



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

HB5859

Introduced 2/10/2010, by Rep. Naomi D. Jakobsson - Elizabeth Hernandez

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5

from Ch. 23, par. 5-5

Amends the Illinois Public Aid Code. In connection with the medical assistance program, provides that the Department of Healthcare and Family Services shall adopt rules for payment of claims for reimbursement for covered dental services that allow a qualified provider of such services who is volunteering his or her time at no cost to a not-for-profit health clinic to designate such health clinic as alternate payee. Provides that a not-for-profit health clinic may be a public or private health clinic or Federally Qualified Health Center where covered dental services are performed. Provides that if a qualified provider of covered dental services designates a not-for-profit health clinic as alternate payee, the provider shall not be required to individually enroll as a participating vendor in the medical assistance program and the Department shall establish a process for making reimbursement payments to such alternate payee.

LRB096 16574 KTG 31847 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

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 Section 5-5 as follows:

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

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

8 Sec. 5-5. Medical services. The Illinois Department, by
9 rule, shall determine the quantity and quality of and the rate
10 of reimbursement for the medical assistance for which payment
11 will be authorized, and the medical services to be provided,
12 which may include all or part of the following: (1) inpatient
13 hospital services; (2) outpatient hospital services; (3) other
14 laboratory and X-ray services; (4) skilled nursing home
15 services; (5) physicians' services whether furnished in the
16 office, the patient's home, a hospital, a skilled nursing home,
17 or elsewhere; (6) medical care, or any other type of remedial
18 care furnished by licensed practitioners; (7) home health care
19 services; (8) private duty nursing service; (9) clinic
20 services; (10) dental services, including prevention and
21 treatment of periodontal disease and dental caries disease for
22 pregnant women, provided by an individual licensed to practice
23 dentistry or dental surgery; for purposes of this item (10),

1 "dental services" means diagnostic, preventive, or corrective
2 procedures provided by or under the supervision of a dentist in
3 the practice of his or her profession; (11) physical therapy
4 and related services; (12) prescribed drugs, dentures, and
5 prosthetic devices; and eyeglasses prescribed by a physician
6 skilled in the diseases of the eye, or by an optometrist,
7 whichever the person may select; (13) other diagnostic,
8 screening, preventive, and rehabilitative services; (14)
9 transportation and such other expenses as may be necessary;
10 (15) medical treatment of sexual assault survivors, as defined
11 in Section 1a of the Sexual Assault Survivors Emergency
12 Treatment Act, for injuries sustained as a result of the sexual
13 assault, including examinations and laboratory tests to
14 discover evidence which may be used in criminal proceedings
15 arising from the sexual assault; (16) the diagnosis and
16 treatment of sickle cell anemia; and (17) any other medical
17 care, and any other type of remedial care recognized under the
18 laws of this State, but not including abortions, or induced
19 miscarriages or premature births, unless, in the opinion of a
20 physician, such procedures are necessary for the preservation
21 of the life of the woman seeking such treatment, or except an
22 induced premature birth intended to produce a live viable child
23 and such procedure is necessary for the health of the mother or
24 her unborn child. The Illinois Department, by rule, shall
25 prohibit any physician from providing medical assistance to
26 anyone eligible therefor under this Code where such physician

1 has been found guilty of performing an abortion procedure in a
2 wilful and wanton manner upon a woman who was not pregnant at
3 the time such abortion procedure was performed. The term "any
4 other type of remedial care" shall include nursing care and
5 nursing home service for persons who rely on treatment by
6 spiritual means alone through prayer for healing.

7 Notwithstanding any other provision of this Section, a
8 comprehensive tobacco use cessation program that includes
9 purchasing prescription drugs or prescription medical devices
10 approved by the Food and Drug administration shall be covered
11 under the medical assistance program under this Article for
12 persons who are otherwise eligible for assistance under this
13 Article.

14 Notwithstanding any other provision of this Code, the
15 Illinois Department may not require, as a condition of payment
16 for any laboratory test authorized under this Article, that a
17 physician's handwritten signature appear on the laboratory
18 test order form. The Illinois Department may, however, impose
19 other appropriate requirements regarding laboratory test order
20 documentation.

21 The Department of Healthcare and Family Services shall
22 provide the following services to persons eligible for
23 assistance under this Article who are participating in
24 education, training or employment programs operated by the
25 Department of Human Services as successor to the Department of
26 Public Aid:

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

3 (2) eyeglasses prescribed by a physician skilled in the
4 diseases of the eye, or by an optometrist, whichever the
5 person may select.

