**Section 148.100 County Trauma Center Adjustment Payments**

Effective for dates of service on or after July 1, 2014:

a) County Trauma Center Adjustment (TCA) Payments. Illinois hospitals that, on the first day of July preceding the TCA rate period, are recognized as Level I or Level II trauma centers by DPH, shall receive an adjustment that shall be calculated as follows:

1) The available funds from the Trauma Center Fund each quarter shall be divided by the number of each eligible hospital's (as defined in subsection (a)(4)) Medicaid trauma admissions in the same quarter of the TCA base period to determine the adjustment for the TCA rate period. The result of this calculation shall be the County TCA adjustment per Medicaid trauma admission for the applicable quarter.

2) The TCA payments shall not be treated as payments for hospital services under Title XIX of the Social Security Act for purposes of the calculation of the intergovernmental transfer provided for in Section 15-3(a) of the Illinois Public Aid Code.

3) The trauma center adjustments shall be paid to eligible hospitals on a quarterly basis.

4) Trauma Center Adjustment Limitations. Hospitals that qualify for trauma center adjustments under this Section shall not be eligible for the total trauma center adjustment if, during the TCA rate period, the hospital is no longer recognized by DPH, or the appropriate licensing agency, as a Level I or Level II trauma center as required for the adjustments described in subsection (a)(1). In these instances, the adjustments calculated under this subsection (a)(4) shall be pro-rated as applicable, based upon the date that recognition ceased.

b) Definitions. The definitions of terms used with reference to calculation of the trauma center adjustments in this Section are as follows:

1) "Available funds" means funds that have been deposited into the Trauma Center Fund, have been distributed to the Department by the State Treasurer, and have been appropriated by the Illinois General Assembly.

2) "Medicaid trauma admission" means, for discharges through June 30, 2014, those services provided to Medicaid-enrolled beneficiaries that were received and processed as hospital inpatient admissions, excluding admissions for normal newborns, that were subsequently adjudicated by the Department through the last day of June preceding the TCA rate period and contained within the Department's paid claims data base, with an ICD-9-CM principal diagnosis code of: 800.0 through 800.99; 801.0 through 801.99; 802.0 through 802.99; 803.0 through 803.99; 804.0 through 804.99; 805.0 through 805.98; 806.0 through 806.99; 807.0 through 807.69; 808.0 through 808.9; 809.0 through 809.1; 828.0 through 828.1; 839.0 through 839.3; 839.7 through 839.9; 850.0 through 850.9; 851.0 through 851.99; 852.0 through 852.59; 853.0 through 853.19; 854.0 through 854.19; 860.0 through 860.5; 861.0 through 861.32; 862.8; 863.0 through 863.99; 864.0 through 864.19; 865.0 through 865.19; 866.0 through 866.13; 867.0 through 867.9; 868.0 through 868.19; 869.0 through 869.1; 887.0 through 887.7; 896.0 through 896.3; 897.0 through 897.7; 900.0 through 900.9; 902.0 through 904.9; 925; 926.8; 929.0 through 929.99; 958.4; 958.5; 990 through 994.99.

For discharges after June 30, 2014, those services provided to Medicaid‑enrolled beneficiaries that were received and processed as hospital inpatient admissions that were subsequently adjudicated by the Department through the last day of June preceding the TCA rate period and contained within the Department's paid claims data base, and have been grouped to one of the following DRGs:

020 Craniotomy for trauma.

055 Head trauma, with coma lasting more than one hour or hemorrhage.

056 Brain contusion/laceration and complicated skull fracture, coma less than one hour or no coma.

057 Concussion, closed skull fracture not otherwise specified, uncomplicated intracranial injury, coma less than one hour or no coma.

135 Major chest and respiratory trauma.

308 Hip and femur procedures for trauma, except joint replacement.

384 Contusion, open wound and other trauma to skin and subcutaneous tissue.

841 Extensive third degree burns with skin graft, as of July 1, 2018.

842 Full thickness burns with graft, as of July 1, 2018.

843 Extensive burns without skin graft, as of July 1, 2018.

844 Partial thickness burns with or without graft, as of July 1, 2018.

910 Craniotomy for multiple significant trauma.

911 Extensive abdominal/thoracic procedures for multiple significant trauma.

912 Musculoskeletal and other procedures for multiple significant trauma.

930 Multiple significant trauma, without operating room procedure.

3) "TCA base period" means the 12-month period ending on the last day of June preceding the TCA rate period.

4) "TCA rate period" means the 12-month period beginning on October 1 of the year and ending September 30 of the following year.

5) "Trauma Center Fund" means the fund created in the State treasury by Section 5.325 of the State Finance Act [30 ILCS 105] and described in Section 3.225 of the Emergency Medical Services (EMS) Systems Act [210 ILCS 50] and Section 5-5.03 of the Public Aid Code.

(Source: Amended at 42 Ill. Reg. 22401, effective November 29, 2018)