

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The State Employees Group Insurance Act of 1971  
5 is amended by changing Section 6.11 as follows:

6 (5 ILCS 375/6.11)

7 Sec. 6.11. Required health benefits; Illinois Insurance  
8 Code requirements. The program of health benefits shall provide  
9 the post-mastectomy care benefits required to be covered by a  
10 policy of accident and health insurance under Section 356t of  
11 the Illinois Insurance Code. The program of health benefits  
12 shall provide the coverage required under Sections 356u, 356w,  
13 356x, 356z.2, 356z.4, ~~and~~ 356z.6, and 356z.9 of the Illinois  
14 Insurance Code. The program of health benefits must comply with  
15 Section 155.37 of the Illinois Insurance Code.

16 (Source: P.A. 92-440, eff. 8-17-01; 92-764, eff. 1-1-03;  
17 93-102, eff. 1-1-04; 93-853, eff. 1-1-05.)

18 Section 10. The Counties Code is amended by changing  
19 Section 5-1069.3 as follows:

20 (55 ILCS 5/5-1069.3)

21 Sec. 5-1069.3. Required health benefits. If a county,

1 including a home rule county, is a self-insurer for purposes of  
2 providing health insurance coverage for its employees, the  
3 coverage shall include coverage for the post-mastectomy care  
4 benefits required to be covered by a policy of accident and  
5 health insurance under Section 356t and the coverage required  
6 under Sections 356u, 356w, 356x, ~~and~~ 356z.6, and 356z.9 of the  
7 Illinois Insurance Code. The requirement that health benefits  
8 be covered as provided in this Section is an exclusive power  
9 and function of the State and is a denial and limitation under  
10 Article VII, Section 6, subsection (h) of the Illinois  
11 Constitution. A home rule county to which this Section applies  
12 must comply with every provision of this Section.

13 (Source: P.A. 93-853, eff. 1-1-05.)

14 Section 15. The Illinois Municipal Code is amended by  
15 changing Section 10-4-2.3 as follows:

16 (65 ILCS 5/10-4-2.3)

17 Sec. 10-4-2.3. Required health benefits. If a  
18 municipality, including a home rule municipality, is a  
19 self-insurer for purposes of providing health insurance  
20 coverage for its employees, the coverage shall include coverage  
21 for the post-mastectomy care benefits required to be covered by  
22 a policy of accident and health insurance under Section 356t  
23 and the coverage required under Sections 356u, 356w, 356x, ~~and~~  
24 356z.6, and 356z.9 of the Illinois Insurance Code. The

1 requirement that health benefits be covered as provided in this  
2 is an exclusive power and function of the State and is a denial  
3 and limitation under Article VII, Section 6, subsection (h) of  
4 the Illinois Constitution. A home rule municipality to which  
5 this Section applies must comply with every provision of this  
6 Section.

7 (Source: P.A. 93-853, eff. 1-1-05.)

8 Section 20. The Illinois Insurance Code is amended by  
9 adding Section 356z.9 as follows:

10 (215 ILCS 5/356z.9 new)

11 Sec. 356z.9. Amino acid-based elemental formulas.

12 A group or individual major medical accident and health  
13 insurance policy or managed care plan amended, delivered,  
14 issued, or renewed after the effective date of this amendatory  
15 Act of the 95th General Assembly must provide coverage and  
16 reimbursement for amino acid-based elemental formulas,  
17 regardless of delivery method, for the diagnosis and treatment  
18 of (i) eosinophilic disorders and (ii) short bowel syndrome  
19 when the prescribing physician has issued a written order  
20 stating that the amino acid-based elemental formula is  
21 medically necessary.

22 Section 25. The Health Maintenance Organization Act is  
23 amended by changing Section 5-3 as follows:

1 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

2 Sec. 5-3. Insurance Code provisions.

3 (a) Health Maintenance Organizations shall be subject to  
4 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,  
5 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,  
6 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,  
7 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 364.01,  
8 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401,  
9 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,  
10 paragraph (c) of subsection (2) of Section 367, and Articles  
11 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of  
12 the Illinois Insurance Code.

13 (b) For purposes of the Illinois Insurance Code, except for  
14 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health  
15 Maintenance Organizations in the following categories are  
16 deemed to be "domestic companies":

17 (1) a corporation authorized under the Dental Service  
18 Plan Act or the Voluntary Health Services Plans Act;

19 (2) a corporation organized under the laws of this  
20 State; or

21 (3) a corporation organized under the laws of another  
22 state, 30% or more of the enrollees of which are residents  
23 of this State, except a corporation subject to  
24 substantially the same requirements in its state of  
25 organization as is a "domestic company" under Article VIII

1           1/2 of the Illinois Insurance Code.

