



Sen. John M. Sullivan

Filed: 4/8/2011

09700SB0770sam001

LRB097 04501 KTG 54182 a

1 AMENDMENT TO SENATE BILL 770

2 AMENDMENT NO. _____. Amend Senate Bill 770 by replacing
3 everything after the enacting clause with the following:

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

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

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

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

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

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

1 Services (EMS) Systems Act.

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

10 "Payment principles of Medicare" means: the accepted
11 method propounded by the Centers for Medicare and Medicaid
12 Services and used to determine the payment system for ground
13 ambulance services providers and suppliers under Title XVIII of
14 the Social Security Act. These principles are outlined in the
15 United States Code, the Code of Federal Regulations, and the
16 CMS Online Manual System, including, but not limited to, the
17 Medicare Benefit Policy Manual and the Medicare Claims
18 Processing Manual, and include the statues, regulations,
19 policies, procedures, definitions, guidelines, and coding
20 systems, including the Health Care Common Procedure Coding
21 System (HCPCS) and ambulance condition coding system, as well
22 as other resources which have been or will be developed and
23 recognized by the Centers for Medicare and Medicaid Services.

24 "Rural county" means: any county not located in a U.S.
25 Bureau of the Census Metropolitan Statistical Area (MSA); or
26 any county located within a U.S. Bureau of the Census

1 Metropolitan Statistical Area but having a population of 60,000
2 or less.

3 (b) It is the intent of the General Assembly to provide for
4 the payment for ground ambulance services as part of the State
5 Medicaid plan and to provide adequate payment for ground
6 ambulance services under the State Medicaid plan so as to
7 ensure adequate access to ground ambulance services for both
8 recipients of aid under this Article and for the general
9 population of Illinois. Unless otherwise indicated in this
10 Section, the practices of the Department concerning payments
11 for ground ambulance services provided to recipients of aid
12 under this Article shall be consistent with the payment
13 principles of Medicare.

14 (c) For ground ambulance services provided to a recipient
15 of aid under this Article on or after July 1, 2011, the
16 Department shall provide payment to ground ambulance services
17 providers for base charges and mileage charges based upon the
18 lesser of the provider's charge, as reflected on the provider's
19 claim form, or the Illinois Medicaid Ambulance Fee Schedule
20 payment rates calculated in accordance with this Section.

21 Effective July 1, 2011, the Illinois Medicaid Ambulance Fee
22 Schedule shall be established and shall include only the ground
23 ambulance services payment rates outlined in the Medicare
24 Ambulance Fee Schedule as promulgated by the Centers for
25 Medicare and Medicaid Services in effect as of July 1, 2011 and
26 adjusted for the 4 Medicare Localities in Illinois, with an

1 adjustment of 100% of the Medicare Ambulance Fee Schedule
2 payment rates, by Medicare Locality, for both base rates and
3 mileage for rural counties, and an adjustment of 80% of the
4 Medicare Ambulance Fee Schedule payment rates, by Medicare
5 Locality, for both base rates and mileage for all other
6 counties. The transition from the current payment system to the
7 Illinois Medicaid Ambulance Fee Schedule shall be as follows:
8 Effective for dates of service on or after July 1, 2011, for
9 each individual base rate and mileage rate, the payment rate
10 for ground ambulance services shall be based on the Illinois
11 Medicaid Ambulance Fee Schedule amount in effect on July 1,
12 2011 for the designated Medicare Locality, except that any
13 payment rate that was previously approved by the Department
14 that exceeds this amount shall remain in force.

15 Notwithstanding the payment principles in subsection (b)
16 of this Section, the Department shall develop the Illinois
17 Medicaid Ambulance Fee Schedule using the ground mileage
18 payment rate, as defined by the Centers for Medicare and
19 Medicaid Services, and no other mileage rates which act as
20 enhancements to the ground mileage rate, whether permanent or
21 temporary, shall be recognized by the Department.

22 (d) Payment for mileage shall be per loaded mile with no
23 loaded mileage included in the base rate. If a natural
24 disaster, weather, road repairs, traffic congestion, or other
25 conditions necessitate a route other than the most direct
26 route, payment shall be based upon the actual distance

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

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

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

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

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

18 (g-5) Nothing in this Section prohibits the Department from
19 setting payment rates for State ground ambulance services
20 providers by administrative rule pending the availability of
21 appropriations dedicated to rate increases provided under
22 subsections (c) and (h) of this Section.

