

1 AMENDMENT TO HOUSE BILL 701

2 AMENDMENT NO. _____. Amend House Bill 701 by replacing
3 everything after the enacting clause with the following:

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.

1 Subject to appropriation, the moneys in the Fund shall be
 2 used by the Department of Public Aid to make payments to
 3 providers of services covered under the Medicaid or State
 4 Children's Health Insurance programs. Payments may be made
 5 out of the Fund only to providers located within the
 6 geographic jurisdiction of units of local government that
 7 make deposits, transfers, or appropriations into the Fund.

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

10 (30 ILCS 105/8h)

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

1 In determining the available balance in a fund, the
 2 Director of the Governor's Office of Management and Budget
 3 ~~Bureau-of-the-Budget~~ may include receipts, transfers into the
 4 fund, and other resources anticipated to be available in the
 5 fund in that fiscal year.

6 The State Treasurer and Comptroller shall transfer the
 7 amounts designated under this Section as soon as may be
 8 practicable after receiving the direction to transfer from
 9 the Director of the Governor's Office of Management and
 10 Budget ~~Bureau-of-the-Budget~~.

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

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

16 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

17 Sec. 5-5.4. Standards of Payment - Department of Public
 18 Aid. The Department of Public Aid shall develop standards of
 19 payment of skilled nursing and intermediate care services in
 20 facilities providing such services under this Article which:

- 21 (1) Provide for the determination of a facility's
 22 payment for skilled nursing and intermediate care services on
 23 a prospective basis. The amount of the payment rate for all
 24 nursing facilities certified by the Department of Public
 25 Health under the Nursing Home Care Act as Intermediate Care
 26 for the Developmentally Disabled facilities, Long Term Care
 27 for Under Age 22 facilities, Skilled Nursing facilities, or
 28 Intermediate Care facilities under the medical assistance
 29 program shall be prospectively established annually on the
 30 basis of historical, financial, and statistical data
 31 reflecting actual costs from prior years, which shall be
 32 applied to the current rate year and updated for inflation,

1 except that the capital cost element for newly constructed
2 facilities shall be based upon projected budgets. The
3 annually established payment rate shall take effect on July 1
4 in 1984 and subsequent years. No rate increase and no update
5 for inflation shall be provided on or after July 1, 1994 and
6 before July 1, 2004, unless specifically provided for in this
7 Section.

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, 1998 shall include an increase of 3%. For facilities
13 licensed by the Department of Public Health under the Nursing
14 Home Care Act as Skilled Nursing facilities or Intermediate
15 Care facilities, the rates taking effect on July 1, 1998
16 shall include an increase of 3% plus \$1.10 per resident-day,
17 as defined by the Department.

18 For facilities licensed by the Department of Public
19 Health under the Nursing Home Care Act as Intermediate Care
20 for the Developmentally Disabled facilities or Long Term Care
21 for Under Age 22 facilities, the rates taking effect on July
22 1, 1999 shall include an increase of 1.6% plus \$3.00 per
23 resident-day, as defined by the Department. For facilities
24 licensed by the Department of Public Health under the Nursing
25 Home Care Act as Skilled Nursing facilities or Intermediate
26 Care facilities, the rates taking effect on July 1, 1999
27 shall include an increase of 1.6% and, for services provided
28 on or after October 1, 1999, shall be increased by \$4.00 per
29 resident-day, as defined by the Department.

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
33 for Under Age 22 facilities, the rates taking effect on July
34 1, 2000 shall include an increase of 2.5% per resident-day,

1 as defined by the Department. For facilities licensed by the
2 Department of Public Health under the Nursing Home Care Act
3 as Skilled Nursing facilities or Intermediate Care
4 facilities, the rates taking effect on July 1, 2000 shall
5 include an increase of 2.5% per resident-day, as defined by
6 the Department.

7 For facilities licensed by the Department of Public
8 Health under the Nursing Home Care Act as skilled nursing
9 facilities or intermediate care facilities, a new payment
10 methodology must be implemented for the nursing component of
11 the rate effective July 1, 2003. The Department of Public Aid
12 shall develop the new payment methodology using the Minimum
13 Data Set (MDS) as the instrument to collect information
14 concerning nursing home resident condition necessary to
15 compute the rate. The Department of Public Aid shall develop
16 the new payment methodology to meet the unique needs of
17 Illinois nursing home residents while remaining subject to
18 the appropriations provided by the General Assembly. A
19 transition period from the payment methodology in effect on
20 June 30, 2003 to the payment methodology in effect on July 1,
21 2003 shall be provided for a period not exceeding 2 years
22 after implementation of the new payment methodology as
23 follows:

24 (A) For a facility that would receive a lower
25 nursing component rate per patient day under the new
26 system than the facility received effective on the date
27 immediately preceding the date that the Department
28 implements the new payment methodology, the nursing
29 component rate per patient day for the facility shall be
30 held at the level in effect on the date immediately
31 preceding the date that the Department implements the new
32 payment methodology until a higher nursing component rate
33 of reimbursement is achieved by that facility.

34 (B) For a facility that would receive a higher

1 nursing component rate per patient day under the payment
2 methodology in effect on July 1, 2003 than the facility
3 received effective on the date immediately preceding the
4 date that the Department implements the new payment
5 methodology, the nursing component rate per patient day
6 for the facility shall be adjusted.

7 (C) Notwithstanding paragraphs (A) and (B), the
8 nursing component rate per patient day for the facility
9 shall be adjusted subject to appropriations provided by
10 the General Assembly.

11 For facilities licensed by the Department of Public
12 Health under the Nursing Home Care Act as Intermediate Care
13 for the Developmentally Disabled facilities or Long Term Care
14 for Under Age 22 facilities, the rates taking effect on March
15 1, 2001 shall include a statewide increase of 7.85%, as
16 defined by the Department.

