

## SUBPART B: REIMBURSEMENT AND RELATED PROVISIONS

### Section 148.299 Medicaid Facilitation and Utilization Payments

#### EMERGENCY

Medicaid Facilitation and Utilization Payments shall be made on a monthly basis as follows:

- a) **Qualifying Hospitals.** Hospitals may qualify for the Medicaid Facilitation and Utilization Payments if they meet any of the following criteria:
  - 1) The hospital must be an Illinois general acute care hospital that had an increase over 35% of the total Medicaid days, excluding Medicare crossover days, from State fiscal year 2009 to State fiscal year 2013 as recorded in the Department's paid claims data, had more than 50 routine beds as included in the 2012 cost report filed with the Department, and, for State fiscal year 2013, the average length of stay was less than 4.5 days.
  - 2) The hospital must be an Illinois general acute care hospital that had a Medicaid Inpatient Utilization Rate (MIUR), as defined in Section 148.120(i)(4), between 50 and 80 percent, is designated a Perinatal Level II facility, and had less than 110 routine beds as included in the 2012 Cost Report on file with the Department, and, for State fiscal year 2013, provided greater than 6,000 Medicaid days, excluding Medicare crossover days, as recorded in the Department's paid claims database.
  - 3) The hospital must be an Illinois children's hospital, as defined in Section 148.25(d)(3)(B), had greater than 10 routine beds as included in the 2012 cost report on file with the Department, and for State fiscal year 2013, the average length of stay was less than 4.5 days.
- b) **Rates**
  - 1) Hospitals qualifying under subsection (a)(1) will receive the following:
    - A) If the hospital provided more than 4,000 covered Medicaid days, excluding Medicare crossover days in State fiscal year 2013, as recoded in the Department's paid claims database, the rate is \$947.00 for dates of service on July 1, 2014 through June 30, ~~2015~~2018. For dates of service on or after July 1, ~~2015~~2018, the rate is \$0.00.
    - B) If the hospital provided less than 4,000 covered Medicaid days, excluding Medicare crossover days, in State fiscal year 2013, as recoded in the Department's paid claims database, the rate is \$76.00 for dates of service on July 1, 2014 through June 30,

~~20152018~~. For dates of service on or after July 1, ~~20152018~~, the rate is \$0.00.

- 2) Hospitals qualifying under subsection (a)(2) will receive the following:
    - A) If the hospital had greater than 100 routine beds, as included in the 2012 cost report on file with the Department, the rate is \$205.00 for dates of service on July 1, 2014 through June 30, ~~20152018~~. For dates of service on or after July 1, ~~20152018~~, the rate is \$0.00.
    - B) If the hospital had less than 100 routine beds, as included in the 2012 cost report on file with the Department, the rate is \$59.00 for dates of service on July 1, 2014 through June 30, ~~20152018~~. For dates of service on or after July 1, ~~20152018~~, the rate is \$0.00.
  - 3) Hospitals qualifying under subsection (a)(3) will receive a rate of \$390.00 for dates of service on July 1, 2014 through June 30, ~~20152018~~. For dates of service on or after July 1, ~~20152018~~, the rate is \$0.00.
- c) Payment for a qualifying hospital shall be the product of the rate as defined in subsection (b), multiplied by the hospital's SFY 2013 covered days less Medicare crossover days as recorded in the Department's paid claims data (adjudicated through February 21, 2014).

(Source: Emergency amended at 39 Ill. Reg. \_\_\_\_\_, effective July 10, 2015, for a maximum of 150 days)