



Sen. John M. Sullivan

**Filed: 5/15/2009**

09600HB0542sam001

LRB096 03750 DRJ 26939 a

1 AMENDMENT TO HOUSE BILL 542

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 542 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by  
5 changing Sections 5-4.2 and 5-5 as follows:

6 (305 ILCS 5/5-4.2) (from Ch. 23, par. 5-4.2)

7 Sec. 5-4.2. Ground ambulance ~~Ambulance~~ services payments.

8 (a) For purposes of this Section, the following terms have  
9 the following meanings:

10 "Department" means the Illinois Department of Healthcare  
11 and Family Services.

12 "Ground ambulance services" means medical transportation  
13 services that are described as ground ambulance services by the  
14 Centers for Medicare and Medicaid Services and provided in a  
15 vehicle that is licensed as an ambulance by the Illinois  
16 Department of Public Health pursuant to the Emergency Medical

1 Services (EMS) Systems Act.

2 "Ground ambulance services provider" means a vehicle  
3 service provider as described in the Emergency Medical Services  
4 (EMS) Systems Act that operates licensed ambulances for the  
5 purpose of providing emergency ambulance services, or  
6 non-emergency ambulance services, or both. For purposes of this  
7 Section, this includes both ambulance providers and ambulance  
8 suppliers as described by the Centers for Medicare and Medicaid  
9 Services.

10 "Rural county" means: any county not located in a U.S.  
11 Bureau of the Census Metropolitan Statistical Area (MSA); or  
12 any county located within a U.S. Bureau of the Census  
13 Metropolitan Statistical Area but having a population of 60,000  
14 or less.

15 (b) It is the intent of the General Assembly to provide for  
16 the payment for ground ambulance services as part of the State  
17 Medicaid plan and to provide adequate payment for ground  
18 ambulance services under the State Medicaid plan so as to  
19 ensure adequate access to ground ambulance services for both  
20 recipients of aid under this Article and for the general  
21 population of Illinois. Unless otherwise indicated in this  
22 Section, the practices of the Department concerning payments  
23 for ground ambulance services provided to recipients of aid  
24 under this Article shall be consistent with the payment  
25 principles of Medicare, including the statutes, regulations,  
26 policies, procedures, principles, definitions, guidelines,

1 coding systems, including the ambulance condition coding  
2 system, and manuals used by the Centers for Medicare and  
3 Medicaid Services and the Medicare Part B Carrier or the  
4 Medicare Administrative Contractor for the State of Illinois to  
5 determine the payment system to ground ambulance services  
6 providers under Title XVIII of the Social Security Act.

7 (c) For ground ambulance services provided to a recipient  
8 of aid under this Article on or after July 1, 2009, the  
9 Department shall provide payment to ground ambulance services  
10 providers for base charges and mileage charges based upon the  
11 lesser of the provider's charge, as reflected on the provider's  
12 claim form, or the Illinois Medicaid Ambulance Fee Schedule  
13 rates calculated in accordance with this Section.

14 Effective July 1, 2009, the Illinois Medicaid Ambulance Fee  
15 Schedule shall be established and shall include only the ground  
16 ambulance services rates outlined in the Medicare Ambulance Fee  
17 Schedule as promulgated by the Centers for Medicare and  
18 Medicaid Services and adjusted for the 4 Medicare Localities in  
19 Illinois, with an adjustment of 100% of the Medicare Ambulance  
20 Fee Schedule rates, by Medicare Locality, for both base rates  
21 and mileage for rural counties, and an adjustment of 80% of the  
22 Medicare Ambulance Fee Schedule rates, by Medicare Locality,  
23 for both base rates and mileage for all other counties.

24 Effective for dates of service on or after July 1, 2010,  
25 the Department shall update the Illinois Medicaid Ambulance Fee  
26 Schedule rates so that they comply with the Medicare Ambulance

1 Fee Schedule rates for ground ambulance services in effect at  
2 the time of the update, in the manner prescribed in the second  
3 paragraph of this subsection (c).

