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1 AMENDMENT TO HOUSE BILL 5331

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 5331 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by  
5 changing Sections 5-4.2 and 5-5 as follows:

6 (305 ILCS 5/5-4.2) (from Ch. 23, par. 5-4.2)

7 Sec. 5-4.2. Ground ambulance ~~Ambulance~~ services payments.

8 (a) For purposes of this Section, the following terms have  
9 the following meanings:

10 "Department" means the Illinois Department of Healthcare  
11 and Family Services.

12 "Ground ambulance services" means medical transportation  
13 services that are described as ground ambulance services by the  
14 Centers for Medicare and Medicaid Services and provided in a  
15 vehicle that is licensed as an ambulance by the Illinois  
16 Department of Public Health pursuant to the Emergency Medical

1 Services (EMS) Systems Act.

2 "Ground ambulance services provider" means a vehicle  
3 service provider as described in the Emergency Medical Services  
4 (EMS) Systems Act that operates licensed ambulances for the  
5 purpose of providing emergency ambulance services, or  
6 non-emergency ambulance services, or both. For purposes of this  
7 Section, this includes both ambulance providers and ambulance  
8 suppliers as described by the Centers for Medicare and Medicaid  
9 Services.

10 "Rural county" means: any county not located in a U.S.  
11 Bureau of the Census Metropolitan Statistical Area (MSA); or  
12 any county located within a U.S. Bureau of the Census  
13 Metropolitan Statistical Area but having a population of 60,000  
14 or less.

15 (b) It is the intent of the General Assembly to provide for  
16 the payment for ground ambulance services as part of the State  
17 Medicaid plan and to provide adequate payment for ground  
18 ambulance services under the State Medicaid plan so as to  
19 ensure adequate access to ground ambulance services for both  
20 recipients of aid under this Article and for the general  
21 population of Illinois. Unless otherwise indicated in this  
22 Section, the practices of the Department concerning payments  
23 for ground ambulance services provided to recipients of aid  
24 under this Article shall be consistent with the payment  
25 principles of Medicare, including the statutes, regulations,  
26 policies, procedures, principles, definitions, guidelines,

1 coding systems, including the ambulance condition coding  
2 system, and manuals used by the Centers for Medicare and  
3 Medicaid Services and the Medicare Part B Carrier or the  
4 Medicare Administrative Contractor for the State of Illinois to  
5 determine the payment system to ground ambulance services  
6 providers under Title XVIII of the Social Security Act.

7 (c) For ground ambulance services provided to a recipient  
8 of aid under this Article on or after July 1, 2010, the  
9 Department shall provide payment to ground ambulance services  
10 providers for base charges and mileage charges based upon the  
11 lesser of the provider's charge, as reflected on the provider's  
12 claim form, or the Illinois Medicaid Ambulance Fee Schedule  
13 payment rates calculated in accordance with this Section.

14 Effective July 1, 2010, the Illinois Medicaid Ambulance Fee  
15 Schedule shall be established and shall include only the ground  
16 ambulance services payment rates outlined in the Medicare  
17 Ambulance Fee Schedule as promulgated by the Centers for  
18 Medicare and Medicaid Services in effect as of July 1, 2010 and  
19 adjusted for the 4 Medicare Localities in Illinois, with an  
20 adjustment of 100% of the Medicare Ambulance Fee Schedule  
21 payment rates, by Medicare Locality, for both base rates and  
22 mileage for rural counties, and an adjustment of 80% of the  
23 Medicare Ambulance Fee Schedule payment rates, by Medicare  
24 Locality, for both base rates and mileage for all other  
25 counties. The transition from the current payment system to the  
26 Illinois Medicaid Ambulance Fee Schedule shall be by a 2-year

1 phase-in as follows:

2 (1) Effective for dates of service from July 1, 2010  
3 through June 30, 2011, for each individual base rate and  
4 mileage rate, the payment rate for ground ambulance  
5 services shall be based on 50% of the Medicaid payment rate  
6 in effect as of January 1, 2010 and 50% of the Illinois  
7 Medicaid Ambulance Fee Schedule amount in effect on July 1,  
8 2010 for the designated Medicare Locality, except that any  
9 payment rate that was previously approved by the Department  
10 that exceeds this amount shall remain in force.

