March 19, 2015

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children’s Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 15-0006

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,

Kathy H. Kliebert
Secretary

Attachments (2)

KHK/JRK/JH
### TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

**1. TRANSMITTAL NUMBER:** 15-0006  
**2. STATE:** Louisiana

**3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID):**

**4. PROPOSED EFFECTIVE DATE:** February 12, 2015

**5. TYPE OF PLAN MATERIAL (Check One):**
- [ ] NEW STATE PLAN  
- [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN  
- [x] AMENDMENT

**COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment):**

**6. FEDERAL STATUTE/REGULATION CITATION:** 42 CFR 447, Subpart F

**7. FEDERAL BUDGET IMPACT:**
- a. FFY 2016 $0  
- b. FFY 2017 $0

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:** Attachment 4.19-A, Item 1, Page 8c(6)

**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):** None (New Page)

**10. SUBJECT OF AMENDMENT:** The SPA proposes to amend the provisions governing the reimbursement methodology for inpatient hospital services rendered by non-rural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in the Department’s Administrative Region 8 in the Monroe area.

**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  
- [x] OTHER, AS SPECIFIED: The Governor does not review state plan material.

**12. SIGNATURE OF STATE AGENCY OFFICIAL:**

Kathy H. Kliebert  
**13. TYPED NAME:**

Secretary  
**14. TITLE:**

March 19, 2015  
**15. DATE SUBMITTED:**

16. RETURN TO:  
J. Ruth Kennedy, Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 N. 4th Street  
PO Box 91030  
Baton Rouge, LA 70821-9030

17. DATE RECEIVED:  
18. DATE APPROVED:  
19. EFFECTIVE DATE OF APPROVED MATERIAL:  
20. SIGNATURE OF REGIONAL OFFICIAL:

**21. TYPED NAME:**

22. TITLE:

**23. REMARKS:**
Supplemental Payments for Monroe Area Hospitals

Qualifying Criteria
Effective for dates of service on or after February 12, 2015, quarterly supplemental payments shall be made for inpatient hospital services rendered by a hospital in the Monroe area that meets the following qualifying criteria:

- inpatient acute hospital classified as a major teaching hospital;
- located in the Department’s Administrative Region 8 (lowest per capita income of any region per the 2010 U.S. Census Bureau records); and
- per the as filed state fiscal year ending June 30, 2013 cost report has:
  1) greater than 25 full-time equivalent interns and residents;
  2) at least 40 percent Medicaid inpatient days utilization; and
  3) a distinct part psychiatric unit.

Reimbursement Methodology
Supplemental payments for inpatient hospital services will be paid quarterly up to the hospital specific upper payment limit (the difference between Medicaid inpatient charges and Medicaid inpatient payments). The payments to the qualifying hospital(s) shall not exceed:

- the annual Medicaid hospital specific inpatient charges per 42 CFR 447.271;
- the annual aggregate inpatient hospital upper payment limit for the classification of hospitals per 42 CFR 442.272; and
- the budgeted state fiscal year supplemental payment amount included in the Annual Appropriation Act as allocated to this specific program in the budget spread pursuant to the Department’s reimbursement methodology.
Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1502#022

DECLARATION OF EMERGENCY
Department of Health and Hospitals
Bureau of Health Services Financing

Inpatient Hospital Services
Non-Rural, Non-State Hospitals
Supplemental Payments for Monroe Area Hospitals
(LAC 50:V.971)

The Department of Health and Hospitals, Bureau of Health Services Financing adopts LAC 50:V.971 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

As a result of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services’ disapproval of the state plan amendment for the financing of the transition of the management and operation of certain hospitals from state-owned and operated to private partners, the Department of Health and Hospitals (DHH), Bureau of Health Services Financing now proposes to amend the provisions governing the reimbursement methodology for inpatient hospital services rendered by non-rural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in DHH administrative region 8 in the Monroe area.

This action is being taken to promote the health and welfare of Medicaid recipients by ensuring sufficient provider participation and continued access to inpatient hospital services through the maximization of federal dollars. It is estimated that implementation of this Emergency Rule will be cost neutral to the Medicaid Program in state fiscal year 2015 since these expenditures are included in the current budget.

Effective February 12, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing adopts provisions governing the reimbursement methodology for inpatient hospital services rendered by non-rural, non-state hospitals in the Monroe area.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospital Services
Chapter 9. Non-Rural, Non-State Hospitals
Subchapter B. Reimbursement Methodology
§971. Supplemental Payments to Monroe Area Hospitals

A. Effective for dates of service on or after February 12, 2015, quarterly supplemental payments shall be made for inpatient hospital services rendered by a hospital in the Monroe area that meets the following qualifying criteria:

1. inpatient acute hospital classified as a major teaching hospital;

2. located in DHH administrative region 8 (lowest per capita income of any region per the 2010 U.S. Census Bureau records); and

3. per the as filed fiscal year ending June 30, 2013 cost report has:
   a. greater than 25 full-time equivalent interns and residents;
   b. at least 40 percent Medicaid inpatient days utilization; and
   c. a distinct part psychiatric unit.

