



Sen. Heather A. Steans

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LRB099 17926 KTG 49068 a

1 AMENDMENT TO HOUSE BILL 4678

2 AMENDMENT NO. _____. Amend House Bill 4678 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Administrative Procedure Act is
5 amended by changing Section 5-45 as follows:

6 (5 ILCS 100/5-45) (from Ch. 127, par. 1005-45)

7 Sec. 5-45. Emergency rulemaking.

8 (a) "Emergency" means the existence of any situation that
9 any agency finds reasonably constitutes a threat to the public
10 interest, safety, or welfare.

11 (b) If any agency finds that an emergency exists that
12 requires adoption of a rule upon fewer days than is required by
13 Section 5-40 and states in writing its reasons for that
14 finding, the agency may adopt an emergency rule without prior
15 notice or hearing upon filing a notice of emergency rulemaking
16 with the Secretary of State under Section 5-70. The notice

1 shall include the text of the emergency rule and shall be
2 published in the Illinois Register. Consent orders or other
3 court orders adopting settlements negotiated by an agency may
4 be adopted under this Section. Subject to applicable
5 constitutional or statutory provisions, an emergency rule
6 becomes effective immediately upon filing under Section 5-65 or
7 at a stated date less than 10 days thereafter. The agency's
8 finding and a statement of the specific reasons for the finding
9 shall be filed with the rule. The agency shall take reasonable
10 and appropriate measures to make emergency rules known to the
11 persons who may be affected by them.

12 (c) An emergency rule may be effective for a period of not
13 longer than 150 days, but the agency's authority to adopt an
14 identical rule under Section 5-40 is not precluded. No
15 emergency rule may be adopted more than once in any 24 month
16 period, except that this limitation on the number of emergency
17 rules that may be adopted in a 24 month period does not apply
18 to (i) emergency rules that make additions to and deletions
19 from the Drug Manual under Section 5-5.16 of the Illinois
20 Public Aid Code or the generic drug formulary under Section
21 3.14 of the Illinois Food, Drug and Cosmetic Act, (ii)
22 emergency rules adopted by the Pollution Control Board before
23 July 1, 1997 to implement portions of the Livestock Management
24 Facilities Act, (iii) emergency rules adopted by the Illinois
25 Department of Public Health under subsections (a) through (i)
26 of Section 2 of the Department of Public Health Act when

1 necessary to protect the public's health, (iv) emergency rules
2 adopted pursuant to subsection (n) of this Section, (v)
3 emergency rules adopted pursuant to subsection (o) of this
4 Section, or (vi) emergency rules adopted pursuant to subsection
5 (c-5) of this Section. Two or more emergency rules having
6 substantially the same purpose and effect shall be deemed to be
7 a single rule for purposes of this Section.

8 (c-5) To facilitate the maintenance of the program of group
9 health benefits provided to annuitants, survivors, and retired
10 employees under the State Employees Group Insurance Act of
11 1971, rules to alter the contributions to be paid by the State,
12 annuitants, survivors, retired employees, or any combination
13 of those entities, for that program of group health benefits,
14 shall be adopted as emergency rules. The adoption of those
15 rules shall be considered an emergency and necessary for the
16 public interest, safety, and welfare.

17 (d) In order to provide for the expeditious and timely
18 implementation of the State's fiscal year 1999 budget,
19 emergency rules to implement any provision of Public Act 90-587
20 or 90-588 or any other budget initiative for fiscal year 1999
21 may be adopted in accordance with this Section by the agency
22 charged with administering that provision or initiative,
23 except that the 24-month limitation on the adoption of
24 emergency rules and the provisions of Sections 5-115 and 5-125
25 do not apply to rules adopted under this subsection (d). The
26 adoption of emergency rules authorized by this subsection (d)

1 shall be deemed to be necessary for the public interest,
2 safety, and welfare.

3 (e) In order to provide for the expeditious and timely
4 implementation of the State's fiscal year 2000 budget,
5 emergency rules to implement any provision of Public Act 91-24
6 ~~this amendatory Act of the 91st General Assembly~~ or any other
7 budget initiative for fiscal year 2000 may be adopted in
8 accordance with this Section by the agency charged with
9 administering that provision or initiative, except that the
10 24-month limitation on the adoption of emergency rules and the
11 provisions of Sections 5-115 and 5-125 do not apply to rules
12 adopted under this subsection (e). The adoption of emergency
13 rules authorized by this subsection (e) shall be deemed to be
14 necessary for the public interest, safety, and welfare.

15 (f) In order to provide for the expeditious and timely
16 implementation of the State's fiscal year 2001 budget,
17 emergency rules to implement any provision of Public Act 91-712
18 ~~this amendatory Act of the 91st General Assembly~~ or any other
19 budget initiative for fiscal year 2001 may be adopted in
20 accordance with this Section by the agency charged with
21 administering that provision or initiative, except that the
22 24-month limitation on the adoption of emergency rules and the
23 provisions of Sections 5-115 and 5-125 do not apply to rules
24 adopted under this subsection (f). The adoption of emergency
25 rules authorized by this subsection (f) shall be deemed to be
26 necessary for the public interest, safety, and welfare.

1 (g) In order to provide for the expeditious and timely
2 implementation of the State's fiscal year 2002 budget,
3 emergency rules to implement any provision of Public Act 92-10
4 ~~this amendatory Act of the 92nd General Assembly~~ or any other
5 budget initiative for fiscal year 2002 may be adopted in
6 accordance with this Section by the agency charged with
7 administering that provision or initiative, except that the
8 24-month limitation on the adoption of emergency rules and the
9 provisions of Sections 5-115 and 5-125 do not apply to rules
10 adopted under this subsection (g). The adoption of emergency
11 rules authorized by this subsection (g) shall be deemed to be
12 necessary for the public interest, safety, and welfare.

13 (h) In order to provide for the expeditious and timely
14 implementation of the State's fiscal year 2003 budget,
15 emergency rules to implement any provision of Public Act 92-597
16 ~~this amendatory Act of the 92nd General Assembly~~ or any other
17 budget initiative for fiscal year 2003 may be adopted in
18 accordance with this Section by the agency charged with
19 administering that provision or initiative, except that the
20 24-month limitation on the adoption of emergency rules and the
21 provisions of Sections 5-115 and 5-125 do not apply to rules
22 adopted under this subsection (h). The adoption of emergency
23 rules authorized by this subsection (h) shall be deemed to be
24 necessary for the public interest, safety, and welfare.

25 (i) In order to provide for the expeditious and timely
26 implementation of the State's fiscal year 2004 budget,

1 emergency rules to implement any provision of Public Act 93-20
2 ~~this amendatory Act of the 93rd General Assembly~~ or any other
3 budget initiative for fiscal year 2004 may be adopted in
4 accordance with this Section by the agency charged with
5 administering that provision or initiative, except that the
6 24-month limitation on the adoption of emergency rules and the
7 provisions of Sections 5-115 and 5-125 do not apply to rules
8 adopted under this subsection (i). The adoption of emergency
9 rules authorized by this subsection (i) shall be deemed to be
10 necessary for the public interest, safety, and welfare.

11 (j) In order to provide for the expeditious and timely
12 implementation of the provisions of the State's fiscal year
13 2005 budget as provided under the Fiscal Year 2005 Budget
14 Implementation (Human Services) Act, emergency rules to
15 implement any provision of the Fiscal Year 2005 Budget
16 Implementation (Human Services) Act may be adopted in
17 accordance with this Section by the agency charged with
18 administering that provision, except that the 24-month
19 limitation on the adoption of emergency rules and the
20 provisions of Sections 5-115 and 5-125 do not apply to rules
21 adopted under this subsection (j). The Department of Public Aid
22 may also adopt rules under this subsection (j) necessary to
23 administer the Illinois Public Aid Code and the Children's
24 Health Insurance Program Act. The adoption of emergency rules
25 authorized by this subsection (j) shall be deemed to be
26 necessary for the public interest, safety, and welfare.

