

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

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
17 Services (EMS) Systems Act.

18 "Ground ambulance services provider" means a vehicle
19 service provider as described in the Emergency Medical Services
20 (EMS) Systems Act that operates licensed ambulances for the
21 purpose of providing emergency ambulance services, or
22 non-emergency ambulance services, or both. For purposes of this
23 Section, this includes both ambulance providers and ambulance

1 suppliers as described by the Centers for Medicare and Medicaid
2 Services.

3 "Rural county" means: any county not located in a U.S.
4 Bureau of the Census Metropolitan Statistical Area (MSA); or
5 any county located within a U.S. Bureau of the Census
6 Metropolitan Statistical Area but having a population of 60,000
7 or less.

8 (b) It is the intent of the General Assembly to provide for
9 the payment for ground ambulance services as part of the State
10 Medicaid plan and to provide adequate payment for ground
11 ambulance services under the State Medicaid plan so as to
12 ensure adequate access to ground ambulance services for both
13 recipients of aid under this Article and for the general
14 population of Illinois. Unless otherwise indicated in this
15 Section, the practices of the Department concerning payments
16 for ground ambulance services provided to recipients of aid
17 under this Article shall be consistent with the payment
18 principles of Medicare, including the statutes, regulations,
19 policies, procedures, principles, definitions, guidelines,
20 coding systems, including the ambulance condition coding
21 system, and manuals used by the Centers for Medicare and
22 Medicaid Services and the Medicare Part B Carrier or the
23 Medicare Administrative Contractor for the State of Illinois to
24 determine the payment system to ground ambulance services
25 providers under Title XVIII of the Social Security Act.

26 (c) For ground ambulance services provided to a recipient

1 of aid under this Article on or after July 1, 2010, the
2 Department shall provide payment to ground ambulance services
3 providers for base charges and mileage charges based upon the
4 lesser of the provider's charge, as reflected on the provider's
5 claim form, or the Illinois Medicaid Ambulance Fee Schedule
6 payment rates calculated in accordance with this Section.

7 Effective July 1, 2010, the Illinois Medicaid Ambulance Fee
8 Schedule shall be established and shall include only the ground
9 ambulance services payment rates outlined in the Medicare
10 Ambulance Fee Schedule as promulgated by the Centers for
11 Medicare and Medicaid Services in effect as of July 1, 2010 and
12 adjusted for the 4 Medicare Localities in Illinois, with an
13 adjustment of 100% of the Medicare Ambulance Fee Schedule
14 payment rates, by Medicare Locality, for both base rates and
15 mileage for rural counties, and an adjustment of 80% of the
16 Medicare Ambulance Fee Schedule payment rates, by Medicare
17 Locality, for both base rates and mileage for all other
18 counties. The transition from the current payment system to the
19 Illinois Medicaid Ambulance Fee Schedule shall be by a 2-year
20 phase-in as follows:

21 (1) Effective for dates of service from July 1, 2010
22 through June 30, 2011, for each individual base rate and
23 mileage rate, the payment rate for ground ambulance
24 services shall be based on 50% of the Medicaid payment rate
25 in effect as of January 1, 2010 and 50% of the Illinois
26 Medicaid Ambulance Fee Schedule amount in effect on July 1,

1 2010 for the designated Medicare Locality, except that any
2 payment rate that was previously approved by the Department
3 that exceeds this amount shall remain in force.

4 (2) Effective for dates of service on or after July 1,
5 2011, for each individual base rate and mileage rate, the
6 payment rate for ground ambulance services shall be based
7 on 100% of the Illinois Medicaid Ambulance Fee Schedule
8 amount in effect on July 1, 2011 for the designated
9 Medicare Locality, except that any payment rate that was
10 previously approved by the Department that exceeds this
11 amount shall remain in force.

12 Effective for dates of service on or after July 1, 2011,
13 the Department shall update the Illinois Medicaid Ambulance Fee
14 Schedule payment rates so that they comply with the Medicare
15 Ambulance Fee Schedule payment rates for ground ambulance
16 services in effect at the time of the update, in the manner
17 prescribed in the second paragraph of this subsection (c).

