



Sen. Donne E. Trotter

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1 AMENDMENT TO SENATE BILL 3707

2 AMENDMENT NO. _____. Amend Senate Bill 3707 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The State Finance Act is amended by changing
5 Section 25 as follows:

6 (30 ILCS 105/25) (from Ch. 127, par. 161)

7 Sec. 25. Fiscal year limitations.

8 (a) All appropriations shall be available for expenditure
9 for the fiscal year or for a lesser period if the Act making
10 that appropriation so specifies. A deficiency or emergency
11 appropriation shall be available for expenditure only through
12 June 30 of the year when the Act making that appropriation is
13 enacted unless that Act otherwise provides.

14 (b) Outstanding liabilities as of June 30, payable from
15 appropriations which have otherwise expired, may be paid out of
16 the expiring appropriations during the 2-month period ending at

1 the close of business on August 31. Any service involving
2 professional or artistic skills or any personal services by an
3 employee whose compensation is subject to income tax
4 withholding must be performed as of June 30 of the fiscal year
5 in order to be considered an "outstanding liability as of June
6 30" that is thereby eligible for payment out of the expiring
7 appropriation.

8 However, payment of tuition reimbursement claims under
9 Section 14-7.03 or 18-3 of the School Code may be made by the
10 State Board of Education from its appropriations for those
11 respective purposes for any fiscal year, even though the claims
12 reimbursed by the payment may be claims attributable to a prior
13 fiscal year, and payments may be made at the direction of the
14 State Superintendent of Education from the fund from which the
15 appropriation is made without regard to any fiscal year
16 limitations.

17 Medical payments may be made by the Department of Veterans'
18 Affairs from its appropriations for those purposes for any
19 fiscal year, without regard to the fact that the medical
20 services being compensated for by such payment may have been
21 rendered in a prior fiscal year.

22 Medical payments may be made by the Department of
23 Healthcare and Family Services and medical payments and child
24 care payments may be made by the Department of Human Services
25 (as successor to the Department of Public Aid) from
26 appropriations for those purposes for any fiscal year, without

1 regard to the fact that the medical or child care services
2 being compensated for by such payment may have been rendered in
3 a prior fiscal year; and payments may be made at the direction
4 of the Department of Central Management Services from the
5 Health Insurance Reserve Fund and the Local Government Health
6 Insurance Reserve Fund without regard to any fiscal year
7 limitations.

8 Medical payments may be made by the Department of Human
9 Services from its appropriations relating to substance abuse
10 treatment services for any fiscal year, without regard to the
11 fact that the medical services being compensated for by such
12 payment may have been rendered in a prior fiscal year, provided
13 the payments are made on a fee-for-service basis consistent
14 with requirements established for Medicaid reimbursement by
15 the Department of Healthcare and Family Services.

16 Additionally, payments may be made by the Department of
17 Human Services from its appropriations, or any other State
18 agency from its appropriations with the approval of the
19 Department of Human Services, from the Immigration Reform and
20 Control Fund for purposes authorized pursuant to the
21 Immigration Reform and Control Act of 1986, without regard to
22 any fiscal year limitations.

23 Further, with respect to costs incurred in fiscal years
24 2002 and 2003 only, payments may be made by the State Treasurer
25 from its appropriations from the Capital Litigation Trust Fund
26 without regard to any fiscal year limitations.

1 Lease payments may be made by the Department of Central
2 Management Services under the sale and leaseback provisions of
3 Section 7.4 of the State Property Control Act with respect to
4 the James R. Thompson Center and the Elgin Mental Health Center
5 and surrounding land from appropriations for that purpose
6 without regard to any fiscal year limitations.

7 Lease payments may be made under the sale and leaseback
8 provisions of Section 7.5 of the State Property Control Act
9 with respect to the Illinois State Toll Highway Authority
10 headquarters building and surrounding land without regard to
11 any fiscal year limitations.

12 (c) Further, payments may be made by the Department of
13 Public Health and the Department of Human Services (acting as
14 successor to the Department of Public Health under the
15 Department of Human Services Act) from their respective
16 appropriations for grants for medical care to or on behalf of
17 persons suffering from chronic renal disease, persons
18 suffering from hemophilia, rape victims, and premature and
19 high-mortality risk infants and their mothers and for grants
20 for supplemental food supplies provided under the United States
21 Department of Agriculture Women, Infants and Children
22 Nutrition Program, for any fiscal year without regard to the
23 fact that the services being compensated for by such payment
24 may have been rendered in a prior fiscal year.