4 (d) Payment for mileage shall be per loaded mile with no  
5 loaded mileage included in the base rate. If a natural  
6 disaster, weather, road repairs, traffic congestion, or other  
7 conditions necessitate a route other than the most direct  
8 route, payment shall be based upon the actual distance  
9 traveled. Notwithstanding the payment principles in subsection  
10 (b) of this Section, the Department shall develop the Illinois  
11 Medicaid Ambulance Fee Schedule using the ground mileage rate,  
12 as defined by the Centers for Medicare and Medicaid Services,  
13 and no other mileage rates which act as enhancements to the  
14 ground mileage rate, whether permanent or temporary, shall be  
15 recognized by the Department. When a ground ambulance services  
16 provider provides transport pursuant to an emergency call as  
17 defined by the Centers for Medicare and Medicaid Services, no  
18 reduction in the mileage payment shall be made based upon the  
19 fact that a closer facility may have been available, so long as  
20 the ground ambulance services provider provided transport to  
21 the recipient's facility of choice within the scope of the  
22 Illinois Emergency Medical Services (EMS) Systems Act and  
23 associated rules and the policies and procedures of the EMS  
24 System of which the provider is a member.

25 (e) The Department shall provide payment for emergency  
26 ground ambulance services provided to a recipient of aid under

1 this Article according to the requirements provided in  
2 subsection (b) of this Section when those services are provided  
3 pursuant to a request made through a 9-1-1 or equivalent  
4 emergency telephone number for evaluation, treatment, and  
5 transport from or on behalf of an individual with a condition  
6 of such a nature that a prudent layperson would have reasonably  
7 expected that a delay in seeking immediate medical attention  
8 would have been hazardous to life or health. This standard is  
9 deemed to be met if there is an emergency medical condition  
10 manifesting itself by acute symptoms of sufficient severity,  
11 including but not limited to severe pain, such that a prudent  
12 layperson who possesses an average knowledge of medicine and  
13 health can reasonably expect that the absence of immediate  
14 medical attention could result in placing the health of the  
15 individual or, with respect to a pregnant woman, the health of  
16 the woman or her unborn child, in serious jeopardy, cause  
17 serious impairment to bodily functions, or cause serious  
18 dysfunction of any bodily organ or part.

19 (f) For ground ambulance services provided to a recipient  
20 enrolled in a Medicaid managed care plan by a ground ambulance  
21 services provider that is not a contracted provider to the  
22 Medicaid managed care plan in question, the amount of the  
23 payment for ground ambulance services by the Medicaid managed  
24 care plan shall be the lesser of the provider's charge, as  
25 reflected on the provider's claim form, or the Illinois  
26 Medicaid Ambulance Fee Schedule rates calculated in accordance

1 with this Section.

2 (g) Nothing in this Section prohibits the Department from  
3 setting payment rates for out-of-State ground ambulance  
4 services providers by administrative rule.

5 (h) Effective for dates of service on or after July 1,  
6 2009, payments for stretcher van services provided by ground  
7 ambulance services providers shall be as follows:

8 (1) For each individual base rate, the amount of the  
9 payment shall be the lesser of the provider's charge, as  
10 reflected on the provider's claim form, or 80% of the  
11 Illinois Medicaid Ambulance Fee Schedule rate for the basic  
12 life support non-emergency base rate.

13 (2) For each loaded mile, the amount of the payment  
14 shall be the lesser of the provider's charge, as reflected  
15 on the provider's claim form, or 80% of the Illinois  
16 Medicaid Ambulance Fee Schedule rate for mileage.

17 ~~For ambulance services provided to a recipient of aid under~~  
18 ~~this Article on or after January 1, 1993, the Illinois~~  
19 ~~Department shall reimburse ambulance service providers at~~  
20 ~~rates calculated in accordance with this Section. It is the~~  
21 ~~intent of the General Assembly to provide adequate~~  
22 ~~reimbursement for ambulance services so as to ensure adequate~~  
23 ~~access to services for recipients of aid under this Article and~~  
24 ~~to provide appropriate incentives to ambulance service~~  
25 ~~providers to provide services in an efficient and~~  
26 ~~cost effective manner. Thus, it is the intent of the General~~