6 Notwithstanding any other provisions of this Code, the
7 Department of Healthcare and Family Services shall adopt rules
8 for payment of claims for reimbursement for covered dental
9 services that allow a qualified provider of such services who
10 is volunteering his or her time at no cost to a not-for-profit
11 health clinic to designate such health clinic as alternate
12 payee. A not-for-profit health clinic may be a public or
13 private health clinic or Federally Qualified Health Center
14 where dental services covered under this Section are performed.
15 If a qualified provider of covered dental services designates a
16 not-for-profit health clinic as alternate payee, the provider
17 shall not be required to individually enroll as a participating
18 vendor in the medical assistance program and the Department
19 shall establish a process for making reimbursement payments to
20 such alternate payee.

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

24 The Department of Healthcare and Family Services must
25 provide coverage and reimbursement for amino acid-based
26 elemental formulas, regardless of delivery method, for the

1 diagnosis and treatment of (i) eosinophilic disorders and (ii)
2 short bowel syndrome when the prescribing physician has issued
3 a written order stating that the amino acid-based elemental
4 formula is medically necessary.

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

10 (A) A baseline mammogram for women 35 to 39 years of
11 age.

12 (B) An annual mammogram for women 40 years of age or
13 older.

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

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

24 All screenings shall include a physical breast exam,
25 instruction on self-examination and information regarding the
26 frequency of self-examination and its value as a preventative

1 tool. For purposes of this Section, "low-dose mammography"
2 means the x-ray examination of the breast using equipment
3 dedicated specifically for mammography, including the x-ray
4 tube, filter, compression device, and image receptor, with an
5 average radiation exposure delivery of less than one rad per
6 breast for 2 views of an average size breast. The term also
7 includes digital mammography.

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

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

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

25 The Department shall establish a methodology to remind
26 women who are age-appropriate for screening mammography, but

1 who have not received a mammogram within the previous 18
2 months, of the importance and benefit of screening mammography.

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

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

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

1 The Department of Healthcare and Family Services shall assure
2 coverage for the cost of treatment of the drug abuse or
3 addiction for pregnant recipients in accordance with the
4 Illinois Medicaid Program in conjunction with the Department of
5 Human Services.

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

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

22 Neither the Department of Healthcare and Family Services
23 nor the Department of Human Services shall sanction the
24 recipient solely on the basis of her substance abuse.

25 The Illinois Department shall establish such regulations
26 governing the dispensing of health services under this Article

1 as it shall deem appropriate. The Department should seek the
2 advice of formal professional advisory committees appointed by
3 the Director of the Illinois Department for the purpose of
4 providing regular advice on policy and administrative matters,
5 information dissemination and educational activities for
6 medical and health care providers, and consistency in
7 procedures to the Illinois Department.

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

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

1 (1) Physicians participating in a Partnership and
2 providing certain services, which shall be determined by
3 the Illinois Department, to persons in areas covered by the
4 Partnership may receive an additional surcharge for such
5 services.

6 (2) The Department may elect to consider and negotiate
7 financial incentives to encourage the development of
8 Partnerships and the efficient delivery of medical care.

9 (3) Persons receiving medical services through
10 Partnerships may receive medical and case management
11 services above the level usually offered through the
12 medical assistance program.

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

22 Nothing in this Section shall limit the free choice of
23 practitioners, hospitals, and other providers of medical
24 services by clients. In order to ensure patient freedom of
25 choice, the Illinois Department shall immediately promulgate
26 all rules and take all other necessary actions so that provided

1 services may be accessed from therapeutically certified
2 optometrists to the full extent of the Illinois Optometric
3 Practice Act of 1987 without discriminating between service
4 providers.

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

8 The Illinois Department shall require health care
9 providers to maintain records that document the medical care
10 and services provided to recipients of Medical Assistance under
11 this Article. The Illinois Department shall require health care
12 providers to make available, when authorized by the patient, in
13 writing, the medical records in a timely fashion to other
14 health care providers who are treating or serving persons
15 eligible for Medical Assistance under this Article. All
16 dispensers of medical services shall be required to maintain
17 and retain business and professional records sufficient to
18 fully and accurately document the nature, scope, details and
19 receipt of the health care provided to persons eligible for
20 medical assistance under this Code, in accordance with
21 regulations promulgated by the Illinois Department. The rules
22 and regulations shall require that proof of the receipt of
23 prescription drugs, dentures, prosthetic devices and
24 eyeglasses by eligible persons under this Section accompany
25 each claim for reimbursement submitted by the dispenser of such
26 medical services. No such claims for reimbursement shall be

1 approved for payment by the Illinois Department without such
2 proof of receipt, unless the Illinois Department shall have put
3 into effect and shall be operating a system of post-payment
4 audit and review which shall, on a sampling basis, be deemed
5 adequate by the Illinois Department to assure that such drugs,
6 dentures, prosthetic devices and eyeglasses for which payment
7 is being made are actually being received by eligible
8 recipients. Within 90 days after the effective date of this
9 amendatory Act of 1984, the Illinois Department shall establish
10 a current list of acquisition costs for all prosthetic devices
11 and any other items recognized as medical equipment and
12 supplies reimbursable under this Article and shall update such
13 list on a quarterly basis, except that the acquisition costs of
14 all prescription drugs shall be updated no less frequently than
15 every 30 days as required by Section 5-5.12.

