

1 AN ACT in relation to public aid.

2 Be it enacted by the People of the State of Illinois,
3 represented in the General Assembly:

4 Section 5. The State Finance Act is amended by adding
5 Sections 5.620, 5.621, and 6z-56 and changing Section 8h as
6 follows:

7 (30 ILCS 105/5.620 new)

8 Sec. 5.620. The Health Care Services Trust Fund.

9 (30 ILCS 105/5.621 new)

10 Sec. 5.621. The Health and Human Services Medicaid Trust
11 Fund.

12 (30 ILCS 105/6z-56 new)

13 Sec. 6z-56. The Health Care Services Trust Fund. The
14 Health Care Services Trust Fund is hereby created as a
15 special fund in the State treasury.

16 The Fund shall consist of moneys deposited, transferred,
17 or appropriated into the Fund from units of local government
18 other than a county with a population greater than 3,000,000,
19 from the State, from federal matching funds, or from any
20 other legal source.

21 Subject to appropriation, the moneys in the Fund shall be
22 used by the Department of Public Aid to make payments to
23 providers of services covered under the Medicaid or State
24 Children's Health Insurance programs. Payments may be made
25 out of the Fund only to providers located within the
26 geographic jurisdiction of units of local government that
27 make deposits, transfers, or appropriations into the Fund.

28 The Department of Public Aid shall adopt rules concerning
29 application for and disbursement of the moneys in the Fund.

1 (30 ILCS 105/8h)

2 Sec. 8h. Transfers to General Revenue Fund.

3 Notwithstanding any other State law to the contrary, the
4 Director of the Governor's Office of Management and Budget
5 ~~Bureau-of-the-Budget~~ may from time to time direct the State
6 Treasurer and Comptroller to transfer a specified sum from
7 any fund held by the State Treasurer to the General Revenue
8 Fund in order to help defray the State's operating costs for
9 the fiscal year. The total transfer under this Section from
10 any fund in any fiscal year shall not exceed the lesser of 8%
11 of the revenues to be deposited into the fund during that
12 year or 25% of the beginning balance in the fund. No
13 transfer may be made from a fund under this Section that
14 would have the effect of reducing the available balance in
15 the fund to an amount less than the amount remaining
16 unexpended and unreserved from the total appropriation from
17 that fund for that fiscal year. This Section does not apply
18 to any funds that are restricted by federal law to a specific
19 use or to any funds in the Motor Fuel Tax Fund or the
20 Hospital Provider Fund. Notwithstanding any other provision
21 of this Section, the total transfer under this Section from
22 the Road Fund or the State Construction Account Fund shall
23 not exceed 5% of the revenues to be deposited into the fund
24 during that year.

25 In determining the available balance in a fund, the
26 Director of the Governor's Office of Management and Budget
27 ~~Bureau-of-the-Budget~~ may include receipts, transfers into the
28 fund, and other resources anticipated to be available in the
29 fund in that fiscal year.

30 The State Treasurer and Comptroller shall transfer the
31 amounts designated under this Section as soon as may be
32 practicable after receiving the direction to transfer from
33 the Director of the Governor's Office of Management and
34 Budget ~~Bureau-of-the-Budget~~.

1 (Source: P.A. 93-32, eff. 6-20-03; revised 8-21-03.)

2 Section 10. The Illinois Public Aid Code is amended by
3 changing Sections 5-5.4, 5A-1, 5A-2, 5A-3, 5A-4, 5A-5, 5A-7,
4 5A-8, 5A-10, and 14-1 and by adding Sections 5A-12, 5A-13,
5 and 5A-14 as follows:

6 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

7 Sec. 5-5.4. Standards of Payment - Department of Public
8 Aid. The Department of Public Aid shall develop standards of
9 payment of skilled nursing and intermediate care services in
10 facilities providing such services under this Article which:

11 (1) Provide for the determination of a facility's
12 payment for skilled nursing and intermediate care services on
13 a prospective basis. The amount of the payment rate for all
14 nursing facilities certified by the Department of Public
15 Health under the Nursing Home Care Act as Intermediate Care
16 for the Developmentally Disabled facilities, Long Term Care
17 for Under Age 22 facilities, Skilled Nursing facilities, or
18 Intermediate Care facilities under the medical assistance
19 program shall be prospectively established annually on the
20 basis of historical, financial, and statistical data
21 reflecting actual costs from prior years, which shall be
22 applied to the current rate year and updated for inflation,
23 except that the capital cost element for newly constructed
24 facilities shall be based upon projected budgets. The
25 annually established payment rate shall take effect on July 1
26 in 1984 and subsequent years. No rate increase and no update
27 for inflation shall be provided on or after July 1, 1994 and
28 before July 1, 2004, unless specifically provided for in this
29 Section.

30 For facilities licensed by the Department of Public
31 Health under the Nursing Home Care Act as Intermediate Care
32 for the Developmentally Disabled facilities or Long Term Care

1 for Under Age 22 facilities, the rates taking effect on July
2 1, 1998 shall include an increase of 3%. For facilities
3 licensed by the Department of Public Health under the Nursing
4 Home Care Act as Skilled Nursing facilities or Intermediate
5 Care facilities, the rates taking effect on July 1, 1998
6 shall include an increase of 3% plus \$1.10 per resident-day,
7 as defined by the Department.

8 For facilities licensed by the Department of Public
9 Health under the Nursing Home Care Act as Intermediate Care
10 for the Developmentally Disabled facilities or Long Term Care
11 for Under Age 22 facilities, the rates taking effect on July
12 1, 1999 shall include an increase of 1.6% plus \$3.00 per
13 resident-day, as defined by the Department. For facilities
14 licensed by the Department of Public Health under the Nursing
15 Home Care Act as Skilled Nursing facilities or Intermediate
16 Care facilities, the rates taking effect on July 1, 1999
17 shall include an increase of 1.6% and, for services provided
18 on or after October 1, 1999, shall be increased by \$4.00 per
19 resident-day, as defined by the Department.

20 For facilities licensed by the Department of Public
21 Health under the Nursing Home Care Act as Intermediate Care
22 for the Developmentally Disabled facilities or Long Term Care
23 for Under Age 22 facilities, the rates taking effect on July
24 1, 2000 shall include an increase of 2.5% per resident-day,
25 as defined by the Department. For facilities licensed by the
26 Department of Public Health under the Nursing Home Care Act
27 as Skilled Nursing facilities or Intermediate Care
28 facilities, the rates taking effect on July 1, 2000 shall
29 include an increase of 2.5% per resident-day, as defined by
30 the Department.

