



Rep. Frank J. Mautino

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1 AMENDMENT TO SENATE BILL 3762

2 AMENDMENT NO. _____. Amend Senate Bill 3762, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Illinois Public Aid Code is amended by
6 adding Section 12-4.40 as follows:

7 (305 ILCS 5/12-4.40 new)

8 Sec. 12-4.40. Medicaid Revenue Maximization.

9 (a) Purpose. The General Assembly finds that there is a
10 need to make changes to the administration of services provided
11 by State and local governments in order to maximize federal
12 financial participation.

13 (b) Definitions. As used in this Section:

14 "Community Medicaid mental health services" means all
15 mental health services outlined in Section 132 of Title 59 of
16 the Illinois Administrative Code that are funded through DHS,

1 eligible for federal financial participation, and provided by a
2 community-based provider.

3 "Community-based provider" means an entity enrolled as a
4 provider pursuant to Sections 140.11 and 140.12 of Title 89 of
5 the Illinois Administrative Code and certified to provide
6 community Medicaid mental health services in accordance with
7 Section 132 of Title 59 of the Illinois Administrative Code.

8 "DCFS" means the Department of Children and Family
9 Services.

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

12 "Developmentally disabled care facility" means an
13 intermediate care facility for the mentally retarded within the
14 meaning of Title XIX of the Social Security Act, whether public
15 or private and whether organized for profit or not-for-profit,
16 but shall not include any facility operated by the State.

17 "Developmentally disabled care provider" means a person
18 conducting, operating, or maintaining a developmentally
19 disabled care facility. For purposes of this definition,
20 "person" means any political subdivision of the State,
21 municipal corporation, individual, firm, partnership,
22 corporation, company, limited liability company, association,
23 joint stock association, or trust, or a receiver, executor,
24 trustee, guardian, or other representative appointed by order
25 of any court.

26 "DHS" means the Illinois Department of Human Services.

1 "Hospital" means an institution, place, building, or
2 agency located in this State that is licensed as a general
3 acute hospital by the Illinois Department of Public Health
4 under the Hospital Licensing Act, whether public or private and
5 whether organized for profit or not-for-profit.

6 "Long term care facility" means (i) a skilled nursing or
7 intermediate long term care facility, whether public or private
8 and whether organized for profit or not-for-profit, that is
9 subject to licensure by the Illinois Department of Public
10 Health under the Nursing Home Care Act, including a county
11 nursing home directed and maintained under Section 5-1005 of
12 the Counties Code, and (ii) a part of a hospital in which
13 skilled or intermediate long term care services within the
14 meaning of Title XVIII or XIX of the Social Security Act are
15 provided; except that the term "long term care facility" does
16 not include a facility operated solely as an intermediate care
17 facility for the mentally retarded within the meaning of Title
18 XIX of the Social Security Act.

19 "Long term care provider" means (i) a person licensed by
20 the Department of Public Health to operate and maintain a
21 skilled nursing or intermediate long term care facility or (ii)
22 a hospital provider that provides skilled or intermediate long
23 term care services within the meaning of Title XVIII or XIX of
24 the Social Security Act. For purposes of this definition,
25 "person" means any political subdivision of the State,
26 municipal corporation, individual, firm, partnership,

1 corporation, company, limited liability company, association,
2 joint stock association, or trust, or a receiver, executor,
3 trustee, guardian, or other representative appointed by order
4 of any court.

5 "State-operated developmentally disabled care facility"
6 means an intermediate care facility for the mentally retarded
7 within the meaning of Title XIX of the Social Security Act
8 operated by the State.

9 (c) Administration and deposit of Revenues. The Department
10 shall coordinate the implementation of changes required by this
11 amendatory Act of the 96th General Assembly amongst the various
12 State and local government bodies that administer programs
13 referred to in this Section.

