

1 AN ACT concerning State government.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

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  
17 shall include the text of the emergency rule and shall be  
18 published in the Illinois Register. Consent orders or other  
19 court orders adopting settlements negotiated by an agency may  
20 be adopted under this Section. Subject to applicable  
21 constitutional or statutory provisions, an emergency rule  
22 becomes effective immediately upon filing under Section 5-65 or  
23 at a stated date less than 10 days thereafter. The agency's

1 finding and a statement of the specific reasons for the finding  
2 shall be filed with the rule. The agency shall take reasonable  
3 and appropriate measures to make emergency rules known to the  
4 persons who may be affected by them.

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

1 (c-5) To facilitate the maintenance of the program of group  
2 health benefits provided to annuitants, survivors, and retired  
3 employees under the State Employees Group Insurance Act of  
4 1971, rules to alter the contributions to be paid by the State,  
5 annuitants, survivors, retired employees, or any combination  
6 of those entities, for that program of group health benefits,  
7 shall be adopted as emergency rules. The adoption of those  
8 rules shall be considered an emergency and necessary for the  
9 public interest, safety, and welfare.

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

22 (e) In order to provide for the expeditious and timely  
23 implementation of the State's fiscal year 2000 budget,  
24 emergency rules to implement any provision of Public Act 91-24  
25 ~~this amendatory Act of the 91st General Assembly~~ or any other  
26 budget initiative for fiscal year 2000 may be adopted in

1 accordance with this Section by the agency charged with  
2 administering that provision or initiative, except that the  
3 24-month limitation on the adoption of emergency rules and the  
4 provisions of Sections 5-115 and 5-125 do not apply to rules  
5 adopted under this subsection (e). The adoption of emergency  
6 rules authorized by this subsection (e) shall be deemed to be  
7 necessary for the public interest, safety, and welfare.

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

20 (g) In order to provide for the expeditious and timely  
21 implementation of the State's fiscal year 2002 budget,  
22 emergency rules to implement any provision of Public Act 92-10  
23 ~~this amendatory Act of the 92nd General Assembly~~ or any other  
24 budget initiative for fiscal year 2002 may be adopted in  
25 accordance with this Section by the agency charged with  
26 administering that provision or initiative, except that the

1 24-month limitation on the adoption of emergency rules and the  
2 provisions of Sections 5-115 and 5-125 do not apply to rules  
3 adopted under this subsection (g). The adoption of emergency  
4 rules authorized by this subsection (g) shall be deemed to be  
5 necessary for the public interest, safety, and welfare.

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

18 (i) In order to provide for the expeditious and timely  
19 implementation of the State's fiscal year 2004 budget,  
20 emergency rules to implement any provision of Public Act 93-20  
21 ~~this amendatory Act of the 93rd General Assembly~~ or any other  
22 budget initiative for fiscal year 2004 may be adopted in  
23 accordance with this Section by the agency charged with  
24 administering that provision or initiative, except that the  
25 24-month limitation on the adoption of emergency rules and the  
26 provisions of Sections 5-115 and 5-125 do not apply to rules

1 adopted under this subsection (i). The adoption of emergency  
2 rules authorized by this subsection (i) shall be deemed to be  
3 necessary for the public interest, safety, and welfare.

4 (j) In order to provide for the expeditious and timely  
5 implementation of the provisions of the State's fiscal year  
6 2005 budget as provided under the Fiscal Year 2005 Budget  
7 Implementation (Human Services) Act, emergency rules to  
8 implement any provision of the Fiscal Year 2005 Budget  
9 Implementation (Human Services) Act may be adopted in  
10 accordance with this Section by the agency charged with  
11 administering that provision, except that the 24-month  
12 limitation on the adoption of emergency rules and the  
13 provisions of Sections 5-115 and 5-125 do not apply to rules  
14 adopted under this subsection (j). The Department of Public Aid  
15 may also adopt rules under this subsection (j) necessary to  
16 administer the Illinois Public Aid Code and the Children's  
17 Health Insurance Program Act. The adoption of emergency rules  
18 authorized by this subsection (j) shall be deemed to be  
19 necessary for the public interest, safety, and welfare.

20 (k) In order to provide for the expeditious and timely  
21 implementation of the provisions of the State's fiscal year  
22 2006 budget, emergency rules to implement any provision of  
23 Public Act 94-48 ~~this amendatory Act of the 94th General~~  
24 ~~Assembly~~ or any other budget initiative for fiscal year 2006  
25 may be adopted in accordance with this Section by the agency  
26 charged with administering that provision or initiative,

1     except that the 24-month limitation on the adoption of  
2     emergency rules and the provisions of Sections 5-115 and 5-125  
3     do not apply to rules adopted under this subsection (k). The  
4     Department of Healthcare and Family Services may also adopt  
5     rules under this subsection (k) necessary to administer the  
6     Illinois Public Aid Code, the Senior Citizens and Persons with  
7     Disabilities Property Tax Relief Act, the Senior Citizens and  
8     Disabled Persons Prescription Drug Discount Program Act (now  
9     the Illinois Prescription Drug Discount Program Act), and the  
10    Children's Health Insurance Program Act. The adoption of  
11    emergency rules authorized by this subsection (k) shall be  
12    deemed to be necessary for the public interest, safety, and  
13    welfare.

14       (1) In order to provide for the expeditious and timely  
15    implementation of the provisions of the State's fiscal year  
16    2007 budget, the Department of Healthcare and Family Services  
17    may adopt emergency rules during fiscal year 2007, including  
18    rules effective July 1, 2007, in accordance with this  
19    subsection to the extent necessary to administer the  
20    Department's responsibilities with respect to amendments to  
21    the State plans and Illinois waivers approved by the federal  
22    Centers for Medicare and Medicaid Services necessitated by the  
23    requirements of Title XIX and Title XXI of the federal Social  
24    Security Act. The adoption of emergency rules authorized by  
25    this subsection (1) shall be deemed to be necessary for the  
26    public interest, safety, and welfare.

