

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 provision of this Code and  
7 subject to federal approval, the Department may adopt rules to  
8 allow a dentist who is volunteering his or her service at no  
9 cost to render dental services through an enrolled  
10 not-for-profit health clinic without the dentist personally  
11 enrolling as a participating provider in the medical assistance  
12 program. A not-for-profit health clinic shall include a public  
13 health clinic or Federally Qualified Health Center or other  
14 enrolled provider, as determined by the Department, through  
15 which dental services covered under this Section are performed.  
16 The Department shall establish a process for payment of claims  
17 for reimbursement for covered dental services rendered under  
18 this provision.

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

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

1 a written order stating that the amino acid-based elemental  
2 formula is medically necessary.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 addiction for pregnant recipients in accordance with the  
2 Illinois Medicaid Program in conjunction with the Department of  
3 Human Services.

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

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

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

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



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

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

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

25 (1) Physicians participating in a Partnership and  
26 providing certain services, which shall be determined by

1 the Illinois Department, to persons in areas covered by the  
2 Partnership may receive an additional surcharge for such  
3 services.

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

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

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

20 Nothing in this Section shall limit the free choice of  
21 practitioners, hospitals, and other providers of medical  
22 services by clients. In order to ensure patient freedom of  
23 choice, the Illinois Department shall immediately promulgate  
24 all rules and take all other necessary actions so that provided  
25 services may be accessed from therapeutically certified  
26 optometrists to the full extent of the Illinois Optometric

1 Practice Act of 1987 without discriminating between service  
2 providers.

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

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

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

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

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

1 institutions or other legal entities providing any form of  
2 health care services in this State under this Article.

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

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

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

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

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

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

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

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

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

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

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

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

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

1 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;  
2 95-1045, eff. 3-27-09; 96-156, eff. 1-1-10; revised 11-4-09.)

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12      laws of this State, but not including abortions, or induced  
13      miscarriages or premature births, unless, in the opinion of a  
14      physician, such procedures are necessary for the preservation  
15      of the life of the woman seeking such treatment, or except an  
16      induced premature birth intended to produce a live viable child  
17      and such procedure is necessary for the health of the mother or  
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12 the number of drug-affected infants born to recipients of  
13 medical assistance.

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

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

26 Notwithstanding any other provision of law, a health care

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

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

19 The sponsor must negotiate formal written contracts with  
20 medical providers for physician services, inpatient and  
21 outpatient hospital care, home health services, treatment for  
22 alcoholism and substance abuse, and other services determined  
23 necessary by the Illinois Department by rule for delivery by  
24 Partnerships. Physician services must include prenatal and  
25 obstetrical care. The Illinois Department shall reimburse  
26 medical services delivered by Partnership providers to clients



1 in target areas according to provisions of this Article and the  
2 Illinois Health Finance Reform Act, except that:

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

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

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

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

24 Nothing in this Section shall limit the free choice of  
25 practitioners, hospitals, and other providers of medical  
26 services by clients. In order to ensure patient freedom of

1 choice, the Illinois Department shall immediately promulgate  
2 all rules and take all other necessary actions so that provided  
3 services may be accessed from therapeutically certified  
4 optometrists to the full extent of the Illinois Optometric  
5 Practice Act of 1987 without discriminating between service  
6 providers.

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

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

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

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

24 The Illinois Department shall require all dispensers of  
25 medical services, other than an individual practitioner or  
26 group of practitioners, desiring to participate in the Medical

1 Assistance program established under this Article to disclose  
2 all financial, beneficial, ownership, equity, surety or other  
3 interests in any and all firms, corporations, partnerships,  
4 associations, business enterprises, joint ventures, agencies,  
5 institutions or other legal entities providing any form of  
6 health care services in this State under this Article.

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

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

22 The Illinois Department shall establish policies,  
23 procedures, standards and criteria by rule for the acquisition,  
24 repair and replacement of orthotic and prosthetic devices and  
25 durable medical equipment. Such rules shall provide, but not be  
26 limited to, the following services: (1) immediate repair or

1 replacement of such devices by recipients without medical  
2 authorization; and (2) rental, lease, purchase or  
3 lease-purchase of durable medical equipment in a  
4 cost-effective manner, taking into consideration the  
5 recipient's medical prognosis, the extent of the recipient's  
6 needs, and the requirements and costs for maintaining such  
7 equipment. Such rules shall enable a recipient to temporarily  
8 acquire and use alternative or substitute devices or equipment  
9 pending repairs or replacements of any device or equipment  
10 previously authorized for such recipient by the Department.

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

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

26 The Illinois Department shall report annually to the

1 General Assembly, no later than the second Friday in April of  
2 1979 and each year thereafter, in regard to:

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

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

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

9 (d) efforts at utilization review and control by the  
10 Illinois Department.

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

24 Rulemaking authority to implement Public Act 95-1045 ~~this~~  
25 ~~amendatory Act of the 95th General Assembly~~, if any, is  
26 conditioned on the rules being adopted in accordance with all

1 provisions of the Illinois Administrative Procedure Act and all  
2 rules and procedures of the Joint Committee on Administrative  
3 Rules; any purported rule not so adopted, for whatever reason,  
4 is unauthorized.

5 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;  
6 95-1045, eff. 3-27-09; 96-156, eff. 1-1-10; 96-806, eff.  
7 7-1-10; revised 11-4-09.)