



Rep. Elgie R. Sims, Jr.

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LRB098 05642 KTG 43684 a

1 AMENDMENT TO HOUSE BILL 2802

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 2802 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, including  
15 to ensure that the individual's need for intervention or  
16 treatment of mental disorders or substance use disorders or  
17 co-occurring mental health and substance use disorders is  
18 determined using a uniform screening, assessment, and  
19 evaluation process inclusive of criteria, for children and  
20 adults; for purposes of this item (13), a uniform screening,  
21 assessment, and evaluation process refers to a process that  
22 includes an appropriate evaluation and, as warranted, a  
23 referral; "uniform" does not mean the use of a singular  
24 instrument, tool, or process that all must utilize; (14)  
25 transportation and such other expenses as may be necessary;  
26 (15) medical treatment of sexual assault survivors, as defined

1 in Section 1a of the Sexual Assault Survivors Emergency  
2 Treatment Act, for injuries sustained as a result of the sexual  
3 assault, including examinations and laboratory tests to  
4 discover evidence which may be used in criminal proceedings  
5 arising from the sexual assault; (16) the diagnosis and  
6 treatment of sickle cell anemia; and (17) any other medical  
7 care, and any other type of remedial care recognized under the  
8 laws of this State, but not including abortions, or induced  
9 miscarriages or premature births, unless, in the opinion of a  
10 physician, such procedures are necessary for the preservation  
11 of the life of the woman seeking such treatment, or except an  
12 induced premature birth intended to produce a live viable child  
13 and such procedure is necessary for the health of the mother or  
14 her unborn child. The Illinois Department, by rule, shall  
15 prohibit any physician from providing medical assistance to  
16 anyone eligible therefor under this Code where such physician  
17 has been found guilty of performing an abortion procedure in a  
18 wilful and wanton manner upon a woman who was not pregnant at  
19 the time such abortion procedure was performed. The term "any  
20 other type of remedial care" shall include nursing care and  
21 nursing home service for persons who rely on treatment by  
22 spiritual means alone through prayer for healing.

23 Notwithstanding any other provision of this Section, a  
24 comprehensive tobacco use cessation program that includes  
25 purchasing prescription drugs or prescription medical devices  
26 approved by the Food and Drug Administration shall be covered

1 under the medical assistance program under this Article for  
2 persons who are otherwise eligible for assistance under this  
3 Article.

4 Notwithstanding any other provision of this Code, the  
5 Illinois Department may not require, as a condition of payment  
6 for any laboratory test authorized under this Article, that a  
7 physician's handwritten signature appear on the laboratory  
8 test order form. The Illinois Department may, however, impose  
9 other appropriate requirements regarding laboratory test order  
10 documentation.

11 On and after July 1, 2012, the Department of Healthcare and  
12 Family Services may provide the following services to persons  
13 eligible for assistance under this Article who are  
14 participating in education, training or employment programs  
15 operated by the Department of Human Services as successor to  
16 the Department of Public Aid:

17 (1) dental services provided by or under the  
18 supervision of a dentist; and

19 (2) eyeglasses prescribed by a physician skilled in the  
20 diseases of the eye, or by an optometrist, whichever the  
21 person may select.

22 Notwithstanding any other provision of this Code and  
23 subject to federal approval, the Department may adopt rules to  
24 allow a dentist who is volunteering his or her service at no  
25 cost to render dental services through an enrolled  
26 not-for-profit health clinic without the dentist personally

1 enrolling as a participating provider in the medical assistance  
2 program. A not-for-profit health clinic shall include a public  
3 health clinic or Federally Qualified Health Center or other  
4 enrolled provider, as determined by the Department, through  
5 which dental services covered under this Section are performed.  
6 The Department shall establish a process for payment of claims  
7 for reimbursement for covered dental services rendered under  
8 this provision.

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

12 The Department of Healthcare and Family Services must  
13 provide coverage and reimbursement for amino acid-based  
14 elemental formulas, regardless of delivery method, for the  
15 diagnosis and treatment of (i) eosinophilic disorders and (ii)  
16 short bowel syndrome when the prescribing physician has issued  
17 a written order stating that the amino acid-based elemental  
18 formula is medically necessary.

