

**HFS****Illinois Department of
Healthcare and Family Services**

JB Pritzker, Governor

201 South Grand Avenue East, Springfield, Illinois 62763

Theresa A. Eagleson, Director

Telephone: +1 217-782-1200, TTY: +1 800-526-5812

September 28, 2023

Montrose Behavioral Hospital for Children
Attn: Chief Executive Officer
4720 North Clarendon Avenue
Chicago IL 60640

Dear Chief Executive Officer:

The annual determination for the disproportionate share hospital (DSH), Medicaid Percentage Adjustment (MPA) and the Medicaid High Volume Adjustment (MHVA) programs has been finalized for rate year 2024. The DSH rates are effective October 1, 2023 – September 30, 2024. In accordance with 89 Administrative Code, section 148.122(g), The MPA and MHVA rates will be effective January 1, 2024 through December 31, 2024. The current rate year 2023 determinations will remain in effect for MPA and MHVA until December 31, 2023.

Attached are the eligibility criteria and detailed calculations for the DSH, MPA and MHVA programs for rate year 2024 for your facility, in accordance with Sections 148.112, 148.120, and 148.122 of the *89 Illinois Administrative Code*.

Appeals must be made in writing in accordance with Sections 148.310(b) and (f) of the 89 Illinois Administrative Code. All appeals must be made no later than thirty (30) days from the date of this letter. For rate year 2024, appeals must be received or postmarked no later than Monday, October 30, 2023. The Department will not accept hospital logs as supporting documentation for appeals.

Direct all supporting documentation to:

Illinois Department of Healthcare and Family Services
Bureau of Rate Development and Analysis, DSH Unit
ATTN: Candace Flatt
201 South Grand Avenue East, 2nd Floor
Springfield, Illinois 62763-0001
Email: HFS.Hospitals@illinois.gov

If you have questions regarding this determination, please contact the Bureau of Rate Development and Analysis at 217-785-0710.

Please provide a copy of this letter to your CFO and Patient Accounts Manager.

Sincerely,

Kathleen Staley
Chief
Bureau of Rate Development and Analysis
Illinois Department of Healthcare and Family Services

MONTROSE BEHAVIORAL HOSPITAL FOR CHILDREN		Chicago, IL
MEDICAID PERCENTAGE ADJUSTMENT (MPA) AND MEDICAID HIGH VOLUME (MHVA) CALCULATION		
For Rate Year 2024 (January 1, 2024 - December 31, 2024)		
1) Illinois mean Medicaid inpatient utilization rate:		30.94%
2) One-half a standard deviation above the mean Medicaid inpatient utilization rate:		40.26%
3) One standard deviation above the mean Medicaid inpatient utilization rate:		49.58%
4) One and one-half standard deviations above the mean Medicaid inpatient utilization rate:		58.90%
5) Your hospital's Medicaid inpatient utilization rate:		74.73%
Medicaid Percentage Adjustment		
6) Medicaid MPA add-on per day **:		\$243.32
7) Medicaid MPA add-on per day capped:		\$155.00
8) Medicaid MPA add-on per day inflated by the lesser of the percent change in the statewide average payment rate or the DRI		\$354.54
(Line 7 * 1.0397 * 1.0395 * 1.0329 * 1.0301 * 1.0275 * 1.0257 * 1.0290 * 1.0286 * 1.0308 * 1.0346 * 1.0295 * 1.0339 * 1.0285 * 1.0369 * 1.0326 * 1.0583 * 1.0251 * 1.0417 * 1.0414 * 1.0215 * 1.0191 * 1.0207 * 1.0076 * 1.0177 * 1.0277 * 1.0233 * 1.0322 * 1.0249)		
** MIUR=Medicaid Inpatient Utilization Rate	MPA Add-On (Children’s hospital rates are multiplied by 2)	
MIUR is < 30.94	\$25.00	
MIUR is >= 30.94 but < 49.58	\$25.00 Plus \$1.00 for every percent over 30.98	
MIUR is >= 49.58 but < 58.90	\$40.00 Plus \$7.00 for every percent over 49.58	
MIUR is >= 58.90	\$90.00 Plus \$2.00 for every percent over 58.90	
MEDICAID HIGH VOLUME INPATIENT PAYMENT ADJUSTMENT		
1) Medicaid high volume adjustment (MHVA) per day:		\$120.00
2) MHVA per day inflated from 1993 to 2021 by lesser of the percent change in the statewide average payment rate or the DRI		\$274.48
(Line 7 * 1.0397 * 1.0395 * 1.0329 * 1.0301 * 1.0275 * 1.0257 * 1.0290 * 1.0286 * 1.0308 * 1.0346 * 1.0295 * 1.0339 * 1.0285 * 1.0369 * 1.0326 * 1.0583 * 1.0251 * 1.0417 * 1.0414 * 1.0215 * 1.0191 * 1.0207 * 1.0076 * 1.0177 * 1.0277 * 1.0233 * 1.0322 * 1.0249)		
PLEASE NOTE: Calculations may vary due to rounding and line 5 has been adjusted accordingly for out-of-state hospitals.		
MPA MHVA ATTACHMENT		