Sen. Christine Radogno

Filed: 2/26/2010

09600SB3743sam001   LRB096 20325 KTG 37763 a

1   AMENDMENT TO SENATE BILL 3743

2   AMENDMENT NO. _____. Amend Senate Bill 3743 by replacing

3   everything after the enacting clause with the following:

4   "Section 1. Short title. This Act may be cited as the Long

5   Term Acute Care Hospital Quality Improvement Transfer Program

6   Act.

7   Section 5. Purpose of Act. The General Assembly finds that

8   it is vital for the State of Illinois to find methods to

9   improve the health care outcomes of patients served by the

10   healthcare programs operated by the Department of Healthcare

11   and Family Services. Improving a patient's health not only

12   benefits the patient's quality of life but also results in a

13   more efficient use of the resources needed to provide care.

14   Estimates show that the Long Term Acute Care Hospital Quality

15   Improvement Transfer Program established under this Act could

16   save approximately $10,000,000 annually. The program focuses

1   on some of the most severely injured and ill patients in the
2   State of Illinois. It is designed to better utilize the
3   specialized services available in the State to improve these
4   patients' health outcomes and to enhance the continuity and
5   coordination of care for these patients. This program serves as
6   one of the many pieces needed to reform the State of Illinois'
7   healthcare programs to better serve the people of the State of
8   Illinois.

9   Section 10. Definitions. As used in this Act:
10   (a) "CARE tool" means the Continuity and Record Evaluation
11 (CARE) tool. It is a patient assessment instrument that has
12 been developed to document the medical, cognitive, functional,
13 and discharge status of persons receiving health care services
14 in acute and post-acute care settings. The data collected is
15 able to document provider-level quality of care (patient
16 outcomes) and characterize the clinical complexity of
17 patients.
18   (b) "Department" means the Illinois Department of
19 Healthcare and Family Services.
20   (c) "Discharge" means the release of a patient from
21 hospital care for any discharge disposition other than a leave
22 of absence, even if for Medicare payment purposes the discharge
23 fits the definition of an interrupted stay.
24   (d) "FTE" means "full-time equivalent" or a person or
25 persons employed in one full-time position.

1   (e) "Hospital" means an institution, place, building, or
2 agency located in this State that is licensed as a general
3 acute hospital by the Illinois Department of Public Health
4 under the Hospital Licensing Act, whether public or private and
5 whether organized for profit or not-for-profit.

6   (f) "ICU" means intensive care unit.

7   (g) "LTAC hospital" means a hospital that is designated by
8 Medicare as a long term acute care hospital as described in
9 Section 1886(d)(1)(B)(iv)(I) of the Social Security Act and has
10 an average length of Medicaid inpatient stay greater than 25
11 days as reported on the hospital's 2008 Medicaid cost report on
12 file as of February 15, 2010.

13   (h) "LTAC hospital criteria" means nationally recognized
14 evidence-based evaluation criteria that have been publicly
15 tested and includes criteria specific to an LTAC hospital for
16 admission, continuing stay, and discharge. The criteria cannot
17 include criteria derived or developed by or for a specific
18 hospital or group of hospitals. Criteria and tools developed by
19 hospitals   or   hospital   associations   or   hospital-owned
20 organizations   are   not   acceptable   and   do   not   meet   the
21 requirements of this subsection.

22   (i) "Patient" means an individual who is admitted to a
23 hospital for an inpatient stay.

24   (j) "Program" means the Long Term Acute Care Hospital
25 Quality Improvement Transfer Program established by this Act.

26   (k) "STAC hospital" means a hospital that is not an LTAC

1 hospital as defined in this Act or a psychiatric hospital or a

2 rehabilitation hospital.

3 Section 15. Qualifying Hospitals.

4 (a) Beginning on the effective date of this Act, the

5 Department shall establish the Long Term Acute Care Hospital

6 Quality Improvement Transfer Program. Any hospital may

7 participate in the program if it meets the requirements of this

8 Section as determined by the Department.

9 (b) To participate in the program a hospital must do the

10 following:

11 (1) Operate as an LTAC hospital.

12 (2) Employ one-half of an FTE (designated for case

13 management) for every 15 patients admitted to the hospital.

14 (3) Maintain on-site physician coverage 24 hours a day,

15 7 days a week.

16 (4) Maintain on-site respiratory therapy coverage 24

17 hours a day, 7 days a week.

18 (c) A hospital must also execute a program participation

19 agreement with the Department. The agreement must include:

20 (1) An attestation that the hospital complies with the

21 criteria in subsection (b) of this Section.

22 (2) A process for the hospital to report its continuing

23 compliance with subsection (b) of this Section. The

24 hospital must submit a compliance report at least annually.

