## Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 15-0 013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



## **Financial Management Group**

MAY 04 2015

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 15-0013

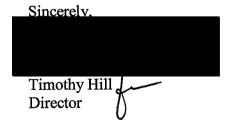
Dear Ms. Kennedy:

We have reviewed the proposed State plan amendment (SPA) to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 15-0013. Louisiana Department of Health and Hospitals submitted this SPA to amend the inpatient hospital methodology by eliminating the additional reimbursement for hemophilia blood products purchased by non-rural non-state acute care hospitals.

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 the information provided by the State, Medicaid State plan amendment 15-0013 is approved effective March 5, 2015. We are enclosing the CMS-179 and the new plan page.

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



**Enclosures** 

JEPAKIMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-019	
TRANSMITTAL AND NOTICE OF APPROVAL O	F 1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL		Louisiana	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT SOCIAL SECURITY ACT (MEDICA		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	March 5, 2015		
5. TYPE OF PLAN MATERIAL (Check One):		······································	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	NSIDERED AS NEW PLAN 🔀 AMEN	DMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (Separate Transmittal for each an	nendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
42 CFR 447, Subpart C	a. FFY 2015 b. FFY 2016	( <u>\$146.96)</u> ( <u>\$593.78)</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):		
Attachment 4.19-A, Item 1, Page 8d (Reserved)	Same (TN 09-01)		
	·		
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to methodology for inpatient hospital services rendered by non-rur; reimbursements for hemophilia blood products purchased by hose 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 SUBMITT.	al, non-state hospitals to eliminate the additional spitals.  OTHER, AS SPECIFIED: The Governor does not review s	ional	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
	J. Ruth Kennedy, Medicaid Di	rector	
13. TYPED NAME:	State of Louisiana		
Kathy H. Kliebert	Department of Health and Hos	Department of Health and Hospitals	
14. TITLE:	628 N. 4th Street	•	
Secretary	PO Box 91030		
15. DATE SUBMITTED:	Baton Rouge, LA 70821-9030		
March 30, 2015			
FOR REGIONAL O			
17. DATE RECEIVED:  March 30, 2015	18. DATE APPROVED: MAY 0 4 2	.01 <b>3</b> :	
PLAN APPROVED – O			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  March 5, 2015	20. SIGN	AL:	
21. TYPED NAME: Knistin FAN	Deputy Director, FN	16	
23. REMARKS:		······	

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

STATE OF <u>LOUISIANA</u>
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

10. RESERVED

State: Louisiana

Date Received: March 30, 2015
Date Approved MAY 04 2015
Date Effective: March 5, 2015
Transmittal Number: 15-0013

TN <u>15-0013</u>	Approval Date MAY 0 4 2015	Effective Date 3-5-2015
Supersedes TN 09-01		