

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.