25 (c -1) For all medical payments, as described in paragraphs
26 (b) and (c) of this Section, outstanding liabilities as of June

1 30, payable from appropriations that have otherwise expired,
2 may be paid out of the expiring appropriations during the
3 4-month period ending at the close of business on October 31.

4 (c-2) All outstanding liabilities for medical payments
5 incurred during a previous fiscal year, not payable during the
6 4-month lapse period as described in subsection (c-1), are
7 limited to an aggregate amount of payments totaling no more
8 than as follows for the fiscal year beginning July 1 as
9 follows: 2010, \$1,080,000,000; 2011, \$960,000,000; 2012,
10 \$840,000,000; 2013, \$720,000,000; 2014, \$600,000,000; 2015,
11 \$480,000,000; 2016, 360,000,000; 2017, \$240,000,000; and 2018,
12 \$120,000,000.

13 (c-3) Beginning on July 1, 2019, all outstanding
14 liabilities for medical payments, not payable during the
15 4-month lapse period as described in subsection (c-1), that are
16 made from appropriations for that purpose for any fiscal year,
17 without regard to the fact that the medical care services being
18 compensated for by those payments may have been rendered in a
19 prior fiscal year, are limited to only those claims that have
20 been incurred but the claim therefor not received.

21 (d) The Department of Public Health and the Department of
22 Human Services (acting as successor to the Department of Public
23 Health under the Department of Human Services Act) shall each
24 annually submit to the State Comptroller, Senate President,
25 Senate Minority Leader, Speaker of the House, House Minority
26 Leader, and the respective Chairmen and Minority Spokesmen of

1 the Appropriations Committees of the Senate and the House, on
2 or before December 31, a report of fiscal year funds used to
3 pay for services provided in any prior fiscal year. This report
4 shall document by program or service category those
5 expenditures from the most recently completed fiscal year used
6 to pay for services provided in prior fiscal years.

7 (e) The Department of Healthcare and Family Services, the
8 Department of Human Services (acting as successor to the
9 Department of Public Aid), and the Department of Human Services
10 making fee-for-service payments relating to substance abuse
11 treatment services provided during a previous fiscal year shall
12 each annually submit to the State Comptroller, Senate
13 President, Senate Minority Leader, Speaker of the House, House
14 Minority Leader, the respective Chairmen and Minority
15 Spokesmen of the Appropriations Committees of the Senate and
16 the House, on or before November 30, a report that shall
17 document by program or service category those expenditures from
18 the most recently completed fiscal year used to pay for (i)
19 services provided in prior fiscal years and (ii) services for
20 which claims were received in prior fiscal years.

21 (f) The Department of Human Services (as successor to the
22 Department of Public Aid) shall annually submit to the State
23 Comptroller, Senate President, Senate Minority Leader, Speaker
24 of the House, House Minority Leader, and the respective
25 Chairmen and Minority Spokesmen of the Appropriations
26 Committees of the Senate and the House, on or before December

1 31, a report of fiscal year funds used to pay for services
2 (other than medical care) provided in any prior fiscal year.
3 This report shall document by program or service category those
4 expenditures from the most recently completed fiscal year used
5 to pay for services provided in prior fiscal years.

6 (g) In addition, each annual report required to be
7 submitted by the Department of Healthcare and Family Services
8 under subsection (e) shall include the following information
9 with respect to the State's Medicaid program:

10 (1) Explanations of the exact causes of the variance
11 between the previous year's estimated and actual
12 liabilities.

13 (2) Factors affecting the Department of Healthcare and
14 Family Services' liabilities, including but not limited to
15 numbers of aid recipients, levels of medical service
16 utilization by aid recipients, and inflation in the cost of
17 medical services.

18 (3) The results of the Department's efforts to combat
19 fraud and abuse.

20 (h) As provided in Section 4 of the General Assembly
21 Compensation Act, any utility bill for service provided to a
22 General Assembly member's district office for a period
23 including portions of 2 consecutive fiscal years may be paid
24 from funds appropriated for such expenditure in either fiscal
25 year.

26 (i) An agency which administers a fund classified by the

1 Comptroller as an internal service fund may issue rules for:

2 (1) billing user agencies in advance for payments or
3 authorized inter-fund transfers based on estimated charges
4 for goods or services;

5 (2) issuing credits, refunding through inter-fund
6 transfers, or reducing future inter-fund transfers during
7 the subsequent fiscal year for all user agency payments or
8 authorized inter-fund transfers received during the prior
9 fiscal year which were in excess of the final amounts owed
10 by the user agency for that period; and

11 (3) issuing catch-up billings to user agencies during
12 the subsequent fiscal year for amounts remaining due when
13 payments or authorized inter-fund transfers received from
14 the user agency during the prior fiscal year were less than
15 the total amount owed for that period.

