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Form 1: Participating Entities – Glossary of Key Terms

HTC Application FY22

Definitions are listed in the order that terms appear in the application form.

Primary care provider: an entity offering healthcare services that provides, coordinates or helps a patient access a range of health care services.¹

Specialty care provider: an entity offering healthcare services that treat patients with a narrow band of diseases or conditions primarily affecting one body system or organ, although other systems and organs might also be affected.

Hospital services provider: an entity with acute inpatient healthcare facilities that offer patients medical monitoring, diagnostic evaluation, and treatment including surgery, if indicated.

MCO: an HMO or HMO-like health plan that has its own network of doctors and hospitals. Clients that enroll in an MCO get all their services from the doctors and hospitals that are in the MCO network. MCOs are required to participate in ongoing quality assessment and performance improvement processes with HFS.²

Mental health services provider: These entities provide direct or indirect care to patients with mental disorders in ambulatory settings. Direct services consists of diagnostic and problem evaluation, crisis intervention, individual, group and family psychotherapies, supportive counselling, prescription of psychoactive medication, and post-hospital care for the chronically mentally ill in the community. Indirect and preventive services are provided through consultative and collaborative arrangements with schools, welfare agencies, police, and a wide range of other community organizations.³

Substance use disorder services provider: these entities offer services that include assessment and referrals for appropriate levels of substance abuse treatment including outpatient, intensive outpatient, residential, detoxification and stabilization, and medication assisted therapy. They also may offer recovery support, including wrap-around services such as care

¹ Source: Healthcare.gov. https://www.healthcare.gov/glossary/primary-care-provider/#:~:text=A%20physician%20(M.D.%20%E2%80%93%20Medical%20Doctor,range%20of%20health%20care%20services)

² Source: HFS. https://www2.illinois.gov/hfs/ManagedCare/Pages/VoluntaryManagedCareOrganizations.aspx

³ Source: NIH. https://www.ncbi.nlm.nih.gov/books/NBK222783/



coordination, mentoring, coaching, educational support, and job readiness and training.⁴ In order to deliver Substance Use Disorder (SUD) services in Illinois a provider must be licensed by the IDHS/ Division of Substance Use Prevention and Recovery (SUPR), formerly DASA.

Social determinants of health provider: an entity offering healthcare services that intervene against personal and social circumstances that are affecting patients' health and health behaviors. Social determinants of health providers assist patients through screening, referrals, clinical care tailored to patient circumstances, and support with navigating various services and resources.⁵

Safety net hospitals are Illinois hospitals that:

- a) are licensed by the Department of Public Health as a general acute care or pediatric hospital, and:
- b) are a Disproportionate Share hospital, as described in Section 1923 of the federal Social Security Act, as determined by the Department, and:
- c) Meet one of the following criteria:
 - a. Have a Medicaid inpatient utilization rate (MIUR) of at least 40% and a charity percent of at least 4%, or:
 - b. Have a MIUR of at least 50%.
- d) Beginning July 1, 2012 and ending on June 30, 2021, a hospital that would have qualified for the rate year beginning October 1, 2011, shall be a Safety-Net Hospital.

A list of safety net hospitals can be found <u>here</u>.

"Critical access hospital" is a designation given to eligible rural hospitals by the Centers for Medicare and Medicaid Services (CMS) that meet the following criteria:

- a) Have 25 or fewer acute care inpatient beds
- b) Are located more than 35 miles from another hospital (exceptions may apply see What are the location requirements for CAH status?)
- c) Maintain an annual average length of stay of 96 hours or less for acute care patients

⁴ Adapted from NIH (https://www.ncbi.nlm.nih.gov/books/NBK64815/) and Washington D.C. Department of Behavioral Health (https://dbh.dc.gov/page/apra)

⁵ Adapted from *JAMA* (https://jamanetwork.com/journals/jama/article-abstract/2764320) and Guideway Care (https://guidewaycare.com/what-are-social-determinants-of-health/).



d) Provide 24/7 emergency care services

Illinois Business Enterprise Program (BEP): a certification program inclusive of businesses owned by minorities, women, and persons with disabilities; the Illinois BEP is committed to fostering an inclusive, equitable, and competitive business environment that will support underrepresented businesses increase their capacity, grow revenue, and enhance credentials.⁶

Regarding project types in the Transformation funding statute, Public Act 101-0655 states:

The Department should target the funding in the following ways: \$30,000,000 of transformation funds to projects that are a collaboration between a safety-net hospital, particularly community safety-net hospitals, and other providers and designed to address specific healthcare disparities, \$20,000,000 of transformation funds to collaborations between safety-net hospitals and a larger hospital partner that increases specialty care in distressed communities, \$30,000,000 of transformation funds to projects that are a collaboration between hospitals and other providers in distressed areas of the State designed to address specific healthcare disparities, \$15,000,000 to collaborations between critical access hospitals and other providers designed to address specific healthcare disparities, and \$15,000,000 to cross-provider collaborations designed to address specific healthcare disparities, and \$5,000,000 to collaborations that focus on workforce development.

⁶ Source: Illinois CMS (<u>https://www2.illinois.gov/cms/business/sell2/bep/Pages/Default.aspx</u>)