

PUBLIC NOTICE
(SPA 17-007)
Upper Payment Limit – Inpatient Hospitals

The Department of Health and Human Services, Division of Medical Assistance hereby provides notice of its intent to amend the reimbursement section Attachment 4.19-A of the Medicaid State Plan. This amendment will revise the methodology for calculating the Upper Payment Limit for inpatient hospitals. Total Uncompensated Care Payments on Exhibit 1, Step 1, Item 1d will be relocated to Step 1, Item 3. This will move the Total Uncompensated Care from Portions of Medicare payments for most recent year subject to Case Mix Index (Step 1) to the Medicare Payments not subject to case mix index (Step 3).

This amendment will become effective July 7, 2017.

The annual estimated State fiscal impact of these changes are:

- a. SFY 2018 \$0
- b. SFY 2019 \$0

A copy of the proposed public notice may be viewed at the County Department of Social Services. Questions, comments and requests for copies of the proposed State Plan amendment should be directed to the Division of Medical Assistance at the address listed below:

Dave Richard
Deputy Secretary of Medical Assistance
Division of Medical Assistance
2501 Mail Service Center
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