19 The Illinois Department shall authorize the provision of,  
20 and shall authorize payment for, screening by low-dose  
21 mammography for the presence of occult breast cancer for women  
22 35 years of age or older who are eligible for medical  
23 assistance under this Article, as follows:

24 (A) A baseline mammogram for women 35 to 39 years of  
25 age.

26 (B) An annual mammogram for women 40 years of age or

1           older.

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

7           (D) A comprehensive ultrasound screening of an entire  
8 breast or breasts if a mammogram demonstrates  
9 heterogeneous or dense breast tissue, when medically  
10 necessary as determined by a physician licensed to practice  
11 medicine in all of its branches.

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

22          On and after January 1, 2012, providers participating in a  
23 quality improvement program approved by the Department shall be  
24 reimbursed for screening and diagnostic mammography at the same  
25 rate as the Medicare program's rates, including the increased  
26 reimbursement for digital mammography.

1           The Department shall convene an expert panel including  
2           representatives of hospitals, free-standing mammography  
3           facilities, and doctors, including radiologists, to establish  
4           quality standards.

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

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

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

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

1 pilot program shall be carried out measuring health outcomes  
2 and cost of care for those served by the pilot program compared  
3 to similarly situated patients who are not served by the pilot  
4 program.

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

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

25 The Illinois Department, in cooperation with the  
26 Departments of Human Services (as successor to the Department



1 of Alcoholism and Substance Abuse) and Public Health, through a  
2 public awareness campaign, may provide information concerning  
3 treatment for alcoholism and drug abuse and addiction, prenatal  
4 health care, and other pertinent programs directed at reducing  
5 the number of drug-affected infants born to recipients of  
6 medical assistance.

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

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

19 The Illinois Department may develop and contract with  
20 Partnerships of medical providers to arrange medical services  
21 for persons eligible under Section 5-2 of this Code.  
22 Implementation of this Section may be by demonstration projects  
23 in certain geographic areas. The Partnership shall be  
24 represented by a sponsor organization. The Department, by rule,  
25 shall develop qualifications for sponsors of Partnerships.  
26 Nothing in this Section shall be construed to require that the

1 sponsor organization be a medical organization.

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

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

17 (2) The Department may elect to consider and negotiate  
18 financial incentives to encourage the development of  
19 Partnerships and the efficient delivery of medical care.

20 (3) Persons receiving medical services through  
21 Partnerships may receive medical and case management  
22 services above the level usually offered through the  
23 medical assistance program.

24 Medical providers shall be required to meet certain  
25 qualifications to participate in Partnerships to ensure the  
26 delivery of high quality medical services. These

1 qualifications shall be determined by rule of the Illinois  
2 Department and may be higher than qualifications for  
3 participation in the medical assistance program. Partnership  
4 sponsors may prescribe reasonable additional qualifications  
5 for participation by medical providers, only with the prior  
6 written approval of the Illinois Department.

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

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

19 The Illinois Department shall require health care  
20 providers to maintain records that document the medical care  
21 and services provided to recipients of Medical Assistance under  
22 this Article. Such records must be retained for a period of not  
23 less than 6 years from the date of service or as provided by  
24 applicable State law, whichever period is longer, except that  
25 if an audit is initiated within the required retention period  
26 then the records must be retained until the audit is completed

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

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

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

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

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

1 inquiries could indicate potential existence of claims or liens  
2 for the Illinois Department.

3 Enrollment of a vendor shall be subject to a provisional  
4 period and shall be conditional for one year. During the period  
5 of conditional enrollment, the Department may terminate the  
6 vendor's eligibility to participate in, or may disenroll the  
7 vendor from, the medical assistance program without cause.  
8 Unless otherwise specified, such termination of eligibility or  
9 disenrollment is not subject to the Department's hearing  
10 process. However, a disenrolled vendor may reapply without  
11 penalty.