1 (k) In order to provide for the expeditious and timely
2 implementation of the provisions of the State's fiscal year
3 2006 budget, emergency rules to implement any provision of
4 Public Act 94-48 ~~this amendatory Act of the 94th General~~
5 ~~Assembly~~ or any other budget initiative for fiscal year 2006
6 may be adopted in accordance with this Section by the agency
7 charged with administering that provision or initiative,
8 except that the 24-month limitation on the adoption of
9 emergency rules and the provisions of Sections 5-115 and 5-125
10 do not apply to rules adopted under this subsection (k). The
11 Department of Healthcare and Family Services may also adopt
12 rules under this subsection (k) necessary to administer the
13 Illinois Public Aid Code, the Senior Citizens and Persons with
14 Disabilities Property Tax Relief Act, the Senior Citizens and
15 Disabled Persons Prescription Drug Discount Program Act (now
16 the Illinois Prescription Drug Discount Program Act), and the
17 Children's Health Insurance Program Act. The adoption of
18 emergency rules authorized by this subsection (k) shall be
19 deemed to be necessary for the public interest, safety, and
20 welfare.

21 (l) In order to provide for the expeditious and timely
22 implementation of the provisions of the State's fiscal year
23 2007 budget, the Department of Healthcare and Family Services
24 may adopt emergency rules during fiscal year 2007, including
25 rules effective July 1, 2007, in accordance with this
26 subsection to the extent necessary to administer the

1 Department's responsibilities with respect to amendments to
2 the State plans and Illinois waivers approved by the federal
3 Centers for Medicare and Medicaid Services necessitated by the
4 requirements of Title XIX and Title XXI of the federal Social
5 Security Act. The adoption of emergency rules authorized by
6 this subsection (l) shall be deemed to be necessary for the
7 public interest, safety, and welfare.

8 (m) In order to provide for the expeditious and timely
9 implementation of the provisions of the State's fiscal year
10 2008 budget, the Department of Healthcare and Family Services
11 may adopt emergency rules during fiscal year 2008, including
12 rules effective July 1, 2008, in accordance with this
13 subsection to the extent necessary to administer the
14 Department's responsibilities with respect to amendments to
15 the State plans and Illinois waivers approved by the federal
16 Centers for Medicare and Medicaid Services necessitated by the
17 requirements of Title XIX and Title XXI of the federal Social
18 Security Act. The adoption of emergency rules authorized by
19 this subsection (m) shall be deemed to be necessary for the
20 public interest, safety, and welfare.

21 (n) In order to provide for the expeditious and timely
22 implementation of the provisions of the State's fiscal year
23 2010 budget, emergency rules to implement any provision of
24 Public Act 96-45 ~~this amendatory Act of the 96th General~~
25 ~~Assembly~~ or any other budget initiative authorized by the 96th
26 General Assembly for fiscal year 2010 may be adopted in

1 accordance with this Section by the agency charged with
2 administering that provision or initiative. The adoption of
3 emergency rules authorized by this subsection (n) shall be
4 deemed to be necessary for the public interest, safety, and
5 welfare. The rulemaking authority granted in this subsection
6 (n) shall apply only to rules promulgated during Fiscal Year
7 2010.

8 (o) In order to provide for the expeditious and timely
9 implementation of the provisions of the State's fiscal year
10 2011 budget, emergency rules to implement any provision of
11 Public Act 96-958 ~~this amendatory Act of the 96th General~~
12 ~~Assembly~~ or any other budget initiative authorized by the 96th
13 General Assembly for fiscal year 2011 may be adopted in
14 accordance with this Section by the agency charged with
15 administering that provision or initiative. The adoption of
16 emergency rules authorized by this subsection (o) is deemed to
17 be necessary for the public interest, safety, and welfare. The
18 rulemaking authority granted in this subsection (o) applies
19 only to rules promulgated on or after the effective date of
20 Public Act 96-958 ~~this amendatory Act of the 96th General~~
21 ~~Assembly~~ through June 30, 2011.

22 (p) In order to provide for the expeditious and timely
23 implementation of the provisions of Public Act 97-689,
24 emergency rules to implement any provision of Public Act 97-689
25 may be adopted in accordance with this subsection (p) by the
26 agency charged with administering that provision or

1 initiative. The 150-day limitation of the effective period of
2 emergency rules does not apply to rules adopted under this
3 subsection (p), and the effective period may continue through
4 June 30, 2013. The 24-month limitation on the adoption of
5 emergency rules does not apply to rules adopted under this
6 subsection (p). The adoption of emergency rules authorized by
7 this subsection (p) is deemed to be necessary for the public
8 interest, safety, and welfare.

9 (q) In order to provide for the expeditious and timely
10 implementation of the provisions of Articles 7, 8, 9, 11, and
11 12 of Public Act 98-104 ~~this amendatory Act of the 98th General~~
12 ~~Assembly~~, emergency rules to implement any provision of
13 Articles 7, 8, 9, 11, and 12 of Public Act 98-104 ~~this~~
14 ~~amendatory Act of the 98th General Assembly~~ may be adopted in
15 accordance with this subsection (q) by the agency charged with
16 administering that provision or initiative. The 24-month
17 limitation on the adoption of emergency rules does not apply to
18 rules adopted under this subsection (q). The adoption of
19 emergency rules authorized by this subsection (q) is deemed to
20 be necessary for the public interest, safety, and welfare.

21 (r) In order to provide for the expeditious and timely
22 implementation of the provisions of Public Act 98-651 ~~this~~
23 ~~amendatory Act of the 98th General Assembly~~, emergency rules to
24 implement Public Act 98-651 ~~this amendatory Act of the 98th~~
25 ~~General Assembly~~ may be adopted in accordance with this
26 subsection (r) by the Department of Healthcare and Family

1 Services. The 24-month limitation on the adoption of emergency
2 rules does not apply to rules adopted under this subsection
3 (r). The adoption of emergency rules authorized by this
4 subsection (r) is deemed to be necessary for the public
5 interest, safety, and welfare.

6 (s) In order to provide for the expeditious and timely
7 implementation of the provisions of Sections 5-5b.1 and 5A-2 of
8 the Illinois Public Aid Code, emergency rules to implement any
9 provision of Section 5-5b.1 or Section 5A-2 of the Illinois
10 Public Aid Code may be adopted in accordance with this
11 subsection (s) by the Department of Healthcare and Family
12 Services. The rulemaking authority granted in this subsection
13 (s) shall apply only to those rules adopted prior to July 1,
14 2015. Notwithstanding any other provision of this Section, any
15 emergency rule adopted under this subsection (s) shall only
16 apply to payments made for State fiscal year 2015. The adoption
17 of emergency rules authorized by this subsection (s) is deemed
18 to be necessary for the public interest, safety, and welfare.

19 (t) In order to provide for the expeditious and timely
20 implementation of the provisions of Article II of Public Act
21 99-6 ~~this amendatory Act of the 99th General Assembly,~~
22 emergency rules to implement the changes made by Article II of
23 Public Act 99-6 ~~this amendatory Act of the 99th General~~
24 ~~Assembly~~ to the Emergency Telephone System Act may be adopted
25 in accordance with this subsection (t) by the Department of
26 State Police. The rulemaking authority granted in this

1 subsection (t) shall apply only to those rules adopted prior to
2 July 1, 2016. The 24-month limitation on the adoption of
3 emergency rules does not apply to rules adopted under this
4 subsection (t). The adoption of emergency rules authorized by
5 this subsection (t) is deemed to be necessary for the public
6 interest, safety, and welfare.