18 (d) Payment for mileage shall be per loaded mile with no
19 loaded mileage included in the base rate. If a natural
20 disaster, weather, road repairs, traffic congestion, or other
21 conditions necessitate a route other than the most direct
22 route, payment shall be based upon the actual distance
23 traveled. Notwithstanding the payment principles in subsection
24 (b) of this Section, the Department shall develop the Illinois
25 Medicaid Ambulance Fee Schedule using the ground mileage
26 payment rate, as defined by the Centers for Medicare and

1 Medicaid Services, and no other mileage rates which act as
2 enhancements to the ground mileage rate, whether permanent or
3 temporary, shall be recognized by the Department. When a ground
4 ambulance services provider provides transport pursuant to an
5 emergency call as defined by the Centers for Medicare and
6 Medicaid Services, no reduction in the mileage payment shall be
7 made based upon the fact that a closer facility may have been
8 available, so long as the ground ambulance services provider
9 provided transport to the recipient's facility of choice within
10 the scope of the Illinois Emergency Medical Services (EMS)
11 Systems Act and associated rules and the policies and
12 procedures of the EMS System of which the provider is a member.

13 (e) The Department shall provide payment for emergency
14 ground ambulance services provided to a recipient of aid under
15 this Article according to the requirements provided in
16 subsection (b) of this Section when those services are provided
17 pursuant to a request made through a 9-1-1 or equivalent
18 emergency telephone number for evaluation, treatment, and
19 transport from or on behalf of an individual with a condition
20 of such a nature that a prudent layperson would have reasonably
21 expected that a delay in seeking immediate medical attention
22 would have been hazardous to life or health. This standard is
23 deemed to be met if there is an emergency medical condition
24 manifesting itself by acute symptoms of sufficient severity,
25 including but not limited to severe pain, such that a prudent
26 layperson who possesses an average knowledge of medicine and

1 health can reasonably expect that the absence of immediate
2 medical attention could result in placing the health of the
3 individual or, with respect to a pregnant woman, the health of
4 the woman or her unborn child, in serious jeopardy, cause
5 serious impairment to bodily functions, or cause serious
6 dysfunction of any bodily organ or part.

7 (f) For ground ambulance services provided to a recipient
8 enrolled in a Medicaid managed care plan by a ground ambulance
9 services provider that is not a contracted provider to the
10 Medicaid managed care plan in question, the amount of the
11 payment for ground ambulance services by the Medicaid managed
12 care plan shall be the lesser of the provider's charge, as
13 reflected on the provider's claim form, or the Illinois
14 Medicaid Ambulance Fee Schedule payment rates calculated in
15 accordance with this Section.

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

19 (h) Effective for dates of service on or after July 1,
20 2010, payments for stretcher van services provided by ground
21 ambulance services providers shall be as follows:

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

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

5 (i) All payments under subsections (a) through (h) of this
6 Section are subject to the availability of appropriations for
7 those purposes.

8 ~~For ambulance services provided to a recipient of aid under~~
9 ~~this Article on or after January 1, 1993, the Illinois~~
10 ~~Department shall reimburse ambulance service providers at~~
11 ~~rates calculated in accordance with this Section. It is the~~
12 ~~intent of the General Assembly to provide adequate~~
13 ~~reimbursement for ambulance services so as to ensure adequate~~
14 ~~access to services for recipients of aid under this Article and~~
15 ~~to provide appropriate incentives to ambulance service~~
16 ~~providers to provide services in an efficient and~~
17 ~~cost effective manner. Thus, it is the intent of the General~~
18 ~~Assembly that the Illinois Department implement a~~
19 ~~reimbursement system for ambulance services that, to the extent~~
20 ~~practicable and subject to the availability of funds~~
21 ~~appropriated by the General Assembly for this purpose, is~~
22 ~~consistent with the payment principles of Medicare. To ensure~~
23 ~~uniformity between the payment principles of Medicare and~~
24 ~~Medicaid, the Illinois Department shall follow, to the extent~~
25 ~~necessary and practicable and subject to the availability of~~
26 ~~funds appropriated by the General Assembly for this purpose,~~

