#### LOUISIANA MEDICAID PROGRAM

03/10/22

**REPLACED:** 

**ISSUED:** 

# CHAPTER 22: FEDERALLY QUALIFIED HEALTH CENTERS

# **REVISION HISTORY LOG**

| Revised/<br>Issued<br>Date | Section    | Section Title            | Number<br>of Page (s) | Reason for Revision                                    |
|----------------------------|------------|--------------------------|-----------------------|--|
| 03/10/22                   | 22.0       | Overview                 | 2                     | Revisions made to incorporate alphanumeric formatting. |
| 03/10/22                   | 22.1       | Covered Services         | 12                    | Revisions made to incorporate alphanumeric formatting. |
| 03/10/22                   | 22.2       | Provider<br>Requirements | 7                     | Revisions made to incorporate alphanumeric formatting. |
| 03/10/22                   | 22.3       | Record Keeping           | 2                     | Revisions made to incorporate alphanumeric formatting. |
| 03/10/22                   | 22.4       | Reimbursement            | 11                    | Revisions made to incorporate alphanumeric formatting. |
| 03/10/22                   | Appendix A | Contact<br>Information   | 1                     | Revisions made to incorporate alphanumeric formatting. |

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| 03/10/22 | Appendix B | Forms and Links                  | 1  | Revisions made to incorporate alphanumeric formatting. |
|----------|------------|----------------------------------|----|--|
| 03/10/22 | Appendix C | Glossary                         | 3  | Revisions made to incorporate alphanumeric formatting. |
| 03/10/22 | Appendix D | Claims Related<br>Information    | 31 | Revisions made to incorporate alphanumeric formatting. |
| 03/10/22 | Appendix E | FQHC Services<br>Facility Survey | 1  | Revisions made to incorporate alphanumeric formatting. |
| 03/10/22 | Appendix F | Reserved                         | 1  | Revisions made to incorporate alphanumeric formatting. |