11 (2) Effective for dates of service on or after July 1,  
12 2011, for each individual base rate and mileage rate, the  
13 payment rate for ground ambulance services shall be based  
14 on 100% of the Illinois Medicaid Ambulance Fee Schedule  
15 amount in effect on July 1, 2011 for the designated  
16 Medicare Locality, except that any payment rate that was  
17 previously approved by the Department that exceeds this  
18 amount shall remain in force.

19 Effective for dates of service on or after July 1, 2011,  
20 the Department shall update the Illinois Medicaid Ambulance Fee  
21 Schedule payment rates so that they comply with the Medicare  
22 Ambulance Fee Schedule payment rates for ground ambulance  
23 services in effect at the time of the update, in the manner  
24 prescribed in the second paragraph of this subsection (c).

25 (d) Payment for mileage shall be per loaded mile with no  
26 loaded mileage included in the base rate. If a natural

1 disaster, weather, road repairs, traffic congestion, or other  
2 conditions necessitate a route other than the most direct  
3 route, payment shall be based upon the actual distance  
4 traveled. Notwithstanding the payment principles in subsection  
5 (b) of this Section, the Department shall develop the Illinois  
6 Medicaid Ambulance Fee Schedule using the ground mileage  
7 payment rate, as defined by the Centers for Medicare and  
8 Medicaid Services, and no other mileage rates which act as  
9 enhancements to the ground mileage rate, whether permanent or  
10 temporary, shall be recognized by the Department. When a ground  
11 ambulance services provider provides transport pursuant to an  
12 emergency call as defined by the Centers for Medicare and  
13 Medicaid Services, no reduction in the mileage payment shall be  
14 made based upon the fact that a closer facility may have been  
15 available, so long as the ground ambulance services provider  
16 provided transport to the recipient's facility of choice within  
17 the scope of the Illinois Emergency Medical Services (EMS)  
18 Systems Act and associated rules and the policies and  
19 procedures of the EMS System of which the provider is a member.

20 (e) The Department shall provide payment for emergency  
21 ground ambulance services provided to a recipient of aid under  
22 this Article according to the requirements provided in  
23 subsection (b) of this Section when those services are provided  
24 pursuant to a request made through a 9-1-1 or equivalent  
25 emergency telephone number for evaluation, treatment, and  
26 transport from or on behalf of an individual with a condition

1 of such a nature that a prudent layperson would have reasonably  
2 expected that a delay in seeking immediate medical attention  
3 would have been hazardous to life or health. This standard is  
4 deemed to be met if there is an emergency medical condition  
5 manifesting itself by acute symptoms of sufficient severity,  
6 including but not limited to severe pain, such that a prudent  
7 layperson who possesses an average knowledge of medicine and  
8 health can reasonably expect that the absence of immediate  
9 medical attention could result in placing the health of the  
10 individual or, with respect to a pregnant woman, the health of  
11 the woman or her unborn child, in serious jeopardy, cause  
12 serious impairment to bodily functions, or cause serious  
13 dysfunction of any bodily organ or part.

14 (f) For ground ambulance services provided to a recipient  
15 enrolled in a Medicaid managed care plan by a ground ambulance  
16 services provider that is not a contracted provider to the  
17 Medicaid managed care plan in question, the amount of the  
18 payment for ground ambulance services by the Medicaid managed  
19 care plan shall be the lesser of the provider's charge, as  
20 reflected on the provider's claim form, or the Illinois  
21 Medicaid Ambulance Fee Schedule payment rates calculated in  
22 accordance with this Section.

23 (g) Nothing in this Section prohibits the Department from  
24 setting payment rates for out-of-State ground ambulance  
25 services providers by administrative rule.

26 (h) Effective for dates of service on or after July 1,

1 2010, payments for stretcher van services provided by ground  
2 ambulance services providers shall be as follows:

3 (1) For each individual base rate, the amount of the  
4 payment shall be the lesser of the provider's charge, as  
5 reflected on the provider's claim form, or 80% of the  
6 Illinois Medicaid Ambulance Fee Schedule payment rate for  
7 the basic life support non-emergency base rate.