1 ~~Assembly that the Illinois Department implement a~~  
2 ~~reimbursement system for ambulance services that, to the extent~~  
3 ~~practicable and subject to the availability of funds~~  
4 ~~appropriated by the General Assembly for this purpose, is~~  
5 ~~consistent with the payment principles of Medicare. To ensure~~  
6 ~~uniformity between the payment principles of Medicare and~~  
7 ~~Medicaid, the Illinois Department shall follow, to the extent~~  
8 ~~necessary and practicable and subject to the availability of~~  
9 ~~funds appropriated by the General Assembly for this purpose,~~  
10 ~~the statutes, laws, regulations, policies, procedures,~~  
11 ~~principles, definitions, guidelines, and manuals used to~~  
12 ~~determine the amounts paid to ambulance service providers under~~  
13 ~~Title XVIII of the Social Security Act (Medicare).~~

14 ~~For ambulance services provided to a recipient of aid under~~  
15 ~~this Article on or after January 1, 1996, the Illinois~~  
16 ~~Department shall reimburse ambulance service providers based~~  
17 ~~upon the actual distance traveled if a natural disaster,~~  
18 ~~weather conditions, road repairs, or traffic congestion~~  
19 ~~necessitates the use of a route other than the most direct~~  
20 ~~route.~~

21 ~~For purposes of this Section, "ambulance services"~~  
22 ~~includes medical transportation services provided by means of~~  
23 ~~an ambulance, medi-car, service car, or taxi.~~

24 ~~This Section does not prohibit separate billing by~~  
25 ~~ambulance service providers for oxygen furnished while~~  
26 ~~providing advanced life support services.~~

1        (i) Beginning with services rendered on or after July 1,  
2        2008, all providers of non-emergency medi-car and service car  
3        transportation must certify that the driver and employee  
4        attendant, as applicable, have completed a safety program  
5        approved by the Department to protect both the patient and the  
6        driver, prior to transporting a patient. The provider must  
7        maintain this certification in its records. The provider shall  
8        produce such documentation upon demand by the Department or its  
9        representative. Failure to produce documentation of such  
10       training shall result in recovery of any payments made by the  
11       Department for services rendered by a non-certified driver or  
12       employee attendant. Medi-car and service car providers must  
13       maintain legible documentation in their records of the driver  
14       and, as applicable, employee attendant that actually  
15       transported the patient. Providers must recertify all drivers  
16       and employee attendants every 3 years.

17       Notwithstanding the requirements above, any public  
18       transportation provider of medi-car and service car  
19       transportation that receives federal funding under 49 U.S.C.  
20       5307 and 5311 need not certify its drivers and employee  
21       attendants under this Section, since safety training is already  
22       federally mandated.

23       (Source: P.A. 95-501, eff. 8-28-07.)

24       (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

25       Sec. 5-5. Medical services. The Illinois Department, by

1 rule, shall determine the quantity and quality of and the rate  
2 of reimbursement for the medical assistance for which payment  
3 will be authorized, and the medical services to be provided,  
4 which may include all or part of the following: (1) inpatient  
5 hospital services; (2) outpatient hospital services; (3) other  
6 laboratory and X-ray services; (4) skilled nursing home  
7 services; (5) physicians' services whether furnished in the  
8 office, the patient's home, a hospital, a skilled nursing home,  
9 or elsewhere; (6) medical care, or any other type of remedial  
10 care furnished by licensed practitioners; (7) home health care  
11 services; (8) private duty nursing service; (9) clinic  
12 services; (10) dental services, including prevention and  
13 treatment of periodontal disease and dental caries disease for  
14 pregnant women; (11) physical therapy and related services;  
15 (12) prescribed drugs, dentures, and prosthetic devices; and  
16 eyeglasses prescribed by a physician skilled in the diseases of  
17 the eye, or by an optometrist, whichever the person may select;  
18 (13) other diagnostic, screening, preventive, and  
19 rehabilitative services; (14) transportation and such other  
20 expenses as may be necessary, provided that payment for ground  
21 ambulance services shall be as provided in Section 5-4.2; (15)  
22 medical treatment of sexual assault survivors, as defined in  
23 Section 1a of the Sexual Assault Survivors Emergency Treatment  
24 Act, for injuries sustained as a result of the sexual assault,  
25 including examinations and laboratory tests to discover  
26 evidence which may be used in criminal proceedings arising from

