

STATE OF LOUISIANA
PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

determined on an annual basis.

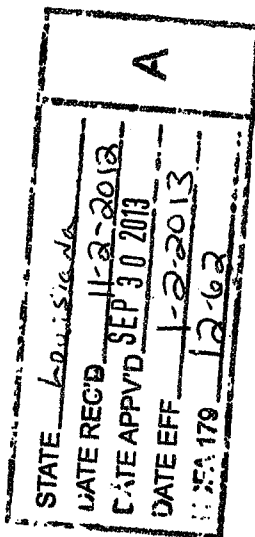
- h) Payments to hospitals qualifying under this DSH category shall be made subsequent to any DSH payments for which a hospital is eligible under another DSH category.
- i) Aggregate DSH payments for hospitals that receive payment from this category, and any other DSH category, shall not exceed the hospital's specific DSH limit. If payments calculated under this methodology would cause a hospital's aggregate DSH payment to exceed the limit, the payment from this category shall be capped at the hospital's specific DSH limit. The remaining payments shall be redistributed to the other hospitals in accordance with these provisions.

i. Freestanding Psychiatric Hospitals

Qualifying Criteria: Effective for dates of service on or after January 1, 2013, a Medicaid enrolled non-state (including private hospitals) owned and operated free standing psychiatric hospital may qualify for this category:

- 1). assuming the management and operation of services at a facility where such services were previously provided by a state owned and operated facility (Meridian Behavioral Health dba Northlake Behavioral); or
- 2). providing services that were previously delivered and terminated or reduced by a state owned and operated facility (River Oaks Hospital, and Community Care Hospital).

Reimbursement Methodology: Qualifying hospitals shall be paid a per diem rate of \$581.11 per day for each uninsured patient. Qualifying hospitals must submit costs and patient specific data in a format specified by the Department. Cost and lengths of stay will be reviewed for reasonableness before payments are made. Payments shall be made on a monthly basis. Aggregate DSH payments for hospitals that receive payment from this category, and any other DSH category, shall not exceed the hospital's specific DSH limit. If payments calculated under this methodology would cause a hospital's aggregate DSH payment to exceed the limit, the payment from this category shall be capped at the hospital's specific DSH limit.



TN# 12-62
Supersedes
TN# 10-26

Approval Date SEP 30 2013

Effective Date 1-2-2013