8 (2) For each loaded mile, the amount of the payment  
9 shall be the lesser of the provider's charge, as reflected  
10 on the provider's claim form, or 80% of the Illinois  
11 Medicaid Ambulance Fee Schedule payment rate for mileage.

12 ~~For ambulance services provided to a recipient of aid under~~  
13 ~~this Article on or after January 1, 1993, the Illinois~~  
14 ~~Department shall reimburse ambulance service providers at~~  
15 ~~rates calculated in accordance with this Section. It is the~~  
16 ~~intent of the General Assembly to provide adequate~~  
17 ~~reimbursement for ambulance services so as to ensure adequate~~  
18 ~~access to services for recipients of aid under this Article and~~  
19 ~~to provide appropriate incentives to ambulance service~~  
20 ~~providers to provide services in an efficient and~~  
21 ~~cost-effective manner. Thus, it is the intent of the General~~  
22 ~~Assembly that the Illinois Department implement a~~  
23 ~~reimbursement system for ambulance services that, to the extent~~  
24 ~~practicable and subject to the availability of funds~~  
25 ~~appropriated by the General Assembly for this purpose, is~~  
26 ~~consistent with the payment principles of Medicare. To ensure~~

1 ~~uniformity between the payment principles of Medicare and~~  
2 ~~Medicaid, the Illinois Department shall follow, to the extent~~  
3 ~~necessary and practicable and subject to the availability of~~  
4 ~~funds appropriated by the General Assembly for this purpose,~~  
5 ~~the statutes, laws, regulations, policies, procedures,~~  
6 ~~principles, definitions, guidelines, and manuals used to~~  
7 ~~determine the amounts paid to ambulance service providers under~~  
8 ~~Title XVIII of the Social Security Act (Medicare).~~

9 ~~For ambulance services provided to a recipient of aid under~~  
10 ~~this Article on or after January 1, 1996, the Illinois~~  
11 ~~Department shall reimburse ambulance service providers based~~  
12 ~~upon the actual distance traveled if a natural disaster,~~  
13 ~~weather conditions, road repairs, or traffic congestion~~  
14 ~~necessitates the use of a route other than the most direct~~  
15 ~~route.~~

16 ~~For purposes of this Section, "ambulance services"~~  
17 ~~includes medical transportation services provided by means of~~  
18 ~~an ambulance, medi car, service car, or taxi.~~

19 ~~This Section does not prohibit separate billing by~~  
20 ~~ambulance service providers for oxygen furnished while~~  
21 ~~providing advanced life support services.~~

22 (i) Beginning with services rendered on or after July 1,  
23 2008, all providers of non-emergency medi-car and service car  
24 transportation must certify that the driver and employee  
25 attendant, as applicable, have completed a safety program  
26 approved by the Department to protect both the patient and the



1 driver, prior to transporting a patient. The provider must  
2 maintain this certification in its records. The provider shall  
3 produce such documentation upon demand by the Department or its  
4 representative. Failure to produce documentation of such  
5 training shall result in recovery of any payments made by the  
6 Department for services rendered by a non-certified driver or  
7 employee attendant. Medi-car and service car providers must  
8 maintain legible documentation in their records of the driver  
9 and, as applicable, employee attendant that actually  
10 transported the patient. Providers must recertify all drivers  
11 and employee attendants every 3 years.

12 Notwithstanding the requirements above, any public  
13 transportation provider of medi-car and service car  
14 transportation that receives federal funding under 49 U.S.C.  
15 5307 and 5311 need not certify its drivers and employee  
16 attendants under this Section, since safety training is already  
17 federally mandated.

18 (Source: P.A. 95-501, eff. 8-28-07.)