2           (c) In considering the merger, consolidation, or other  
3 acquisition of control of a Health Maintenance Organization  
4 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

5                 (1) the Director shall give primary consideration to  
6 the continuation of benefits to enrollees and the financial  
7 conditions of the acquired Health Maintenance Organization  
8 after the merger, consolidation, or other acquisition of  
9 control takes effect;

10                (2) (i) the criteria specified in subsection (1) (b) of  
11 Section 131.8 of the Illinois Insurance Code shall not  
12 apply and (ii) the Director, in making his determination  
13 with respect to the merger, consolidation, or other  
14 acquisition of control, need not take into account the  
15 effect on competition of the merger, consolidation, or  
16 other acquisition of control;

17                (3) the Director shall have the power to require the  
18 following information:

19                   (A) certification by an independent actuary of the  
20 adequacy of the reserves of the Health Maintenance  
21 Organization sought to be acquired;

22                   (B) pro forma financial statements reflecting the  
23 combined balance sheets of the acquiring company and  
24 the Health Maintenance Organization sought to be  
25 acquired as of the end of the preceding year and as of  
26 a date 90 days prior to the acquisition, as well as pro

1           forma financial statements reflecting projected  
2           combined operation for a period of 2 years;

3           (C) a pro forma business plan detailing an  
4           acquiring party's plans with respect to the operation  
5           of the Health Maintenance Organization sought to be  
6           acquired for a period of not less than 3 years; and

7           (D) such other information as the Director shall  
8           require.

9           (d) The provisions of Article VIII 1/2 of the Illinois  
10          Insurance Code and this Section 5-3 shall apply to the sale by  
11          any health maintenance organization of greater than 10% of its  
12          enrollee population (including without limitation the health  
13          maintenance organization's right, title, and interest in and to  
14          its health care certificates).

15          (e) In considering any management contract or service  
16          agreement subject to Section 141.1 of the Illinois Insurance  
17          Code, the Director (i) shall, in addition to the criteria  
18          specified in Section 141.2 of the Illinois Insurance Code, take  
19          into account the effect of the management contract or service  
20          agreement on the continuation of benefits to enrollees and the  
21          financial condition of the health maintenance organization to  
22          be managed or serviced, and (ii) need not take into account the  
23          effect of the management contract or service agreement on  
24          competition.

25          (f) Except for small employer groups as defined in the  
26          Small Employer Rating, Renewability and Portability Health

1 Insurance Act and except for medicare supplement policies as  
2 defined in Section 363 of the Illinois Insurance Code, a Health  
3 Maintenance Organization may by contract agree with a group or  
4 other enrollment unit to effect refunds or charge additional  
5 premiums under the following terms and conditions:

6 (i) the amount of, and other terms and conditions with  
7 respect to, the refund or additional premium are set forth  
8 in the group or enrollment unit contract agreed in advance  
9 of the period for which a refund is to be paid or  
10 additional premium is to be charged (which period shall not  
11 be less than one year); and

12 (ii) the amount of the refund or additional premium  
13 shall not exceed 20% of the Health Maintenance  
14 Organization's profitable or unprofitable experience with  
15 respect to the group or other enrollment unit for the  
16 period (and, for purposes of a refund or additional  
17 premium, the profitable or unprofitable experience shall  
18 be calculated taking into account a pro rata share of the  
19 Health Maintenance Organization's administrative and  
20 marketing expenses, but shall not include any refund to be  
21 made or additional premium to be paid pursuant to this  
22 subsection (f)). The Health Maintenance Organization and  
23 the group or enrollment unit may agree that the profitable  
24 or unprofitable experience may be calculated taking into  
25 account the refund period and the immediately preceding 2  
26 plan years.

1           The Health Maintenance Organization shall include a  
2 statement in the evidence of coverage issued to each enrollee  
3 describing the possibility of a refund or additional premium,  
4 and upon request of any group or enrollment unit, provide to  
5 the group or enrollment unit a description of the method used  
6 to calculate (1) the Health Maintenance Organization's  
7 profitable experience with respect to the group or enrollment  
8 unit and the resulting refund to the group or enrollment unit  
9 or (2) the Health Maintenance Organization's unprofitable  
10 experience with respect to the group or enrollment unit and the  
11 resulting additional premium to be paid by the group or  
12 enrollment unit.

13           In no event shall the Illinois Health Maintenance  
14 Organization Guaranty Association be liable to pay any  
15 contractual obligation of an insolvent organization to pay any  
16 refund authorized under this Section.

