



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB3348

Introduced 2/24/2011, by Rep. Dan Reitz

SYNOPSIS AS INTRODUCED:

| | |
|------------------|-------------------------|
| 305 ILCS 5/5-4.2 | from Ch. 23, par. 5-4.2 |
| 305 ILCS 5/5-5 | from Ch. 23, par. 5-5 |

Amends the Illinois Public Aid Code. Provides for payment for ground ambulance services under the medical assistance program. Provides that for ground ambulance services provided to a medical assistance recipient on or after July 1, 2011, the Department of Healthcare and Family Services shall provide payment to ground ambulance services providers for base charges and mileage charges based upon the lesser of the provider's charge, as reflected on the provider's claim form, or the Illinois Medicaid Ambulance Fee Schedule payment rates. Provides for establishment of the Illinois Medicaid Ambulance Fee Schedule, and provides for a 2-year phase-in of that Schedule. Provides that effective for dates of service on or after July 1, 2011, the Department shall update the Illinois Medicaid Ambulance Fee Schedule payment rates to be in compliance with the Medicare Ambulance Fee Schedule payment rates for ground ambulance services in effect at the time of the update. Makes other changes in connection with medical assistance payments for ground ambulance services. Effective July 1, 2011.

LRB097 06117 KTG 46190 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

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 "Payment principles of Medicare" means: the accepted
4 method propounded by the Centers for Medicare and Medicaid
5 Services and used to determine the payment system for ground
6 ambulance services providers and suppliers under Title XVIII of
7 the Social Security Act. These principles are outlined in the
8 United States Code, the Code of Federal Regulations, and the
9 CMS Online Manual System, including, but not limited to, the
10 Medicare Benefit Policy Manual and the Medicare Claims
11 Processing Manual, and include the statues, regulations,
12 policies, procedures, definitions, guidelines, and coding
13 systems, including the Health Care Common Procedure Coding
14 System (HCPCS) and ambulance condition coding system, as well
15 as other resources which have been or will be developed and
16 recognized by the Centers for Medicare and Medicaid Services.

17 "Rural county" means: any county not located in a U.S.
18 Bureau of the Census Metropolitan Statistical Area (MSA); or
19 any county located within a U.S. Bureau of the Census
20 Metropolitan Statistical Area but having a population of 60,000
21 or less.

22 (b) It is the intent of the General Assembly to provide for
23 the payment for ground ambulance services as part of the State
24 Medicaid plan and to provide adequate payment for ground
25 ambulance services under the State Medicaid plan so as to
26 ensure adequate access to ground ambulance services for both

1 recipients of aid under this Article and for the general
2 population of Illinois. Unless otherwise indicated in this
3 Section, the practices of the Department concerning payments
4 for ground ambulance services provided to recipients of aid
5 under this Article shall be consistent with the payment
6 principles of Medicare.

7 (c) For ground ambulance services provided to a recipient
8 of aid under this Article on or after July 1, 2011, 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, 2011, 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, 2011 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, 2011
3 through June 30, 2012, 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, 2011 and 50% of the Illinois
7 Medicaid Ambulance Fee Schedule amount in effect on July 1,
8 2011 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 2012, 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, 2012 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 Notwithstanding the payment principles in subsection (b)
20 of this Section, the Department shall develop the Illinois
21 Medicaid Ambulance Fee Schedule using the ground mileage
22 payment rate, as defined by the Centers for Medicare and
23 Medicaid Services, and no other mileage rates which act as
24 enhancements to the ground mileage rate, whether permanent or
25 temporary, shall be recognized by the Department.

26 (d) Payment for mileage shall be per loaded mile with no

1 loaded mileage included in the base rate. If a natural
2 disaster, weather, road repairs, traffic congestion, or other
3 conditions necessitate a route other than the most direct
4 route, payment shall be based upon the actual distance
5 traveled. When a ground ambulance services provider provides
6 transport pursuant to an emergency call as defined by the
7 Centers for Medicare and Medicaid Services, no reduction in the
8 mileage payment shall be made based upon the fact that a closer
9 facility may have been available, so long as the ground
10 ambulance services provider provided transport to the
11 recipient's facility of choice within the scope of the Illinois
12 Emergency Medical Services (EMS) Systems Act and associated
13 rules and the policies and procedures of the EMS System of
14 which the provider is a member.