1 ~~the statutes, laws, regulations, policies, procedures,~~
2 ~~principles, definitions, guidelines, and manuals used to~~
3 ~~determine the amounts paid to ambulance service providers under~~
4 ~~Title XVIII of the Social Security Act (Medicare).~~

5 ~~For ambulance services provided to a recipient of aid under~~
6 ~~this Article on or after January 1, 1996, the Illinois~~
7 ~~Department shall reimburse ambulance service providers based~~
8 ~~upon the actual distance traveled if a natural disaster,~~
9 ~~weather conditions, road repairs, or traffic congestion~~
10 ~~necessitates the use of a route other than the most direct~~
11 ~~route.~~

12 ~~For purposes of this Section, "ambulance services"~~
13 ~~includes medical transportation services provided by means of~~
14 ~~an ambulance, medi car, service car, or taxi.~~

15 ~~This Section does not prohibit separate billing by~~
16 ~~ambulance service providers for oxygen furnished while~~
17 ~~providing advanced life support services.~~

18 (j) Beginning with services rendered on or after July 1,
19 2008, all providers of non-emergency medi-car and service car
20 transportation must certify that the driver and employee
21 attendant, as applicable, have completed a safety program
22 approved by the Department to protect both the patient and the
23 driver, prior to transporting a patient. The provider must
24 maintain this certification in its records. The provider shall
25 produce such documentation upon demand by the Department or its
26 representative. Failure to produce documentation of such

1 training shall result in recovery of any payments made by the
2 Department for services rendered by a non-certified driver or
3 employee attendant. Medi-car and service car providers must
4 maintain legible documentation in their records of the driver
5 and, as applicable, employee attendant that actually
6 transported the patient. Providers must recertify all drivers
7 and employee attendants every 3 years.

8 Notwithstanding the requirements above, any public
9 transportation provider of medi-car and service car
10 transportation that receives federal funding under 49 U.S.C.
11 5307 and 5311 need not certify its drivers and employee
12 attendants under this Section, since safety training is already
13 federally mandated.

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

15 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

16 (Text of Section before amendment by P.A. 96-806)

17 Sec. 5-5. Medical services. The Illinois Department, by
18 rule, shall determine the quantity and quality of and the rate
19 of reimbursement for the medical assistance for which payment
20 will be authorized, and the medical services to be provided,
21 which may include all or part of the following: (1) inpatient
22 hospital services; (2) outpatient hospital services; (3) other
23 laboratory and X-ray services; (4) skilled nursing home
24 services; (5) physicians' services whether furnished in the
25 office, the patient's home, a hospital, a skilled nursing home,

1 or elsewhere; (6) medical care, or any other type of remedial
2 care furnished by licensed practitioners; (7) home health care
3 services; (8) private duty nursing service; (9) clinic
4 services; (10) dental services, including prevention and
5 treatment of periodontal disease and dental caries disease for
6 pregnant women, provided by an individual licensed to practice
7 dentistry or dental surgery; for purposes of this item (10),
8 "dental services" means diagnostic, preventive, or corrective
9 procedures provided by or under the supervision of a dentist in
10 the practice of his or her profession; (11) physical therapy
11 and related services; (12) prescribed drugs, dentures, and
12 prosthetic devices; and eyeglasses prescribed by a physician
13 skilled in the diseases of the eye, or by an optometrist,
14 whichever the person may select; (13) other diagnostic,
15 screening, preventive, and rehabilitative services; (14)
16 transportation and such other expenses as may be necessary,
17 provided that payment for ground ambulance services shall be as
18 provided in Section 5-4.2; (15) medical treatment of sexual
19 assault survivors, as defined in Section 1a of the Sexual
20 Assault Survivors Emergency Treatment Act, for injuries
21 sustained as a result of the sexual assault, including
22 examinations and laboratory tests to discover evidence which
23 may be used in criminal proceedings arising from the sexual
24 assault; (16) the diagnosis and treatment of sickle cell
25 anemia; and (17) any other medical care, and any other type of
26 remedial care recognized under the laws of this State, but not

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

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

23 Notwithstanding any other provision of this Code, the
24 Illinois Department may not require, as a condition of payment
25 for any laboratory test authorized under this Article, that a
26 physician's handwritten signature appear on the laboratory

1 test order form. The Illinois Department may, however, impose
2 other appropriate requirements regarding laboratory test order
3 documentation.