17 For facilities licensed by the Department of Public
18 Health under the Nursing Home Care Act as Intermediate Care
19 for the Developmentally Disabled facilities or Long Term Care
20 for Under Age 22 facilities, the rates taking effect on April
21 1, 2002 shall include a statewide increase of 2.0%, as
22 defined by the Department. This increase terminates on July
23 1, 2002; beginning July 1, 2002 these rates are reduced to
24 the level of the rates in effect on March 31, 2002, as
25 defined by the Department.

26 For facilities licensed by the Department of Public
27 Health under the Nursing Home Care Act as skilled nursing
28 facilities or intermediate care facilities, the rates taking
29 effect on July 1, 2001 shall be computed using the most
30 recent cost reports on file with the Department of Public Aid
31 no later than April 1, 2000, updated for inflation to January
32 1, 2001. For rates effective July 1, 2001 only, rates shall
33 be the greater of the rate computed for July 1, 2001 or the
34 rate effective on June 30, 2001.

1 Notwithstanding any other provision of this Section, for
2 facilities licensed by the Department of Public Health under
3 the Nursing Home Care Act as skilled nursing facilities or
4 intermediate care facilities, the Illinois Department shall
5 determine by rule the rates taking effect on July 1, 2002,
6 which shall be 5.9% less than the rates in effect on June 30,
7 2002.

8 Notwithstanding any other provision of this Section, for
9 facilities licensed by the Department of Public Health under
10 the Nursing Home Care Act as skilled nursing facilities or
11 intermediate care facilities, the Illinois Department shall
12 determine by rule the rates taking effect on July 1, 2003,
13 which shall be 3.0% less than the rates in effect on June 30,
14 2002. This rate shall take effect only upon approval and
15 implementation of the payment methodologies required under
16 Section 5A-12.

17 Rates established effective each July 1 shall govern
18 payment for services rendered throughout that fiscal year,
19 except that rates established on July 1, 1996 shall be
20 increased by 6.8% for services provided on or after January
21 1, 1997. Such rates will be based upon the rates calculated
22 for the year beginning July 1, 1990, and for subsequent years
23 thereafter until June 30, 2001 shall be based on the facility
24 cost reports for the facility fiscal year ending at any point
25 in time during the previous calendar year, updated to the
26 midpoint of the rate year. The cost report shall be on file
27 with the Department no later than April 1 of the current rate
28 year. Should the cost report not be on file by April 1, the
29 Department shall base the rate on the latest cost report
30 filed by each skilled care facility and intermediate care
31 facility, updated to the midpoint of the current rate year.
32 In determining rates for services rendered on and after July
33 1, 1985, fixed time shall not be computed at less than zero.
34 The Department shall not make any alterations of regulations

1 which would reduce any component of the Medicaid rate to a
2 level below what that component would have been utilizing in
3 the rate effective on July 1, 1984.

4 (2) Shall take into account the actual costs incurred by
5 facilities in providing services for recipients of skilled
6 nursing and intermediate care services under the medical
7 assistance program.

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

10 (4) Shall take into account the actual costs incurred by
11 facilities in meeting licensing and certification standards
12 imposed and prescribed by the State of Illinois, any of its
13 political subdivisions or municipalities and by the U.S.
14 Department of Health and Human Services pursuant to Title XIX
15 of the Social Security Act.

16 The Department of Public Aid shall develop precise
17 standards for payments to reimburse nursing facilities for
18 any utilization of appropriate rehabilitative personnel for
19 the provision of rehabilitative services which is authorized
20 by federal regulations, including reimbursement for services
21 provided by qualified therapists or qualified assistants, and
22 which is in accordance with accepted professional practices.
23 Reimbursement also may be made for utilization of other
24 supportive personnel under appropriate supervision.

25 (Source: P.A. 92-10, eff. 6-11-01; 92-31, eff. 6-28-01;
26 92-597, eff. 6-28-02; 92-651, eff. 7-11-02; 92-848, eff.
27 1-1-03; 93-20, eff. 6-20-03.)

28 (305 ILCS 5/5A-1) (from Ch. 23, par. 5A-1)

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

31 "Fund" means the Hospital Provider Fund.

32 "Hospital" means an institution, place, building, or
33 agency located in this State that is subject to licensure by

1 the Illinois Department of Public Health under the Hospital
2 Licensing Act, whether public or private and whether
3 organized for profit or not-for-profit.

4 "Hospital provider" means a person licensed by the
5 Department of Public Health to conduct, operate, or maintain
6 a hospital, regardless of whether the person is a Medicaid
7 provider. For purposes of this paragraph, "person" means any
8 political subdivision of the State, municipal corporation,
9 individual, firm, partnership, corporation, company, limited
10 liability company, association, joint stock association, or
11 trust, or a receiver, executor, trustee, guardian, or other
12 representative appointed by order of any court.

13 "Occupied bed days" means the sum of the number of days
14 that each bed was occupied by a patient for all beds during
15 calendar year 2001. Occupied bed days shall be computed
16 separately for each hospital operated or maintained by a
17 hospital provider.

18 ~~"Adjusted-gross-hospital-revenue" shall be determined~~
19 ~~separately for each hospital conducted, operated, or~~
20 ~~maintained by a hospital provider, and means the hospital~~
21 ~~provider's total gross patient revenues less Medicare~~
22 ~~contractual allowances, but does not include gross patient~~
23 ~~revenue (and the portion of any Medicare contractual~~
24 ~~allowance related thereto) from skilled or intermediate~~
25 ~~long-term care services within the meaning of Title XVIII or~~
26 ~~XIX of the Social Security Act.~~

27 ~~"Intergovernmental transfer payment" means the payments~~
28 ~~established under Section 15-3 of this Code, and includes~~
29 ~~without limitation payments payable under that Section for~~
30 ~~July, August, and September of 1992.~~

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

32 (305 ILCS 5/5A-2) (from Ch. 23, par. 5A-2)
33 Sec. 5A-2. Assessment; no local authorization to tax.