1 (m) In order to provide for the expeditious and timely  
2 implementation of the provisions of the State's fiscal year  
3 2008 budget, the Department of Healthcare and Family Services  
4 may adopt emergency rules during fiscal year 2008, including  
5 rules effective July 1, 2008, in accordance with this  
6 subsection to the extent necessary to administer the  
7 Department's responsibilities with respect to amendments to  
8 the State plans and Illinois waivers approved by the federal  
9 Centers for Medicare and Medicaid Services necessitated by the  
10 requirements of Title XIX and Title XXI of the federal Social  
11 Security Act. The adoption of emergency rules authorized by  
12 this subsection (m) shall be deemed to be necessary for the  
13 public interest, safety, and welfare.

14 (n) In order to provide for the expeditious and timely  
15 implementation of the provisions of the State's fiscal year  
16 2010 budget, emergency rules to implement any provision of  
17 Public Act 96-45 ~~this amendatory Act of the 96th General~~  
18 ~~Assembly~~ or any other budget initiative authorized by the 96th  
19 General Assembly for fiscal year 2010 may be adopted in  
20 accordance with this Section by the agency charged with  
21 administering that provision or initiative. The adoption of  
22 emergency rules authorized by this subsection (n) shall be  
23 deemed to be necessary for the public interest, safety, and  
24 welfare. The rulemaking authority granted in this subsection  
25 (n) shall apply only to rules promulgated during Fiscal Year  
26 2010.



1           (o) In order to provide for the expeditious and timely  
2 implementation of the provisions of the State's fiscal year  
3 2011 budget, emergency rules to implement any provision of  
4 Public Act 96-958 ~~this amendatory Act of the 96th General~~  
5 ~~Assembly~~ or any other budget initiative authorized by the 96th  
6 General Assembly for fiscal year 2011 may be adopted in  
7 accordance with this Section by the agency charged with  
8 administering that provision or initiative. The adoption of  
9 emergency rules authorized by this subsection (o) is deemed to  
10 be necessary for the public interest, safety, and welfare. The  
11 rulemaking authority granted in this subsection (o) applies  
12 only to rules promulgated on or after the effective date of  
13 Public Act 96-958 ~~this amendatory Act of the 96th General~~  
14 ~~Assembly~~ through June 30, 2011.

15           (p) In order to provide for the expeditious and timely  
16 implementation of the provisions of Public Act 97-689,  
17 emergency rules to implement any provision of Public Act 97-689  
18 may be adopted in accordance with this subsection (p) by the  
19 agency charged with administering that provision or  
20 initiative. The 150-day limitation of the effective period of  
21 emergency rules does not apply to rules adopted under this  
22 subsection (p), and the effective period may continue through  
23 June 30, 2013. The 24-month limitation on the adoption of  
24 emergency rules does not apply to rules adopted under this  
25 subsection (p). The adoption of emergency rules authorized by  
26 this subsection (p) is deemed to be necessary for the public

1 interest, safety, and welfare.

2 (q) In order to provide for the expeditious and timely  
3 implementation of the provisions of Articles 7, 8, 9, 11, and  
4 12 of Public Act 98-104 ~~this amendatory Act of the 98th General  
5 Assembly~~, emergency rules to implement any provision of  
6 Articles 7, 8, 9, 11, and 12 of Public Act 98-104 ~~this  
7 amendatory Act of the 98th General Assembly~~ may be adopted in  
8 accordance with this subsection (q) by the agency charged with  
9 administering that provision or initiative. The 24-month  
10 limitation on the adoption of emergency rules does not apply to  
11 rules adopted under this subsection (q). The adoption of  
12 emergency rules authorized by this subsection (q) is deemed to  
13 be necessary for the public interest, safety, and welfare.

14 (r) In order to provide for the expeditious and timely  
15 implementation of the provisions of Public Act 98-651 ~~this  
16 amendatory Act of the 98th General Assembly~~, emergency rules to  
17 implement Public Act 98-651 ~~this amendatory Act of the 98th  
18 General Assembly~~ may be adopted in accordance with this  
19 subsection (r) by the Department of Healthcare and Family  
20 Services. The 24-month limitation on the adoption of emergency  
21 rules does not apply to rules adopted under this subsection  
22 (r). The adoption of emergency rules authorized by this  
23 subsection (r) is deemed to be necessary for the public  
24 interest, safety, and welfare.

25 (s) In order to provide for the expeditious and timely  
26 implementation of the provisions of Sections 5-5b.1 and 5A-2 of

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

12 (t) In order to provide for the expeditious and timely  
13 implementation of the provisions of Article II of Public Act  
14 99-6 ~~this amendatory Act of the 99th General Assembly,~~  
15 emergency rules to implement the changes made by Article II of  
16 Public Act 99-6 ~~this amendatory Act of the 99th General~~  
17 ~~Assembly~~ to the Emergency Telephone System Act may be adopted  
18 in accordance with this subsection (t) by the Department of  
19 State Police. The rulemaking authority granted in this  
20 subsection (t) shall apply only to those rules adopted prior to  
21 July 1, 2016. The 24-month limitation on the adoption of  
22 emergency rules does not apply to rules adopted under this  
23 subsection (t). The adoption of emergency rules authorized by  
24 this subsection (t) is deemed to be necessary for the public  
25 interest, safety, and welfare.

26 (u) ~~(t)~~ In order to provide for the expeditious and timely

1 implementation of the provisions of the Burn Victims Relief  
2 Act, emergency rules to implement any provision of the Act may  
3 be adopted in accordance with this subsection (u) ~~(t)~~ by the  
4 Department of Insurance. The rulemaking authority granted in  
5 this subsection (u) ~~(t)~~ shall apply only to those rules adopted  
6 prior to December 31, 2015. The adoption of emergency rules  
7 authorized by this subsection (u) ~~(t)~~ is deemed to be necessary  
8 for the public interest, safety, and welfare.

9 (v) In order to provide for the expeditious and timely  
10 implementation of the provisions of this amendatory Act of the  
11 99th General Assembly, emergency rules to implement this  
12 amendatory Act of the 99th General Assembly may be adopted in  
13 accordance with this subsection (v) by the Department of  
14 Healthcare and Family Services. The 24-month limitation on the  
15 adoption of emergency rules does not apply to rules adopted  
16 under this subsection (v). The adoption of emergency rules  
17 authorized by this subsection (v) is deemed to be necessary for  
18 the public interest, safety, and welfare.

