



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

SB1515

Introduced 2/18/2009, by Sen. Heather Steans

SYNOPSIS AS INTRODUCED:

215 ILCS 170/52.5 new
305 ILCS 5/5-5.06 new

Amends the Covering ALL KIDS Health Insurance Act and the Illinois Public Aid Code. Provides that beginning January 1, 2010, the physician fee schedule for the Covering ALL KIDS Health Insurance Program and for pediatric physician specialists under the medical assistance program must increase to become competitive with those of non-governmental, third-party health insurance programs. Provides that by January 1, 2012, the payment for a pediatric specialty physician service must not be lower than Medicare reimbursement in accordance with the Medicare payment localities for Illinois. Provides that the Department shall annually increase pediatric specialty physician payments under the provisions of the Act by an amount approximately equal to one-third of the difference between the actual rates available for such purposes on January 1, 2009 and the Medicare reimbursement rates effective on January 1, 2007. Makes other changes.

LRB096 10924 RPM 21175 b

1 AN ACT concerning insurance.

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

4 Section 5. The Covering ALL KIDS Health Insurance Act is
5 amended by adding Section 52.5 as follows:

6 (215 ILCS 170/52.5 new)

7 Sec. 52.5. Specialty physician care; fee schedule.

8 (a) Beginning January 1, 2010, the physician fee schedule
9 for the Covering ALL KIDS Insurance Program must increase to
10 become competitive with those of non-governmental, third-party
11 health insurance programs. By January 1, 2012, the payment for
12 a pediatric specialty physician service must not be lower than
13 Medicare reimbursement in accordance with the Medicare payment
14 localities for Illinois. Payment for services must be made
15 within 30 days after receipt of a bill or claim meeting the
16 requirements of the Department of Healthcare and Family
17 Services.

18 (b) For payments made or authorized by the Department of
19 Healthcare and Family Services, the Department shall annually
20 increase pediatric specialty physician payments under
21 subsection (a) by an amount approximately equal to one-third of
22 the difference between the actual rates available for such
23 purposes on January 1, 2009 and the Medicare reimbursement

1 rates effective on January 1, 2007. If the General Assembly
2 determines that resources are not available to fully fund the
3 fee schedule for pediatric specialty physician care required by
4 this subsection (b), then, until such time as the General
5 Assembly determines that such funding is available, the
6 Department shall increase any payment for physicians who
7 provide pediatric specialty care services under the Covering
8 All KIDS Health Insurance Program by an amount proportionately
9 equivalent to any other increases for physicians, federally
10 qualified health centers, rural health centers, or other
11 non-institutional providers providing services to children for
12 any services provided under this Act.

13 Section 10. The Illinois Public Aid Code is amended by
14 adding Section 5-5.06 as follows:

15 (305 ILCS 5/5-5.06 new)

16 Sec. 5-5.06. Physician payments; pediatric specialty
17 physician services.

18 (a) Notwithstanding any other provisions of this Article,
19 beginning January 1, 2010, the physician fee schedule for
20 pediatric physician specialists must increase to become
21 competitive with those of non-governmental, third-party health
22 insurance programs. By January 1, 2012, the payment for a
23 pediatric specialty physician service must not be lower than
24 Medicare reimbursement in accordance with the Medicare payment

1 localities for Illinois. Payment for services must be made
2 within 30 days after receipt of a bill or claim meeting the
3 requirements of the Department of Healthcare and Family
4 Services.

5 (b) For payments made or authorized by the Department of
6 Healthcare and Family Services, the Department shall annually
7 increase pediatric specialty physician payments under
8 subsection (a) by an amount approximately equal to one-third of
9 the difference between the actual rates available for such
10 purposes on January 1, 2009 and the Medicare reimbursement
11 rates effective on January 1, 2007. If the General Assembly
12 determines that resources are not available to fully fund the
13 fee schedule for pediatric specialty physician care required by
14 this subsection (b), then, until such time as the General
15 Assembly determines that such funding is available, the
16 Department shall increase any payment for physicians who
17 provide pediatric specialty care services under the medical
18 assistance program by an amount proportionately equivalent to
19 any other increases for physicians, federally qualified health
20 centers, rural health centers, or other non-institutional
21 providers providing services to children for any services
22 provided under this Act.