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

6 The Department of Public Aid shall use the number of
7 occupied bed days as reported by each hospital on the Annual
8 Survey of Hospitals conducted by the Department of Public
9 Health to calculate the hospital's annual assessment. If the
10 sum of a hospital's occupied bed days is not reported on the
11 Annual Survey of Hospitals, then the Department of Public Aid
12 may obtain the sum of occupied bed days from any source
13 available, including, but not limited to, records maintained
14 by the hospital provider, which may be inspected at all times
15 during business hours of the day by the Department of Public
16 Aid or its duly authorized agents and employees. For the
17 privilege of engaging in the occupation of hospital provider,
18 an assessment is imposed upon each hospital provider for the
19 State fiscal year beginning on July 1, 1993 and ending on
20 June 30, 1994, in an amount equal to 1.88% of the provider's
21 adjusted gross hospital revenue for the most recent calendar
22 year ending before the beginning of that State fiscal year.

23 Effective July 1, 1994 through June 30, 1996, an annual
24 assessment is imposed upon each hospital provider in an
25 amount equal to the provider's adjusted gross hospital
26 revenue for the most recent calendar year ending before the
27 beginning of that State fiscal year multiplied by the
28 Provider's Savings Rate.

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

1 Before July 1, 1995, the Provider's Savings Rate is 1.88%
 2 multiplied by a fraction, the numerator of which is the
 3 Maximum Section 5A-2 Contribution minus the Cigarette Tax
 4 Contribution, and the denominator of which is the Maximum
 5 Section 5A-2 Contribution. Effective July 1, 1995, the
 6 Provider's Savings Rate is 1.25% multiplied by a fraction,
 7 the numerator of which is the Maximum Section 5A-2
 8 Contribution minus the Cigarette Tax Contribution, and the
 9 denominator of which is the Maximum Section 5A-2
 10 Contribution.

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

17 The Maximum Section 5A-2 Contribution is the total amount
 18 of tax imposed by this Section in the previous State fiscal
 19 year on providers subject to this Act, multiplied by a
 20 fraction the numerator of which is adjusted gross hospital
 21 revenues reported to the Department by providers subject to
 22 this Act for the previous State fiscal year and the
 23 denominator of which is adjusted gross hospital revenues
 24 reported to the Department by providers subject to this Act
 25 for the State fiscal year immediately preceding the previous
 26 State fiscal year.

27 The Department shall notify hospital providers of the
 28 Provider's Savings Rate by mailing a notice to each
 29 provider's last known address as reflected by the records of
 30 the Illinois Department.

31 (b) Nothing in this amendatory Act of the 93rd General
 32 Assembly 1995 shall be construed to authorize any home rule
 33 unit or other unit of local government to license for revenue
 34 or to impose a tax or assessment upon hospital providers or

1 the occupation of hospital provider, or a tax or assessment
2 measured by the income or earnings of a hospital provider.

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

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

7 (305 ILCS 5/5A-3) (from Ch. 23, par. 5A-3)
8 Sec. 5A-3. Exemptions; ~~intergovernmental transfers.~~

9 (a) Blank). ~~A hospital provider which is a county with a~~
10 ~~population of more than 3,000,000 that makes~~
11 ~~intergovernmental transfer payments as provided in Section~~
12 ~~15-3 of this Code shall be exempt from the assessment imposed~~
13 ~~by Section 5A-2, unless the exemption is adjudged to be~~
14 ~~unconstitutional or otherwise invalid, in which case the~~
15 ~~county shall pay the assessment imposed by Section 5A-2 for~~
16 ~~all assessment periods beginning on or after July 1, 1992,~~
17 ~~and the assessment so paid shall be creditable against the~~
18 ~~intergovernmental transfer payments.~~

19 (b) A hospital provider that is a State agency, a State
20 university, or a county with a population of 3,000,000 or
21 more is exempt from the assessment imposed by Section 5A-2. A
22 ~~hospital organized under the University of Illinois Hospital~~
23 ~~Act and exempt from the assessment imposed by Section 5A-2 is~~
24 ~~hereby authorized to enter into an interagency agreement with~~
25 ~~the Illinois Department to make intergovernmental transfer~~
26 ~~payments to the Illinois Department. These payments shall be~~
27 ~~deposited into the University of Illinois Hospital Services~~
28 ~~Fund or, if that Fund ceases to exist, into the General~~
29 ~~Revenue Fund.~~

30 (b-2) A hospital provider that is a county with a
31 population of less than 3,000,000 or a township,
32 municipality, hospital district, or any other local
33 governmental unit is exempt from the assessment imposed by

1 Section 5A-2.

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

6 (b-10) A hospital provider whose hospital does not
7 charge for its services is exempt from the assessment imposed
8 by Section 5A-2, unless the exemption is adjudged to be
9 unconstitutional or otherwise invalid, in which case the
10 hospital provider shall pay the assessment imposed by Section
11 5A-2.

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

18 (b-20) A hospital provider whose hospital is licensed by
19 the Department of Public Health as a rehabilitation hospital
20 is exempt from the assessment imposed by Section 5A-2, unless
21 the exemption is adjudged to be unconstitutional or otherwise
22 invalid, in which case the hospital provider shall pay the
23 assessment imposed by Section 5A-2.

24 (b-25) A hospital provider whose hospital (i) is not a
25 psychiatric hospital, rehabilitation hospital, or children's
26 hospital and (ii) has an average length of inpatient stay
27 greater than 25 days is exempt from the assessment imposed by
28 Section 5A-2, unless the exemption is adjudged to be
29 unconstitutional or otherwise invalid, in which case the
30 hospital provider shall pay the assessment imposed by Section
31 5A-2.