14 Revenues generated by program changes mandated by any
15 provision in this Section, less reasonable administrative
16 costs associated with the implementation of these program
17 changes, shall be deposited into the Healthcare Provider Relief
18 Fund.

19 The Department shall issue a report to the General Assembly
20 detailing the implementation progress of this amendatory Act of
21 the 96th General Assembly as a part of the Department's Medical
22 Programs annual report for fiscal years 2010 and 2011.

23 (d) Acceleration of payment vouchers. To the extent
24 practicable and permissible under federal law, the Department
25 shall create all vouchers for long term care facilities and
26 developmentally disabled care facilities for dates of service

1 in the month in which the enhanced federal medical assistance
2 percentage (FMAP) originally set forth in the American Recovery
3 and Reinvestment Act (ARRA) expires and for dates of service in
4 the month prior to that month and shall, no later than the 15th
5 of the month in which the enhanced FMAP expires, submit these
6 vouchers to the Comptroller for payment.

7 The Department of Human Services shall create the necessary
8 documentation for State-operated developmentally disabled care
9 facilities so that the necessary data for all dates of service
10 before the expiration of the enhanced FMAP originally set forth
11 in the ARRA can be adjudicated by the Department no later than
12 the 15th of the month in which the enhanced FMAP expires.

13 (e) Billing of DHS community Medicaid mental health
14 services. No later than July 1, 2011, community Medicaid mental
15 health services provided by a community-based provider must be
16 billed directly to the Department.

17 (f) DCFS Medicaid services. The Department shall work with
18 DCFS to identify existing programs, pending qualifying
19 services, that can be converted in an economically feasible
20 manner to Medicaid in order to secure federal financial
21 revenue.

22 (g) Third Party Liability recoveries. The Department shall
23 contract with a vendor to support the Department in
24 coordinating benefits for Medicaid enrollees. The scope of work
25 shall include, at a minimum, the identification of other
26 insurance for Medicaid enrollees and the recovery of funds paid

1 by the Department when another payer was liable. The vendor may
2 be paid a percentage of actual cash recovered when practical
3 and subject to federal law.

4 (h) Public health departments. The Department shall
5 identify unreimbursed costs for persons covered by Medicaid who
6 are served by the Chicago Department of Public Health.

7 The Department shall assist the Chicago Department of
8 Public Health in determining total unreimbursed costs
9 associated with the provision of healthcare services to
10 Medicaid enrollees.

11 The Department shall determine and draw the maximum
12 allowable federal matching dollars associated with the cost of
13 Chicago Department of Public Health services provided to
14 Medicaid enrollees.

15 (i) Acceleration of hospital-based payments. The
16 Department shall, by the 10th day of the month in which the
17 enhanced FMAP originally set forth in the ARRA expires, create
18 vouchers for all State fiscal year 2011 hospital payments
19 exempt from the prompt payment requirements of the ARRA. The
20 Department shall submit these vouchers to the Comptroller for
21 payment.

22 Section 10. The Community Services Act is amended by adding
23 Section 4.8 as follows:

24 (405 ILCS 30/4.8 new)

1 Sec. 4.8. Payments for community Medicaid mental health
2 services.

3 (a) No later than July 1, 2011, community Medicaid mental
4 health services provided by a community-based provider must be
5 billed directly to the Department of Healthcare and Family
6 Services.

7 (b) For purposes of this Section:

8 "Community Medicaid mental health services" means all
9 mental health services outlined in Section 132 of Title 59 of
10 the Illinois Administrative Code that are funded through the
11 Department of Human Services, eligible for federal financial
12 participation, and provided by a community-based provider.

13 "Community-based provider" means an entity enrolled as a
14 provider pursuant to Sections 140.11 and 140.12 of Title 89 of
15 the Illinois Administrative Code and certified to provide
16 community Medicaid mental health services in accordance with
17 Section 132 of Title 59 of the Illinois Administrative Code.

18 Section 99. Effective date. This Act takes effect upon
19 becoming law."