EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL O	F 1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	09-41	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION SOCIAL SECURITY ACT (MI	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DAT	TE TE
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CON		AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (Separate Transmittal for e	ach amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT	
1906 of the Social Security Act	a. FFY 2009 b. FFY 2010	\$0.00 \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMEN	T: 9. PAGE NUMBER OF THE SUP	PERSEDED PLAN
	SECTION OR ATTACHMENT	Γ (If Applicable):
Pre-print Page 70	Same (TN 94-03)	
Attachment 4.22-C, Page 1	Same (TN 91-29)	
effectiveness of the Louisiana Health Insurance Premi	endment is to revise the method um Payment Program (LaHIPI	l of evaluating the cost P).
II. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	State of Louisiana Department of Health and	view state plan material.
II. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	OTHER, AS SPECIFIED: The Governor does not real. 16. RETURN TO: State of Louisiana Department of Health and 628 N. 4th Street	view state plan material.
II. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA 12. SIGNATURE OF 13. TYPED NAME: Alan Levine 14. TITLE:	OTHER, AS SPECIFIED: The Governor does not re 16. RETURN TO: State of Louisiana Department of Health and 628 N. 4th Street PO Box 91030	view state plan material.
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II. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA 12. SIGNATURE OF 13. TYPED NAME: Alan Levine 14. TITLE: Secretary 15. DATE SUBMITTED: September 11, 2009 FOR REGIONAL OF 17. DATE RECEIVED: 22. September 2009 PLAN APPROVED - C	OTHER, AS SPECIFIED: The Governor does not real 16. RETURN TO: State of Louisiana Department of Health and 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821- DEFICE USE ONLY 18. DATE APPROVED: 3 ACCURATE ONE COPY ATTACHED 20. SIGN	view state plan material. d Hospitals -9030 DEC 2009 EIAL:
II. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA I2: SIGNATURE OF I3. TYPED NAME: Alan Levine I4. TITLE: Secretary I5. DATE SUBMITTED: September 11, 2009 FOR REGIONAL (17. DATE RECEIVED: 22 September 2009 PLAN APPROVED - C	OTHER, AS SPECIFIED: The Governor does not real 16. RETURN TO: State of Louisiana Department of Health and 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821- DEFICE USE ONLY 18. DATE APPROVED: 3 ACCURATE ONE COPY ATTACHED 20. SIGN	view state plan material. d Hospitals -9030 DEC 2009 EIAL:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA 12: SIGNATURE OF 13. TYPED NAME: Alan Levine 14. TITLE: Secretary 15. DATE SUBMITTED: September 11, 2009 FOR REGIONAL OF SUBMITTED: 22. September 2009 PLAN APPROVED - C 19. EFFECTIVE DATE OF APPROVED MATERIAL:	OTHER, AS SPECIFIED: The Governor does not real 16. RETURN TO: State of Louisiana Department of Health and 628 N. 4th Street PO Box 91030 Baton Rouge, LA 70821. OFFICE USE ONLY 18. DATE APPROVED: 3 ACCURATE ONE COPY ATTACHED	view state plan material. d Hospitals -9030 DEC 2009 EIAL:

Revision: HCFA-PM-91-8 (MB)

October 1991

ATTACHMENT 4.22-C

Page 1 OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Territory: LOUISIANA

Citation

Condition or Requirement

1906 of the Act

State Method on Cost Effectiveness of Employer-Based Group Health Benefit Plans

The State is using the Secretary's method in all aspects except geographically we are using statewide average instead of parish by parish averages.

SUPERSEDES: TN 91-29

STATE LOUISIANA

DATE REC'D. 9-22-09

DATE APPV'D. 11-3-09

DATE EFF. 7-1-09

HCFA 179 09-41

TN# 09-41 Supersedes

Supersedes

Approval Date 11-3 09

Effective Date

7-1-09

HCFA ID: 7985 E

Revision:	HCFA-PM-94		(MB)	
Citation	FEBRUARY 1994 State/Territory: LOUISIANA			STATE <u>NOUS ICUNA</u> DATE REC'D <u>9-72-09</u> DATE APPV'D <u>11-3-09</u> DATE EFF
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42CFR 433	.151 (a)	(f)	enforcement of rights to assigned to the State as assistance with the following the state as as as as a state as a s	as written cooperative agreements for the o and collection of third party benefits a condition of eligibility for medical owing: (Check as appropriate.) Dougles agency. The requirements of 42 CFR met. te State agency(s): te agency(s) of another state: enforcement officials.
1902(a) (60) of the Act (g) The Medicaid agency as		ssures that the State has in effect the laws		
1906 of the		(h)	The Medicaid agency s the cost effectiveness o selecting one of the fol The Secretary's Manual, Section The State Providence of the State Providence	d support under section 1908 of the Act. specifies the guidelines used in determining of an employer-based group health plan by lowing: s method as provided in the State Medicaid
IN# & 9 Supersedes IN# 9.		Арг	proval Date 11-3-09	7 Effective Date 7-1-09

SUPERSEDES: TN- 94-03

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1301 Young Street, Room 833 Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

November 3, 2009

Our Reference: SPA-LA-09-41

Mr. Jerry Phillips, State Medicaid Director Department of Health and Hospitals Bienville Building 628 North 4th Street Post Office Box 91030 Baton Rouge, LA 70821-9030

Dear Mr. Phillips:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-41. This amendment revises the method used to evaluate the cost effectiveness of the Louisiana Health Insurance Premium payment program (LaHIPP) from a parish by parish average to a statewide average.

Transmittal Number 09-41 is approved with an effective date of July 1, 2009 as requested. A copy of the HCFA-179, Transmittal No. 09-41 dated September 11, 2009 is enclosed along with the approved plan pages.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

Bill Brooks Associate Regional Administrator

Enclosures

Marks, Marsha L. (CMS/SC)

From:

Marks, Marsha L. (CMS/SC)

Wednesday, November 04, 2009 2:20 PM Sent:

To: CMS CMSO_508_SPA

Rupley, Cheryl A. (CMS/SC); 'ALLYSON LAMY' Cc:

FW: Approved SPA LA 09-41 Subject:

Attachments: SPA-LA-09-41.doc; Approval Pkg for LA 09-41.pdf

See Attached.

State: Louisiana

Brief Description: Plan Revised the method used to evaluate the cost effectiveness of the LA Health Insurance3 Premium payment program from a parish by parish average to a statewide average.

Approval Date: 11/3/09

Effective Date: 7/1/09

R/

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov