Rule No. 560-X-23-.03 Inpatient Medicaid Base Payment

(1) For the period October 1~~, 2011,~~ through September 30~~, 2013,~~ each hospital shall receive an inpatient Medicaid base (per diem) payment, in accordance with the following:

(a) Medicaid shall pay ~~each hospital as~~ a base (per diem) amount ~~for state fiscal years 2012 and 2013 the total inpatient payments made by Medicaid~~ to each hospital from all sources except DSH payments as described in the Alabama Medicaid Agency State Plan and amendments thereto as currently approved by the Hospital Services and Reimbursement Panel. ~~during state fiscal year 2007, divided by the total paid inpatient hospital days incurred by that hospital in state fiscal year 2007, multiplied by the inpatient hospital days incurred by each hospital during fiscal years 2012 and 2013.~~

~~(b) Base (per diem) payments for state fiscal years 2012 and 2013 will not be made to any non state government owned or operated hospital, state owned or operated or privately owned or operated hospital that was in operation during the hospital's fiscal year ending in 2009 that ceases to operate as a hospital, beginning on the date that the facility ceases to operate as a hospital.(c) Base (per diem) payments and other inpatient access payments will be interim payments for hospitals that qualify for and file Certified Public Expenditures.~~

~~(d) Base (per diem) payments will be reviewed on a quarterly basis to ensure that hospitals are not paid more than the sixteen day reimbursement limit, per beneficiary, except for children under the age of one, or under the age of six who are receiving medically necessary inpatient services in a hospital which has been designated by Medicaid as a disproportionate share hospital, or who have been referred for treatment as the result of an EPSDT screening. Adjustments will be made to hospitals' interim payments to reflect the results of the reconciliation. Hospitals which are privately owned or operated will be reimbursed on the basis of a maximum sixteen day annual beneficiary limit, subject to a maximum reimbursement equivalent to the current per diem amount multiplied times the covered days (limited to the 16 day annual beneficiary limit).~~

Author: Keith Boswell, Director, Provider Audit/Reimbursement.
Statutory Authority: State Plan, Title XIX, Social Security Act, 42 C.F.R. Section 401, et seq.
History: Effective June 9, 1986. **Amended**: November 10, 1986; August 10, 1987; May 25, 1988, July 12, 1988; May 12, 1989. **Amended**: Emergency Rule effective June 20, 1989. **Amended**: September 13, 1989. Emergency Rule filed and effective September 2, 2010. **Amended**: Filed September 20, 2010; effective December 17, 2010. **Amended**: Emergency Rule filed and effective October 1, 2011. Filed September 23, 2011. **Amended:** Filed October 20, 2011; effective January 16, 2012. **Amended:** Filed December 12, 2011; effective January 16, 2012. **Amended:** Filed July 22, 2013.