

Rationale Used for Proposing FY 18 Fees

- In all categories, the market 75th percentile is used except where the proposed fee would fall below the Blue Cross rate; then the higher of the two fees is used.
- A limited number of exceptions are noted in the following table:

Service	Exceptions
Medical procedures and visits	<ul style="list-style-type: none"> ▪ Procedures that require an assisting provider are proposed at 20% of Blue Cross. (This is the percentage allowed by Blue Cross for this service).
Immunizations	<ul style="list-style-type: none"> ▪ The State allowed rate of \$23.87 is rounded down to \$23.00 and used for certain vaccines covered under the Vaccines for Children program ▪ The following immunizations set at No Charge due to receiving adult vaccine from the state (90632 Hepatitis A, 90746 Hepatitis B) ▪ The following immunizations are set at a rate due to these are non-typical flu vaccines that are higher in cost (90662 Influenza)
Behavioral Health visits	<ul style="list-style-type: none"> ▪ The state allowed rate is used as a basis for those state specific codes per the Illinois Department of Mental Health and Illinois Department of Alcohol and Substance Abuse contracts. Bundled rates for Methadone services were determined based on the total costs for providing these services.
Dental	None
Labs	<ul style="list-style-type: none"> ▪ Market, Blue Cross and vendor rates were not available for a limited number of labs. These labs are proposed at 200% of Medicare. ▪ No fee is proposed below the lab vendor's schedule of rates and during the year any new lab codes fees will not be below the lab vendor rates used to charge back to Lake County Health Department. ▪ The following lab is set at No Charge due to the state grant paying for this service (86703-92 HIV1/HIV2)
Drugs and Supplies	<ul style="list-style-type: none"> ▪ Family planning supplies and drugs previously are set at zero or below Medicaid levels are set at the Medicaid rate +\$1.
Radiology	None