23 (h) Effective for dates of service on or after July 1,
24 2011, payments for stretcher van services provided by ground
25 ambulance services providers shall be as follows:

26 (1) For each individual base rate, the amount of the

1 payment shall be the lesser of the provider's charge, as
2 reflected on the provider's claim form, or 80% of the
3 Illinois Medicaid Ambulance Fee Schedule payment rate for
4 the basic life support non-emergency base rate.

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

9 (i) All payments under subsections (c) and (h) of this
10 Section are subject to the availability of appropriations for
11 those purposes.

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

1 ~~uniformity between the payment principles of Medicare and~~
2 ~~Medicaid, the Illinois Department shall follow, to the extent~~
3 ~~necessary and practicable and subject to the availability of~~
4 ~~funds appropriated by the General Assembly for this purpose,~~
5 ~~the statutes, laws, regulations, policies, procedures,~~
6 ~~principles, definitions, guidelines, and manuals used to~~
7 ~~determine the amounts paid to ambulance service providers under~~
8 ~~Title XVIII of the Social Security Act (Medicare).~~

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

16 ~~For purposes of this Section, "ambulance services"~~
17 ~~includes medical transportation services provided by means of~~
18 ~~an ambulance, medi car, service car, or taxi.~~

19 ~~This Section does not prohibit separate billing by~~
20 ~~ambulance service providers for oxygen furnished while~~
21 ~~providing advanced life support services.~~

22 (j) Beginning with services rendered on or after July 1,
23 2008, all providers of non-emergency medi-car and service car
24 transportation must certify that the driver and employee
25 attendant, as applicable, have completed a safety program
26 approved by the Department to protect both the patient and the

1 driver, prior to transporting a patient. The provider must
2 maintain this certification in its records. The provider shall
3 produce such documentation upon demand by the Department or its
4 representative. Failure to produce documentation of such
5 training shall result in recovery of any payments made by the
6 Department for services rendered by a non-certified driver or
7 employee attendant. Medi-car and service car providers must
8 maintain legible documentation in their records of the driver
9 and, as applicable, employee attendant that actually
10 transported the patient. Providers must recertify all drivers
11 and employee attendants every 3 years.

12 Notwithstanding the requirements above, any public
13 transportation provider of medi-car and service car
14 transportation that receives federal funding under 49 U.S.C.
15 5307 and 5311 need not certify its drivers and employee
16 attendants under this Section, since safety training is already
17 federally mandated.

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

19 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

20 Sec. 5-5. Medical services. The Illinois Department, by
21 rule, shall determine the quantity and quality of and the rate
22 of reimbursement for the medical assistance for which payment
23 will be authorized, and the medical services to be provided,
24 which may include all or part of the following: (1) inpatient
25 hospital services; (2) outpatient hospital services; (3) other

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

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

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

26 Notwithstanding any other provision of this Code, the

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

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

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

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

18 Notwithstanding any other provision of this Code and
19 subject to federal approval, the Department may adopt rules to
20 allow a dentist who is volunteering his or her service at no
21 cost to render dental services through an enrolled
22 not-for-profit health clinic without the dentist personally
23 enrolling as a participating provider in the medical assistance
24 program. A not-for-profit health clinic shall include a public
25 health clinic or Federally Qualified Health Center or other
26 enrolled provider, as determined by the Department, through

1 which dental services covered under this Section are performed.
2 The Department shall establish a process for payment of claims
3 for reimbursement for covered dental services rendered under
4 this provision.

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

8 The Department of Healthcare and Family Services must
9 provide coverage and reimbursement for amino acid-based
10 elemental formulas, regardless of delivery method, for the
11 diagnosis and treatment of (i) eosinophilic disorders and (ii)
12 short bowel syndrome when the prescribing physician has issued
13 a written order stating that the amino acid-based elemental
14 formula is medically necessary.

15 The Illinois Department shall authorize the provision of,
16 and shall authorize payment for, screening by low-dose
17 mammography for the presence of occult breast cancer for women
18 35 years of age or older who are eligible for medical
19 assistance under this Article, as follows:

20 (A) A baseline mammogram for women 35 to 39 years of
21 age.

22 (B) An annual mammogram for women 40 years of age or
23 older.

24 (C) A mammogram at the age and intervals considered
25 medically necessary by the woman's health care provider for
26 women under 40 years of age and having a family history of

1 breast cancer, prior personal history of breast cancer,
2 positive genetic testing, or other risk factors.

3 (D) A comprehensive ultrasound screening of an entire
4 breast or breasts if a mammogram demonstrates
5 heterogeneous or dense breast tissue, when medically
6 necessary as determined by a physician licensed to practice
7 medicine in all of its branches.

