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~~e. "Total critical weighting factor", as used in this Section, applies when the sum of the critical weighting factors is greater than one standard deviation above the mean of the summed critical weighting factors for all hospitals located within the same planning area.~~

~~f. "Medicaid psychiatric admissions," as used in subsection 7.i. below, means hospital inpatient admissions for the Supplemental CHAP base that are billed to the Department with a category of service 21.~~

~~g. "Medicaid rehabilitation admissions," as used in subsection 7.i. below, means hospital inpatient admissions for the Supplemental CHAP base that are billed to the Department with a category of service 22.~~

~~h. "Total Medicaid Days," means hospital inpatient days for the Supplemental CHAP base period for recipients of medical assistance under Title XIX of the Social Security Act, excluding days for normal newborns, and Medicare/Medicaid crossover days.~~

~~i. "Total SCHAP Admissions," means Total Medicaid admissions that include Medicaid psychiatric admissions and Medicaid rehabilitation admissions for the Supplemental CHAP base period multiplied by a factor of two.~~

07/95 XVI Definitions and Applicability

10/92 A. Payment for hospital inpatient services shall be made only to a hospital or a distinct part hospital unit as defined in this Section.

10/92 1. The term "hospital" means:

10/93 a. Any institution, place, building, or agency, public or private, whether organized for profit or not-for-profit, which is located in the State and is subject to licensure by the Illinois Department of Public Health under the Hospital Licensing Act or any institution, place, building or agency, public or private, whether organized for profit or not-for-profit, which meets all comparable conditions and requirements of the Hospital Licensing Act in effect for the state in which it is located. In addition, unless specifically indicated otherwise, the term "hospital" shall also include:

07/95 i. County-owned hospitals, meaning all county-owned hospitals that are located in an Illinois county with a population of over three million.

10/93 ii. A hospital organized under the University of Illinois Hospital Act.

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==07/95 XV. Critical Hospital Adjustment Payments (CHAP)

==07/95 Critical Hospital Adjustment Payments (CHAP) shall be made to all eligible hospitals excluding county-owned hospitals, as described in Chapter XVI A.1.a.i., and hospitals organized under the University of Illinois Hospital Act, as described in Chapter XVI A.1.a.ii. for inpatient admissions occurring on or after July 1, 1995, in accordance with this Chapter.

==07/95 A. Trauma Center Adjustments (TCA)

==07/95 The Department shall make a trauma center adjustment (TCA) to Illinois hospitals recognized, as of the last day of June preceding the CHAP rate period, as a Level I or Level II trauma center by the Illinois Department of Public Health, in accordance with the provisions of 1. through 3 below.

==07/95 1. Level I Trauma Center Adjustment (TCA).

==07/95 a. Criteria. Illinois hospitals that, on the last day of June preceding the CHAP rate period are recognized as a Level I trauma center by the Illinois Department of Public Health, shall receive the Level I trauma center adjustment.

==07/95 b. Adjustment. Illinois hospitals meeting the criteria specified in 1.a. above shall receive an adjustment as follows:

==07/96 i. Hospitals with Medicaid trauma admissions equal to or greater than the mean Medicaid trauma admissions, for all hospitals qualifying under 1.a. above, shall receive an adjustment of ~~$19,200.00~~$19,700.00 per Medicaid trauma admission in the CHAP base period.

==07/96 ii. Hospitals with Medicaid trauma admissions less than the mean Medicaid trauma admissions, for all hospitals qualifying under 1.a. above, shall receive an adjustment of ~~$12,000.00~~$12,500.00 per Medicaid trauma admission in the CHAP base period.

==07/96 2. Level II Rural Trauma Center Adjustment (TCA). Illinois rural hospitals, as defined in Chapter XVI B.3., that, on the last day of June preceding the CHAP rate period, are recognized as a Level II trauma center by the Illinois Department of Public Health shall receive an adjustment of ~~$9,400.00~~$9,900.00 per Medicaid trauma admission in the CHAP base period.

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==07/96 3. Level II Urban Trauma Center Adjustment (TCA). Illinois urban hospitals, as described in Chapter XVI B.4., that, on the last day of June preceding the CHAP rate period, are recognized as Level II trauma centers by the Illinois Department of Public Health shall receive an adjustment of $9,900.00 per Medicaid trauma admission in the CHAP base period, provided that such hospital meets the criteria described below:

==07/95 a. The hospital is located in a county with no Level I trauma center; and

==07/95 b. The hospital is located in a Health Professional Shortage Area (HPSA) (42 CFR 5), as of the last day of June preceding the CHAP rate period and has a Medicaid trauma admission percentage at or above the mean of the individual facility values determined in A.3.a. above; or the hospital is not located in a HPSA (42 CFR 5) and has a Medicaid trauma admission percentage that is at least the mean plus one standard deviation of the individual facility values determined in subsection A.3.a. above.

