



## 98TH GENERAL ASSEMBLY

### State of Illinois

2013 and 2014

HB2436

by Rep. Emily McAsey

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5

from Ch. 23, par. 5-5

Amends the Illinois Public Aid Code. In a provision requiring the Department of Healthcare and Family Services to establish policies, procedures, standards, and criteria by rule for the acquisition, repair, and replacement of orthotic and prosthetic devices and durable medical equipment, provides that such rules, policies, procedures, and standards shall allow for the purchase, lease, lease-purchase, or rental of a hand-held tablet device and appropriate applications for an individual with a communication disorder affecting expressive or receptive language when the acquisition of such device and applications is determined by a qualified professional to be appropriate to meet the needs of the individual and has a lower cost than other communications technology under consideration for the individual. Effective immediately.

LRB098 07304 KTG 37367 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 Sec. 5-5. Medical services. The Illinois Department, by  
8 rule, shall determine the quantity and quality of and the rate  
9 of reimbursement for the medical assistance for which payment  
10 will be authorized, and the medical services to be provided,  
11 which may include all or part of the following: (1) inpatient  
12 hospital services; (2) outpatient hospital services; (3) other  
13 laboratory and X-ray services; (4) skilled nursing home  
14 services; (5) physicians' services whether furnished in the  
15 office, the patient's home, a hospital, a skilled nursing home,  
16 or elsewhere; (6) medical care, or any other type of remedial  
17 care furnished by licensed practitioners; (7) home health care  
18 services; (8) private duty nursing service; (9) clinic  
19 services; (10) dental services, including prevention and  
20 treatment of periodontal disease and dental caries disease for  
21 pregnant women, provided by an individual licensed to practice  
22 dentistry or dental surgery; for purposes of this item (10),  
23 "dental services" means diagnostic, preventive, or corrective

1 procedures provided by or under the supervision of a dentist in  
2 the practice of his or her profession; (11) physical therapy  
3 and related services; (12) prescribed drugs, dentures, and  
4 prosthetic devices; and eyeglasses prescribed by a physician  
5 skilled in the diseases of the eye, or by an optometrist,  
6 whichever the person may select; (13) other diagnostic,  
7 screening, preventive, and rehabilitative services, including  
8 to ensure that the individual's need for intervention or  
9 treatment of mental disorders or substance use disorders or  
10 co-occurring mental health and substance use disorders is  
11 determined using a uniform screening, assessment, and  
12 evaluation process inclusive of criteria, for children and  
13 adults; for purposes of this item (13), a uniform screening,  
14 assessment, and evaluation process refers to a process that  
15 includes an appropriate evaluation and, as warranted, a  
16 referral; "uniform" does not mean the use of a singular  
17 instrument, tool, or process that all must utilize; (14)  
18 transportation and such other expenses as may be necessary;  
19 (15) medical treatment of sexual assault survivors, as defined  
20 in Section 1a of the Sexual Assault Survivors Emergency  
21 Treatment Act, for injuries sustained as a result of the sexual  
22 assault, including examinations and laboratory tests to  
23 discover evidence which may be used in criminal proceedings  
24 arising from the sexual assault; (16) the diagnosis and  
25 treatment of sickle cell anemia; and (17) any other medical  
26 care, and any other type of remedial care recognized under the

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

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

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

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

4 On and after July 1, 2012, the Department of Healthcare and  
5 Family Services may provide the following services to persons  
6 eligible for assistance under this Article who are  
7 participating in education, training or employment programs  
8 operated by the Department of Human Services as successor to  
9 the Department of Public Aid:

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

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

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

1 this provision.

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

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

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

17 (A) A baseline mammogram for women 35 to 39 years of  
18 age.

19 (B) An annual mammogram for women 40 years of age or  
20 older.

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

26 (D) A comprehensive ultrasound screening of an entire

1 breast or breasts if a mammogram demonstrates  
2 heterogeneous or dense breast tissue, when medically  
3 necessary as determined by a physician licensed to practice  
4 medicine in all of its branches.