31 For facilities licensed by the Department of Public
32 Health under the Nursing Home Care Act as skilled nursing
33 facilities or intermediate care facilities, a new payment
34 methodology must be implemented for the nursing component of

1 the rate effective July 1, 2003. The Department of Public Aid
2 shall develop the new payment methodology using the Minimum
3 Data Set (MDS) as the instrument to collect information
4 concerning nursing home resident condition necessary to
5 compute the rate. The Department of Public Aid shall develop
6 the new payment methodology to meet the unique needs of
7 Illinois nursing home residents while remaining subject to
8 the appropriations provided by the General Assembly. A
9 transition period from the payment methodology in effect on
10 June 30, 2003 to the payment methodology in effect on July 1,
11 2003 shall be provided for a period not exceeding 2 years
12 after implementation of the new payment methodology as
13 follows:

14 (A) For a facility that would receive a lower
15 nursing component rate per patient day under the new
16 system than the facility received effective on the date
17 immediately preceding the date that the Department
18 implements the new payment methodology, the nursing
19 component rate per patient day for the facility shall be
20 held at the level in effect on the date immediately
21 preceding the date that the Department implements the new
22 payment methodology until a higher nursing component rate
23 of reimbursement is achieved by that facility.

24 (B) For a facility that would receive a higher
25 nursing component rate per patient day under the payment
26 methodology in effect on July 1, 2003 than the facility
27 received effective on the date immediately preceding the
28 date that the Department implements the new payment
29 methodology, the nursing component rate per patient day
30 for the facility shall be adjusted.

31 (C) Notwithstanding paragraphs (A) and (B), the
32 nursing component rate per patient day for the facility
33 shall be adjusted subject to appropriations provided by
34 the General Assembly.

1 For facilities licensed by the Department of Public
2 Health under the Nursing Home Care Act as Intermediate Care
3 for the Developmentally Disabled facilities or Long Term Care
4 for Under Age 22 facilities, the rates taking effect on March
5 1, 2001 shall include a statewide increase of 7.85%, as
6 defined by the Department.

7 For facilities licensed by the Department of Public
8 Health under the Nursing Home Care Act as Intermediate Care
9 for the Developmentally Disabled facilities or Long Term Care
10 for Under Age 22 facilities, the rates taking effect on April
11 1, 2002 shall include a statewide increase of 2.0%, as
12 defined by the Department. This increase terminates on July
13 1, 2002; beginning July 1, 2002 these rates are reduced to
14 the level of the rates in effect on March 31, 2002, as
15 defined by the Department.

16 For facilities licensed by the Department of Public
17 Health under the Nursing Home Care Act as skilled nursing
18 facilities or intermediate care facilities, the rates taking
19 effect on July 1, 2001 shall be computed using the most
20 recent cost reports on file with the Department of Public Aid
21 no later than April 1, 2000, updated for inflation to January
22 1, 2001. For rates effective July 1, 2001 only, rates shall
23 be the greater of the rate computed for July 1, 2001 or the
24 rate effective on June 30, 2001.

25 Notwithstanding any other provision of this Section, for
26 facilities licensed by the Department of Public Health under
27 the Nursing Home Care Act as skilled nursing facilities or
28 intermediate care facilities, the Illinois Department shall
29 determine by rule the rates taking effect on July 1, 2002,
30 which shall be 5.9% less than the rates in effect on June 30,
31 2002.

32 Notwithstanding any other provision of this Section, for
33 facilities licensed by the Department of Public Health under
34 the Nursing Home Care Act as skilled nursing facilities or

1 intermediate care facilities, the Illinois Department shall
2 determine by rule the rates taking effect on July 1, 2003,
3 which shall be 3.0% less than the rates in effect on June 30,
4 2002. This rate shall take effect only upon approval and
5 implementation of the payment methodologies required under
6 Section 5A-12.

7 Rates established effective each July 1 shall govern
8 payment for services rendered throughout that fiscal year,
9 except that rates established on July 1, 1996 shall be
10 increased by 6.8% for services provided on or after January
11 1, 1997. Such rates will be based upon the rates calculated
12 for the year beginning July 1, 1990, and for subsequent years
13 thereafter until June 30, 2001 shall be based on the facility
14 cost reports for the facility fiscal year ending at any point
15 in time during the previous calendar year, updated to the
16 midpoint of the rate year. The cost report shall be on file
17 with the Department no later than April 1 of the current rate
18 year. Should the cost report not be on file by April 1, the
19 Department shall base the rate on the latest cost report
20 filed by each skilled care facility and intermediate care
21 facility, updated to the midpoint of the current rate year.
22 In determining rates for services rendered on and after July
23 1, 1985, fixed time shall not be computed at less than zero.
24 The Department shall not make any alterations of regulations
25 which would reduce any component of the Medicaid rate to a
26 level below what that component would have been utilizing in
27 the rate effective on July 1, 1984.

28 (2) Shall take into account the actual costs incurred by
29 facilities in providing services for recipients of skilled
30 nursing and intermediate care services under the medical
31 assistance program.

32 (3) Shall take into account the medical and
33 psycho-social characteristics and needs of the patients.

34 (4) Shall take into account the actual costs incurred by

1 facilities in meeting licensing and certification standards
2 imposed and prescribed by the State of Illinois, any of its
3 political subdivisions or municipalities and by the U.S.
4 Department of Health and Human Services pursuant to Title XIX
5 of the Social Security Act.

6 The Department of Public Aid shall develop precise
7 standards for payments to reimburse nursing facilities for
8 any utilization of appropriate rehabilitative personnel for
9 the provision of rehabilitative services which is authorized
10 by federal regulations, including reimbursement for services
11 provided by qualified therapists or qualified assistants, and
12 which is in accordance with accepted professional practices.
13 Reimbursement also may be made for utilization of other
14 supportive personnel under appropriate supervision.

15 (Source: P.A. 92-10, eff. 6-11-01; 92-31, eff. 6-28-01;
16 92-597, eff. 6-28-02; 92-651, eff. 7-11-02; 92-848, eff.
17 1-1-03; 93-20, eff. 6-20-03.)

18 (305 ILCS 5/5A-1) (from Ch. 23, par. 5A-1)

19 Sec. 5A-1. Definitions. As used in this Article, unless
20 the context requires otherwise:

21 "Fund" means the Hospital Provider Fund.

22 "Hospital" means an institution, place, building, or
23 agency located in this State that is subject to licensure by
24 the Illinois Department of Public Health under the Hospital
25 Licensing Act, whether public or private and whether
26 organized for profit or not-for-profit.

27 "Hospital provider" means a person licensed by the
28 Department of Public Health to conduct, operate, or maintain
29 a hospital, regardless of whether the person is a Medicaid
30 provider. For purposes of this paragraph, "person" means any
31 political subdivision of the State, municipal corporation,
32 individual, firm, partnership, corporation, company, limited
33 liability company, association, joint stock association, or

1 trust, or a receiver, executor, trustee, guardian, or other
2 representative appointed by order of any court.

3 "Occupied bed days" means the sum of the number of days
4 that each bed was occupied by a patient for all beds during
5 calendar year 2001. Occupied bed days shall be computed
6 separately for each hospital operated or maintained by a
7 hospital provider.

