

## CHAPTER He-C 5000 DEPARTMENTAL MEDICAID PROGRAM ADMINISTRATION

## PART He-C 5001 PAYMENTS TO NON-PUBLIC DISPROPORTIONATE SHARE HOSPITALS

**Amend He-C 5001.01(e), effective 1/26/18 (Document #12468), cited and to read as follows:**

He-C 5001.01 Definitions.

(e) “Uncompensated care” means losses arising from the difference between the cost of providing inpatient or outpatient hospital services to Medicaid recipients and to uninsured patients during the year, and the reimbursement received for those recipients and patients consistent with 42 U.S.C. section 1396r-4(g) and related federal regulations promulgated by the Centers for Medicare and Medicaid Services.

**Readopt with amendment He-C 5002.01, effective 1/26/18 (Document #12468), cited and to read as follows:**

## PART He-C 5002 UNCOMPENSATED CARE FUND REPORTING

He-C 5002.01 Reporting Requirements.

(a) All disproportionate share non-public hospitals, as defined in He-C 5001.01(c), shall complete and submit the “Annual Medicaid Uncompensated Care Cost Data Request Form” (January 2019 edition) as follows:

- (1) To the office of the commissioner, NH department of health and human services;
- (2) Annually, no later than the second to last Friday in February of each year; and
- (3) Signed by the chief financial officer (CFO) of each hospital.

(b) Copies of the “Annual Medicaid Uncompensated Care Cost Data Request Form” (January 2019 edition) may be obtained from the office of the commissioner, department of health and human services, Concord, NH 03301-6505.

(c) Hospitals shall maintain all data on claims related to Medicaid and uninsured patients, including Medicare and third-party liability revenue until such time as directed otherwise by the Department.

**APPENDIX**

<b>RULE</b>	<b>STATE OR FEDERAL STATUTE THE RULE IMPLEMENTS</b>
He-C 5001.01(e)	RSA 167:63-65
He-C 5002.01	RSA 167:63-65