



## 98TH GENERAL ASSEMBLY

### State of Illinois

2013 and 2014

HB4635

by Rep. Michael W. Tryon

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5

from Ch. 23, par. 5-5

Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to provide medical assistance coverage for diabetes education provided by a certified diabetes education provider for children with Type 1 diabetes who are under the age of 18. Defines "certified diabetes education provider" to mean a professional who has undergone training and certification under conditions approved by the American Association of Diabetes Educators or a successor association of professionals. Defines "Type 1 diabetes" to have the same meaning ascribed to it by the American Diabetes Association or any successor association. Effective immediately.

LRB098 18127 KTG 53256 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 5-5 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, including  
8 to ensure that the individual's need for intervention or  
9 treatment of mental disorders or substance use disorders or  
10 co-occurring mental health and substance use disorders is  
11 determined using a uniform screening, assessment, and  
12 evaluation process inclusive of criteria, for children and  
13 adults; for purposes of this item (13), a uniform screening,  
14 assessment, and evaluation process refers to a process that  
15 includes an appropriate evaluation and, as warranted, a  
16 referral; "uniform" does not mean the use of a singular  
17 instrument, tool, or process that all must utilize; (14)  
18 transportation and such other expenses as may be necessary;  
19 (15) medical treatment of sexual assault survivors, as defined  
20 in Section 1a of the Sexual Assault Survivors Emergency  
21 Treatment Act, for injuries sustained as a result of the sexual  
22 assault, including examinations and laboratory tests to  
23 discover evidence which may be used in criminal proceedings  
24 arising from the sexual assault; (16) the diagnosis and  
25 treatment of sickle cell anemia; and (17) any other medical  
26 care, and any other type of remedial care recognized under the

1 laws of this State, but not including abortions, or induced  
2 miscarriages or premature births, unless, in the opinion of a  
3 physician, such procedures are necessary for the preservation  
4 of the life of the woman seeking such treatment, or except an  
5 induced premature birth intended to produce a live viable child  
6 and such procedure is necessary for the health of the mother or  
7 her unborn child. The Illinois Department, by rule, shall  
8 prohibit any physician from providing medical assistance to  
9 anyone eligible therefor under this Code where such physician  
10 has been found guilty of performing an abortion procedure in a  
11 wilful and wanton manner upon a woman who was not pregnant at  
12 the time such abortion procedure was performed. The term "any  
13 other type of remedial care" shall include nursing care and  
14 nursing home service for persons who rely on treatment by  
15 spiritual means alone through prayer for healing.

16 Notwithstanding any other provision of this Section, a  
17 comprehensive tobacco use cessation program that includes  
18 purchasing prescription drugs or prescription medical devices  
19 approved by the Food and Drug Administration shall be covered  
20 under the medical assistance program under this Article for  
21 persons who are otherwise eligible for assistance under this  
22 Article.

23 Notwithstanding any other provision of this Code, the  
24 Illinois Department may not require, as a condition of payment  
25 for any laboratory test authorized under this Article, that a  
26 physician's handwritten signature appear on the laboratory

1 test order form. The Illinois Department may, however, impose  
2 other appropriate requirements regarding laboratory test order  
3 documentation.

4 Notwithstanding any other provision of this Code, the  
5 Department shall provide medical assistance coverage for  
6 diabetes education provided by a certified diabetes education  
7 provider for children with Type 1 diabetes who are under the  
8 age of 18. For purposes of this paragraph:

9 "Certified diabetes education provider" means a  
10 professional who has undergone training and certification  
11 under conditions approved by the American Association of  
12 Diabetes Educators or a successor association of  
13 professionals.

14 "Type 1 diabetes" shall have the same meaning ascribed  
15 to it by the American Diabetes Association or any successor  
16 association.

17 On and after July 1, 2012, the Department of Healthcare and  
18 Family Services may provide the following services to persons  
19 eligible for assistance under this Article who are  
20 participating in education, training or employment programs  
21 operated by the Department of Human Services as successor to  
22 the Department of Public Aid:

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

25 (2) eyeglasses prescribed by a physician skilled in the  
26 diseases of the eye, or by an optometrist, whichever the

1 person may select.

