TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	09-56	Louisiana	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2010		
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN AMENDMENT TO BE CONS	SIDERED AS NEW PLAN 🛛 AM	ENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN 6. FEDERAL STATUTE/REGULATION CITATION:	NDMENT (Separate Transmittal for each	amendment)	
42 CFR 447.321	7. FEDERAL BUDGET IMPACT: a. FFY 2010	* \$0.00	
	b. FFY 2011	* \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	<u></u>	
	SECTION OR ATTACHMENT (If Applicable):		
Attachment 4.19-B, Item 2.a, Page 8	None (New Page)		
(0. GVIDINGM OR A) GRIPPING TELL			
10. SUBJECT OF AMENDMENT: The purpose of this amenoutpatient non-rural, non-state hospitals that enter into a	ndment is to provide for supplement	mental payments to	
for the purpose of providing healthcare services to low i	in agreement with a state or local ncome and needy natients	governmental entity	
11. GOVERNOR'S REVIEW (Check One):	neome and neous patients.		
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECIFIED:		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The Governor does not review	v state plan material.	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	. · ·		
12. SIGNATURE OF STATA AGENCY OFFICIAL:	16. RETURN TO:		
	State of Louisiana		
13, TYPED NAME:	Department of Health and H	losnitals	
Alan Levine	628 N. 4 th Street		
14. TITLE:	PO Box 91030		
Secretary	Baton Rouge, LA 70821-9030		
15. DATE SUBMITTED:	Daton Rouge, LA 70021-90.	3 U	
December 30, 2009			
FOR REGIONAL OF	10 DATE ADDROVED		
30 December, 2009	18. DATE APPROVED: 29 Octo	ber, 2010	
PLAN APPROVED – ONE			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAR OFFI	CIAL:	
1 January, 2010			
21. TYPED NAME:	22. TITLE: Associate Regional		
Bill Brooks	Division of Medicaid &	Children's Health	
23. REMARKS:			
* The fiscal impact is unable to be determined at this time as this	is a new process for the state and so no	o hospitals have	
qualified yet.	process for the butte that be in		
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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 Low Income and Needy Care Collaboration Hospitals

Effective for dates of service on or after January 1, 2010, quarterly supplemental payments will be issued to qualifying non-rural, non-state hospitals for outpatient services rendered during the quarter. Maximum aggregate payments to all qualifying hospitals in this group shall not exceed the available upper payment limit per state fiscal year.

- 1. <u>Qualifying Criteria</u>. In order to qualify for the supplemental payment, the non-rural, non-state hospital must be affiliated with a state or local governmental entity through a Low Income and Needy Care Collaboration Agreement
 - a. A non-state hospital is defined as a hospital which is owned or operated by a private entity.
 - b. A Low Income and Needy Care Collaboration Agreement is defined as an agreement between a hospital and a state or local governmental entity to collaborate for purposes of providing healthcare services to low income and needy patients.
- 2. <u>Reimbursement Methodology</u>. Each qualifying hospital shall receive quarterly supplemental payments for the outpatient services rendered during the quarter. Quarterly payment distribution shall be limited to one-fourth of the lesser of:
 - a. the difference between each qualifying hospital's outpatient Medicaid billed charges and Medicaid payments the hospital receives for covered outpatient services provided to Medicaid recipients. Medicaid billed charges and payments will be based on a 12 consecutive month period for claims data selected by the Department; or
 - b. for hospitals participating in the Medicaid Disproportionate Share Hospital (DSH) Program, the difference between the hospital's specific DSH limit and the hospital's DSH payments for the applicable payment period.

STATE Louisiana

DATE REC'D. 12-30-09

DATE APPVID 10-29-16

DATE EFF 1-1-10

HGFA 179 09-66

SUPERSEDES: NONE - NEW PAGE

ΓN#	09-56	Approval Date	10-29-10	Effective Date_	1-1-10	
Supersedes SUPERSEDES: NONE - NEW PAGE						