16 User agencies are authorized to reimburse internal service
17 funds for catch-up billings by vouchers drawn against their
18 respective appropriations for the fiscal year in which the
19 catch-up billing was issued or by increasing an authorized
20 inter-fund transfer during the current fiscal year. For the
21 purposes of this Act, "inter-fund transfers" means transfers
22 without the use of the voucher-warrant process, as authorized
23 by Section 9.01 of the State Comptroller Act.

24 (Source: P.A. 95-331, eff. 8-21-07.)

25 Section 10. The Illinois Public Aid Code is amended by

1 changing Section 5-16 as follows:

2 (305 ILCS 5/5-16) (from Ch. 23, par. 5-16)

3 Sec. 5-16. Managed Care. The Illinois Department may
4 develop and implement a Primary Care Sponsor System consistent
5 with the provisions of this Section. The purpose of this
6 managed care delivery system shall be to contain the costs of
7 providing medical care to Medicaid recipients by having one
8 provider responsible for managing all aspects of a recipient's
9 medical care. This managed care system shall have the following
10 characteristics:

11 (a) The Department, by rule, shall establish criteria
12 to determine which clients must participate in this
13 program;

14 (b) Providers participating in the program may be paid
15 an amount per patient per month, to be set by the Illinois
16 Department, for managing each recipient's medical care;

17 (c) Providers eligible to participate in the program
18 shall be physicians licensed to practice medicine in all
19 its branches, and the Illinois Department may terminate a
20 provider's participation if the provider is determined to
21 have failed to comply with any applicable program standard
22 or procedure established by the Illinois Department;

23 (d) Each recipient required to participate in the
24 program must select from a panel of primary care providers
25 or networks established by the Department in their

1 communities;

2 (e) A recipient may change his designated primary care
3 provider:

4 (1) when the designated source becomes
5 unavailable, as the Illinois Department shall
6 determine by rule; or

7 (2) when the designated primary care provider
8 notifies the Illinois Department that it wishes to
9 withdraw from any obligation as primary care provider;
10 or

11 (3) in other situations, as the Illinois
12 Department shall provide by rule;

13 (f) The Illinois Department shall, by rule, establish
14 procedures for providing medical services when the
15 designated source becomes unavailable or wishes to
16 withdraw from any obligation as primary care provider
17 taking into consideration the need for emergency or
18 temporary medical assistance and ensuring that the
19 recipient has continuous and unrestricted access to
20 medical care from the date on which such unavailability or
21 withdrawal becomes effective until such time as the
22 recipient designates a primary care source;

23 (g) Only medical care services authorized by a
24 recipient's designated provider, except for emergency
25 services, services performed by a provider that is owned or
26 operated by a county and that provides non-emergency

1 services without regard to ability to pay and such other
2 services as provided by the Illinois Department, shall be
3 subject to payment by the Illinois Department. The Illinois
4 Department shall enter into an intergovernmental agreement
5 with each county that owns or operates such a provider to
6 develop and implement policies to minimize the provision of
7 medical care services provided by county owned or operated
8 providers pursuant to the foregoing exception.

9 The Illinois Department shall seek and obtain necessary
10 authorization provided under federal law to implement such a
11 program including the waiver of any federal regulations.

12 At least 75% of all enrollees receiving full medical
13 assistance benefits under any program operated by the
14 Department of Healthcare and Family Services shall be enrolled
15 in some form of managed care as of the effective date of this
16 amendatory Act of the 96th General Assembly.

17 The Illinois Department may implement the amendatory
18 changes to this Section made by this amendatory Act of 1991
19 through the use of emergency rules in accordance with the
20 provisions of Section 5.02 of the Illinois Administrative
21 Procedure Act. For purposes of the Illinois Administrative
22 Procedure Act, the adoption of rules to implement the
23 amendatory changes to this Section made by this amendatory Act
24 of 1991 shall be deemed an emergency and necessary for the
25 public interest, safety and welfare.

26 The Illinois Department may establish a managed care system

1 demonstration program, on a limited basis, as described in this
2 Section. The demonstration program shall terminate on June 30,
3 1997. Within 30 days after the end of each year of the
4 demonstration program's operation, the Illinois Department
5 shall report to the Governor and the General Assembly
6 concerning the operation of the demonstration program.

7 (Source: P.A. 87-14; 88-490.)

8 Section 99. Effective date. This Act takes effect July 1,
9 2010."