

# HB1208



## 98TH GENERAL ASSEMBLY

### State of Illinois

2013 and 2014

HB1208

by Rep. Mary E. Flowers

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5f

Amends the Medical Assistance Article of the Illinois Public Aid Code. Exempts pregnant women, persons who are classified as mentally or developmentally disabled, persons who are aged, blind, or disabled, and persons who are being treated at a dental school as part of the clinical education process for dental students from a provision limiting adult dental services to emergencies. Effective immediately.

LRB098 06213 KTG 36254 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 5-5f as follows:

6 (305 ILCS 5/5-5f)

7 Sec. 5-5f. Elimination and limitations of medical  
8 assistance services. Notwithstanding any other provision of  
9 this Code to the contrary, on and after July 1, 2012:

10 (a) The following services shall no longer be a covered  
11 service available under this Code: group psychotherapy for  
12 residents of any facility licensed under the Nursing Home Care  
13 Act or the Specialized Mental Health Rehabilitation Act; and  
14 adult chiropractic services.

15 (b) The Department shall place the following limitations on  
16 services: (i) the Department shall limit adult eyeglasses to  
17 one pair every 2 years; (ii) the Department shall set an annual  
18 limit of a maximum of 20 visits for each of the following  
19 services: adult speech, hearing, and language therapy  
20 services, adult occupational therapy services, and physical  
21 therapy services; (iii) the Department shall limit podiatry  
22 services to individuals with diabetes; (iv) the Department  
23 shall pay for caesarean sections at the normal vaginal delivery

1 rate unless a caesarean section was medically necessary; (v)  
2 the Department shall limit adult dental services to  
3 emergencies, except that this limitation shall not apply to  
4 pregnant women, persons who are classified as mentally or  
5 developmentally disabled, persons who are aged, blind, or  
6 disabled, or persons who are being treated at a dental school  
7 as part of the clinical education process for dental students;  
8 and (vi) effective July 1, 2012, the Department shall place  
9 limitations and require concurrent review on every inpatient  
10 detoxification stay to prevent repeat admissions to any  
11 hospital for detoxification within 60 days of a previous  
12 inpatient detoxification stay. The Department shall convene a  
13 workgroup of hospitals, substance abuse providers, care  
14 coordination entities, managed care plans, and other  
15 stakeholders to develop recommendations for quality standards,  
16 diversion to other settings, and admission criteria for  
17 patients who need inpatient detoxification.

18 (c) The Department shall require prior approval of the  
19 following services: wheelchair repairs, regardless of the cost  
20 of the repairs, coronary artery bypass graft, and bariatric  
21 surgery consistent with Medicare standards concerning patient  
22 responsibility. The wholesale cost of power wheelchairs shall  
23 be actual acquisition cost including all discounts.

24 (d) The Department shall establish benchmarks for  
25 hospitals to measure and align payments to reduce potentially  
26 preventable hospital readmissions, inpatient complications,

1 and unnecessary emergency room visits. In doing so, the  
2 Department shall consider items, including, but not limited to,  
3 historic and current acuity of care and historic and current  
4 trends in readmission. The Department shall publish  
5 provider-specific historical readmission data and anticipated  
6 potentially preventable targets 60 days prior to the start of  
7 the program. In the instance of readmissions, the Department  
8 shall adopt policies and rates of reimbursement for services  
9 and other payments provided under this Code to ensure that, by  
10 June 30, 2013, expenditures to hospitals are reduced by, at a  
11 minimum, \$40,000,000.

12 (e) The Department shall establish utilization controls  
13 for the hospice program such that it shall not pay for other  
14 care services when an individual is in hospice.

15 (f) For home health services, the Department shall require  
16 Medicare certification of providers participating in the  
17 program, implement the Medicare face-to-face encounter rule,  
18 and limit services to post-hospitalization. The Department  
19 shall require providers to implement auditable electronic  
20 service verification based on global positioning systems or  
21 other cost-effective technology.

22 (g) For the Home Services Program operated by the  
23 Department of Human Services and the Community Care Program  
24 operated by the Department on Aging, the Department of Human  
25 Services, in cooperation with the Department on Aging, shall  
26 implement an electronic service verification based on global

1 positioning systems or other cost-effective technology.

2 (h) The Department shall not pay for hospital admissions  
3 when the claim indicates a hospital acquired condition that  
4 would cause Medicare to reduce its payment on the claim had the  
5 claim been submitted to Medicare, nor shall the Department pay  
6 for hospital admissions where a Medicare identified "never  
7 event" occurred.

8 (i) The Department shall implement cost savings  
9 initiatives for advanced imaging services, cardiac imaging  
10 services, pain management services, and back surgery. Such  
11 initiatives shall be designed to achieve annual costs savings.  
12 (Source: P.A. 97-689, eff. 6-14-12.)

13 Section 99. Effective date. This Act takes effect upon  
14 becoming law.