2 Notwithstanding any other provision of this Code and  
3 subject to federal approval, the Department may adopt rules to  
4 allow a dentist who is volunteering his or her service at no  
5 cost to render dental services through an enrolled  
6 not-for-profit health clinic without the dentist personally  
7 enrolling as a participating provider in the medical assistance  
8 program. A not-for-profit health clinic shall include a public  
9 health clinic or Federally Qualified Health Center or other  
10 enrolled provider, as determined by the Department, through  
11 which dental services covered under this Section are performed.  
12 The Department shall establish a process for payment of claims  
13 for reimbursement for covered dental services rendered under  
14 this provision.

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

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

25 The Illinois Department shall authorize the provision of,  
26 and shall authorize payment for, screening by low-dose

1 mammography for the presence of occult breast cancer for women  
2 35 years of age or older who are eligible for medical  
3 assistance under this Article, as follows:

4 (A) A baseline mammogram for women 35 to 39 years of  
5 age.

6 (B) An annual mammogram for women 40 years of age or  
7 older.

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

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

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

1 includes digital mammography.

2 On and after January 1, 2012, providers participating in a  
3 quality improvement program approved by the Department shall be  
4 reimbursed for screening and diagnostic mammography at the same  
5 rate as the Medicare program's rates, including the increased  
6 reimbursement for digital mammography.

7 The Department shall convene an expert panel including  
8 representatives of hospitals, free-standing mammography  
9 facilities, and doctors, including radiologists, to establish  
10 quality standards.

11 Subject to federal approval, the Department shall  
12 establish a rate methodology for mammography at federally  
13 qualified health centers and other encounter-rate clinics.  
14 These clinics or centers may also collaborate with other  
15 hospital-based mammography facilities.

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

20 The Department shall establish a performance goal for  
21 primary care providers with respect to their female patients  
22 over age 40 receiving an annual mammogram. This performance  
23 goal shall be used to provide additional reimbursement in the  
24 form of a quality performance bonus to primary care providers  
25 who meet that goal.

26 The Department shall devise a means of case-managing or



1 patient navigation for beneficiaries diagnosed with breast  
2 cancer. This program shall initially operate as a pilot program  
3 in areas of the State with the highest incidence of mortality  
4 related to breast cancer. At least one pilot program site shall  
5 be in the metropolitan Chicago area and at least one site shall  
6 be outside the metropolitan Chicago area. An evaluation of the  
7 pilot program shall be carried out measuring health outcomes  
8 and cost of care for those served by the pilot program compared  
9 to similarly situated patients who are not served by the pilot  
10 program.

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

23 All medical providers providing medical assistance to  
24 pregnant women under this Code shall receive information from  
25 the Department on the availability of services under the Drug  
26 Free Families with a Future or any comparable program providing

1 case management services for addicted women, including  
2 information on appropriate referrals for other social services  
3 that may be needed by addicted women in addition to treatment  
4 for addiction.

5 The Illinois Department, in cooperation with the  
6 Departments of Human Services (as successor to the Department  
7 of Alcoholism and Substance Abuse) and Public Health, through a  
8 public awareness campaign, may provide information concerning  
9 treatment for alcoholism and drug abuse and addiction, prenatal  
10 health care, and other pertinent programs directed at reducing  
11 the number of drug-affected infants born to recipients of  
12 medical assistance.

13 Neither the Department of Healthcare and Family Services  
14 nor the Department of Human Services shall sanction the  
15 recipient solely on the basis of her substance abuse.

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

25 The Illinois Department may develop and contract with  
26 Partnerships of medical providers to arrange medical services

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

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

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

23 (2) The Department may elect to consider and negotiate  
24 financial incentives to encourage the development of  
25 Partnerships and the efficient delivery of medical care.

26 (3) Persons receiving medical services through

1 Partnerships may receive medical and case management  
2 services above the level usually offered through the  
3 medical assistance program.

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

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

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

25 The Illinois Department shall require health care  
26 providers to maintain records that document the medical care

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

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

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

18 Notwithstanding any other law to the contrary, the Illinois  
19 Department shall, within 365 days after July 22, 2013 (the  
20 effective date of Public Act 98-104) ~~this amendatory Act of the~~  
21 ~~98th General Assembly~~, establish procedures to permit skilled  
22 care facilities licensed under the Nursing Home Care Act to  
23 submit monthly billing claims for reimbursement purposes.  
24 Following development of these procedures, the Department  
25 shall have an additional 365 days to test the viability of the  
26 new system and to ensure that any necessary operational or

1 structural changes to its information technology platforms are  
2 implemented.