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

15 On and after January 1, 2012, providers participating in a  
16 quality improvement program approved by the Department shall be  
17 reimbursed for screening and diagnostic mammography at the same  
18 rate as the Medicare program's rates, including the increased  
19 reimbursement for digital mammography.

20 The Department shall convene an expert panel including  
21 representatives of hospitals, free-standing mammography  
22 facilities, and doctors, including radiologists, to establish  
23 quality standards.

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

1 These clinics or centers may also collaborate with other  
2 hospital-based mammography facilities.

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

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

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

24 Any medical or health care provider shall immediately  
25 recommend, to any pregnant woman who is being provided prenatal  
26 services and is suspected of drug abuse or is addicted as



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

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

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

26 Neither the Department of Healthcare and Family Services

1 nor the Department of Human Services shall sanction the  
2 recipient solely on the basis of her substance abuse.

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

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

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

1 obstetrical care. The Illinois Department shall reimburse  
2 medical services delivered by Partnership providers to clients  
3 in target areas according to provisions of this Article and the  
4 Illinois Health Finance Reform Act, except that:

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

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

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

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

26 Nothing in this Section shall limit the free choice of

1 practitioners, hospitals, and other providers of medical  
2 services by clients. In order to ensure patient freedom of  
3 choice, the Illinois Department shall immediately promulgate  
4 all rules and take all other necessary actions so that provided  
5 services may be accessed from therapeutically certified  
6 optometrists to the full extent of the Illinois Optometric  
7 Practice Act of 1987 without discriminating between service  
8 providers.

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

12 The Illinois Department shall require health care  
13 providers to maintain records that document the medical care  
14 and services provided to recipients of Medical Assistance under  
15 this Article. Such records must be retained for a period of not  
16 less than 6 years from the date of service or as provided by  
17 applicable State law, whichever period is longer, except that  
18 if an audit is initiated within the required retention period  
19 then the records must be retained until the audit is completed  
20 and every exception is resolved. The Illinois Department shall  
21 require health care providers to make available, when  
22 authorized by the patient, in writing, the medical records in a  
23 timely fashion to other health care providers who are treating  
24 or serving persons eligible for Medical Assistance under this  
25 Article. All dispensers of medical services shall be required  
26 to maintain and retain business and professional records

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

25 The rules and regulations of the Illinois Department shall  
26 require that a written statement including the required opinion

1 of a physician shall accompany any claim for reimbursement for  
2 abortions, or induced miscarriages or premature births. This  
3 statement shall indicate what procedures were used in providing  
4 such medical services.

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

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

22 Enrollment of a vendor shall be subject to a provisional  
23 period and shall be conditional for one year. During the period  
24 of conditional enrollment, the Department may terminate the  
25 vendor's eligibility to participate in, or may disenroll the  
26 vendor from, the medical assistance program without cause.

1 Unless otherwise specified, such termination of eligibility or  
2 disenrollment is not subject to the Department's hearing  
3 process. However, a disenrolled vendor may reapply without  
4 penalty.

5 The Department has the discretion to limit the conditional  
6 enrollment period for vendors based upon category of risk of  
7 the vendor.

8 Prior to enrollment and during the conditional enrollment  
9 period in the medical assistance program, all vendors shall be  
10 subject to enhanced oversight, screening, and review based on  
11 the risk of fraud, waste, and abuse that is posed by the  
12 category of risk of the vendor. The Illinois Department shall  
13 establish the procedures for oversight, screening, and review,  
14 which may include, but need not be limited to: criminal and  
15 financial background checks; fingerprinting; license,  
16 certification, and authorization verifications; unscheduled or  
17 unannounced site visits; database checks; prepayment audit  
18 reviews; audits; payment caps; payment suspensions; and other  
19 screening as required by federal or State law.

