Louisiana Medicaid Disproportionate Share
Federally Mandated Statutory Hospitals Qualifying Criteria *(LA SPA 03-26 & 15-0001)*

In order to qualify under federal statutory criteria as a hospital serving a disproportionate share of indigent patients, specific criteria must be met. These include certain staffing requirements as well as utilization rates for Medicaid days and indigent days. These are noted below *(Please indicate by checking the blank below which criteria apply to your facility):*
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1. Staffing Requirements:

_____ a) Provision of obstetric services via a minimum of two practitioners having staff privileges who agree to provide obstetric services to individuals who are Medicaid eligibles. These must be obstetricians except that hospitals in rural areas (areas outside of a Metropolitan Statistical Area) the term "obstetrician" includes any physician with staff privileges at the hospital to perform non-emergency obstetric procedures; **or**

_____ b) The hospital did not offer non-emergency obstetric services to the general public as of December 22, 1987; **or**

_____ c) The hospital treats inpatients who are predominantly individuals under 18 years of age.

Note: Hospitals opening after December 22, 1987, must either meet criteria 1.a. or 1.c.

If you meet the first requirement listed above you must provide the obstetrician data requested for the latest filed cost report in accordance with Medicare filing guidelines.

Response:_____
_____
_____

OB Physicians that provide services to Medicaid Eligible Patients:

Physician Name	Medical License #	Medicaid ID #

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2. Utilization Rates:

_____ a) Medicaid Utilization Rate (based on Medicaid days to total days) is greater than the mean plus one standard deviation of the Medicaid utilization rates for all hospitals in the state receiving payments; the qualifying percentage for the latest filed cost reporting period is **27.35%**.

Medicaid Utilization Rate Formula:

Medicaid Days (divided by)
Total Days

Note: Medicaid days include nursery days. If the hospital has a distinct part unit, days for these are included in the hospital's total and are not calculated separately. Total days include only hospital days, not "swing bed" (Nursing facility) days. Per clarification received from the Centers for Medicare & Medicaid Services (CMS), hospitals may count patient days for which the patient is eligible under a State plan (regardless of the available coverage). Hospitals that did not have at least 27.35% Medicaid inpatient days' utilization or qualify with 25% low income utilization revenue per the latest filed cost report period should review their inpatient days for eligible Medicaid patients during this period whose stay was not covered by Medicaid to determine if there is a sufficient number to qualify for disproportionate share payments. If so, please complete the attached form detailing these patients and return to Medicaid Rate & Audit Setting section along with the other required documentation.

or

_____b) Low Income Utilization Rate (based on ratios of net Medicaid patient care revenues plus state subsidy to total net patient care revenues; and inpatient charges related to charity care as a percentage of total inpatient charges) is greater than 25%.

Low-Income Utilization Rate Formula:

Medicaid patient care revenues plus local/state subsidies (divided by)
Total patient care revenues

PLUS

Free care inpt charges less local/state subsidies for inpt care (divided by)
Total inpatient charges

Note: Revenues are defined as "net revenues" (gross revenues less contractual adjustments and discounts for inpatient and outpatient hospital services). Medicaid net revenues exclude disproportionate share payments. Hospital criteria for determining individuals who qualify for "free care" must be approved by the Department.

and

_____c) In addition to the qualification criteria above, effective July 1, 1994, the qualifying disproportionate share hospital must have a Medicaid inpatient utilization rate of at least 1%.

Provider Name & Address: _____

Administrator Signature: _____**Date:**_____