==07/95 B. Rehabilitation Hospital Adjustment (RHA)

==07/95 Illinois hospitals that, on the last day of June preceding the CHAP rate period, qualify as rehabilitation hospitals, as defined Section C.2. of Chapter II, and are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), shall receive a rehabilitation hospital adjustment in the CHAP rate period that consists of the following three components:

==07/95 1. Treatment Component. All hospitals defined in Section B. above, shall receive $3,800.00 per Medicaid Level I rehabilitation admission in the CHAP base period.

==07/95 2. Facility Component. All hospitals defined in Section B. above, shall receive a facility component that shall be based upon the number of Medicaid Level I rehabilitation admissions in the CHAP base period as follows:

==07/97 a. Hospitals with fewer than 90 Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of ~~$100,000.00~~ $250,000.00 in the CHAP rate period.

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==07/97 b. Hospitals with 90 or more Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of ~~$400,000.00~~ $575,000,000 in the CHAP rate period.

==07/95 3. Health Professional Shortage Area Adjustment Component. Hospitals defined in Section B. above, that are located in a Health Professional Shortage Area (HPSA) (42 CFR 5), as of the last day of June preceding the CHAP rate period, shall receive $300.00 per Medicaid Level I rehabilitation inpatient day in the CHAP base period.

==07/95 C. Direct Hospital Adjustment (DHA) Criteria. To qualify for the DHA under this Section, hospitals must meet one of the following criteria.

==07/95 1. Be an Illinois hospital located outside of Health Service Area (HSA) six which has a Medicaid inpatient utilization rate on the last day of June preceding the CHAP rate period, as defined in Chapter VI, Section C.8.e., greater than 60 percent and has an average length of stay of less than ten days.

==07/95 2. Be a hospital located in HSA six, excluding psychiatric and rehabilitation hospitals as defined in Section C.1. and C.2. of Chapter II, that meets one of the following criteria:

/95 a. Is a hospital whose sum of the critical weighting factors is greater than one standard deviation above the mean of the summed critical weighting factors for all hospitals located within the same planning area. The critical weighting factor is determined as follows:

==07/95 i. Hospitals that on the last day of June preceding the CHAP rate period, are designated as a Level III, II, or I Perinatal Center by the Illinois Department of Public Health shall receive a critical weighting factor of 10, 7.5, or 5 respectively depending on the hospital's perinatal level designation.

==07/95 ii. Hospitals that on the last day of June preceding the CHAP rate period, are recognized as a Level I or II Trauma Center by the Illinois Department of Public Health shall receive a critical weighting factor of ten or five respectively depending on the hospital's trauma level designation.

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==07/95 iii. Hospitals that on the last day of June preceding the CHAP rate period, are eligible for disproportionate share payments as described in Chapter VI.C.7.a. & b., shall receive a critical weighting factor of five.

==07/95 iv. Hospitals that have an occupancy ratio as determined by the Illinois Department of Public Health (IDPH), based upon the most current IDPH published report entitled "Bed Count, Average Length of Stay, Average Daily Census and Percent Occupancy for Non-Federal Hospitals in Illinois", which is available to the Illinois Department of Public Aid on the last day of June preceding the CHAP rate period, which is equal to or greater than the mean occupancy ratio for all hospitals in the planning area shall receive a critical weighting factor of five.

==07/95 v. Hospitals which have Medicaid obstetrical care admissions in the CHAP base period that are equal to or greater than one-half a standard deviation above the mean Medicaid obstetrical care admissions in their planning area shall receive a critical weighting factor of ten. If the hospital's Medicaid obstetrical care admissions are greater than the mean but less than one-half a standard deviation above the mean Medicaid obstetrical care admissions in their planning area, the hospital shall receive a critical weighting factor of five.

==07/95 vi. Hospitals that on the last day of June preceding the CHAP rate period have a Medicaid inpatient utilization rate as defined in Chapter VI, Section C.8.e. which is equal to or greater than one-half a standard deviation above the mean Medicaid inpatient utilization rate in their planning area shall receive a critical weighting factor of ten. If the hospital's Medicaid inpatient utilization rate is greater than the mean but less than one-half a standard deviation above the mean Medicaid inpatient utilization rate in their planning area, the hospital shall receive a critical weighting factor of five.