7 (u) ~~(t)~~ In order to provide for the expeditious and timely
8 implementation of the provisions of the Burn Victims Relief
9 Act, emergency rules to implement any provision of the Act may
10 be adopted in accordance with this subsection (u) ~~(t)~~ by the
11 Department of Insurance. The rulemaking authority granted in
12 this subsection (u) ~~(t)~~ shall apply only to those rules adopted
13 prior to December 31, 2015. The adoption of emergency rules
14 authorized by this subsection (u) ~~(t)~~ is deemed to be necessary
15 for the public interest, safety, and welfare.

16 (v) In order to provide for the expeditious and timely
17 implementation of the provisions of this amendatory Act of the
18 99th General Assembly, emergency rules to implement this
19 amendatory Act of the 99th General Assembly may be adopted in
20 accordance with this subsection (v) by the Department of
21 Healthcare and Family Services. The 24-month limitation on the
22 adoption of emergency rules does not apply to rules adopted
23 under this subsection (v). The adoption of emergency rules
24 authorized by this subsection (v) is deemed to be necessary for
25 the public interest, safety, and welfare.

26 (Source: P.A. 98-104, eff. 7-22-13; 98-463, eff. 8-16-13;

1 98-651, eff. 6-16-14; 99-2, eff. 3-26-15; 99-6, eff. 1-1-16;
2 99-143, eff. 7-27-15; 99-455, eff. 1-1-16; revised 10-15-15.)

3 Section 10. The State Finance Act is amended by changing
4 Section 6z-81 as follows:

5 (30 ILCS 105/6z-81)

6 Sec. 6z-81. Healthcare Provider Relief Fund.

7 (a) There is created in the State treasury a special fund
8 to be known as the Healthcare Provider Relief Fund.

9 (b) The Fund is created for the purpose of receiving and
10 disbursing moneys in accordance with this Section.
11 Disbursements from the Fund shall be made only as follows:

12 (1) Subject to appropriation, for payment by the
13 Department of Healthcare and Family Services or by the
14 Department of Human Services of medical bills and related
15 expenses, including administrative expenses, for which the
16 State is responsible under Titles XIX and XXI of the Social
17 Security Act, the Illinois Public Aid Code, the Children's
18 Health Insurance Program Act, the Covering ALL KIDS Health
19 Insurance Act, and the Long Term Acute Care Hospital
20 Quality Improvement Transfer Program Act.

21 (2) For repayment of funds borrowed from other State
22 funds or from outside sources, including interest thereon.

23 (3) For State fiscal years 2017 and 2018, for making
24 payments to the human poison control center pursuant to

1 Section 12-4.105 of the Illinois Public Aid Code.

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

3 (1) Moneys received by the State from short-term
4 borrowing pursuant to the Short Term Borrowing Act on or
5 after the effective date of this amendatory Act of the 96th
6 General Assembly.

7 (2) All federal matching funds received by the Illinois
8 Department of Healthcare and Family Services as a result of
9 expenditures made by the Department that are attributable
10 to moneys deposited in the Fund.

11 (3) All federal matching funds received by the Illinois
12 Department of Healthcare and Family Services as a result of
13 federal approval of Title XIX State plan amendment
14 transmittal number 07-09.

15 (4) All other moneys received for the Fund from any
16 other source, including interest earned thereon.

17 (5) All federal matching funds received by the Illinois
18 Department of Healthcare and Family Services as a result of
19 expenditures made by the Department for Medical Assistance
20 from the General Revenue Fund, the Tobacco Settlement
21 Recovery Fund, the Long-Term Care Provider Fund, and the
22 Drug Rebate Fund related to individuals eligible for
23 medical assistance pursuant to the Patient Protection and
24 Affordable Care Act (P.L. 111-148) and Section 5-2 of the
25 Illinois Public Aid Code.

26 (d) In addition to any other transfers that may be provided

1 for by law, on the effective date of this amendatory Act of the
2 97th General Assembly, or as soon thereafter as practical, the
3 State Comptroller shall direct and the State Treasurer shall
4 transfer the sum of \$365,000,000 from the General Revenue Fund
5 into the Healthcare Provider Relief Fund.

6 (e) In addition to any other transfers that may be provided
7 for by law, on July 1, 2011, or as soon thereafter as
8 practical, the State Comptroller shall direct and the State
9 Treasurer shall transfer the sum of \$160,000,000 from the
10 General Revenue Fund to the Healthcare Provider Relief Fund.

11 (f) Notwithstanding any other State law to the contrary,
12 and in addition to any other transfers that may be provided for
13 by law, the State Comptroller shall order transferred and the
14 State Treasurer shall transfer \$500,000,000 to the Healthcare
15 Provider Relief Fund from the General Revenue Fund in equal
16 monthly installments of \$100,000,000, with the first transfer
17 to be made on July 1, 2012, or as soon thereafter as practical,
18 and with each of the remaining transfers to be made on August
19 1, 2012, September 1, 2012, October 1, 2012, and November 1,
20 2012, or as soon thereafter as practical. This transfer may
21 assist the Department of Healthcare and Family Services in
22 improving Medical Assistance bill processing timeframes or in
23 meeting the possible requirements of Senate Bill 3397, or other
24 similar legislation, of the 97th General Assembly should it
25 become law.

26 (g) Notwithstanding any other State law to the contrary,

1 and in addition to any other transfers that may be provided for
2 by law, on July 1, 2013, or as soon thereafter as may be
3 practical, the State Comptroller shall direct and the State
4 Treasurer shall transfer the sum of \$601,000,000 from the
5 General Revenue Fund to the Healthcare Provider Relief Fund.

6 (Source: P.A. 97-44, eff. 6-28-11; 97-641, eff. 12-19-11;
7 97-689, eff. 6-14-12; 97-732, eff. 6-30-12; 98-24, eff.
8 6-19-13; 98-463, eff. 8-16-13.)

9 Section 15. The Illinois Public Aid Code is amended by
10 changing Sections 5A-2, 5A-8, 5A-12.2, and 5A-12.5 and by
11 adding Section 12-4.105 as follows:

12 (305 ILCS 5/5A-2) (from Ch. 23, par. 5A-2)

13 (Section scheduled to be repealed on July 1, 2018)

14 Sec. 5A-2. Assessment.

15 (a) (1) Subject to Sections 5A-3 and 5A-10, for State fiscal
16 years 2009 through 2018, an annual assessment on inpatient
17 services is imposed on each hospital provider in an amount
18 equal to \$218.38 multiplied by the difference of the hospital's
19 occupied bed days less the hospital's Medicare bed days,
20 provided, however, that the amount of \$218.38 shall be
21 increased by a uniform percentage to generate an amount equal
22 to 75% of the State share of the payments authorized under
23 Section 5A-12.5 ~~Section 12-5~~, with such increase only taking
24 effect upon the date that a State share for such payments is

1 required under federal law. For the period of April through
2 June 2015, the amount of \$218.38 used to calculate the
3 assessment under this paragraph shall, by emergency rule under
4 subsection (s) of Section 5-45 of the Illinois Administrative
5 Procedure Act, be increased by a uniform percentage to generate
6 \$20,250,000 in the aggregate for that period from all hospitals
7 subject to the annual assessment under this paragraph.

8 (2) In addition to any other assessments imposed under this
9 Article, effective July 1, 2016 and semi-annually thereafter
10 through June 2018, in addition to any federally required State
11 share as authorized under paragraph (1), the amount of \$218.38
12 shall be increased by a uniform percentage to generate an
13 amount equal to 75% of the ACA Assessment Adjustment, as
14 defined in subsection (b-6) of this Section.