19 (Source: P.A. 98-104, eff. 7-22-13; 98-463, eff. 8-16-13;  
20 98-651, eff. 6-16-14; 99-2, eff. 3-26-15; 99-6, eff. 1-1-16;  
21 99-143, eff. 7-27-15; 99-455, eff. 1-1-16; revised 10-15-15.)

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

24 (30 ILCS 105/6z-81)

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

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

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

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

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

18           (3) For State fiscal years 2017 and 2018, for making  
19 payments to the human poison control center pursuant to  
20 Section 12-4.105 of the Illinois Public Aid Code.

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

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

26           (2) All federal matching funds received by the Illinois

1 Department of Healthcare and Family Services as a result of  
2 expenditures made by the Department that are attributable  
3 to moneys deposited in the Fund.

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

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

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

19 (d) In addition to any other transfers that may be provided  
20 for by law, on the effective date of this amendatory Act of the  
21 97th General Assembly, or as soon thereafter as practical, the  
22 State Comptroller shall direct and the State Treasurer shall  
23 transfer the sum of \$365,000,000 from the General Revenue Fund  
24 into the Healthcare Provider Relief Fund.

25 (e) In addition to any other transfers that may be provided  
26 for by law, on July 1, 2011, or as soon thereafter as

1 practical, the State Comptroller shall direct and the State  
2 Treasurer shall transfer the sum of \$160,000,000 from the  
3 General Revenue Fund to the Healthcare Provider Relief Fund.

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

19 (g) Notwithstanding any other State law to the contrary,  
20 and in addition to any other transfers that may be provided for  
21 by law, on July 1, 2013, or as soon thereafter as may be  
22 practical, the State Comptroller shall direct and the State  
23 Treasurer shall transfer the sum of \$601,000,000 from the  
24 General Revenue Fund to the Healthcare Provider Relief Fund.

25 (Source: P.A. 97-44, eff. 6-28-11; 97-641, eff. 12-19-11;  
26 97-689, eff. 6-14-12; 97-732, eff. 6-30-12; 98-24, eff.

1 6-19-13; 98-463, eff. 8-16-13.)

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

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

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

7 Sec. 5A-2. Assessment.

8 (a) (1) Subject to Sections 5A-3 and 5A-10, for State fiscal  
9 years 2009 through 2018, an annual assessment on inpatient  
10 services is imposed on each hospital provider in an amount  
11 equal to \$218.38 multiplied by the difference of the hospital's  
12 occupied bed days less the hospital's Medicare bed days,  
13 provided, however, that the amount of \$218.38 shall be  
14 increased by a uniform percentage to generate an amount equal  
15 to 75% of the State share of the payments authorized under  
16 Section 5A-12.5 ~~Section 12-5~~, with such increase only taking  
17 effect upon the date that a State share for such payments is  
18 required under federal law. For the period of April through  
19 June 2015, the amount of \$218.38 used to calculate the  
20 assessment under this paragraph shall, by emergency rule under  
21 subsection (s) of Section 5-45 of the Illinois Administrative  
22 Procedure Act, be increased by a uniform percentage to generate  
23 \$20,250,000 in the aggregate for that period from all hospitals  
24 subject to the 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 \$218.38  
5 shall be increased by a uniform percentage to generate an  
6 amount equal to 75% of the ACA Assessment Adjustment, as  
7 defined in subsection (b-6) of this Section.

8       For State fiscal years 2009 through 2014 and after, a  
9 hospital's occupied bed days and Medicare bed days shall be  
10 determined using the most recent data available from each  
11 hospital's 2005 Medicare cost report as contained in the  
12 Healthcare Cost Report Information System file, for the quarter  
13 ending on December 31, 2006, without regard to any subsequent  
14 adjustments or changes to such data. If a hospital's 2005  
15 Medicare cost report is not contained in the Healthcare Cost  
16 Report Information System, then the Illinois Department may  
17 obtain the hospital provider's occupied bed days and Medicare  
18 bed days from any source available, including, but not limited  
19 to, records maintained by the hospital provider, which may be  
20 inspected at all times during business hours of the day by the  
21 Illinois Department or its duly authorized agents and  
22 employees.

23       (b) (Blank).

24       (b-5)(1) Subject to Sections 5A-3 and 5A-10, for the  
25 portion of State fiscal year 2012, beginning June 10, 2012  
26 through June 30, 2012, and for State fiscal years 2013 through

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

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

1 For the portion of State fiscal year 2012, beginning June  
2 10, 2012 through June 30, 2012, and State fiscal years 2013  
3 through 2018, a hospital's outpatient gross revenue shall be  
4 determined using the most recent data available from each  
5 hospital's 2009 Medicare cost report as contained in the  
6 Healthcare Cost Report Information System file, for the quarter  
7 ending on June 30, 2011, without regard to any subsequent  
8 adjustments or changes to such data. If a hospital's 2009  
9 Medicare cost report is not contained in the Healthcare Cost  
10 Report Information System, then the Department may obtain the  
11 hospital provider's outpatient gross revenue from any source  
12 available, including, but not limited to, records maintained by  
13 the hospital provider, which may be inspected at all times  
14 during business hours of the day by the Department or its duly  
15 authorized agents and employees.

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

18 (A) For the period of July 1, 2016 through December 31,  
19 2016, the product of .19125 multiplied by the sum of the  
20 fee-for-service payments to hospitals as authorized under  
21 Section 5A-12.5 and the adjustments authorized under  
22 subsection (t) of Section 5A-12.2 to managed care  
23 organizations for hospital services due and payable in the  
24 month of April 2016 multiplied by 6.

25 (B) For the period of January 1, 2017 through June 30,  
26 2017, 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 October 2016 multiplied by 6, except that the  
6 amount calculated under this subparagraph (B) shall be  
7 adjusted, either positively or negatively, to account for  
8 the difference between the actual payments issued under  
9 Section 5A-12.5 for the period beginning July 1, 2016  
10 through December 31, 2016 and the estimated payments due  
11 and payable in the month of April 2016 multiplied by 6 as  
12 described in subparagraph (A).