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

10 (1) dental services provided by or under the
11 supervision of a dentist; and

12 (2) eyeglasses prescribed by a physician skilled in the
13 diseases of the eye, or by an optometrist, whichever the
14 person may select.

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

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

25 The Illinois Department shall authorize the provision of,
26 and shall authorize payment for, screening by low-dose

1 mammography for the presence of occult breast cancer for women
2 35 years of age or older who are eligible for medical
3 assistance under this Article, as follows:

4 (A) A baseline mammogram for women 35 to 39 years of
5 age.

6 (B) An annual mammogram for women 40 years of age or
7 older.

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

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

18 All screenings shall include a physical breast exam,
19 instruction on self-examination and information regarding the
20 frequency of self-examination and its value as a preventative
21 tool. For purposes of this Section, "low-dose mammography"
22 means the x-ray examination of the breast using equipment
23 dedicated specifically for mammography, including the x-ray
24 tube, filter, compression device, and image receptor, with an
25 average radiation exposure delivery of less than one rad per
26 breast for 2 views of an average size breast. The term also

1 includes digital mammography.

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

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

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

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

23 The Department shall establish a performance goal for
24 primary care providers with respect to their female patients
25 over age 40 receiving an annual mammogram. This performance
26 goal shall be used to provide additional reimbursement in the

1 form of a quality performance bonus to primary care providers
2 who meet that goal.

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

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

26 All medical providers providing medical assistance to

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

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

16 Neither the Department of Healthcare and Family Services
17 nor the Department of Human Services shall sanction the
18 recipient solely on the basis of her substance abuse.

19 The Illinois Department shall establish such regulations
20 governing the dispensing of health services under this Article
21 as it shall deem appropriate. The Department should seek the
22 advice of formal professional advisory committees appointed by
23 the Director of the Illinois Department for the purpose of
24 providing regular advice on policy and administrative matters,
25 information dissemination and educational activities for
26 medical and health care providers, and consistency in

1 procedures to the Illinois Department.

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

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

21 (1) Physicians participating in a Partnership and
22 providing certain services, which shall be determined by
23 the Illinois Department, to persons in areas covered by the
24 Partnership may receive an additional surcharge for such
25 services.

26 (2) The Department may elect to consider and negotiate

1 financial incentives to encourage the development of
2 Partnerships and the efficient delivery of medical care.

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

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

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

25 The Department shall apply for a waiver from the United
26 States Health Care Financing Administration to allow for the

1 implementation of Partnerships under this Section.

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

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

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

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

25 The Illinois Department may require that all dispensers of
26 medical services desiring to participate in the medical

1 assistance program established under this Article disclose,
2 under such terms and conditions as the Illinois Department may
3 by rule establish, all inquiries from clients and attorneys
4 regarding medical bills paid by the Illinois Department, which
5 inquiries could indicate potential existence of claims or liens
6 for the Illinois Department.

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

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

1 pending repairs or replacements of any device or equipment
2 previously authorized for such recipient by the Department.

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

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

18 The Illinois Department shall report annually to the
19 General Assembly, no later than the second Friday in April of
20 1979 and each year thereafter, in regard to:

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

23 (b) actual statistics and trends in the provision of
24 the various medical services by medical vendors;

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

1 (d) efforts at utilization review and control by the
2 Illinois Department.

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

16 Rulemaking authority to implement Public Act 95-1045 ~~this~~
17 ~~amendatory Act of the 95th General Assembly~~, if any, is
18 conditioned on the rules being adopted in accordance with all
19 provisions of the Illinois Administrative Procedure Act and all
20 rules and procedures of the Joint Committee on Administrative
21 Rules; any purported rule not so adopted, for whatever reason,
22 is unauthorized.

23 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;
24 95-1045, eff. 3-27-09; 96-156, eff. 1-1-10; revised 11-4-09.)