15 For State fiscal years 2009 through 2014 and after, a
16 hospital's occupied bed days and Medicare bed days shall be
17 determined using the most recent data available from each
18 hospital's 2005 Medicare cost report as contained in the
19 Healthcare Cost Report Information System file, for the quarter
20 ending on December 31, 2006, without regard to any subsequent
21 adjustments or changes to such data. If a hospital's 2005
22 Medicare cost report is not contained in the Healthcare Cost
23 Report Information System, then the Illinois Department may
24 obtain the hospital provider's occupied bed days and Medicare
25 bed days from any source available, including, but not limited
26 to, records maintained by the hospital provider, which may be

1 inspected at all times during business hours of the day by the
2 Illinois Department or its duly authorized agents and
3 employees.

4 (b) (Blank).

5 (b-5)(1) Subject to Sections 5A-3 and 5A-10, for the
6 portion of State fiscal year 2012, beginning June 10, 2012
7 through June 30, 2012, and for State fiscal years 2013 through
8 2018, an annual assessment on outpatient services is imposed on
9 each hospital provider in an amount equal to .008766 multiplied
10 by the hospital's outpatient gross revenue, provided, however,
11 that the amount of .008766 shall be increased by a uniform
12 percentage to generate an amount equal to 25% of the State
13 share of the payments authorized under Section 5A-12.5 ~~Section~~
14 ~~12-5~~, with such increase only taking effect upon the date that
15 a State share for such payments is required under federal law.
16 For the period beginning June 10, 2012 through June 30, 2012,
17 the annual assessment on outpatient services shall be prorated
18 by multiplying the assessment amount by a fraction, the
19 numerator of which is 21 days and the denominator of which is
20 365 days. For the period of April through June 2015, the amount
21 of .008766 used to calculate the assessment under this
22 paragraph shall, by emergency rule under subsection (s) of
23 Section 5-45 of the Illinois Administrative Procedure Act, be
24 increased by a uniform percentage to generate \$6,750,000 in the
25 aggregate for that period from all hospitals subject to the
26 annual assessment under this paragraph.

1 (2) In addition to any other assessments imposed under this
2 Article, effective July 1, 2016 and semi-annually thereafter
3 through June 2018, in addition to any federally required State
4 share as authorized under paragraph (1), the amount of .008766
5 shall be increased by a uniform percentage to generate an
6 amount equal to 25% of the ACA Assessment Adjustment, as
7 defined in subsection (b-6) of this Section.

8 For the portion of State fiscal year 2012, beginning June
9 10, 2012 through June 30, 2012, and State fiscal years 2013
10 through 2018, a hospital's outpatient gross revenue shall be
11 determined using the most recent data available from each
12 hospital's 2009 Medicare cost report as contained in the
13 Healthcare Cost Report Information System file, for the quarter
14 ending on June 30, 2011, without regard to any subsequent
15 adjustments or changes to such data. If a hospital's 2009
16 Medicare cost report is not contained in the Healthcare Cost
17 Report Information System, then the Department may obtain the
18 hospital provider's outpatient gross revenue from any source
19 available, including, but not limited to, records maintained by
20 the hospital provider, which may be inspected at all times
21 during business hours of the day by the Department or its duly
22 authorized agents and employees.

23 (b-6)(1) As used in this Section, "ACA Assessment
24 Adjustment" means:

25 (A) For the period of July 1, 2016 through December 31,
26 2016, the product of .19125 multiplied by the sum of the

1 fee-for-service payments to hospitals as authorized under
2 Section 5A-12.5 and the adjustments authorized under
3 subsection (t) of Section 5A-12.2 to managed care
4 organizations for hospital services due and payable in the
5 month of April 2016 multiplied by 6.

6 (B) For the period of January 1, 2017 through June 30,
7 2017, the product of .19125 multiplied by the sum of the
8 fee-for-service payments to hospitals as authorized under
9 Section 5A-12.5 and the adjustments authorized under
10 subsection (t) of Section 5A-12.2 to managed care
11 organizations for hospital services due and payable in the
12 month of October 2016 multiplied by 6, except that the
13 amount calculated under this subparagraph (B) shall be
14 adjusted, either positively or negatively, to account for
15 the difference between the actual payments issued under
16 Section 5A-12.5 for the period beginning July 1, 2016
17 through December 31, 2016 and the estimated payments due
18 and payable in the month of April 2016 multiplied by 6 as
19 described in subparagraph (A).

20 (C) For the period of July 1, 2017 through December 31,
21 2017, the product of .19125 multiplied by the sum of the
22 fee-for-service payments to hospitals as authorized under
23 Section 5A-12.5 and the adjustments authorized under
24 subsection (t) of Section 5A-12.2 to managed care
25 organizations for hospital services due and payable in the
26 month of April 2017 multiplied by 6, except that the amount

1 calculated under this subparagraph (C) shall be adjusted,
2 either positively or negatively, to account for the
3 difference between the actual payments issued under
4 Section 5A-12.5 for the period beginning January 1, 2017
5 through June 30, 2017 and the estimated payments due and
6 payable in the month of October 2016 multiplied by 6 as
7 described in subparagraph (B).

8 (D) For the period of January 1, 2018 through June 30,
9 2018, the product of .19125 multiplied by the sum of the
10 fee-for-service payments to hospitals as authorized under
11 Section 5A-12.5 and the adjustments authorized under
12 subsection (t) of Section 5A-12.2 to managed care
13 organizations for hospital services due and payable in the
14 month of October 2017 multiplied by 6, except that:

15 (i) the amount calculated under this subparagraph

16 (D) shall be adjusted, either positively or
17 negatively, to account for the difference between the
18 actual payments issued under Section 5A-12.5 for the
19 period of July 1, 2017 through December 31, 2017 and
20 the estimated payments due and payable in the month of
21 April 2017 multiplied by 6 as described in subparagraph
22 (C); and

23 (ii) the amount calculated under this subparagraph
24 (D) shall be adjusted to include the product of .19125
25 multiplied by the sum of the fee-for-service payments,
26 if any, estimated to be paid to hospitals under

1 subsection (b) of Section 5A-12.5.

2 (2) The Department shall complete and apply a final
3 reconciliation of the ACA Assessment Adjustment prior to June
4 30, 2018 to account for:

5 (A) any differences between the actual payments issued
6 or scheduled to be issued prior to June 30, 2018 as
7 authorized in Section 5A-12.5 for the period of January 1,
8 2018 through June 30, 2018 and the estimated payments due
9 and payable in the month of October 2017 multiplied by 6 as
10 described in subparagraph (D); and

11 (B) any difference between the estimated
12 fee-for-service payments under subsection (b) of Section
13 5A-12.5 and the amount of such payments that are actually
14 scheduled to be paid.

15 The Department shall notify hospitals of any additional
16 amounts owed or reduction credits to be applied to the June
17 2018 ACA Assessment Adjustment. This is to be considered the
18 final reconciliation for the ACA Assessment Adjustment.

19 (3) Notwithstanding any other provision of this Section, if
20 for any reason the scheduled payments under subsection (b) of
21 Section 5A-12.5 are not issued in full by the final day of the
22 period authorized under subsection (b) of Section 5A-12.5,
23 funds collected from each hospital pursuant to subparagraph (D)
24 of paragraph (1) and pursuant to paragraph (2), attributable to
25 the scheduled payments authorized under subsection (b) of
26 Section 5A-12.5 that are not issued in full by the final day of

1 the period attributable to each payment authorized under
2 subsection (b) of Section 5A-12.5, shall be refunded.

3 (4) The increases authorized under paragraph (2) of
4 subsection (a) and paragraph (2) of subsection (b-5) shall be
5 limited to the federally required State share of the total
6 payments authorized under Section 5A-12.5 if the sum of such
7 payments yields an annualized amount equal to or less than
8 \$450,000,000, or if the adjustments authorized under
9 subsection (t) of Section 5A-12.2 are found not to be
10 actuarially sound; however, this limitation shall not apply to
11 the fee-for-service payments described in subsection (b) of
12 Section 5A-12.5.

