

Department of Health and Hospitals Office of the Secretary

October 31, 2012

National Institutional Reimbursement Team Attention: Mark Cooley CMS, CMSO 7500 Security Boulevard, M/S S3-13-15 Baltimore, MD 21244-1850

RE: Louisiana Title XIX State Plan

Transmittal No. 12-63

Dear Mr. Cooley:

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,

Bruce D. Greenstein

Secretary

Attachments

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-019
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	12-63	Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DAT	E
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	November 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CON	SIDERED AS NEW PLAN 🛛 A	MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		ach amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 447, Subpart C	a. FFY <u>2012</u> b. FFY <u>2013</u>	<u>\$0</u> <u>\$0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPPLEMENT	
Attachment 4.19-A, Item 1, Page 8c(4)	None (New Page)	
Attachment 4.19-A, Item 14a, Page 6	None (New Page)	
Attachment 4.19-A, Item 16, Page 4b	None (New Page)	
10. SUBJECT OF AMENDMENT: The purpose of this SPA is inpatient hospital services to establish supplemental Moorder to encourage them to take over the operation and that have terminated or reduced services. 11. GOVERNOR'S REVIEW (Check One):	edicaid payments to non-state o	wned hospitals in
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STATE OF <u>LOUISIANA</u>
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

f. Supplemental Payments for Public-Private Partnerships

Non-State Privately Owned Hospitals

Effective for dates of service on or after November 1, 2012, the Department shall provide supplemental Medicaid payments for inpatient hospital services rendered by non-state privately owned hospitals that meet the following conditions.

1. Qualifying Criteria.

The hospital must be a non-state privately owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of inpatient Medicaid and uninsured hospital services by:

- assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or
- providing services that were previously delivered and terminated or reduced by a state owned and operated facility.

2. Reimbursement Methodology

Payments to qualifying hospitals shall be made on a quarterly basis in accordance with 42 CFR 447.272.

Non-State Publicly Owned Hospitals

Effective for dates of service on or after November 1, 2012, the Department shall make supplemental Medicaid payments for inpatient hospital services rendered by non-state publicly owned hospitals that meet the following conditions.

1. Qualifying Criteria

The hospital must be a non-state publicly owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of inpatient Medicaid and uninsured hospital services by:

- assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or
- providing services that were previously delivered and terminated or reduced by a state owned and operated facility.

2. Reimbursement Methodology

Payments to qualifying hospitals shall be made on a quarterly basis in accordance with 42 CFR 447.272.

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

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Supplemental Payments for Public-Private Partnerships

Effective for dates of service on or after November 1, 2012, the Department shall make supplemental Medicaid payments for inpatient psychiatric hospital services rendered by non-state privately or publicly owned hospitals that meet the following conditions.

1. Qualifying Criteria

The hospital must be a non-state privately or publicly owned and operated hospital that enters into a cooperative endeavor agreement with the Department of Health and Hospitals to increase its provision of inpatient Medicaid and uninsured psychiatric hospital services by:

- a. assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or
- b. providing services that were previously delivered and terminated or reduced by a state owned and operated facility.
- 2. Reimbursement Methodology Payments to qualifying hospitals shall be made on a quarterly basis in accordance with 42 CFR 447.272.

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

ATTACHMENT 4.19-A Item 16, Page4b

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

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- a. assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility; or
- b. providing services that were previously delivered and terminated or reduced by a state owned and operated facility.
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