



State of Louisiana
Louisiana Department of Health
Office of the Secretary

November 14, 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. 22-0033

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


<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p align="center">FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">1. TRANSMITTAL NUMBER 22-0033</td> <td style="width:50%; padding: 2px;">2. STATE LA</td> </tr> <tr> <td colspan="2" style="padding: 2px;">3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT</td> </tr> <tr> <td colspan="2" style="padding: 2px;">4. PROPOSED EFFECTIVE DATE October 11, 2022</td> </tr> <tr> <td colspan="2" style="padding: 2px;">6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>1,879,022</u> b. FFY <u>2024</u> \$ <u>1,869,247</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 22-0021) (New Page)</td> </tr> </table>	1. TRANSMITTAL NUMBER 22-0033	2. STATE LA	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT		4. PROPOSED EFFECTIVE DATE October 11, 2022		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>1,879,022</u> b. FFY <u>2024</u> \$ <u>1,869,247</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 22-0021) (New Page)	
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<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart C										
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, Item 1, Page 8h Attachment 4.19-A, Item 1, Page 8i	9. SUBJECT OF AMENDMENT The purpose of this SPA is to establish the criteria for an acute care hospital to qualify as an urban metropolitan statistical area (MSA) facility in the New Orleans area and establish the reimbursement methodology for the provision of inpatient services.										

10. 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.

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	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 November 14, 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 #: 22-0033

TITLE: Inpatient Hospital Services - Urban Metropolitan Statistical Area (New Orleans)

EFFECTIVE DATE: October 11, 2022

FISCAL IMPACT:

Increase

	year	% inc.	fed. match		*# mos	range of mos.	dollars
1st SFY	2023			0.00%	8.68	October 11, 2022 - June 2023	\$2,094,629
2nd SFY	2024			0.00%	12	July 2023- June 2024	\$2,792,839
3rd SFY	2025			0.00%	12	July 2024 - June 2025	\$2,792,839

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2023

SFY 2023 \$2,094,629 for 8.68 months October 11, 2022 - June 2023 \$2,094,629

SFY 2024 \$2,792,839 for 12 months July 2023- June 2024
 \$2,792,839 / 12 X 3 July 2023 - September 2023 = \$698,210
\$2,792,839

FFP (FFY 2023)= \$2,792,839 X 67.28% = \$1,879,022

Total increase or decrease cost FFY 2024

SFY 2024 \$2,792,839 for 12 months July 2023- June 2024
 \$2,792,839 / 12 X 9 October 2023 - June 2024 = \$2,094,629

SFY 2025 \$2,792,839 for 12 months July 2024 - June 2025
 \$2,792,839 / 12 X 3 July 2024 - September 2024 = \$698,210
\$2,792,839

FFP (FFY 2024)= \$2,792,839 X 66.93% = \$1,869,247

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 – Baton Rouge Area

Qualifying Criteria

In order to qualify as an urban MSA facility in the Baton Rouge area, 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 a 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.

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 – New Orleans Area

Qualifying Criteria

In order to qualify as an urban metropolitan statistical area (MSA) facility in the New Orleans area, the hospital must:

1. be designated a non-rural hospital service district located in Louisiana Department of Health (LDH) region 1, with a facility type code of acute, with an original hospital license date before July 13, 2014, but after July 1, 2014, located in zip code 70127;
2. be located in an urban MSA as defined by United States Office of Management and Budget;
3. have an operational emergency room; and
4. not add additional locations under this license, without prior written approval of the Department.

These provisions qualify New Orleans East Hospital as a qualifying urban MSA facility.

Reimbursement Methodology

Effective for dates of service on or after October 11, 2022, the inpatient hospital per diem rate paid for acute care services to qualifying urban MSA hospitals in the New Orleans area that meet all of the criteria above 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 October 11, 2022, the inpatient hospital per diem rate paid for psychiatric services to qualifying urban MSA hospitals in the New Orleans area that meet all of the criteria above 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 included above. The addition of any off-site campus, beyond an outpatient primary care clinic, to the license of this hospital will invalidate the provisions of this reimbursement methodology.

If the hospital no longer qualifies, 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.