Department of Health and Hospitals Office of the Secretary

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. 15-0007

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

Attachment (1)

KHK/WJR/JH

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	15-0007	Louisiana	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: SOCIAL SECURITY ACT (MED		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	February 12, 2015		
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 7. FEDERAL BUDGET IMPACT:			
42 CFR 447, Subpart F	7. FEDERAL BUDGET IMPACT: a. FFY 2015 b. FFY 2016	<u>\$0</u> <u>\$0</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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):		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-B, Item 2a, Page 13	None (New Page)		
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 ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
14 (TV)	J. Ruth Kennedy, Medicaid	Director	
13. TYPED NAME: Kathy H. Kliebert	State of Louisiana		
14. TITLE:	Department of Health and H 628 N. 4 th Street	iospitais	
Secretary	PO Box 91030		
15. DATE SUBMITTED: March 19, 2015	Baton Rouge, LA 70821-90	30	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED:		
PLAN APPROVED – ON			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	ICIAL:	
21. TYPED NAME:	22. TITLE:		
23. REMARKS:			

ATTACHMENT 4.19-B Item 2.a., Page 13

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

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN AS DESCRIBED AS FOLLOWS:

Supplemental Payments for New Orleans Area Hospitals

Qualifying criteria

Effective for dates of service on or after February 12, 2015, quarterly supplemental payments shall be made for outpatient hospital services rendered in a hospital in the New Orleans area that meets the following qualifying criteria per the as filed cost report in state fiscal year 2014:

- classified by Medicare as a specialty children's hospital;
- has at least 100 full-time equivalent interns and residents;
- has at least 70 percent Medicaid inpatient days utilization rate;
- · has at least 25,000 Medicaid inpatient days; and
- has a distinct part psychiatric unit.

Payment Methodology

Supplemental payments for outpatient hospital services will be paid quarterly. The payments to the qualifying hospital(s) shall not exceed:

- the aggregate outpatient hospital upper payment limits for the classification of hospitals pursuant to 42 CFR 447.321; 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.

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TN#	Approval Date	Effective Date
Supersedes TN#		

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County: Calcasieu

Printed In: American Press Printed On: 2015/02/09

Public Notice:

PUBLIC PROCESS NOTICE Department of Health and Hospitals Bureau of Health Services Financing

Inpatient and Outpatient Hospital Services Children's Specialty Hospitals Supplemental Payments for New Orleans Area Hospitals

As a result of the U.S. Department of Health 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 Children's Hospital from state-owned and operated to private partners, the Department of Health and Hospitals, Bureau of Health Services Financing now proposes to adopt a supplemental payment methodology for inpatient and outpatient hospital services rendered by children's specialty hospitals in the New Orleans 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 and outpatient services through the maximization of federal dollars.

Effective February 12, 2015, the Department of Health and Hospitals, Bureau of Health Services Financing proposes to promulgate Emergency Rules to adopt provisions governing the reimbursement methodology for inpatient and outpatient hospital services to establish supplemental payments for children's specialty hospitals in the New Orleans area. 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 public notice. The deadline for receipt of all written comments is March 14, 2015 by 4:30 p.m. A copy of this public notice is available for review by interested parties at parish Medicaid offices.

Kathy H. Kliebert Secretary

Feb. 9 1t 00902186

Public Notice ID: 22156625.HTM

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Department of Health and Hospitals Bureau of Health Services Financing

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 Elton, LA 70532

Dear Louisiana Tribal Contact:

Angela Martin Chitimacha Tribe of Louisiana P. O. Box 640 Jeanerette, LA 70544

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

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 Louisiana Tribal Notice February 12, 2015 Page 2

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,

MRoberta Deaz J. Ruth Kennedy Medicaid Director

Attachment (1)

JRK/DB/RJ

c: Ford J. Blunt, III Stacey Shuman

State Plan Amendments for submittal to CMS

Request for Tribal Comments February 12, 2015

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 nonrural, 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 nonrural, 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 nonrural, 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 nonrural, 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.