19 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

20 (Text of Section before amendment by P.A. 96-806)

21 Sec. 5-5. Medical services. The Illinois Department, by  
22 rule, shall determine the quantity and quality of and the rate  
23 of reimbursement for the medical assistance for which payment  
24 will be authorized, and the medical services to be provided,  
25 which may include all or part of the following: (1) inpatient

1 hospital services; (2) outpatient hospital services; (3) other  
2 laboratory and X-ray services; (4) skilled nursing home  
3 services; (5) physicians' services whether furnished in the  
4 office, the patient's home, a hospital, a skilled nursing home,  
5 or elsewhere; (6) medical care, or any other type of remedial  
6 care furnished by licensed practitioners; (7) home health care  
7 services; (8) private duty nursing service; (9) clinic  
8 services; (10) dental services, including prevention and  
9 treatment of periodontal disease and dental caries disease for  
10 pregnant women, provided by an individual licensed to practice  
11 dentistry or dental surgery; for purposes of this item (10),  
12 "dental services" means diagnostic, preventive, or corrective  
13 procedures provided by or under the supervision of a dentist in  
14 the practice of his or her profession; (11) physical therapy  
15 and related services; (12) prescribed drugs, dentures, and  
16 prosthetic devices; and eyeglasses prescribed by a physician  
17 skilled in the diseases of the eye, or by an optometrist,  
18 whichever the person may select; (13) other diagnostic,  
19 screening, preventive, and rehabilitative services; (14)  
20 transportation and such other expenses as may be necessary,  
21 provided that payment for ground ambulance services shall be as  
22 provided in Section 5-4.2; (15) medical treatment of sexual  
23 assault survivors, as defined in Section 1a of the Sexual  
24 Assault Survivors Emergency Treatment Act, for injuries  
25 sustained as a result of the sexual assault, including  
26 examinations and laboratory tests to discover evidence which

1 may be used in criminal proceedings arising from the sexual  
2 assault; (16) the diagnosis and treatment of sickle cell  
3 anemia; and (17) any other medical care, and any other type of  
4 remedial care recognized under the laws of this State, but not  
5 including abortions, or induced miscarriages or premature  
6 births, unless, in the opinion of a physician, such procedures  
7 are necessary for the preservation of the life of the woman  
8 seeking such treatment, or except an induced premature birth  
9 intended to produce a live viable child and such procedure is  
10 necessary for the health of the mother or her unborn child. The  
11 Illinois Department, by rule, shall prohibit any physician from  
12 providing medical assistance to anyone eligible therefor under  
13 this Code where such physician has been found guilty of  
14 performing an abortion procedure in a wilful and wanton manner  
15 upon a woman who was not pregnant at the time such abortion  
16 procedure was performed. The term "any other type of remedial  
17 care" shall include nursing care and nursing home service for  
18 persons who rely on treatment by spiritual means alone through  
19 prayer for healing.

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

1           Notwithstanding any other provision of this Code, the  
2 Illinois Department may not require, as a condition of payment  
3 for any laboratory test authorized under this Article, that a  
4 physician's handwritten signature appear on the laboratory  
5 test order form. The Illinois Department may, however, impose  
6 other appropriate requirements regarding laboratory test order  
7 documentation.

8           The Department of Healthcare and Family Services shall  
9 provide the following services to persons eligible for  
10 assistance under this Article who are participating in  
11 education, training or employment programs operated by the  
12 Department of Human Services as successor to the Department of  
13 Public Aid:

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

16           (2) eyeglasses prescribed by a physician skilled in the  
17 diseases of the eye, or by an optometrist, whichever the  
18 person may select.

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

22           The Department of Healthcare and Family Services must  
23 provide coverage and reimbursement for amino acid-based  
24 elemental formulas, regardless of delivery method, for the  
25 diagnosis and treatment of (i) eosinophilic disorders and (ii)  
26 short bowel syndrome when the prescribing physician has issued

1 a written order stating that the amino acid-based elemental  
2 formula is medically necessary.

3 The Illinois Department shall authorize the provision of,  
4 and shall authorize payment for, screening by low-dose  
5 mammography for the presence of occult breast cancer for women  
6 35 years of age or older who are eligible for medical  
7 assistance under this Article, as follows:

8 (A) A baseline mammogram for women 35 to 39 years of  
9 age.

10 (B) An annual mammogram for women 40 years of age or  
11 older.

