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.

## **Nursing Facilities – Reimbursement Methodology - Effective July 11, 2015**

The SPA proposes to amend the current provisions governing the nursing facility reimbursements, in order to suspend and impose provisions to ensure that the rates in effect do not increase for the SFY 2016 rating period.