32 (c) (Blank). The---Illinois---Department---is---hereby
33 authorized--to--enter--into--agreements--with--publicly--owned--or
34 operated--hospitals--to---make---intergovernmental---transfer

1 payments-to-the-Illinois-Department.--These-payments-shall-be
 2 deposited--into--the--Hospital-Provider-Fund,--except-that-any
 3 payments-arising-under-an-agreement-with-a-hospital-organized
 4 under-the--University--of--Illinois--Hospital--Act--shall--be
 5 deposited--into--the-University-of-Illinois-Hospital-Services
 6 Fund,--if-that-Fund-exists.

7 (Source: P.A. 88-88; 88-554, eff. 7-26-94; 89-21, eff.
 8 7-1-95; 89-507, eff. 7-1-97.)

9 (305 ILCS 5/5A-4) (from Ch. 23, par. 5A-4)

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

11 (a) The annual assessment imposed by Section 5A-2 for
 12 State fiscal year 2004 shall be due and payable on June 18 of
 13 the year. The assessment imposed by Section 5A-2 for a State
 14 fiscal year 2005 shall be due and payable in quarterly
 15 installments, each equalling one-fourth of the assessment for
 16 the year, on July 19, October 19, January 18, and April 19
 17 September-30,--December-31,--March-31,--and-May-31 of the year;
 18 ~~except--that--for--the--period-July-1,--1996--through--March-31,~~
 19 ~~1997,--the--assessment--imposed--by--Section--5A-2--for--that--period~~
 20 ~~shall-be-due-and-payable-in-3-equal-installments-on-September~~
 21 ~~30,--December-31,--and-March-31--of--that--period.~~ No installment
 22 payment of an assessment imposed by Section 5A-2 shall be due
 23 and payable, however, until after: (i) the hospital provider
 24 receives written notice from the Department of Public Aid
 25 that the payment methodologies to hospitals required under
 26 Section 5A-12 have been approved by the Centers for Medicare
 27 and Medicaid Services of the U.S. Department of Health and
 28 Human Services and the waiver under 42 CFR 433.68 for the
 29 assessment imposed by Section 5A-2 has been granted by the
 30 Centers for Medicare and Medicaid Services of the U.S.
 31 Department of Health and Human Services; and (ii) the
 32 hospital has received the payments required under Section
 33 5A-12.

1 (b) The Illinois Department is authorized to establish
 2 delayed payment schedules for hospital providers that are
 3 unable to make installment payments when due under this
 4 Section due to financial difficulties, as determined by the
 5 Illinois Department.

6 (c) If a hospital provider fails to pay the full amount
 7 of an installment when due (including any extensions granted
 8 under subsection (b)), there shall, unless waived by the
 9 Illinois Department for reasonable cause, be added to the
 10 assessment imposed by Section 5A-2 a penalty assessment equal
 11 to the lesser of (i) 5% of the amount of the installment not
 12 paid on or before the due date plus 5% of the portion thereof
 13 remaining unpaid on the last day of each 30-day period month
 14 thereafter or (ii) 100% of the installment amount not paid on
 15 or before the due date. For purposes of this subsection,
 16 payments will be credited first to unpaid installment amounts
 17 (rather than to penalty or interest), beginning with the most
 18 delinquent installments.

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

20 (305 ILCS 5/5A-5) (from Ch. 23, par. 5A-5)

21 Sec. 5A-5. Notice Reporting; penalty; maintenance of
 22 records.

23 (a) After December 31 of each year (except as otherwise
 24 provided in this subsection), and on or before March 31 of
 25 the succeeding year, the Department of Public Aid shall send
 26 a notice of assessment to every hospital provider subject to
 27 assessment under this Article ~~shall file a return with the~~
 28 ~~Illinois Department.~~ The notice of assessment shall notify
 29 the hospital of its ~~return shall report the adjusted gross~~
 30 ~~hospital revenue from the calendar year just ended and shall~~
 31 ~~be utilized by the Illinois Department to calculate the~~
 32 assessment for the State fiscal year commencing on the next
 33 July 1, except that the notice ~~return~~ for the State fiscal

1 year commencing July 1, 2003 ~~1992~~ and the report of revenue
 2 for calendar year ~~1991~~ shall be sent filed on or before June
 3 1, 2004 ~~September 30, 1992~~. The notice return shall be on a
 4 form prepared by the Illinois Department and shall state the
 5 following:

6 (1) The name of the hospital provider.

7 (2) The address of the hospital provider's
 8 principal place of business from which the provider
 9 engages in the occupation of hospital provider in this
 10 State, and the name and address of each hospital
 11 operated, conducted, or maintained by the provider in
 12 this State.

13 (3) The occupied bed days adjusted-gross-hospital
 14 revenue of the hospital provider for the calendar year
 15 just-ended, the amount of assessment imposed under
 16 Section 5A-2 for the State fiscal year for which the
 17 notice return is sent filed, and the amount of each
 18 quarterly installment to be paid during the State fiscal
 19 year.

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

21 (5) Other reasonable information as determined by
 22 the Illinois Department requires.

23 (b) If a hospital provider conducts, operates, or
 24 maintains more than one hospital licensed by the Illinois
 25 Department of Public Health, the provider shall may-not-file
 26 a-single-return-covering-all-these-hospitals, but shall file
 27 a-separate-return-for-each-hospital-and-shall-compute-and pay
 28 the assessment for each hospital separately.