25 (Text of Section after amendment by P.A. 96-806)

1 Sec. 5-5. Medical services. The Illinois Department, by
2 rule, shall determine the quantity and quality of and the rate
3 of reimbursement for the medical assistance for which payment
4 will be authorized, and the medical services to be provided,
5 which may include all or part of the following: (1) inpatient
6 hospital services; (2) outpatient hospital services; (3) other
7 laboratory and X-ray services; (4) skilled nursing home
8 services; (5) physicians' services whether furnished in the
9 office, the patient's home, a hospital, a skilled nursing home,
10 or elsewhere; (6) medical care, or any other type of remedial
11 care furnished by licensed practitioners; (7) home health care
12 services; (8) private duty nursing service; (9) clinic
13 services; (10) dental services, including prevention and
14 treatment of periodontal disease and dental caries disease for
15 pregnant women, provided by an individual licensed to practice
16 dentistry or dental surgery; for purposes of this item (10),
17 "dental services" means diagnostic, preventive, or corrective
18 procedures provided by or under the supervision of a dentist in
19 the practice of his or her profession; (11) physical therapy
20 and related services; (12) prescribed drugs, dentures, and
21 prosthetic devices; and eyeglasses prescribed by a physician
22 skilled in the diseases of the eye, or by an optometrist,
23 whichever the person may select; (13) other diagnostic,
24 screening, preventive, and rehabilitative services; (14)
25 transportation and such other expenses as may be necessary,
26 provided that payment for ground ambulance services shall be as

1 provided in Section 5-4.2; (15) medical treatment of sexual
2 assault survivors, as defined in Section 1a of the Sexual
3 Assault Survivors Emergency Treatment Act, for injuries
4 sustained as a result of the sexual assault, including
5 examinations and laboratory tests to discover evidence which
6 may be used in criminal proceedings arising from the sexual
7 assault; (16) the diagnosis and treatment of sickle cell
8 anemia; and (17) any other medical care, and any other type of
9 remedial care recognized under the laws of this State, but not
10 including abortions, or induced miscarriages or premature
11 births, unless, in the opinion of a physician, such procedures
12 are necessary for the preservation of the life of the woman
13 seeking such treatment, or except an induced premature birth
14 intended to produce a live viable child and such procedure is
15 necessary for the health of the mother or her unborn child. The
16 Illinois Department, by rule, shall prohibit any physician from
17 providing medical assistance to anyone eligible therefor under
18 this Code where such physician has been found guilty of
19 performing an abortion procedure in a wilful and wanton manner
20 upon a woman who was not pregnant at the time such abortion
21 procedure was performed. The term "any other type of remedial
22 care" shall include nursing care and nursing home service for
23 persons who rely on treatment by spiritual means alone through
24 prayer for healing.

25 Notwithstanding any other provision of this Section, a
26 comprehensive tobacco use cessation program that includes

1 purchasing prescription drugs or prescription medical devices
2 approved by the Food and Drug administration shall be covered
3 under the medical assistance program under this Article for
4 persons who are otherwise eligible for assistance under this
5 Article.

6 Notwithstanding any other provision of this Code, the
7 Illinois Department may not require, as a condition of payment
8 for any laboratory test authorized under this Article, that a
9 physician's handwritten signature appear on the laboratory
10 test order form. The Illinois Department may, however, impose
11 other appropriate requirements regarding laboratory test order
12 documentation.

13 The Department of Healthcare and Family Services shall
14 provide the following services to persons eligible for
15 assistance under this Article who are participating in
16 education, training or employment programs operated by the
17 Department of Human Services as successor to the Department of
18 Public Aid:

19 (1) dental services provided by or under the
20 supervision of a dentist; and

21 (2) eyeglasses prescribed by a physician skilled in the
22 diseases of the eye, or by an optometrist, whichever the
23 person may select.

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

1 The Department of Healthcare and Family Services must
2 provide coverage and reimbursement for amino acid-based
3 elemental formulas, regardless of delivery method, for the
4 diagnosis and treatment of (i) eosinophilic disorders and (ii)
5 short bowel syndrome when the prescribing physician has issued
6 a written order stating that the amino acid-based elemental
7 formula is medically necessary.