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

17 (D) A comprehensive ultrasound screening of an entire  
18 breast or breasts if a mammogram demonstrates  
19 heterogeneous or dense breast tissue, when medically  
20 necessary as determined by a physician licensed to practice  
21 medicine in all of its branches.

22 All screenings shall include a physical breast exam,  
23 instruction on self-examination and information regarding the  
24 frequency of self-examination and its value as a preventative  
25 tool. For purposes of this Section, "low-dose mammography"  
26 means the x-ray examination of the breast using equipment

1 dedicated specifically for mammography, including the x-ray  
2 tube, filter, compression device, and image receptor, with an  
3 average radiation exposure delivery of less than one rad per  
4 breast for 2 views of an average size breast. The term also  
5 includes digital mammography.

6 On and after July 1, 2008, screening and diagnostic  
7 mammography shall be reimbursed at the same rate as the  
8 Medicare program's rates, including the increased  
9 reimbursement for digital mammography.

10 The Department shall convene an expert panel including  
11 representatives of hospitals, free-standing mammography  
12 facilities, and doctors, including radiologists, to establish  
13 quality standards. Based on these quality standards, the  
14 Department shall provide for bonus payments to mammography  
15 facilities meeting the standards for screening and diagnosis.  
16 The bonus payments shall be at least 15% higher than the  
17 Medicare rates for mammography.

18 Subject to federal approval, the Department shall  
19 establish a rate methodology for mammography at federally  
20 qualified health centers and other encounter-rate clinics.  
21 These clinics or centers may also collaborate with other  
22 hospital-based mammography facilities.

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

1           The Department shall establish a performance goal for  
2 primary care providers with respect to their female patients  
3 over age 40 receiving an annual mammogram. This performance  
4 goal shall be used to provide additional reimbursement in the  
5 form of a quality performance bonus to primary care providers  
6 who meet that goal.

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

18           Any medical or health care provider shall immediately  
19 recommend, to any pregnant woman who is being provided prenatal  
20 services and is suspected of drug abuse or is addicted as  
21 defined in the Alcoholism and Other Drug Abuse and Dependency  
22 Act, referral to a local substance abuse treatment provider  
23 licensed by the Department of Human Services or to a licensed  
24 hospital which provides substance abuse treatment services.  
25 The Department of Healthcare and Family Services shall assure  
26 coverage for the cost of treatment of the drug abuse or

1 addiction for pregnant recipients in accordance with the  
2 Illinois Medicaid Program in conjunction with the Department of  
3 Human Services.

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

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

20 Neither the Department of Healthcare and Family Services  
21 nor the Department of Human Services shall sanction the  
22 recipient solely on the basis of her substance abuse.

23 The Illinois Department shall establish such regulations  
24 governing the dispensing of health services under this Article  
25 as it shall deem appropriate. The Department should seek the  
26 advice of formal professional advisory committees appointed by



1 the Director of the Illinois Department for the purpose of  
2 providing regular advice on policy and administrative matters,  
3 information dissemination and educational activities for  
4 medical and health care providers, and consistency in  
5 procedures to the Illinois Department.

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

15 The sponsor must negotiate formal written contracts with  
16 medical providers for physician services, inpatient and  
17 outpatient hospital care, home health services, treatment for  
18 alcoholism and substance abuse, and other services determined  
19 necessary by the Illinois Department by rule for delivery by  
20 Partnerships. Physician services must include prenatal and  
21 obstetrical care. The Illinois Department shall reimburse  
22 medical services delivered by Partnership providers to clients  
23 in target areas according to provisions of this Article and the  
24 Illinois Health Finance Reform Act, except that:

- 25 (1) Physicians participating in a Partnership and  
26 providing certain services, which shall be determined by

1 the Illinois Department, to persons in areas covered by the  
2 Partnership may receive an additional surcharge for such  
3 services.

4 (2) The Department may elect to consider and negotiate  
5 financial incentives to encourage the development of  
6 Partnerships and the efficient delivery of medical care.

7 (3) Persons receiving medical services through  
8 Partnerships may receive medical and case management  
9 services above the level usually offered through the  
10 medical assistance program.