29 (c) Notwithstanding any other provision in this Article,
 30 in the case of a person who ceases to conduct, operate, or
 31 maintain a hospital in respect of which the person is subject
 32 to assessment under this Article as a hospital provider, the
 33 assessment for the State fiscal year in which the cessation
 34 occurs shall be adjusted by multiplying the assessment

1 computed under Section 5A-2 by a fraction, the numerator of
 2 which is the number of days months in the year during which
 3 the provider conducts, operates, or maintains the hospital
 4 and the denominator of which is 365 12. Immediately upon
 5 ceasing to conduct, operate, or maintain a hospital, the
 6 person shall pay ~~file--a--final,~~~~7--amended--return-with-the~~
 7 ~~Illinois-Department-not-more-than-90-days-after-the-cessation~~
 8 ~~reflecting-the-adjustment-and-shall-pay-with-the-final-return~~
 9 the assessment for the year as so adjusted (to the extent not
 10 previously paid).

11 (d) Notwithstanding any other provision in this Article,
 12 a provider who commences conducting, operating, or
 13 maintaining a hospital, upon notice by the Illinois
 14 Department, ~~shall-file-an-initial-return-for-the-State-fiscal~~
 15 ~~year--in--which--the--commencement--occurs--within--90---days~~
 16 thereafter--and shall pay the assessment computed under
 17 Section 5A-2 and subsection (e) in equal installments on the
 18 due dates stated in the notice ~~date-of-the-return~~ and on the
 19 regular installment due dates for the State fiscal year
 20 occurring after the due dates ~~date~~ of the initial notice
 21 ~~return.~~

22 (e) Notwithstanding any other provision in this Article,
 23 in the case of a hospital provider that did not conduct,
 24 operate, or maintain a hospital throughout the calendar year
 25 2001 ~~preceding--a-State-fiscal-year,~~ the assessment for that
 26 State fiscal year shall be computed on the basis of
 27 hypothetical occupied bed days ~~adjusted--gross--hospital~~
 28 revenue for the full calendar year as determined by--rules
 29 adopted by the Illinois Department ~~(which-may-be-based-on~~
 30 ~~annualization-of-the-provider's-actual-revenues-for-a-portion~~
 31 ~~of-the-calendar-year,~~~~7--or-revenues-of--a--comparable--hospital~~
 32 ~~for-the-year,~~~~including-revenues-realized-by-a-prior-provider~~
 33 ~~from-the-same-hospital-during-the-year).~~

34 (f) (Blank). ~~In-the-case-of-a-hospital-provider-existing~~

1 as--a--corporation--or-legal-entity-other-than-an-individual,
2 the-return-filed-by-it-shall--be--signed--by--its--president,
3 vice-president,
4 authorized-agent,
5

6 (g) (Blank). If-a-hospital-provider-fails--to--file--its
7 return--for--a-State-fiscal-year-on-or-before-the-due-date-of
8 the-return,
9 there--shall,
10 unless--waived--by--the--Illinois
11 Department--for--reasonable-cause,
12 be-added-to-the-assessment
13 imposed-by-Section-5A-2-for-the-State-fiscal-year--a--penalty
14 assessment--equal--to--25%--of-the-assessment-imposed-for-the
15 year.

16 (h) (Blank). Every--hospital--provider--subject--to
17 assessment--under--this-Article-shall-keep-sufficient-records
18 to--permit--the--determination--of--adjusted--gross--hospital
19 revenue-on-a-calendar-year-basis.--All-such-records-shall--be
20 kept--in--the-English-language-and-shall,
21 at-all-times-during
22 business-hours-of-the-day,
23 be-subject-to--inspection--by--the
24 Illinois--Department--or--its--duly--authorized--agents--and
25 employees.

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

27 (305 ILCS 5/5A-7) (from Ch. 23, par. 5A-7)

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

29 (a) To the extent practicable, the Illinois Department
30 shall administer and enforce this Article and collect the
31 assessments, interest, and penalty assessments imposed under
32 this Article using procedures employed in its administration
33 of this Code generally and, as it deems appropriate, in a
manner similar to that in which the Department of Revenue
administers and collects the retailers' occupation tax under
the Retailers' Occupation Tax Act ("ROTA"). Instead of
certificates of registration, the Illinois Department shall
establish and maintain a listing of all hospital providers
appearing in the licensing records of the Department of

1 Public Health, which shall show each provider's name,
2 principal place of business, and the name and address of each
3 hospital operated, conducted, or maintained by the provider
4 in this State. In addition, the following specified
5 provisions of the Retailers' Occupation Tax Act are
6 incorporated by reference into this Section except that the
7 Illinois Department and its Director (rather than the
8 Department of Revenue and its Director) and every hospital
9 provider subject to assessment measured by occupied bed days
10 ~~adjusted--gross--hospital--revenue--and--to--the--return--filing~~
11 ~~requirements--of--this--Article~~ (rather than persons subject to
12 retailers' occupation tax measured by gross receipts from the
13 sale of tangible personal property at retail and ~~to--the~~
14 ~~return--filing--requirements--of--ROTA~~) shall have the powers,
15 duties, and rights specified in these ROTA provisions, as
16 modified in this Section or by the Illinois Department in a
17 manner consistent with this Article and except as manifestly
18 inconsistent with the other provisions of this Article:

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

34 (2) ROTA, Sec. 5 (failure to make return; failure

1 to pay assessment), except that the penalty and interest
2 provisions of ROTA, Section 5 shall not apply.

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

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

8 (5) ROTA, Section 5c (liens; certificate of
9 release).

10 (6) ROTA, Section 5d (Department not required to
11 furnish bond; claim to property attached or levied upon).

12 (7) ROTA, Section 5e (foreclosure on liens;
13 enforcement).

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

16 (9) ROTA, Section 5g (sale of property;
17 redemption).

