**Section 140.10 Medical Assistance Provided to Persons** **Confined or Detained by the Criminal Justice System**

a) The Department shall pay for certain medical services provided to the following groups of individuals who are confined or detained in county jails or other detention facilities in Illinois, that are not operated by the State, and who are eligible for, and enrolled in, medical assistance administered under Article V of the Illinois Public Aid Code [305 ILCS 5]:

1) Individuals who, at the time of confinement or detention, were already enrolled for medical assistance.

2) Individuals who, subsequent to their confinement or detention, were determined eligible and enrolled for medical assistance.

b) Reimbursement of hospital inpatient services. The Department will directly reimburse hospitals pursuant to 89 Ill. Adm. Code 147, 148 and 152 for inpatient hospital services provided to those covered under subsections (a)(1) and (2) of this Section.

c) Reimbursement of other services:

1) With respect to medical services provided to individuals described in subsection (a)(1), the Department shall reimburse the county or arresting authority (a unit of local government other than a county that employs peace officers who make the arrest) for a portion of the cost of medical services, other than hospital inpatient services, that are:

A) Provided to the individual during his or her period of confinement or detention;

B) Covered for the class of persons described in Section 5-2 of the Public Aid Code under which the individual is enrolled;

C) Provided by medical providers that are enrolled with the Department to participate in the medical assistance program; and

D) Provided pursuant to a county or arresting authority ordinance or resolution providing for reimbursement for the cost of medical services at the reimbursement levels established by the Department for medical assistance under Article V of the Public Aid Code.

2) The county or arresting authority requesting reimbursement from the Department must submit the following documentation in a form and format specified by the Department:

A) Information necessary to adjudicate a claim for each service provided, including, but not limited to:

i) the name, birth date, Social Security number and recipient identification number of the individual receiving the medical service;

ii) the name, address and provider number of the health care provider that provided the service;

iii) the service provided, including applicable diagnosis, procedure and national drug codes; and

iv) the provider charges and the amount paid by the county or arresting authority for the services.

B) The date of confinement and, if applicable, the date of release or transfer to another criminal justice authority.

C) Verification that the services claimed for reimbursement correspond to the services rendered.

D) A copy of the ordinance or resolution providing for reimbursement for the cost of medical services at the reimbursement levels established by the Department for medical assistance pursuant to Article V of the Public Aid Code.

3) The Department will adjudicate each claim applying its reimbursement rates and, to the extent that the cost of care for the individual exceeds $500 accumulated over the individual's period of confinement, will reimburse the county or arresting authority the amount in excess of $500.

(Source: Amended at 35 Ill. Reg. 394, effective December 27, 2010)