1 the sexual assault; (16) the diagnosis and treatment of sickle  
2 cell anemia; and (17) any other medical care, and any other  
3 type of remedial care recognized under the laws of this State,  
4 but not including abortions, or induced miscarriages or  
5 premature births, unless, in the opinion of a physician, such  
6 procedures are necessary for the preservation of the life of  
7 the woman seeking such treatment, or except an induced  
8 premature birth intended to produce a live viable child and  
9 such procedure is necessary for the health of the mother or her  
10 unborn child. The Illinois Department, by rule, shall prohibit  
11 any physician from providing medical assistance to anyone  
12 eligible therefor under this Code where such physician has been  
13 found guilty of performing an abortion procedure in a wilful  
14 and wanton manner upon a woman who was not pregnant at the time  
15 such abortion procedure was performed. The term "any other type  
16 of remedial care" shall include nursing care and nursing home  
17 service for persons who rely on treatment by spiritual means  
18 alone through prayer for healing.

19 Notwithstanding any other provision of this Section, a  
20 comprehensive tobacco use cessation program that includes  
21 purchasing prescription drugs or prescription medical devices  
22 approved by the Food and Drug administration shall be covered  
23 under the medical assistance program under this Article for  
24 persons who are otherwise eligible for assistance under this  
25 Article.

26 Notwithstanding any other provision of this Code, the

1 Illinois Department may not require, as a condition of payment  
2 for any laboratory test authorized under this Article, that a  
3 physician's handwritten signature appear on the laboratory  
4 test order form. The Illinois Department may, however, impose  
5 other appropriate requirements regarding laboratory test order  
6 documentation.

7 The Department of Healthcare and Family Services shall  
8 provide the following services to persons eligible for  
9 assistance under this Article who are participating in  
10 education, training or employment programs operated by the  
11 Department of Human Services as successor to the Department of  
12 Public Aid:

13 (1) dental services, which shall include but not be  
14 limited to prosthodontics; and

15 (2) eyeglasses prescribed by a physician skilled in the  
16 diseases of the eye, or by an optometrist, whichever the  
17 person may select.

18 The Illinois Department, by rule, may distinguish and  
19 classify the medical services to be provided only in accordance  
20 with the classes of persons designated in Section 5-2.

21 The Department of Healthcare and Family Services must  
22 provide coverage and reimbursement for amino acid-based  
23 elemental formulas, regardless of delivery method, for the  
24 diagnosis and treatment of (i) eosinophilic disorders and (ii)  
25 short bowel syndrome when the prescribing physician has issued  
26 a written order stating that the amino acid-based elemental

1 formula is medically necessary.

2 The Illinois Department shall authorize the provision of,  
3 and shall authorize payment for, screening by low-dose  
4 mammography for the presence of occult breast cancer for women  
5 35 years of age or older who are eligible for medical  
6 assistance under this Article, as follows:

7 (A) A baseline mammogram for women 35 to 39 years of  
8 age.

9 (B) An annual mammogram for women 40 years of age or  
10 older.

11 (C) A mammogram at the age and intervals considered  
12 medically necessary by the woman's health care provider for  
13 women under 40 years of age and having a family history of  
14 breast cancer, prior personal history of breast cancer,  
15 positive genetic testing, or other risk factors.

16 (D) A comprehensive ultrasound screening of an entire  
17 breast or breasts if a mammogram demonstrates  
18 heterogeneous or dense breast tissue, when medically  
19 necessary as determined by a physician licensed to practice  
20 medicine in all of its branches.

21 All screenings shall include a physical breast exam,  
22 instruction on self-examination and information regarding the  
23 frequency of self-examination and its value as a preventative  
24 tool. For purposes of this Section, "low-dose mammography"  
25 means the x-ray examination of the breast using equipment  
26 dedicated specifically for mammography, including the x-ray

1 tube, filter, compression device, and image receptor, with an  
2 average radiation exposure delivery of less than one rad per  
3 breast for 2 views of an average size breast. The term also  
4 includes digital mammography.

5 On and after July 1, 2008, screening and diagnostic  
6 mammography shall be reimbursed at the same rate as the  
7 Medicare program's rates, including the increased  
8 reimbursement for digital mammography.

