

Department of Health and Hospitals Office of the Secretary

March 19, 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. 15-0008

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/WJR/JH

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE		
STATE PLAN MATERIAL	15-0008	Louisiana		
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: 7 SOCIAL SECURITY ACT (MED			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	February 12, 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:	7. FEDERAL BUDGET IMPACT:	i amenameni)		
42 CFR 447, Subpart F	a. FFY 2015	<u>\$0</u>		
	b. FFY 2016	<u>\$0</u>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):			
Attachment 4.19-B, Item 2a, Page 11	None (New Page)			
rendered by non-rural, non-state hospitals in order to ado provided by hospitals located in the Baton Rouge area. 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:	☑ OTHER, AS SPECIFIED: The Governor does not revie			
	J. Ruth Kennedy, Medicaid	Director		
13. TYPED NAME:	State of Louisiana			
Kathy H. Kliebert	Department of Health and Hospitals			
14. TITLE: Secretary	628 N. 4 th Street			
15. DATE SUBMITTED:	PO Box 91030			
March 19, 2015	Baton Rouge, LA 70821-90	30		
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED:	18. DATE APPROVED:			
PLAN APPROVED – ON		TOTAL		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAL:		
21. TYPED NAME:	22. TITLE:			
23. REMARKS:				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE OF LOUISIANA

ATTACHMENT 4.19-B Item 2.a., Page 11

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 Baton Rouge Area Hospitals

Qualifying criteria

Effective for dates of service on or after February 12, 2015, quarterly supplemental payments shall be made for outpatient hospital services rendered in a hospital in the Baton Rouge area that meets the following qualifying criteria per the as filed cost report ending state fiscal year 2014:

- classified as a major teaching hospital;
- has at least 3,000 Medicaid deliveries, as verified per the Medicaid data warehouse; and
- has at least 45 percent Medicaid inpatient days utilization rate.

Payment Methodology

Supplemental payments for outpatient hospital services will be paid quarterly. The payments to the qualifying hospital(s) shall not exceed:

- the aggregate outpatient hospital upper payment limits for the classification of hospitals pursuant to 42 CFR 447.321; and
- the budgeted state fiscal year supplemental payment amount included in the Annual Appropriation Act as allocated to this specific program in the budget spread pursuant to the Department's reimbursement methodology.

	10 to		
TN#	Approval Date	Effective Date	
Supersedes TN#			

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Public Notice

LA SPA 15-0008

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County: Calcasieu

Printed In: American Press Printed On: 2015/02/09

Public Notice:

PUBLIC PROCESS NOTICE

Department of Health and Hospitals Bureau of Health Services Financing

Inpatient and
Outpatient Hospital Services
Non-Rural, Non-State Hospitals
Supplemental
Payments for Baton Rouge Area Hospitals

As a result of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services' disapproval of the State Plan Amendment for the financing of the transition of the management and operation of certain hospitals from state-owned and operated to private partners, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend the provisions governing inpatient and outpatient hospital services rendered by non-rural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in the Baton Rouge area.

Effective February 12, 2015 the Department of Health and Hospitals, Bureau of Health Services Financing proposes to promulgate Emergency Rules to adopt provisions governing the reimbursement methodology for inpatient and outpatient hospital services rendered by non-rural, non-state hospitals in the Baton Rouge area.

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 March 14, 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

Feb. 9 1t 00902185

Public Notice ID: 22156624.HTM

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Department of Health and Hospitals Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

February 12, 2015

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

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

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

Dear Louisiana Tribal Contact:

Angela Martin 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

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

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 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 February 19, 2015 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 February 12, 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 telephone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,

MRoberta Deaz J. Ruth Kennedy Medicaid Director

Attachment (1)

JRK/DB/RJ

c: Ford J. Blunt, III Stacey Shuman

State Plan Amendments for submittal to CMS

Request for Tribal Comments February 12, 2015

15-004 Inpatient Hospital Services-Children's Specialty Hospitals-Supplemental Payments for New Orleans Area (Children's Hospital)

(Effective: February 12, 2015)

• Proposes to adopt a supplemental payment methodology for inpatient hospital services rendered by children's specialty hospitals in the New Orleans area.

15-005 Inpatient Hospital Services-Non-Rural, Non-State Hospitals-Supplemental Payments for the Baton Rouge Area Hospitals (Woman's Hospital)

(Effective: February 12, 2015)

 Proposes to amend the provisions governing inpatient hospital services rendered by nonrural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in the Baton Rouge area.

15-006 Inpatient Hospital Services-Non-Rural, Non-State Hospitals-Supplemental Payments for the Monroe Area Hospitals (University Health Conway)

(Effective: February 12, 2015)

 Proposes to amend the provisions governing inpatient hospital services rendered by nonrural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in DHH Administrative Region 8 in the Monroe area.

15-007 Outpatient Hospital Services-Non-Rural, Non-State Hospitals-Supplemental Payments for New Orleans Area Hospitals (Children's Hospital)

(Effective: February 12, 2015)

• Proposes to adopt a supplemental payment methodology for outpatient hospital services rendered by children's specialty hospitals in the New Orleans area.

15-008 Outpatient Hospital Services-Non-Rural, Non-State Hospitals-Supplemental Payments for the Baton Rouge Area Hospitals (Woman's Hospital)

(Effective: February 12, 2015)

 Proposes to amend the provisions governing outpatient hospital services rendered by nonrural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in the Baton Rouge area.

State Plan Amendments for submittal to CMS

Request for Tribal Comments February 12, 2015

15-009 Outpatient Hospital Services-Non-Rural, Non-State Hospitals-Supplemental Payments for the Monroe Area Hospitals (University Health Conway)

(Effective: February 12, 2015)

 Proposes to amend the provisions governing outpatient hospital services rendered by nonrural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in DHH Administrative Region 8 in the Monroe area.