8 "Adjusted-gross-hospital--revenue"--shall--be--determined
9 separately---for---each---hospital--conducted,--operated,--or
10 maintained-by-a-hospital-provider,--and---means--the--hospital
11 provider's---total---gross--patient--revenues--less--Medicare
12 contractual-allowances,--but--does--not--include--gross--patient
13 revenue---(and---the--portion--of--any--Medicare--contractual
14 allowance--related--thereto)--from--skilled--or--intermediate
15 long-term-care-services-within-the-meaning-of-Title-XVIII--or
16 XIX-of-the-Social-Security-Act.

17 "Intergovernmental--transfer--payment"--means-the-payments
18 established-under-Section-15-3-of--this--Code,--and--includes
19 without--limitation--payments--payable-under-that-Section-for
20 July,--August,--and-September-of-1992.

21 (Source: P.A. 87-861; 88-88.)

22 (305 ILCS 5/5A-2) (from Ch. 23, par. 5A-2)

23 Sec. 5A-2. Assessment; no local authorization to tax.

24 (a) Subject to Sections 5A-3 and 5A-10, an annual
25 assessment on inpatient services is imposed on each hospital
26 provider for State fiscal years 2004 and 2005 in an amount
27 equal to the hospital's occupied bed days multiplied by
28 \$84.19.

29 The Department of Public Aid shall use the number of
30 occupied bed days as reported by each hospital on the Annual
31 Survey of Hospitals conducted by the Department of Public
32 Health to calculate the hospital's annual assessment. If the
33 sum of a hospital's occupied bed days is not reported on the

1 Annual Survey of Hospitals, then the Department of Public Aid
 2 may obtain the sum of occupied bed days from any source
 3 available, including, but not limited to, records maintained
 4 by the hospital provider, which may be inspected at all times
 5 during business hours of the day by the Department of Public
 6 Aid or its duly authorized agents and employees. For--the
 7 privilege-of-engaging-in-the-occupation-of-hospital-provider,
 8 an--assessment-is-imposed-upon-each-hospital-provider-for-the
 9 State-fiscal-year-beginning-on-July-1,-1993--and--ending--on
 10 June--30,-1994,-in-an-amount-equal-to-1.88%-of-the-provider's
 11 adjusted-gross-hospital-revenue-for-the-most-recent--calendar
 12 year-ending-before-the-beginning-of-that-State-fiscal-year.

13 Effective--July--1,-1994-through-June-30,-1996,-an-annual
 14 assessment-is-imposed--upon--each--hospital--provider--in--an
 15 amount--equal--to--the--provider's--adjusted--gross--hospital
 16 revenue--for--the-most-recent-calendar-year-ending-before-the
 17 beginning--of--that--State--fiscal--year--multiplied--by--the
 18 Provider's-Savings-Rate.

19 Effective--July--1,-1996--through--March--31,-1997,-an
 20 assessment-is-imposed--upon--each--hospital--provider--in--an
 21 amount--equal--to--three-fourths--of--the-provider's-adjusted
 22 gross-hospital-revenue-for-calendar-year-1995--multiplied--by
 23 the--Provider's-Savings-Rate.--No-assessment-shall-be-imposed
 24 on-or-after-April-1,-1997.

25 Before-July-1,-1995,-the-Provider's-Savings-Rate-is-1.88%
 26 multiplied-by-a-fraction,-the--numerator--of--which--is--the
 27 Maximum--Section--5A-2--Contribution--minus-the-Cigarette-Tax
 28 Contribution,-and-the-denominator-of--which--is--the--Maximum
 29 Section--5A-2--Contribution.--Effective--July--1,-1995,-the
 30 Provider's-Savings-Rate-is-1.25%-multiplied--by--a--fraction,
 31 the--numerator--of--which--is--the--Maximum--Section--5A-2
 32 Contribution-minus-the-Cigarette-Tax--Contribution,-and--the
 33 denominator--of--which--is--the--Maximum--Section--5A-2
 34 Contribution.

1 The-Cigarette-Tax-Contribution-is-the-sum--of--the--total
2 amount--deposited--in--the--Hospital--Provider--Fund--in--the
3 previous--State--fiscal--year-pursuant-to-Section-2(a)-of-the
4 Cigarette-Tax-Act, plus-the-total--amount--deposited--in--the
5 Hospital--Provider--Fund--in--the--previous-State-fiscal-year
6 pursuant-to-Section-5A-3(e)-of-this-Code.

7 The-Maximum-Section-5A-2-Contribution-is-the-total-amount
8 of-tax-imposed-by-this-Section-in-the-previous--State--fiscal
9 year--on--providers--subject--to--this--Act,--multiplied-by-a
10 fraction-the-numerator-of-which-is--adjusted--gross--hospital
11 revenues--reported--to-the-Department-by-providers-subject-to
12 this--Act--for--the--previous--State--fiscal--year--and--the
13 denominator--of--which--is--adjusted--gross-hospital-revenues
14 reported-to-the-Department-by-providers-subject-to--this--Act
15 for--the-State-fiscal-year-immediately-preceding-the-previous
16 State-fiscal-year.

17 The-Department-shall-notify--hospital--providers--of--the
18 Provider's---Savings---Rate--by--mailing--a--notice--to--each
19 provider's-last-known-address-as-reflected-by-the-records--of
20 the-Illinois-Department.

21 (b) Nothing in this amendatory Act of the 93rd General
22 Assembly 1995 shall be construed to authorize any home rule
23 unit or other unit of local government to license for revenue
24 or to impose a tax or assessment upon hospital providers or
25 the occupation of hospital provider, or a tax or assessment
26 measured by the income or earnings of a hospital provider.

27 (c) As provided in Section 5A-14, this Section is
28 repealed on July 1, 2005.

29 (Source: P.A. 88-88; 89-21, eff. 7-1-95; 89-499, eff.
30 6-28-96.)

31 (305 ILCS 5/5A-3) (from Ch. 23, par. 5A-3)

32 Sec. 5A-3. Exemptions;-intergovernmental-transfers.

33 (a) Blank). A-hospital-provider-which-is-a-county-with-a

1 population---of---more---than---3,000,000---that---makes
 2 intergovernmental--transfer--payments--as-provided-in-Section
 3 15-3-of-this-Code-shall-be-exempt-from-the-assessment-imposed
 4 by-Section-5A-2,-unless--the--exemption--is--adjudged--to--be
 5 unconstitutional--or--otherwise--invalid,-in--which-case-the
 6 county-shall-pay-the-assessment-imposed-by-Section--5A-2--for
 7 all--assessment--periods--beginning-on-or-after-July-1,-1992,
 8 and-the-assessment-so-paid-shall-be--creditable--against--the
 9 intergovernmental-transfer-payments.

