



1 AN ACT concerning public aid.

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

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  
17 Services (EMS) Systems Act.

18 "Ground ambulance services provider" means a vehicle  
19 service provider as described in the Emergency Medical Services  
20 (EMS) Systems Act that operates licensed ambulances for the  
21 purpose of providing emergency ambulance services, or  
22 non-emergency ambulance services, or both. For purposes of this  
23 Section, this includes both ambulance providers and ambulance

1 suppliers as described by the Centers for Medicare and Medicaid  
2 Services.

3 "Rural county" means: any county not located in a U.S.  
4 Bureau of the Census Metropolitan Statistical Area (MSA); or  
5 any county located within a U.S. Bureau of the Census  
6 Metropolitan Statistical Area but having a population of 60,000  
7 or less.

8 (b) It is the intent of the General Assembly to provide for  
9 the payment for ground ambulance services as part of the State  
10 Medicaid plan and to provide adequate payment for ground  
11 ambulance services under the State Medicaid plan so as to  
12 ensure adequate access to ground ambulance services for both  
13 recipients of aid under this Article and for the general  
14 population of Illinois. Unless otherwise indicated in this  
15 Section, the practices of the Department concerning payments  
16 for ground ambulance services provided to recipients of aid  
17 under this Article shall be consistent with the payment  
18 principles of Medicare, including the statutes, regulations,  
19 policies, procedures, principles, definitions, guidelines,  
20 coding systems, including the ambulance condition coding  
21 system, and manuals used by the Centers for Medicare and  
22 Medicaid Services and the Medicare Part B Carrier or the  
23 Medicare Administrative Contractor for the State of Illinois to  
24 determine the payment system to ground ambulance services  
25 providers under Title XVIII of the Social Security Act.

26 (c) For ground ambulance services provided to a recipient

1 of aid under this Article on or after July 1, 2009, the  
2 Department shall provide payment to ground ambulance services  
3 providers for base charges and mileage charges based upon the  
4 lesser of the provider's charge, as reflected on the provider's  
5 claim form, or the Illinois Medicaid Ambulance Fee Schedule  
6 rates calculated in accordance with this Section.

7 Effective July 1, 2009, the Illinois Medicaid Ambulance Fee  
8 Schedule shall be established and shall include only the ground  
9 ambulance services rates outlined in the Medicare Ambulance Fee  
10 Schedule as promulgated by the Centers for Medicare and  
11 Medicaid Services and adjusted for the 4 Medicare Localities in  
12 Illinois, with an adjustment of 100% of the Medicare Ambulance  
13 Fee Schedule rates, by Medicare Locality, for both base rates  
14 and mileage for rural counties, and an adjustment of 80% of the  
15 Medicare Ambulance Fee Schedule rates, by Medicare Locality,  
16 for both base rates and mileage for all other counties. The  
17 transition from the current payment system to the Illinois  
18 Medicaid Ambulance Fee Schedule shall be by a 2-year phase-in  
19 as follows:

20 (1) Effective for dates of service from July 1, 2009  
21 through June 30, 2010, for each individual base rate and  
22 mileage rate, the payment rate for ground ambulance  
23 services shall be based on 50% of the Medicaid rate in  
24 effect as of January 1, 2009 and 50% of the Illinois  
25 Medicaid Ambulance Fee Schedule amount in effect on July 1,  
26 2009 for the designated Medicare Locality, except that any

1 rate that was previously approved by the Department that  
2 exceeds this amount shall remain in force.

3 (2) Effective for dates of service on or after July 1,  
4 2010, for each individual base rate and mileage rate, the  
5 payment rate for ground ambulance services shall be based  
6 on 100% of the Illinois Medicaid Ambulance Fee Schedule  
7 amount in effect on July 1, 2010 for the designated  
8 Medicare Locality, except that any rate that was previously  
9 approved by the Department that exceeds this amount shall  
10 remain in force.

11 Effective for dates of service on or after July 1, 2010,  
12 and on each July 1 thereafter, the Department shall update the  
13 Illinois Medicaid Ambulance Fee Schedule rates so that they  
14 comply with the Medicare Ambulance Fee Schedule rates for  
15 ground ambulance services in effect at the time of the update,  
16 in the manner prescribed in the second paragraph of this  
17 subsection (c).