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

22 The Illinois Department shall require all dispensers of
23 medical services, other than an individual practitioner or
24 group of practitioners, desiring to participate in the Medical
25 Assistance program established under this Article to disclose
26 all financial, beneficial, ownership, equity, surety or other

1 interests in any and all firms, corporations, partnerships,
2 associations, business enterprises, joint ventures, agencies,
3 institutions or other legal entities providing any form of
4 health care services in this State under this Article.

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

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

20 The Illinois Department shall establish policies,
21 procedures, standards and criteria by rule for the acquisition,
22 repair and replacement of orthotic and prosthetic devices and
23 durable medical equipment. Such rules shall provide, but not be
24 limited to, the following services: (1) immediate repair or
25 replacement of such devices by recipients without medical
26 authorization; and (2) rental, lease, purchase or

1 lease-purchase of durable medical equipment in a
2 cost-effective manner, taking into consideration the
3 recipient's medical prognosis, the extent of the recipient's
4 needs, and the requirements and costs for maintaining such
5 equipment. Such rules shall enable a recipient to temporarily
6 acquire and use alternative or substitute devices or equipment
7 pending repairs or replacements of any device or equipment
8 previously authorized for such recipient by the Department.

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

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

24 The Illinois Department shall report annually to the
25 General Assembly, no later than the second Friday in April of
26 1979 and each year thereafter, in regard to:

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

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

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

7 (d) efforts at utilization review and control by the
8 Illinois Department.

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

22 Rulemaking authority to implement Public Act 95-1045 ~~this~~
23 ~~amendatory Act of the 95th General Assembly~~, if any, is
24 conditioned on the rules being adopted in accordance with all
25 provisions of the Illinois Administrative Procedure Act and all
26 rules and procedures of the Joint Committee on Administrative

1 Rules; any purported rule not so adopted, for whatever reason,
2 is unauthorized.

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

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

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12 treatment of sickle cell anemia; and (17) any other medical
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14 laws of this State, but not including abortions, or induced
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17 of the life of the woman seeking such treatment, or except an
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20 All screenings shall include a physical breast exam,
21 instruction on self-examination and information regarding the
22 frequency of self-examination and its value as a preventative
23 tool. For purposes of this Section, "low-dose mammography"
24 means the x-ray examination of the breast using equipment
25 dedicated specifically for mammography, including the x-ray
26 tube, filter, compression device, and image receptor, with an

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10 be in the metropolitan Chicago area and at least one site shall
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24 coverage for the cost of treatment of the drug abuse or
25 addiction for pregnant recipients in accordance with the
26 Illinois Medicaid Program in conjunction with the Department of

1 Human Services.

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24 advice of formal professional advisory committees appointed by
25 the Director of the Illinois Department for the purpose of
26 providing regular advice on policy and administrative matters,

1 information dissemination and educational activities for
2 medical and health care providers, and consistency in
3 procedures to the Illinois Department.

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

14 The Illinois Department may develop and contract with
15 Partnerships of medical providers to arrange medical services
16 for persons eligible under Section 5-2 of this Code.
17 Implementation of this Section may be by demonstration projects
18 in certain geographic areas. The Partnership shall be
19 represented by a sponsor organization. The Department, by rule,
20 shall develop qualifications for sponsors of Partnerships.
21 Nothing in this Section shall be construed to require that the
22 sponsor organization be a medical organization.

23 The sponsor must negotiate formal written contracts with
24 medical providers for physician services, inpatient and
25 outpatient hospital care, home health services, treatment for
26 alcoholism and substance abuse, and other services determined

1 necessary by the Illinois Department by rule for delivery by
2 Partnerships. Physician services must include prenatal and
3 obstetrical care. The Illinois Department shall reimburse
4 medical services delivered by Partnership providers to clients
5 in target areas according to provisions of this Article and the
6 Illinois Health Finance Reform Act, except that:

7 (1) Physicians participating in a Partnership and
8 providing certain services, which shall be determined by
9 the Illinois Department, to persons in areas covered by the
10 Partnership may receive an additional surcharge for such
11 services.

12 (2) The Department may elect to consider and negotiate
13 financial incentives to encourage the development of
14 Partnerships and the efficient delivery of medical care.