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

23 (11) ROTA, Section 6 (erroneous payments; credit or
24 refund), provided that (i) the Illinois Department may
25 only apply an amount otherwise subject to credit or
26 refund to a liability arising under this Article; (ii)
27 except in the case of an extended period agreed to by the
28 Illinois Department and the hospital provider before the
29 expiration of this limitation period, a claim for credit
30 or refund must be filed no more than 3 years after the
31 due date of the return required by Section 5A-5 (rather
32 than the time limitation stated in ROTA, Section 6); and
33 (iii) credits or refunds shall not bear interest.

34 (12) ROTA, Section 6a (claims for credit or

1 refund).

2 (13) ROTA, Section 6b (tentative determination of
3 claim; notice; hearing; review), provided that a hospital
4 provider or its representative shall have 60 days (rather
5 than 20 days) within which to file a protest and request
6 for hearing in response to a tentative determination of
7 claim.

8 (14) ROTA, Section 6c (finality of tentative
9 determinations).

10 (15) ROTA, Section 8 (investigations and
11 hearings).

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

13 (17) ROTA, Section 10 (issuance of subpoenas;
14 attendance of witnesses; production of books and
15 records).

16 (18) ROTA, Section 11 (information confidential;
17 exceptions).

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

25 (b) In addition to any other remedy provided for and
26 without sending a notice of assessment liability, the
27 Illinois Department may collect an unpaid assessment by
28 withholding, as payment of the assessment, reimbursements or
29 other amounts otherwise payable by the Illinois Department to
30 the provider.

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

32 (305 ILCS 5/5A-8) (from Ch. 23, par. 5A-8)

33 Sec. 5A-8. Hospital Provider Fund.

1 (a) There is created in the State Treasury the Hospital
 2 Provider Fund. Interest earned by the Fund shall be credited
 3 to the Fund. The Fund shall not be used to replace any
 4 moneys appropriated to the Medicaid program by the General
 5 Assembly.

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

10 (1) For making payments to hospitals as required
 11 under Articles V, VI, and XIV hospital--inpatient--care,
 12 hospital--ambulatory--care,--and--disproportionate--share
 13 hospital--distributive--expenditures-made-under-Title-XIX
 14 of-the-Social-Security-Act-and-Article-V of this Code and and
 15 under the Children's Health Insurance Program Act.

16 (2) For the reimbursement of moneys collected by
 17 the Illinois Department from hospitals or hospital
 18 providers through error or mistake in performing the
 19 activities authorized under this Article and Article V of
 20 this Code and-for-making-required-payments-under-Section
 21 14-9-of-this-Code-if-there-are-no--moneys--available--for
 22 these-payments-in-the-Hospital-Services-Trust-Fund.

23 (3) For payment of administrative expenses incurred
 24 by the Illinois Department or its agent in performing the
 25 activities authorized by this Article.

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

29 (5) For making transfers ~~to-the-General-Obligation~~
 30 ~~Bond-Retirement-and-Interest-Fund~~, as those transfers are
 31 authorized in the proceedings authorizing debt under the
 32 Short Term Borrowing Act, but transfers made under this
 33 paragraph (5) shall not exceed the principal amount of
 34 debt issued in anticipation of the receipt by the State

1 of moneys to be deposited into the Fund.

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

6 (7) For making transfers to the Health and Human
7 Services Medicaid Trust Fund, including 20% of the moneys
8 received from hospital providers under Section 5A-4 and
9 transferred into the Hospital Provider Fund under Section
10 5A-6. Transfers under this paragraph shall be made within
11 7 days after the payments have been received pursuant to
12 the schedule of payments provided in subsection (a) of
13 Section 5A-4.

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

16 Disbursements from the Fund, other than transfers
17 authorized under paragraphs (5) and (6) of this subsection to
18 the--General--Obligation--Bond--Retirement-and-Interest-Fund,
19 shall be by warrants drawn by the State Comptroller upon
20 receipt of vouchers duly executed and certified by the
21 Illinois Department.

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

23 (1) All moneys collected or received by the
24 Illinois Department from the hospital provider assessment
25 imposed by this Article.

26 (2) All federal matching funds received by the
27 Illinois Department as a result of expenditures made by
28 the Illinois Department that are attributable to moneys
29 deposited in the Fund.

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

32 (4) Moneys transferred from another fund in the
33 State treasury. Any--balance--in--the--Hospital--Services
34 Trust--Fund--in--the--State--Treasury.--The--balance--shall--be

1 transferred--to--the--Fund--upon--certification--by---the
2 Illinois--Department--to--the--State--Comptroller--that--all--of
3 the--disbursements--required--by--Section--14-2(b)--of--this
4 Code--have--been--made-

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

7 (d) (Blank). The Fund shall cease to exist on October 1,
8 1999.---Any--balance--in--the--Fund--as--of--that--date--shall--be
9 transferred--to--the--General--Revenue--Fund.---Any--moneys--that
10 otherwise--would--be--paid--into--the--Fund--on--or--after--that--date
11 shall--be--deposited--into--the--General--Revenue--Fund.---Any
12 disbursements--on--or--after--that--date--that--otherwise--would--be
13 made--from--the--Fund--may--be--appropriated--by--the--General
14 Assembly--from--the--General--Revenue--Fund-

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

16 (305 ILCS 5/5A-10) (from Ch. 23, par. 5A-10)

17 Sec. 5A-10. Applicability.

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

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

26 (2) the Department of Public Aid makes changes in
27 its rules that reduce the hospital inpatient or
28 outpatient payment rates, including adjustment payment
29 rates, in effect on October 1, 2003, except for hospitals
30 described in subsection (b) of Section 5A-3 and except
31 for changes in outpatient payment rates made to comply
32 with the federal Health Insurance Portability and
33 Accountability Act, so long as those changes do not

1 reduce aggregate expenditures below the amount expended
2 in State fiscal year 2003 for such services; or

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

7 (b) The assessment imposed by Section 5A-2 shall not
8 take effect or shall cease to be imposed if the assessment is
9 determined to be an impermissible tax amount--of--matching
10 federal--funds under Title XIX of the Social Security Act is
11 eliminated--or--significantly--reduced--on--account--of---the
12 assessment. Moneys in the Hospital Provider Fund derived
13 from assessments imposed prior thereto shall be disbursed in
14 accordance with Section 5A-8 to the extent federal matching
15 is not reduced due to the impermissibility of by the
16 assessments, and any remaining moneys assessments shall be
17 refunded to hospital providers in proportion to the amounts
18 paid by them.