12 The Department has the discretion to limit the conditional  
13 enrollment period for vendors based upon category of risk of  
14 the vendor.

15 Prior to enrollment and during the conditional enrollment  
16 period in the medical assistance program, all vendors shall be  
17 subject to enhanced oversight, screening, and review based on  
18 the risk of fraud, waste, and abuse that is posed by the  
19 category of risk of the vendor. The Illinois Department shall  
20 establish the procedures for oversight, screening, and review,  
21 which may include, but need not be limited to: criminal and  
22 financial background checks; fingerprinting; license,  
23 certification, and authorization verifications; unscheduled or  
24 unannounced site visits; database checks; prepayment audit  
25 reviews; audits; payment caps; payment suspensions; and other  
26 screening as required by federal or State law.

1           The Department shall define or specify the following: (i)  
2 by provider notice, the "category of risk of the vendor" for  
3 each type of vendor, which shall take into account the level of  
4 screening applicable to a particular category of vendor under  
5 federal law and regulations; (ii) by rule or provider notice,  
6 the maximum length of the conditional enrollment period for  
7 each category of risk of the vendor; and (iii) by rule, the  
8 hearing rights, if any, afforded to a vendor in each category  
9 of risk of the vendor that is terminated or disenrolled during  
10 the conditional enrollment period.

11           To be eligible for payment consideration, a vendor's  
12 payment claim or bill, either as an initial claim or as a  
13 resubmitted claim following prior rejection, must be received  
14 by the Illinois Department, or its fiscal intermediary, no  
15 later than 180 days after the latest date on the claim on which  
16 medical goods or services were provided, with the following  
17 exceptions:

18           (1) In the case of a provider whose enrollment is in  
19 process by the Illinois Department, the 180-day period  
20 shall not begin until the date on the written notice from  
21 the Illinois Department that the provider enrollment is  
22 complete.

23           (2) In the case of errors attributable to the Illinois  
24 Department or any of its claims processing intermediaries  
25 which result in an inability to receive, process, or  
26 adjudicate a claim, the 180-day period shall not begin

1           until the provider has been notified of the error.

2           (3) In the case of a provider for whom the Illinois  
3           Department initiates the monthly billing process.

4           For claims for services rendered during a period for which  
5           a recipient received retroactive eligibility, claims must be  
6           filed within 180 days after the Department determines the  
7           applicant is eligible. For claims for which the Illinois  
8           Department is not the primary payer, claims must be submitted  
9           to the Illinois Department within 180 days after the final  
10          adjudication by the primary payer.

11          In the case of long term care facilities, admission  
12          documents shall be submitted within 30 days of an admission to  
13          the facility through the Medical Electronic Data Interchange  
14          (MEDI) or the Recipient Eligibility Verification (REV) System,  
15          or shall be submitted directly to the Department of Human  
16          Services using required admission forms. Confirmation numbers  
17          assigned to an accepted transaction shall be retained by a  
18          facility to verify timely submittal. Once an admission  
19          transaction has been completed, all resubmitted claims  
20          following prior rejection are subject to receipt no later than  
21          180 days after the admission transaction has been completed.

22          Claims that are not submitted and received in compliance  
23          with the foregoing requirements shall not be eligible for  
24          payment under the medical assistance program, and the State  
25          shall have no liability for payment of those claims.

26          To the extent consistent with applicable information and



1 privacy, security, and disclosure laws, State and federal  
2 agencies and departments shall provide the Illinois Department  
3 access to confidential and other information and data necessary  
4 to perform eligibility and payment verifications and other  
5 Illinois Department functions. This includes, but is not  
6 limited to: information pertaining to licensure;  
7 certification; earnings; immigration status; citizenship; wage  
8 reporting; unearned and earned income; pension income;  
9 employment; supplemental security income; social security  
10 numbers; National Provider Identifier (NPI) numbers; the  
11 National Practitioner Data Bank (NPDB); program and agency  
12 exclusions; taxpayer identification numbers; tax delinquency;  
13 corporate information; and death records.