18 (d) Payment for mileage shall be per loaded mile with no  
19 loaded mileage included in the base rate. If a natural  
20 disaster, weather, road repairs, traffic congestion, or other  
21 conditions necessitate a route other than the most direct  
22 route, payment shall be based upon the actual distance  
23 traveled. Notwithstanding the payment principles in subsection  
24 (b) of this Section, the Department shall develop the Illinois  
25 Medicaid Ambulance Fee Schedule using the ground mileage rate,  
26 as defined by the Centers for Medicare and Medicaid Services,

1 and no other mileage rates which act as enhancements to the  
2 ground mileage rate, whether permanent or temporary, shall be  
3 recognized by the Department. When a ground ambulance services  
4 provider provides transport pursuant to an emergency call as  
5 defined by the Centers for Medicare and Medicaid Services, no  
6 reduction in the mileage payment shall be made based upon the  
7 fact that a closer facility may have been available, so long as  
8 the ground ambulance services provider provided transport to  
9 the recipient's facility of choice within the scope of the  
10 Illinois Emergency Medical Services (EMS) Systems Act and  
11 associated rules and the policies and procedures of the EMS  
12 System of which the provider is a member.

13 (e) The Department shall provide payment for emergency  
14 ground ambulance services provided to a recipient of aid under  
15 this Article according to the requirements provided in  
16 subsection (b) of this Section when those services are provided  
17 pursuant to a request made through a 9-1-1 or equivalent  
18 emergency telephone number for evaluation, treatment, and  
19 transport from or on behalf of an individual with a condition  
20 of such a nature that a prudent layperson would have reasonably  
21 expected that a delay in seeking immediate medical attention  
22 would have been hazardous to life or health. This standard is  
23 deemed to be met if there is an emergency medical condition  
24 manifesting itself by acute symptoms of sufficient severity,  
25 including but not limited to severe pain, such that a prudent  
26 layperson who possesses an average knowledge of medicine and

1 health can reasonably expect that the absence of immediate  
2 medical attention could result in placing the health of the  
3 individual or, with respect to a pregnant woman, the health of  
4 the woman or her unborn child, in serious jeopardy, cause  
5 serious impairment to bodily functions, or cause serious  
6 dysfunction of any bodily organ or part.

7 (f) For ground ambulance services provided to a recipient  
8 enrolled in a Medicaid managed care plan by a ground ambulance  
9 services provider that is not a contracted provider to the  
10 Medicaid managed care plan in question, the amount of the  
11 payment for ground ambulance services by the Medicaid managed  
12 care plan shall be the lesser of the provider's charge, as  
13 reflected on the provider's claim form, or the Illinois  
14 Medicaid Ambulance Fee Schedule rates calculated in accordance  
15 with this Section.

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

19 (h) Effective for dates of service on or after July 1,  
20 2009, payments for stretcher van services provided by ground  
21 ambulance services providers shall be as follows:

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

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

5           ~~For ambulance services provided to a recipient of aid under~~  
6           ~~this Article on or after January 1, 1993, the Illinois~~  
7           ~~Department shall reimburse ambulance service providers at~~  
8           ~~rates calculated in accordance with this Section. It is the~~  
9           ~~intent of the General Assembly to provide adequate~~  
10           ~~reimbursement for ambulance services so as to ensure adequate~~  
11           ~~access to services for recipients of aid under this Article and~~  
12           ~~to provide appropriate incentives to ambulance service~~  
13           ~~providers to provide services in an efficient and~~  
14           ~~cost-effective manner. Thus, it is the intent of the General~~  
15           ~~Assembly that the Illinois Department implement a~~  
16           ~~reimbursement system for ambulance services that, to the extent~~  
17           ~~practicable and subject to the availability of funds~~  
18           ~~appropriated by the General Assembly for this purpose, is~~  
19           ~~consistent with the payment principles of Medicare. To ensure~~  
20           ~~uniformity between the payment principles of Medicare and~~  
21           ~~Medicaid, the Illinois Department shall follow, to the extent~~  
22           ~~necessary and practicable and subject to the availability of~~  
23           ~~funds appropriated by the General Assembly for this purpose,~~  
24           ~~the statutes, laws, regulations, policies, procedures,~~  
25           ~~principles, definitions, guidelines, and manuals used to~~  
26           ~~determine the amounts paid to ambulance service providers under~~



1 ~~Title XVIII of the Social Security Act (Medicare).~~

2 ~~For ambulance services provided to a recipient of aid under~~  
3 ~~this Article on or after January 1, 1996, the Illinois~~  
4 ~~Department shall reimburse ambulance service providers based~~  
5 ~~upon the actual distance traveled if a natural disaster,~~  
6 ~~weather conditions, road repairs, or traffic congestion~~  
7 ~~necessitates the use of a route other than the most direct~~  
8 ~~route.~~

