**Section 150.10 Definitions**

For the purposes of this Part, the following definitions apply:

"Acute care hospital" means a hospital that has been assigned a CCN with the last four digits in the series 0001-0879 or 1300-1399 and has an average length of a patient stay of 25 or fewer days. Multiple hospitals operating under a single CCN are, for purposes of this Part, considered as a single hospital.

"Children's hospital" means a hospital that predominately treats individuals under the age of 21 and has been assigned a CMS certification number with the last four digits in the series 3300-3399 or, in the instance of a hospital that does not participate in Medicare, is licensed as a pediatric hospital by the Illinois Department of Public Health.

"Coordinated care participating hospital" means a hospital that is located in a geographic area of the State in which HFS mandates some or all of the beneficiaries of the Medical Assistance Program residing in the area to enroll in a care coordination program, as defined in 305 ILCS 5/5-30, that has entered into a contract to provide hospital services to enrollees of the care coordination program; has not been offered a contract by a care coordination plan that pays no less than HFS would have paid on a fee-for-service (FFS) basis, but excluding disproportionate share hospital adjustment payments or any other supplemental payment that HFS pays directly; or is not licensed to serve the population mandated to enroll in the care coordination program.

"CCN" means CMMS certification number, a six character identification number assigned to CMMS Medicare and Medicaid providers (formerly known as the Medicare/Medicaid provider number, the online survey, certification and reporting (OSCAR) number, or the Medicare identification number).

"CMMS" means the Centers for Medicare and Medicaid Services, the organizational unit within the U.S. Department of Health and Human Services responsible for overseeing the Medicaid program.

"Department" means the Department of Healthcare and Family Services.

"Hospital" means any institution, place, building or agency, public or private, whether organized for profit or not-for-profit, that is:

located in Illinois and is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act [210 ILCS 85] or the University of Illinois Hospital Act [110 ILCS 330]; or

located in another state and meets all comparable conditions and requirements of the Hospital Licensing Act in effect for the state in which it is located.

"Medicaid" means medical assistance provided pursuant to Title XIX of the federal Social Security Act, as implemented pursuant to Article V of the Illinois Public Aid Code or a comparable law in another state.

"Medicaid Managed Care Entity (MMCE) participating hospitals" means a hospital that is located in a geographic area of the State in which HFS offers enrollment with an MMCE as a voluntary option to beneficiaries of the Medical Assistance Program and that has entered into a contract to provide hospital services to enrollees of an MMCE.

"Medicare" means health insurance provided pursuant to Title XVIII of the federal Social Security Act.