

Division of Medicaid & Children's Health, Region VI

March 18, 2010

Our Reference: SPA-LA-09-48

Mr. Don Gregory, Interim 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. Gregory:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-48. This state plan amendment adds a supplemental payment to qualifying non-rural, non-state acute care hospitals designated as major teaching hospitals.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for that SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (e) of the Recovery and Reconstruction Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 09-48 is approved with an effective date of October 1, 2009 as requested. A copy of the HCFA-179, Transmittal No. 09-48 dated December 21, 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

FRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-019 2. STATE
STATE PLAN MATERIAL	09-48	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION SOCIAL SECURITY ACT (MEI	
0: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE October 1, 2009	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		
TYPE OF PLAN MATERIAL (Check One):		······
NEW STATE PLAN AMENDMENT TO BE CONSI		MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		ch amendment)
FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart F	7. FEDERAL BUDGET IMPACT: a. FFY <u>2010</u> b. FFY <u>2011</u>	<u>\$29,975.49</u> \$24,149.22
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
ttachment 4.19-B, Item 2a, Page 7	None (New Page)	
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Marks, Marsha L. (CMS/SC)

From: Sent: To: Cc:	Marks, Marsha L. (CMS/SC) Monday, March 22, 2010 10:52 AM CMS CMSO_508_SPA; Potter, Cynthia J. (CMS/CMSO) Rupley, Cheryl A. (CMS/SC); Sampson, Tamara L. (CMS/CMCHO); Carter, Demetria (CMS/SC)
Subject:	Approval SPA for LA 09-48

See Attached.

State: Louisiana

Brief Description: This SPA Amendment adds a supOplemental payment to qualifying nonrural, non-state acute hospitals designated as major teaching hospitals. The State demonstrated that payment does not exceed the outpatient hospital services upper payment limit, and non-federal share of payment will be funded through appropriations made to the Medicaid agency and acceptable responses to funding questions was provided.

Approval Date: 18 March, 2010

Effective Date: 1 October, 2009

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN AS DESCRIBED AS FOLLOWS:

Supplemental Payments for Major Teaching Hospitals

i. Qualifying Criteria

In order to qualify for the supplemental payment, a non-rural, non-state acute care hospital must:

- 1. be designated as a major teaching hospital by the department in state fiscal year 2009;
- 2. have provided at least 25,000 Medicaid acute care paid days for state fiscal year 2008 dates of service;
- 3. have provided at least 4,000 Medicaid distinct part psychiatric unit paid days for the state fiscal year 2008 dates of service; and
- 4. provided at least 20,000 Medicaid outpatient paid visits for state fiscal year 2008 dates of service.

ii. Reimbursement Methodology

Effective for the dates of service on or after October 1, 2009, a quarterly supplemental payment shall be issued to qualifying non-rural, non-state acute care hospitals for outpatient services rendered during the quarter. These payments shall be used to facilitate the development of public-private partnerships to preserve access to medically necessary services for Medicaid enrollees. Aggregate payments to qualifying hospitals shall not exceed the maximum allowable cap for the state fiscal year.

Payments shall be distributed quarterly based on Medicaid paid claims data from service dates in state fiscal year 2009.

Payments are applicable to Medicaid service dates provided during each quarter and shall be discontinued for the remainder of the state fiscal year in the event that the maximum allowable payment caps of \$25,185,636 for SFY 2010 and \$29,886,955 for SFY 2011 is reached or by June 30, 2011, whichever occurs, first.

STATE____

SUPERSEDES: NONE - NEW PAGE	DATE REC'D 12-21-09 DATE APPV'D 03-18-10 DATE EFF 10-1-09 HCFA 179 09-48	A

TN# <u>09-48</u> Approval Date ____ Supersedes TN# SUPERSEDES: NONE - NEW PAGE

Approval Date 03-18-10

Effective Date <u>10-1-09</u>

Louisiana