10 (b) A hospital provider that is a State agency, a State
 11 university, or a county with a population of 3,000,000 or
 12 more is exempt from the assessment imposed by Section 5A-2. A
 13 hospital--organized-under-the-University-of-Illinois-Hospital
 14 Act-and-exempt-from-the-assessment-imposed-by-Section-5A-2-is
 15 hereby-authorized-to-enter-into-an-interagency-agreement-with
 16 the-Illinois-Department-to--make--intergovernmental--transfer
 17 payments-to-the-Illinois-Department.-These-payments-shall-be
 18 deposited--into--the-University-of-Illinois-Hospital-Services
 19 Fund-or,-if-that-Fund--ceases--to--exist,-into--the--General
 20 Revenue-Fund.

21 (b-2) A hospital provider that is a county with a
 22 population of less than 3,000,000 or a township,
 23 municipality, hospital district, or any other local
 24 governmental unit is exempt from the assessment imposed by
 25 Section 5A-2.

26 (b-5) (Blank). A-hospital-operated-by-the-Department-of
 27 Human-Services-in-the-course-of-performing-its-mental--health
 28 and--developmental--disabilities-functions-is-exempt-from-the
 29 assessment-imposed-by-Section-5A-2.

30 (b-10) A hospital provider whose hospital does not
 31 charge for its services is exempt from the assessment imposed
 32 by Section 5A-2, unless the exemption is adjudged to be
 33 unconstitutional or otherwise invalid, in which case the
 34 hospital provider shall pay the assessment imposed by Section

1 5A-2.

2 (b-15) A hospital provider whose hospital is licensed by
3 the Department of Public Health as a psychiatric hospital is
4 exempt from the assessment imposed by Section 5A-2, unless
5 the exemption is adjudged to be unconstitutional or otherwise
6 invalid, in which case the hospital provider shall pay the
7 assessment imposed by Section 5A-2.

8 (b-20) A hospital provider whose hospital is licensed by
9 the Department of Public Health as a rehabilitation hospital
10 is exempt from the assessment imposed by Section 5A-2, unless
11 the exemption is adjudged to be unconstitutional or otherwise
12 invalid, in which case the hospital provider shall pay the
13 assessment imposed by Section 5A-2.

14 (b-25) A hospital provider whose hospital (i) is not a
15 psychiatric hospital, rehabilitation hospital, or children's
16 hospital and (ii) has an average length of inpatient stay
17 greater than 25 days is exempt from the assessment imposed by
18 Section 5A-2, unless the exemption is adjudged to be
19 unconstitutional or otherwise invalid, in which case the
20 hospital provider shall pay the assessment imposed by Section
21 5A-2.

22 (c) (Blank). ~~The---Illinois---Department---is---hereby~~
23 ~~authorized-to-enter-into-agreements-with--publicly--owned--or~~
24 ~~operated---hospitals---to---make--intergovernmental--transfer~~
25 ~~payments-to-the-Illinois-Department.--These-payments-shall-be~~
26 ~~deposited-into-the-Hospital-Provider-Fund,--except--that--any~~
27 ~~payments-arising-under-an-agreement-with-a-hospital-organized~~
28 ~~under--the--University--of--Illinois--Hospital--Act--shall-be~~
29 ~~deposited-into-the-University-of-Illinois--Hospital--Services~~
30 ~~Fund,--if-that-Fund-exists.~~

31 (Source: P.A. 88-88; 88-554, eff. 7-26-94; 89-21, eff.
32 7-1-95; 89-507, eff. 7-1-97.)

33 (305 ILCS 5/5A-4) (from Ch. 23, par. 5A-4)

1 Sec. 5A-4. Payment of assessment; penalty.

2 (a) The annual assessment imposed by Section 5A-2 for
3 State fiscal year 2004 shall be due and payable on June 18 of
4 the year. The assessment imposed by Section 5A-2 for a State
5 fiscal year 2005 shall be due and payable in quarterly
6 installments, each equalling one-fourth of the assessment for
7 the year, on July 19, October 19, January 18, and April 19
8 September--30, December-31, March-31, and May-31 of the year;
9 ~~except that for the period July 1, 1996 through March 31,~~
10 ~~1997, the assessment imposed by Section 5A-2 for that period~~
11 ~~shall be due and payable in 3 equal installments on September~~
12 ~~30, December 31, and March 31 of that period.~~ No installment
13 payment of an assessment imposed by Section 5A-2 shall be due
14 and payable, however, until after: (i) the hospital provider
15 receives written notice from the Department of Public Aid
16 that the payment methodologies to hospitals required under
17 Section 5A-12 have been approved by the Centers for Medicare
18 and Medicaid Services of the U.S. Department of Health and
19 Human Services and the waiver under 42 CFR 433.68 for the
20 assessment imposed by Section 5A-2 has been granted by the
21 Centers for Medicare and Medicaid Services of the U.S.
22 Department of Health and Human Services; and (ii) the
23 hospital has received the payments required under Section
24 5A-12.

25 (b) The Illinois Department is authorized to establish
26 delayed payment schedules for hospital providers that are
27 unable to make installment payments when due under this
28 Section due to financial difficulties, as determined by the
29 Illinois Department.

30 (c) If a hospital provider fails to pay the full amount
31 of an installment when due (including any extensions granted
32 under subsection (b)), there shall, unless waived by the
33 Illinois Department for reasonable cause, be added to the
34 assessment imposed by Section 5A-2 a penalty assessment equal

1 to the lesser of (i) 5% of the amount of the installment not
2 paid on or before the due date plus 5% of the portion thereof
3 remaining unpaid on the last day of each 30-day period month
4 thereafter or (ii) 100% of the installment amount not paid on
5 or before the due date. For purposes of this subsection,
6 payments will be credited first to unpaid installment amounts
7 (rather than to penalty or interest), beginning with the most
8 delinquent installments.

9 (Source: P.A. 88-88; 89-499, eff. 6-28-96.)

10 (305 ILCS 5/5A-5) (from Ch. 23, par. 5A-5)

11 Sec. 5A-5. Notice Reporting; penalty; maintenance of
12 records.

13 (a) After December 31 of each year (except as otherwise
14 provided in this subsection), and on or before March 31 of
15 the succeeding year, the Department of Public Aid shall send
16 a notice of assessment to every hospital provider subject to
17 assessment under this Article shall file a return with the
18 Illinois Department. The notice of assessment shall notify
19 the hospital of its return shall report the adjusted gross
20 hospital revenue from the calendar year just ended and shall
21 be utilized by the Illinois Department to calculate the
22 assessment for the State fiscal year commencing on the next
23 July 1, except that the notice return for the State fiscal
24 year commencing July 1, 2003 ~~1992~~ and the report of revenue
25 ~~for calendar year 1991~~ shall be sent filed on or before June
26 1, 2004 ~~September 30, 1992~~. The notice return shall be on a
27 form prepared by the Illinois Department and shall state the
28 following:

29 (1) The name of the hospital provider.

30 (2) The address of the hospital provider's
31 principal place of business from which the provider
32 engages in the occupation of hospital provider in this
33 State, and the name and address of each hospital

1 operated, conducted, or maintained by the provider in
2 this State.

