



Sen. Mattie Hunter

Filed: 10/27/2011

09700SB2502sam001

LRB097 13774 KTG 58713 a

1 AMENDMENT TO SENATE BILL 2502

2 AMENDMENT NO. _____. Amend Senate Bill 2502 by replacing
3 everything after the enacting clause with the following:

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

1 care furnished by licensed practitioners; (7) home health care
2 services; (8) private duty nursing service; (9) clinic
3 services; (10) dental services, including prevention and
4 treatment of periodontal disease and dental caries disease for
5 pregnant women, provided by an individual licensed to practice
6 dentistry or dental surgery; for purposes of this item (10),
7 "dental services" means diagnostic, preventive, or corrective
8 procedures provided by or under the supervision of a dentist in
9 the practice of his or her profession; (11) physical therapy
10 and related services; (12) prescribed drugs, dentures, and
11 prosthetic devices; and eyeglasses prescribed by a physician
12 skilled in the diseases of the eye, or by an optometrist,
13 whichever the person may select; (13) other diagnostic,
14 screening, preventive, and rehabilitative services, for
15 children and adults; (14) transportation and such other
16 expenses as may be necessary; (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 January 1, 2012, providers participating in a
14 quality improvement program approved by the Department shall be
15 reimbursed for screening and diagnostic mammography at the same
16 rate as the Medicare program's rates, including the increased
17 reimbursement for digital mammography. ~~On and after July 1,~~
18 ~~2008, screening and diagnostic mammography shall be reimbursed~~
19 ~~at the same rate as the Medicare program's rates, including the~~
20 ~~increased reimbursement for digital mammography.~~

21 The Department shall convene an expert panel including
22 representatives of hospitals, free-standing mammography
23 facilities, and doctors, including radiologists, to establish
24 quality standards. ~~Based on these quality standards, the~~
25 ~~Department shall provide for bonus payments to mammography~~
26 ~~facilities meeting the standards for screening and diagnosis.~~

1 ~~The bonus payments shall be at least 15% higher than the~~
2 ~~Medicare rates for mammography.~~

3 Subject to federal approval, the Department shall
4 establish a rate methodology for mammography at federally
5 qualified health centers and other encounter-rate clinics.
6 These clinics or centers may also collaborate with other
7 hospital-based mammography facilities.

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

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

18 The Department shall devise a means of case-managing or
19 patient navigation for beneficiaries diagnosed with breast
20 cancer. This program shall initially operate as a pilot program
21 in areas of the State with the highest incidence of mortality
22 related to breast cancer. At least one pilot program site shall
23 be in the metropolitan Chicago area and at least one site shall
24 be outside the metropolitan Chicago area. An evaluation of the
25 pilot program shall be carried out measuring health outcomes
26 and cost of care for those served by the pilot program compared

1 to similarly situated patients who are not served by the pilot
2 program.

3 Any medical or health care provider shall immediately
4 recommend, to any pregnant woman who is being provided prenatal
5 services and is suspected of drug abuse or is addicted as
6 defined in the Alcoholism and Other Drug Abuse and Dependency
7 Act, referral to a local substance abuse treatment provider
8 licensed by the Department of Human Services or to a licensed
9 hospital which provides substance abuse treatment services.
10 The Department of Healthcare and Family Services shall assure
11 coverage for the cost of treatment of the drug abuse or
12 addiction for pregnant recipients in accordance with the
13 Illinois Medicaid Program in conjunction with the Department of
14 Human Services.

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

23 The Illinois Department, in cooperation with the
24 Departments of Human Services (as successor to the Department
25 of Alcoholism and Substance Abuse) and Public Health, through a
26 public awareness campaign, may provide information concerning

1 treatment for alcoholism and drug abuse and addiction, prenatal
2 health care, and other pertinent programs directed at reducing
3 the number of drug-affected infants born to recipients of
4 medical assistance.

5 Neither the Department of Healthcare and Family Services
6 nor the Department of Human Services shall sanction the
7 recipient solely on the basis of her substance abuse.

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

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

1 The Illinois Department may develop and contract with
2 Partnerships of medical providers to arrange medical services
3 for persons eligible under Section 5-2 of this Code.
4 Implementation of this Section may be by demonstration projects
5 in certain geographic areas. The Partnership shall be
6 represented by a sponsor organization. The Department, by rule,
7 shall develop qualifications for sponsors of Partnerships.
8 Nothing in this Section shall be construed to require that the
9 sponsor organization be a medical organization.

