

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**

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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,

A black rectangular redaction box covering the signature of Cindy Mann.

Cindy Mann  
Director  
Center for Medicaid, CHIP, and Survey & Certification

Enclosures



STATE OF LOUISIANA  
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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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.

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TN# 10-28 Approval Date NOV - 2 2010 Effective Date 7-1-10  
Supersedes  
TN# 10-25