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==07/95 vii. Hospitals which have Medicaid general care admissions in the CHAP base period that are equal to or greater than one-half a standard deviation above the mean Medicaid general care admissions in their planning area shall receive a critical weighting factor of ten. If the hospital's Medicaid general care admissions are greater than the mean but less than one-half a standard deviation above the mean Medicaid general care admissions in their planning area the hospital shall receive a critical weighting factor of five.

==07/95 viii. Hospitals which have a cost per day at 80 percent occupancy that is less than or equal to one-half a standard deviation below the mean cost per day at 80 percent occupancy in their planning area shall receive a critical weighting factor of ten. If the hospital's cost per day at 80 percent occupancy is greater than one-half a standard deviation below the mean cost per day at 80 percent occupancy but less than the mean cost per day at 80 percent occupancy in their planning area the hospital shall receive a critical weighting factor of five.

-=07/95 b. Is a major teaching hospital with 40 or more graduate medical education programs accredited by the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the American Dental Association Joint Commission of Dental Accreditation.

==07/97 c. Is a hospital with 3,400 or more Total Medicaid ~~general care~~ admissions in the CHAP base period.

==07/95 3. Be a hospital qualifying under C.2. above that has Medicaid obstetrical care admissions in the CHAP base period which are equal to or greater than 2,400.

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==07/95 4. Be a hospital qualifying under C.2. above that on the last day of June preceding the CHAP rate period, is designated as a Level III or II Perinatal Center by the Illinois Department of Public Health, and that has a Medicaid inpatient utilization rate, as defined in Chapter VI, Section C.8.e. which is greater than one-half a standard deviation above the statewide mean Medicaid inpatient utilization rate, as defined in Chapter VI, Section C.8.c., and that has at least one obstetrical graduate medical education program accredited by the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the American Dental Association Joint Commission on Dental Accreditation.

==07/95 5. Be a children's hospital, which means a hospital devoted exclusively to caring for children. A hospital which includes a facility devoted exclusively to caring for children that is separately licensed as a hospital by a municipality shall be considered a children's hospital to the degree that the hospital's Medicaid care is provided to children.

==07/95 D. Direct Hospital Adjustment (DHA) Adjustment. Calculation of the DHA is as follows:

==07/97 1. Hospitals qualifying under C.1. above shall receive an DHA of $60.00 ~~per~~ multiplied by the DHA Medicaid ~~inpatient~~ days in the CHAP base period.

/97 2. Hospitals qualifying under C.2 or C.5. above shall receive an DHA of $30.00 ~~per~~ multiplied by the DHA Medicaid ~~inpatient~~ days in the CHAP base period.

==07/97 3. Hospitals qualifying under C.5. above which have a Medicaid inpatient utilization rate, as defined in Chapter VI C.8.e., on the last day of June preceding the CHAP rate period, that is greater than eighty-five percent shall receive an additional $20.00 ~~per~~ multiplied by the DHA Medicaid ~~inpatient~~ days in the CHAP base period.

==07/97 4. Hospitals qualifying under C.2.b. above shall receive an additional $10.00 ~~per~~ multiplied by the DHA Medicaid ~~inpatient~~ days in the CHAP base period.

==07/97 5. Hospitals qualifying under C.3. or C.4. above shall receive an additional $120.00 ~~per~~ multiplied by the DHA Medicaid ~~inpatient~~ days in the CHAP base period if their Medicaid inpatient utilization rate, as defined in Chapter VI C.8.e., on the last day of June preceding the CHAP rate period is equal to or greater than fifty percent; or $65.00 ~~per~~ multiplied by the DHA Medicaid ~~inpatient~~ days in the CHAP base period if their Medicaid inpatient utilization rate, as defined in Chapter VI C.8.e., on the last day of June preceding the CHAP rate period is less than fifty percent.

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==07/97 E. Rural Critical Hospital Adjustment Payments (RCHAP)

Rural Critical Hospital Adjustment Payments (RCHAP) shall be made to certain rural hospitals for certain inpatient admissions occurring on or after September 1, 1996. The Department shall make a RCHAP adjustment payment to hospitals qualifying under this subsection at a rate that is the greater of:

1. the product of $745 multiplied by the number of RCHAP Obstetrical Care Admissions in the CHAP base period, or

2. the product of $75 multiplied by the number of RCHAP General Care Admissions in the CHAP base period.

07/96 F. Each eligible hospital's critical hospital adjustment payment for the CHAP rate period shall equal the sum of the amounts described in A., B., and D. above. The critical hospital adjustment payments shall be paid to eligible hospitals on a quarterly basis.

