



HR1104

LRB100 22076 KTG 40319 r

1 HOUSE RESOLUTION

2 WHEREAS, Over 3 million low-income children, pregnant
3 women, adults, seniors, and people with disabilities are
4 currently enrolled in the Illinois Medical Assistance Program
5 (Medicaid) administered by the Department of Healthcare and
6 Family Services; and

7 WHEREAS, In Fiscal Year 2016, State spending on Medicaid
8 services reached over \$19 billion; and

9 WHEREAS, It is estimated that 10% of all Medicaid claims
10 made to the Department of Healthcare and Family Services are
11 fraudulent accounting for an annual loss of \$2 billion in State
12 moneys; and

13 WHEREAS, Most Medicaid fraud is committed by doctors,
14 nurses, pharmacists, and other medical providers who submit
15 false claims or employ fraudulent schemes to obtain Medicaid
16 funds, including billing for services not rendered, billing
17 duplicate times for one service, falsifying a diagnosis,
18 billing for a more costly service than performed, accepting
19 kickbacks for patient referrals, billing for a covered service
20 when a noncovered service was provided, ordering excessive or
21 inappropriate tests, prescribing medicines that are not
22 medically necessary or for use by people other than the
23 patient, or billing related tests or procedures as individual

1 visits to drive up the total cost; and

2 WHEREAS, Medicaid fraud and abuse divert State and federal
3 funding from legitimate health care services, increase State
4 health care costs, and expose persons eligible for Medicaid
5 services to unnecessary and potentially harmful medical
6 procedures; and

7 WHEREAS, Illinois has a vested interest in preventing
8 Medicaid provider fraud in order to safeguard the integrity of
9 the Illinois Medical Assistance Program, contain health care
10 costs, and ensure that persons eligible for medical assistance
11 have access to high quality health care; therefore, be it

12 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE
13 HUNDREDTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we
14 urge the Department of Healthcare and Family Services to take a
15 more aggressive approach to preventing and detecting provider
16 fraud and abuse under the Illinois Medical Assistance Program
17 by identifying and eliminating program deficiencies that
18 enable Medicaid providers to overbill and falsify Medicaid
19 claims, including billing for services not rendered, charging
20 more than the fair-market value for covered services, and
21 admitting Medicaid beneficiaries for inappropriate hospital
22 stays; and be it further

1 RESOLVED, That a suitable copy of this resolution be
2 delivered to the Director of the Department of Healthcare and
3 Family Services.