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

20 Nothing in this Section shall limit the free choice of  
21 practitioners, hospitals, and other providers of medical  
22 services by clients. In order to ensure patient freedom of  
23 choice, the Illinois Department shall immediately promulgate  
24 all rules and take all other necessary actions so that provided  
25 services may be accessed from therapeutically certified  
26 optometrists to the full extent of the Illinois Optometric

1 Practice Act of 1987 without discriminating between service  
2 providers.

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

6 The Illinois Department shall require health care  
7 providers to maintain records that document the medical care  
8 and services provided to recipients of Medical Assistance under  
9 this Article. The Illinois Department shall require health care  
10 providers to make available, when authorized by the patient, in  
11 writing, the medical records in a timely fashion to other  
12 health care providers who are treating or serving persons  
13 eligible for Medical Assistance under this Article. All  
14 dispensers of medical services shall be required to maintain  
15 and retain business and professional records sufficient to  
16 fully and accurately document the nature, scope, details and  
17 receipt of the health care provided to persons eligible for  
18 medical assistance under this Code, in accordance with  
19 regulations promulgated by the Illinois Department. The rules  
20 and regulations shall require that proof of the receipt of  
21 prescription drugs, dentures, prosthetic devices and  
22 eyeglasses by eligible persons under this Section accompany  
23 each claim for reimbursement submitted by the dispenser of such  
24 medical services. No such claims for reimbursement shall be  
25 approved for payment by the Illinois Department without such  
26 proof of receipt, unless the Illinois Department shall have put

1 into effect and shall be operating a system of post-payment  
2 audit and review which shall, on a sampling basis, be deemed  
3 adequate by the Illinois Department to assure that such drugs,  
4 dentures, prosthetic devices and eyeglasses for which payment  
5 is being made are actually being received by eligible  
6 recipients. Within 90 days after the effective date of this  
7 amendatory Act of 1984, the Illinois Department shall establish  
8 a current list of acquisition costs for all prosthetic devices  
9 and any other items recognized as medical equipment and  
10 supplies reimbursable under this Article and shall update such  
11 list on a quarterly basis, except that the acquisition costs of  
12 all prescription drugs shall be updated no less frequently than  
13 every 30 days as required by Section 5-5.12.

14 The rules and regulations of the Illinois Department shall  
15 require that a written statement including the required opinion  
16 of a physician shall accompany any claim for reimbursement for  
17 abortions, or induced miscarriages or premature births. This  
18 statement shall indicate what procedures were used in providing  
19 such medical services.

20 The Illinois Department shall require all dispensers of  
21 medical services, other than an individual practitioner or  
22 group of practitioners, desiring to participate in the Medical  
23 Assistance program established under this Article to disclose  
24 all financial, beneficial, ownership, equity, surety or other  
25 interests in any and all firms, corporations, partnerships,  
26 associations, business enterprises, joint ventures, agencies,

1 institutions or other legal entities providing any form of  
2 health care services in this State under this Article.

3 The Illinois Department may require that all dispensers of  
4 medical services desiring to participate in the medical  
5 assistance program established under this Article disclose,  
6 under such terms and conditions as the Illinois Department may  
7 by rule establish, all inquiries from clients and attorneys  
8 regarding medical bills paid by the Illinois Department, which  
9 inquiries could indicate potential existence of claims or liens  
10 for the Illinois Department.

11 Enrollment of a vendor that provides non-emergency medical  
12 transportation, defined by the Department by rule, shall be  
13 conditional for 180 days. During that time, the Department of  
14 Healthcare and Family Services may terminate the vendor's  
15 eligibility to participate in the medical assistance program  
16 without cause. That termination of eligibility is not subject  
17 to the Department's hearing process.

18 The Illinois Department shall establish policies,  
19 procedures, standards and criteria by rule for the acquisition,  
20 repair and replacement of orthotic and prosthetic devices and  
21 durable medical equipment. Such rules shall provide, but not be  
22 limited to, the following services: (1) immediate repair or  
23 replacement of such devices by recipients without medical  
24 authorization; and (2) rental, lease, purchase or  
25 lease-purchase of durable medical equipment in a  
26 cost-effective manner, taking into consideration the

1 recipient's medical prognosis, the extent of the recipient's  
2 needs, and the requirements and costs for maintaining such  
3 equipment. Such rules shall enable a recipient to temporarily  
4 acquire and use alternative or substitute devices or equipment  
5 pending repairs or replacements of any device or equipment  
6 previously authorized for such recipient by the Department.

