

ILLINOIS REGISTER

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ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

TITLE 77: PUBLIC HEALTH

CHAPTER XI: ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

PART 2550

MISCELLANEOUS PROVISIONS (REPEALED)

Section

2550.10	Consultation with Departments of Public Aid, Public Health and Insurance
2550.20	Action Consistent with Act
2550.30	Cases Not Covered by Rules
2550.40	Extension of Time
2550.50	Severability

2550.APPENDIX A            Annual Financial Data Report

AUTHORITY: Implementing Section 2-3 and 2-4 of Article II and authorized by Section 2-3 of Article II of the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1984 Supp., ch. 111 1/2, pars. 6504-2 and 6502-4).

SOURCE: Adopted at 9 Ill. Reg. 12770, effective August 5, 1985; repealed at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

**Section 2550.10 Consultation with Departments of Public Aid, Public Health and Insurance**

*The Directors of the Departments of Public Aid, Public Health and Insurance shall consult with the Council, and shall provide the Council with information it requires to perform its duties as outlined in the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1984 Supp., ch. 111½, par. 6501-1 et seq.) ("The Act").*

**Section 2550.20 Action Consistent with Act**

Nothing in this Chapter shall be construed as prohibiting the Illinois Health Care Cost Containment Council ("the Council") from taking any action consistent with the Act.

**Section 2550.30 Cases Not Covered by Rules**

In any case not explicitly provided for by this Chapter, the Council may take such action as is authorized by law or by this Chapter.

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**Section 2550.40 Extension of Time**

The Council or the Executive Director, shall, upon a showing of good cause and if time permits, extend the time allowed for the performance of any function or duty required by the provisions of this Chapter. In making any determination with respect to good cause, the Council and the Executive Director shall give due regard to all relevant facts and circumstances, including such considerations as the complexity of the issues or the existence of extraordinary circumstances or unforeseen events which have led to the request for an extension of time.

**Section 2550.50 Severability**

If any Section or provision of this Chapter is declared unconstitutional or void by any court of competent jurisdiction, or if its applicability to any person or circumstances is held invalid, the constitutionality or validity of the remainder of this Chapter and the applicability to other persons and circumstances shall not be affected, and to this end, the sections and provisions of this Chapter are declared to be severable.

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Section 2550.APPENDIX A Annual Financial Data Report

APPENDIX A

ANNUAL FINANCIAL DATA REPORT

Hospital: \_\_\_\_\_
City: \_\_\_\_\_
Fiscal Year End: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Person Completing Report: \_\_\_\_\_

All spaces must be completed prior to submission.

- 1. Total gross revenue \$ \_\_\_\_\_
2. Total deductions from gross revenue:
A. Medicare contractual allowances \$ \_\_\_\_\_
B. Medicaid contractual allowances \$ \_\_\_\_\_
C. Other contractual allowances \$ \_\_\_\_\_
D. Bad debts and charity care \$ \_\_\_\_\_
E. Other deductions \$ \_\_\_\_\_

The method of computing Items 2 A-D shall be described by the hospital.

Use additional sheets if necessary.

- 3. Gross inpatient revenue \$ \_\_\_\_\_
4. Medicare gross revenue \$ \_\_\_\_\_
5. Medicaid and medical assistance gross revenue \$ \_\_\_\_\_
6. Total discharges \_\_\_\_\_
7. Medicare discharges \_\_\_\_\_
8. Medicaid, medical assistance discharges \_\_\_\_\_
9. Other discharges \_\_\_\_\_
10. Total assets \$ \_\_\_\_\_
11. Total liabilities \$ \_\_\_\_\_
12. Total admissions \_\_\_\_\_
13. Total patient days \_\_\_\_\_
14. Average length of stay \_\_\_\_\_
15. Total outpatient visits \_\_\_\_\_
16. Current ratio \_\_\_\_\_

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17. Debt to equity ratio \_\_\_\_\_

18. Debt to net assets ratio \_\_\_\_\_

Attestation: I hereby attest that the above information is correct in accordance with the applicable instructions.

Chief Executive Officer:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 1) Total gross-revenue – full hospital charges for all hospital patient services before considering any deductions for bad debts, charity care or contractual allowances.
- 2A) Medicare contractual allowances – include revenue deductions incurred in treating Medicare patients.
- 2B) Medicaid contractual allowances – include revenue deductions incurred in treating Medicaid, Medical Assistance No Grant ("MANG") and General Assistance patients.
- 2C) Other contractual allowances – include revenue deductions incurred other than those from Medicare, Medicaid, MANG and General Assistance patients and bad debts and charity care.
- 2D) Bad debts – revenue amounts deemed uncollectible primarily because of a patient's unwillingness to pay as determined after collection efforts. Charity care – revenue amounts which represent the aggregate of the accounts written off when it is determined that a patient is unable to pay.
- 2E) Other deductions – all other deductions from revenue for items such as courtesy allowances, employee discounts and administrative writeoffs.
- 3) Gross inpatient revenue – full hospital charges to inpatients for hospital services before considering any deductions for bad debt, charity care or contractual allowances.
- 4) Medicare gross patient revenue – full hospital charges derived from Medicare including payments for routine and special care, ancillary and outpatient service revenue.
- 5) Medicaid, MANG and General Assistance gross revenue – gross revenue full hospital charges from Medicaid, MANG or General Assistance including payments for routine and special care, ancillary and outpatient service revenue.

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- 6) Total discharges – the number of adult and pediatric inpatients discharged from the hospital during the reporting period including discharges from the routine and specialized areas of the hospital but excluding births and transfers between units.
- 7) Medicare discharges – the number of adult and pediatric inpatients whose principal payment source is Medicare discharged from the hospital during the reporting period including discharges from the routine and specialized areas of the hospital but excluding births and transfers between units.
- 8) Medicaid, MANG and General Assistance discharges – the number of adult and pediatric inpatients whose principle payment sources is Medicaid, MANG, or General Assistance discharged from the hospital during the reporting period including discharges from the routine and specialized areas of the hospital but excluding births and transfers between units.
- 9) Other discharges – the number of adult and pediatric inpatients whose principal payment sources is not Medicare, Medicaid, MANG or General Assistance discharged from the hospital during the reporting period including discharges from the routine and specialized areas of the hospital but excluding births and transfers between units.
- 10) Total assets – total assets of the hospital.
- 11) Total liabilities – total liabilities of the hospital including all current and non-current liabilities.
- 12) Total admissions – the number of adult and pediatric inpatients admitted to the hospital during the reporting period including admissions to the routine and specialized areas of the hospital but excluding births and transfers between units.
- 13) Total patient days – a patient day is the unit of measure denoting lodging provided and services rendered to an inpatient between the census (usually at midnight) of two successive days. The day of discharge counts only when the patient was admitted the same day. For example, a patient who was admitted Wednesday afternoon and discharged Friday would have a count of two (2) patient days. Exclude newborn days from this count.
- 14) Average length of stay – this is the average period of time that an inpatient stays in the hospital for care and is calculated by dividing the total patient days (Item 13) by the total discharges (Item 6).

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- 15) Total outpatient visits – a visit is defined as a patient receiving service in an outpatient area of the hospital. If a patient visits both the emergency room and an outpatient clinic on the same day, it is counted as two (2) visits.
- 16) Current ratio – the ratio of current assets to current liabilities of the hospital.
- 17) Long-term debt to equity ratio – the ratio of long-term liabilities (debt) to the hospital's fund balance.
- 18) Fixed asset financing ratio – the ratio of long-term liabilities (debt) to the hospital's net fixed assets (after depreciation).