15 (e) The Department shall provide payment for emergency
16 ground ambulance services provided to a recipient of aid under
17 this Article according to the requirements provided in
18 subsection (b) of this Section when those services are provided
19 pursuant to a request made through a 9-1-1 or equivalent
20 emergency telephone number for evaluation, treatment, and
21 transport from or on behalf of an individual with a condition
22 of such a nature that a prudent layperson would have reasonably
23 expected that a delay in seeking immediate medical attention
24 would have been hazardous to life or health. This standard is
25 deemed to be met if there is an emergency medical condition
26 manifesting itself by acute symptoms of sufficient severity,

1 including but not limited to severe pain, such that a prudent
2 layperson who possesses an average knowledge of medicine and
3 health can reasonably expect that the absence of immediate
4 medical attention could result in placing the health of the
5 individual or, with respect to a pregnant woman, the health of
6 the woman or her unborn child, in serious jeopardy, cause
7 serious impairment to bodily functions, or cause serious
8 dysfunction of any bodily organ or part.

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

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

21 (h) Effective for dates of service on or after July 1,
22 2011, payments for stretcher van services provided by ground
23 ambulance services providers shall be as follows:

24 (1) For each individual base rate, the amount of the
25 payment shall be the lesser of the provider's charge, as
26 reflected on the provider's claim form, or 80% of the

1 Illinois Medicaid Ambulance Fee Schedule payment rate for
2 the basic life support non-emergency base rate.

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

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

1 ~~principles, definitions, guidelines, and manuals used to~~
2 ~~determine the amounts paid to ambulance service providers under~~
3 ~~Title XVIII of the Social Security Act (Medicare).~~

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

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

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

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

1 Department for services rendered by a non-certified driver or
2 employee attendant. Medi-car and service car providers must
3 maintain legible documentation in their records of the driver
4 and, as applicable, employee attendant that actually
5 transported the patient. Providers must recertify all drivers
6 and employee attendants every 3 years.

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

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

14 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

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

1 services; (8) private duty nursing service; (9) clinic
2 services; (10) dental services, including prevention and
3 treatment of periodontal disease and dental caries disease for
4 pregnant women, provided by an individual licensed to practice
5 dentistry or dental surgery; for purposes of this item (10),
6 "dental services" means diagnostic, preventive, or corrective
7 procedures provided by or under the supervision of a dentist in
8 the practice of his or her profession; (11) physical therapy
9 and related services; (12) prescribed drugs, dentures, and
10 prosthetic devices; and eyeglasses prescribed by a physician
11 skilled in the diseases of the eye, or by an optometrist,
12 whichever the person may select; (13) other diagnostic,
13 screening, preventive, and rehabilitative services; (14)
14 transportation and such other expenses as may be necessary,
15 provided that payment for ground ambulance services shall be as
16 provided in Section 5-4.2; (15) medical treatment of sexual
17 assault survivors, as defined in Section 1a of the Sexual
18 Assault Survivors Emergency Treatment Act, for injuries
19 sustained as a result of the sexual assault, including
20 examinations and laboratory tests to discover evidence which
21 may be used in criminal proceedings arising from the sexual
22 assault; (16) the diagnosis and treatment of sickle cell
23 anemia; and (17) any other medical care, and any other type of
24 remedial care recognized under the laws of this State, but not
25 including abortions, or induced miscarriages or premature
26 births, unless, in the opinion of a physician, such procedures

1 are necessary for the preservation of the life of the woman
2 seeking such treatment, or except an induced premature birth
3 intended to produce a live viable child and such procedure is
4 necessary for the health of the mother or her unborn child. The
5 Illinois Department, by rule, shall prohibit any physician from
6 providing medical assistance to anyone eligible therefor under
7 this Code where such physician has been found guilty of
8 performing an abortion procedure in a wilful and wanton manner
9 upon a woman who was not pregnant at the time such abortion
10 procedure was performed. The term "any other type of remedial
11 care" shall include nursing care and nursing home service for
12 persons who rely on treatment by spiritual means alone through
13 prayer for healing.

14 Notwithstanding any other provision of this Section, a
15 comprehensive tobacco use cessation program that includes
16 purchasing prescription drugs or prescription medical devices
17 approved by the Food and Drug Administration shall be covered
18 under the medical assistance program under this Article for
19 persons who are otherwise eligible for assistance under this
20 Article.

21 Notwithstanding any other provision of this Code, the
22 Illinois Department may not require, as a condition of payment
23 for any laboratory test authorized under this Article, that a
24 physician's handwritten signature appear on the laboratory
25 test order form. The Illinois Department may, however, impose
26 other appropriate requirements regarding laboratory test order

1 documentation.