B. Supplemental payments for inpatient hospital services will be paid quarterly up to the hospital specific upper payment limit (the difference between Medicaid inpatient charges and Medicaid inpatient payments). The payments to the qualifying hospital(s) shall not exceed:

1. the annual Medicaid hospital specific inpatient charges per 42 CFR 447.271;

2. the annual aggregate inpatient hospital upper payment limit for the classification of hospitals per 42 CFR 442.272; and

3. the budgeted state fiscal year supplemental payment amount included in the Annual Appropriation Act as allocated to this specific program in the budget spread pursuant to the department’s reimbursement methodology.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41.

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert
Secretary

1502#023
VIA ELECTRONIC MAIL ONLY

February 12, 2015

Karen Matthews, Health Director
Chitimacha Health Clinic
3231 Chitimacha Trail
Jeanerette, LA 70544

Anita Molo
Chitimacha Tribe of Louisiana
P. O. Box 640
Jeanerette, LA 70544

Lovelin Poncho, Chairman
Paula Manuel, Health Director
Coushatta Tribe of Louisiana
P. O. Box 818
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Marshall Pierite, Chairman
Misty Hutchby, Health Director
Tunica-Biloxi Tribe of Louisiana
P. O. Box 1589
Marksville, LA 71351-1589

Chief Beverly Cheryl Smith
Holly Vanhoozen, Health Director
The Jena Band of Choctaw Indians
P. O. Box 14
Jena, LA 71342

Dear Louisiana Tribal Contact:

RE: Notification of Louisiana Medicaid State Plan Amendments

In compliance with the provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, the Department of Health and Hospitals, Bureau of Health Services Financing is taking the opportunity to notify you of State Plan amendments (SPAs) that may have an impact on your tribe.

Attached for your review and comments is a summary of the proposed State Plan amendments. Please provide any comments you may have by February 19, 2015 to Mrs. Darlene Budgewater via email to Darlene.Budgewater@la.gov or by postal mail to:

Department of Health and Hospitals
Bureau of Health Services Financing
Medicaid Policy and Compliance
P.O. Box 91030
Baton Rouge, LA 70821-9030
Should you have additional questions about Medicaid policy, Mrs. Budgewater will be glad to assist you. You may reach her by email or telephone at (225) 342-3881. Thanks for your continued support of the tribal consultation process.

Sincerely,

[Signature]

J. Ruth Kennedy
Medicaid Director

Attachment (1)

JRK/DB/RJ

c: Ford J. Blunt, III
    Stacey Shuman
15-004 Inpatient Hospital Services-Children’s Specialty Hospitals-Supplemental Payments for New Orleans Area (Children’s Hospital)  
(Effective: February 12, 2015)

- Proposes to adopt a supplemental payment methodology for inpatient hospital services rendered by children’s specialty hospitals in the New Orleans area.

15-005 Inpatient Hospital Services-Non-Rural, Non-State Hospitals-Supplemental Payments for the Baton Rouge Area Hospitals (Woman’s Hospital)  
(Effective: February 12, 2015)

- Proposes to amend the provisions governing inpatient hospital services rendered by non-rural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in the Baton Rouge area.

15-006 Inpatient Hospital Services-Non-Rural, Non-State Hospitals-Supplemental Payments for the Monroe Area Hospitals (University Health Conway)  
(Effective: February 12, 2015)

- Proposes to amend the provisions governing inpatient hospital services rendered by non-rural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in DHH Administrative Region 8 in the Monroe area.

15-007 Outpatient Hospital Services-Non-Rural, Non-State Hospitals-Supplemental Payments for New Orleans Area Hospitals (Children’s Hospital)  
(Effective: February 12, 2015)

- Proposes to adopt a supplemental payment methodology for outpatient hospital services rendered by children’s specialty hospitals in the New Orleans area.

15-008 Outpatient Hospital Services-Non-Rural, Non-State Hospitals-Supplemental Payments for the Baton Rouge Area Hospitals (Woman’s Hospital)  
(Effective: February 12, 2015)

- Proposes to amend the provisions governing outpatient hospital services rendered by non-rural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in the Baton Rouge area.
State Plan Amendments for submittal to CMS
Request for Tribal Comments
February 12, 2015

15-009 Outpatient Hospital Services-Non-Rural, Non-State Hospitals-Supplemental Payments for the Monroe Area Hospitals (University Health Conway)
(Effective: February 12, 2015)

- Proposes to amend the provisions governing outpatient hospital services rendered by non-rural, non-state hospitals in order to adopt a supplemental payment methodology for services provided by hospitals located in DHH Administrative Region 8 in the Monroe area.