

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



APR 27 2017

Mrs. Jen Steele, Director
Bureau of Health Services Financing
Department of Health
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

RE: Louisiana 17-0014

Dear Mrs. Steele:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 17-0014. The amendment proposes to eliminate the total supplemental payments pool for graduate medical education payments to qualifying 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 your assurances, Medicaid State plan amendment 17-0014 is approved effective March 1, 2017. We are enclosing the CMS-179 and the new plan pages.

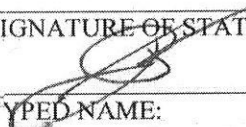

If you have any questions, please call Tamara Sampson at (214) 767-6431.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kristin Fan".

Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0014	2. STATE Louisiana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE March 1, 2017	
5. TYPE OF PLAN MATERIAL (Check One): <div style="display: flex; justify-content: space-between;"> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447 Subpart C		7. FEDERAL BUDGET IMPACT: a. FFY <u>2017</u> (\$3,892,500) \$(3,892.50) b. FFY <u>2018</u> (\$3,184,500) \$(3,184.50)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Item 1, Page 8b(3) Attachment 4.19-A, Item 1, Page 8c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 09-23) Same (TN 07-31) - RESERVED	
10. SUBJECT OF AMENDMENT: The SPA proposes to eliminate the total supplemental payments pool for graduate medical education payments to qualifying acute care hospitals.			
11. 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.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
13. TYPED NAME: Rebekah E. Gee MD, MPH			
14. TITLE: Secretary			
15. DATE SUBMITTED: March 29, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 31, 2017		18. DATE APPROVED: APR 27 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMCA	
23. REMARKS: The State requests a pen and ink change to box #7, above.			

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

ATTACHMENT 4.19-A
Item 1, Page 8b(3)

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

occurs first. Payments distributed in the qualifying quarters will be calculated as follows using Medicaid paid days for state fiscal year 2008 service dates serving as a proxy for state fiscal years 2010 and 2011 service dates.

- i. Qualifying hospitals with greater than 20,000 paid Medicaid days for state fiscal year 2008 service dates will be paid \$60 per Medicaid paid day.
 - ii. Qualifying hospitals with greater than 2,500, but less than or equal to 20,000 paid Medicaid days for state fiscal year 2008 service dates will be paid \$105 per Medicaid paid day.
 - iii. Qualifying hospitals with greater than 1,000, but less than or equal to 2,500 paid Medicaid days for state fiscal year 2008 service dates will be paid \$225 per Medicaid paid day.
- 4) Hurricane Impacted Freestanding Rehabilitation and Long Term Acute Care Hospitals

Maximum aggregate payments to all qualifying hospitals in this group will not exceed \$500,000.

- a) Qualifying Criteria – Medicare designated freestanding rehabilitation hospital or long term acute hospital that is located in DHH Administrative Region 1 (New Orleans), 2 (Baton Rouge), 3 (Thibodaux), 5 (Lake Charles), or 9 (Mandeville), and had at least 100 paid Medicaid days for SFY 2008 dates of service.
- b) Payment Methodology – Effective for dates of service on or after July 1, 2009, each eligible hospital shall receive quarterly supplemental payments. Payments distributed in the qualifying quarters will be calculated using Medicaid paid days for state fiscal year 2008 service dates serving as a proxy for state fiscal years 2010 and 2011 service dates multiplied by \$40 per Medicaid paid day. Payments are applicable to Medicaid service dates provided during each quarter and will end on December 31, 2010 or when the \$500,000 maximum payment limit for this group is reached, whichever occurs first.

State: Louisiana
Date Received: March 21, 2017
Date Approved: APR 27 2017
Date Effective: March 1, 2017
Transmittal Number: 17-0014

TN 17-0014
Supersedes
TN 09-23

Approval Date APR 27 2017

Effective Date 3-1-2017

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

ATTACHMENT 4.19-A
Item 1, Page 8c

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

c. RESERVED

State: Louisiana
Date Received: March 31, 2017
Date Approved: **APR 27 2017**
Date Effective: March 1, 2017
Transmittal Number: 17-0014

TN 17-0014

Approval Date **APR 27 2017**

Effective Date 3-1-2017

Supersedes

TN 07-31