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

1           (D) For the period of January 1, 2018 through June 30,  
2           2018, the product of .19125 multiplied by the sum of the  
3           fee-for-service payments to hospitals as authorized under  
4           Section 5A-12.5 and the adjustments authorized under  
5           subsection (t) of Section 5A-12.2 to managed care  
6           organizations for hospital services due and payable in the  
7           month of October 2017 multiplied by 6, except that:

8           (i) the amount calculated under this subparagraph  
9           (D) shall be adjusted, either positively or  
10           negatively, to account for the difference between the  
11           actual payments issued under Section 5A-12.5 for the  
12           period of July 1, 2017 through December 31, 2017 and  
13           the estimated payments due and payable in the month of  
14           April 2017 multiplied by 6 as described in subparagraph  
15           (C); and

16           (ii) the amount calculated under this subparagraph  
17           (D) shall be adjusted to include the product of .19125  
18           multiplied by the sum of the fee-for-service payments,  
19           if any, estimated to be paid to hospitals under  
20           subsection (b) of Section 5A-12.5.

21           (2) The Department shall complete and apply a final  
22           reconciliation of the ACA Assessment Adjustment prior to June  
23           30, 2018 to account for:

24           (A) any differences between the actual payments issued  
25           or scheduled to be issued prior to June 30, 2018 as  
26           authorized in Section 5A-12.5 for the period of January 1,

1 2018 through June 30, 2018 and the estimated payments due  
2 and payable in the month of October 2017 multiplied by 6 as  
3 described in subparagraph (D); and

4 (B) any difference between the estimated  
5 fee-for-service payments under subsection (b) of Section  
6 5A-12.5 and the amount of such payments that are actually  
7 scheduled to be paid.

8 The Department shall notify hospitals of any additional  
9 amounts owed or reduction credits to be applied to the June  
10 2018 ACA Assessment Adjustment. This is to be considered the  
11 final reconciliation for the ACA Assessment Adjustment.

12 (3) Notwithstanding any other provision of this Section, if  
13 for any reason the scheduled payments under subsection (b) of  
14 Section 5A-12.5 are not issued in full by the final day of the  
15 period authorized under subsection (b) of Section 5A-12.5,  
16 funds collected from each hospital pursuant to subparagraph (D)  
17 of paragraph (1) and pursuant to paragraph (2), attributable to  
18 the scheduled payments authorized under subsection (b) of  
19 Section 5A-12.5 that are not issued in full by the final day of  
20 the period attributable to each payment authorized under  
21 subsection (b) of Section 5A-12.5, shall be refunded.

22 (4) The increases authorized under paragraph (2) of  
23 subsection (a) and paragraph (2) of subsection (b-5) shall be  
24 limited to the federally required State share of the total  
25 payments authorized under Section 5A-12.5 if the sum of such  
26 payments yields an annualized amount equal to or less than

1 \$450,000,000, or if the adjustments authorized under  
2 subsection (t) of Section 5A-12.2 are found not to be  
3 actuarially sound; however, this limitation shall not apply to  
4 the fee-for-service payments described in subsection (b) of  
5 Section 5A-12.5.

6 (c) (Blank).

7 (d) Notwithstanding any of the other provisions of this  
8 Section, the Department is authorized to adopt rules to reduce  
9 the rate of any annual assessment imposed under this Section,  
10 as authorized by Section 5-46.2 of the Illinois Administrative  
11 Procedure Act.

12 (e) Notwithstanding any other provision of this Section,  
13 any plan providing for an assessment on a hospital provider as  
14 a permissible tax under Title XIX of the federal Social  
15 Security Act and Medicaid-eligible payments to hospital  
16 providers from the revenues derived from that assessment shall  
17 be reviewed by the Illinois Department of Healthcare and Family  
18 Services, as the Single State Medicaid Agency required by  
19 federal law, to determine whether those assessments and  
20 hospital provider payments meet federal Medicaid standards. If  
21 the Department determines that the elements of the plan may  
22 meet federal Medicaid standards and a related State Medicaid  
23 Plan Amendment is prepared in a manner and form suitable for  
24 submission, that State Plan Amendment shall be submitted in a  
25 timely manner for review by the Centers for Medicare and  
26 Medicaid Services of the United States Department of Health and

1 Human Services and subject to approval by the Centers for  
2 Medicare and Medicaid Services of the United States Department  
3 of Health and Human Services. No such plan shall become  
4 effective without approval by the Illinois General Assembly by  
5 the enactment into law of related legislation. Notwithstanding  
6 any other provision of this Section, the Department is  
7 authorized to adopt rules to reduce the rate of any annual  
8 assessment imposed under this Section. Any such rules may be  
9 adopted by the Department under Section 5-50 of the Illinois  
10 Administrative Procedure Act.

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

13 (305 ILCS 5/5A-8) (from Ch. 23, par. 5A-8)

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

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

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

23 (1) For making payments to hospitals as required under  
24 this Code, under the Children's Health Insurance Program  
25 Act, under the Covering ALL KIDS Health Insurance Act, and



1 under the Long Term Acute Care Hospital Quality Improvement  
2 Transfer Program Act.

3 (2) For the reimbursement of moneys collected by the  
4 Illinois Department from hospitals or hospital providers  
5 through error or mistake in performing the activities  
6 authorized under this Code.

7 (3) For payment of administrative expenses incurred by  
8 the Illinois Department or its agent in performing  
9 activities under this Code, under the Children's Health  
10 Insurance Program Act, under the Covering ALL KIDS Health  
11 Insurance Act, and under the Long Term Acute Care Hospital  
12 Quality Improvement Transfer Program Act.

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

16 (5) For making transfers, as those transfers are  
17 authorized in the proceedings authorizing debt under the  
18 Short Term Borrowing Act, but transfers made under this  
19 paragraph (5) shall not exceed the principal amount of debt  
20 issued in anticipation of the receipt by the State of  
21 moneys to be deposited into the Fund.

22 (6) For making transfers to any other fund in the State  
23 treasury, but transfers made under this paragraph (6) shall  
24 not exceed the amount transferred previously from that  
25 other fund into the Hospital Provider Fund plus any  
26 interest that would have been earned by that fund on the

1 monies that had been transferred.

2 (6.5) For making transfers to the Healthcare Provider  
3 Relief Fund, except that transfers made under this  
4 paragraph (6.5) shall not exceed \$60,000,000 in the  
5 aggregate.