3 The Illinois Department shall require all dispensers of  
4 medical services, other than an individual practitioner or  
5 group of practitioners, desiring to participate in the Medical  
6 Assistance program established under this Article to disclose  
7 all financial, beneficial, ownership, equity, surety or other  
8 interests in any and all firms, corporations, partnerships,  
9 associations, business enterprises, joint ventures, agencies,  
10 institutions or other legal entities providing any form of  
11 health care services in this State under this Article.

12 The Illinois Department may require that all dispensers of  
13 medical services desiring to participate in the medical  
14 assistance program established under this Article disclose,  
15 under such terms and conditions as the Illinois Department may  
16 by rule establish, all inquiries from clients and attorneys  
17 regarding medical bills paid by the Illinois Department, which  
18 inquiries could indicate potential existence of claims or liens  
19 for the Illinois Department.

20 Enrollment of a vendor shall be subject to a provisional  
21 period and shall be conditional for one year. During the period  
22 of conditional enrollment, the Department may terminate the  
23 vendor's eligibility to participate in, or may disenroll the  
24 vendor from, the medical assistance program without cause.  
25 Unless otherwise specified, such termination of eligibility or  
26 disenrollment is not subject to the Department's hearing

1 process. However, a disenrolled vendor may reapply without  
2 penalty.

3 The Department has the discretion to limit the conditional  
4 enrollment period for vendors based upon category of risk of  
5 the vendor.

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

18 The Department shall define or specify the following: (i)  
19 by provider notice, the "category of risk of the vendor" for  
20 each type of vendor, which shall take into account the level of  
21 screening applicable to a particular category of vendor under  
22 federal law and regulations; (ii) by rule or provider notice,  
23 the maximum length of the conditional enrollment period for  
24 each category of risk of the vendor; and (iii) by rule, the  
25 hearing rights, if any, afforded to a vendor in each category  
26 of risk of the vendor that is terminated or disenrolled during



1 the conditional enrollment period.

2 To be eligible for payment consideration, a vendor's  
3 payment claim or bill, either as an initial claim or as a  
4 resubmitted claim following prior rejection, must be received  
5 by the Illinois Department, or its fiscal intermediary, no  
6 later than 180 days after the latest date on the claim on which  
7 medical goods or services were provided, with the following  
8 exceptions:

9 (1) In the case of a provider whose enrollment is in  
10 process by the Illinois Department, the 180-day period  
11 shall not begin until the date on the written notice from  
12 the Illinois Department that the provider enrollment is  
13 complete.

14 (2) In the case of errors attributable to the Illinois  
15 Department or any of its claims processing intermediaries  
16 which result in an inability to receive, process, or  
17 adjudicate a claim, the 180-day period shall not begin  
18 until the provider has been notified of the error.

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

21 (4) In the case of a provider operated by a unit of  
22 local government with a population exceeding 3,000,000  
23 when local government funds finance federal participation  
24 for claims payments.

25 For claims for services rendered during a period for which  
26 a recipient received retroactive eligibility, claims must be

1 filed within 180 days after the Department determines the  
2 applicant is eligible. For claims for which the Illinois  
3 Department is not the primary payer, claims must be submitted  
4 to the Illinois Department within 180 days after the final  
5 adjudication by the primary payer.

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

17 Claims that are not submitted and received in compliance  
18 with the foregoing requirements shall not be eligible for  
19 payment under the medical assistance program, and the State  
20 shall have no liability for payment of those claims.

21 To the extent consistent with applicable information and  
22 privacy, security, and disclosure laws, State and federal  
23 agencies and departments shall provide the Illinois Department  
24 access to confidential and other information and data necessary  
25 to perform eligibility and payment verifications and other  
26 Illinois Department functions. This includes, but is not

1 limited to: information pertaining to licensure;  
2 certification; earnings; immigration status; citizenship; wage  
3 reporting; unearned and earned income; pension income;  
4 employment; supplemental security income; social security  
5 numbers; National Provider Identifier (NPI) numbers; the  
6 National Practitioner Data Bank (NPDB); program and agency  
7 exclusions; taxpayer identification numbers; tax delinquency;  
8 corporate information; and death records.

