

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

- (ii) supporting patient specific demographic data that does not identify individuals, but is sufficient for audit of the hospitals' compliance with the Medicaid ineligibility requirement as required by the Department, including:
  - (a) patient age;
  - (b) family size;
  - (c) number of dependent children; and
  - (d) household income.

**e. Non-state (public), Non-Rural Community Hospitals Disproportionate Share Hospital (DSH)**

- 1) A public, non-rural community hospital is defined as any non-state, non-rural hospital (including hospitals with distinct part psychiatric units, long term care hospitals, rehabilitation, and free standing psychiatric hospitals) that ~~is owned by a parish, city, or other local government agency or instrumentality; and~~ meets the qualifying criteria for disproportionate share hospital in I.D.1. and that is either:
  - (i) owned by a parish, city, or other local governmental agency or instrumentality; or
  - (ii) Thibodaux Regional Medical Center, formerly owned by a parish, city, or other local government or instrumentality after January 1, 2019.
- 2) Uncompensated care costs are defined as the hospital's costs of furnishing inpatient and outpatient hospital services, net of Medicare costs, Medicaid payments (excluding disproportionate share payments), costs associated with patients who have insurance for services provided, private payer payments, and all other inpatient and outpatient payments received from patients. Uncompensated care costs payments for the period(s) covering the state fiscal year to which the payment is applicable shall be calculated as follows:
  - (i) Initial Payment – Based on data per the most recently filed Medicare cost report.
  - (ii) Interim Reconciliation Payment – Based on as filed cost report(s) for applicable state fiscal year.
  - (iii) Final Payment – Based on the final uncompensated care costs as calculated per the CMS mandated audit for the state fiscal year.

TN \_\_\_\_\_  
Supersedes  
TN \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_