Illinois Health and Hospital Association

Disproportionate Share Designation (DSH) Per Day Inpatient Payment

Hospitals which provided obstetrical services on December 22, 1987 will be ineligible for DSH if they discontinue obstetric services. The Social Security Act 1923(d) states that in addition, to meeting the specified Medicaid statistical utilization standards to be deemed a DSH hospital, a hospital must provide in writing to the Medicaid agency (HFS) the names of at least two obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to such services under a State Medicaid plan. This requirement does not apply to a hospital in which the inpatients are predominantly individuals under 18 years of age; or does not offer nonemergency obstetric services as of December 22, 1987. Hospitals that do not offer nonemergency obstetrics to the general public, with the exception of specialty hospitals, must submit a statement to that effect. This is also specified in 89 Illinois Administrative Code 148.120(h)(1).

Medicaid Percentage Adjustments (MPA) Per Day Inpatient Payment

Hospitals which provided obstetrical services on December 22, 1987 will be ineligible for MPA if they discontinue obstetric services. The 89 Illinois Administrative Code 148.122(f)(1) states that in addition, to meeting the specified Medicaid statistical utilization standards to be deemed eligible for the MPA payment, a hospital must provide in writing to the Department, the names of at least two obstetricians with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to such services under a State Medicaid plan. This requirement does not apply to a hospital in which the inpatients are predominantly individuals under 18 years of age; or does not offer nonemergency obstetric services as of December 22, 1987. Hospitals that do not offer nonemergency obstetrics to the general public, with the exception of specialty hospitals, must submit a statement to that effect.

Medicaid High Volume Adjustments (MHVA) Per Day Inpatient Payment

To be eligible for MHVA you must be eligible for MPA, see 89 Illinois Administrative Code 148.112 (a).

Safety Net Hospital Payment Per Day Inpatient Payment for Acute Care

Hospitals that meet the safety net statute with the exception of pediatric hospitals receive $57.50 per general acute care day in accordance with 89 Illinois Administrative Code 149.100(f)(4). By state statue a Safety-Net Hospital is an Illinois hospital that:

1. is licensed by the Department of Public Health as a general acute care or pediatric hospital; and
2. is a disproportionate share hospital, as described in Section 1923 of the federal Social Security Act (*see above*), as determined by the Department; and
3. meets one of the following:
   a. has a MIUR of at least 40% and a charity percent of at least 4%;
   b. has a MIUR of at least 50%.

Beginning July 1, 2012 and ending on June 30, 2020, a hospital that would have qualified for the rate year beginning October 1, 2011, shall be a Safety-Net Hospital.

SMART Act Reductions 3.5% Hospital Rate Reduction

Hospitals that meet the safety net hospital designation in statute are exempt for the 3.5% rate reductions that apply to all non-safety net hospitals.

Expedited Payment Status

One of the criteria to be eligible for hospital expedite payments specified in 89 Illinois Administrative Code 140.71(c)(3)is the hospitals must qualify as a disproportionate share hospital as described in Illinois Administrative Code 148.120 or receive

Medicaid Percentage Adjustment payments as described in 89 Illinois Administrative Code 148.122.

Assessment Program Supplemental Payments

The current assessment program is in effect until June 30, 2020. The current assessment program provides perinatal payments for perinatal level II and III centers. Another supplemental payment is for hospitals designated as a level II or III perinatal center and Level I or II trauma center. Some of the criteria for the Medicaid dependent payments use safety net designation as a qualification. The Outpatient High Volume Payment uses safety net hospital designation as the qualifying criteria.

Claims Based Payments Policy Adjuster

Hospitals that are designated level II or III perinatal centers receive a perinatal policy adjuster for services provided for pregnancy, childbirth, newborns and other neonates. Safety Net hospital receives a High Outpatient Volume Hospital policy adjuster.

Certain IDPH Loan Programs

Certain IDPH loan programs require DSH qualification.

Your trusted voice and resource

COMPdata Informatics

Insurance Solutions

IPC Group Purchasing

Midwest Alliance for Patient Safety

Privacy Policy | Contact Us | IHA Employee Login | Site Map | Careers

Illinois Health and Hospital Association