25 (3) A requirement that the hospital complete and submit

1   the CARE tool (the most currently available version or an
2   equivalent tool designated and approved for use by the
3   Department) for each patient no later than 7 calendar days
4   after discharge.

5   (4) A requirement that the hospital use a patient
6   satisfaction survey specifically designed for LTAC
7   hospital settings. The hospital must submit survey results
8   data to the Department at least annually.

9   (5) A requirement that the hospital accept all
10   clinically-approved patients for admission or transfer
11   from a STAC hospital. The patient must be evaluated using
12   LTAC hospital criteria approved by the Department for use
13   in this program and meet the appropriate criteria.

14   (6) A requirement that the hospital report quality and
15   outcome measurement data, as described in Section 20 of
16   this Act, to the Department at least annually.

17   (7) A requirement that the hospital provide the
18   Department full access to patient data and other data
19   maintained by the hospital. Access must be in compliance
20   with State and federal law.

21   (8) A requirement that the hospital use LTAC hospital
22   criteria to evaluate patients that are admitted to the
23   hospital to determine that the patient is in the most
24   appropriate setting.

25   Section 20. Quality and outcome measurement data.

1   (a) For proper evaluation and monitoring of the program,
2 each LTAC hospital must provide quality and outcome measurement
3 data ("measures") as specified in subsections (c) through (h)
4 of this Section to the Department for patients treated under
5 this program. The Department may develop measures in addition
6 to the minimum measures required under this Section.

7   (b) Two sets of measures must be calculated. The first set
8 should only use data for medical assistance patients, and the
9 second set should include all patients of the LTAC hospital
10 regardless of payer.

11   (c) Average LTAC hospital length of stay for patients
12 discharged during the reporting period. The quotient of:

13   (1) Numerator: all patient days for discharged
14   patients during the reporting period.

15   (2) Denominator: number of patient discharges
16   associated with the days included in the numerator.

17   (d) Adverse outcomes rates: Percent of patients who expired
18 or whose condition worsens and requires treatment in a STAC
19 hospital. The quotient of:

20   (1) Numerator: sum of expirations plus discharges to a
21   STAC Hospital.

22   (2) Denominator: total discharges.

23   (e) Ventilator weaning rate: Percent of patients
24 discharged during the reporting period who have been
25 successfully weaned off invasive mechanical ventilation. The
26 quotient of:

1   (1) Numerator:

2   (A) Includes all patients who were admitted on

3   invasive mechanical ventilation (per endotracheal or

4   tracheostomy tube) and were completely weaned from

5   invasive mechanical ventilation at discharge from the

6   LTAC hospital, patients admitted receiving part-time

7   or nocturnal invasive mechanical ventilation, patients

8   admitted on invasive mechanical and transitioned to

9   noninvasive ventilation at time of discharge.

10   (B) Excludes patients who have not yet been

11   discharged, patients who were not completely weaned

12   from invasive mechanical ventilation, patients that

13   were weaned for a period of time but returned to

14   ventilator support and were ventilator-dependent at

15   time of discharge, and patients who expired.

16   (2) Denominator: includes all ventilator dependent

17 patients.

18 (f) Central Line Infection Rate per 1000 central line days:

19 Number of patients discharged from an LTAC hospital during the

20 reporting period that had a central line in place and developed

21 a bloodstream infection 48 hours or more after admission to the

22 LTAC hospital. The quotient of:

23   (1) Numerator:

24   (A) Includes all discharged patients that had a

25   central line and developed a bloodstream infection as

26   defined by the Centers for Disease Control and

1   Prevention. The definition of central line includes

2   any device that is not peripheral, including Single,

3   Double, and Triple Lumen vascular catheters,

4   percutaneously inserted central catheter lines, and

5   Tunneled catheters such as Mediports and Groshongs.

6   Number of primary bloodstream infections in patients

7   with a central line catheter, including patients whose

8   primary blood stream infection was identified at least

9   48 hours after admission.

10   (B) Excludes patients that:

11   (i) Were admitted to the LTAC hospital with a

12   bloodstream infection;

13   (ii) Had a bloodstream infection identified by

14   the LTAC hospital within 48 hours of the LTAC

15   hospital admission;

16   (iii) Were not discharged; or

17   (iv) Did not have a central line.

18   (2) Denominator: Number of central line catheter days

19   for the reporting period.

20   (A) Includes central line catheter patient days

21   for all discharges from the LTAC hospital.

22   (B) Excludes patients that did not have a central

23   line and exclude patient days for patients that left

24   the facility for a leave of absence and subsequently

25   returned to the LTAC hospital and therefore were not

26   discharged.

1   (g) Acquired pressure ulcers per 1000 patient days. The

2   quotient of:

3   (1) Numerator: Number of pressure ulcers that

4   developed during the LTAC hospital hospitalization in

5   patients discharged from an LTAC hospital during the

6   reporting period.