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

9	Health and Human Services Medicaid Trust	
10	Fund .....	\$20,000,000
11	Long-Term Care Provider Fund .....	\$30,000,000
12	General Revenue Fund .....	\$80,000,000.

13 Transfers under this paragraph shall be made within 7 days  
14 after the payments have been received pursuant to the  
15 schedule of payments provided in subsection (a) of Section  
16 5A-4.

17 (7.1) (Blank).

18 (7.5) (Blank).

19 (7.8) (Blank).

20 (7.9) (Blank).

21 (7.10) For State fiscal year 2014, for making transfers  
22 of the moneys resulting from the assessment under  
23 subsection (b-5) of Section 5A-2 and received from hospital  
24 providers under Section 5A-4 and transferred into the  
25 Hospital Provider Fund under Section 5A-6 to the designated  
26 funds not exceeding the following amounts in that State

1 fiscal year:

2 Health Care Provider Relief Fund . . . . \$100,000,000

3 Transfers under this paragraph shall be made within 7  
4 days after the payments have been received pursuant to the  
5 schedule of payments provided in subsection (a) of Section  
6 5A-4.

7 The additional amount of transfers in this paragraph  
8 (7.10), authorized by Public Act 98-651, shall be made  
9 within 10 State business days after June 16, 2014 (the  
10 effective date of Public Act 98-651). That authority shall  
11 remain in effect even if Public Act 98-651 does not become  
12 law until State fiscal year 2015.

13 (7.10a) For State fiscal years 2015 through 2018, for  
14 making transfers of the moneys resulting from the  
15 assessment under subsection (b-5) of Section 5A-2 and  
16 received from hospital providers under Section 5A-4 and  
17 transferred into the Hospital Provider Fund under Section  
18 5A-6 to the designated funds not exceeding the following  
19 amounts related to each State fiscal year:

20 Health Care Provider Relief Fund . . . . \$50,000,000

21 Transfers under this paragraph shall be made within 7  
22 days after the payments have been received pursuant to the  
23 schedule of payments provided in subsection (a) of Section  
24 5A-4.

25 (7.11) (Blank).

26 (7.12) For State fiscal year 2013, for increasing by

1           21/365ths the transfer of the moneys resulting from the  
2           assessment under subsection (b-5) of Section 5A-2 and  
3           received from hospital providers under Section 5A-4 for the  
4           portion of State fiscal year 2012 beginning June 10, 2012  
5           through June 30, 2012 and transferred into the Hospital  
6           Provider Fund under Section 5A-6 to the designated funds  
7           not exceeding the following amounts in that State fiscal  
8           year:

9                       Health Care Provider Relief Fund       ..... \$2,870,000

10           Since the federal Centers for Medicare and Medicaid  
11           Services approval of the assessment authorized under  
12           subsection (b-5) of Section 5A-2, received from hospital  
13           providers under Section 5A-4 and the payment methodologies  
14           to hospitals required under Section 5A-12.4 was not  
15           received by the Department until State fiscal year 2014 and  
16           since the Department made retroactive payments during  
17           State fiscal year 2014 related to the referenced period of  
18           June 2012, the transfer authority granted in this paragraph  
19           (7.12) is extended through the date that is 10 State  
20           business days after June 16, 2014 (the effective date of  
21           Public Act 98-651).

22           (7.13) In addition to any other transfers authorized  
23           under this Section, for State fiscal years 2017 and 2018,  
24           for making transfers to the Healthcare Provider Relief Fund  
25           of moneys collected from the ACA Assessment Adjustment  
26           authorized under subsections (a) and (b-5) of Section 5A-2

1       and paid by hospital providers under Section 5A-4 into the  
2       Hospital Provider Fund under Section 5A-6 for each State  
3       fiscal year. Timing of transfers to the Healthcare Provider  
4       Relief Fund under this paragraph shall be at the discretion  
5       of the Department, but no less frequently than quarterly.

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

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

11       Disbursements from the Fund, other than transfers  
12       authorized under paragraphs (5) and (6) of this subsection,  
13       shall be by warrants drawn by the State Comptroller upon  
14       receipt of vouchers duly executed and certified by the Illinois  
15       Department.

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

17           (1) All moneys collected or received by the Illinois  
18       Department from the hospital provider assessment imposed  
19       by this Article.

20           (2) All federal matching funds received by the Illinois  
21       Department as a result of expenditures made by the Illinois  
22       Department that are attributable to moneys deposited in the  
23       Fund.

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

26           (3.5) As applicable, proceeds from surety bond

1 payments payable to the Department as referenced in  
2 subsection (s) of Section 5A-12.2 of this Code.

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

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

7 (d) (Blank).

8 (Source: P.A. 98-104, eff. 7-22-13; 98-463, eff. 8-16-13;  
9 98-651, eff. 6-16-14; 98-756, eff. 7-16-14; 99-78, eff.  
10 7-20-15.)

11 (305 ILCS 5/5A-12.2)

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

13 Sec. 5A-12.2. Hospital access payments on or after July 1,  
14 2008.

15 (a) To preserve and improve access to hospital services,  
16 for hospital services rendered on or after July 1, 2008, the  
17 Illinois Department shall, except for hospitals described in  
18 subsection (b) of Section 5A-3, make payments to hospitals as  
19 set forth in this Section. These payments shall be paid in 12  
20 equal installments on or before the seventh State business day  
21 of each month, except that no payment shall be due within 100  
22 days after the later of the date of notification of federal  
23 approval of the payment methodologies required under this  
24 Section or any waiver required under 42 CFR 433.68, at which  
25 time the sum of amounts required under this Section prior to

1 the date of notification is due and payable. Payments under  
2 this Section are not due and payable, however, until (i) the  
3 methodologies described in this Section are approved by the  
4 federal government in an appropriate State Plan amendment and  
5 (ii) the assessment imposed under this Article is determined to  
6 be a permissible tax under Title XIX of the Social Security  
7 Act.

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

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

12 (1) In addition to rates paid for inpatient hospital  
13 services, the Department shall pay to each Illinois general  
14 acute care hospital an amount equal to 40% of the total  
15 base inpatient payments paid to the hospital for services  
16 provided in State fiscal year 2005.

