

John Bel Edwards
GOVERNOR



Dr. Courtney N. Phillips
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of the Secretary

August 8, 2022

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
601 East 12th Street, Room 0300
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan
Transmittal No. 22-0021

Dear Mr. Scott:

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.
Should you have any questions or concerns regarding this matter, please contact Karen
Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.


Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Johnson".

_____, for
Dr. Courtney N. Phillips
Secretary

Attachments (3)

CNP:TAL:SSJ

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 22-0021	2. STATE LA		
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT			
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 2, 2022			
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart C		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>143,665</u> b. FFY <u>2024</u> \$ <u>114,335</u>			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, Item 1, Page 8h (New Page)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)			
9. SUBJECT OF AMENDMENT The purpose of this SPA is to revise the provisions governing inpatient hospital services in order to establish the criteria for an acute care hospital to qualify as an urban metropolitan statistical area (MSA) facility and to establish the reimbursement methodology under that criteria.					
10. GOVERNOR'S REVIEW (Check One) <table style="width:100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material. </td> </tr> </table>				<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.
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11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030			
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips					
13. TITLE Secretary					
14. DATE SUBMITTED August 8, 2022					
FOR CMS USE ONLY					
16. DATE RECEIVED		17. DATE APPROVED			
PLAN APPROVED - ONE COPY ATTACHED					
18. EFFECTIVE DATE OF APPROVED MATERIAL		19. SIGNATURE OF APPROVING OFFICIAL			
20. TYPED NAME OF APPROVING OFFICIAL		21. TITLE OF APPROVING OFFICIAL			
22. REMARKS					

LA TITLE XIX SPA

TRANSMITTAL #: 22-0021

TITLE: Inpatient Hospital Services - Urban Metropolitan Statistical Area Facility

EFFECTIVE DATE: July 2, 2022

FISCAL IMPACT:

Increase

	year	% inc.	fed. match		*# mos	range of mos.	dollars
1st SFY	2023			0.00%	11.96	July 2, 2022 - June 2023	\$170,826
2nd SFY	2024			0.00%	12	July 2023- June 2024	\$170,826
3rd SFY	2025			0.00%	12	July 2024 - June 2025	\$170,826

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2023

SFY 2023 \$170,826 for 11.96 months July 2, 2022 - June 2023 \$170,826

SFY 2024 \$170,826 for 12 months July 2023- June 2024
 \$170,826 / 12 X 3 July 2023 - September 2023 = \$42,707
\$213,533

FFP (FFY 2023)= \$213,533 X 67.28% = \$143,665

Total increase or decrease cost FFY 2024

SFY 2024 \$170,826 for 12 months July 2023- June 2024
 \$170,826 / 12 X 9 October 2023 - June 2024 = \$128,120

SFY 2025 \$170,826 for 12 months July 2024 - June 2025
 \$170,826 / 12 X 3 July 2024 - September 2024 = \$42,707
\$170,827

FFP (FFY 2024)= \$170,827 X 66.93% = \$114,335

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - IN-PATIENT
HOSPITAL CARE

Urban Metropolitan Statistical Area (MSA) Facility

Qualifying Criteria

In order to qualify as an urban MSA facility, the hospital must:

1. have a facility type code of acute and opened subsequent to the March 13, 2020 presidential declaration of a national emergency concerning the coronavirus disease 2019 (COVID-19), to provide availability of additional beds and services for COVID-19 patients;
2. have been licensed and certified no later than June 30, 2020, and located in zip code 70806, east of I-110, north of I-10, and south of Business Highway 190;
3. be located in an urban metropolitan statistical area (MSA) as defined by the United States Office of Management and Budget;
4. have an operational emergency room and is located greater than five miles in distance from the closest hospital emergency room; and
5. be located on a single site.

These provisions qualify The General Hospital also known as “Baton Rouge General – Mid-City Location”, as the only qualifying urban MSA facility.

Reimbursement Methodology

Effective for dates of service on or after July 2, 2022, the inpatient hospital per diem rate paid to an urban MSA facility for acute care services shall be increased by indexing annually to 95 percent of the small rural hospital acute per diem rate in effect.

Effective for dates of service on or after July 2, 2022, the inpatient hospital per diem rate paid to an urban MSA facility for psychiatric services shall be increased by indexing annually to 95 percent of the small rural hospital psychiatric per diem rate in effect.

These rates are contingent on the hospital continuing to meet all qualifying criteria set forth above. The addition of any off site campus location to the license of this hospital will invalidate the provisions of this reimbursement methodology.

If the hospital no longer qualifies as an urban MSA facility, payments will revert back to appropriate non-rural, non-state hospital assigned rates effective on the date that the qualification(s) above are no longer met.