9 ~~For purposes of this Section, "ambulance services"~~  
10 ~~includes medical transportation services provided by means of~~  
11 ~~an ambulance, medi-car, service car, or taxi.~~

12 ~~This Section does not prohibit separate billing by~~  
13 ~~ambulance service providers for oxygen furnished while~~  
14 ~~providing advanced life support services.~~

15 (i) Beginning with services rendered on or after July 1,  
16 2008, all providers of non-emergency medi-car and service car  
17 transportation must certify that the driver and employee  
18 attendant, as applicable, have completed a safety program  
19 approved by the Department to protect both the patient and the  
20 driver, prior to transporting a patient. The provider must  
21 maintain this certification in its records. The provider shall  
22 produce such documentation upon demand by the Department or its  
23 representative. Failure to produce documentation of such  
24 training shall result in recovery of any payments made by the  
25 Department for services rendered by a non-certified driver or  
26 employee attendant. Medi-car and service car providers must

1 maintain legible documentation in their records of the driver  
2 and, as applicable, employee attendant that actually  
3 transported the patient. Providers must recertify all drivers  
4 and employee attendants every 3 years.

5 Notwithstanding the requirements above, any public  
6 transportation provider of medi-car and service car  
7 transportation that receives federal funding under 49 U.S.C.  
8 5307 and 5311 need not certify its drivers and employee  
9 attendants under this Section, since safety training is already  
10 federally mandated.

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

12 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

13 Sec. 5-5. Medical services. The Illinois Department, by  
14 rule, shall determine the quantity and quality of and the rate  
15 of reimbursement for the medical assistance for which payment  
16 will be authorized, and the medical services to be provided,  
17 which may include all or part of the following: (1) inpatient  
18 hospital services; (2) outpatient hospital services; (3) other  
19 laboratory and X-ray services; (4) skilled nursing home  
20 services; (5) physicians' services whether furnished in the  
21 office, the patient's home, a hospital, a skilled nursing home,  
22 or elsewhere; (6) medical care, or any other type of remedial  
23 care furnished by licensed practitioners; (7) home health care  
24 services; (8) private duty nursing service; (9) clinic  
25 services; (10) dental services, including prevention and

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

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

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

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

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

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

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

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

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

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

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

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

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

26 The Illinois Department, in cooperation with the

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

8 Neither the Department of Healthcare and Family Services  
9 nor the Department of Human Services shall sanction the  
10 recipient solely on the basis of her substance abuse.

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

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

1 Nothing in this Section shall be construed to require that the  
2 sponsor organization be a medical organization.

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

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

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

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

25 Medical providers shall be required to meet certain  
26 qualifications to participate in Partnerships to ensure the



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

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

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

20 The Illinois Department shall require health care  
21 providers to maintain records that document the medical care  
22 and services provided to recipients of Medical Assistance under  
23 this Article. The Illinois Department shall require health care  
24 providers to make available, when authorized by the patient, in  
25 writing, the medical records in a timely fashion to other  
26 health care providers who are treating or serving persons

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

1 every 30 days as required by Section 5-5.12.

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

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

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

25 Enrollment of a vendor that provides non-emergency medical  
26 transportation, defined by the Department by rule, shall be

1 conditional for 180 days. During that time, the Department of  
2 Healthcare and Family Services may terminate the vendor's  
3 eligibility to participate in the medical assistance program  
4 without cause. That termination of eligibility is not subject  
5 to the Department's hearing process.

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

21 The Department shall execute, relative to the nursing home  
22 prescreening project, written inter-agency agreements with the  
23 Department of Human Services and the Department on Aging, to  
24 effect the following: (i) intake procedures and common  
25 eligibility criteria for those persons who are receiving  
26 non-institutional services; and (ii) the establishment and

1 development of non-institutional services in areas of the State  
2 where they are not currently available or are undeveloped.

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

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

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

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

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

19 (d) efforts at utilization review and control by the  
20 Illinois Department.

21 The period covered by each report shall be the 3 years  
22 ending on the June 30 prior to the report. The report shall  
23 include suggested legislation for consideration by the General  
24 Assembly. The filing of one copy of the report with the  
25 Speaker, one copy with the Minority Leader and one copy with  
26 the Clerk of the House of Representatives, one copy with the

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

8 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07.)

9 Section 99. Effective date. This Act takes effect upon  
10 becoming law.