

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street
Dallas, Texas 75202



Division of Medicaid & Children's Health

13 October, 2017

Reference: **SPA – LA-15-0007**
**(Outpatient Hospital Services- Children's Specialty Hospitals-
Supplemental Payments for New Orleans Area Hospitals)**

Ms. Jen Steele
Louisiana Department of Health & Hospitals
628 North Fourth Street, 7th Floor
Baton Rouge, Louisiana 70821-9030

Dear Ms. Steele:

This is to acknowledge receipt of State's Withdraw Letter Dated 13 October, 2017, noting Withdrawal of State Plan Transmittal No.15-0007. This action is reflected on the enclosed CMS-179. For your convenience, we are enclosing copies of the material withdrawn. If you have any questions, please call Tammy Sampson at 214-767-6431.

Sincerely,

A handwritten signature in black ink that reads "Marsha Marks". The signature is written in a cursive, flowing style.

Marsha Marks, Health Insurance Specialist
Centers for Medicare & Medicaid Services
Division of Medicaid and Child Health

Enclosures:
State's Withdraw Letter Dated 10-13-2017
Copies of Withdrawn Material



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

October 13, 2017

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. 15-0007 Outpatient Hospital Services- Children's Specialty
Hospitals-Supplemental Payments for New Orleans Area Hospitals**

Please refer to the above proposed State Plan amendment (SPA) submitted under transmittal number (TN) 15-0007 with an effective date of February 12, 2015. The SPA proposed to adopt a supplemental payment methodology for outpatient hospital services rendered by children's specialty hospitals in the New Orleans area.

The Department no longer wishes to pursue this State Plan amendment and requests that LA SPA TN 15-0007 be withdrawn from consideration.

Sincerely,

A handwritten signature in blue ink that reads "Jen Steele".

Jen Steele
Medicaid Director

JS/KHB/MJ



State of Louisiana
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. 15-0007**

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 the word "Approved" and initials "AK" written below it.

Kathy H. Kliebert
Secretary

Attachment (1)

KHK/WJR/JH

Withdrawn per State's Letter Dated
13 October, 2017

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

15-0007

2. STATE

Louisiana

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

4. PROPOSED EFFECTIVE DATE

February 12, 2015

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

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 F

7. FEDERAL BUDGET IMPACT:

a. FFY **2015** **\$0**

b. FFY **2016** **\$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 2a, Page 13

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

None (New Page)

10. SUBJECT OF AMENDMENT: **The SPA proposes to adopt a supplemental payment methodology for outpatient hospital services rendered by children's specialty hospitals in the New Orleans 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

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:

March 19, 2015

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:

**Withdrawn per State's Letter Dated
13 October, 2017**

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 New Orleans 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 New Orleans area that meets the following qualifying criteria per the as filed cost report in state fiscal year 2014:

- classified by Medicare as a specialty children's hospital;
- has at least 100 full-time equivalent interns and residents;
- has at least 70 percent Medicaid inpatient days utilization rate;
- has at least 25,000 Medicaid inpatient days; and
- has a distinct part psychiatric unit.

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.

Withdrawn per State's Letter Dated
13 October, 2017