

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 Non-Rural, Non-State Government Hospitals

Effective for dates of service on or after October 1, 2012, quarterly supplemental payments shall be issued to qualifying non-rural, non-state government hospitals for outpatient hospital services. .

- a) Qualifying criteria –. Effective October 1, 2012, the quarterly supplemental payment will be made to West Jefferson Medical Center for SFY 2013.
- b) Payment Methodology –. Payments shall be made quarterly based on the annual upper payment limit calculation per state fiscal year. For SFY 2013, this payment shall be \$7,060,008 not to exceed the upper payment limits pursuant to 42 CFR 447.321. Maximum payments shall not exceed the upper payment limit pursuant to 42 CFR 447.321.

Reimbursement for In-State Outpatient Children's Specialty Hospitals

a. Qualifications

In order to qualify to receive Medicaid reimbursement as an in-state children's specialty hospital, a non-rural, non-state acute care hospital must meet the following criteria. The hospital must:

- (1) be recognized by Medicare as a prospective payment system (PPS) exempt children's specialty hospital;

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