DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



## Center for Medicaid, CHIP, and Survey & Certification

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

JUN 1 7 2010

Attention: Sandra Victor

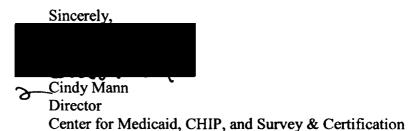
RE: Louisiana 10-25

Dear Mr. Gregory:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 10-25. Effective for dates of service on or after March 21, 2010, the uncompensated care costs associated with outpatient high-tech imaging that do not meet the established criteria for Radiology Utilization Management are not allowable for disproportionate share payments.

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 10-25 is approved effective March 21, 2010. 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.



Enclosures

TRANSMITTAL AND NOTICE OF A DEDOXICE		FORM APPROV OMB NO. 0938-0
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	10-25	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION SOCIAL SECURITY ACT (MEI	TITLE XIX OF THE
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION		•
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	March 21, 2010	
NEW STATE PLAN AMENDMENT TO BE CON		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Suprata Transmitted Con	MENDMENT
COLATION CHATION:	7. FEDERAL BUDGET IMPACT:	n amendment)
42 CFR 447, Subpart E	a. FFY <u>2010</u>	<b>5</b> 0.00
	b. FFY <u>2011</u>	<u>\$0.00</u> \$0.00
B. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPE	
	SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19-A, Item 1, Page 10f	Same (TN 03-26)	, ,,,,,
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FORM HCFA-179 (07-92)

## STATE OF LOUISIANA PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

- e. Hospitals and/or units which close or withdraw from the Medicaid Program shall become ineligible for further DSH pool payments for the remainder of the current DSH pool payment cycle and thereafter.
- f. Effective for dates of service on or after March 21, 2010, the uncompensated care costs associated with outpatient high-tech imaging that do not meet the established criteria for radiology utilization management are not allowable for disproportionate share payments.

## Marks, Marsha L. (CMS/SC)

From:	Cooley, Mark S. (CMS/CMSO)
Sent:	Friday, June 18, 2010 9:02 AM
То:	Dasheiff, Sandra (CMS/CMCHO)
Cc:	Marks, Marsha L. (CMS/SC); GOLDSTEIN, STUART S. (CMS/CMSO)
Subject:	Approval Package for LA 10-025
Attachments:	LA 10-025.pdf

Approval Package / Official File for Louisiana 10-025