13 (c) (Blank).

14 (d) Notwithstanding any of the other provisions of this
15 Section, the Department is authorized to adopt rules to reduce
16 the rate of any annual assessment imposed under this Section,
17 as authorized by Section 5-46.2 of the Illinois Administrative
18 Procedure Act.

19 (e) Notwithstanding any other provision of this Section,
20 any plan providing for an assessment on a hospital provider as
21 a permissible tax under Title XIX of the federal Social
22 Security Act and Medicaid-eligible payments to hospital
23 providers from the revenues derived from that assessment shall
24 be reviewed by the Illinois Department of Healthcare and Family
25 Services, as the Single State Medicaid Agency required by
26 federal law, to determine whether those assessments and

1 hospital provider payments meet federal Medicaid standards. If
2 the Department determines that the elements of the plan may
3 meet federal Medicaid standards and a related State Medicaid
4 Plan Amendment is prepared in a manner and form suitable for
5 submission, that State Plan Amendment shall be submitted in a
6 timely manner for review by the Centers for Medicare and
7 Medicaid Services of the United States Department of Health and
8 Human Services and subject to approval by the Centers for
9 Medicare and Medicaid Services of the United States Department
10 of Health and Human Services. No such plan shall become
11 effective without approval by the Illinois General Assembly by
12 the enactment into law of related legislation. Notwithstanding
13 any other provision of this Section, the Department is
14 authorized to adopt rules to reduce the rate of any annual
15 assessment imposed under this Section. Any such rules may be
16 adopted by the Department under Section 5-50 of the Illinois
17 Administrative Procedure Act.

18 (Source: P.A. 98-104, eff. 7-22-13; 98-651, eff. 6-16-14; 99-2,
19 eff. 3-26-15.)

20 (305 ILCS 5/5A-8) (from Ch. 23, par. 5A-8)

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

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

1 (b) The Fund is created for the purpose of receiving moneys
2 in accordance with Section 5A-6 and disbursing moneys only for
3 the following purposes, notwithstanding any other provision of
4 law:

5 (1) For making payments to hospitals as required under
6 this Code, under the Children's Health Insurance Program
7 Act, under the Covering ALL KIDS Health Insurance Act, and
8 under the Long Term Acute Care Hospital Quality Improvement
9 Transfer Program Act.

10 (2) For the reimbursement of moneys collected by the
11 Illinois Department from hospitals or hospital providers
12 through error or mistake in performing the activities
13 authorized under this Code.

14 (3) For payment of administrative expenses incurred by
15 the Illinois Department or its agent in performing
16 activities under this Code, under the Children's Health
17 Insurance Program Act, under the Covering ALL KIDS Health
18 Insurance Act, and under the Long Term Acute Care Hospital
19 Quality Improvement Transfer Program Act.

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

23 (5) For making transfers, as those transfers are
24 authorized in the proceedings authorizing debt under the
25 Short Term Borrowing Act, but transfers made under this
26 paragraph (5) shall not exceed the principal amount of debt

1 issued in anticipation of the receipt by the State of
2 moneys to be deposited into the Fund.

3 (6) For making transfers to any other fund in the State
4 treasury, but transfers made under this paragraph (6) shall
5 not exceed the amount transferred previously from that
6 other fund into the Hospital Provider Fund plus any
7 interest that would have been earned by that fund on the
8 monies that had been transferred.

9 (6.5) For making transfers to the Healthcare Provider
10 Relief Fund, except that transfers made under this
11 paragraph (6.5) shall not exceed \$60,000,000 in the
12 aggregate.

13 (7) For making transfers not exceeding the following
14 amounts, related to State fiscal years 2013 through 2018,
15 to the following designated funds:

16	Health and Human Services Medicaid Trust	
17	Fund	\$20,000,000
18	Long-Term Care Provider Fund	\$30,000,000
19	General Revenue Fund	\$80,000,000.

20 Transfers under this paragraph shall be made within 7 days
21 after the payments have been received pursuant to the
22 schedule of payments provided in subsection (a) of Section
23 5A-4.

24 (7.1) (Blank).

25 (7.5) (Blank).

26 (7.8) (Blank).

1 (7.9) (Blank).

2 (7.10) For State fiscal year 2014, for making transfers
3 of the moneys resulting from the assessment under
4 subsection (b-5) of Section 5A-2 and received from hospital
5 providers under Section 5A-4 and transferred into the
6 Hospital Provider Fund under Section 5A-6 to the designated
7 funds not exceeding the following amounts in that State
8 fiscal year:

9 Health Care Provider Relief Fund \$100,000,000

10 Transfers under this paragraph shall be made within 7
11 days after the payments have been received pursuant to the
12 schedule of payments provided in subsection (a) of Section
13 5A-4.

14 The additional amount of transfers in this paragraph
15 (7.10), authorized by Public Act 98-651, shall be made
16 within 10 State business days after June 16, 2014 (the
17 effective date of Public Act 98-651). That authority shall
18 remain in effect even if Public Act 98-651 does not become
19 law until State fiscal year 2015.

20 (7.10a) For State fiscal years 2015 through 2018, for
21 making transfers of the moneys resulting from the
22 assessment under subsection (b-5) of Section 5A-2 and
23 received from hospital providers under Section 5A-4 and
24 transferred into the Hospital Provider Fund under Section
25 5A-6 to the designated funds not exceeding the following
26 amounts related to each State fiscal year:

1 Health Care Provider Relief Fund \$50,000,000

2 Transfers under this paragraph shall be made within 7
3 days after the payments have been received pursuant to the
4 schedule of payments provided in subsection (a) of Section
5 5A-4.

6 (7.11) (Blank).

7 (7.12) For State fiscal year 2013, for increasing by
8 $21/365$ ths the transfer of the moneys resulting from the
9 assessment under subsection (b-5) of Section 5A-2 and
10 received from hospital providers under Section 5A-4 for the
11 portion of State fiscal year 2012 beginning June 10, 2012
12 through June 30, 2012 and transferred into the Hospital
13 Provider Fund under Section 5A-6 to the designated funds
14 not exceeding the following amounts in that State fiscal
15 year:

16 Health Care Provider Relief Fund \$2,870,000

17 Since the federal Centers for Medicare and Medicaid
18 Services approval of the assessment authorized under
19 subsection (b-5) of Section 5A-2, received from hospital
20 providers under Section 5A-4 and the payment methodologies
21 to hospitals required under Section 5A-12.4 was not
22 received by the Department until State fiscal year 2014 and
23 since the Department made retroactive payments during
24 State fiscal year 2014 related to the referenced period of
25 June 2012, the transfer authority granted in this paragraph
26 (7.12) is extended through the date that is 10 State

1 business days after June 16, 2014 (the effective date of
2 Public Act 98-651).

3 (7.13) In addition to any other transfers authorized
4 under this Section, for State fiscal years 2017 and 2018,
5 for making transfers to the Healthcare Provider Relief Fund
6 of moneys collected from the ACA Assessment Adjustment
7 authorized under subsections (a) and (b-5) of Section 5A-2
8 and paid by hospital providers under Section 5A-4 into the
9 Hospital Provider Fund under Section 5A-6 for each State
10 fiscal year. Timing of transfers to the Healthcare Provider
11 Relief Fund under this paragraph shall be at the discretion
12 of the Department, but no less frequently than quarterly.

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

15 (9) For making payment to capitated managed care
16 organizations as described in subsections (s) and (t) of
17 Section 5A-12.2 of this Code.

18 Disbursements from the Fund, other than transfers
19 authorized under paragraphs (5) and (6) of this subsection,
20 shall be by warrants drawn by the State Comptroller upon
21 receipt of vouchers duly executed and certified by the Illinois
22 Department.

