



Rep. Lamont J. Robinson, Jr.

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10200HB1408ham001

LRB102 03424 KTG 37759 a

1 AMENDMENT TO HOUSE BILL 1408

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 1408 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by  
5 adding Sections 5-45 and 5F-50 as follows:

6 (305 ILCS 5/5-45 new)

7 Sec. 5-45. Complex rehabilitation technology products; fee  
8 schedule; billing modifier; repair coverage.

9 (a) The Department shall update its fee schedule for  
10 complex rehabilitation technology products and associated  
11 services to 100% of Medicare (2022) rural rates for such  
12 products and services.

13 (b) Notwithstanding any other provision of law, for claims  
14 submitted by providers of complex rehabilitation technology  
15 products and associated services the Department shall  
16 implement use of the "KU" modifier and associated Medicare

1 payment rates in accordance with Section 106 of Subtitle A of  
2 Title I of Division N of the Further Consolidated  
3 Appropriations Act, 2020 (Public Law 116-94).

4 (c) Notwithstanding any other provision of law, the  
5 Department shall reimburse providers of complex rehabilitation  
6 technology services and associated services for the full  
7 amount of time required to complete any repairs made to any  
8 device or equipment authorized by the Department for a  
9 recipient of medical assistance.

10 (305 ILCS 5/5F-50 new)

11 Sec. 5F-50. Health equity. The Department shall ensure  
12 that entities selected to participate in the Medicare-Medicaid  
13 Alignment Initiative Demonstration Project include managed  
14 care organizations that:

15 (1) help resolve the gap in health equity;

16 (2) are minority-led and entrust patient care to  
17 providers who are connected to the communities they serve;

18 (3) are headquartered in Illinois, support homegrown  
19 businesses, and keep innovation and economic opportunity  
20 within Illinois;

21 (4) have a representation of Black or Hispanic staff  
22 members that is 50% or greater and create new jobs and spur  
23 economic activity in marginalized minority communities;

24 (5) are disproportionately serving the needs of  
25 marginalized minority and low-income Medicare

1 beneficiaries with:

2 (i) a representation of Black or Hispanic Medicare  
3 members that is 50% or greater; and

4 (ii) a representation of Low-Income Subsidy  
5 Medicare members that is 50% or greater; and

6 (6) have made an impact around at least 3 of the 6  
7 high-impact priority areas listed in the Centers for  
8 Medicare and Medicaid Services' Equity Plan For Improving  
9 Quality in Medicare (September 2015):

10 (i) PRIORITY 1: Expand the collection, reporting,  
11 and analysis of standardized data.

12 (ii) PRIORITY 2: Evaluate disparities impacts and  
13 integrate equity solutions across CMS programs.

14 (iii) PRIORITY 3: Develop and disseminate  
15 promising approaches to reduce health disparities.

16 (iv) PRIORITY 4: Increase the ability of the  
17 health care workforce to meet the needs of vulnerable  
18 populations.

19 (v) PRIORITY 5: Improve communication and language  
20 access for individuals with limited English  
21 proficiency and persons with disabilities.

22 (vi) PRIORITY 6: Increase physical accessibility  
23 of health care facilities."