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

20 (305 ILCS 5/5A-12 new)

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

22 (a) To improve access to hospital services, for hospital
23 services rendered on or after June 1, 2004, the Department of
24 Public Aid shall make payments to hospitals as set forth in
25 this Section, except for hospitals described in subsection
26 (b) of Section 5A-3. These payments shall be paid on a
27 quarterly basis. For State fiscal year 2004, the Department
28 shall pay the total amounts required under this Section;
29 these amounts shall be paid on or before June 15 of the year.
30 In subsequent State fiscal years, the total amounts required
31 under this Section shall be paid in 4 equal installments on
32 or before July 15, October 15, January 14, and April 15 of
33 the year. Payments under this Section are not due and

1 payable, however, until (i) the methodologies described in
2 this Section are approved by the federal government in an
3 appropriate State Plan amendment, (ii) the assessment imposed
4 under this Article is determined to be a permissible tax
5 under Title XIX of the Social Security Act, and (iii) the
6 assessment is in effect.

7 (b) High volume payment. In addition to rates paid for
8 inpatient hospital services, the Department of Public Aid
9 shall pay, to each Illinois hospital that provided more than
10 20,000 Medicaid inpatient days of care during State fiscal
11 year 2001 (except for hospitals that qualify for adjustment
12 payments under Section 5-5.02 for the 12-month period
13 beginning on October 1, 2002), \$190 for each Medicaid
14 inpatient day of care provided during that fiscal year. A
15 hospital that provided less than 30,000 Medicaid inpatient
16 days of care during that period, however, is not entitled to
17 receive more than \$3,500,000 per year in such payments.

18 (c) Medicaid inpatient utilization rate adjustment. In
19 addition to rates paid for inpatient hospital services, the
20 Department of Public Aid shall pay each Illinois hospital
21 (except for hospitals described in Section 5A-3), for each
22 Medicaid inpatient day of care provided during State fiscal
23 year 2001, an amount equal to the product of \$57.25
24 multiplied by the quotient of 1 divided by the greater of
25 1.6% or the hospital's Medicaid inpatient utilization rate
26 (as used to determine eligibility for adjustment payments
27 under Section 5-5.02 for the 12-month period beginning on
28 October 1, 2002). The total payments under this subsection to
29 a hospital may not exceed \$10,500,000 annually.

30 (d) Psychiatric base rate adjustment.

31 (1) In addition to rates paid for inpatient
32 psychiatric services, the Department of Public Aid shall
33 pay each Illinois general acute care hospital with a
34 distinct part-psychiatric unit, for each Medicaid

1 inpatient psychiatric day of care provided in State
2 fiscal year 2001, an amount equal to \$400 less the
3 hospital's per-diem rate for Medicaid inpatient
4 psychiatric services as in effect on October 1, 2003. In
5 no event, however, shall that amount be less than zero.

6 (2) For distinct part-psychiatric units of Illinois
7 general acute care hospitals, except for all hospitals
8 excluded in Section 5A-3, whose inpatient per-diem rate
9 as in effect on October 1, 2003 is greater than \$400, the
10 Department shall pay, in addition to any other amounts
11 authorized under this Code, \$25 for each Medicaid
12 inpatient psychiatric day of care provided in State
13 fiscal year 2001.

14 (e) Supplemental tertiary care adjustment. In addition
15 to rates paid for inpatient services, the Department of
16 Public Aid shall pay to each Illinois hospital eligible for
17 tertiary care adjustment payments under 89 Ill. Adm. Code
18 148.296, as in effect for State fiscal year 2003, a
19 supplemental tertiary care adjustment payment equal to the
20 tertiary care adjustment payment required under 89 Ill. Adm.
21 Code 148.296, as in effect for State fiscal year 2003.

22 (f) Medicaid outpatient utilization rate adjustment. In
23 addition to rates paid for outpatient hospital services, the
24 Department of Public Aid shall pay each Illinois hospital
25 (except for hospitals described in Section 5A-3), an amount
26 equal to the product of 2.45% multiplied by the hospital's
27 Medicaid outpatient charges multiplied by the quotient of 1
28 divided by the greater of 1.6% or the hospital's Medicaid
29 outpatient utilization rate. The total payments under this
30 subsection to a hospital may not exceed \$6,750,000 annually.

31 For purposes of this subsection:

32 "Medicaid outpatient charges" means the charges for
33 outpatient services provided to Medicaid patients for State
34 fiscal year 2001 as submitted by the hospital on the UB-92

1 billing form or under the ambulatory procedure listing and
2 adjudicated by the Department of Public Aid on or before
3 September 12, 2003.

4 "Medicaid outpatient utilization rate" means a fraction,
5 the numerator of which is the hospital's Medicaid outpatient
6 charges and the denominator of which is the total number of
7 the hospital's charges for outpatient services for the
8 hospital's fiscal year ending in 2001.

9 (g) State outpatient service adjustment. In addition to
10 rates paid for outpatient hospital services, the Department
11 of Public Aid shall pay each Illinois hospital an amount
12 equal to the product of 75.5% multiplied by the hospital's
13 Medicaid outpatient services submitted to the Department on
14 the UB-92 billing form for State fiscal year 2001 multiplied
15 by the hospital's outpatient access fraction.

