

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

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

j. Pediatric Outpatient Adjustment Payments

Pediatric Outpatient Adjustment Payments shall be made to all eligible hospitals excluding county-owned hospitals described in Section C.8 of Chapter II, and hospitals organized under the University of Illinois Hospital Act, as described in Section C.8 of Chapter II, for outpatient services occurring on or after July 1 1998 , in accordance with this Section.

i. To qualify for payments under this Section, a hospital must:

- A. Be a children's hospital, as defined in Section c.3.of Chapter II and,
- B. Have a Pediatric Medicaid Outpatient Percentage greater than 80% during the Pediatric Outpatient Adjustment Base Period.

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ii. Hospitals qualifying under this Section shall receive the following amounts for the Pediatric Outpatient Adjustment Rate Year:

- A. For Illinois hospitals with a Medicaid Inpatient Utilization Rate (MIUR) that is less than 75% the product of;
 - 1. The hospital's MIUR plus one, multiplied by,
 - 2. The number of Pediatric Adjustable Outpatient Services, multiplied by
 - 3. \$169
- B. For Illinois hospitals with an MIUR that is greater than or equal to 75% the product of;
 - 1. One and one-half the hospital's MIUR plus one, multiplied by,
 - 2. The number of Pediatric Adjustable Outpatient Services, multiplied by
 - 3. ~~\$169~~\$305
- C. For out of State cost reporting hospitals with an MIUR that is less than 75 percent, the product of:
 - 1. The hospital's MIUR plus 1.15, multiplied by,
 - 2. The number of Pediatric Adjustable Outpatient Services, multiplied by,
 - 3. \$169

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- 7/02 iii In addition to the reimbursement rates described in subsection ii above, hospitals that have an MIUR that is greater than or equal to 80% shall receive an additional \$229,740 during the Pediatric Outpatient Adjustment Rate Year.
- 7/02 iv. Adjustments under this Section shall be paid at least quarterly.
- v. No less than annually, the Department will assess the adequacy of the qualifying criteria established in the Section. If the Department determines that existing qualifying criteria do not adequately address pediatric outpatient access, the Department will amend this Section within 90 days of such a determination.
- 04/09 vi. Definitions
- A. A Medicaid Inpatient Utilization Rate (MIUR) or "MIUR", as used in this Section, has the meaning as defined in

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Section C.8.e, Chapter VI, or Attachment 4.19-A, in effect for the rate period October 1, 1996, through September 30, 1997.

- B. "Pediatric Adjustable Outpatient Services" means the number of outpatient services, excluding procedure code 0080, adjudicated through a UB92 billing form and grouped through the Hospital Ambulatory Care Groupings, as defined in Section 148.140.b1 during the Pediatric Outpatient Adjustment Base Period. For a hospital which includes a facility devoted exclusively to caring for children, that is separately licensed as a hospital by a municipality, Pediatric Adjustment Outpatient Services will include psychiatric services (categories of service 27 or 28) for children less than 18 years of age, that are billed through the affiliated general care hospital.
- C. "Pediatric Medicaid Outpatient Percentage" means a percentage that results from the quotient of the total Medicaid Pediatric Adjustable Outpatient Services for persons less than 18 years of age divided by the total Medicaid Pediatric Adjustable Outpatient Services for all persons, during the Pediatric Outpatient Adjustment Base Year.
- D. "Pediatric Outpatient Adjustment Base Period" means all services billed to the Department, excluding procedure code 0080, with State Fiscal Year 1996 dates of services that were adjudicated by the Department on or before March 31, 1997.
- E. "Pediatric Outpatient Adjustment Rate Year" means State Fiscal Year 1998 and each State Fiscal Year hereafter.

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- vii. For hospitals qualifying for payments under this Section for adjustment periods occurring in State fiscal year 2009, total payments will equal the sum of amounts calculated under the methodologies described in this Section and shall be paid to the hospital during the Pediatric Outpatient Adjustment Rate year.

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- k. Appeals for Pediatric Outpatient Adjustment Payments.

The Department shall make Pediatric Outpatient Adjustment payments in accordance with Section 1.j. above. Hospitals shall be notified in writing of the results of the determination and calculation, and shall have the right to appeal the calculation or their ineligibility for

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- b. Outpatient Assistance Adjustment Payments
 - i. For hospitals qualifying under a.i., above the rate is \$139.00
 - ii. For hospitals qualifying under a.ii., above the rate is ~~-----~~ \$850.00.
 - iii. For hospitals qualifying under a.iii., above the rate is ~~\$200.25~~ \$425.00.
 - iv. For hospitals qualifying under a.iv., above the rate is ~~\$217.25~~ \$375.00.
 - v. For hospitals qualifying under a.v., above the rate is \$250.00.
 - vi. For hospitals qualifying under a.vi., above the rate is \$336.25.
 - vii. For hospitals qualifying under a.vii., above the rate is \$110.00.
 - viii. For hospitals qualifying under a.viii., above the rate is \$200.00.
 - ix. For hospitals qualifying under a.ix., above the rate is \$48.50.
 - x. For hospitals qualifying under a.x., above the rate is \$135.00.
 - xi. For hospitals qualifying under a.xi., above the rate is \$65.00.
 - xii. For hospitals qualifying under a.xii., above the rate is \$90.00.

c. Payment to a Qualifying Hospital

The total annual payments to a qualifying hospital shall be the product of the hospital's rate multiplied by the Medicaid outpatient ambulatory procedure listing services in the OUTPATIENT ASSISTANCE ADJUSTMENT BASE YEAR. The annual amount of each payment for which a hospital qualifies shall be made in twelve equal installments and paid monthly.

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*State: **Illinois****METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
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- a. Qualifying Criteria. Catastrophic Relief Payments, as described in this section, shall be made to Illinois hospitals, except publicly owned or operated hospitals or a hospital identified under subsection II.C.3.b of Attachment 4.19-A., that have an MIUR greater than the current statewide mean, are not a publicly owned hospital, and are not part of a multiple hospital network, unless the hospital has an MIUR greater than the current statewide mean plus two standard deviations. Payments to qualifying hospitals will be based on criteria described in this Section.
- b. Payments.
- i. An Illinois hospital qualifying under subsection 34.a of this Section that received payments under Section 32 will receive the greater of:
- A. 2% of the annual Outpatient Ambulatory Procedure Listing Increase Payments, as defined in Section 32; or
- B. \$175,000.
- ii. Payments under this Section are effective for State fiscal year 2009, and will be distributed prior to June 30, 2009. Payments are not effective for dates of service on or after July 1, 2009.
- c. Definitions
- i. "MIUR" means Medicaid inpatient utilization rate as defined in subsection VI.C.8.e of Attachment 4.19-A. For purposes of this Section, the MIUR determination that was used to determine a hospital's eligibility for Disproportionate Share Hospital Adjustment payments in rate year 2009 shall be the same determination used to determine a hospital's eligibility for Catastrophic Relief Payments in the Adjustment Period.
- d. Rate reviews.
- i. A hospital shall be notified in writing of the results of the payment determination pursuant to this Chapter.
- ii. Hospitals shall have a right to appeal pursuant to the provisions of section C.2 of Chapter XXI of Attachment 4.19-A.