17           (Source: P.A. 93-102, eff. 1-1-04; 93-261, eff. 1-1-04; 93-477,  
18 eff. 8-8-03; 93-529, eff. 8-14-03; 93-853, eff. 1-1-05;  
19 93-1000, eff. 1-1-05; 94-906, eff. 1-1-07; 94-1076, eff.  
20 12-29-06; revised 1-5-07.)

21           Section 30. The Limited Health Service Organization Act is  
22 amended by changing Section 4003 as follows:

23           (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

24           Sec. 4003. Illinois Insurance Code provisions. Limited



1 health service organizations shall be subject to the provisions  
2 of Sections 133, 134, 137, 140, 141.1, 141.2, 141.3, 143, 143c,  
3 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6, 154.7, 154.8,  
4 155.04, 155.37, 355.2, 356v, 356z.9, 368a, 401, 401.1, 402,  
5 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles  
6 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of  
7 the Illinois Insurance Code. For purposes of the Illinois  
8 Insurance Code, except for Sections 444 and 444.1 and Articles  
9 XIII and XIII 1/2, limited health service organizations in the  
10 following categories are deemed to be domestic companies:

11 (1) a corporation under the laws of this State; or

12 (2) a corporation organized under the laws of another  
13 state, 30% of more of the enrollees of which are residents  
14 of this State, except a corporation subject to  
15 substantially the same requirements in its state of  
16 organization as is a domestic company under Article VIII  
17 1/2 of the Illinois Insurance Code.

18 (Source: P.A. 91-549, eff. 8-14-99; 91-605, eff. 12-14-99;  
19 91-788, eff. 6-9-00; 92-440, eff. 8-17-01.)

20 Section 35. The Voluntary Health Services Plans Act is  
21 amended by changing Section 10 as follows:

22 (215 ILCS 165/10) (from Ch. 32, par. 604)

23 Sec. 10. Application of Insurance Code provisions. Health  
24 services plan corporations and all persons interested therein

1 or dealing therewith shall be subject to the provisions of  
2 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,  
3 149, 155.37, 354, 355.2, 356r, 356t, 356u, 356v, 356w, 356x,  
4 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,  
5 364.01, 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2,  
6 and 412, and paragraphs (7) and (15) of Section 367 of the  
7 Illinois Insurance Code.

8 (Source: P.A. 93-102, eff. 1-1-04; 93-529, eff. 8-14-03;  
9 93-853, eff. 1-1-05; 93-1000, eff. 1-1-05; 94-1076, eff.  
10 12-29-06.)

11 Section 40. The Illinois Public Aid Code is amended by  
12 changing Section 5-5 as follows:

13 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

14 Sec. 5-5. Medical services. The Illinois Department, by  
15 rule, shall determine the quantity and quality of and the rate  
16 of reimbursement for the medical assistance for which payment  
17 will be authorized, and the medical services to be provided,  
18 which may include all or part of the following: (1) inpatient  
19 hospital services; (2) outpatient hospital services; (3) other  
20 laboratory and X-ray services; (4) skilled nursing home  
21 services; (5) physicians' services whether furnished in the  
22 office, the patient's home, a hospital, a skilled nursing home,  
23 or elsewhere; (6) medical care, or any other type of remedial  
24 care furnished by licensed practitioners; (7) home health care

1 services; (8) private duty nursing service; (9) clinic  
2 services; (10) dental services, including prevention and  
3 treatment of periodontal disease and dental caries disease for  
4 pregnant women; (11) physical therapy and related services;  
5 (12) prescribed drugs, dentures, and prosthetic devices; and  
6 eyeglasses prescribed by a physician skilled in the diseases of  
7 the eye, or by an optometrist, whichever the person may select;  
8 (13) other diagnostic, screening, preventive, and  
9 rehabilitative services; (14) transportation and such other  
10 expenses as may be necessary; (15) medical treatment of sexual  
11 assault survivors, as defined in Section 1a of the Sexual  
12 Assault Survivors Emergency Treatment Act, for injuries  
13 sustained as a result of the sexual assault, including  
14 examinations and laboratory tests to discover evidence which  
15 may be used in criminal proceedings arising from the sexual  
16 assault; (16) the diagnosis and treatment of sickle cell  
17 anemia; and (17) any other medical care, and any other type of  
18 remedial care recognized under the laws of this State, but not  
19 including abortions, or induced miscarriages or premature  
20 births, unless, in the opinion of a physician, such procedures  
21 are necessary for the preservation of the life of the woman  
22 seeking such treatment, or except an induced premature birth  
23 intended to produce a live viable child and such procedure is  
24 necessary for the health of the mother or her unborn child. The  
25 Illinois Department, by rule, shall prohibit any physician from  
26 providing medical assistance to anyone eligible therefor under

1 this Code where such physician has been found guilty of  
2 performing an abortion procedure in a wilful and wanton manner  
3 upon a woman who was not pregnant at the time such abortion  
4 procedure was performed. The term "any other type of remedial  
5 care" shall include nursing care and nursing home service for  
6 persons who rely on treatment by spiritual means alone through  
7 prayer for healing.

