DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **14-25**

2. STATE: **Louisiana**

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: **May 24, 2014**

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:
42 CFR 447 Subpart E

7. FEDERAL BUDGET IMPACT:
a. FFY **2014** $**393,620.79**
b. FFY **2015** $**369,399.31**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-A, Item 1, Page 10d
Attachment 4.19-A, Item 1, Page 10k (4)
Attachment 4.19-A, Item 1, Page 10k (5)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Same (TN 10-26)
Same (TN 13-01)
Same (TN 13-01)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing DSH payments in order to establish payments to Louisiana Low-Income Academic Hospitals.**

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
☒ OTHER, AS SPECIFIED:
The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Kathy H. Kliebert

14. TITLE:
Secretary

15. DATE SUBMITTED:
May 23, 2014

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS: **The State request a pen and ink change to blocks: 7, 8 and 9**

Please note: Block 7 has been revised from the first submission on 6/17/14.

LOUISIANA TITLE XIX STATE PLAN
TRANSMITTAL #: 14-25
TITLE: DSH Payments-Louisiana Low-Income Academic Hospitals
EFFECTIVE DATE: May 24, 2014

FISCAL IMPACT:
Increase

	year	% inc.		fed. match	*# mos	range of mos.	dollars
1st SFY	2014			60.98%	1.2	May 24, 2014 - June 2014	$497,768,238
2nd SFY	2015	3.0%		62.05%	12	July 2014 - June 2015	$590,893,533
3rd SFY	2016	3.0%		62.05%	12	July 2015 - June 2016	$608,620,339

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY **2014**

SFY	2014	$497,768,238	for	1.2	months	May 24, 2014 - June 2014			$497,768,238
SFY	2015	$590,893,533	for	12	months	July 2014 - June 2015			
		$590,893,533	/	12 X 3		July 2014 - September 2014	=	$147,723,383	
								$645,491,621	
			FFP (FFY 2014) =			**$645,491,621**	**X**	**60.98%** =	**$393,620,790**

Total Increase in Cost FFY **2015**

SFY	2015	$590,893,533	for	12	months	July 2014 - June 2015			
		$590,893,533	/	12 X 9		October 2014 - June 2015	=	$443,170,150	
SFY	2016	$608,620,339	for	12	months	July 2015 - June 2016			
		$608,620,339	/	12 X 3		July 2015 - September 2015	=	$152,155,085	
								$595,325,235	
			FFP (FFY 2015)=			**$595,325,235**	**X**	**62.05%** =	**$369,399,308**