



State of Louisiana
Louisiana Department of Health
Office of the Secretary

September 30, 2024

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. 24-0022

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 Marjorie Jenkins at (225) 342-3881 or via email at Marjorie.Jenkins@la.gov.

Respectfully,



Michael Harrington, MBA, MA
Secretary

Attachments (3)

MH:KS:KF

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

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

<p>1. TRANSMITTAL NUMBER 24-0022</p>	<p>2. STATE LA</p>
<p>3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT</p>	<p>4. PROPOSED EFFECTIVE DATE July 1, 2024</p>
<p>5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447 Subpart C</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$2,122,300 b. FFY <u>2025</u> \$9,464,008</p>
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, Item 1, Page 8c</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 17-0014)</p>
<p>9. SUBJECT OF AMENDMENT The purpose of this SPA is to adopt provisions governing qualifying criteria and reimbursement methodology for other rural hospitals in order to increase payments for inpatient hospital services.</p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><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</p> <p style="text-align: right;"><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.</p>	
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>15. RETURN TO Kimberly Sullivan, J.D. Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030</p>
<p>12. TYPED NAME Michael Harrington, MBA, MA</p>	
<p>13. TITLE Secretary</p>	
<p>14. DATE SUBMITTED September 30, 2024</p>	
FOR CMS USE ONLY	
<p>16. DATE RECEIVED</p>	<p>17. DATE APPROVED</p>
PLAN APPROVED - ONE COPY ATTACHED	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p>
<p>20. TYPED NAME OF APPROVING OFFICIAL</p>	<p>21. TITLE OF APPROVING OFFICIAL</p>
<p>22. REMARKS</p>	

LA TITLE XIX SPA

TRANSMITTAL #: 24-0022

TITLE: Inpatient Hospital Services - Other Rural Hospitals

EFFECTIVE DATE: July 1, 2024

FISCAL IMPACT:

Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2025			12	July 2024 - June 2025	\$12,544,995
2nd SFY	2026			12	July 2025 - June 2026	\$17,986,573
3rd SFY						

*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2024

\$12,544,995 / 12 X 3 months July 2024 - September 2024 = \$3,136,249

\$3,136,249 X 67.67% = \$2,122,300

FFP (FFY 2024) =

\$2,122,300

Total increase or decrease cost FFY 2025

\$12,544,995 / 12 X 9 months October 2024 - June 2025 = \$9,408,746

\$9,408,746 X 68.06% = \$6,403,593

\$17,986,573 / 12 X 3 months July 2025 - September 2025 = \$4,496,643

\$4,496,643 X 68.06% = \$3,060,415

FFP (FFY 2025) =

\$9,464,008

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

Other Rural Hospitals

To qualify as an other rural, non-state hospital, the hospital shall meet the following criteria:

1. Is a non-state owned hospital;
2. Has no more than sixty licensed beds as of October 1, 2024, excluding distinct part psychiatric unit beds, distinct part rehabilitation unit beds, and nursery bassinets;
3. Does not qualify as a rural hospital as defined in Attachment 4.19-A, Section D.3.b;
4. Is not located within one of Louisiana's metropolitan statistical areas (MSA) as delineated in OMB Bulletin No. 23-01;
5. Has an operational emergency room; and
6. Is located in a municipality with a population of less than 23,000 as measured by the 2020 United States Census Bureau.

Reimbursement Methodology

Effective for dates of service on or after July 1, 2024, the inpatient hospital per diem rates paid to other rural, non-state hospitals shall be as follows:

1. Acute Care Services. The per diem rate for acute care services shall be 85 percent of the small rural hospital acute per diem rate in effect.
2. Psychiatric Services. The per diem rate for psychiatric services shall be 85 percent of the small rural hospital psychiatric per diem rate in effect.
3. Neonatal Intensive Care Unit (NICU) Services. The per diem rate for NICU services shall be 85 percent of the small rural hospital NICU per diem rate in effect.
4. Nursery Boarder Baby Services. The per diem rate for nursery boarder baby services shall be 85 percent of the small rural hospital nursery boarder baby per diem rate in effect.