

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

22 The Department of Healthcare and Family Services must
23 provide coverage and reimbursement for amino acid-based
24 elemental formulas, regardless of delivery method, for the
25 diagnosis and treatment of (i) eosinophilic disorders and (ii)
26 short bowel syndrome when the prescribing physician has issued

1 a written order stating that the amino acid-based elemental
2 formula is medically necessary.

3 The Illinois Department shall authorize the provision of,
4 and shall authorize payment for, screening by low-dose
5 mammography for the presence of occult breast cancer for women
6 35 years of age or older who are eligible for medical
7 assistance under this Article, as follows:

8 (A) A baseline mammogram for women 35 to 39 years of
9 age.

10 (B) An annual mammogram for women 40 years of age or
11 older.

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

17 (D) A comprehensive ultrasound screening of an entire
18 breast or breasts if a mammogram demonstrates
19 heterogeneous or dense breast tissue, when medically
20 necessary as determined by a physician licensed to practice
21 medicine in all of its branches.

22 All screenings shall include a physical breast exam,
23 instruction on self-examination and information regarding the
24 frequency of self-examination and its value as a preventative
25 tool. For purposes of this Section, "low-dose mammography"
26 means the x-ray examination of the breast using equipment

1 dedicated specifically for mammography, including the x-ray
2 tube, filter, compression device, and image receptor, with an
3 average radiation exposure delivery of less than one rad per
4 breast for 2 views of an average size breast. The term also
5 includes digital mammography.

6 On and after January 1, 2012, providers participating in a
7 quality improvement program approved by the Department shall be
8 reimbursed for screening and diagnostic mammography at the same
9 rate as the Medicare program's rates, including the increased
10 reimbursement for digital mammography. ~~On and after July 1,~~
11 ~~2008, screening and diagnostic mammography shall be reimbursed~~
12 ~~at the same rate as the Medicare program's rates, including the~~
13 ~~increased reimbursement for digital mammography.~~

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

22 Subject to federal approval, the Department shall
23 establish a rate methodology for mammography at federally
24 qualified health centers and other encounter-rate clinics.
25 These clinics or centers may also collaborate with other
26 hospital-based mammography facilities.

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

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

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

22 Any medical or health care provider shall immediately
23 recommend, to any pregnant woman who is being provided prenatal
24 services and is suspected of drug abuse or is addicted as
25 defined in the Alcoholism and Other Drug Abuse and Dependency
26 Act, referral to a local substance abuse treatment provider

1 licensed by the Department of Human Services or to a licensed
2 hospital which provides substance abuse treatment services.
3 The Department of Healthcare and Family Services shall assure
4 coverage for the cost of treatment of the drug abuse or
5 addiction for pregnant recipients in accordance with the
6 Illinois Medicaid Program in conjunction with the Department of
7 Human Services.

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

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

24 Neither the Department of Healthcare and Family Services
25 nor the Department of Human Services shall sanction the
26 recipient solely on the basis of her substance abuse.

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

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

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. Such records must be retained for a period of not
24 less than 6 years from the date of service or as provided by
25 applicable State law, whichever period is longer, except that
26 if an audit is initiated within the required retention period

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

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

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

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

22 The Illinois Department may require that all dispensers of
23 medical services desiring to participate in the medical
24 assistance program established under this Article disclose,
25 under such terms and conditions as the Illinois Department may
26 by rule establish, all inquiries from clients and attorneys

1 regarding medical bills paid by the Illinois Department, which
2 inquiries could indicate potential existence of claims or liens
3 for the Illinois Department.

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

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

26 The Department shall execute, relative to the nursing home

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

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

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

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

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

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

24 (d) efforts at utilization review and control by the
25 Illinois Department.

26 The period covered by each report shall be the 3 years

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

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

19 (Source: P.A. 96-156, eff. 1-1-10; 96-806, eff. 7-1-10; 96-926,
20 eff. 1-1-11; 96-1000, eff. 7-2-10; 97-48, eff. 6-28-11.)

21 Section 99. Effective date. This Act takes effect January
22 1, 2012.