9 The Department shall convene an expert panel including  
10 representatives of hospitals, free-standing mammography  
11 facilities, and doctors, including radiologists, to establish  
12 quality standards. Based on these quality standards, the  
13 Department shall provide for bonus payments to mammography  
14 facilities meeting the standards for screening and diagnosis.  
15 The bonus payments shall be at least 15% higher than the  
16 Medicare rates for mammography.

17 Subject to federal approval, the Department shall  
18 establish a rate methodology for mammography at federally  
19 qualified health centers and other encounter-rate clinics.  
20 These clinics or centers may also collaborate with other  
21 hospital-based mammography facilities.

22 The Department shall establish a methodology to remind  
23 women who are age-appropriate for screening mammography, but  
24 who have not received a mammogram within the previous 18  
25 months, of the importance and benefit of screening mammography.

26 The Department shall establish a performance goal for

1 primary care providers with respect to their female patients  
2 over age 40 receiving an annual mammogram. This performance  
3 goal shall be used to provide additional reimbursement in the  
4 form of a quality performance bonus to primary care providers  
5 who meet that goal.

6 The Department shall devise a means of case-managing or  
7 patient navigation for beneficiaries diagnosed with breast  
8 cancer. This program shall initially operate as a pilot program  
9 in areas of the State with the highest incidence of mortality  
10 related to breast cancer. At least one pilot program site shall  
11 be in the metropolitan Chicago area and at least one site shall  
12 be outside the metropolitan Chicago area. An evaluation of the  
13 pilot program shall be carried out measuring health outcomes  
14 and cost of care for those served by the pilot program compared  
15 to similarly situated patients who are not served by the pilot  
16 program.

17 Any medical or health care provider shall immediately  
18 recommend, to any pregnant woman who is being provided prenatal  
19 services and is suspected of drug abuse or is addicted as  
20 defined in the Alcoholism and Other Drug Abuse and Dependency  
21 Act, referral to a local substance abuse treatment provider  
22 licensed by the Department of Human Services or to a licensed  
23 hospital which provides substance abuse treatment services.  
24 The Department of Healthcare and Family Services shall assure  
25 coverage for the cost of treatment of the drug abuse or  
26 addiction for pregnant recipients in accordance with the

1 Illinois Medicaid Program in conjunction with the Department of  
2 Human Services.

3 All medical providers providing medical assistance to  
4 pregnant women under this Code shall receive information from  
5 the Department on the availability of services under the Drug  
6 Free Families with a Future or any comparable program providing  
7 case management services for addicted women, including  
8 information on appropriate referrals for other social services  
9 that may be needed by addicted women in addition to treatment  
10 for addiction.

11 The Illinois Department, in cooperation with the  
12 Departments of Human Services (as successor to the Department  
13 of Alcoholism and Substance Abuse) and Public Health, through a  
14 public awareness campaign, may provide information concerning  
15 treatment for alcoholism and drug abuse and addiction, prenatal  
16 health care, and other pertinent programs directed at reducing  
17 the number of drug-affected infants born to recipients of  
18 medical assistance.

19 Neither the Department of Healthcare and Family Services  
20 nor the Department of Human Services shall sanction the  
21 recipient solely on the basis of her substance abuse.

22 The Illinois Department shall establish such regulations  
23 governing the dispensing of health services under this Article  
24 as it shall deem appropriate. The Department should seek the  
25 advice of formal professional advisory committees appointed by  
26 the Director of the Illinois Department for the purpose of

1 providing regular advice on policy and administrative matters,  
2 information dissemination and educational activities for  
3 medical and health care providers, and consistency in  
4 procedures to the Illinois Department.

5 The Illinois Department may develop and contract with  
6 Partnerships of medical providers to arrange medical services  
7 for persons eligible under Section 5-2 of this Code.  
8 Implementation of this Section may be by demonstration projects  
9 in certain geographic areas. The Partnership shall be  
10 represented by a sponsor organization. The Department, by rule,  
11 shall develop qualifications for sponsors of Partnerships.  
12 Nothing in this Section shall be construed to require that the  
13 sponsor organization be a medical organization.