3 (3) The occupied bed days adjusted--gross--hospital
4 revenue of the hospital provider for-the-calendar-year
5 just--ended, the amount of assessment imposed under
6 Section 5A-2 for the State fiscal year for which the
7 notice return is sent filed, and the amount of each
8 quarterly installment to be paid during the State fiscal
9 year.

10 (4) (Blank). The-amount-of-penalty-due,-if-any-

11 (5) Other reasonable information as determined by
12 the Illinois Department requires.

13 (b) If a hospital provider conducts, operates, or
14 maintains more than one hospital licensed by the Illinois
15 Department of Public Health, the provider shall may-not--file
16 a--single-return-covering-all-these-hospitals,-but-shall-file
17 a-separate-return-for-each-hospital-and-shall-compute-and pay
18 the assessment for each hospital separately.

19 (c) Notwithstanding any other provision in this Article,
20 in the case of a person who ceases to conduct, operate, or
21 maintain a hospital in respect of which the person is subject
22 to assessment under this Article as a hospital provider, the
23 assessment for the State fiscal year in which the cessation
24 occurs shall be adjusted by multiplying the assessment
25 computed under Section 5A-2 by a fraction, the numerator of
26 which is the number of days months in the year during which
27 the provider conducts, operates, or maintains the hospital
28 and the denominator of which is 365 12. Immediately upon
29 ceasing to conduct, operate, or maintain a hospital, the
30 person shall pay file--a--final,-amended--return--with--the
31 Illinois-Department-not-more-than-90-days-after-the-cessation
32 reflecting-the-adjustment-and-shall-pay-with-the-final-return
33 the assessment for the year as so adjusted (to the extent not
34 previously paid).

1 (d) Notwithstanding any other provision in this Article,
 2 a provider who commences conducting, operating, or
 3 maintaining a hospital, upon notice by the Illinois
 4 Department, shall-file-an-initial-return-for-the-State-fiscal
 5 year---in--which--the--commencement--occurs--within--90--days
 6 thereafter--and shall pay the assessment computed under
 7 Section 5A-2 and subsection (e) in equal installments on the
 8 due dates stated in the notice date-of-the-return and on the
 9 regular installment due dates for the State fiscal year
 10 occurring after the due dates date of the initial notice
 11 return.

12 (e) Notwithstanding any other provision in this Article,
 13 in the case of a hospital provider that did not conduct,
 14 operate, or maintain a hospital throughout the calendar year
 15 2001 preceding-a-State-fiscal-year, the assessment for that
 16 State fiscal year shall be computed on the basis of
 17 hypothetical occupied bed days adjusted--gross---hospital
 18 revenue for the full calendar year as determined by-rules
 19 adopted by the Illinois Department (which--may--be--based--on
 20 annualization-of-the-provider's-actual-revenues-for-a-portion
 21 of--the--calendar--year,--or-revenues-of-a-comparable-hospital
 22 for-the-year,--including-revenues-realized-by-a-prior-provider
 23 from-the-same-hospital-during-the-year).

24 (f) (Blank). In-the-case-of-a-hospital-provider-existing
 25 as-a-corporation-or-legal-entity-other--than--an--individual,
 26 the--return--filed--by--it--shall-be-signed-by-its-president,
 27 vice-president, secretary, or-treasurer-or--by--its--properly
 28 authorized-agent.

29 (g) (Blank). If--a--hospital-provider-fails-to-file-its
 30 return-for-a-State-fiscal-year-on-or-before-the-due--date--of
 31 the--return,--there--shall,--unless--waived--by--the-Illinois
 32 Department-for-reasonable-cause, be-added-to--the--assessment
 33 imposed--by--Section-5A-2-for-the-State-fiscal-year-a-penalty
 34 assessment-equal-to-25%-of-the--assessment--imposed--for--the

1 year.

2 (h) (Blank). Every---hospital---provider---subject--to
3 assessment-under-this-Article-shall-keep--sufficient--records
4 to--permit--the--determination--of--adjusted--gross--hospital
5 revenue--on-a-calendar-year-basis.--All-such-records-shall-be
6 kept-in-the-English-language-and-shall, at-all--times--during
7 business--hours--of--the-day, be-subject-to-inspection-by-the
8 Illinois--Department--or--its--duly--authorized--agents---and
9 employees.

10 (Source: P.A. 87-861.)

11 (305 ILCS 5/5A-7) (from Ch. 23, par. 5A-7)

12 Sec. 5A-7. Administration; enforcement provisions.

13 (a) To the extent practicable, the Illinois Department
14 shall administer and enforce this Article and collect the
15 assessments, interest, and penalty assessments imposed under
16 this Article using procedures employed in its administration
17 of this Code generally and, as it deems appropriate, in a
18 manner similar to that in which the Department of Revenue
19 administers and collects the retailers' occupation tax under
20 the Retailers' Occupation Tax Act ("ROTA"). Instead of
21 certificates of registration, the Illinois Department shall
22 establish and maintain a listing of all hospital providers
23 appearing in the licensing records of the Department of
24 Public Health, which shall show each provider's name,
25 principal place of business, and the name and address of each
26 hospital operated, conducted, or maintained by the provider
27 in this State. In addition, the following specified
28 provisions of the Retailers' Occupation Tax Act are
29 incorporated by reference into this Section except that the
30 Illinois Department and its Director (rather than the
31 Department of Revenue and its Director) and every hospital
32 provider subject to assessment measured by occupied bed days
33 adjusted-gross-hospital-revenue--and--to--the--return--filing

1 ~~requirements--of-this-Article~~ (rather than persons subject to
2 retailers' occupation tax measured by gross receipts from the
3 sale of tangible personal property at retail ~~and--to--the~~
4 ~~return--filing--requirements--of-ROTA~~) shall have the powers,
5 duties, and rights specified in these ROTA provisions, as
6 modified in this Section or by the Illinois Department in a
7 manner consistent with this Article and except as manifestly
8 inconsistent with the other provisions of this Article:

9 (1) ROTA, Section 4 (examination of return; notice
10 of correction; evidence; limitations; protest and
11 hearing), except that (i) the Illinois Department shall
12 issue notices of assessment liability (rather than
13 notices of tax liability as provided in ROTA, Section 4);
14 (ii) in the case of a fraudulent return or in the case of
15 an extended period agreed to by the Illinois Department
16 and the hospital provider before the expiration of the
17 limitation period, no notice of assessment liability
18 shall be issued more than 3 years after the later of the
19 due date of the return required by Section 5A-5 or the
20 date the return (or an amended return) was filed (rather
21 within the period stated in ROTA, Section 4); and (iii)
22 the penalty provisions of ROTA, Section 4 shall not
23 apply.

24 (2) ROTA, Sec. 5 (failure to make return; failure
25 to pay assessment), except that the penalty and interest
26 provisions of ROTA, Section 5 shall not apply.