9 The Illinois Department shall enter into agreements with  
10 State agencies and departments, and is authorized to enter into  
11 agreements with federal agencies and departments, under which  
12 such agencies and departments shall share data necessary for  
13 medical assistance program integrity functions and oversight.  
14 The Illinois Department shall develop, in cooperation with  
15 other State departments and agencies, and in compliance with  
16 applicable federal laws and regulations, appropriate and  
17 effective methods to share such data. At a minimum, and to the  
18 extent necessary to provide data sharing, the Illinois  
19 Department shall enter into agreements with State agencies and  
20 departments, and is authorized to enter into agreements with  
21 federal agencies and departments, including but not limited to:  
22 the Secretary of State; the Department of Revenue; the  
23 Department of Public Health; the Department of Human Services;  
24 and the Department of Financial and Professional Regulation.

25 Beginning in fiscal year 2013, the Illinois Department  
26 shall set forth a request for information to identify the

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

13 The Illinois Department shall establish policies,  
14 procedures, standards and criteria by rule for the acquisition,  
15 repair and replacement of orthotic and prosthetic devices and  
16 durable medical equipment. Such rules shall provide, but not be  
17 limited to, the following services: (1) immediate repair or  
18 replacement of such devices by recipients; and (2) rental,  
19 lease, purchase or lease-purchase of durable medical equipment  
20 in a cost-effective manner, taking into consideration the  
21 recipient's medical prognosis, the extent of the recipient's  
22 needs, and the requirements and costs for maintaining such  
23 equipment. Subject to prior approval, such rules shall enable a  
24 recipient to temporarily acquire and use alternative or  
25 substitute devices or equipment pending repairs or  
26 replacements of any device or equipment previously authorized

1 for such recipient by the Department.

2 The Department shall execute, relative to the nursing home  
3 prescreening project, written inter-agency agreements with the  
4 Department of Human Services and the Department on Aging, to  
5 effect the following: (i) intake procedures and common  
6 eligibility criteria for those persons who are receiving  
7 non-institutional services; and (ii) the establishment and  
8 development of non-institutional services in areas of the State  
9 where they are not currently available or are undeveloped; and  
10 (iii) notwithstanding any other provision of law, subject to  
11 federal approval, on and after July 1, 2012, an increase in the  
12 determination of need (DON) scores from 29 to 37 for applicants  
13 for institutional and home and community-based long term care;  
14 if and only if federal approval is not granted, the Department  
15 may, in conjunction with other affected agencies, implement  
16 utilization controls or changes in benefit packages to  
17 effectuate a similar savings amount for this population; and  
18 (iv) no later than July 1, 2013, minimum level of care  
19 eligibility criteria for institutional and home and  
20 community-based long term care; and (v) no later than October  
21 1, 2013, establish procedures to permit long term care  
22 providers access to eligibility scores for individuals with an  
23 admission date who are seeking or receiving services from the  
24 long term care provider. In order to select the minimum level  
25 of care eligibility criteria, the Governor shall establish a  
26 workgroup that includes affected agency representatives and

1 stakeholders representing the institutional and home and  
2 community-based long term care interests. This Section shall  
3 not restrict the Department from implementing lower level of  
4 care eligibility criteria for community-based services in  
5 circumstances where federal approval has been granted.

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

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

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

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

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

22 (d) efforts at utilization review and control by the  
23 Illinois Department.

24 The period covered by each report shall be the 3 years  
25 ending on the June 30 prior to the report. The report shall  
26 include suggested legislation for consideration by the General

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

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

17 On and after July 1, 2012, the Department shall reduce any  
18 rate of reimbursement for services or other payments or alter  
19 any methodologies authorized by this Code to reduce any rate of  
20 reimbursement for services or other payments in accordance with  
21 Section 5-5e.

22 (Source: P.A. 97-48, eff. 6-28-11; 97-638, eff. 1-1-12; 97-689,  
23 eff. 6-14-12; 97-1061, eff. 8-24-12; 98-104, Article 9, Section  
24 9-5, eff. 7-22-13; 98-104, Article 12, Section 12-20, eff.  
25 7-22-13; 98-303, eff. 8-9-13; 98-463, eff. 8-16-13; revised  
26 9-19-13.)

1           Section 99. Effective date. This Act takes effect upon  
2           becoming law.