20 The Department shall define or specify the following: (i)  
21 by provider notice, the "category of risk of the vendor" for  
22 each type of vendor, which shall take into account the level of  
23 screening applicable to a particular category of vendor under  
24 federal law and regulations; (ii) by rule or provider notice,  
25 the maximum length of the conditional enrollment period for  
26 each category of risk of the vendor; and (iii) by rule, the

1 hearing rights, if any, afforded to a vendor in each category  
2 of risk of the vendor that is terminated or disenrolled during  
3 the conditional enrollment period.

4 To be eligible for payment consideration, a vendor's  
5 payment claim or bill, either as an initial claim or as a  
6 resubmitted claim following prior rejection, must be received  
7 by the Illinois Department, or its fiscal intermediary, no  
8 later than 180 days after the latest date on the claim on which  
9 medical goods or services were provided, with the following  
10 exceptions:

11 (1) In the case of a provider whose enrollment is in  
12 process by the Illinois Department, the 180-day period  
13 shall not begin until the date on the written notice from  
14 the Illinois Department that the provider enrollment is  
15 complete.

16 (2) In the case of errors attributable to the Illinois  
17 Department or any of its claims processing intermediaries  
18 which result in an inability to receive, process, or  
19 adjudicate a claim, the 180-day period shall not begin  
20 until the provider has been notified of the error.

21 (3) In the case of a provider for whom the Illinois  
22 Department initiates the monthly billing process.

23 For claims for services rendered during a period for which  
24 a recipient received retroactive eligibility, claims must be  
25 filed within 180 days after the Department determines the  
26 applicant is eligible. For claims for which the Illinois



1 Department is not the primary payer, claims must be submitted  
2 to the Illinois Department within 180 days after the final  
3 adjudication by the primary payer.

4 In the case of long term care facilities, admission  
5 documents shall be submitted within 30 days of an admission to  
6 the facility through the Medical Electronic Data Interchange  
7 (MEDI) or the Recipient Eligibility Verification (REV) System,  
8 or shall be submitted directly to the Department of Human  
9 Services using required admission forms. Confirmation numbers  
10 assigned to an accepted transaction shall be retained by a  
11 facility to verify timely submittal. Once an admission  
12 transaction has been completed, all resubmitted claims  
13 following prior rejection are subject to receipt no later than  
14 180 days after the admission transaction has been completed.

15 Claims that are not submitted and received in compliance  
16 with the foregoing requirements shall not be eligible for  
17 payment under the medical assistance program, and the State  
18 shall have no liability for payment of those claims.

19 To the extent consistent with applicable information and  
20 privacy, security, and disclosure laws, State and federal  
21 agencies and departments shall provide the Illinois Department  
22 access to confidential and other information and data necessary  
23 to perform eligibility and payment verifications and other  
24 Illinois Department functions. This includes, but is not  
25 limited to: information pertaining to licensure;  
26 certification; earnings; immigration status; citizenship; wage

1 reporting; unearned and earned income; pension income;  
2 employment; supplemental security income; social security  
3 numbers; National Provider Identifier (NPI) numbers; the  
4 National Practitioner Data Bank (NPDB); program and agency  
5 exclusions; taxpayer identification numbers; tax delinquency;  
6 corporate information; and death records.

7 The Illinois Department shall enter into agreements with  
8 State agencies and departments, and is authorized to enter into  
9 agreements with federal agencies and departments, under which  
10 such agencies and departments shall share data necessary for  
11 medical assistance program integrity functions and oversight.  
12 The Illinois Department shall develop, in cooperation with  
13 other State departments and agencies, and in compliance with  
14 applicable federal laws and regulations, appropriate and  
15 effective methods to share such data. At a minimum, and to the  
16 extent necessary to provide data sharing, the Illinois  
17 Department shall enter into agreements with State agencies and  
18 departments, and is authorized to enter into agreements with  
19 federal agencies and departments, including but not limited to:  
20 the Secretary of State; the Department of Revenue; the  
21 Department of Public Health; the Department of Human Services;  
22 and the Department of Financial and Professional Regulation.