27 (3) ROTA, Section 5a (lien; attachment;
28 termination; notice; protest; review; release of lien;
29 status of lien).

30 (4) ROTA, Section 5b (State lien notices; State
31 lien index; duties of recorder and registrar of titles).

32 (5) ROTA, Section 5c (liens; certificate of
33 release).

34 (6) ROTA, Section 5d (Department not required to

1 furnish bond; claim to property attached or levied upon).

2 (7) ROTA, Section 5e (foreclosure on liens;
3 enforcement).

4 (8) ROTA, Section 5f (demand for payment; levy and
5 sale of property; limitation).

6 (9) ROTA, Section 5g (sale of property;
7 redemption).

8 (10) ROTA, Section 5j (sales on transfers outside
9 usual course of business; report; payment of assessment;
10 rights and duties of purchaser; penalty), except that
11 notice shall be provided to the Illinois Department as
12 specified by rule.

13 (11) ROTA, Section 6 (erroneous payments; credit or
14 refund), provided that (i) the Illinois Department may
15 only apply an amount otherwise subject to credit or
16 refund to a liability arising under this Article; (ii)
17 except in the case of an extended period agreed to by the
18 Illinois Department and the hospital provider before the
19 expiration of this limitation period, a claim for credit
20 or refund must be filed no more than 3 years after the
21 due date of the return required by Section 5A-5 (rather
22 than the time limitation stated in ROTA, Section 6); and
23 (iii) credits or refunds shall not bear interest.

24 (12) ROTA, Section 6a (claims for credit or
25 refund).

26 (13) ROTA, Section 6b (tentative determination of
27 claim; notice; hearing; review), provided that a hospital
28 provider or its representative shall have 60 days (rather
29 than 20 days) within which to file a protest and request
30 for hearing in response to a tentative determination of
31 claim.

32 (14) ROTA, Section 6c (finality of tentative
33 determinations).

34 (15) ROTA, Section 8 (investigations and

1 hearings).

2 (16) ROTA, Section 9 (witness; immunity).

3 (17) ROTA, Section 10 (issuance of subpoenas;
4 attendance of witnesses; production of books and
5 records).

6 (18) ROTA, Section 11 (information confidential;
7 exceptions).

8 (19) ROTA, Section 12 (rules and regulations;
9 hearing; appeals), except that a hospital provider shall
10 not be required to file a bond or be subject to a lien in
11 lieu thereof in order to seek court review under the
12 Administrative Review Law of a final assessment or
13 revised final assessment or the equivalent thereof issued
14 by the Illinois Department under this Article.

15 (b) In addition to any other remedy provided for and
16 without sending a notice of assessment liability, the
17 Illinois Department may collect an unpaid assessment by
18 withholding, as payment of the assessment, reimbursements or
19 other amounts otherwise payable by the Illinois Department to
20 the provider.

21 (Source: P.A. 87-861.)

22 (305 ILCS 5/5A-8) (from Ch. 23, par. 5A-8)
23 Sec. 5A-8. Hospital Provider Fund.

24 (a) There is created in the State Treasury the Hospital
25 Provider Fund. Interest earned by the Fund shall be credited
26 to the Fund. The Fund shall not be used to replace any
27 moneys appropriated to the Medicaid program by the General
28 Assembly.

29 (b) The Fund is created for the purpose of receiving
30 moneys in accordance with Section 5A-6 and disbursing moneys
31 only for the following purposes, notwithstanding any other
32 provision of law as follows:

33 (1) For making payments to hospitals as required

1 under Articles V, VI, and XIV hospital-inpatient-care,
 2 hospital--ambulatory--care,--and--disproportionate--share
 3 hospital-distributive-expenditures-made-under--Title--XIX
 4 of-the-Social-Security-Act-and-Article-V of this Code and
 5 under the Children's Health Insurance Program Act.

6 (2) For the reimbursement of moneys collected by
 7 the Illinois Department from hospitals or hospital
 8 providers through error or mistake in performing the
 9 activities authorized under this Article and Article V of
 10 this Code and-for-making-required-payments-under--Section
 11 14-9--of--this--Code-if-there-are-no-moneys-available-for
 12 these-payments-in-the-Hospital-Services-Trust-Fund.

13 (3) For payment of administrative expenses incurred
 14 by the Illinois Department or its agent in performing the
 15 activities authorized by this Article.

16 (4) For payments of any amounts which are
 17 reimbursable to the federal government for payments from
 18 this Fund which are required to be paid by State warrant.

19 (5) For making transfers to-the-General--Obligation
 20 Bond-Retirement-and-Interest-Fund, as those transfers are
 21 authorized in the proceedings authorizing debt under the
 22 Short Term Borrowing Act, but transfers made under this
 23 paragraph (5) shall not exceed the principal amount of
 24 debt issued in anticipation of the receipt by the State
 25 of moneys to be deposited into the Fund.

26 (6) For making transfers to any other fund in the
 27 State treasury, but transfers made under this paragraph
 28 (6) shall not exceed the amount transferred previously
 29 from that other fund into the Hospital Provider Fund.

30 (7) For making transfers to the Health and Human
 31 Services Medicaid Trust Fund, including 20% of the moneys
 32 received from hospital providers under Section 5A-4 and
 33 transferred into the Hospital Provider Fund under Section
 34 5A-6. Transfers under this paragraph shall be made within

1 7 days after the payments have been received pursuant to
2 the schedule of payments provided in subsection (a) of
3 Section 5A-4.

4 (8) For making refunds to hospital providers
5 pursuant to Section 5A-10.

6 Disbursements from the Fund, other than transfers
7 authorized under paragraphs (5) and (6) of this subsection to
8 the-General-Obligation-Bond--Retirement--and--Interest--Fund,
9 shall be by warrants drawn by the State Comptroller upon
10 receipt of vouchers duly executed and certified by the
11 Illinois Department.

12 (c) The Fund shall consist of the following:

13 (1) All moneys collected or received by the
14 Illinois Department from the hospital provider assessment
15 imposed by this Article.

16 (2) All federal matching funds received by the
17 Illinois Department as a result of expenditures made by
18 the Illinois Department that are attributable to moneys
19 deposited in the Fund.

20 (3) Any interest or penalty levied in conjunction
21 with the administration of this Article.

22 (4) Moneys transferred from another fund in the
23 State treasury. Any--balance--in--the--Hospital--Services
24 Trust--Fund--in--the--State--Treasury.--The--balance--shall--be
25 transferred---to--the--Fund--upon--certification--by--the
26 Illinois--Department--to--the--State--Comptroller--that--all--of
27 the--disbursements--required--by--Section--14-2(b)--of--this
28 Code--have--been--made.

29 (5) All other moneys received for the Fund from any
30 other source, including interest earned thereon.

