



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB5692

Introduced 2/16/2012, by Rep. Elizabeth Hernandez

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5

from Ch. 23, par. 5-5

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that a dental desensitization program that aims to allay the fears and anxieties of dental patients, age 5 through 21, who have a developmental disability or mental illness by familiarizing such patients with the surroundings, tools, and procedures of the dental office or clinic during a comprehensive patient walk-through shall be covered under the State's medical assistance program for persons who are otherwise eligible for medical assistance under the Code. Effective immediately.

LRB097 17405 KTG 62607 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 Section 5-5 as follows:

6 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

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

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

1 performing an abortion procedure in a wilful and wanton manner
2 upon a woman who was not pregnant at the time such abortion
3 procedure was performed. The term "any other type of remedial
4 care" shall include nursing care and nursing home service for
5 persons who rely on treatment by spiritual means alone through
6 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 provided by or under the
2 supervision of a dentist; 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 Notwithstanding any other provision of this Code and
7 subject to federal approval, the Department may adopt rules to
8 allow a dentist who is volunteering his or her service at no
9 cost to render dental services through an enrolled
10 not-for-profit health clinic without the dentist personally
11 enrolling as a participating provider in the medical assistance
12 program. A not-for-profit health clinic shall include a public
13 health clinic or Federally Qualified Health Center or other
14 enrolled provider, as determined by the Department, through
15 which dental services covered under this Section are performed.
16 The Department shall establish a process for payment of claims
17 for reimbursement for covered dental services rendered under
18 this provision.

19 Notwithstanding any other provision of this Section, a
20 dental desensitization program that aims to allay the fears and
21 anxieties of dental patients, age 5 through 21, who have a
22 developmental disability or mental illness by familiarizing
23 such patients with the surroundings, tools, and procedures of
24 the dental office or clinic during a comprehensive patient
25 walk-through shall be covered under the medical assistance
26 program under this Article for persons who are otherwise

1 eligible for medical assistance under this Article.

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

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

12 The Illinois Department shall authorize the provision of,
13 and shall authorize payment for, screening by low-dose
14 mammography for the presence of occult breast cancer for women
15 35 years of age or older who are eligible for medical
16 assistance under this Article, as follows:

17 (A) A baseline mammogram for women 35 to 39 years of
18 age.

19 (B) An annual mammogram for women 40 years of age or
20 older.

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

26 (D) A comprehensive ultrasound screening of an entire

1 breast or breasts if a mammogram demonstrates
2 heterogeneous or dense breast tissue, when medically
3 necessary as determined by a physician licensed to practice
4 medicine in all of its branches.

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

15 On and after January 1, 2012, providers participating in a
16 quality improvement program approved by the Department shall be
17 reimbursed for screening and diagnostic mammography at the same
18 rate as the Medicare program's rates, including the increased
19 reimbursement for digital mammography.

20 The Department shall convene an expert panel including
21 representatives of hospitals, free-standing mammography
22 facilities, and doctors, including radiologists, to establish
23 quality standards.

24 Subject to federal approval, the Department shall
25 establish a rate methodology for mammography at federally
26 qualified health centers and other encounter-rate clinics.

1 These clinics or centers may also collaborate with other
2 hospital-based mammography facilities.

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

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

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

24 Any medical or health care provider shall immediately
25 recommend, to any pregnant woman who is being provided prenatal
26 services and is suspected of drug abuse or is addicted as

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

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

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

26 Neither the Department of Healthcare and Family Services

1 nor the Department of Human Services shall sanction the
2 recipient solely on the basis of her substance abuse.

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

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

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

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

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

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

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

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

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

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

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

22 The Illinois Department shall require health care
23 providers to maintain records that document the medical care
24 and services provided to recipients of Medical Assistance under
25 this Article. Such records must be retained for a period of not
26 less than 6 years from the date of service or as provided by

1 applicable State law, whichever period is longer, except that
2 if an audit is initiated within the required retention period
3 then the records must be retained until the audit is completed
4 and every exception is resolved. The Illinois Department shall
5 require health care providers to make available, when
6 authorized by the patient, in writing, the medical records in a
7 timely fashion to other health care providers who are treating
8 or serving persons eligible for Medical Assistance under this
9 Article. All dispensers of medical services shall be required
10 to maintain and retain business and professional records
11 sufficient to fully and accurately document the nature, scope,
12 details and receipt of the health care provided to persons
13 eligible for medical assistance under this Code, in accordance
14 with regulations promulgated by the Illinois Department. The
15 rules and regulations shall require that proof of the receipt
16 of prescription drugs, dentures, prosthetic devices and
17 eyeglasses by eligible persons under this Section accompany
18 each claim for reimbursement submitted by the dispenser of such
19 medical services. No such claims for reimbursement shall be
20 approved for payment by the Illinois Department without such
21 proof of receipt, unless the Illinois Department shall have put
22 into effect and shall be operating a system of post-payment
23 audit and review which shall, on a sampling basis, be deemed
24 adequate by the Illinois Department to assure that such drugs,
25 dentures, prosthetic devices and eyeglasses for which payment
26 is being made are actually being received by eligible

1 recipients. Within 90 days after the effective date of this
2 amendatory Act of 1984, the Illinois Department shall establish
3 a current list of acquisition costs for all prosthetic devices
4 and any other items recognized as medical equipment and
5 supplies reimbursable under this Article and shall update such
6 list on a quarterly basis, except that the acquisition costs of
7 all prescription drugs shall be updated no less frequently than
8 every 30 days as required by Section 5-5.12.

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

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

24 The Illinois Department may require that all dispensers of
25 medical services desiring to participate in the medical
26 assistance program established under this Article disclose,

1 under such terms and conditions as the Illinois Department may
2 by rule establish, all inquiries from clients and attorneys
3 regarding medical bills paid by the Illinois Department, which
4 inquiries could indicate potential existence of claims or liens
5 for the Illinois Department.

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

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

1 previously authorized for such recipient by the Department.

2 The Department shall execute, relative to the nursing home
3 prescreening project, written inter-agency agreements with the
4 Department of Human Services and the Department on Aging, to
5 effect the following: (i) intake procedures and common
6 eligibility criteria for those persons who are receiving
7 non-institutional services; and (ii) the establishment and
8 development of non-institutional services in areas of the State
9 where they are not currently available or are undeveloped.

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

17 The Illinois Department shall report annually to the
18 General Assembly, no later than the second Friday in April of
19 1979 and each year thereafter, in regard to:

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

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

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

26 (d) efforts at utilization review and control by the

1 Illinois Department.

2 The period covered by each report shall be the 3 years
3 ending on the June 30 prior to the report. The report shall
4 include suggested legislation for consideration by the General
5 Assembly. The filing of one copy of the report with the
6 Speaker, one copy with the Minority Leader and one copy with
7 the Clerk of the House of Representatives, one copy with the
8 President, one copy with the Minority Leader and one copy with
9 the Secretary of the Senate, one copy with the Legislative
10 Research Unit, and such additional copies with the State
11 Government Report Distribution Center for the General Assembly
12 as is required under paragraph (t) of Section 7 of the State
13 Library Act shall be deemed sufficient to comply with this
14 Section.

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

21 (Source: P.A. 96-156, eff. 1-1-10; 96-806, eff. 7-1-10; 96-926,
22 eff. 1-1-11; 96-1000, eff. 7-2-10; 97-48, eff. 6-28-11; 97-638,
23 eff. 1-1-12.)

24 Section 99. Effective date. This Act takes effect upon
25 becoming law.