2 The Department of Healthcare and Family Services shall
3 provide the following services to persons eligible for
4 assistance under this Article who are participating in
5 education, training or employment programs operated by the
6 Department of Human Services as successor to the Department of
7 Public Aid:

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

10 (2) eyeglasses prescribed by a physician skilled in the
11 diseases of the eye, or by an optometrist, whichever the
12 person may select.

13 Notwithstanding any other provision of this Code and
14 subject to federal approval, the Department may adopt rules to
15 allow a dentist who is volunteering his or her service at no
16 cost to render dental services through an enrolled
17 not-for-profit health clinic without the dentist personally
18 enrolling as a participating provider in the medical assistance
19 program. A not-for-profit health clinic shall include a public
20 health clinic or Federally Qualified Health Center or other
21 enrolled provider, as determined by the Department, through
22 which dental services covered under this Section are performed.
23 The Department shall establish a process for payment of claims
24 for reimbursement for covered dental services rendered under
25 this provision.

26 The Illinois Department, by rule, may distinguish and

1 classify the medical services to be provided only in accordance
2 with the classes of persons designated in Section 5-2.

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

10 The Illinois Department shall authorize the provision of,
11 and shall authorize payment for, screening by low-dose
12 mammography for the presence of occult breast cancer for women
13 35 years of age or older who are eligible for medical
14 assistance under this Article, as follows:

15 (A) A baseline mammogram for women 35 to 39 years of
16 age.

17 (B) An annual mammogram for women 40 years of age or
18 older.

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

24 (D) A comprehensive ultrasound screening of an entire
25 breast or breasts if a mammogram demonstrates
26 heterogeneous or dense breast tissue, when medically

1 necessary as determined by a physician licensed to practice
2 medicine in all of its branches.

3 All screenings shall include a physical breast exam,
4 instruction on self-examination and information regarding the
5 frequency of self-examination and its value as a preventative
6 tool. For purposes of this Section, "low-dose mammography"
7 means the x-ray examination of the breast using equipment
8 dedicated specifically for mammography, including the x-ray
9 tube, filter, compression device, and image receptor, with an
10 average radiation exposure delivery of less than one rad per
11 breast for 2 views of an average size breast. The term also
12 includes digital mammography.

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

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

25 Subject to federal approval, the Department shall
26 establish a rate methodology for mammography at federally

1 qualified health centers and other encounter-rate clinics.
2 These clinics or centers may also collaborate with other
3 hospital-based mammography facilities.

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

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

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

25 Any medical or health care provider shall immediately
26 recommend, to any pregnant woman who is being provided prenatal

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

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

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

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

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

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

23 The Illinois Department may develop and contract with
24 Partnerships of medical providers to arrange medical services
25 for persons eligible under Section 5-2 of this Code.
26 Implementation of this Section may be by demonstration projects

1 in certain geographic areas. The Partnership shall be
2 represented by a sponsor organization. The Department, by rule,
3 shall develop qualifications for sponsors of Partnerships.
4 Nothing in this Section shall be construed to require that the
5 sponsor organization be a medical organization.

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

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

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

24 (3) Persons receiving medical services through
25 Partnerships may receive medical and case management
26 services above the level usually offered through the

1 medical assistance program.

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

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

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

23 The Illinois Department shall require health care
24 providers to maintain records that document the medical care
25 and services provided to recipients of Medical Assistance under
26 this Article. The Illinois Department shall require health care

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

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

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

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

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

1 for the Illinois Department.

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

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

24 The Department shall execute, relative to the nursing home
25 prescreening project, written inter-agency agreements with the
26 Department of Human Services and the Department on Aging, to

1 effect the following: (i) intake procedures and common
2 eligibility criteria for those persons who are receiving
3 non-institutional services; and (ii) the establishment and
4 development of non-institutional services in areas of the State
5 where they are not currently available or are undeveloped.

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

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

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

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

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

22 (d) efforts at utilization review and control by the
23 Illinois Department.

24 The period covered by each report shall be the 3 years
25 ending on the June 30 prior to the report. The report shall
26 include suggested legislation for consideration by the General

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

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

17 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;
18 95-1045, eff. 3-27-09; 96-156, eff. 1-1-10; 96-806, eff.
19 7-1-10; 96-926, eff. 1-1-11; 96-1000, eff. 7-2-10.)

20 Section 95. No acceleration or delay. Where this Act makes
21 changes in a statute that is represented in this Act by text
22 that is not yet or no longer in effect (for example, a Section
23 represented by multiple versions), the use of that text does
24 not accelerate or delay the taking effect of (i) the changes
25 made by this Act or (ii) provisions derived from any other

1 Public Act.

2 Section 99. Effective date. This Act takes effect July 1,
3 2011.