14 The sponsor must negotiate formal written contracts with  
15 medical providers for physician services, inpatient and  
16 outpatient hospital care, home health services, treatment for  
17 alcoholism and substance abuse, and other services determined  
18 necessary by the Illinois Department by rule for delivery by  
19 Partnerships. Physician services must include prenatal and  
20 obstetrical care. The Illinois Department shall reimburse  
21 medical services delivered by Partnership providers to clients  
22 in target areas according to provisions of this Article and the  
23 Illinois Health Finance Reform Act, except that:

- 24 (1) Physicians participating in a Partnership and  
25 providing certain services, which shall be determined by  
26 the Illinois Department, to persons in areas covered by the

1 Partnership may receive an additional surcharge for such  
2 services.

3 (2) The Department may elect to consider and negotiate  
4 financial incentives to encourage the development of  
5 Partnerships and the efficient delivery of medical care.

6 (3) Persons receiving medical services through  
7 Partnerships may receive medical and case management  
8 services above the level usually offered through the  
9 medical assistance program.

10 Medical providers shall be required to meet certain  
11 qualifications to participate in Partnerships to ensure the  
12 delivery of high quality medical services. These  
13 qualifications shall be determined by rule of the Illinois  
14 Department and may be higher than qualifications for  
15 participation in the medical assistance program. Partnership  
16 sponsors may prescribe reasonable additional qualifications  
17 for participation by medical providers, only with the prior  
18 written approval of the Illinois Department.

19 Nothing in this Section shall limit the free choice of  
20 practitioners, hospitals, and other providers of medical  
21 services by clients. In order to ensure patient freedom of  
22 choice, the Illinois Department shall immediately promulgate  
23 all rules and take all other necessary actions so that provided  
24 services may be accessed from therapeutically certified  
25 optometrists to the full extent of the Illinois Optometric  
26 Practice Act of 1987 without discriminating between service

1 providers.

2 The Department shall apply for a waiver from the United  
3 States Health Care Financing Administration to allow for the  
4 implementation of Partnerships under this Section.

5 The Illinois Department shall require health care  
6 providers to maintain records that document the medical care  
7 and services provided to recipients of Medical Assistance under  
8 this Article. The Illinois Department shall require health care  
9 providers to make available, when authorized by the patient, in  
10 writing, the medical records in a timely fashion to other  
11 health care providers who are treating or serving persons  
12 eligible for Medical Assistance under this Article. All  
13 dispensers of medical services shall be required to maintain  
14 and retain business and professional records sufficient to  
15 fully and accurately document the nature, scope, details and  
16 receipt of the health care provided to persons eligible for  
17 medical assistance under this Code, in accordance with  
18 regulations promulgated by the Illinois Department. The rules  
19 and regulations shall require that proof of the receipt of  
20 prescription drugs, dentures, prosthetic devices and  
21 eyeglasses by eligible persons under this Section accompany  
22 each claim for reimbursement submitted by the dispenser of such  
23 medical services. No such claims for reimbursement shall be  
24 approved for payment by the Illinois Department without such  
25 proof of receipt, unless the Illinois Department shall have put  
26 into effect and shall be operating a system of post-payment

1 audit and review which shall, on a sampling basis, be deemed  
2 adequate by the Illinois Department to assure that such drugs,  
3 dentures, prosthetic devices and eyeglasses for which payment  
4 is being made are actually being received by eligible  
5 recipients. Within 90 days after the effective date of this  
6 amendatory Act of 1984, the Illinois Department shall establish  
7 a current list of acquisition costs for all prosthetic devices  
8 and any other items recognized as medical equipment and  
9 supplies reimbursable under this Article and shall update such  
10 list on a quarterly basis, except that the acquisition costs of  
11 all prescription drugs shall be updated no less frequently than  
12 every 30 days as required by Section 5-5.12.

13 The rules and regulations of the Illinois Department shall  
14 require that a written statement including the required opinion  
15 of a physician shall accompany any claim for reimbursement for  
16 abortions, or induced miscarriages or premature births. This  
17 statement shall indicate what procedures were used in providing  
18 such medical services.

