

Chapter 40. Provider Fees

§4001. Specific Fees

A. Definition

Quarter—for purposes of this Chapter, *quarters* shall be constituted as follows:

First Quarter	December, January, February
Second Quarter	March, April, May
Third Quarter	June, July, August
Fourth Quarter	September, October, November

B. Nursing Facility Services

1. A bed fee shall be paid by each facility licensed as a nursing home in accordance with R.S. 40:2009.3 et seq., for each bed utilized for the provision of care on a daily basis. The fee shall be imposed for each bed per day utilized for the provision of care. A bed shall be considered in use, regardless of physical occupancy, based on payment for nursing services available or provided to any individual or payer through formal or informal agreement. For example, a bed reserved and paid for during a temporary absence from a nursing facility shall be subject to the fee. Likewise, any bed or beds under contract to a Hospice shall be subject to the fee for each day payment is made by the Hospice. Contracts, agreements, or reservations, whether formal or informal, shall be subject to the fee only where payment is made for nursing services available or provided. Nursing facilities subject to the bed fee shall provide documentation quarterly, on a form provided by the department, of utilization for all licensed beds in conjunction with payment of the fee.

2. The provider fee imposed for nursing facility services shall not exceed 6 percent of the average revenues received by providers of that class of services and shall not exceed ten dollars per occupied bed per day. The fee amount shall be calculated annually in conjunction with updating provider reimbursement rates under the Medical Assistance Program. Notice to providers subject to fees shall be given in conjunction with the annual rate setting notification by the Bureau of Health Services Financing.

C. Intermediate Care Facility-Mentally Retarded (ICF-MR) Services

1. A bed fee shall be paid by each facility licensed as an intermediate care facility for the mentally retarded in accordance with R.S. 28:421 et seq., for each bed utilized for the provision of care on a daily basis. The fee shall be imposed for each bed per day utilized for the provision of care. A bed shall be considered in use, regardless of physical occupancy, based on payment for ICF-MR facility services available or provided to any individual or payer through formal or informal agreement. For example, a bed reserved and paid for during a temporary absence from a facility shall be subject to the fee. Likewise, any bed or beds under contract to a Hospice shall be subject to the fee for each day payment is made by the Hospice. Contracts, agreements, or reservations, whether formal or informal, shall be subject to the fee only where payment is made for ICF-MR facility services available or provided. ICF-MR facilities subject to bed fees shall provide documentation quarterly, on a form provided by the department, of utilization for all licensed beds in conjunction with payment of the fee.

2. The provider fees imposed for ICF-MR facility services shall not exceed 6 percent of the average revenues received by providers of that class of service and shall not exceed \$30 per occupied bed per day. The fee amount shall be calculated annually in conjunction with updating provider reimbursement rates under the Medical Assistance Program. Notice to providers subject to fees shall be given in conjunction with the annual rate setting notification by the Bureau of Health Services Financing.

D. Pharmacy Services. A prescription fee shall be paid by each pharmacy and dispensing physician for each outpatient prescription dispensed. The fee shall be \$0.10 per prescription dispensed by a pharmacist or dispensing physician. Where a prescription is filled outside of Louisiana and not shipped or delivered in any form or manner to a patient in the state, no fee shall be imposed. However, out-of-state pharmacies or dispensing physicians dispensing prescriptions which are shipped, mailed or delivered in any manner inside the state of Louisiana shall be subject to the \$0.10 fee per prescription. The fee only applies to prescriptions which are dispensed and sold for human use. Pharmacies and dispensing physicians subject to prescription fees shall provide documentation quarterly, on a form provided by the department, of utilization for all medications dispensed in conjunction with payment of fees.

AUTHORITY NOTE: Promulgated in accordance with Chapter 45 of Title 46 as enacted in 1992, 46:2601-2605, redesignated as Chapter 47 of Title 46, containing R.S. 46:2621 to 46:2625 and P.L. 102-234.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Management and Finance, LR 19:347 (March 1993), amended LR 20:51 (January 1994), LR 26:1478 (July 2000), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 33:100 (January 2007).

§4003. Due Date for Submission of Reports and Payment of Fees

A. The department will mail a Quarterly Utilization Report to each licensed provider covered under the scope of

this statute at the address given in the last report filed pursuant to the provisions of R.S. 46:2601-2605. The provider shall promptly notify the department of any change of address. Quarterly Utilization Reports and fees shall be submitted to the department and shall be due on the twentieth calendar day of the month following the close of the quarter and shall be deemed delinquent on the thirtieth calendar day of that month. Even if no fee is due, submission of the report is still mandatory.

AUTHORITY NOTE: Promulgated in accordance with Chapter 45 of Title 46 as enacted in 1992, 46:2601-2605, redesignated as Chapter 47 of Title 46, containing R.S. 46:2621 to 46:2625 and PL 102-234.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Management and Finance, LR 19:347 (March 1993), amended LR 26:1479 July 2000).

§4007. Delinquent and/or Unpaid Fees

A. Interest on Unpaid Provider Fees. When the provider fails to pay the fee due, or any portion thereof, on or before the date it becomes delinquent, interest at the rate of 1 1/2 percent per month compounded daily shall be assessed on the unpaid balance until paid. In the case of interest on a penalty assessed, such interest shall be computed beginning 15 days from the date of notification of assessment until paid.

B. Collection of Delinquent Provider Fee

1. For those enrolled as health care providers in the Louisiana Medical Assistance Program (Medicaid) collection of delinquent provider fees will be as follows.

a. The department will withhold from the provider's Medicaid reimbursement check, an amount equal to 50 percent of the reimbursement check or the actual amount of the delinquent provider fee, including interest and penalty, whichever is less.

b. By enrolling and participating in the Louisiana Medical Assistance Program (Medicaid) a provider agrees that during the period of time delinquent provider fees are being collected, no additional provider fee delinquency will occur. If the provider becomes further delinquent, the department will withhold 100 percent of the Medicaid reimbursement or the actual amount of the delinquent provider fees, including interest and penalty, whichever is less.

2. For those health care providers not enrolled in the Louisiana Medical Assistance Program (Medicaid), the department will avail itself of any and all appropriate legal and judicial remedies in the collection of delinquent provider fees.

C. Nonsufficient Fund (NSF) Checks in Payment of Fee. A specific service charge, in accordance with R.S. 9:2782(B) as it may be amended from time to time, shall be imposed on all NSF checks. The tender of three NSF checks shall be cause for an audit, investigation or examination to be made by the department, and the provider will be required to make payment thereafter by certified check or money order.

D. The department shall refund any overpayment to the provider.

AUTHORITY NOTE: Promulgated in accordance with Chapter 45 of Title 46 as enacted in 1992, 46:2601-2605, redesignated as Chapter 47 of Title 46, containing R.S. 46:2621 to 46:2625 and PL 102-234.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Management and Finance, LR

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19:347 (March 1993), amended LR 20:1114 (October 1994), LR
26:1479 (July 2000).