

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-15-0006**
(Inpatient Hospital Services - NR, NS Hospitals Supplemental Payments for
Monroe 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.15-0006. 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convenience, we are enclosing copies of the material withdrawn.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Copies of Withdrawn Material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. 15-0006 Inpatient Hospital Services – NR, NS Hospitals
Supplemental Payments for Monroe Area Hospitals**

Please refer to the above proposed State Plan amendment (SPA) submitted under transmittal number (TN) 15-0006 with an effective date of February 12, 2015. The SPA proposed to amend the provisions governing reimbursement methodology for inpatient 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 Department's Administrative Region 8 in the Monroe area.

The Department no longer wishes to pursue this State Plan amendment and requests that LA SPA TN 15-0006 be withdrawn from consideration.

Sincerely,

Lee A. Budgewater

Jen Steele
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

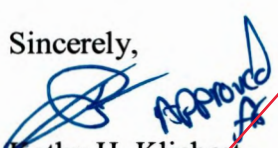
Dear Mr. Brooks:

**RE: Louisiana Title XIX State Plan
Transmittal No. 15-0006**

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

Attachments (2)

KHK/JRK/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:

15-0006

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

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:

42 CFR 447, Subpart F

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 **\$0**
b. FFY 2017 **\$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Item 1, Page 8c(6)

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

None (New Page)

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing the reimbursement methodology for inpatient 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 Department's Administrative Region 8 in the Monroe 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**

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

Supplemental Payments for Monroe 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 by a hospital in the Monroe area that meets the following qualifying criteria:

- inpatient acute hospital classified as a major teaching hospital;
- located in the Department's Administrative Region 8 (lowest per capita income of any region per the 2010 U.S. Census Bureau records); and
- per the as filed state fiscal year ending June 30, 2013 cost report has:
 - 1) greater than 25 full-time equivalent interns and residents;
 - 2) at least 40 percent Medicaid inpatient days utilization; and
 - 3) 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

TN 15-0006 _____

Approval Date _____

Effective Date _____

Supersedes
TN None – New Page