

**RULES OF THE
DEPARTMENT OF COMMUNITY HEALTH**

**CHAPTER 11-3
MEDICAL ASSISTANCE PLANS**

**SUBJECT 111-3-11
HOSPITAL DIRECTED PAYMENT PROGRAM**

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Rule 111-3-11-.01 Definitions

Rule 111-3-11-.01. Definitions

As used in this Chapter 111-3-11:

(1) "Board" means the Board of Community Health, the body created under O.C.G.A. § 31-2-3, appointed by the Governor, that establishes the general policy to be followed by the Department of Community Health.

(2) "Care Management Organization" means a managed care organization defined in 42 CFR § 438.2 and O.C.G.A. § 33-21A-2(1).

(3) "Department" means the Department of Community Health established under O.C.G.A. § 31-2-3.

(4) "Directed Payment" means any payment made to hospitals by Care Management Organizations pursuant to their

Medicaid managed care contracts with the Department as authorized under 42 CFR § 438.6(c).

(5) "Hospital" means an institution license pursuant to Chapter 7 of Title 31, which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. Such term includes public, private, rehabilitative, geriatric, osteopathic, and other specialty hospitals but shall not include psychiatric hospitals, which shall have the same meaning as facilities as defined in paragraph (7) of O.C.G.A. § 37-3-1, critical access hospitals as defined in paragraph (3) of O.C.G.A. § 33-21A-2, or any state owned or state operated hospitals.

(6) "Non-Governmental Hospital" means a subclass of Hospitals, authorized to be defined by the Board pursuant to paragraph (a) of O.C.G.A. § 31-8-179.2, that shall not include public, long term acute care, rehabilitative, geriatric, osteopathic, and psychiatric hospitals which shall have the same meaning as facilities as defined in paragraph (7) of O.C.G.A. § 31-8-179.2, critical access hospitals as defined in paragraph (3) of O.C.G.A. § 33-21A-2, or any state-owned or state-operated hospitals.

(7) "Provider Payment" means a payment assessed by the Department pursuant to this chapter for the privilege of operating a Non-Governmental Hospital.

(8) "Segregated Account" means an account for the dedication and deposit of Provider Payments which is established within the Trust Fund.

(9) "Trust Fund" means the Indigent Care Trust Fund created by Article 6 of Chapter 8 of Title 31.

(10) "Waiver" means a waiver of the requirements for permissible health care related taxes, as provided for in 42 C.F.R § 433.68.

Authority: O.C.G.A. § 31-8-179.1, et seq.