31 (d) (Blank). The--Fund--shall--cease--to--exist--on--October--1,
32 1999.--Any--balance--in--the--Fund--as--of--that--date--shall--be
33 transferred--to--the--General--Revenue--Fund.--Any--moneys--that
34 otherwise--would--be--paid--into--the--Fund--on--or--after--that--date

1 shall--be--deposited--into--the--General--Revenue--Fund.--Any
2 disbursements-on-or-after-that-date-that-otherwise--would--be
3 made--from--the--Fund--may--be--appropriated--by--the--General
4 Assembly-from-the-General-Revenue-Fund-

5 (Source: P.A. 89-626, eff. 8-9-96; 90-587, eff. 7-1-98.)

6 (305 ILCS 5/5A-10) (from Ch. 23, par. 5A-10)

7 Sec. 5A-10. Applicability.

8 (a) The assessment imposed by Section 5A-2 shall not
9 take effect or shall cease to be imposed, and any moneys
10 remaining in the Fund shall be refunded to hospital providers
11 in proportion to the amounts paid by them, if:

12 (1) the sum of the appropriations for State fiscal
13 years 2004 and 2005 from the General Revenue Fund for
14 hospital payments under the medical assistance program is
15 less than \$4,500,000,000; or

16 (2) the Department of Public Aid makes changes in
17 its rules that reduce the hospital inpatient or
18 outpatient payment rates, including adjustment payment
19 rates, in effect on October 1, 2003, except for hospitals
20 described in subsection (b) of Section 5A-3 and except
21 for changes in outpatient payment rates made to comply
22 with the federal Health Insurance Portability and
23 Accountability Act, so long as those changes do not
24 reduce aggregate expenditures below the amount expended
25 in State fiscal year 2003 for such services; or

26 (3) the payments to hospitals required under
27 Section 5A-12 are changed or are not eligible for federal
28 matching funds under Title XIX or XXI of the Social
29 Security Act.

30 (b) The assessment imposed by Section 5A-2 shall not
31 take effect or shall cease to be imposed if the assessment is
32 determined to be an impermissible tax amount-of-matching
33 federal-funds under Title XIX of the Social Security Act is

1 eliminated---or--significantly--reduced--on--account--of--the
2 assessment. Moneys in the Hospital Provider Fund derived
3 from assessments imposed prior thereto shall be disbursed in
4 accordance with Section 5A-8 to the extent federal matching
5 is not reduced due to the impermissibility of by the
6 assessments, and any remaining moneys assessments shall be
7 refunded to hospital providers in proportion to the amounts
8 paid by them.

9 (Source: P.A. 87-861.)

10 (305 ILCS 5/5A-12 new)

11 Sec. 5A-12. Hospital access improvement payments.

12 (a) To improve access to hospital services, for hospital
13 services rendered on or after June 1, 2004, the Department of
14 Public Aid shall make payments to hospitals as set forth in
15 this Section, except for hospitals described in subsection
16 (b) of Section 5A-3. These payments shall be paid on a
17 quarterly basis. For State fiscal year 2004, the Department
18 shall pay the total amounts required under this Section;
19 these amounts shall be paid on or before June 15 of the year.
20 In subsequent State fiscal years, the total amounts required
21 under this Section shall be paid in 4 equal installments on
22 or before July 15, October 15, January 14, and April 15 of
23 the year. Payments under this Section are not due and
24 payable, however, until (i) the methodologies described in
25 this Section are approved by the federal government in an
26 appropriate State Plan amendment, (ii) the assessment imposed
27 under this Article is determined to be a permissible tax
28 under Title XIX of the Social Security Act, and (iii) the
29 assessment is in effect.

30 (b) High volume payment. In addition to rates paid for
31 inpatient hospital services, the Department of Public Aid
32 shall pay, to each Illinois hospital that provided more than
33 20,000 Medicaid inpatient days of care during State fiscal

1 year 2001 (except for hospitals that qualify for adjustment
2 payments under Section 5-5.02 for the 12-month period
3 beginning on October 1, 2002), \$190 for each Medicaid
4 inpatient day of care provided during that fiscal year. A
5 hospital that provided less than 30,000 Medicaid inpatient
6 days of care during that period, however, is not entitled to
7 receive more than \$3,500,000 per year in such payments.

8 (c) Medicaid inpatient utilization rate adjustment. In
9 addition to rates paid for inpatient hospital services, the
10 Department of Public Aid shall pay each Illinois hospital
11 (except for hospitals described in Section 5A-3), for each
12 Medicaid inpatient day of care provided during State fiscal
13 year 2001, an amount equal to the product of \$57.25
14 multiplied by the quotient of 1 divided by the greater of
15 1.6% or the hospital's Medicaid inpatient utilization rate
16 (as used to determine eligibility for adjustment payments
17 under Section 5-5.02 for the 12-month period beginning on
18 October 1, 2002). The total payments under this subsection to
19 a hospital may not exceed \$10,500,000 annually.

20 (d) Psychiatric base rate adjustment.

21 (1) In addition to rates paid for inpatient
22 psychiatric services, the Department of Public Aid shall
23 pay each Illinois general acute care hospital with a
24 distinct part-psychiatric unit, for each Medicaid
25 inpatient psychiatric day of care provided in State
26 fiscal year 2001, an amount equal to \$400 less the
27 hospital's per-diem rate for Medicaid inpatient
28 psychiatric services as in effect on October 1, 2003. In
29 no event, however, shall that amount be less than zero.

30 (2) For distinct part-psychiatric units of Illinois
31 general acute care hospitals, except for all hospitals
32 excluded in Section 5A-3, whose inpatient per-diem rate
33 as in effect on October 1, 2003 is greater than \$400, the
34 Department shall pay, in addition to any other amounts

1 authorized under this Code, \$25 for each Medicaid
2 inpatient psychiatric day of care provided in State
3 fiscal year 2001.

4 (e) Supplemental tertiary care adjustment. In addition
5 to rates paid for inpatient services, the Department of
6 Public Aid shall pay to each Illinois hospital eligible for
7 tertiary care adjustment payments under 89 Ill. Adm. Code
8 148.296, as in effect for State fiscal year 2003, a
9 supplemental tertiary care adjustment payment equal to the
10 tertiary care adjustment payment required under 89 Ill. Adm.
11 Code 148.296, as in effect for State fiscal year 2003.

12 (f) Medicaid outpatient utilization rate adjustment. In
13 addition to rates paid for outpatient hospital services, the
14 Department of Public Aid shall pay each Illinois hospital
15 (except for hospitals described in Section 5A-3), an amount
16 equal to the product of 2.45% multiplied by the hospital's
17 Medicaid outpatient charges multiplied by the quotient of 1
18 divided by the greater of 1.6% or the hospital's Medicaid
19 outpatient utilization rate. The total payments under this
20 subsection to a hospital may not exceed \$6,750,000 annually.

21 For purposes of this subsection:

22 "Medicaid outpatient charges" means the charges for
23 outpatient services provided to Medicaid patients for State
24 fiscal year 2001 as submitted by the hospital on the UB-92
25 billing form or under the ambulatory procedure listing and
26 adjudicated by the Department of Public Aid on or before
27 September 12, 2003.

