

# CHANGE NOTICE FOR MANUAL NO. 08-10, DISPROPORTIONATE SHARE HOSPITALS AND FEDERALLY QUALIFIED HEALTH CENTERS

DATE: MAY 28, 2010

Manual: Aged, Blind, and Disabled Medicaid

Change No: 08-10

To: County Directors of Social Services

Effective: June 1, 2010

## I. BACKGROUND

This change notice serves as a reminder that it is a responsibility of the counties to have a written and signed agreement by the director of each involved agency on the requirement of staffing an Income Maintenance Caseworker (IMC) at each mandatory DSH and FQHC outpost location to take MPW and MIC applications. The agreement must be updated yearly.

The list of mandatory Disproportionate Share Hospital (DSH) and Federally Qualified Health Centers (FQHC) has been updated. There are additional DSH and FQHC's added to the list. In addition, the FQHC's city locations are added. Please review the lists and make any necessary adjustments regarding outpost locations in your county.

## II. CONTENT OF CHANGE

A. The following hospitals are removed from the Disproportionate Share Hospital list.

| County:   | Facility Name:                          |
|-----------|---|
| Alexander | Frye Regional Medical Center            |
| Avery     | Charles A. Cannon Jr. Memorial Hospital |
| Beaufort  | Pungo District Hospital Corporation     |
| Brunswick | J Arthur Doshier Memorial Hospital      |
| Buncombe  | Thoms Rehabilitation Hospital           |
| Burke     | Valdese General Hospital                |
| Cabarrus  | Northeast Medical Center                |
| Carteret  | Carteret General Hospital               |
| Cherokee  | Murphy Medical Center                   |
| Craven    | Craven Regional Medical Center          |
| Durham    | Durham Regional Hospital                |
| Guilford  | High Point Regional Hospital            |
| Guilford  | Kindred Hospital Greensboro             |
| Harnett   | Good Hope Hospital                      |

(II. A.)

**The following hospitals are removed from the Disproportionate Share Hospital list.**

| <b>County:</b> | <b>Facility Name:</b>                   |
|----------------|---|
| Haywood        | Hay wood Regional Medical Center        |
| Henderson      | Margaret R. Pardee Memorial Hospital    |
| Henderson      | Park Ridge Hospital                     |
| Iredell        | Iredell Memorial Hospital, Incorporated |
| Iredell        | Lake Norman Regional Medical Center     |
| Lee            | Central Carolina Hospital               |
| Macon          | Angel Medical Center                    |
| Macon          | Highlands Cashiers Hospital             |
| Mecklenburg    | Mercy Hospitals Inc.                    |
| Mecklenburg    | Presbyterian Orthopedic Hospital        |
| Mecklenburg    | Presbyterian Hospital Matthews          |
| Moore          | First Health Moore Regional Hospital    |
| Pasquotank     | Albemarle Hospital                      |
| Rowan          | Rowan Regional Medical Center, Inc.     |
| Stokes         | Stokes-Reynolds Memorial Hospital       |
| Surry          | Hugh Chatham Memorial Hospital          |
| Transylvania   | Transylvania Community Hospital         |
| Wake           | Western Wake Med                        |
| Wake           | Rex Hospital                            |
| Watauga        | Blowing Rock Hospital                   |
| Watauga        | Watauga Medical Center                  |
| Wilkes         | Hugh Chatham Memorial Hospital          |

**B. The following facilities are removed from the Federally Qualified Health Centers list.**

| <b>County:</b> | <b>Facility Name:</b>                  |
|----------------|--|
| Mecklenburg    | Metrolina Comprehensive Health Center  |
| Orange         | Piedmont Health Services               |
| Rockingham     | RMSA Health Center                     |
| Warren         | Vance Warren Comprehensive Health Plan |

### **III. EFFECTIVE DATE**

This policy is effective June 1, 2010. Apply this policy to Medicaid applications taken on or after June 1, 2010 as well as to those presently in process.

**IV. MAINTENANCE OF THE MANUAL**

**A. Remove: MA-2300, Initial Contact, Figure 5, pages 1 through 6.**

**B. Insert: [MA-2300](#), Initial Contact, Figure 5, pages 1 through 6 effective 06/01/2010.**

**If you have any questions, please contact your Medicaid Program Representative.**

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Director

CLG:skm

(This material was researched and written by Sandi Morrow, Medicaid Policy Consultant, Medicaid Eligibility Unit).