16 For purposes of this subsection, "outpatient access
17 fraction" means a fraction, the numerator of which is the
18 hospital's Medicaid payments for outpatient services for
19 ambulatory procedure listing services submitted to the
20 Department on the UB-92 billing form for State fiscal year
21 2001, and the denominator of which is the hospital's Medicaid
22 outpatient services submitted to the Department on the UB-92
23 billing form for State fiscal year 2001.

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

26 (h) Rural hospital outpatient adjustment. In addition to
27 rates paid for outpatient hospital services, the Department
28 of Public Aid shall pay each Illinois rural hospital an
29 amount equal to the product of \$14,500,000 multiplied by the
30 rural hospital outpatient adjustment fraction.

31 For purposes of this subsection, "rural hospital
32 outpatient adjustment fraction" means a fraction, the
33 numerator of which is the hospital's Medicaid visits for
34 outpatient services for ambulatory procedure listing services

1 submitted to the Department on the UB-92 billing form for
2 State fiscal year 2001, and the denominator of which is the
3 total Medicaid visits for outpatient services for ambulatory
4 procedure listing services for all Illinois rural hospitals
5 submitted to the Department on the UB-92 billing form for
6 State fiscal year 2001.

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

10 (i) Merged/closed hospital adjustment. If any hospital
11 files a combined Medicaid cost report with another hospital
12 after January 1, 2001, and if that hospital subsequently
13 closes, then except for the payments described in subsection
14 (e), all payments described in the various subsections of
15 this Section shall, before the application of the annual
16 limitation amount specified in each such subsection, be
17 multiplied by a fraction, the numerator of which is the
18 number of occupied bed days attributable to the open hospital
19 and the denominator of which is the sum of the number of
20 occupied bed days of each open hospital and each closed
21 hospital. For purposes of this subsection, "occupied bed
22 days" has the same meaning as the term is defined in
23 subsection (a) of Section 5A-2.

24 (j) For purposes of this Section, the terms "Medicaid
25 days", "Medicaid charges", and "Medicaid services" do not
26 include any days, charges, or services for which Medicare was
27 liable for payment.

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

30 (305 ILCS 5/5A-13 new)

31 Sec. 5A-13. Emergency rulemaking. The Department of
32 Public Aid may adopt rules necessary to implement this
33 amendatory Act of the 93rd General Assembly through the use

1 of emergency rulemaking in accordance with Section 5-45 of
 2 the Illinois Administrative Procedure Act. For purposes of
 3 that Act, the General Assembly finds that the adoption of
 4 rules to implement this amendatory Act of the 93rd General
 5 Assembly is deemed an emergency and necessary for the public
 6 interest, safety, and welfare.

7 (305 ILCS 5/5A-14 new)
 8 Sec. 5A-14. Repeal of assessments and disbursements.
 9 (a) Section 5A-2 is repealed on July 1, 2005.
 10 (b) Section 5A-12 is repealed on July 1, 2005.

11 (305 ILCS 5/14-1) (from Ch. 23, par. 14-1)
 12 Sec. 14-1. Definitions. As used in this Article, unless
 13 the context requires otherwise:

14 "Fund"-means-the-Hospital-Services-Trust-Fund.
 15 "Estimated--Rate--Year--Utilization"-means-the-hospital's
 16 projected-utilization-for-the-State-fiscal-year-in-which--the
 17 fee-is-due-(for-example,-fiscal-year-1992-for-fees-imposed-in
 18 State--fiscal-year-1992,-fiscal-year-1993-for-fees-imposed-in
 19 State-fiscal-year-1993,-and-so-forth).
 20 "Gross-Receipts"-means-all-payments-for-medical--services
 21 delivered--under--Title--XIX--of--the-Social-Security-Act-and
 22 Articles-V,-VI,-and-VII-of-this-Code-and-shall-mean--any--and
 23 all--payments--made-by-the-Illinois-Department,-or-a-Division
 24 thereof,-to-a-Medical-Assistance-Program--provider--certified
 25 to--participate--in--the-Illinois-Medical-Assistance-Program,
 26 for-services-rendered-eligible-for-Medical--Assistance--under
 27 Articles--V,-VI--and-VII-of-this-Code,-State-regulations-and
 28 the-federal-Medicaid-Program-as-defined-in-Title-XIX--of--the
 29 Social-Security-Act-and-federal-regulations.

30 "Hospital" means any institution, place, building, or
 31 agency, public or private, whether organized for profit or
 32 not-for-profit, which is located in the State and is subject

1 to licensure by the Illinois Department of Public Health
 2 under the Hospital Licensing Act or any institution, place,
 3 building, or agency, public or private, whether organized for
 4 profit or not-for-profit, which meets all comparable
 5 conditions and requirements of the Hospital Licensing Act in
 6 effect for the state in which it is located, and is required
 7 to submit cost reports to the Illinois Department under Title
 8 89, Part 148, of the Illinois Administrative Code, but shall
 9 not include the University of Illinois Hospital as defined in
 10 the University of Illinois Hospital Act or a county hospital
 11 in a county of over 3 million population.

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

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

18 (305 ILCS 5/Art. V-D rep.)

19 (305 ILCS 5/14-2 rep.)

20 (305 ILCS 5/14-3 rep.)

21 (305 ILCS 5/14-4 rep.)

22 (305 ILCS 5/14-5 rep.)

23 (305 ILCS 5/14-6 rep.)

24 (305 ILCS 5/14-7 rep.)

25 (305 ILCS 5/14-9 rep.)

26 (305 ILCS 5/14-10 rep.)

27 Section 11. The Illinois Public Aid Code is amended by
 28 repealing Article V-D and Sections 14-2, 14-3, 14-4, 14-5,
 29 14-6, 14-7, 14-9, and 14-10.

30 Section 99. Effective date. This Act takes effect upon
 31 becoming law."