

SB1847



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

SB1847

Introduced 2/9/2017, by Sen. Mattie Hunter

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5f

Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to exempt sickle cell disease treatment from any readmission restrictions or penalties established under the Code or by rule.

LRB100 04195 KTG 14201 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 5-5f as follows:

6 (305 ILCS 5/5-5f)

7 Sec. 5-5f. Elimination and limitations of medical
8 assistance services. Notwithstanding any other provision of
9 this Code to the contrary, on and after July 1, 2012:

10 (a) The following services shall no longer be a covered
11 service available under this Code: group psychotherapy for
12 residents of any facility licensed under the Nursing Home
13 Care Act or the Specialized Mental Health Rehabilitation
14 Act of 2013; and adult chiropractic services.

15 (b) The Department shall place the following
16 limitations on services: (i) the Department shall limit
17 adult eyeglasses to one pair every 2 years; (ii) the
18 Department shall set an annual limit of a maximum of 20
19 visits for each of the following services: adult speech,
20 hearing, and language therapy services, adult occupational
21 therapy services, and physical therapy services; on or
22 after October 1, 2014, the annual maximum limit of 20
23 visits shall expire but the Department shall require prior

1 approval for all individuals for speech, hearing, and
2 language therapy services, occupational therapy services,
3 and physical therapy services; (iii) the Department shall
4 limit adult podiatry services to individuals with
5 diabetes; on or after October 1, 2014, podiatry services
6 shall not be limited to individuals with diabetes; (iv) the
7 Department shall pay for caesarean sections at the normal
8 vaginal delivery rate unless a caesarean section was
9 medically necessary; (v) the Department shall limit adult
10 dental services to emergencies; beginning July 1, 2013, the
11 Department shall ensure that the following conditions are
12 recognized as emergencies: (A) dental services necessary
13 for an individual in order for the individual to be cleared
14 for a medical procedure, such as a transplant; (B)
15 extractions and dentures necessary for a diabetic to
16 receive proper nutrition; (C) extractions and dentures
17 necessary as a result of cancer treatment; and (D) dental
18 services necessary for the health of a pregnant woman prior
19 to delivery of her baby; on or after July 1, 2014, adult
20 dental services shall no longer be limited to emergencies,
21 and dental services necessary for the health of a pregnant
22 woman prior to delivery of her baby shall continue to be
23 covered; and (vi) effective July 1, 2012, the Department
24 shall place limitations and require concurrent review on
25 every inpatient detoxification stay to prevent repeat
26 admissions to any hospital for detoxification within 60

1 days of a previous inpatient detoxification stay. The
2 Department shall convene a workgroup of hospitals,
3 substance abuse providers, care coordination entities,
4 managed care plans, and other stakeholders to develop
5 recommendations for quality standards, diversion to other
6 settings, and admission criteria for patients who need
7 inpatient detoxification, which shall be published on the
8 Department's website no later than September 1, 2013.

9 (c) The Department shall require prior approval of the
10 following services: wheelchair repairs costing more than
11 \$400, coronary artery bypass graft, and bariatric surgery
12 consistent with Medicare standards concerning patient
13 responsibility. Wheelchair repair prior approval requests
14 shall be adjudicated within one business day of receipt of
15 complete supporting documentation. Providers may not break
16 wheelchair repairs into separate claims for purposes of
17 staying under the \$400 threshold for requiring prior
18 approval. The wholesale price of manual and power
19 wheelchairs, durable medical equipment and supplies, and
20 complex rehabilitation technology products and services
21 shall be defined as actual acquisition cost including all
22 discounts.

23 (d) The Department shall establish benchmarks for
24 hospitals to measure and align payments to reduce
25 potentially preventable hospital readmissions, inpatient
26 complications, and unnecessary emergency room visits. In

1 doing so, the Department shall consider items, including,
2 but not limited to, historic and current acuity of care and
3 historic and current trends in readmission. The Department
4 shall publish provider-specific historical readmission
5 data and anticipated potentially preventable targets 60
6 days prior to the start of the program. In the instance of
7 readmissions, the Department shall adopt policies and
8 rates of reimbursement for services and other payments
9 provided under this Code to ensure that, by June 30, 2013,
10 expenditures to hospitals are reduced by, at a minimum,
11 \$40,000,000.

12 (e) The Department shall establish utilization
13 controls for the hospice program such that it shall not pay
14 for other care services when an individual is in hospice.

15 (f) For home health services, the Department shall
16 require Medicare certification of providers participating
17 in the program and implement the Medicare face-to-face
18 encounter rule. The Department shall require providers to
19 implement auditable electronic service verification based
20 on global positioning systems or other cost-effective
21 technology.

22 (g) For the Home Services Program operated by the
23 Department of Human Services and the Community Care Program
24 operated by the Department on Aging, the Department of
25 Human Services, in cooperation with the Department on
26 Aging, shall implement an electronic service verification

1 based on global positioning systems or other
2 cost-effective technology.

3 (h) Effective with inpatient hospital admissions on or
4 after July 1, 2012, the Department shall reduce the payment
5 for a claim that indicates the occurrence of a
6 provider-preventable condition during the admission as
7 specified by the Department in rules. The Department shall
8 not pay for services related to an other
9 provider-preventable condition.

10 As used in this subsection (h):

11 "Provider-preventable condition" means a health care
12 acquired condition as defined under the federal Medicaid
13 regulation found at 42 CFR 447.26 or an other
14 provider-preventable condition.

15 "Other provider-preventable condition" means a wrong
16 surgical or other invasive procedure performed on a
17 patient, a surgical or other invasive procedure performed
18 on the wrong body part, or a surgical procedure or other
19 invasive procedure performed on the wrong patient.

20 (i) The Department shall implement cost savings
21 initiatives for advanced imaging services, cardiac imaging
22 services, pain management services, and back surgery. Such
23 initiatives shall be designed to achieve annual costs
24 savings.

25 (j) The Department shall ensure that beneficiaries
26 with a diagnosis of epilepsy or seizure disorder in

1 Department records will not require prior approval for
2 anticonvulsants.

3 (k) The Department shall exempt sickle cell disease
4 treatment from any readmission restrictions or penalties
5 established under this Code or by rule.

6 (Source: P.A. 97-689, eff. 6-14-12; 98-104, Article 6, Section
7 6-240, eff. 7-22-13; 98-104, Article 9, Section 9-5, eff.
8 7-22-13; 98-651, eff. 6-16-14; 98-756, eff. 7-16-14.)