23 Beginning in fiscal year 2013, the Illinois Department  
24 shall set forth a request for information to identify the  
25 benefits of a pre-payment, post-adjudication, and post-edit  
26 claims system with the goals of streamlining claims processing

1 and provider reimbursement, reducing the number of pending or  
2 rejected claims, and helping to ensure a more transparent  
3 adjudication process through the utilization of: (i) provider  
4 data verification and provider screening technology; and (ii)  
5 clinical code editing; and (iii) pre-pay, pre- or  
6 post-adjudicated predictive modeling with an integrated case  
7 management system with link analysis. Such a request for  
8 information shall not be considered as a request for proposal  
9 or as an obligation on the part of the Illinois Department to  
10 take any action or acquire any products or services.

11 The Illinois Department shall establish policies,  
12 procedures, standards and criteria by rule for the acquisition,  
13 repair and replacement of orthotic and prosthetic devices and  
14 durable medical equipment. Such rules shall provide, but not be  
15 limited to, the following services: (1) immediate repair or  
16 replacement of such devices by recipients; and (2) rental,  
17 lease, purchase or lease-purchase of durable medical equipment  
18 in a cost-effective manner, taking into consideration the  
19 recipient's medical prognosis, the extent of the recipient's  
20 needs, and the requirements and costs for maintaining such  
21 equipment. Subject to prior approval, such rules shall enable a  
22 recipient to temporarily acquire and use alternative or  
23 substitute devices or equipment pending repairs or  
24 replacements of any device or equipment previously authorized  
25 for such recipient by the Department. Such rules, policies,  
26 procedures, and standards shall allow for the purchase, lease,

1 lease-purchase, or rental of a hand-held tablet device and  
2 appropriate applications for an individual with a  
3 communication disorder affecting expressive or receptive  
4 language when the acquisition of such device and applications  
5 is determined by a qualified professional to be appropriate to  
6 meet the needs of the individual and has a lower cost than  
7 other communications technology under consideration for the  
8 individual.

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; and  
17 (iii) notwithstanding any other provision of law, subject to  
18 federal approval, on and after July 1, 2012, an increase in the  
19 determination of need (DON) scores from 29 to 37 for applicants  
20 for institutional and home and community-based long term care;  
21 if and only if federal approval is not granted, the Department  
22 may, in conjunction with other affected agencies, implement  
23 utilization controls or changes in benefit packages to  
24 effectuate a similar savings amount for this population; and  
25 (iv) no later than July 1, 2013, minimum level of care  
26 eligibility criteria for institutional and home and

1 community-based long term care. In order to select the minimum  
2 level of care eligibility criteria, the Governor shall  
3 establish a workgroup that includes affected agency  
4 representatives and stakeholders representing the  
5 institutional and home and community-based long term care  
6 interests. This Section shall not restrict the Department from  
7 implementing lower level of care eligibility criteria for  
8 community-based services in circumstances where federal  
9 approval has been granted.

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

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

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

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

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

26 (d) efforts at utilization review and control by the

1 Illinois Department.

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

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

21 On and after July 1, 2012, the Department shall reduce any  
22 rate of reimbursement for services or other payments or alter  
23 any methodologies authorized by this Code to reduce any rate of  
24 reimbursement for services or other payments in accordance with  
25 Section 5-5e.

26 (Source: P.A. 96-156, eff. 1-1-10; 96-806, eff. 7-1-10; 96-926,

1 eff. 1-1-11; 96-1000, eff. 7-2-10; 97-48, eff. 6-28-11; 97-638,  
2 eff. 1-1-12; 97-689, eff. 6-14-12; 97-1061, eff. 8-24-12;  
3 revised 9-20-12.)

4 Section 99. Effective date. This Act takes effect upon  
5 becoming law.