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

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

1 (2) All federal matching funds received by the Illinois
2 Department as a result of expenditures made by the Illinois
3 Department that are attributable to moneys deposited in the
4 Fund.

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

7 (3.5) As applicable, proceeds from surety bond
8 payments payable to the Department as referenced in
9 subsection (s) of Section 5A-12.2 of this Code.

10 (4) Moneys transferred from another fund in the State
11 treasury.

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

14 (d) (Blank).

15 (Source: P.A. 98-104, eff. 7-22-13; 98-463, eff. 8-16-13;
16 98-651, eff. 6-16-14; 98-756, eff. 7-16-14; 99-78, eff.
17 7-20-15.)

18 (305 ILCS 5/5A-12.2)

19 (Section scheduled to be repealed on July 1, 2018)

20 Sec. 5A-12.2. Hospital access payments on or after July 1,
21 2008.

22 (a) To preserve and improve access to hospital services,
23 for hospital services rendered on or after July 1, 2008, the
24 Illinois Department shall, except for hospitals described in
25 subsection (b) of Section 5A-3, make payments to hospitals as

1 set forth in this Section. These payments shall be paid in 12
2 equal installments on or before the seventh State business day
3 of each month, except that no payment shall be due within 100
4 days after the later of the date of notification of federal
5 approval of the payment methodologies required under this
6 Section or any waiver required under 42 CFR 433.68, at which
7 time the sum of amounts required under this Section prior to
8 the date of notification is due and payable. Payments under
9 this Section are not due and payable, however, until (i) the
10 methodologies described in this Section are approved by the
11 federal government in an appropriate State Plan amendment and
12 (ii) the assessment imposed under this Article is determined to
13 be a permissible tax under Title XIX of the Social Security
14 Act.

15 (a-5) The Illinois Department may, when practicable,
16 accelerate the schedule upon which payments authorized under
17 this Section are made.

18 (b) Across-the-board inpatient adjustment.

19 (1) In addition to rates paid for inpatient hospital
20 services, the Department shall pay to each Illinois general
21 acute care hospital an amount equal to 40% of the total
22 base inpatient payments paid to the hospital for services
23 provided in State fiscal year 2005.

24 (2) In addition to rates paid for inpatient hospital
25 services, the Department shall pay to each freestanding
26 Illinois specialty care hospital as defined in 89 Ill. Adm.

1 Code 149.50(c)(1), (2), or (4) an amount equal to 60% of
2 the total base inpatient payments paid to the hospital for
3 services provided in State fiscal year 2005.

4 (3) In addition to rates paid for inpatient hospital
5 services, the Department shall pay to each freestanding
6 Illinois rehabilitation or psychiatric hospital an amount
7 equal to \$1,000 per Medicaid inpatient day multiplied by
8 the increase in the hospital's Medicaid inpatient
9 utilization ratio (determined using the positive
10 percentage change from the rate year 2005 Medicaid
11 inpatient utilization ratio to the rate year 2007 Medicaid
12 inpatient utilization ratio, as calculated by the
13 Department for the disproportionate share determination).

14 (4) In addition to rates paid for inpatient hospital
15 services, the Department shall pay to each Illinois
16 children's hospital an amount equal to 20% of the total
17 base inpatient payments paid to the hospital for services
18 provided in State fiscal year 2005 and an additional amount
19 equal to 20% of the base inpatient payments paid to the
20 hospital for psychiatric services provided in State fiscal
21 year 2005.

22 (5) In addition to rates paid for inpatient hospital
23 services, the Department shall pay to each Illinois
24 hospital eligible for a pediatric inpatient adjustment
25 payment under 89 Ill. Adm. Code 148.298, as in effect for
26 State fiscal year 2007, a supplemental pediatric inpatient

1 adjustment payment equal to:

2 (i) For freestanding children's hospitals as
3 defined in 89 Ill. Adm. Code 149.50(c)(3)(A), 2.5
4 multiplied by the hospital's pediatric inpatient
5 adjustment payment required under 89 Ill. Adm. Code
6 148.298, as in effect for State fiscal year 2008.

7 (ii) For hospitals other than freestanding
8 children's hospitals as defined in 89 Ill. Adm. Code
9 149.50(c)(3)(B), 1.0 multiplied by the hospital's
10 pediatric inpatient adjustment payment required under
11 89 Ill. Adm. Code 148.298, as in effect for State
12 fiscal year 2008.

13 (c) Outpatient adjustment.

14 (1) In addition to the rates paid for outpatient
15 hospital services, the Department shall pay each Illinois
16 hospital an amount equal to 2.2 multiplied by the
17 hospital's ambulatory procedure listing payments for
18 categories 1, 2, 3, and 4, as defined in 89 Ill. Adm. Code
19 148.140(b), for State fiscal year 2005.

20 (2) In addition to the rates paid for outpatient
21 hospital services, the Department shall pay each Illinois
22 freestanding psychiatric hospital an amount equal to 3.25
23 multiplied by the hospital's ambulatory procedure listing
24 payments for category 5b, as defined in 89 Ill. Adm. Code
25 148.140(b)(1)(E), for State fiscal year 2005.

26 (d) Medicaid high volume adjustment. In addition to rates

1 paid for inpatient hospital services, the Department shall pay
2 to each Illinois general acute care hospital that provided more
3 than 20,500 Medicaid inpatient days of care in State fiscal
4 year 2005 amounts as follows:

5 (1) For hospitals with a case mix index equal to or
6 greater than the 85th percentile of hospital case mix
7 indices, \$350 for each Medicaid inpatient day of care
8 provided during that period; and

9 (2) For hospitals with a case mix index less than the
10 85th percentile of hospital case mix indices, \$100 for each
11 Medicaid inpatient day of care provided during that period.

12 (e) Capital adjustment. In addition to rates paid for
13 inpatient hospital services, the Department shall pay an
14 additional payment to each Illinois general acute care hospital
15 that has a Medicaid inpatient utilization rate of at least 10%
16 (as calculated by the Department for the rate year 2007
17 disproportionate share determination) amounts as follows:

18 (1) For each Illinois general acute care hospital that
19 has a Medicaid inpatient utilization rate of at least 10%
20 and less than 36.94% and whose capital cost is less than
21 the 60th percentile of the capital costs of all Illinois
22 hospitals, the amount of such payment shall equal the
23 hospital's Medicaid inpatient days multiplied by the
24 difference between the capital costs at the 60th percentile
25 of the capital costs of all Illinois hospitals and the
26 hospital's capital costs.

1 (2) For each Illinois general acute care hospital that
2 has a Medicaid inpatient utilization rate of at least
3 36.94% and whose capital cost is less than the 75th
4 percentile of the capital costs of all Illinois hospitals,
5 the amount of such payment shall equal the hospital's
6 Medicaid inpatient days multiplied by the difference
7 between the capital costs at the 75th percentile of the
8 capital costs of all Illinois hospitals and the hospital's
9 capital costs.

10 (f) Obstetrical care adjustment.

11 (1) In addition to rates paid for inpatient hospital
12 services, the Department shall pay \$1,500 for each Medicaid
13 obstetrical day of care provided in State fiscal year 2005
14 by each Illinois rural hospital that had a Medicaid
15 obstetrical percentage (Medicaid obstetrical days divided
16 by Medicaid inpatient days) greater than 15% for State
17 fiscal year 2005.

18 (2) In addition to rates paid for inpatient hospital
19 services, the Department shall pay \$1,350 for each Medicaid
20 obstetrical day of care provided in State fiscal year 2005
21 by each Illinois general acute care hospital that was
22 designated a level III perinatal center as of December 31,
23 2006, and that had a case mix index equal to or greater
24 than the 45th percentile of the case mix indices for all
25 level III perinatal centers.