14 The Illinois Department shall enter into agreements with  
15 State agencies and departments, and is authorized to enter into  
16 agreements with federal agencies and departments, under which  
17 such agencies and departments shall share data necessary for  
18 medical assistance program integrity functions and oversight.  
19 The Illinois Department shall develop, in cooperation with  
20 other State departments and agencies, and in compliance with  
21 applicable federal laws and regulations, appropriate and  
22 effective methods to share such data. At a minimum, and to the  
23 extent necessary to provide data sharing, the Illinois  
24 Department shall enter into agreements with State agencies and  
25 departments, and is authorized to enter into agreements with  
26 federal agencies and departments, including but not limited to:

1 the Secretary of State; the Department of Revenue; the  
2 Department of Public Health; the Department of Human Services;  
3 and the Department of Financial and Professional Regulation.

4 Beginning in fiscal year 2013, the Illinois Department  
5 shall set forth a request for information to identify the  
6 benefits of a pre-payment, post-adjudication, and post-edit  
7 claims system with the goals of streamlining claims processing  
8 and provider reimbursement, reducing the number of pending or  
9 rejected claims, and helping to ensure a more transparent  
10 adjudication process through the utilization of: (i) provider  
11 data verification and provider screening technology; and (ii)  
12 clinical code editing; and (iii) pre-pay, pre- or  
13 post-adjudicated predictive modeling with an integrated case  
14 management system with link analysis. Such a request for  
15 information shall not be considered as a request for proposal  
16 or as an obligation on the part of the Illinois Department to  
17 take any action or acquire any products or services.

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; and (2) rental,  
24 lease, purchase or lease-purchase of durable medical equipment  
25 in a cost-effective manner, taking into consideration the  
26 recipient's medical prognosis, the extent of the recipient's

1 needs, and the requirements and costs for maintaining such  
2 equipment. Subject to prior approval, such rules shall enable a  
3 recipient to temporarily acquire and use alternative or  
4 substitute devices or equipment pending repairs or  
5 replacements of any device or equipment previously authorized  
6 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; and  
15 (iii) notwithstanding any other provision of law, subject to  
16 federal approval, on and after July 1, 2012, an increase in the  
17 determination of need (DON) scores from 29 to 37 for applicants  
18 for institutional and home and community-based long term care;  
19 if and only if federal approval is not granted, the Department  
20 may, in conjunction with other affected agencies, implement  
21 utilization controls or changes in benefit packages to  
22 effectuate a similar savings amount for this population; and  
23 (iv) no later than July 1, 2013, minimum level of care  
24 eligibility criteria for institutional and home and  
25 community-based long term care; and (v) no later than October  
26 1, 2013, establish procedures to permit long term care

1 providers access to eligibility scores for individuals who are  
2 seeking or receiving services from the long term care provider.

3 In order to select the minimum level of care eligibility  
4 criteria, the Governor shall establish a workgroup that  
5 includes affected agency representatives and stakeholders  
6 representing the institutional and home and community-based  
7 long term care interests. This Section shall not restrict the  
8 Department from implementing lower level of care eligibility  
9 criteria for community-based services in circumstances where  
10 federal approval has been granted.

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

18 The Illinois Department shall report annually to the  
19 General Assembly, no later than the second Friday in April of  
20 1979 and each year thereafter, in regard to:

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

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

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

1 (d) efforts at utilization review and control by the  
2 Illinois Department.

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

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

22 On and after July 1, 2012, the Department shall reduce any  
23 rate of reimbursement for services or other payments or alter  
24 any methodologies authorized by this Code to reduce any rate of  
25 reimbursement for services or other payments in accordance with  
26 Section 5-5e.

1 (Source: P.A. 96-156, eff. 1-1-10; 96-806, eff. 7-1-10; 96-926,  
2 eff. 1-1-11; 96-1000, eff. 7-2-10; 97-48, eff. 6-28-11; 97-638,  
3 eff. 1-1-12; 97-689, eff. 6-14-12; 97-1061, eff. 8-24-12;  
4 revised 9-20-12.)

5 Section 99. Effective date. This Act takes effect upon  
6 becoming law."