**Section 148.404 General Provisions – Outpatient**

Effective for dates of service starting July 1, 2018, except when specifically designated otherwise in this Section:

a) General Provisions. Unless otherwise indicated, the following apply to Sections 148.412, 148.413, 148.419, 148.420, and 148.423:

1) Payments

A) Effective July 1, 2018, payments shall be paid in 12 installments on or before the 7th State business day of the month.

B) The Department may adjust payments made under these Sections to comply with federal law or regulations regarding disproportionate share, hospital-specific payment limitations on government-owned or government-operated hospitals.

C) If the State or federal Centers for Medicare and Medicaid Services finds that any federal upper payment limit applicable to the payments under these Sections is exceeded, then the payments under these Sections that exceed the applicable federal upper payment limit shall be reduced uniformly to the extent necessary to comply with the federal limit.

b) Rate reviews

1) A hospital shall be notified in writing of the results of the payment determination pursuant to these Sections.

2) Hospitals shall have a right to appeal the calculation of, or their ineligibility for, payment if the hospital believes that the Department has made a technical error. The appeal must be submitted in writing to the Department and must be received or postmarked within 30 days after the date of the Department's notice to the hospital of its qualification for the payment amounts, or a letter of notification that the hospital does not qualify for payments. Such a request must include a clear explanation of the reason for the appeal and documentation that supports the desired correction. The Department shall notify the hospital of the results of the review within 30 days after receipt of the hospital's request for review.

(Source: Amended at 44 Ill. Reg. 19767, effective December 11, 2020)