7 The Department shall execute, relative to the nursing home  
8 prescreening project, written inter-agency agreements with the  
9 Department of Human Services and the Department on Aging, to  
10 effect the following: (i) intake procedures and common  
11 eligibility criteria for those persons who are receiving  
12 non-institutional services; and (ii) the establishment and  
13 development of non-institutional services in areas of the State  
14 where they are not currently available or are undeveloped.

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

22 The Illinois Department shall report annually to the  
23 General Assembly, no later than the second Friday in April of  
24 1979 and each year thereafter, in regard to:

- 25 (a) actual statistics and trends in utilization of  
26 medical services by public aid recipients;

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

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

5 (d) efforts at utilization review and control by the  
6 Illinois Department.

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

20 Rulemaking authority to implement Public Act 95-1045 ~~this~~  
21 ~~amendatory Act of the 95th General Assembly~~, if any, is  
22 conditioned on the rules being adopted in accordance with all  
23 provisions of the Illinois Administrative Procedure Act and all  
24 rules and procedures of the Joint Committee on Administrative  
25 Rules; any purported rule not so adopted, for whatever reason,  
26 is unauthorized.

1 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;  
2 95-1045, eff. 3-27-09; 96-156, eff. 1-1-10; revised 11-4-09.)

3 (Text of Section after amendment by P.A. 96-806)

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



1 whichever the person may select; (13) other diagnostic,  
2 screening, preventive, and rehabilitative services; (14)  
3 transportation and such other expenses as may be necessary,  
4 provided that payment for ground ambulance services shall be as  
5 provided in Section 5-4.2; (15) medical treatment of sexual  
6 assault survivors, as defined in Section 1a of the Sexual  
7 Assault Survivors Emergency Treatment Act, for injuries  
8 sustained as a result of the sexual assault, including  
9 examinations and laboratory tests to discover evidence which  
10 may be used in criminal proceedings arising from the sexual  
11 assault; (16) the diagnosis and treatment of sickle cell  
12 anemia; and (17) any other medical care, and any other type of  
13 remedial care recognized under the laws of this State, but not  
14 including abortions, or induced miscarriages or premature  
15 births, unless, in the opinion of a physician, such procedures  
16 are necessary for the preservation of the life of the woman  
17 seeking such treatment, or except an induced premature birth  
18 intended to produce a live viable child and such procedure is  
19 necessary for the health of the mother or her unborn child. The  
20 Illinois Department, by rule, shall prohibit any physician from  
21 providing medical assistance to anyone eligible therefor under  
22 this Code where such physician has been found guilty of  
23 performing an abortion procedure in a wilful and wanton manner  
24 upon a woman who was not pregnant at the time such abortion  
25 procedure was performed. The term "any other type of remedial  
26 care" shall include nursing care and nursing home service for

1 persons who rely on treatment by spiritual means alone through  
2 prayer for healing.

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

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

17 The Department of Healthcare and Family Services shall  
18 provide the following services to persons eligible for  
19 assistance under this Article who are participating in  
20 education, training or employment programs operated by the  
21 Department of Human Services as successor to the Department of  
22 Public Aid:

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

25 (2) eyeglasses prescribed by a physician skilled in the  
26 diseases of the eye, or by an optometrist, whichever the

1 person may select.

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 July 1, 2008, screening and diagnostic  
16 mammography shall be reimbursed at the same rate as the  
17 Medicare program's rates, including the increased  
18 reimbursement for digital mammography.

19 The Department shall convene an expert panel including  
20 representatives of hospitals, free-standing mammography  
21 facilities, and doctors, including radiologists, to establish  
22 quality standards. Based on these quality standards, the  
23 Department shall provide for bonus payments to mammography  
24 facilities meeting the standards for screening and diagnosis.  
25 The bonus payments shall be at least 15% higher than the  
26 Medicare rates for mammography.