28 "Medicaid outpatient utilization rate" means a fraction,
29 the numerator of which is the hospital's Medicaid outpatient
30 charges and the denominator of which is the total number of
31 the hospital's charges for outpatient services for the
32 hospital's fiscal year ending in 2001.

33 (g) State outpatient service adjustment. In addition to
34 rates paid for outpatient hospital services, the Department

1 of Public Aid shall pay each Illinois hospital an amount
2 equal to the product of 75.5% multiplied by the hospital's
3 Medicaid outpatient services submitted to the Department on
4 the UB-92 billing form for State fiscal year 2001 multiplied
5 by the hospital's outpatient access fraction.

6 For purposes of this subsection, "outpatient access
7 fraction" means a fraction, the numerator of which is the
8 hospital's Medicaid payments for outpatient services for
9 ambulatory procedure listing services submitted to the
10 Department on the UB-92 billing form for State fiscal year
11 2001, and the denominator of which is the hospital's Medicaid
12 outpatient services submitted to the Department on the UB-92
13 billing form for State fiscal year 2001.

14 The total payments under this subsection to a hospital
15 may not exceed \$3,000,000 annually.

16 (h) Rural hospital outpatient adjustment. In addition to
17 rates paid for outpatient hospital services, the Department
18 of Public Aid shall pay each Illinois rural hospital an
19 amount equal to the product of \$14,500,000 multiplied by the
20 rural hospital outpatient adjustment fraction.

21 For purposes of this subsection, "rural hospital
22 outpatient adjustment fraction" means a fraction, the
23 numerator of which is the hospital's Medicaid visits for
24 outpatient services for ambulatory procedure listing services
25 submitted to the Department on the UB-92 billing form for
26 State fiscal year 2001, and the denominator of which is the
27 total Medicaid visits for outpatient services for ambulatory
28 procedure listing services for all Illinois rural hospitals
29 submitted to the Department on the UB-92 billing form for
30 State fiscal year 2001.

31 For purposes of this subsection, "rural hospital" has the
32 same meaning as in 89 Ill. Adm. Code 148.25, as in effect on
33 September 30, 2003.

34 (i) Merged/closed hospital adjustment. If any hospital

1 files a combined Medicaid cost report with another hospital
2 after January 1, 2001, and if that hospital subsequently
3 closes, then except for the payments described in subsection
4 (e), all payments described in the various subsections of
5 this Section shall, before the application of the annual
6 limitation amount specified in each such subsection, be
7 multiplied by a fraction, the numerator of which is the
8 number of occupied bed days attributable to the open hospital
9 and the denominator of which is the sum of the number of
10 occupied bed days of each open hospital and each closed
11 hospital. For purposes of this subsection, "occupied bed
12 days" has the same meaning as the term is defined in
13 subsection (a) of Section 5A-2.

14 (j) For purposes of this Section, the terms "Medicaid
15 days", "Medicaid charges", and "Medicaid services" do not
16 include any days, charges, or services for which Medicare was
17 liable for payment.

18 (k) As provided in Section 5A-14, this Section is
19 repealed on July 1, 2005.

20 (305 ILCS 5/5A-13 new)

21 Sec. 5A-13. Emergency rulemaking. The Department of
22 Public Aid may adopt rules necessary to implement this
23 amendatory Act of the 93rd General Assembly through the use
24 of emergency rulemaking in accordance with Section 5-45 of
25 the Illinois Administrative Procedure Act. For purposes of
26 that Act, the General Assembly finds that the adoption of
27 rules to implement this amendatory Act of the 93rd General
28 Assembly is deemed an emergency and necessary for the public
29 interest, safety, and welfare.

30 (305 ILCS 5/5A-14 new)

31 Sec. 5A-14. Repeal of assessments and disbursements.

32 (a) Section 5A-2 is repealed on July 1, 2005.

1 (b) Section 5A-12 is repealed on July 1, 2005.

2 (305 ILCS 5/14-1) (from Ch. 23, par. 14-1)

3 Sec. 14-1. Definitions. As used in this Article, unless
4 the context requires otherwise:

5 "Fund" means the Hospital Services Trust Fund.

6 "Estimated Rate Year Utilization" means the hospital's
7 projected utilization for the State fiscal year in which the
8 fee is due (for example, fiscal year 1992 for fees imposed in
9 State fiscal year 1992, fiscal year 1993 for fees imposed in
10 State fiscal year 1993, and so forth).

11 "Gross Receipts" means all payments for medical services
12 delivered under Title XIX of the Social Security Act and
13 Articles V, VI, and VII of this Code and shall mean any and
14 all payments made by the Illinois Department, or a Division
15 thereof, to a Medical Assistance Program provider certified
16 to participate in the Illinois Medical Assistance Program,
17 for services rendered eligible for Medical Assistance under
18 Articles V, VI and VII of this Code, State regulations and
19 the federal Medicaid Program as defined in Title XIX of the
20 Social Security Act and federal regulations.

21 "Hospital" means any institution, place, building, or
22 agency, public or private, whether organized for profit or
23 not-for-profit, which is located in the State and is subject
24 to licensure by the Illinois Department of Public Health
25 under the Hospital Licensing Act or any institution, place,
26 building, or agency, public or private, whether organized for
27 profit or not-for-profit, which meets all comparable
28 conditions and requirements of the Hospital Licensing Act in
29 effect for the state in which it is located, and is required
30 to submit cost reports to the Illinois Department under Title
31 89, Part 148, of the Illinois Administrative Code, but shall
32 not include the University of Illinois Hospital as defined in
33 the University of Illinois Hospital Act or a county hospital

1 in a county of over 3 million population.

2 "Total-Medicaid-Base-Year-Spending"-means-the--hospital's
3 State--fiscal--year--1991--weighted-average-payment-rates,-as
4 defined-by-rule,-excluding-payments-under-Section--5-5.02--of
5 this--Code,-reduced--by--5%-and-multiplied-by-the-hospital's
6 estimated-rate-year-utilization.

7 (Source: P.A. 87-13.)

8 (305 ILCS 5/Art. V-D rep.)

9 (305 ILCS 5/14-2 rep.)

10 (305 ILCS 5/14-3 rep.)

11 (305 ILCS 5/14-4 rep.)

12 (305 ILCS 5/14-5 rep.)

13 (305 ILCS 5/14-6 rep.)

14 (305 ILCS 5/14-7 rep.)

15 (305 ILCS 5/14-9 rep.)

16 (305 ILCS 5/14-10 rep.)

17 Section 11. The Illinois Public Aid Code is amended by
18 repealing Article V-D and Sections 14-2, 14-3, 14-4, 14-5,
19 14-6, 14-7, 14-9, and 14-10.

20 Section 99. Effective date. This Act takes effect upon
21 becoming law.