



Rep. Jay Hoffman

Filed: 11/16/2016

09900SB1821ham001

LRB099 10143 KTG 51600 a

1 AMENDMENT TO SENATE BILL 1821

2 AMENDMENT NO. _____. Amend Senate Bill 1821 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by
5 changing Section 5A-5 and by adding Section 14-13 as follows:

6 (305 ILCS 5/5A-5) (from Ch. 23, par. 5A-5)

7 Sec. 5A-5. Notice; penalty; maintenance of records.

8 (a) The Illinois Department shall send a notice of
9 assessment to every hospital provider subject to assessment
10 under this Article. The notice of assessment shall notify the
11 hospital of its assessment and shall be sent after receipt by
12 the Department of notification from the Centers for Medicare
13 and Medicaid Services of the U.S. Department of Health and
14 Human Services that the payment methodologies required under
15 this Article and, if necessary, the waiver granted under 42 CFR
16 433.68 have been approved. The notice shall be on a form

1 prepared by the Illinois Department and shall state the
2 following:

3 (1) The name of the hospital provider.

4 (2) The address of the hospital provider's principal
5 place of business from which the provider engages in the
6 occupation of hospital provider in this State, and the name
7 and address of each hospital operated, conducted, or
8 maintained by the provider in this State.

9 (3) The occupied bed days, occupied bed days less
10 Medicare days, adjusted gross hospital revenue, or
11 outpatient gross revenue of the hospital provider
12 (whichever is applicable), the amount of assessment
13 imposed under Section 5A-2 for the State fiscal year for
14 which the notice is sent, and the amount of each
15 installment to be paid during the State fiscal year.

16 (4) (Blank).

17 (5) Other reasonable information as determined by the
18 Illinois Department.

19 (b) If a hospital provider conducts, operates, or maintains
20 more than one hospital licensed by the Illinois Department of
21 Public Health, the provider shall pay the assessment for each
22 hospital separately.

23 (c) Notwithstanding any other provision in this Article, in
24 the case of a person who ceases to conduct, operate, or
25 maintain a hospital in respect of which the person is subject
26 to assessment under this Article as a hospital provider, the

1 assessment for the State fiscal year in which the cessation
2 occurs shall be adjusted by multiplying the assessment computed
3 under Section 5A-2 by a fraction, the numerator of which is the
4 number of days in the year during which the provider conducts,
5 operates, or maintains the hospital and the denominator of
6 which is 365. Immediately upon ceasing to conduct, operate, or
7 maintain a hospital, the person shall pay the assessment for
8 the year as so adjusted (to the extent not previously paid).

9 (d) Notwithstanding any other provision in this Article, a
10 provider who commences conducting, operating, or maintaining a
11 hospital, upon notice by the Illinois Department, shall pay the
12 assessment computed under Section 5A-2 and subsection (e) in
13 installments on the due dates stated in the notice and on the
14 regular installment due dates for the State fiscal year
15 occurring after the due dates of the initial notice.

16 (e) Notwithstanding any other provision in this Article,
17 for State fiscal years 2009 through 2018, in the case of a
18 hospital provider that did not conduct, operate, or maintain a
19 hospital in 2005, the assessment for that State fiscal year
20 shall be computed on the basis of hypothetical occupied bed
21 days for the full calendar year as determined by the Illinois
22 Department. Notwithstanding any other provision in this
23 Article, for the portion of State fiscal year 2012 beginning
24 June 10, 2012 through June 30, 2012, and for State fiscal years
25 2013 through 2018, in the case of a hospital provider that did
26 not conduct, operate, or maintain a hospital in 2009, the

1 assessment under subsection (b-5) of Section 5A-2 for that
2 State fiscal year shall be computed on the basis of
3 hypothetical gross outpatient revenue for the full calendar
4 year as determined by the Illinois Department. The Illinois
5 Department is prohibited from increasing any assessment based
6 upon hypothetical occupied bed days or hypothetical gross
7 outpatient revenue under this Section once the initial
8 assessment has been calculated by the Department and the
9 hospital has been notified of the amount of the assessment
10 based upon hypothetical occupied bed days or hypothetical gross
11 outpatient revenue.

12 (f) Every hospital provider subject to assessment under
13 this Article shall keep sufficient records to permit the
14 determination of adjusted gross hospital revenue for the
15 hospital's fiscal year. All such records shall be kept in the
16 English language and shall, at all times during regular
17 business hours of the day, be subject to inspection by the
18 Illinois Department or its duly authorized agents and
19 employees.

20 (g) The Illinois Department may, by rule, provide a
21 hospital provider a reasonable opportunity to request a
22 clarification or correction of any clerical or computational
23 errors contained in the calculation of its assessment, but such
24 corrections shall not extend to updating the cost report
25 information used to calculate the assessment.

26 (h) (Blank).

1 (Source: P.A. 98-104, eff. 7-22-13; 98-463, eff. 8-16-13;
2 98-651, eff. 6-16-14; 98-756, eff. 7-16-14; 99-78, eff.
3 7-20-15.)

4 (305 ILCS 5/14-13 new)

5 Sec. 14-13. Treatment of newly licensed general acute care
6 hospitals.

7 (a) For any general acute care hospital licensed by the
8 Department of Public Health after January 1, 2008, the Illinois
9 Department must calculate and pay enhanced payments for
10 Medicaid services similar to enhanced Medicaid payments
11 received by other general acute care hospitals.

12 (b) The Illinois Department may create new payments or
13 increase other existing Medicaid reimbursement programs in
14 order to meet the requirements of subsection (a).

15 (c) The Illinois Department may meet the requirements of
16 this Section by increasing Medicaid payment amounts for a
17 hospital within the same system or ownership structure as the
18 newly licensed hospital.

19 (d) The Illinois Department must insert any new Medicaid
20 inpatient methodology created under this Section in the
21 Medicaid Facilitation and Utilization Payment section of the
22 Illinois Medicaid State Plan.

23 (e) The Illinois Department must insert any new Medicaid
24 outpatient methodology created under this Section in the
25 Hospital Outpatient Assistance Adjustment Payments section of

1 the Illinois Medicaid State Plan.

2 (f) The Illinois Department may, by rule, specify the
3 amount of funding to invest in the payments required by this
4 Section if not otherwise specified below:

5 (1) For general acute care hospitals licensed after
6 January 1, 2008 and before January 1, 2016, the pool must
7 be \$4,500,000 annually with no less than 2 years of this
8 amount distributed before July 1, 2018.

9 (2) For general acute care hospitals licensed after
10 January 1, 2016 and before July 1, 2016, the pool must be
11 \$3,500,000 annually with no less than 2 years of this
12 amount distributed before July 1, 2018.

13 (3) For general acute care hospitals licensed on and
14 after July 1, 2016, the pool may be established by the
15 Illinois Department by rule.

16 (g) The Medicaid payments authorized under this Section
17 shall continue so long as the payments under subsection (f) of
18 Section 14-12 are in effect."