17 (2) In addition to rates paid for inpatient hospital  
18 services, the Department shall pay to each freestanding  
19 Illinois specialty care hospital as defined in 89 Ill. Adm.  
20 Code 149.50(c)(1), (2), or (4) an amount equal to 60% of  
21 the total base inpatient payments paid to the hospital for  
22 services provided in State fiscal year 2005.

23 (3) In addition to rates paid for inpatient hospital  
24 services, the Department shall pay to each freestanding  
25 Illinois rehabilitation or psychiatric hospital an amount  
26 equal to \$1,000 per Medicaid inpatient day multiplied by

1 the increase in the hospital's Medicaid inpatient  
2 utilization ratio (determined using the positive  
3 percentage change from the rate year 2005 Medicaid  
4 inpatient utilization ratio to the rate year 2007 Medicaid  
5 inpatient utilization ratio, as calculated by the  
6 Department for the disproportionate share determination).

7 (4) In addition to rates paid for inpatient hospital  
8 services, the Department shall pay to each Illinois  
9 children's hospital an amount equal to 20% of the total  
10 base inpatient payments paid to the hospital for services  
11 provided in State fiscal year 2005 and an additional amount  
12 equal to 20% of the base inpatient payments paid to the  
13 hospital for psychiatric services provided in State fiscal  
14 year 2005.

15 (5) In addition to rates paid for inpatient hospital  
16 services, the Department shall pay to each Illinois  
17 hospital eligible for a pediatric inpatient adjustment  
18 payment under 89 Ill. Adm. Code 148.298, as in effect for  
19 State fiscal year 2007, a supplemental pediatric inpatient  
20 adjustment payment equal to:

21 (i) For freestanding children's hospitals as  
22 defined in 89 Ill. Adm. Code 149.50(c)(3)(A), 2.5  
23 multiplied by the hospital's pediatric inpatient  
24 adjustment payment required under 89 Ill. Adm. Code  
25 148.298, as in effect for State fiscal year 2008.

26 (ii) For hospitals other than freestanding



1 children's hospitals as defined in 89 Ill. Adm. Code  
2 149.50(c)(3)(B), 1.0 multiplied by the hospital's  
3 pediatric inpatient adjustment payment required under  
4 89 Ill. Adm. Code 148.298, as in effect for State  
5 fiscal year 2008.

6 (c) Outpatient adjustment.

7 (1) In addition to the rates paid for outpatient  
8 hospital services, the Department shall pay each Illinois  
9 hospital an amount equal to 2.2 multiplied by the  
10 hospital's ambulatory procedure listing payments for  
11 categories 1, 2, 3, and 4, as defined in 89 Ill. Adm. Code  
12 148.140(b), for State fiscal year 2005.

13 (2) In addition to the rates paid for outpatient  
14 hospital services, the Department shall pay each Illinois  
15 freestanding psychiatric hospital an amount equal to 3.25  
16 multiplied by the hospital's ambulatory procedure listing  
17 payments for category 5b, as defined in 89 Ill. Adm. Code  
18 148.140(b)(1)(E), for State fiscal year 2005.

19 (d) Medicaid high volume adjustment. In addition to rates  
20 paid for inpatient hospital services, the Department shall pay  
21 to each Illinois general acute care hospital that provided more  
22 than 20,500 Medicaid inpatient days of care in State fiscal  
23 year 2005 amounts as follows:

24 (1) For hospitals with a case mix index equal to or  
25 greater than the 85th percentile of hospital case mix  
26 indices, \$350 for each Medicaid inpatient day of care

1 provided during that period; and

2 (2) For hospitals with a case mix index less than the  
3 85th percentile of hospital case mix indices, \$100 for each  
4 Medicaid inpatient day of care provided during that period.

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

11 (1) For each Illinois general acute care hospital that  
12 has a Medicaid inpatient utilization rate of at least 10%  
13 and less than 36.94% and whose capital cost is less than  
14 the 60th percentile of the capital costs of all Illinois  
15 hospitals, the amount of such payment shall equal the  
16 hospital's Medicaid inpatient days multiplied by the  
17 difference between the capital costs at the 60th percentile  
18 of the capital costs of all Illinois hospitals and the  
19 hospital's capital costs.

20 (2) For each Illinois general acute care hospital that  
21 has a Medicaid inpatient utilization rate of at least  
22 36.94% and whose capital cost is less than the 75th  
23 percentile of the capital costs of all Illinois hospitals,  
24 the amount of such payment shall equal the hospital's  
25 Medicaid inpatient days multiplied by the difference  
26 between the capital costs at the 75th percentile of the

1 capital costs of all Illinois hospitals and the hospital's  
2 capital costs.

3 (f) Obstetrical care adjustment.

4 (1) In addition to rates paid for inpatient hospital  
5 services, the Department shall pay \$1,500 for each Medicaid  
6 obstetrical day of care provided in State fiscal year 2005  
7 by each Illinois rural hospital that had a Medicaid  
8 obstetrical percentage (Medicaid obstetrical days divided  
9 by Medicaid inpatient days) greater than 15% for State  
10 fiscal year 2005.

11 (2) In addition to rates paid for inpatient hospital  
12 services, the Department shall pay \$1,350 for each Medicaid  
13 obstetrical day of care provided in State fiscal year 2005  
14 by each Illinois general acute care hospital that was  
15 designated a level III perinatal center as of December 31,  
16 2006, and that had a case mix index equal to or greater  
17 than the 45th percentile of the case mix indices for all  
18 level III perinatal centers.

19 (3) In addition to rates paid for inpatient hospital  
20 services, the Department shall pay \$900 for each Medicaid  
21 obstetrical day of care provided in State fiscal year 2005  
22 by each Illinois general acute care hospital that was  
23 designated a level II or II+ perinatal center as of  
24 December 31, 2006, and that had a case mix index equal to  
25 or greater than the 35th percentile of the case mix indices  
26 for all level II and II+ perinatal centers.

1 (g) Trauma adjustment.

2 (1) In addition to rates paid for inpatient hospital  
3 services, the Department shall pay each Illinois general  
4 acute care hospital designated as a trauma center as of  
5 July 1, 2007, a payment equal to 3.75 multiplied by the  
6 hospital's State fiscal year 2005 Medicaid capital  
7 payments.

