

**Section 148.xxx** Hospital Medicaid Stimulus Payments.

Hospital Medicaid Stimulus Payments shall be made to all eligible Illinois hospitals excluding county-owned hospitals, as described in Section 148.25(b)(1)(A), unless otherwise noted in this Section, and hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B), for services occurring on or after December 10, 2009, in accordance with this Section. The total Hospital Medicaid Stimulus Payment shall be to sum of the following:

- a) Rural Emergency services Stimulus Adjustment (RESA)  
The Department shall make a one-time RESA to all Illinois rural hospitals providing Emergency Room Services.
- 1) Qualifying Criteria
    - i. Rural Illinois hospitals, as defined at 89 Il. Admin. Code 148.25(g)(3), licensed by the Department of Public Health under the Hospital Licensing Act, certified by that Department to participate in the Illinois Medicaid Program, and enrolled with the Department of Healthcare and Family Services to participate in the Illinois Medicaid Program; and
    - ii. Provide services as required under 77 Il. Admin. Code 250.710 in an emergency room subject to the requirements under either 77 Il. Admin. Code 250.2440(k) or 77 Il. Admin. Code 250.2630(k);
  - 2) Adjustment. Hospitals meeting the criteria specified in subsection (a)(1) shall receive a supplemental outpatient payment equal to;
    - i. The hospital's outpatient ambulatory procedure listing payments for Group 3 services, as defined in 89 Il. Admin. Code 148.140(b)(1)(C), for State fiscal year 2005 contained in the Department's data base adjudicated through June 30, 2006, except that;
    - ii. A qualifying hospital designated as a as a critical access hospital, by the Illinois Department of Public Health in accordance with 42 CFR 485, Subpart F (2001) as of July 1, 2009, shall have the payment as determined in subsection (a)(2)(i) multiplied by 3.5, rounded to the nearest whole dollar.
- b) Obstetrical Care Severity and Volume Stimulus Adjustment (OCSVSA)  
The Department shall make a one-time (OCSVSA) payment to all Illinois general acute care hospitals designated as a Perinatal Level III center by the Illinois Department of Public Health as of July 1, 2009 who provided more than 2,000 Medicaid obstetrical days of inpatient care.
- 1) Qualifying Criteria  
Any general acute care hospital, with the exception of a large public hospital and Children's hospital as identified in 89 Il. Admin. Code 149.50(c)(3)(B), designated as of July 1, 2009 by the Illinois Department of Public Health as a Perinatal Level III facility in accordance with 77 IL Admin. Code

250.1820(f)(1)(C) and who provided more than 2,000 Medicaid obstetrical days shall be eligible for an adjustment under this subsection.

2) Adjustment.

Hospitals meeting the criteria specified in subsection (b)(1) of this Section shall receive an adjustment as equal to the product of;

- i. Its Medicaid obstetrical days and
- ii. \$175.00

c) Illinois Trauma Center Stimulus Adjustment (ITCA)

The Department shall make a one-time (ITCA) payment to any Illinois general acute care hospital, with the exception of a large public hospital, designated as of July 1, 2009 by the Illinois Department of Public Health as a Level I Trauma Center in accordance with 77 IL Admin. Code 515.2030 or 77 IL Admin. Code 515.2035.

1) Qualifying Criteria

Any general acute care hospital, with the exception of a large public hospital, designated as of July 1, 2009 by the Illinois Department of Public Health as a Level I Trauma Center in accordance with 77 IL Admin. Code 515.2030 or 77 IL Admin. Code 515.2035.

- i. For purposes of this payment, hospitals located in the same city, that alternate their Level I Trauma center designation in accordance with 89 IL Admin. Code 148.295(a)(2)(A), shall both be deemed eligible for the adjustment under this subsection.

2) Adjustment.

Hospitals meeting the criteria specified in subsection (c)(1) of this Section shall receive an adjustment as equal to the product of;

- i. Its "Medicaid inpatient days" and
- ii. \$22.00

d) Acute Care Across the Board Stimulus Adjustment (ABSA)

The Department shall make a one-time (ABSA) payment to all qualifying Illinois hospitals, with the exception of a large public hospital and providers identified in 89 IL Admin Code 149.50(c)(4)

1) Qualifying Criteria

Any Illinois hospital, with the exception of a large public hospital, and a hospital identified 89 IL Admin Code 149.50(c)(4) shall be eligible for an adjustment under this subsection.

