STATE OF <u>LOUISIANA</u>

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - IN-PATIENT HOSPITAL CARE

Urban Metropolitan Statistical Area (MSA) Facility - Baton Rouge Area

Qualifying Criteria

In order to qualify as an urban MSA facility in the Baton Rouge area, the hospital must:

- have a facility type code of acute and opened subsequent to the March 13, 2020 presidential declaration of a national emergency concerning the coronavirus disease 2019 (COVID-19), to provide availability of additional beds and services for COVID-19 patients;
- 2. have been licensed and certified no later than June 30, 2020, and located in zip code 70806, east of I-110, north of I-10, and south of Business Highway 190;
- 3. be located in an urban metropolitan statistical area (MSA) as defined by the United States Office of Management and Budget;
- 4. have an operational emergency room and is located greater than five miles in distance from the closest hospital emergency room; and
- 5. be located on a single site.

These provisions qualify The General Hospital also known as "Baton Rouge General – Mid-City Location", as the onlya qualifying urban MSA facility.

Reimbursement Methodology

Effective for dates of service on or after July 2, 2022, the inpatient hospital per diem rate paid to an urban MSA facility for acute care services shall be increased by indexing annually to 95 percent of the small rural hospital acute per diem rate in effect.

Effective for dates of service on or after July 2, 2022, the inpatient hospital per diem rate paid to an urban MSA facility for psychiatric services shall be increased by indexing annually to 95 percent of the small rural hospital psychiatric per diem rate in effect.

These rates are contingent on the hospital continuing to meet all qualifying criteria set forth above. The addition of any off site campus location to the license of this hospital will invalidate the provisions of this reimbursement methodology.

If the hospital no longer qualifies as an urban MSA facility, payments will revert back to appropriate non-rural, non-state hospital assigned rates effective on the date that the qualification(s) above are no longer met.

STATE OF <u>LOUISIANA</u>

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - IN-PATIENT HOSPITAL CARE

Urban Metropolitan Statistical Area (MSA) Facility – New Orleans Area

Qualifying Criteria

In order to qualify as an urban metropolitan statistical area (MSA) facility in the- New Orleans area, the hospital must:

- 1. be designated a non-rural hospital service district located in Louisiana Department of Health (LDH) region 1, with a facility type code of acute, with an original hospital license date before July 13, 2014, but after July 1, 2014, located in zip code 70127;
- 2. be located in an urban MSA as defined by United States Office of Management and Budget;
- 3. have an operational emergency room; and
- <u>4.</u> not add additional locations under this license, without prior written approval of the <u>Department.</u>

These provisions qualify New Orleans East Hospital as a qualifying urban MSA facility.

Reimbursement Methodology

Effective for dates of service on or after October 11, 2022, the inpatient hospital per diem rate paid for acute care services to qualifying urban MSA hospitals in the New Orleans area that meet all of the criteria above shall be increased by indexing annually to 95 percent of the small rural hospital acute per diem rate in effect.

Effective for dates of service on or after October 11, 2022, the inpatient hospital per diem rate paid for psychiatric services to qualifying urban MSA hospitals in the New Orleans area that meet all of the criteria above shall be increased by indexing annually to 95 percent of the small rural hospital psychiatric per diem rate in effect.

These rates are contingent on the hospital continuing to meet all qualifying criteria included above. The addition of any off-site campus, beyond an outpatient primary care clinic, to the license of this hospital will invalidate the provisions of this reimbursement methodology.

If the hospital no longer qualifies, payments will revert back to appropriate non-rural, nonstate hospital assigned rates effective on the date that the qualification(s) above are no longer met.