

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**

- vii. A GENERAL ACUTE CARE HOSPITAL, not located in Cook County, that is a not trauma center, did not qualify for Medicaid Percentage Adjustment payments for rate year 2007, as defined in Attachment 4.19-A, subsection VI.C.7.b, has a MIUR of greater than 25 percent, an EMERGENCY CARE PERCENTAGE greater than 50 percent, and provided more than 8,500 Medicaid OUTPATIENT AMBULATORY PROCEDURE LISTING SERVICES in the OUTPATIENT ASSISTANCE BASE YEAR.
- viii. A GENERAL ACUTE CARE HOSPITAL, not located in Cook County, that is a level I trauma center, recognized by the Illinois Department of Public Health as of July 1, 2006, an EMERGENCY CARE PERCENTAGE greater than 50 percent, and provided more than 16,000 Medicaid OUTPATIENT AMBULATORY PROCEDURE LISTING SERVICES, including more than 1,000 NON-EMERGENCY SCREENING OUTPATIENT AMBULATORY PROCEDURE LISTING SERVICES, in the OUTPATIENT ASSISTANCE BASE YEAR.
- ix. A GENERAL ACUTE CARE HOSPITAL, not located in Cook County, that qualified for Medicaid Percentage Adjustment payments for rate year 2007, as defined in Attachment 4.19-A, subsection VI.C.7.b, an EMERGENCY CARE PERCENTAGE greater than 55 percent, and provided more than 12,000 Medicaid OUTPATIENT AMBULATORY PROCEDURE LISTING SERVICES, including more than 600 SURGICAL GROUP OUTPATIENT AMBULATORY PROCEDURE LISTING SERVICES and 7,000 reimbursed through methodologies described in subsection b.i.C of Chapter 1 of this attachment, in the OUTPATIENT ASSISTANCE BASE YEAR.
- x. A GENERAL ACUTE CARE HOSPITAL that has an EMERGENCY CARE PERCENTAGE greater than 75 percent, and provided more than 15,000 Medicaid OUTPATIENT AMBULATORY PROCEDURE LISTING SERVICES in the OUTPATIENT ASSISTANCE BASE YEAR.
- xi. A rural hospital that has an has a MIUR of greater than 40 percent and provided more than 16,000 Medicaid OUTPATIENT AMBULATORY PROCEDURE LISTING SERVICES in the OUTPATIENT ASSISTANCE BASE YEAR.
- xii. A GENERAL ACUTE CARE HOSPITAL, not located in Cook county, that is a trauma center, recognized by the Illinois Department of Public Health as of July 1, 2006, had more than 500 licensed bed in calendar year 2005, and provided more than 11,000 Medicaid OUTPATIENT AMBULATORY PROCEDURE LISTING SERVICES, including more than 950 SURGICAL GROUP OUTPATIENT AMBULATORY PROCEDURE LISTING SERVICES, in the OUTPATIENT ASSISTANCE BASE YEAR.
- xiii. A GENERAL ACUTE CARE HOSPITAL, located outside of Illinois, that provided more than 300 HIGH TECH DIAGNOSTIC MEDICAID OUTPATIENT AMBULATORY PROCEDURE LISTING SERVICES, in the outpatient assistance base year.

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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 \$425.00.
- 12/10/09 iv. For hospitals qualifying under a.iv., above the rate is \$665.00, through June 30, 2012.
For dates of service on or after July 1, 2012, the rate is \$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.
- 12/10/09 ix. For hospitals qualifying under a.ix., above the rate is \$128.50, through June 30, 2012.
For dates of service on or after July 1, 2012, 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.
- 12/10/09 xiii. For hospitals qualifying under a.xiii., above, that have an EMERGENCY CARE PERCENTAGE greater than 19%, but less than 25%, the rate is \$141.00. For hospitals qualifying under a.xiii., above, that have an EMERGENCY CARE PERCENTAGE greater than 25%, the rate is \$494.00.

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.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
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- vii. "GENERAL ACUTE CARE HOSPITAL" has the same meaning as the term so defined in Chapter XXI of Attachment 4.19-A.
- ix. "LARGE PUBLIC HOSPITAL" has the same meaning as the term so defined in Chapter XXI of Attachment 4.19-A.
- x. "MIUR" means Medicaid inpatient utilization rate as defined in subsection VI.C.8.e of Attachment 4.19-A.

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XI. "HIGH TECH DIAGNOSTIC MEDICAID OUTPATIENT AMBULATORY PROCEDURE LISTING SERVICES" means, for a given hospital, the sum of ambulatory procedure listing services as described in Section 1.b.i.B.2., excluding services for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through June 30, 2006.

e. 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 XXIC.2 of Attachment 4.19-A.

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12/10/09 **34. Rural Emergency Services Stimulus Adjustment**

- a. Qualifying criteria. A rural Illinois HOSPITAL, as defined in subsection B.3.a. of Chapter XVI of Attachment 4.19-A, licensed by the Department of Public Health under the Hospital Licensing Act, certified by that Department to participate in the Illinois Medicaid Program, and enrolled with the Department of Healthcare and Family Services to participate in the Illinois Medicaid Program; that provides services in an emergency room.
- b. Payment. A HOSPITAL meeting the qualifying criteria shall receive a one-time supplemental outpatient payment equal to:
 - i. The hospital's OUTPATIENT AMBULATORY PROCEDURE LISTING PAYMENTS for Group 3 services, as defined in Section 1.b.i.C., except that;
 - ii. A qualifying hospital designated as a critical access hospital, by the Illinois Department of Public Health in accordance with 42 CFR 485, Subpart F (2001) as of July 1, 2009, shall have the payment as determined in subsection (b)(i) multiplied by 3.5, rounded to the nearest whole dollar.
- c. Adjustments and Limitations. All the provisions in Section E of Chapter XXXIII of Attachment 4.19-A will apply to the Rural Emergency Services Stimulus Adjustment detailed in this Chapter.
- d. Definitions.
 - i. "HOSPITAL" means any facility located in Illinois that is required to submit cost reports as mandated in Section G of Chapter VIII of Attachment 4.19-A.
 - ii. "OUTPATIENT AMBULATORY PROCEDURE LISTING PAYMENTS" means, for a given hospital, the sum of payments for individuals covered under the Title XIX Medicaid State plan, for its ambulatory procedure listing Group 3 services as described in Section 1.b.i.C., excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through March 23, 2007.
- e. 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.