2) Adjustment.

Hospitals meeting the criteria specified in subsection (d)(1) of this Section shall receive an adjustment as equal to the product of;

- i. Its "Medicaid inpatient days" and
- ii. \$37.00

e) High Volume Medicaid Dependent Provider Stimulus Adjustment (HVMDA)

The Department shall make a one-time (HVMDA) payment to all qualifying Illinois hospitals, with the exception of a large public hospital and providers identified in 89 IL Admin Code 149.50(c)(1&2) and 89 IL Admin Code 149.50(c)(4)

1) Qualifying Criteria

Any Illinois hospital qualifying for designation under 89 IL Admin. Code 148.120 or 89 IL Admin. Code 148.122 for the rate year beginning October 1, 2009 and ending Sept. 30, 2010 shall be eligible for an adjustment under this subsection.

2) Adjustment.

Hospitals meeting the criteria specified in subsection (e)(1) of this Section shall receive an adjustment as equal to the product of;

- i. Its "Medicaid inpatient days" and
- ii. \$35.00

f) Adjustments and Limitations

1) The provisions of this Section shall be in effect;

- i. Upon approval by the Department of Health and Human Services in the State Title XIX Plan; and
- ii. As soon as practicable after the effective date of this amendatory Act of the 96th General Assembly; and
- iii. As long as the payments under Sections 440-456 of this Part remain eligible for federal match under an approved State Plan Amendment, but not to extend beyond December 31, 2009.
- iv. The Department has not been enjoined, restrained of otherwise delayed or prohibited by Court order or actions of entities other than the Department from enforcing the provisions.

2) No hospital shall be eligible for payment(s) under this part that;

- i. Ceases operations prior to federal approval; or
- ii. Has filed for bankruptcy or is operating under bankruptcy protection under any Chapter of Title 11 of the United States Code (Bankruptcy);  
or
- iii. Discontinues providing a service recognized by one of the payments;  
or
- iv. Surrenders a license or designation recognized by one of the payments, or has a designation or certification revoked by the authorizing agency or entity;

3) The Department may make adjustments to the payment totals or schedule to comply with federal law or regulations regarding hospital payment limitations.

4) If any of the conditions specified above fail to occur, alternative service coverage and reimbursement limitations shall be implemented to assure that payments for hospital services during a fiscal year will be approximately the same as would have been made under this Part

g) Definitions.

Unless otherwise indicated, the following definitions all to the terms uses in this section.

"Children's hospital" means a hospital as described in Section 149.50(c)(3).

"Freestanding children's hospital" means an Illinois Children's hospital that is licensed by the Illinois Department of Public Health as a pediatric hospital.

"Freestanding specialty hospital" means an Illinois hospital that is neither a general acute care hospital nor a large public hospital nor a freestanding children's hospital.

"General acute care hospital" means an Illinois hospital that operates under a general license (i.e., is not licensed by the Illinois Department of Public Health as a psychiatric, pediatric, rehabilitation, or tuberculosis specialty hospital) and is not a long term stay hospital, as described in Section 149.50(c)(4).

"Large public hospital" means a county-owned hospital, as described in Section 148.25(b)(1)(a), a hospital organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(b), or a hospital owned or operated by a State agency, as described in Section 148.40(a)(7).

"Medicaid inpatient days" means, for a given hospital, the sum of days of inpatient hospital service provided to recipients of medical assistance under Title XIX of the federal Social Security Act, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), for admissions occurring during State fiscal year 2005 as adjudicated by the Department through March 23, 2007.

"Medicaid obstetrical days" means, for a given hospital, the sum of days of inpatient hospital service provided to Illinois recipients of medical assistance under Title XIX of the federal Social Security Act, assigned a diagnosis related group code of 370 through 375, excluding days for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), for admissions occurring during State fiscal year 2005, adjudicated by the Department through March 23, 2007.

"Outpatient Ambulatory Procedure Listing Payments" means, for a given hospital, the sum of payments for individuals covered under the states Title XIX Medicaid State plan, for its ambulatory procedure listing Group 3 services as described in Section 148.140(b)(1)(C), excluding payments for individuals eligible for Medicare under Title XVIII of the Act (Medicaid/Medicare crossover days), as tabulated from the Department's paid claims data for admissions occurring in the outpatient assistance base period that were adjudicated by the Department through June 30, 2006

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