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

NOV - 2 2010

Attention:

Sandra Victor

RE: Louisiana 10-28

Dear Mr. Gregory:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 10-28. Effective for dates of service on after July 1, 2010, the Medicaid cost shortfall resulting from Medicaid days that did not meet the established criteria for pre-admission certification and length of stay assignment is not allowable for the uncompensated care costs for the disproportionate share hospital (DSH) payment calculation. The exclusion of these costs and associated days (if applicable) does not affect the hospital specific uncompensated care limit or eligibility 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 10-28 is approved effective July 1, 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, Cindy Iviann

Director

Center for Medicaid, CHIP, and Survey & Certification

Enclosures

JEPAKTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	10-28	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	July 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSI	IDERED AS NEW PLAN MAI	MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447, Subpart E	a. FFY <u>2010</u> b. FFY <u>2011</u>	\$0.00 \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Item 1, Page 10f	9. PAGE NUMBER OF THE SUPE SECTION OR ATTACHMENT (Same (TN 10-25)	
10. SUBJECT OF AMENDMENT: The purpose of this amends associated with Medicaid days must meet the Department certification and length of stay assignment in order to que 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	nt's established criteria for pre- ualify for DSH payments. OTHER, AS SPECIFIED: The Governor does not revi	-admission
12. SIGNATURE OF STATE ACENSIV OFFICIAL	16. RETURN TO:	
	State of Louisiana	
13. TYPED NAME	Department of Health and Hospitals	
Alan Levine	628 N. 4th Street	
14. TITLE:	PO Box 91030	
Secretary	Baton Rouge, LA 70821-9030	
15. DATE SUBMITTED:	Daton Rouge, LA 70021-7	050
June 28, 2010	CLOC LICE ON V	
FOR REGIONAL OF	I B. DATE APPROVED:	
28 June 2010	11-03-10	
PLAN APPROVED – ONE		
JUL - 1 2010	2 YOUR DEAD OF P	
21. TYPED NAME: WILLIAM LASOWSKI	Douty Direct	OR CMCS
23. REMARKS:	` I	1

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

ATTACHMENT 4.19-A Item 1, Page 10 f

STATE OF <u>LOUISIANA</u>
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 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.
- g. Effective for dates of service on after July 1, 2010, the Medicaid shortfall resulting from Medicaid days that did not meet the established criteria for pre-admission certification and length of stay assignment is not allowable for the uncompensated care costs for the disproportional share payment calculation. The exclusion of these costs and associated days (if applicable) does not affect the hospital specific uncompensated care limit or eligibility for disproportionate share payments.