19 The Illinois Department shall require all dispensers of  
20 medical services, other than an individual practitioner or  
21 group of practitioners, desiring to participate in the Medical  
22 Assistance program established under this Article to disclose  
23 all financial, beneficial, ownership, equity, surety or other  
24 interests in any and all firms, corporations, partnerships,  
25 associations, business enterprises, joint ventures, agencies,  
26 institutions or other legal entities providing any form of

1 health care services in this State under this Article.

2 The Illinois Department may require that all dispensers of  
3 medical services desiring to participate in the medical  
4 assistance program established under this Article disclose,  
5 under such terms and conditions as the Illinois Department may  
6 by rule establish, all inquiries from clients and attorneys  
7 regarding medical bills paid by the Illinois Department, which  
8 inquiries could indicate potential existence of claims or liens  
9 for the Illinois Department.

10 Enrollment of a vendor that provides non-emergency medical  
11 transportation, defined by the Department by rule, shall be  
12 conditional for 180 days. During that time, the Department of  
13 Healthcare and Family Services may terminate the vendor's  
14 eligibility to participate in the medical assistance program  
15 without cause. That termination of eligibility is not subject  
16 to the Department's hearing process.

17 The Illinois Department shall establish policies,  
18 procedures, standards and criteria by rule for the acquisition,  
19 repair and replacement of orthotic and prosthetic devices and  
20 durable medical equipment. Such rules shall provide, but not be  
21 limited to, the following services: (1) immediate repair or  
22 replacement of such devices by recipients without medical  
23 authorization; and (2) rental, lease, purchase or  
24 lease-purchase of durable medical equipment in a  
25 cost-effective manner, taking into consideration the  
26 recipient's medical prognosis, the extent of the recipient's

1 needs, and the requirements and costs for maintaining such  
2 equipment. Such rules shall enable a recipient to temporarily  
3 acquire and use alternative or substitute devices or equipment  
4 pending repairs or replacements of any device or equipment  
5 previously authorized for such recipient by the Department.

6 The Department shall execute, relative to the nursing home  
7 prescreening project, written inter-agency agreements with the  
8 Department of Human Services and the Department on Aging, to  
9 effect the following: (i) intake procedures and common  
10 eligibility criteria for those persons who are receiving  
11 non-institutional services; and (ii) the establishment and  
12 development of non-institutional services in areas of the State  
13 where they are not currently available or are undeveloped.

14 The Illinois Department shall develop and operate, in  
15 cooperation with other State Departments and agencies and in  
16 compliance with applicable federal laws and regulations,  
17 appropriate and effective systems of health care evaluation and  
18 programs for monitoring of utilization of health care services  
19 and facilities, as it affects persons eligible for medical  
20 assistance under this Code.

21 The Illinois Department shall report annually to the  
22 General Assembly, no later than the second Friday in April of  
23 1979 and each year thereafter, in regard to:

24 (a) actual statistics and trends in utilization of  
25 medical services by public aid recipients;

26 (b) actual statistics and trends in the provision of

1 the various medical services by medical vendors;

2 (c) current rate structures and proposed changes in  
3 those rate structures for the various medical vendors; and

4 (d) efforts at utilization review and control by the  
5 Illinois Department.

6 The period covered by each report shall be the 3 years  
7 ending on the June 30 prior to the report. The report shall  
8 include suggested legislation for consideration by the General  
9 Assembly. The filing of one copy of the report with the  
10 Speaker, one copy with the Minority Leader and one copy with  
11 the Clerk of the House of Representatives, one copy with the  
12 President, one copy with the Minority Leader and one copy with  
13 the Secretary of the Senate, one copy with the Legislative  
14 Research Unit, and such additional copies with the State  
15 Government Report Distribution Center for the General Assembly  
16 as is required under paragraph (t) of Section 7 of the State  
17 Library Act shall be deemed sufficient to comply with this  
18 Section.

19 Rulemaking authority to implement this amendatory Act of  
20 the 95th General Assembly, if any, is conditioned on the rules  
21 being adopted in accordance with all provisions of the Illinois  
22 Administrative Procedure Act and all rules and procedures of  
23 the Joint Committee on Administrative Rules; any purported rule  
24 not so adopted, for whatever reason, is unauthorized.

25 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;  
26 95-1045, eff. 3-27-09.)

1           Section 99. Effective date. This Act takes effect upon  
2    becoming law.".