8 Notwithstanding any other provision of this Section, a  
9 comprehensive tobacco use cessation program that includes  
10 purchasing prescription drugs or prescription medical devices  
11 approved by the Food and Drug administration shall be covered  
12 under the medical assistance program under this Article for  
13 persons who are otherwise eligible for assistance under this  
14 Article.

15 Notwithstanding any other provision of this Code, the  
16 Illinois Department may not require, as a condition of payment  
17 for any laboratory test authorized under this Article, that a  
18 physician's handwritten signature appear on the laboratory  
19 test order form. The Illinois Department may, however, impose  
20 other appropriate requirements regarding laboratory test order  
21 documentation.

22 The ~~Illinois~~ Department of Healthcare and Family Services  
23 ~~Public Aid~~ shall provide the following services to persons  
24 eligible for assistance under this Article who are  
25 participating in education, training or employment programs  
26 operated by the Department of Human Services as successor to

1 the Department of Public Aid:

2 (1) dental services, which shall include but not be  
3 limited to prosthodontics; and

4 (2) eyeglasses prescribed by a physician skilled in the  
5 diseases of the eye, or by an optometrist, whichever the  
6 person may select.

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

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

17 The Illinois Department shall authorize the provision of,  
18 and shall authorize payment for, screening by low-dose  
19 mammography for the presence of occult breast cancer for women  
20 35 years of age or older who are eligible for medical  
21 assistance under this Article, as follows: a baseline mammogram  
22 for women 35 to 39 years of age and an annual mammogram for  
23 women 40 years of age or older. All screenings shall include a  
24 physical breast exam, instruction on self-examination and  
25 information regarding the frequency of self-examination and  
26 its value as a preventative tool. As used in this Section,

1 "low-dose mammography" means the x-ray examination of the  
2 breast using equipment dedicated specifically for mammography,  
3 including the x-ray tube, filter, compression device, image  
4 receptor, and cassettes, with an average radiation exposure  
5 delivery of less than one rad mid-breast, with 2 views for each  
6 breast.

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

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

1           The Illinois Department, in cooperation with the  
2 Departments of Human Services (as successor to the Department  
3 of Alcoholism and Substance Abuse) and Public Health, through a  
4 public awareness campaign, may provide information concerning  
5 treatment for alcoholism and drug abuse and addiction, prenatal  
6 health care, and other pertinent programs directed at reducing  
7 the number of drug-affected infants born to recipients of  
8 medical assistance.

9           Neither the ~~Illinois~~ Department of Healthcare and Family  
10 Services ~~Public Aid~~ nor the Department of Human Services shall  
11 sanction the recipient solely on the basis of her substance  
12 abuse.

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

22           The Illinois Department may develop and contract with  
23 Partnerships of medical providers to arrange medical services  
24 for persons eligible under Section 5-2 of this Code.  
25 Implementation of this Section may be by demonstration projects  
26 in certain geographic areas. The Partnership shall be

1 represented by a sponsor organization. The Department, by rule,  
2 shall develop qualifications for sponsors of Partnerships.  
3 Nothing in this Section shall be construed to require that the  
4 sponsor organization be a medical organization.

5 The sponsor must negotiate formal written contracts with  
6 medical providers for physician services, inpatient and  
7 outpatient hospital care, home health services, treatment for  
8 alcoholism and substance abuse, and other services determined  
9 necessary by the Illinois Department by rule for delivery by  
10 Partnerships. Physician services must include prenatal and  
11 obstetrical care. The Illinois Department shall reimburse  
12 medical services delivered by Partnership providers to clients  
13 in target areas according to provisions of this Article and the  
14 Illinois Health Finance Reform Act, except that:

15 (1) Physicians participating in a Partnership and  
16 providing certain services, which shall be determined by  
17 the Illinois Department, to persons in areas covered by the  
18 Partnership may receive an additional surcharge for such  
19 services.

20 (2) The Department may elect to consider and negotiate  
21 financial incentives to encourage the development of  
22 Partnerships and the efficient delivery of medical care.