15 (3) Persons receiving medical services through
16 Partnerships may receive medical and case management
17 services above the level usually offered through the
18 medical assistance program.

19 Medical providers shall be required to meet certain
20 qualifications to participate in Partnerships to ensure the
21 delivery of high quality medical services. These
22 qualifications shall be determined by rule of the Illinois
23 Department and may be higher than qualifications for
24 participation in the medical assistance program. Partnership
25 sponsors may prescribe reasonable additional qualifications
26 for participation by medical providers, only with the prior

1 written approval of the Illinois Department.

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

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

14 The Illinois Department shall require health care
15 providers to maintain records that document the medical care
16 and services provided to recipients of Medical Assistance under
17 this Article. The Illinois Department shall require health care
18 providers to make available, when authorized by the patient, in
19 writing, the medical records in a timely fashion to other
20 health care providers who are treating or serving persons
21 eligible for Medical Assistance under this Article. All
22 dispensers of medical services shall be required to maintain
23 and retain business and professional records sufficient to
24 fully and accurately document the nature, scope, details and
25 receipt of the health care provided to persons eligible for
26 medical assistance under this Code, in accordance with

1 regulations promulgated by the Illinois Department. The rules
2 and regulations shall require that proof of the receipt of
3 prescription drugs, dentures, prosthetic devices and
4 eyeglasses by eligible persons under this Section accompany
5 each claim for reimbursement submitted by the dispenser of such
6 medical services. No such claims for reimbursement shall be
7 approved for payment by the Illinois Department without such
8 proof of receipt, unless the Illinois Department shall have put
9 into effect and shall be operating a system of post-payment
10 audit and review which shall, on a sampling basis, be deemed
11 adequate by the Illinois Department to assure that such drugs,
12 dentures, prosthetic devices and eyeglasses for which payment
13 is being made are actually being received by eligible
14 recipients. Within 90 days after the effective date of this
15 amendatory Act of 1984, the Illinois Department shall establish
16 a current list of acquisition costs for all prosthetic devices
17 and any other items recognized as medical equipment and
18 supplies reimbursable under this Article and shall update such
19 list on a quarterly basis, except that the acquisition costs of
20 all prescription drugs shall be updated no less frequently than
21 every 30 days as required by Section 5-5.12.

22 The rules and regulations of the Illinois Department shall
23 require that a written statement including the required opinion
24 of a physician shall accompany any claim for reimbursement for
25 abortions, or induced miscarriages or premature births. This
26 statement shall indicate what procedures were used in providing

1 such medical services.

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

11 The Illinois Department may require that all dispensers of
12 medical services desiring to participate in the medical
13 assistance program established under this Article disclose,
14 under such terms and conditions as the Illinois Department may
15 by rule establish, all inquiries from clients and attorneys
16 regarding medical bills paid by the Illinois Department, which
17 inquiries could indicate potential existence of claims or liens
18 for the Illinois Department.

19 Enrollment of a vendor that provides non-emergency medical
20 transportation, defined by the Department by rule, shall be
21 conditional for 180 days. During that time, the Department of
22 Healthcare and Family Services may terminate the vendor's
23 eligibility to participate in the medical assistance program
24 without cause. That termination of eligibility is not subject
25 to the Department's hearing process.

26 The Illinois Department shall establish policies,

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

15 The Department shall execute, relative to the nursing home
16 prescreening project, written inter-agency agreements with the
17 Department of Human Services and the Department on Aging, to
18 effect the following: (i) intake procedures and common
19 eligibility criteria for those persons who are receiving
20 non-institutional services; and (ii) the establishment and
21 development of non-institutional services in areas of the State
22 where they are not currently available or are undeveloped.

23 The Illinois Department shall develop and operate, in
24 cooperation with other State Departments and agencies and in
25 compliance with applicable federal laws and regulations,
26 appropriate and effective systems of health care evaluation and

1 programs for monitoring of utilization of health care services
2 and facilities, as it affects persons eligible for medical
3 assistance under this Code.

4 The Illinois Department shall report annually to the
5 General Assembly, no later than the second Friday in April of
6 1979 and each year thereafter, in regard to:

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

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

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

13 (d) efforts at utilization review and control by the
14 Illinois Department.

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

1 Section.

2 Rulemaking authority to implement Public Act 95-1045 ~~this~~
3 ~~amendatory Act of the 95th General Assembly~~, if any, is
4 conditioned on the rules being adopted in accordance with all
5 provisions of the Illinois Administrative Procedure Act and all
6 rules and procedures of the Joint Committee on Administrative
7 Rules; any purported rule not so adopted, for whatever reason,
8 is unauthorized.

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