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

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

25 (2) The Department may elect to consider and negotiate
26 financial incentives to encourage the development of

1 Partnerships and the efficient delivery of medical care.

2 (3) Persons receiving medical services through
3 Partnerships may receive medical and case management
4 services above the level usually offered through the
5 medical assistance program.

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

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

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

1 The Illinois Department shall require health care
2 providers to maintain records that document the medical care
3 and services provided to recipients of Medical Assistance under
4 this Article. Such records must be retained for a period of not
5 less than 6 years from the date of service or as provided by
6 applicable State law, whichever period is longer, except that
7 if an audit is initiated within the required retention period
8 then the records must be retained until the audit is completed
9 and every exception is resolved. The Illinois Department shall
10 require health care providers to make available, when
11 authorized by the patient, in writing, the medical records in a
12 timely fashion to other health care providers who are treating
13 or serving persons eligible for Medical Assistance under this
14 Article. All dispensers of medical services shall be required
15 to maintain and retain business and professional records
16 sufficient to fully and accurately document the nature, scope,
17 details and receipt of the health care provided to persons
18 eligible for medical assistance under this Code, in accordance
19 with regulations promulgated by the Illinois Department. The
20 rules and regulations shall require that proof of the receipt
21 of prescription drugs, dentures, prosthetic devices and
22 eyeglasses by eligible persons under this Section accompany
23 each claim for reimbursement submitted by the dispenser of such
24 medical services. No such claims for reimbursement shall be
25 approved for payment by the Illinois Department without such
26 proof of receipt, unless the Illinois Department shall have put

1 into effect and shall be operating a system of post-payment
2 audit and review which shall, on a sampling basis, be deemed
3 adequate by the Illinois Department to assure that such drugs,
4 dentures, prosthetic devices and eyeglasses for which payment
5 is being made are actually being received by eligible
6 recipients. Within 90 days after the effective date of this
7 amendatory Act of 1984, the Illinois Department shall establish
8 a current list of acquisition costs for all prosthetic devices
9 and any other items recognized as medical equipment and
10 supplies reimbursable under this Article and shall update such
11 list on a quarterly basis, except that the acquisition costs of
12 all prescription drugs shall be updated no less frequently than
13 every 30 days as required by Section 5-5.12.

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

20 The Illinois Department shall require all dispensers of
21 medical services, other than an individual practitioner or
22 group of practitioners, desiring to participate in the Medical
23 Assistance program established under this Article to disclose
24 all financial, beneficial, ownership, equity, surety or other
25 interests in any and all firms, corporations, partnerships,
26 associations, business enterprises, joint ventures, agencies,

1 institutions or other legal entities providing any form of
2 health care services in this State under this Article.

3 The Illinois Department may require that all dispensers of
4 medical services desiring to participate in the medical
5 assistance program established under this Article disclose,
6 under such terms and conditions as the Illinois Department may
7 by rule establish, all inquiries from clients and attorneys
8 regarding medical bills paid by the Illinois Department, which
9 inquiries could indicate potential existence of claims or liens
10 for the Illinois Department.

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

18 The Illinois Department shall establish policies,
19 procedures, standards and criteria by rule for the acquisition,
20 repair and replacement of orthotic and prosthetic devices and
21 durable medical equipment. Such rules shall provide, but not be
22 limited to, the following services: (1) immediate repair or
23 replacement of such devices by recipients without medical
24 authorization; and (2) rental, lease, purchase or
25 lease-purchase of durable medical equipment in a
26 cost-effective manner, taking into consideration the

1 recipient's medical prognosis, the extent of the recipient's
2 needs, and the requirements and costs for maintaining such
3 equipment. Such rules shall enable a recipient to temporarily
4 acquire and use alternative or substitute devices or equipment
5 pending repairs or replacements of any device or equipment
6 previously authorized for such recipient by the Department.

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

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

22 The Illinois Department shall report annually to the
23 General Assembly, no later than the second Friday in April of
24 1979 and each year thereafter, in regard to:

- 25 (a) actual statistics and trends in utilization of
26 medical services by public aid recipients;

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

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

5 (d) efforts at utilization review and control by the
6 Illinois Department.

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

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

26 (Source: P.A. 96-156, eff. 1-1-10; 96-806, eff. 7-1-10; 96-926,

1 eff. 1-1-11; 96-1000, eff. 7-2-10; 97-48, eff. 6-28-11.)

2 Section 99. Effective date. This Act takes effect January
3 1, 2012."