8 The Illinois Department shall authorize the provision of,
9 and shall authorize payment for, screening by low-dose
10 mammography for the presence of occult breast cancer for women
11 35 years of age or older who are eligible for medical
12 assistance under this Article, as follows:

13 (A) A baseline mammogram for women 35 to 39 years of
14 age.

15 (B) An annual mammogram for women 40 years of age or
16 older.

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

22 (D) A comprehensive ultrasound screening of an entire
23 breast or breasts if a mammogram demonstrates
24 heterogeneous or dense breast tissue, when medically
25 necessary as determined by a physician licensed to practice
26 medicine in all of its branches.

1 All screenings shall include a physical breast exam,
2 instruction on self-examination and information regarding the
3 frequency of self-examination and its value as a preventative
4 tool. For purposes of this Section, "low-dose mammography"
5 means the x-ray examination of the breast using equipment
6 dedicated specifically for mammography, including the x-ray
7 tube, filter, compression device, and image receptor, with an
8 average radiation exposure delivery of less than one rad per
9 breast for 2 views of an average size breast. The term also
10 includes digital mammography.

11 On and after July 1, 2008, screening and diagnostic
12 mammography shall be reimbursed at the same rate as the
13 Medicare program's rates, including the increased
14 reimbursement for digital mammography.

15 The Department shall convene an expert panel including
16 representatives of hospitals, free-standing mammography
17 facilities, and doctors, including radiologists, to establish
18 quality standards. Based on these quality standards, the
19 Department shall provide for bonus payments to mammography
20 facilities meeting the standards for screening and diagnosis.
21 The bonus payments shall be at least 15% higher than the
22 Medicare rates for mammography.

23 Subject to federal approval, the Department shall
24 establish a rate methodology for mammography at federally
25 qualified health centers and other encounter-rate clinics.
26 These clinics or centers may also collaborate with other

1 hospital-based mammography facilities.

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

6 The Department shall establish a performance goal for
7 primary care providers with respect to their female patients
8 over age 40 receiving an annual mammogram. This performance
9 goal shall be used to provide additional reimbursement in the
10 form of a quality performance bonus to primary care providers
11 who meet that goal.

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

23 Any medical or health care provider shall immediately
24 recommend, to any pregnant woman who is being provided prenatal
25 services and is suspected of drug abuse or is addicted as
26 defined in the Alcoholism and Other Drug Abuse and Dependency

1 Act, referral to a local substance abuse treatment provider
2 licensed by the Department of Human Services or to a licensed
3 hospital which provides substance abuse treatment services.
4 The Department of Healthcare and Family Services shall assure
5 coverage for the cost of treatment of the drug abuse or
6 addiction for pregnant recipients in accordance with the
7 Illinois Medicaid Program in conjunction with the Department of
8 Human Services.

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

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

25 Neither the Department of Healthcare and Family Services
26 nor the Department of Human Services shall sanction the

1 recipient solely on the basis of her substance abuse.

2 The Illinois Department shall establish such regulations
3 governing the dispensing of health services under this Article
4 as it shall deem appropriate. The Department should seek the
5 advice of formal professional advisory committees appointed by
6 the Director of the Illinois Department for the purpose of
7 providing regular advice on policy and administrative matters,
8 information dissemination and educational activities for
9 medical and health care providers, and consistency in
10 procedures to the Illinois Department.

11 Notwithstanding any other provision of law, a health care
12 provider under the medical assistance program may elect, in
13 lieu of receiving direct payment for services provided under
14 that program, to participate in the State Employees Deferred
15 Compensation Plan adopted under Article 24 of the Illinois
16 Pension Code. A health care provider who elects to participate
17 in the plan does not have a cause of action against the State
18 for any damages allegedly suffered by the provider as a result
19 of any delay by the State in crediting the amount of any
20 contribution to the provider's plan account.

21 The Illinois Department may develop and contract with
22 Partnerships of medical providers to arrange medical services
23 for persons eligible under Section 5-2 of this Code.
24 Implementation of this Section may be by demonstration projects
25 in certain geographic areas. The Partnership shall be
26 represented by a sponsor organization. The Department, by rule,

1 shall develop qualifications for sponsors of Partnerships.
2 Nothing in this Section shall be construed to require that the
3 sponsor organization be a medical organization.

