

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

JB Pritzker, Governor

201 South Grand Avenue East, Springfield, Illinois 62763

Theresa A. Eagleson, Director

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September 28, 2023

SAINT ANTHONY CHILDRENS

Attn: Chief Executive Officer

2875 West 19th Street

Chicago

IL 60623

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, 2<sup>nd</sup> Floor  
Springfield, Illinois 62763-0001  
Email: [HFS.Hospitals@illinois.gov](mailto: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

SAINT ANTHONY CHILDRENS  
DISPROPORTIONATE SHARE (DSH), MEDICAID HIGH VOLUME (MHVA), AND MEDICAID PERCENTAGE ADJUSTMENT  
(MPA) DETERMINATION for Rate Year 2024

CHICAGO

**DSH CRITERIA**

- 1) Have a Medicaid inpatient utilization rate (MIUR) of at least the statewide mean plus one standard deviation;
2) Have a low income utilization rate of at least 25%;

**MPA & MHVA CRITERIA**

- 1) Have a Medicaid inpatient utilization rate (MIUR) of at least the statewide mean plus one-half standard deviation;
2) Have a low income utilization rate (LIUR) of at least 25% and had an LIUR of 25% for rate year 2014;
3) Be an Illinois hospital, that on July 1,1991,had a MUR of at least the mean and was located in a planning area with one-third or fewer excess beds, and that as of June 30, 1992, was located in a Health Professional Shortage area;
4) Be an Illinois hospital that has a MUR of at least the statewide mean and a Medicaid obstetrical inpatient utilization rate of at least the mean plus one standard deviation;
5) Be a hospital devoted exclusively to caring for children; or
6) Be an out-of-state hospital meeting the federal definition of a DSH hospital.

Your hospital qualifies for Disproportionate Share under criteria:

Your hospital qualifies for Medicaid Percentage Adjustment and Medicaid High Volume under criteria:

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| YOUR HOSPITAL'S 2024 MEDICAID INPATIENT UTILIZATION RATE CALCULATION                           |     |                                     |           |
|------------------------------------------------------------------------------------------------|-----|-------------------------------------|-----------|
| Medicaid Routine Days:                                                                         | 15  | Total Hospital Routine Days:        | 1,001     |
| Medicaid ICU Days:                                                                             | 0   | Total Hospital ICU Days:            | 0         |
| Medicaid Nursery Days:                                                                         | 0   | Total Hospital Nursery Days:        | 0         |
| Medicaid Psychiatric Days:                                                                     | 0   | Total Hospital Psychiatric Days:    | 0         |
| Medicaid Rehabilitation Days                                                                   | 0   | Total Hospital Rehabilitation Days: | 0         |
|                                                                                                |     |                                     |           |
| Total Mdcd Days from Cost Report                                                               | 15  |                                     |           |
|                                                                                                |     |                                     |           |
| Medicaid Out-of-State Days:                                                                    | 0   |                                     |           |
| Medicaid HMO Days:                                                                             | 214 |                                     |           |
| Medicaid DASA Days:                                                                            |     |                                     |           |
| Medicaid Denied Days:                                                                          |     |                                     |           |
| Medicaid Inappropriate Level of Care Days:                                                     |     |                                     |           |
| Medicaid/Medicare Crossover Days:                                                              | 0   |                                     |           |
| Total Medicaid Days from Other Sources:                                                        | 214 |                                     |           |
| TOTAL MEDICAID INPATIENT DAYS                                                                  | 229 | TOTAL HOSPITAL INPATIENT DAYS:      | 1,001     |
| YOUR HOSPITAL'S RY24 MEDICAID INPATIENT UTILIZATION RATE                                       |     |                                     | 22.88%    |
|                                                                                                |     |                                     |           |
| Your hospital's <u>state</u> fiscal year 2021 total Medicaid obstetrical days:                 |     |                                     | 0         |
| Your hospital's <u>state</u> fiscal year 2021 total Medicaid days:                             |     |                                     | 574       |
| Your hospital's obstetrical inpatient utilization rate:                                        |     |                                     | 0.00%     |
| Your hospital's low income utilization rate:                                                   |     |                                     | 61.36%    |
|                                                                                                |     |                                     |           |
| Illinois' total Medicaid inpatient utilization days:                                           |     |                                     | 2,187,525 |
| Illinois' total hospital inpatient days:                                                       |     |                                     | 6,877,192 |
| Illinois' statewide mean Medicaid inpatient utilization rate:                                  |     |                                     | 31.81%    |
| One-half of a standard deviation above the statewide mean Medicaid inpatient utilization rate: |     |                                     | 41.32%    |