26 (3) In addition to rates paid for inpatient hospital

1 services, the Department shall pay \$900 for each Medicaid
2 obstetrical day of care provided in State fiscal year 2005
3 by each Illinois general acute care hospital that was
4 designated a level II or II+ perinatal center as of
5 December 31, 2006, and that had a case mix index equal to
6 or greater than the 35th percentile of the case mix indices
7 for all level II and II+ perinatal centers.

8 (g) Trauma adjustment.

9 (1) In addition to rates paid for inpatient hospital
10 services, the Department shall pay each Illinois general
11 acute care hospital designated as a trauma center as of
12 July 1, 2007, a payment equal to 3.75 multiplied by the
13 hospital's State fiscal year 2005 Medicaid capital
14 payments.

15 (2) In addition to rates paid for inpatient hospital
16 services, the Department shall pay \$400 for each Medicaid
17 acute inpatient day of care provided in State fiscal year
18 2005 by each Illinois general acute care hospital that was
19 designated a level II trauma center, as defined in 89 Ill.
20 Adm. Code 148.295(a)(3) and 148.295(a)(4), as of July 1,
21 2007.

22 (3) In addition to rates paid for inpatient hospital
23 services, the Department shall pay \$235 for each Illinois
24 Medicaid acute inpatient day of care provided in State
25 fiscal year 2005 by each level I pediatric trauma center
26 located outside of Illinois that had more than 8,000

1 Illinois Medicaid inpatient days in State fiscal year 2005.

2 (h) Supplemental tertiary care adjustment. In addition to
3 rates paid for inpatient services, the Department shall pay to
4 each Illinois hospital eligible for tertiary care adjustment
5 payments under 89 Ill. Adm. Code 148.296, as in effect for
6 State fiscal year 2007, a supplemental tertiary care adjustment
7 payment equal to the tertiary care adjustment payment required
8 under 89 Ill. Adm. Code 148.296, as in effect for State fiscal
9 year 2007.

10 (i) Crossover adjustment. In addition to rates paid for
11 inpatient services, the Department shall pay each Illinois
12 general acute care hospital that had a ratio of crossover days
13 to total inpatient days for medical assistance programs
14 administered by the Department (utilizing information from
15 2005 paid claims) greater than 50%, and a case mix index
16 greater than the 65th percentile of case mix indices for all
17 Illinois hospitals, a rate of \$1,125 for each Medicaid
18 inpatient day including crossover days.

19 (j) Magnet hospital adjustment. In addition to rates paid
20 for inpatient hospital services, the Department shall pay to
21 each Illinois general acute care hospital and each Illinois
22 freestanding children's hospital that, as of February 1, 2008,
23 was recognized as a Magnet hospital by the American Nurses
24 Credentialing Center and that had a case mix index greater than
25 the 75th percentile of case mix indices for all Illinois
26 hospitals amounts as follows:

1 (1) For hospitals located in a county whose eligibility
2 growth factor is greater than the mean, \$450 multiplied by
3 the eligibility growth factor for the county in which the
4 hospital is located for each Medicaid inpatient day of care
5 provided by the hospital during State fiscal year 2005.

6 (2) For hospitals located in a county whose eligibility
7 growth factor is less than or equal to the mean, \$225
8 multiplied by the eligibility growth factor for the county
9 in which the hospital is located for each Medicaid
10 inpatient day of care provided by the hospital during State
11 fiscal year 2005.

12 For purposes of this subsection, "eligibility growth
13 factor" means the percentage by which the number of Medicaid
14 recipients in the county increased from State fiscal year 1998
15 to State fiscal year 2005.

16 (k) For purposes of this Section, a hospital that is
17 enrolled to provide Medicaid services during State fiscal year
18 2005 shall have its utilization and associated reimbursements
19 annualized prior to the payment calculations being performed
20 under this Section.

21 (1) For purposes of this Section, the terms "Medicaid
22 days", "ambulatory procedure listing services", and
23 "ambulatory procedure listing payments" do not include any
24 days, charges, or services for which Medicare or a managed care
25 organization reimbursed on a capitated basis was liable for
26 payment, except where explicitly stated otherwise in this

1 Section.

2 (m) For purposes of this Section, in determining the
3 percentile ranking of an Illinois hospital's case mix index or
4 capital costs, hospitals described in subsection (b) of Section
5 5A-3 shall be excluded from the ranking.

6 (n) Definitions. Unless the context requires otherwise or
7 unless provided otherwise in this Section, the terms used in
8 this Section for qualifying criteria and payment calculations
9 shall have the same meanings as those terms have been given in
10 the Illinois Department's administrative rules as in effect on
11 March 1, 2008. Other terms shall be defined by the Illinois
12 Department by rule.

13 As used in this Section, unless the context requires
14 otherwise:

15 "Base inpatient payments" means, for a given hospital, the
16 sum of base payments for inpatient services made on a per diem
17 or per admission (DRG) basis, excluding those portions of per
18 admission payments that are classified as capital payments.
19 Disproportionate share hospital adjustment payments, Medicaid
20 Percentage Adjustments, Medicaid High Volume Adjustments, and
21 outlier payments, as defined by rule by the Department as of
22 January 1, 2008, are not base payments.

23 "Capital costs" means, for a given hospital, the total
24 capital costs determined using the most recent 2005 Medicare
25 cost report as contained in the Healthcare Cost Report
26 Information System file, for the quarter ending on December 31,

1 2006, divided by the total inpatient days from the same cost
2 report to calculate a capital cost per day. The resulting
3 capital cost per day is inflated to the midpoint of State
4 fiscal year 2009 utilizing the national hospital market price
5 proxies (DRI) hospital cost index. If a hospital's 2005
6 Medicare cost report is not contained in the Healthcare Cost
7 Report Information System, the Department may obtain the data
8 necessary to compute the hospital's capital costs from any
9 source available, including, but not limited to, records
10 maintained by the hospital provider, which may be inspected at
11 all times during business hours of the day by the Illinois
12 Department or its duly authorized agents and employees.

13 "Case mix index" means, for a given hospital, the sum of
14 the DRG relative weighting factors in effect on January 1,
15 2005, for all general acute care admissions for State fiscal
16 year 2005, excluding Medicare crossover admissions and
17 transplant admissions reimbursed under 89 Ill. Adm. Code
18 148.82, divided by the total number of general acute care
19 admissions for State fiscal year 2005, excluding Medicare
20 crossover admissions and transplant admissions reimbursed
21 under 89 Ill. Adm. Code 148.82.

22 "Medicaid inpatient day" means, for a given hospital, the
23 sum of days of inpatient hospital days provided to recipients
24 of medical assistance under Title XIX of the federal Social
25 Security Act, excluding days for individuals eligible for
26 Medicare under Title XVIII of that Act (Medicaid/Medicare

1 crossover days), as tabulated from the Department's paid claims
2 data for admissions occurring during State fiscal year 2005
3 that was adjudicated by the Department through March 23, 2007.

4 "Medicaid obstetrical day" means, for a given hospital, the
5 sum of days of inpatient hospital days grouped by the
6 Department to DRGs of 370 through 375 provided to recipients of
7 medical assistance under Title XIX of the federal Social
8 Security Act, excluding days for individuals eligible for
9 Medicare under Title XVIII of that Act (Medicaid/Medicare
10 crossover days), as tabulated from the Department's paid claims
11 data for admissions occurring during State fiscal year 2005
12 that was adjudicated by the Department through March 23, 2007.

