

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.

Sincerely,

A large black rectangular redaction box covering the signature area of the letter.

Cindy Mann
Director

Center for Medicaid, CHIP, and Survey & Certification

Enclosures

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.

TN# 10-25 Approval Date JUN 17 2010 Effective Date 3-21-10
Supersedes
TN# 03-26

Marks, Marsha L. (CMS/SC)

From: Cooley, Mark S. (CMS/CMSO)
Sent: Friday, June 18, 2010 9:02 AM
To: 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