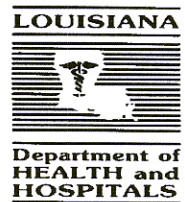




Kathleen Babineaux Blanco  
GOVERNOR

## STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS



Frederick P. Cerise, M.D., M.P.H.  
SECRETARY

September 19, 2006

Dear Administrator:

RE: FFY 2006 Community Hospital Disproportionate Share Pool

This letter is to clarify both the qualification criteria and the documentation required from qualifying disproportionate share hospitals to determine Federal Fiscal Year (FFY) 2006 disproportionate share payments for community hospitals.

In order to qualify for Community Hospital Disproportionate Share payments, a hospital must:

1. Be a community hospital which provided services to uninsured evacuees during the period February 1, 2006, through June 30, 2006. Definitions are in the emergency rule published in *Louisiana Register*, Volume 32, Number 7, pages 1190 – 1193. Rural, state, and non-state public hospitals are not eligible for FFY 06 Community Hospital Disproportionate Share payments.
2. Have filed a year-end cost report in accordance with Medicare filing guidelines, including extensions. Hospitals that did not file a year-end cost report will not be eligible to participate in the FFY 2006 Community Hospital Disproportionate Share Pool.
3. Meet the federally mandated OB qualification criteria and the 1% Medicaid inpatient utilization criteria. The OB Qualification for Medicaid Disproportionate Share Payments form must be completed and returned to this office. Hospitals which meet the Medicaid days utilization criteria by including patient days for which a patient is eligible for Medicaid during this cost reporting period, but not covered, must submit a listing of patients' names with non-covered Medicaid eligible days. All qualifying documentation submitted by hospitals is subject to audit.

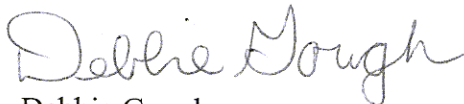
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4. Complete the Uncompensated Cost Calculation form for the latest filed cost reporting period in accordance with Medicare filing guidelines.
5. Submit an attestation that patients whose care is included in the hospital's uncompensated costs are not Medicaid eligible at the time of registration.
6. Submit supporting uninsured evacuee patient specific data for hospital services provided from February 1, 2006, through June 30, 2006, in a format specified by the department.

**Instructions for submission of the uninsured evacuee patient data and the forms referenced in items 3, 4, and 5 above will be available on the Louisiana Medicaid website (<http://www.lamedicaid.com/provweb1/default.htm>) as of September 20, 2006.**

Qualifying hospitals must submit documentation to Program Operations by October 18, 2006. All questions regarding interpretation of the Department's disproportionate share rules and policies are to be directed to Wendy Reardon at 225/342-9475.

Sincerely,



Debbie Gough  
Program Manager

DG/wr