8 (2) In addition to rates paid for inpatient hospital  
9 services, the Department shall pay \$400 for each Medicaid  
10 acute inpatient day of care provided in State fiscal year  
11 2005 by each Illinois general acute care hospital that was  
12 designated a level II trauma center, as defined in 89 Ill.  
13 Adm. Code 148.295(a)(3) and 148.295(a)(4), as of July 1,  
14 2007.

15 (3) In addition to rates paid for inpatient hospital  
16 services, the Department shall pay \$235 for each Illinois  
17 Medicaid acute inpatient day of care provided in State  
18 fiscal year 2005 by each level I pediatric trauma center  
19 located outside of Illinois that had more than 8,000  
20 Illinois Medicaid inpatient days in State fiscal year 2005.

21 (h) Supplemental tertiary care adjustment. In addition to  
22 rates paid for inpatient services, the Department shall pay to  
23 each Illinois hospital eligible for tertiary care adjustment  
24 payments under 89 Ill. Adm. Code 148.296, as in effect for  
25 State fiscal year 2007, a supplemental tertiary care adjustment  
26 payment equal to the tertiary care adjustment payment required

1 under 89 Ill. Adm. Code 148.296, as in effect for State fiscal  
2 year 2007.

3 (i) Crossover adjustment. In addition to rates paid for  
4 inpatient services, the Department shall pay each Illinois  
5 general acute care hospital that had a ratio of crossover days  
6 to total inpatient days for medical assistance programs  
7 administered by the Department (utilizing information from  
8 2005 paid claims) greater than 50%, and a case mix index  
9 greater than the 65th percentile of case mix indices for all  
10 Illinois hospitals, a rate of \$1,125 for each Medicaid  
11 inpatient day including crossover days.

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

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

25 (2) For hospitals located in a county whose eligibility  
26 growth factor is less than or equal to the mean, \$225

1 multiplied by the eligibility growth factor for the county  
2 in which the hospital is located for each Medicaid  
3 inpatient day of care provided by the hospital during State  
4 fiscal year 2005.

5 For purposes of this subsection, "eligibility growth  
6 factor" means the percentage by which the number of Medicaid  
7 recipients in the county increased from State fiscal year 1998  
8 to State fiscal year 2005.

9 (k) For purposes of this Section, a hospital that is  
10 enrolled to provide Medicaid services during State fiscal year  
11 2005 shall have its utilization and associated reimbursements  
12 annualized prior to the payment calculations being performed  
13 under this Section.

14 (l) For purposes of this Section, the terms "Medicaid  
15 days", "ambulatory procedure listing services", and  
16 "ambulatory procedure listing payments" do not include any  
17 days, charges, or services for which Medicare or a managed care  
18 organization reimbursed on a capitated basis was liable for  
19 payment, except where explicitly stated otherwise in this  
20 Section.

21 (m) For purposes of this Section, in determining the  
22 percentile ranking of an Illinois hospital's case mix index or  
23 capital costs, hospitals described in subsection (b) of Section  
24 5A-3 shall be excluded from the ranking.

25 (n) Definitions. Unless the context requires otherwise or  
26 unless provided otherwise in this Section, the terms used in

1 this Section for qualifying criteria and payment calculations  
2 shall have the same meanings as those terms have been given in  
3 the Illinois Department's administrative rules as in effect on  
4 March 1, 2008. Other terms shall be defined by the Illinois  
5 Department by rule.

6 As used in this Section, unless the context requires  
7 otherwise:

8 "Base inpatient payments" means, for a given hospital, the  
9 sum of base payments for inpatient services made on a per diem  
10 or per admission (DRG) basis, excluding those portions of per  
11 admission payments that are classified as capital payments.  
12 Disproportionate share hospital adjustment payments, Medicaid  
13 Percentage Adjustments, Medicaid High Volume Adjustments, and  
14 outlier payments, as defined by rule by the Department as of  
15 January 1, 2008, are not base payments.

16 "Capital costs" means, for a given hospital, the total  
17 capital costs determined using the most recent 2005 Medicare  
18 cost report as contained in the Healthcare Cost Report  
19 Information System file, for the quarter ending on December 31,  
20 2006, divided by the total inpatient days from the same cost  
21 report to calculate a capital cost per day. The resulting  
22 capital cost per day is inflated to the midpoint of State  
23 fiscal year 2009 utilizing the national hospital market price  
24 proxies (DRI) hospital cost index. If a hospital's 2005  
25 Medicare cost report is not contained in the Healthcare Cost  
26 Report Information System, the Department may obtain the data

1 necessary to compute the hospital's capital costs from any  
2 source available, including, but not limited to, records  
3 maintained by the hospital provider, which may be inspected at  
4 all times during business hours of the day by the Illinois  
5 Department or its duly authorized agents and employees.

6 "Case mix index" means, for a given hospital, the sum of  
7 the DRG relative weighting factors in effect on January 1,  
8 2005, for all general acute care admissions for State fiscal  
9 year 2005, excluding Medicare crossover admissions and  
10 transplant admissions reimbursed under 89 Ill. Adm. Code  
11 148.82, divided by the total number of general acute care  
12 admissions for State fiscal year 2005, excluding Medicare  
13 crossover admissions and transplant admissions reimbursed  
14 under 89 Ill. Adm. Code 148.82.

15 "Medicaid inpatient day" means, for a given hospital, the  
16 sum of days of inpatient hospital days provided to recipients  
17 of medical assistance under Title XIX of the federal Social  
18 Security Act, excluding days for individuals eligible for  
19 Medicare under Title XVIII of that Act (Medicaid/Medicare  
20 crossover days), as tabulated from the Department's paid claims  
21 data for admissions occurring during State fiscal year 2005  
22 that was adjudicated by the Department through March 23, 2007.

23 "Medicaid obstetrical day" means, for a given hospital, the  
24 sum of days of inpatient hospital days grouped by the  
25 Department to DRGs of 370 through 375 provided to recipients of  
26 medical assistance under Title XIX of the federal Social



1 Security Act, excluding days for individuals eligible for  
2 Medicare under Title XVIII of that Act (Medicaid/Medicare  
3 crossover days), as tabulated from the Department's paid claims  
4 data for admissions occurring during State fiscal year 2005  
5 that was adjudicated by the Department through March 23, 2007.

