



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

October 18, 2011

Dear Administrator:

RE: FFY 2012 Community Hospital Disproportionate Share Pool / ACT 540 UCC Survey

This letter is to clarify the documentation required from all state-owned hospitals and non-state owned hospitals, excluding rural hospitals, as a condition of payment of uncompensated care costs for the disproportionate share payments pursuant to Act No. 540 of the 2008 Regular Session.

Per Act 540, failure to provide the required patient specific data will result in withholding an amount equal to 5% of Medicaid payments. Such withholding shall increase by 5% for each successive month that the required data is not received, but the total amount withheld shall not exceed 25% of the total monthly amount due to the facility. Upon receipt of the required data, the department shall pay the facility all amounts previously withheld as a result of the failure to submit the required data.

This survey will also be used to determine Federal Fiscal year (FFY) 2012 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 patients in accordance with criteria as specified in ACT 12 (HB 1) of the 2011 Louisiana Regular Session, page 117. Rural and state hospitals are not eligible for FFY 12 Community Hospitals Disproportionate Share payments.

October 18, 2011

Page 2

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 12 Community Hospital Disproportionate Share Pool. The electronic cost report (ECR file) for the latest filed cost report period is to be submitted.
3. Meet the federally mandated OB qualification criteria and the 1% Medicaid utilization criteria. This information is to be reported on the survey form. 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.
4. Complete the disproportionate share survey for the period July 1, 2010 through June 30, 2011.
5. Submit copies of the consolidated financial statements (income statement and balance sheet) for the latest fiscal year.

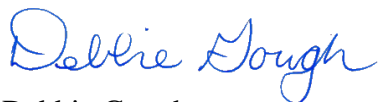
Instructions for submission of the uninsured patient data and the forms referenced in items 3 and 4 above will be available on the Louisiana Medicaid website (<http://www.lamedicaid.com>).

Hospitals must submit documentation by **November 30, 2011**.

All forms (survey form, Exhibit A- Summary of Patient Information for uninsured charges and payments, Exhibit B-Summary of Uninsured Cash Collections (in excel format), the latest filed cost report's ECR file, and consolidated financial statements for the latest fiscal year) should be forwarded to:

Joanna Garnett
Myers & Stauffer LC
11440 Tomahawk Creek Parkway
Leawood, KS 66211

Sincerely,



Debbie Gough
Program Manager