

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-15-0004**
(Inpatient 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.15-0004. 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 For your convenience, we are enclosing copies of the material withdrawn.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Copies of Withdrawn Material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. 15-0004 Inpatient 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) 15-0004 with an effective date of February 12, 2015. The SPA proposed to adopt a supplemental payment methodology for inpatient 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The Department no longer wishes to pursue this State Plan amendment and requests that LA SPA TN 15-0004 be withdrawn from consideration.

Sincerely,

Lee A. Budgewater

for Jen Steele
Medicaid Director

JS/KHB/MJ

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

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:

Withdrawn Per State's Letter
Dated 13 October, 2017

**RE: Louisiana Title XIX State Plan
Transmittal No. 15-0004**

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, followed by a blue ink stamp that says "Approved" with a date "10/13/17".

Kathy H. Kliebert
Secretary

Attachments (2)

KHK/JRK/JH

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 15-0004	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):

<input type="checkbox"/> NEW STATE PLAN	<input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN	<input checked="" type="checkbox"/> AMENDMENT
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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 <u>2016</u> \$0 b. FFY <u>2017</u> \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Item 1, Page 8c(7)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None (New Page)
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10. SUBJECT OF AMENDMENT: **The SPA proposes to adopt a supplemental payment methodology for inpatient hospital services rendered by children's specialty hospitals in the New Orleans area.**

11. GOVERNOR'S REVIEW (Check One):

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review state plan material.
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	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
13. TYPED NAME: Kathy H. Kliebert	
14. TITLE: Secretary	
15. DATE SUBMITTED: March 19, 2015	

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**

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

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 inpatient hospital services rendered in a hospital in the New Orleans area that meets the following qualifying criteria per the as filed cost report ending 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.

Reimbursement Methodology

Supplemental payments for inpatient hospital services will be paid quarterly up to the hospital specific upper payment limit (the difference between Medicaid inpatient charges and Medicaid inpatient payments). The payments to the qualifying hospital(s) shall not exceed:

- the annual Medicaid hospital specific inpatient charges per 42 CFR 447.271;
- the annual aggregate inpatient hospital upper payment limit for the classification of hospitals per 42 CFR 442.272; 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