



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

November 17, 2014

Dear Administrator:

RE: 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.

Instructions for submission of the uninsured patient data and the forms needed to comply with the Act No. 540 requirements will be available on the Louisiana Medicaid website (<http://www.lamedicaid.com>).

Hospitals must submit documentation by **December 22, 2014**.

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:

Jana Doty
Myers & Stauffer LC
11440 Tomahawk Creek Parkway
Leawood, KS 66211

Sincerely,

A handwritten signature in cursive script that reads "Derek Stafford".

Derek Stafford
Program Manager