4 The sponsor must negotiate formal written contracts with
5 medical providers for physician services, inpatient and
6 outpatient hospital care, home health services, treatment for
7 alcoholism and substance abuse, and other services determined
8 necessary by the Illinois Department by rule for delivery by
9 Partnerships. Physician services must include prenatal and
10 obstetrical care. The Illinois Department shall reimburse
11 medical services delivered by Partnership providers to clients
12 in target areas according to provisions of this Article and the
13 Illinois Health Finance Reform Act, except that:

14 (1) Physicians participating in a Partnership and
15 providing certain services, which shall be determined by
16 the Illinois Department, to persons in areas covered by the
17 Partnership may receive an additional surcharge for such
18 services.

19 (2) The Department may elect to consider and negotiate
20 financial incentives to encourage the development of
21 Partnerships and the efficient delivery of medical care.

22 (3) Persons receiving medical services through
23 Partnerships may receive medical and case management
24 services above the level usually offered through the
25 medical assistance program.

26 Medical providers shall be required to meet certain

1 qualifications to participate in Partnerships to ensure the
2 delivery of high quality medical services. These
3 qualifications shall be determined by rule of the Illinois
4 Department and may be higher than qualifications for
5 participation in the medical assistance program. Partnership
6 sponsors may prescribe reasonable additional qualifications
7 for participation by medical providers, only with the prior
8 written approval of the Illinois Department.

9 Nothing in this Section shall limit the free choice of
10 practitioners, hospitals, and other providers of medical
11 services by clients. In order to ensure patient freedom of
12 choice, the Illinois Department shall immediately promulgate
13 all rules and take all other necessary actions so that provided
14 services may be accessed from therapeutically certified
15 optometrists to the full extent of the Illinois Optometric
16 Practice Act of 1987 without discriminating between service
17 providers.

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

21 The Illinois Department shall require health care
22 providers to maintain records that document the medical care
23 and services provided to recipients of Medical Assistance under
24 this Article. The Illinois Department shall require health care
25 providers to make available, when authorized by the patient, in
26 writing, the medical records in a timely fashion to other

1 health care providers who are treating or serving persons
2 eligible for Medical Assistance under this Article. All
3 dispensers of medical services shall be required to maintain
4 and retain business and professional records sufficient to
5 fully and accurately document the nature, scope, details and
6 receipt of the health care provided to persons eligible for
7 medical assistance under this Code, in accordance with
8 regulations promulgated by the Illinois Department. The rules
9 and regulations shall require that proof of the receipt of
10 prescription drugs, dentures, prosthetic devices and
11 eyeglasses by eligible persons under this Section accompany
12 each claim for reimbursement submitted by the dispenser of such
13 medical services. No such claims for reimbursement shall be
14 approved for payment by the Illinois Department without such
15 proof of receipt, unless the Illinois Department shall have put
16 into effect and shall be operating a system of post-payment
17 audit and review which shall, on a sampling basis, be deemed
18 adequate by the Illinois Department to assure that such drugs,
19 dentures, prosthetic devices and eyeglasses for which payment
20 is being made are actually being received by eligible
21 recipients. Within 90 days after the effective date of this
22 amendatory Act of 1984, the Illinois Department shall establish
23 a current list of acquisition costs for all prosthetic devices
24 and any other items recognized as medical equipment and
25 supplies reimbursable under this Article and shall update such
26 list on a quarterly basis, except that the acquisition costs of

1 all prescription drugs shall be updated no less frequently than
2 every 30 days as required by Section 5-5.12.

3 The rules and regulations of the Illinois Department shall
4 require that a written statement including the required opinion
5 of a physician shall accompany any claim for reimbursement for
6 abortions, or induced miscarriages or premature births. This
7 statement shall indicate what procedures were used in providing
8 such medical services.

9 The Illinois Department shall require all dispensers of
10 medical services, other than an individual practitioner or
11 group of practitioners, desiring to participate in the Medical
12 Assistance program established under this Article to disclose
13 all financial, beneficial, ownership, equity, surety or other
14 interests in any and all firms, corporations, partnerships,
15 associations, business enterprises, joint ventures, agencies,
16 institutions or other legal entities providing any form of
17 health care services in this State under this Article.