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

18 On and after July 1, 2008, screening and diagnostic
19 mammography shall be reimbursed at the same rate as the
20 Medicare program's rates, including the increased
21 reimbursement for digital mammography.

22 The Department shall convene an expert panel including
23 representatives of hospitals, free-standing mammography
24 facilities, and doctors, including radiologists, to establish
25 quality standards. Based on these quality standards, the
26 Department shall provide for bonus payments to mammography

1 facilities meeting the standards for screening and diagnosis.
2 The bonus payments shall be at least 15% higher than the
3 Medicare rates for mammography.

4 Subject to federal approval, the Department shall
5 establish a rate methodology for mammography at federally
6 qualified health centers and other encounter-rate clinics.
7 These clinics or centers may also collaborate with other
8 hospital-based mammography facilities.

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

13 The Department shall establish a performance goal for
14 primary care providers with respect to their female patients
15 over age 40 receiving an annual mammogram. This performance
16 goal shall be used to provide additional reimbursement in the
17 form of a quality performance bonus to primary care providers
18 who meet that goal.

19 The Department shall devise a means of case-managing or
20 patient navigation for beneficiaries diagnosed with breast
21 cancer. This program shall initially operate as a pilot program
22 in areas of the State with the highest incidence of mortality
23 related to breast cancer. At least one pilot program site shall
24 be in the metropolitan Chicago area and at least one site shall
25 be outside the metropolitan Chicago area. An evaluation of the
26 pilot program shall be carried out measuring health outcomes

1 and cost of care for those served by the pilot program compared
2 to similarly situated patients who are not served by the pilot
3 program.

4 Any medical or health care provider shall immediately
5 recommend, to any pregnant woman who is being provided prenatal
6 services and is suspected of drug abuse or is addicted as
7 defined in the Alcoholism and Other Drug Abuse and Dependency
8 Act, referral to a local substance abuse treatment provider
9 licensed by the Department of Human Services or to a licensed
10 hospital which provides substance abuse treatment services.
11 The Department of Healthcare and Family Services shall assure
12 coverage for the cost of treatment of the drug abuse or
13 addiction for pregnant recipients in accordance with the
14 Illinois Medicaid Program in conjunction with the Department of
15 Human Services.

16 All medical providers providing medical assistance to
17 pregnant women under this Code shall receive information from
18 the Department on the availability of services under the Drug
19 Free Families with a Future or any comparable program providing
20 case management services for addicted women, including
21 information on appropriate referrals for other social services
22 that may be needed by addicted women in addition to treatment
23 for addiction.

24 The Illinois Department, in cooperation with the
25 Departments of Human Services (as successor to the Department
26 of Alcoholism and Substance Abuse) and Public Health, through a

1 public awareness campaign, may provide information concerning
2 treatment for alcoholism and drug abuse and addiction, prenatal
3 health care, and other pertinent programs directed at reducing
4 the number of drug-affected infants born to recipients of
5 medical assistance.

6 Neither the Department of Healthcare and Family Services
7 nor the Department of Human Services shall sanction the
8 recipient solely on the basis of her substance abuse.

9 The Illinois Department shall establish such regulations
10 governing the dispensing of health services under this Article
11 as it shall deem appropriate. The Department should seek the
12 advice of formal professional advisory committees appointed by
13 the Director of the Illinois Department for the purpose of
14 providing regular advice on policy and administrative matters,
15 information dissemination and educational activities for
16 medical and health care providers, and consistency in
17 procedures to the Illinois Department.

18 Notwithstanding any other provision of law, a health care
19 provider under the medical assistance program may elect, in
20 lieu of receiving direct payment for services provided under
21 that program, to participate in the State Employees Deferred
22 Compensation Plan adopted under Article 24 of the Illinois
23 Pension Code. A health care provider who elects to participate
24 in the plan does not have a cause of action against the State
25 for any damages allegedly suffered by the provider as a result
26 of any delay by the State in crediting the amount of any

1 contribution to the provider's plan account.

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, if
17 any, is conditioned on the rules being adopted in accordance
18 with all provisions of the Illinois Administrative Procedure
19 Act and all rules and procedures of the Joint Committee on
20 Administrative Rules; any purported rule not so adopted, for
21 whatever reason, is unauthorized.

22 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;
23 95-1045, eff. 3-27-09; 96-156, eff. 1-1-10; 96-806, eff.
24 7-1-10; 96-926, eff. 1-1-11; 96-1000, eff. 7-2-10.)

25 Section 99. Effective date. This Act takes effect July 1,

1 2011.".