7   (A) Includes total number of stage 2-4 ulcers

8   identified more than 48 hours after admission to the LTAC

9   hospital.

10   (B) Excludes the following:

11   (i) Ulcers in patients that have not yet been

12   discharged.

13   (ii) Pressure ulcers Stage 2 and greater

14   present at admission to the LTAC hospital.

15   (iii) Stage 1 pressure ulcers.

16   (iv) Pressure ulcers that were identified

17   within the first 48 hours of admission to the LTAC

18   hospital.

19   (2) Denominator: total patient days for the reporting

20   period.

21   (h) Falls with injury per 1000 patient days: Number of

22 falls among discharged LTAC hospital patients discharged

23 during the reporting period, who fell during the LTAC hospital

24 stay, regardless of distance fallen, that required an ancillary

25 or surgical procedure (i.e. x-ray, MRI, sutures, surgery, etc.)

26 The quotient of:

1   (1) Numerator:

2   (A) Includes the following:

3   (i) Falls with injury levels of minor,
4   moderate, major, and death in accordance with the
5   guidelines for falls with injury Fall Prevention
6   Protocol of the National Database of Nursing
7   Quality Indicators (NDNQI).

8   (ii) Assisted falls among discharged LTAC
9   hospital patients (patient caught themselves,
10   staff or witness assisted falls, falls caught to
11   prevent further falling).

12   (B) Excludes the following:

13   (i) Assisted falls (patient caught themselves,
14   staff or witness assisted falls, falls caught to
15   prevent further falling) among discharged LTAC
16   hospital patients that required physician exam or
17   bandage but no ancillary test or procedure.

18   (ii) Falls that required a physician exam or
19   bandage or ancillary test that was negative such as
20   x-ray.

21   (iii) Falls with no injury according to NDNQI
22   definitions.

23   (iv) Falls among the patients who have not yet
24   been discharged.

25   (2) Denominator: Number of discharged LTAC hospital
26   patient days for the reporting period, with patient days

1   calculated once per 24 hour period (usually at midnight
2   excluding patient days for the period of non-LTAC hospital
3   patients and LTAC hospital patients who are not yet
4   discharged).

5   Section 25. Quality improvement transfer program.
6   (a) The Department may exempt the following STAC hospitals
7   from the requirements in this Section:
8   (1) A hospital operated by a county with a population
9   of 3,000,000 or more.
10   (2) A hospital operated by a State agency or a State
11   university.
12 (b) STAC hospitals may transfer patients who meet criteria
13 in the LTAC hospital criteria and are medically stable for
14 discharge from the STAC hospital.
15 (c) A patient in a STAC hospital may be exempt from a
16 transfer if:
17   (1) The patients physician does not issue an order for
18   a transfer;
19   (2) The patient or the individual legally authorized to
20   make medical decisions for the patient refuses the
21   transfer; or
22   (3) The patient's care is primarily paid for by
23   Medicare or another third party. The exemption in this
24   paragraph (3) of subsection (c) does not apply to a patient
25   who has exhausted his or her Medicare benefits resulting in

1   the Department becoming the primary payer.

2   Section 30. LTAC hospital duties.

3   (a) The LTAC hospital must notify the Department within 5
4   calendar days if it no longer meets the requirements under
5   subsection (b) of Section 15.

6   (b) The LTAC hospital may terminate the agreement under
7   subsection (c) of Section 15 with a notice to the Department
8   within 15 calendar days if the State of Illinois fails to issue
9   payment within 50 days of submission of an appropriately
10   submitted claim.

11   (c) The LTAC hospital must assist the Department in
12   creating patient and family education material concerning the
13   program.

14   (d) The LTAC hospital must retain the patient's admission
15   evaluation to document that the patient meets the LTAC hospital
16   criteria and is eligible to receive the LTAC supplemental per
17   diem rate described in Section 35 of this Act.

18   Section 35. LTAC supplemental per diem rate.

19   (a) The Department must pay an LTAC supplemental per diem
20   rate calculated under this Section to LTAC hospitals that meet
21   the requirements of Section 15 of this Act for patients who
22   upon admission to the LTAC hospital meet LTAC hospital
23   criteria.

24   (b) The Department must not pay the LTAC supplemental per

1   diem rate calculated under this Section if the LTAC hospital no

2   longer meets the requirements under Section 15 or terminates

3   the agreement specified under Section 15. The Department must

4   not pay the LTAC supplemental per diem rate calculated under

5   this Section if the patient does not meet the LTAC hospital

6   criteria upon admission.