13 "Outpatient ambulatory procedure listing payments" means,
14 for a given hospital, the sum of payments for ambulatory
15 procedure listing services, as described in 89 Ill. Adm. Code
16 148.140(b), provided to recipients of medical assistance under
17 Title XIX of the federal Social Security Act, excluding
18 payments for individuals eligible for Medicare under Title
19 XVIII of the Act (Medicaid/Medicare crossover days), as
20 tabulated from the Department's paid claims data for services
21 occurring in State fiscal year 2005 that were adjudicated by
22 the Department through March 23, 2007.

23 (o) The Department may adjust payments made under this
24 Section 5A-12.2 to comply with federal law or regulations
25 regarding hospital-specific payment limitations on
26 government-owned or government-operated hospitals.

1 (p) Notwithstanding any of the other provisions of this
2 Section, the Department is authorized to adopt rules that
3 change the hospital access improvement payments specified in
4 this Section, but only to the extent necessary to conform to
5 any federally approved amendment to the Title XIX State plan.
6 Any such rules shall be adopted by the Department as authorized
7 by Section 5-50 of the Illinois Administrative Procedure Act.
8 Notwithstanding any other provision of law, any changes
9 implemented as a result of this subsection (p) shall be given
10 retroactive effect so that they shall be deemed to have taken
11 effect as of the effective date of this Section.

12 (q) (Blank).

13 (r) On and after July 1, 2012, the Department shall reduce
14 any rate of reimbursement for services or other payments or
15 alter any methodologies authorized by this Code to reduce any
16 rate of reimbursement for services or other payments in
17 accordance with Section 5-5e.

18 (s) On or after January 1, 2016 ~~July 1, 2014, but no later~~
19 ~~than October 1, 2014~~, and no less than annually thereafter, the
20 Department shall ~~may~~ increase capitation payments to capitated
21 managed care organizations (MCOs) to equal the aggregate
22 reduction of payments made in this Section and in Section
23 5A-12.4 by a uniform percentage on a regional basis to preserve
24 access to hospital services for recipients under the Illinois
25 Medical Assistance Program. The aggregate amount of all
26 increased capitation payments to all MCOs for a fiscal year

1 shall be the amount needed to avoid reduction in payments
2 authorized under Section 5A-15. Payments to MCOs under this
3 Section shall be consistent with actuarial certification and
4 shall be published by the Department each year. Each MCO shall
5 only expend the increased capitation payments it receives under
6 this Section to support the availability of hospital services
7 and to ensure access to hospital services, with such
8 expenditures being made within 15 calendar days from when the
9 MCO receives the increased capitation payment. The Department
10 shall make available, on a monthly basis, a report of the
11 capitation payments that are made to each MCO pursuant to this
12 subsection, including the number of enrollees for which such
13 payment is made, the per enrollee amount of the payment, and
14 any adjustments that have been made. Payments made under this
15 subsection shall be guaranteed by a surety bond obtained by the
16 MCO in an amount established by the Department to approximate
17 one month's liability of payments authorized under this
18 subsection. The Department may advance the payments guaranteed
19 by the surety bond. Payments to MCOs that would be paid
20 consistent with actuarial certification and enrollment in the
21 absence of the increased capitation payments under this Section
22 shall not be reduced as a consequence of payments made under
23 this subsection.

24 As used in this subsection, "MCO" means an entity which
25 contracts with the Department to provide services where payment
26 for medical services is made on a capitated basis.

1 (t) On or after July 1, 2014, the Department may increase
2 capitation payments to capitated managed care organizations
3 (MCOs) to equal the aggregate reduction of payments made in
4 Section 5A-12.5 to preserve access to hospital services for
5 recipients under the Illinois Medical Assistance Program.
6 Effective January 1, 2016, the Department shall increase
7 capitation payments to MCOs to include the payments authorized
8 under Section 5A-12.5 to preserve access to hospital services
9 for recipients under the Illinois Medical Assistance Program by
10 ensuring that the reimbursement provided for Affordable Care
11 Act adults enrolled in a MCO is equivalent to the reimbursement
12 provided for Affordable Care Act adults enrolled in a
13 fee-for-service program. Payments to MCOs under this Section
14 shall be consistent with actuarial certification and federal
15 approval (which may be retrospectively determined) and shall be
16 published by the Department each year. Each MCO shall only
17 expend the increased capitation payments it receives under this
18 Section to support the availability of hospital services and to
19 ensure access to hospital services, with such expenditures
20 being made within 15 calendar days from when the MCO receives
21 the increased capitation payment. Payments made under this
22 subsection may be guaranteed by a surety bond obtained by the
23 MCO in an amount established by the Department to approximate
24 one month's liability of payments authorized under this
25 subsection. The Department may advance the payments to
26 hospitals under this subsection, in the event the MCO fails to

1 make such payments. The Department shall make available, on a
2 monthly basis, a report of the capitation payments that are
3 made to each MCO pursuant to this subsection, including the
4 number of enrollees for which such payment is made, the per
5 enrollee amount of the payment, and any adjustments that have
6 been made. Payments to MCOs that would be paid consistent with
7 actuarial certification and enrollment in the absence of the
8 increased capitation payments under this subsection shall not
9 be reduced as a consequence of payments made under this
10 subsection.

11 As used in this subsection, "MCO" means an entity which
12 contracts with the Department to provide services where payment
13 for medical services is made on a capitated basis.

14 (Source: P.A. 97-689, eff. 6-14-12; 98-651, eff. 6-16-14.)

15 (305 ILCS 5/5A-12.5)

16 Sec. 5A-12.5. Affordable Care Act adults; hospital access
17 payments.

18 (a) The Department shall, subject to federal approval,
19 mirror the Medical Assistance hospital reimbursement
20 methodology for Affordable Care Act adults who are enrolled
21 under a fee-for-service or capitated managed care program,
22 including hospital access payments as defined in Section
23 5A-12.2 of this Article and hospital access improvement
24 payments as defined in Section 5A-12.4 of this Article, in
25 compliance with the equivalent rate provisions of the

1 Affordable Care Act.

2 (b) If the fee-for-service payments authorized under this
3 Section are deemed to be increases to payments for a prior
4 period, the Department shall seek federal approval to issue
5 such increases for the payments made through the period ending
6 on June 30, 2018, even if such increases are paid out during an
7 extended payment period beyond such date. Payment of such
8 increases beyond such date is subject to federal approval.

9 (c) As used in this Section, "Affordable Care Act" is the
10 collective term for the Patient Protection and Affordable Care
11 Act (Pub. L. 111-148) and the Health Care and Education
12 Reconciliation Act of 2010 (Pub. L. 111-152).
13 (Source: P.A. 98-651, eff. 6-16-14.)

14 (305 ILCS 5/12-4.105 new)

15 Sec. 12-4.105. Human poison control center; payment
16 program. Subject to funding availability resulting from
17 transfers made from the Hospital Provider Fund to the
18 Healthcare Provider Relief Fund as authorized under this Code,
19 for State fiscal year 2017 and State fiscal year 2018, the
20 Department of Healthcare and Family Services shall pay to the
21 human poison control center designated under the Poison Control
22 System Act an amount of not less than \$3,000,000 for each of
23 those State fiscal years that the human poison control center
24 is in operation.

1 Section 20. The Lead Poisoning Prevention Act is amended by
2 changing Section 15.1 as follows:

3 (410 ILCS 45/15.1)

4 Sec. 15.1. Funding. Beginning July 1, 2014 and ending June
5 30, 2015 ~~2018~~, a hospital satisfying the definition, as of July
6 1, 2014, of Section 5-5e.1 of the Illinois Public Aid Code and
7 located in DuPage County shall pay the sum of \$2,000,000
8 annually in 4 equal quarterly installments to the human poison
9 control center in existence as of July 1, 2014 and established
10 under the authority of this Act.

11 (Source: P.A. 98-651, eff. 6-16-14.)

12 Section 99. Effective date. This Act takes effect upon
13 becoming law."