

Section 148.XXX Outpatient Assistance Adjustment Payments

a) Qualifying Criteria. Outpatient Assistance Adjustment Payments, as described in this subsection of this Section, shall be made to Illinois hospitals meeting one of the criteria identified below:

- 1) A hospital that qualifies for Disproportionate Share Hospital Adjustment payments for rate year 2007 as defined in IL Adm. Code 148.120, has an emergency care percentage greater than 70% and has provided greater than 10,500 Medicaid outpatient ambulatory procedure listing services in the outpatient assistance base year.
- 2) A general acute care hospital that qualifies for Disproportionate Share Hospital Adjustment payments for rate year 2007 as defined in IL Adm. Code 148.120, has an emergency care percentage greater than 85%.

b) Outpatient Assistance Adjustment Payments

- 1) For hospitals qualifying under (a)(1) above the rate is \$139.00.
- 2) For hospitals qualifying under (a)(2) above the rate is \$336.25.

c) Payment to a Qualifying Hospital

- 1) 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 provided in the outpatient assistance adjustment base year.
- 2) For the outpatient assistance adjustment period occurring in State fiscal year 2007, total payments will equal the methodologies described in subsection (b) of this Section. For the period January 1, 2007 through June 30, 2007, total annual payments to each qualifying hospital shall be divided in two, and paid, at least, on a quarterly basis.
- 3) For the outpatient assistance adjustment period for fiscal year 2008 and after, total payments will equal the methodologies described in subsection (b) of this Section. Payments shall be made to the hospital on a quarterly basis.

d) Definitions

- 1) "Emergency care percentage" means a fraction, the numerator of which is the total Group 3 ambulatory procedure listing services as described in Section 148.140(b)(1)(C), excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2005 contained in the Department's data base adjudicated through June 30, 2006, and the denominator of which is the total ambulatory procedure listing services as described in Section 148.140(b)(1), excluding services for individuals eligible for Medicare, provided by the hospital in State fiscal year 2005 contained in the Department's data base adjudicated through June 30, 2006.
- 2) "General acute care hospital is a hospital that does not meet the definition of a hospital defined in 149.50(c)."
- 3) "Outpatient ambulatory procedure listing payments" means, for a given hospital, the sum of payments for ambulatory procedure listing services as described in Section 148.140(b)(1), 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 June 30, 2006.
- 4) "Outpatient assistance adjustment period" means, beginning January 1, 2007, the 6-month period beginning on January 1, 2007 and ending June 30, 2007, and beginning July 1, 2007, the 12-month period beginning July 1 of the year and ending June 30 of the following year.
- 5) "Outpatient assistance base year" means the 12-month period beginning on July 1, 2004, and ending June 30, 2005.

(Source: Added at 30 Ill. Reg. _____, effective _____)