23 (3) Persons receiving medical services through  
24 Partnerships may receive medical and case management  
25 services above the level usually offered through the  
26 medical assistance program.



1 Medical providers shall be required to meet certain  
2 qualifications to participate in Partnerships to ensure the  
3 delivery of high quality medical services. These  
4 qualifications shall be determined by rule of the Illinois  
5 Department and may be higher than qualifications for  
6 participation in the medical assistance program. Partnership  
7 sponsors may prescribe reasonable additional qualifications  
8 for participation by medical providers, only with the prior  
9 written approval of the Illinois Department.

10 Nothing in this Section shall limit the free choice of  
11 practitioners, hospitals, and other providers of medical  
12 services by clients. In order to ensure patient freedom of  
13 choice, the Illinois Department shall immediately promulgate  
14 all rules and take all other necessary actions so that provided  
15 services may be accessed from therapeutically certified  
16 optometrists to the full extent of the Illinois Optometric  
17 Practice Act of 1987 without discriminating between service  
18 providers.

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

22 The Illinois Department shall require health care  
23 providers to maintain records that document the medical care  
24 and services provided to recipients of Medical Assistance under  
25 this Article. The Illinois Department shall require health care  
26 providers to make available, when authorized by the patient, in

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

1 list on a quarterly basis, except that the acquisition costs of  
2 all prescription drugs shall be updated no less frequently than  
3 every 30 days as required by Section 5-5.12.

4 The rules and regulations of the Illinois Department shall  
5 require that a written statement including the required opinion  
6 of a physician shall accompany any claim for reimbursement for  
7 abortions, or induced miscarriages or premature births. This  
8 statement shall indicate what procedures were used in providing  
9 such medical services.

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

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

1 Enrollment of a vendor that provides non-emergency medical  
2 transportation, defined by the Department by rule, shall be  
3 conditional for 180 days. During that time, the Department of  
4 Healthcare and Family Services ~~Public Aid~~ may terminate the  
5 vendor's eligibility to participate in the medical assistance  
6 program without cause. That termination of eligibility is not  
7 subject to the Department's hearing process.

8 The Illinois Department shall establish policies,  
9 procedures, standards and criteria by rule for the acquisition,  
10 repair and replacement of orthotic and prosthetic devices and  
11 durable medical equipment. Such rules shall provide, but not be  
12 limited to, the following services: (1) immediate repair or  
13 replacement of such devices by recipients without medical  
14 authorization; and (2) rental, lease, purchase or  
15 lease-purchase of durable medical equipment in a  
16 cost-effective manner, taking into consideration the  
17 recipient's medical prognosis, the extent of the recipient's  
18 needs, and the requirements and costs for maintaining such  
19 equipment. Such rules shall enable a recipient to temporarily  
20 acquire and use alternative or substitute devices or equipment  
21 pending repairs or replacements of any device or equipment  
22 previously authorized for such recipient by the Department.

23 The Department shall execute, relative to the nursing home  
24 prescreening project, written inter-agency agreements with the  
25 Department of Human Services and the Department on Aging, to  
26 effect the following: (i) intake procedures and common

1 eligibility criteria for those persons who are receiving  
2 non-institutional services; and (ii) the establishment and  
3 development of non-institutional services in areas of the State  
4 where they are not currently available or are undeveloped.

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

12 The Illinois Department shall report annually to the  
13 General Assembly, no later than the second Friday in April of  
14 1979 and each year thereafter, in regard to:

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

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

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

21 (d) efforts at utilization review and control by the  
22 Illinois Department.

23 The period covered by each report shall be the 3 years  
24 ending on the June 30 prior to the report. The report shall  
25 include suggested legislation for consideration by the General  
26 Assembly. The filing of one copy of the report with the

1 Speaker, one copy with the Minority Leader and one copy with  
2 the Clerk of the House of Representatives, one copy with the  
3 President, one copy with the Minority Leader and one copy with  
4 the Secretary of the Senate, one copy with the Legislative  
5 Research Unit, and such additional copies with the State  
6 Government Report Distribution Center for the General Assembly  
7 as is required under paragraph (t) of Section 7 of the State  
8 Library Act shall be deemed sufficient to comply with this  
9 Section.

10 (Source: P.A. 92-16, eff. 6-28-01; 92-651, eff. 7-11-02;  
11 92-789, eff. 8-6-02; 93-632, eff. 2-1-04; 93-841, eff. 7-30-04;  
12 93-981, eff. 8-23-04; revised 12-15-05.)

13 Section 99. Effective date. This Act takes effect upon  
14 becoming law.