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**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: LA 22-0021**

This file contains the following documents in the order listed:

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

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



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**Financial Management Group**

September 27, 2022

Tara A. LeBlanc  
Medicaid Executive Director  
Louisiana Medicaid Program  
Louisiana Department of Health Bureau of Health Services Financing  
628 North Fourth Street Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

RE: Louisiana State Plan Amendment (SPA) 22-0021

Dear Ms. LeBlanc:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 22-0021 effective for services on or after July 2, 2022. The purpose of this SPA is to revise the provisions governing inpatient hospital services in order to establish the criteria for an acute care hospital to qualify as an urban metropolitan statistical area (MSA) facility and to establish the reimbursement methodology under that criteria.

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 regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 22-0021 is approved effective July 2, 2022. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tom Caughey at (517) 487-8598.

Sincerely,



Rory Howe  
Director

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>22-0021</b>	2. STATE <b>LA</b>
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>July 2, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 447 Subpart C</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>143,665</u> b. FFY <u>2024</u> \$ <u>114,335</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-A, Item 1, Page 8h (New Page)</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	

9. SUBJECT OF AMENDMENT  
**The purpose of this SPA is to revise the provisions governing inpatient hospital services in order to establish the criteria for an acute care hospital to qualify as an urban metropolitan statistical area (MSA) facility and to establish the reimbursement methodology under that criteria.**

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material
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11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO  <b>Tara A. LeBlanc, Medicaid Executive Director Louisiana Department of Health 628 North 4<sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030</b>
12. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>	
13. TITLE <b>Secretary</b>	
14. DATE SUBMITTED <b>August 8, 2022</b>	

<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED August 8, 2022	17. DATE APPROVED September 27, 2022
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL July 2, 2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe	21. TITLE OF APPROVING OFFICIAL Director, FMG
22. REMARKS	

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - IN-PATIENT  
HOSPITAL CARE

**Urban Metropolitan Statistical Area (MSA) Facility**

**Qualifying Criteria**

In order to qualify as an urban MSA facility, the hospital must:

1. have a facility type code of acute and opened subsequent to the March 13, 2020 presidential declaration of a national emergency concerning the coronavirus disease 2019 (COVID-19), to provide availability of additional beds and services for COVID-19 patients;
2. have been licensed and certified no later than June 30, 2020, and located in zip code 70806, east of I-110, north of I-10, and south of Business Highway 190;
3. be located in an urban metropolitan statistical area (MSA) as defined by the United States Office of Management and Budget;
4. have an operational emergency room and is located greater than five miles in distance from the closest hospital emergency room; and
5. be located on a single site.

These provisions qualify The General Hospital also known as “Baton Rouge General – Mid-City Location”, as the only qualifying urban MSA facility.

**Reimbursement Methodology**

Effective for dates of service on or after July 2, 2022, the inpatient hospital per diem rate paid to an urban MSA facility for acute care services shall be increased by indexing annually to 95 percent of the small rural hospital acute per diem rate in effect.

Effective for dates of service on or after July 2, 2022, the inpatient hospital per diem rate paid to an urban MSA facility for psychiatric services shall be increased by indexing annually to 95 percent of the small rural hospital psychiatric per diem rate in effect.

These rates are contingent on the hospital continuing to meet all qualifying criteria set forth above. The addition of any off site campus location to the license of this hospital will invalidate the provisions of this reimbursement methodology.

If the hospital no longer qualifies as an urban MSA facility, payments will revert back to appropriate non-rural, non-state hospital assigned rates effective on the date that the qualification(s) above are no longer met.