7   (c) After the first year of operation of the program

8   established by this Act, the Department may reduce the LTAC

9   supplemental per diem rate calculated under this Section by no

10   more than 5% for an LTAC hospital that does not meet benchmarks

11   or targets set by the Department. The Department may also

12   increase the LTAC supplemental per diem rate calculated under

13   this Section by no more than 5% for an LTAC hospital that

14   exceeds the benchmarks or targets set by the Department.

15   (d) The LTAC supplemental per diem rate shall be calculated

16   using the LTAC hospital's inflated cost per diem, defined in

17   subsection (f) of this Section, and subtracting the following:

18   (1) The LTAC hospital's Medicaid per diem inpatient

19   rate as calculated under 89 Ill. Adm. Code 148.270(c)(4).

20   (2) The LTAC hospital's disproportionate share (DSH)

21   rate as calculated under 89 Ill. Adm. Code 148.120.

22   (3) The LTAC hospital's Medicaid Percentage Adjustment

23   (MPA) rate as calculated under 89 Ill. Adm. Code 148.122.

24   (4) The LTAC hospital's Medicaid High Volume

25   Adjustment (MHVA) rate as calculated under 89 Ill. Adm.

26   Code 148.290(d).

1   (e) LTAC supplemental per diem rates are effective for 12

2   months beginning on October 1 of each year and must be updated

3   every 12 months.

4   (f) For the purposes of this Section, "inflated cost per

5   diem" means the quotient resulting from dividing the hospital's

6   inpatient Medicaid costs by the hospital's Medicaid inpatient

7   days and inflating it to the most current period using

8   methodologies consistent with the calculation of the rates

9   described in paragraphs (2),(3), and (4) of subsection (d). The

10   data is obtained from the LTAC hospital's most recent cost

11   report submitted to the Department as mandated under 89 Ill.

12   Adm. Code 148.210.

13   Section 40. Duties of the Department.

14   (a) The Department is responsible for implementing,

15   monitoring, and evaluating the program. This includes but is

16   not limited to:

17   (1) Collecting data required under Section 15 and data

18   necessary to calculate the measures under Section 20 of

19   this Act.

20   (2) Setting annual benchmarks or targets for the

21   measures in Section 20 of this Act or other measures beyond

22   the minimum required under Section 20. The Department must

23   consult participating LTAC hospitals when setting these

24   benchmarks and targets.

25   (3) Monitoring compliance with all requirements of

1   this Act.

2   (4) Creating patient and family education material

3   about the program for STAC hospitals to use.

4   (b) The Department must issue an annual report by posting

5   it to the Department's website. The annual report must include

6   at least the following information:

7   (1) Information on the LTAC hospitals that are

8   qualified and participating in the program.

9   (2) Quality and outcome measures, as described in

10   Section 20 of this Act, for each LTAC hospital.

11   (3) A calculation of the savings generated by the

12   program.

13   (4) Observations on how the program is working and any

14   suggestions to improve the program in the future.

15   (c) The Department must establish monitoring procedures

16   that ensure the LTAC supplemental payment is only paid for

17   patients who upon admission meet the LTAC hospital criteria.

18   The Department must notify qualified LTAC hospitals of the

19   procedures and establish an appeals process as part of those

20   procedures. The Department must recoup any LTAC supplemental

21   payments that are identified as being paid for patients who do

22   not meet the LTAC hospital criteria.

23   (d) The Department must implement the program by October 1,

24   2010.

25   (e) The Department must execute an agreement as required

26   under subsection (c) of Section 15 no later than 45 days after

1   the effective date of this Act.

2   (f) The Department must notify Illinois hospitals which
3   LTAC hospital criteria are approved for use under the program.
4   The Department may limit LTAC hospital criteria to the most
5   strict criteria that meet the definitions of this Act.

6   (g) The Department must identify discharge tools that are
7   considered equivalent to the CARE tool and approved for use
8   under the program. The Department must notify LTAC hospitals
9   which tools are approved for use under the program.

10   (h) The Department must notify Illinois LTAC hospitals of
11   the program and inform them how to apply for qualification and
12   what the qualification requirements are as described under
13   Section 15 of this Act.

14   (i) The Department must notify Illinois STAC hospitals
15   about the operation and implementation of the program
16   established by this Act.

17   (j) The Department must work with the Comptroller to ensure
18   a process to issue payments to LTAC hospitals qualified and
19   participating in the program within 50 days of submission of an
20   appropriate claim.

21   (k) The Department may use up to $500,000 of funds
22   contained in the Public Aid Recoveries Trust Fund per State
23   fiscal year to operate the program under this Act. The
24   Department may expand existing contracts, issue new contracts,
25   issue personal service contracts, or purchase other services,
26   supplies, or equipment.

1   Section 99. Effective date. This Act takes effect upon

2   becoming law.".