

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



JUL 02 2013

Ms. Ruth Kennedy, Director  
Bureau of Health Services Financing  
Department of Health and Hospitals  
Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

RE: Louisiana 13-01

Dear Ms. Kennedy:

We have reviewed the proposed State plan amendment (SPA) to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-001. This amendment proposes to eliminate the public and private community hospitals Disproportionate Share Hospital (DSH) pools.

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, Medicaid State plan amendment 13-01 is approved effective February 1, 2013. We are enclosing the HCFA-179 and the new plan page.



If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

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

Cindy Mann  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>13-01</b>	2. STATE <b>Louisiana</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>February 1, 2013</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 447, Subpart E</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2013</u> <del>(\$2,119.90)</del> <b>(1,310.20)</b> b. FFY <u>2014</u> <del>(\$2,093.75)</del> <b>0</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-A, Item 1, Pages 10k(2), 10k(3), 10k(4), and 10k(5)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (TN 11-18)</b>	
10. SUBJECT OF AMENDMENT: <b>The purpose of this SPA is to revise the Disproportionate Share Hospital reimbursement methodology in order to eliminate the community hospitals DSH pools.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>The Governor does not review state plan material.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>J. Ruth Kennedy, Medicaid Director State of Louisiana Department of Health and Hospitals 628 N. 4<sup>th</sup> Street PO Box 91030 Baton Rouge, LA 70821-9030</b>	
13. TYPED NAME: <b>Bruce D. Greenstein</b>			
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>February 6, 2013</b> *			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>JUL 02 2013</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>FEB 01 2013</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Penny Thompson</b>		22. TITLE: <b>Deputy Director, Policy + Financial Mgt, CMCS</b>	
23. REMARKS: <b>Pen + Ink Change to box #7</b>			

\*pen and ink - requested by the state on June 17, 2013

\* SPA submitted 2-13-2013 per SPW report

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

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- (ii) supporting patient specific demographic data that does not identify individuals, but is sufficient for audit of the hospitals' compliance with the Medicaid ineligibility requirement as required by the Department, including:
  - (a) patient age;
  - (b) family size;
  - (c) number of dependent children; and
  - (d) household income.

e. THIS SECTION RESERVED

f. THIS SECTION RESERVED

STATE <u>Louisiana</u>	A
DATE REC'D <u>2-13-2013</u>	
DATE APPV'D <u>JUL 07 2013</u>	
DATE EFF <u>2-1-2013</u>	
ISSFA 179 <u>1301</u>	

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TN# 1301 Approval Date JUL 07 2013 Effective Date 2-1-2013  
Supersedes  
TN# 1118

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

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TN# 1301  
Supersedes  
TN# 11-18

Approval Date JUL 02 2013

Effective Date 2-1-2013

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

ATTACHMENT 4.19-A  
Item 1, Page 10 k (4)

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

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PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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