==06/97 G. For the month beginning June 1, 1997, and ending June 30, 1997, each hospital which qualifies under Part E.above shall receive an additional payment equal to an annual amount as described under Part E.above. For quarters beginning July 1, 1997, that rate, as described in Part E. above, shall be multiplied by a factor of two.

07/96 ~~G.~~H. Critical Hospital Adjustment Limitations. Hospitals that qualify for trauma center adjustments under Section A. above shall not be eligible for the total trauma center adjustment if, during the CHAP rate period, the hospital is no longer recognized by the Illinois Department of Public Health as a Level I trauma center as required for the adjustment described in A.1. above, or a Level II trauma center as required for the adjustment described in A.2. or A.3. above. In these instances, the adjustments calculated shall be pro-rated, as applicable, based upon the date that such recognition ceased.

07/96 ~~H.~~I. Critical Hospital Adjustment Payment Definitions. The definitions of terms used with reference to calculation of the CHAP required by this Section are as follows:

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==07/95 1. "CHAP base period" means State Fiscal Year 1994, for CHAP payments calculated for the July 1, 1995, CHAP rate period, State Fiscal Year 1995 for CHAP payments calculated for the July 1, 1996, CHAP rate period, etc.

==07/95 2. "CHAP rate period" means, beginning July 1, 1995, the 12 month period beginning on July 1 of the year and ending June 30 of the following year.

==07/95 3. "Cost Per Day at Eighty Percent Occupancy" means the estimated inpatient cost per day had the hospital been operating at an eighty percent occupancy rate.

==07/95 4. "Medicaid General Care Admission" means hospital inpatient admissions which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, excluding admissions for normal newborns, Medicare/Medicaid crossover admissions, psychiatric and rehabilitation admissions.

==07/95 5. "Medicaid Inpatient Day" means hospital inpatient days which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, excluding days for normal newborns and Medicare/Medicaid crossover days.

==07/95 6. "Medicaid Level I rehabilitation admissions" means those claims billed as Level I admissions which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with an occurrence code of 63 when applicable and an ICD-9-CM principal diagnosis code of: 054.3, 310.1 through 310.2, 320.1, 336.0 through 336.9, 344.0 through 344.2, 344.8 through 344.9, 348.1, 801.30, 803.10, 803.84, 806.0 through 806.19, 806.20 through 806.24, 806.26, 806.29 through 806.34, 806.36, 806.4 through 806.5, 851.06, 851.80, 853.05, 854.0 through 854.04, 854.06, 854.1 through 854.14, 854.16, 854.19, 905.0, 907.0, 907.2, 952.0 through 952.09, 952.10 through 952.16, 952.2, and V57.0 through V57.89, excluding admissions for normal newborns.

==07/95 7. "Medicaid Level I rehabilitation inpatient day" means the days associated with the claims defined in subsection (e)(6) above.

==07/95 8. "Medicaid obstetrical care admission" means hospital inpatient admissions which were subsequently adjudicated by the Department

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through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, with an ICD-9-CM principal diagnosis code of 640.0 through 648.9 with a 5th digit of 1 or 2; 650; 651.0 through 659.9 with a 5th digit of 1, 2, 3, or 4; 660.0 through 669.9 with a 5th digit of 1, 2, 3, or 4; 670.0 through 676.9 with a 5th digit of 1 or 2; or V27 through V27.9; or V30 through V39.9; or any ICD-9-CM principal diagnosis code that is accompanied with a surgery procedure code between 72 and 75.99; and specifically excludes Medicare/Medicaid crossover claims.

==07/95 9. "Medicaid trauma admission" means those claims billed as admissions which were subsequently adjudicated by the Department through the last day of June preceding the CHAP 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 those hospitals recognized as Level I trauma centers solely for pediatric trauma cases, Medicaid trauma admissions are only calculated for the claims billed as admissions, excluding admissions for normal newborns, which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with ICD-9-CM diagnoses within the above ranges for children under the age of 18 excluding admissions for normal newborns.

==07/95 10. "Medicaid trauma admission percentage" means a fraction, the numerator of which is the hospital's Medicaid trauma admissions and the denominator of which is the total Medicaid trauma admissions in a given 12 month period for all level II urban trauma centers.

==07/96 11. The CHAP base period means State Fiscal Year 1995 for RCHAP's calculated for the July 1, 1996, CHAP rate period; State Fiscal Year 1996 for RCHAP's calculated for July 1, 1997, CHAP rate period, etc.