

State: **Illinois** STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

- f. Special Reimbursement Requirements for Services Provided in Hospital Emergency Room and Clinic Settings.
 - i. When emergency room services are provided to clients, the hospital is required to code any fee-for-service claims with the emergency room place of service.
- g. Hospital-Based Organized Clinic Reimbursement.
 - i. With respect to hospital-based organized clinics that qualify as Maternal and Child Health Clinics, payment shall be made in accordance with Section 1(a)(iv) of this attachment.
 - ii. With respect to all other hospital-based organized clinics, payment shall be in accordance with the fee-for-service reimbursement described in Section 1 of this attachment.
- 10/05 h. ~~(Reserved) Encounter Rate Clinic Reimbursement~~
 - ~~i. For encounter rate clinics providing comprehensive health care for women and infants payment shall be made at the lesser of:
 - A—\$75.00 per encounter, or
 - B—The clinic's charge to the general public.~~
 - ~~ii. For all other encounter rate clinics, payment shall be made at the lesser of:
 - A—The clinic's approved all-inclusive interim per encounter rate as of May 1, 1981, or
 - B—\$50.00 per encounter, or
 - C—The clinic's charge to the general public.~~
- i. Psychiatric clinic reimbursement
Reimbursement shall be made under the federally qualified health center methodology if the clinic meets the criteria as an FQHC. Otherwise the clinic shall be reimbursed as an encounter rate clinic.

State: Illinois

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

10/05 3. Encounter Rate Clinic Reimbursement

- a. For free-standing encounter rate clinics enrolled in the Medicaid program prior to July 1, 1998, that are not operated by a county with a population of over three million, payment shall be made at the lesser of the following for services on or after October 1, 2005:
 - i. \$90.00 per encounter; or
 - ii. The clinic's charge to the general public.
- b. For all other encounter rate clinics, payment shall be made at the lesser of:
 - i. The clinic's approved all inclusive interim per encounter rate as of May 1, 1981; or
 - ii. \$50.00 per encounter; or
 - iii. The clinic's charge to the general public.