18 The Illinois Department may require that all dispensers of
19 medical services desiring to participate in the medical
20 assistance program established under this Article disclose,
21 under such terms and conditions as the Illinois Department may
22 by rule establish, all inquiries from clients and attorneys
23 regarding medical bills paid by the Illinois Department, which
24 inquiries could indicate potential existence of claims or liens
25 for the Illinois Department.

26 Enrollment of a vendor that provides non-emergency medical

1 transportation, defined by the Department by rule, shall be
2 conditional for 180 days. During that time, the Department of
3 Healthcare and Family Services may terminate the vendor's
4 eligibility to participate in the medical assistance program
5 without cause. That termination of eligibility is not subject
6 to the Department's hearing process.

7 The Illinois Department shall establish policies,
8 procedures, standards and criteria by rule for the acquisition,
9 repair and replacement of orthotic and prosthetic devices and
10 durable medical equipment. Such rules shall provide, but not be
11 limited to, the following services: (1) immediate repair or
12 replacement of such devices by recipients without medical
13 authorization; and (2) rental, lease, purchase or
14 lease-purchase of durable medical equipment in a
15 cost-effective manner, taking into consideration the
16 recipient's medical prognosis, the extent of the recipient's
17 needs, and the requirements and costs for maintaining such
18 equipment. Such rules shall enable a recipient to temporarily
19 acquire and use alternative or substitute devices or equipment
20 pending repairs or replacements of any device or equipment
21 previously authorized for such recipient by the Department.

22 The Department shall execute, relative to the nursing home
23 prescreening project, written inter-agency agreements with the
24 Department of Human Services and the Department on Aging, to
25 effect the following: (i) intake procedures and common
26 eligibility criteria for those persons who are receiving

1 non-institutional services; and (ii) the establishment and
2 development of non-institutional services in areas of the State
3 where they are not currently available or are undeveloped.

4 The Illinois Department shall develop and operate, in
5 cooperation with other State Departments and agencies and in
6 compliance with applicable federal laws and regulations,
7 appropriate and effective systems of health care evaluation and
8 programs for monitoring of utilization of health care services
9 and facilities, as it affects persons eligible for medical
10 assistance under this Code.

11 The Illinois Department shall report annually to the
12 General Assembly, no later than the second Friday in April of
13 1979 and each year thereafter, in regard to:

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

16 (b) actual statistics and trends in the provision of
17 the various medical services by medical vendors;

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

20 (d) efforts at utilization review and control by the
21 Illinois Department.

22 The period covered by each report shall be the 3 years
23 ending on the June 30 prior to the report. The report shall
24 include suggested legislation for consideration by the General
25 Assembly. The filing of one copy of the report with the
26 Speaker, one copy with the Minority Leader and one copy with

1 the Clerk of the House of Representatives, one copy with the
2 President, one copy with the Minority Leader and one copy with
3 the Secretary of the Senate, one copy with the Legislative
4 Research Unit, and such additional copies with the State
5 Government Report Distribution Center for the General Assembly
6 as is required under paragraph (t) of Section 7 of the State
7 Library Act shall be deemed sufficient to comply with this
8 Section.

9 Rulemaking authority to implement Public Act 95-1045 ~~this~~
10 ~~amendatory Act of the 95th General Assembly,~~ if any, is
11 conditioned on the rules being adopted in accordance with all
12 provisions of the Illinois Administrative Procedure Act and all
13 rules and procedures of the Joint Committee on Administrative
14 Rules; any purported rule not so adopted, for whatever reason,
15 is unauthorized.

16 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;
17 95-1045, eff. 3-27-09; 96-156, eff. 1-1-10; 96-806, eff.
18 7-1-10; revised 11-4-09.)

19 Section 95. No acceleration or delay. Where this Act makes
20 changes in a statute that is represented in this Act by text
21 that is not yet or no longer in effect (for example, a Section
22 represented by multiple versions), the use of that text does
23 not accelerate or delay the taking effect of (i) the changes
24 made by this Act or (ii) provisions derived from any other
25 Public Act.

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