**Section 148.112 Medicaid High Volume Adjustment Payments**

Effective for dates of service on or after July 1, 2014:

a) The Department shall make Medicaid High Volume Adjustments (MHVA) to hospitals that are eligible to receive the adjustment payments described in Section 148.122.

b) Calculation of Medicaid High Volume Adjustments

1) A children's hospital, as defined in Section 148.25(d)(3), shall receive an MHVA payment adjustment of $120.

2) Any hospital other than a children's hospital meeting the criteria specified in subsection (a) shall receive an MHVA payment adjustment of $60.

3) The amount calculated pursuant to subsections (b)(1) and (b)(2) shall be adjusted as authorized in Section 5-5.02 of the Illinois Public Aid Code.

c) Payment

The adjustments calculated under subsection (b)(3) shall be paid on a per diem basis and, except as provided in paragraph (d), shall be applied to each covered day of care provided so long as the hospital meets the criteria specified in subsection (a) on the covered day. The annual effective dates for the adjustments calculated under subsection (b)(3) shall be consistent with the "Medicaid Percentage determination year" as defined in Section 148.122(g)(1).

d) Covered days associated with claims for normal newborn DRGs 626 or 640 are not eligible for the MHVA adjustment or the MHVA payment under subsection (c).

(Source: Amended at 49 Ill. Reg. 2024, effective February 10, 2025)