LOUISIANA MEDICAID PROGRAM

ISSUED:08/15/11REPLACED:12/01/10

CHAPTER 22: FEDERALLY QUALIFIED HEALTH CENTERS

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
08/15/11	22.2	Provider Requirements	4	Clarified staffing requirements on page 1, and clarified cost reports on page 4
08/15/11	22.4	Reimbursement	5	Change to Determination of Rate on page 1, and clarified change in scope reporting requirements on page 2