6 "Outpatient ambulatory procedure listing payments" means,  
7 for a given hospital, the sum of payments for ambulatory  
8 procedure listing services, as described in 89 Ill. Adm. Code  
9 148.140(b), provided to recipients of medical assistance under  
10 Title XIX of the federal Social Security Act, excluding  
11 payments for individuals eligible for Medicare under Title  
12 XVIII of the Act (Medicaid/Medicare crossover days), as  
13 tabulated from the Department's paid claims data for services  
14 occurring in State fiscal year 2005 that were adjudicated by  
15 the Department through March 23, 2007.

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

20 (p) Notwithstanding any of the other provisions of this  
21 Section, the Department is authorized to adopt rules that  
22 change the hospital access improvement payments specified in  
23 this Section, but only to the extent necessary to conform to  
24 any federally approved amendment to the Title XIX State plan.  
25 Any such rules shall be adopted by the Department as authorized  
26 by Section 5-50 of the Illinois Administrative Procedure Act.

1 Notwithstanding any other provision of law, any changes  
2 implemented as a result of this subsection (p) shall be given  
3 retroactive effect so that they shall be deemed to have taken  
4 effect as of the effective date of this Section.

5 (q) (Blank).

6 (r) On and after July 1, 2012, the Department shall reduce  
7 any rate of reimbursement for services or other payments or  
8 alter any methodologies authorized by this Code to reduce any  
9 rate of reimbursement for services or other payments in  
10 accordance with Section 5-5e.

11 (s) On or after January 1, 2016 ~~July 1, 2014, but no later~~  
12 ~~than October 1, 2014~~, and no less than annually thereafter, the  
13 Department shall ~~may~~ increase capitation payments to capitated  
14 managed care organizations (MCOs) to equal the aggregate  
15 reduction of payments made in this Section and in Section  
16 5A-12.4 by a uniform percentage on a regional basis to preserve  
17 access to hospital services for recipients under the Illinois  
18 Medical Assistance Program. The aggregate amount of all  
19 increased capitation payments to all MCOs for a fiscal year  
20 shall be the amount needed to avoid reduction in payments  
21 authorized under Section 5A-15. Payments to MCOs under this  
22 Section shall be consistent with actuarial certification and  
23 shall be published by the Department each year. Each MCO shall  
24 only expend the increased capitation payments it receives under  
25 this Section to support the availability of hospital services  
26 and to ensure access to hospital services, with such

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

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

20 (t) On or after July 1, 2014, the Department may increase  
21 capitation payments to capitated managed care organizations  
22 (MCOs) to equal the aggregate reduction of payments made in  
23 Section 5A-12.5 to preserve access to hospital services for  
24 recipients under the Illinois Medical Assistance Program.  
25 Effective January 1, 2016, the Department shall increase  
26 capitation payments to MCOs to include the payments authorized

1 under Section 5A-12.5 to preserve access to hospital services  
2 for recipients under the Illinois Medical Assistance Program by  
3 ensuring that the reimbursement provided for Affordable Care  
4 Act adults enrolled in a MCO is equivalent to the reimbursement  
5 provided for Affordable Care Act adults enrolled in a  
6 fee-for-service program. Payments to MCOs under this Section  
7 shall be consistent with actuarial certification and federal  
8 approval (which may be retrospectively determined) and shall be  
9 published by the Department each year. Each MCO shall only  
10 expend the increased capitation payments it receives under this  
11 Section to support the availability of hospital services and to  
12 ensure access to hospital services, with such expenditures  
13 being made within 15 calendar days from when the MCO receives  
14 the increased capitation payment. Payments made under this  
15 subsection may 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 to  
19 hospitals under this subsection, in the event the MCO fails to  
20 make such payments. The Department shall make available, on a  
21 monthly basis, a report of the capitation payments that are  
22 made to each MCO pursuant to this subsection, including the  
23 number of enrollees for which such payment is made, the per  
24 enrollee amount of the payment, and any adjustments that have  
25 been made. Payments to MCOs that would be paid consistent with  
26 actuarial certification and enrollment in the absence of the

1 increased capitation payments under this subsection shall not  
2 be reduced as a consequence of payments made under this  
3 subsection.

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

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

8 (305 ILCS 5/5A-12.5)

9 Sec. 5A-12.5. Affordable Care Act adults; hospital access  
10 payments.

11 (a) The Department shall, subject to federal approval,  
12 mirror the Medical Assistance hospital reimbursement  
13 methodology for Affordable Care Act adults who are enrolled  
14 under a fee-for-service or capitated managed care program,  
15 including hospital access payments as defined in Section  
16 5A-12.2 of this Article and hospital access improvement  
17 payments as defined in Section 5A-12.4 of this Article, in  
18 compliance with the equivalent rate provisions of the  
19 Affordable Care Act.

20 (b) If the fee-for-service payments authorized under this  
21 Section are deemed to be increases to payments for a prior  
22 period, the Department shall seek federal approval to issue  
23 such increases for the payments made through the period ending  
24 on June 30, 2018, even if such increases are paid out during an  
25 extended payment period beyond such date. Payment of such

1 increases beyond such date is subject to federal approval.

2 (c) As used in this Section, "Affordable Care Act" is the  
3 collective term for the Patient Protection and Affordable Care  
4 Act (Pub. L. 111-148) and the Health Care and Education  
5 Reconciliation Act of 2010 (Pub. L. 111-152).

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

7 (305 ILCS 5/12-4.105 new)

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

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

20 (410 ILCS 45/15.1)

21 Sec. 15.1. Funding. Beginning July 1, 2014 and ending June  
22 30, 2015 ~~2018~~, a hospital satisfying the definition, as of July  
23 1, 2014, of Section 5-5e.1 of the Illinois Public Aid Code and

1 located in DuPage County shall pay the sum of \$2,000,000  
2 annually in 4 equal quarterly installments to the human poison  
3 control center in existence as of July 1, 2014 and established  
4 under the authority of this Act.

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

6 Section 99. Effective date. This Act takes effect upon  
7 becoming law.