

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-13-15  
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations, CMSO

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Mr. Jerry Phillips, Director  
Bureau of Health Services Financing  
Department of Health and Hospitals  
Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

FEB 18 2010

Attention: Sandra Victor

RE: Louisiana 09-45

Dear Mr. Phillips:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 09-45. This amendment changes the deadline from June 1, 2008 to July 1, 2010 for Medicaid-enrolled non-state acute care hospitals that establish a Mental Health Emergency Room Extension (MHERE) and sign an addendum to the Provider Enrollment form (PE-50) to be reimbursed for their net uncompensated care costs for psychiatric services rendered to patients.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-A. Based upon your assurances we are pleased to inform you that Medicaid State plan amendment 09-45 is approved effective December 21, 2009. We are enclosing the HCFA-179 and the amended plan page.

If you have any questions, please call Sandra Dasheiff, CPA at (214) 767-6490.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Cindy Mann  
Director  
Center for Medicaid and State Operations (CMSO)

Enclosures



STATE OF LOUISIANA  
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

**g. Mental Health Emergency Room Extensions (MHERE)**

- 1) Medicaid-enrolled non-state, acute care hospitals that establish a Mental Health Emergency Room Extension (MHERE) and sign an addendum to the Provider Enrollment form (PE-50) by July 1, 2010 shall be reimbursed for their net uncompensated care costs for psychiatric services rendered to patients. The net uncompensated care cost is the Medicaid shortfall plus the cost of treating the uninsured.
- 2) Qualifying non-state, acute care hospitals must:
  - a) be located in a region of the state that does not currently have an MHERE; and
  - b) not receive funding for their MHERE from another source.
- 3) The amount appropriated for this pool in SFY 2010 is \$7,000,000. If the net uncompensated care costs of all hospitals qualifying for this payment exceeds \$7,000,000, payment will be each qualifying hospital's pro rata share of the pool calculated by dividing its net uncompensated care costs by the total of the net uncompensated care costs for all hospitals qualifying for this payment multiplied by \$7,000,000.
- 4) Qualifying hospitals must submit costs and patient specific data in a format specified by the Department. Cost and lengths of stay will be reviewed for reasonableness before payments are made.
- 5) Payments shall be made on a quarterly basis.

**E. (Reserved)**

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TN# 09-45  
Supersedes  
TN# 09-38

Approval Date FEB 18 2010

Effective Date 12-21-09