SAINT ANTHONY CHILDRENS

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**DISPROPORTIONATE SHARE ADJUSTMENT (DSH) CALCULATION For  
Rate Year 2024 (October 1, 2023 - September 30, 2024)**

**DSH Adjustment**

|                                                                                                                                                  |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1) Statewide mean plus one standard deviation:                                                                                                   | 50.83%    |
| 2) Hospital Medicaid Inpatient Utilization Rate (MIUR):                                                                                          | 22.88%    |
| 3) Amount over the mean plus one standard deviation {Line 2 / Line 1}:                                                                           | 0.00%     |
| 4) Aggregate value of the amounts over the mean plus one standard deviation:                                                                     | 58.96     |
| 5) Proportional Value {Line 3 / Line 4}:                                                                                                         | 0.00%     |
| 6) Your hospital's estimated rate year 2023 utilization:                                                                                         | 0         |
| 7) Total estimated rate year 2023 utilization for all hospitals whose Medicaid percentage is greater than one standard deviation above the mean: | 824,484   |
| 8) Your hospital's weighted days {Line 5 * Line 6}:                                                                                              | 0         |
| 9) Total of all weighted days:                                                                                                                   | 13,221    |
| 10) Your hospital's percent weighted days {Line 8 / Line 9}:                                                                                     | 0.00      |
| 11) Estimated spending of \$5.00 per day to eligible hospitals {Line 7 * \$5.00}:                                                                | 4,122,420 |
| 12) Estimated pool for eligible hospitals {\$5,000,000 - Line 11}:                                                                               | 877,580   |
| 13) Federal DSH add-on per day {(Line 10 * Line 12) / Line 6} + \$5.00}:                                                                         | \$ 5.00   |
| 14) Federal DSH add-on per day after OBRA calculation*                                                                                           | \$ 0.00   |

\* If line 14 is less than line 13, your facility qualifies for Disproportionate Share status in accordance with 89 IL Adm. Code 148.120. Projected payments from the Department indicate payments to the facility will exceed your cost of services for those receiving medical assistance or having no health insurance. Disproportionate Share Funds will be reduced pursuant to section 1923(g) of the Social Security Act, to be in compliance with sections 1923(c) of that Act. Disproportionate Share rate will be reduced to \$0.00.

| 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:                                                                                     | 31.81%                                           |
| 2) One-half a standard deviation above the mean Medicaid inpatient utilization rate:                                                      | 41.32%                                           |
| 3) One standard deviation above the mean Medicaid inpatient utilization rate:                                                             | 50.83%                                           |
| 4) One and one-half standard deviations above the mean Medicaid inpatient utilization rate:                                               | 60.34%                                           |
| 5) Your hospital's Medicaid inpatient utilization rate:                                                                                   | 22.88%                                           |
| Medicaid Percentage Adjustment                                                                                                            |                                                  |
| 6) Medicaid MPA add-on per day **:                                                                                                        | \$ 50.00                                         |
| 7) Medicaid MPA add-on per day capped:                                                                                                    | \$ 50.00                                         |
| 8) Medicaid MPA add-on per day inflated by the lesser of the percent change in the statewide average payment rate or the DRI ***          | \$ 128.77                                        |
| ** MIUR=Medicaid Inpatient Utilization Rate                      MPA Add-On (Children’s hospital rates are multiplied by 2)               |                                                  |
| MIUR is    <    31.81                                                                                                                     | \$25.00                                          |
| MIUR is    >=   31.81   but   <    41.32                                                                                                  | \$25.00 Plus \$1.00 for every percent over 31.81 |
| MIUR is    >=   41.32   but   <    50.83                                                                                                  | \$40.00 Plus \$7.00 for every percent over 41.32 |
| MIUR is    >=   50.83                                                                                                                     | \$90.00 Plus \$2.00 for every percent over 50.83 |
| *** DRI = 2.575                                                                                                                           |                                                  |
| MEDICAID HIGH VOLUME INPATIENT PAYMENT ADJUSTMENT                                                                                         |                                                  |
| 1) Medicaid high volume adjustment (MHVA) per day:                                                                                        | \$ 120.00                                        |
| 2) MHVA per day inflated from 1993 to 2022 by lesser of the percent change in the statewide average payment rate or the DRI               | \$ 309.05                                        |
| PLEASE NOTE: Calculations may vary due to rounding and line 5 has been adjusted accordingly for out-of-state hospitals.                   |                                                  |