1           Subject to federal approval, the Department shall  
2 establish a rate methodology for mammography at federally  
3 qualified health centers and other encounter-rate clinics.  
4 These clinics or centers may also collaborate with other  
5 hospital-based mammography facilities.

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

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

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

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

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

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

1 the number of drug-affected infants born to recipients of  
2 medical assistance.

3 Neither the Department of Healthcare and Family Services  
4 nor the Department of Human Services shall sanction the  
5 recipient solely on the basis of her substance abuse.

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

15 Notwithstanding any other provision of law, a health care  
16 provider under the medical assistance program may elect, in  
17 lieu of receiving direct payment for services provided under  
18 that program, to participate in the State Employees Deferred  
19 Compensation Plan adopted under Article 24 of the Illinois  
20 Pension Code. A health care provider who elects to participate  
21 in the plan does not have a cause of action against the State  
22 for any damages allegedly suffered by the provider as a result  
23 of any delay by the State in crediting the amount of any  
24 contribution to the provider's plan account.

25 The Illinois Department may develop and contract with  
26 Partnerships of medical providers to arrange medical services

1 for persons eligible under Section 5-2 of this Code.  
2 Implementation of this Section may be by demonstration projects  
3 in certain geographic areas. The Partnership shall be  
4 represented by a sponsor organization. The Department, by rule,  
5 shall develop qualifications for sponsors of Partnerships.  
6 Nothing in this Section shall be construed to require that the  
7 sponsor organization be a medical organization.

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

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

23 (2) The Department may elect to consider and negotiate  
24 financial incentives to encourage the development of  
25 Partnerships and the efficient delivery of medical care.

26 (3) Persons receiving medical services through



1 Partnerships may receive medical and case management  
2 services above the level usually offered through the  
3 medical assistance program.

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

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

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

25 The Illinois Department shall require health care  
26 providers to maintain records that document the medical care

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

1 a current list of acquisition costs for all prosthetic devices  
2 and any other items recognized as medical equipment and  
3 supplies reimbursable under this Article and shall update such  
4 list on a quarterly basis, except that the acquisition costs of  
5 all prescription drugs shall be updated no less frequently than  
6 every 30 days as required by Section 5-5.12.

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

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

22 The Illinois Department may require that all dispensers of  
23 medical services desiring to participate in the medical  
24 assistance program established under this Article disclose,  
25 under such terms and conditions as the Illinois Department may  
26 by rule establish, all inquiries from clients and attorneys

1 regarding medical bills paid by the Illinois Department, which  
2 inquiries could indicate potential existence of claims or liens  
3 for the Illinois Department.

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

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 without medical  
17 authorization; and (2) rental, lease, purchase or  
18 lease-purchase of durable medical equipment in a  
19 cost-effective manner, taking into consideration the  
20 recipient's medical prognosis, the extent of the recipient's  
21 needs, and the requirements and costs for maintaining such  
22 equipment. Such rules shall enable a recipient to temporarily  
23 acquire and use alternative or substitute devices or equipment  
24 pending repairs or replacements of any device or equipment  
25 previously authorized for such recipient by the Department.

26 The Department shall execute, relative to the nursing home

1 prescreening project, written inter-agency agreements with the  
2 Department of Human Services and the Department on Aging, to  
3 effect the following: (i) intake procedures and common  
4 eligibility criteria for those persons who are receiving  
5 non-institutional services; and (ii) the establishment and  
6 development of non-institutional services in areas of the State  
7 where they are not currently available or are undeveloped.

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

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

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

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

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

24 (d) efforts at utilization review and control by the  
25 Illinois Department.

26 The period covered by each report shall be the 3 years

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

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

20 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;  
21 95-1045, eff. 3-27-09; 96-156, eff. 1-1-10; 96-806, eff.  
22 7-1-10; revised 11-4-09.)

23 Section 95. No acceleration or delay. Where this Act makes  
24 changes in a statute that is represented in this Act by text  
25 that is not yet or no longer in effect (for example, a Section

1 represented by multiple versions), the use of that text does  
2 not accelerate or delay the taking effect of (i) the changes  
3 made by this Act or (ii) provisions derived from any other  
4 Public Act.

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