

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 On and after July 1, 2012, the Department of Healthcare and
5 Family Services may provide the following services to persons
6 eligible for assistance under this Article who are
7 participating in education, training or employment programs
8 operated by the Department of Human Services as successor to
9 the Department of Public Aid:

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

12 (2) eyeglasses prescribed by a physician skilled in the
13 diseases of the eye, or by an optometrist, whichever the
14 person may select.

15 Notwithstanding any other provision of this Code and
16 subject to federal approval, the Department may adopt rules to
17 allow a dentist who is volunteering his or her service at no
18 cost to render dental services through an enrolled
19 not-for-profit health clinic without the dentist personally
20 enrolling as a participating provider in the medical assistance
21 program. A not-for-profit health clinic shall include a public
22 health clinic or Federally Qualified Health Center or other
23 enrolled provider, as determined by the Department, through
24 which dental services covered under this Section are performed.
25 The Department shall establish a process for payment of claims
26 for reimbursement for covered dental services rendered under

1 this provision.

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

5 The Department of Healthcare and Family Services must
6 provide coverage and reimbursement for amino acid-based
7 elemental formulas, regardless of delivery method, for the
8 diagnosis and treatment of (i) eosinophilic disorders and (ii)
9 short bowel syndrome when the prescribing physician has issued
10 a written order stating that the amino acid-based elemental
11 formula is medically necessary.

12 The Illinois Department shall authorize the provision of,
13 and shall authorize payment for, screening by low-dose
14 mammography for the presence of occult breast cancer for women
15 35 years of age or older who are eligible for medical
16 assistance under this Article, as follows:

17 (A) A baseline mammogram for women 35 to 39 years of
18 age.

19 (B) An annual mammogram for women 40 years of age or
20 older.

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

26 (D) A comprehensive ultrasound screening of an entire

1 breast or breasts if a mammogram demonstrates
2 heterogeneous or dense breast tissue, when medically
3 necessary as determined by a physician licensed to practice
4 medicine in all of its branches.

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

15 On and after January 1, 2012, providers participating in a
16 quality improvement program approved by the Department shall be
17 reimbursed for screening and diagnostic mammography at the same
18 rate as the Medicare program's rates, including the increased
19 reimbursement for digital mammography.

20 The Department shall convene an expert panel including
21 representatives of hospitals, free-standing mammography
22 facilities, and doctors, including radiologists, to establish
23 quality standards.

24 Subject to federal approval, the Department shall
25 establish a rate methodology for mammography at federally
26 qualified health centers and other encounter-rate clinics.

1 These clinics or centers may also collaborate with other
2 hospital-based mammography facilities.

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

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

13 The Department shall devise a means of case-managing or
14 patient navigation for beneficiaries diagnosed with breast
15 cancer. This program shall initially operate as a pilot program
16 in areas of the State with the highest incidence of mortality
17 related to breast cancer. At least one pilot program site shall
18 be in the metropolitan Chicago area and at least one site shall
19 be outside the metropolitan Chicago area. An evaluation of the
20 pilot program shall be carried out measuring health outcomes
21 and cost of care for those served by the pilot program compared
22 to similarly situated patients who are not served by the pilot
23 program.

24 Any medical or health care provider shall immediately
25 recommend, to any pregnant woman who is being provided prenatal
26 services and is suspected of drug abuse or is addicted as

1 defined in the Alcoholism and Other Drug Abuse and Dependency
2 Act, referral to a local substance abuse treatment provider
3 licensed by the Department of Human Services or to a licensed
4 hospital which provides substance abuse treatment services.
5 The Department of Healthcare and Family Services shall assure
6 coverage for the cost of treatment of the drug abuse or
7 addiction for pregnant recipients in accordance with the
8 Illinois Medicaid Program in conjunction with the Department of
9 Human Services.

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

18 The Illinois Department, in cooperation with the
19 Departments of Human Services (as successor to the Department
20 of Alcoholism and Substance Abuse) and Public Health, through a
21 public awareness campaign, may provide information concerning
22 treatment for alcoholism and drug abuse and addiction, prenatal
23 health care, and other pertinent programs directed at reducing
24 the number of drug-affected infants born to recipients of
25 medical assistance.

26 Neither the Department of Healthcare and Family Services

1 nor the Department of Human Services shall sanction the
2 recipient solely on the basis of her substance abuse.

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

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

21 The sponsor must negotiate formal written contracts with
22 medical providers for physician services, inpatient and
23 outpatient hospital care, home health services, treatment for
24 alcoholism and substance abuse, and other services determined
25 necessary by the Illinois Department by rule for delivery by
26 Partnerships. Physician services must include prenatal and

1 obstetrical care. The Illinois Department shall reimburse
2 medical services delivered by Partnership providers to clients
3 in target areas according to provisions of this Article and the
4 Illinois Health Finance Reform Act, except that:

5 (1) Physicians participating in a Partnership and
6 providing certain services, which shall be determined by
7 the Illinois Department, to persons in areas covered by the
8 Partnership may receive an additional surcharge for such
9 services.

10 (2) The Department may elect to consider and negotiate
11 financial incentives to encourage the development of
12 Partnerships and the efficient delivery of medical care.

13 (3) Persons receiving medical services through
14 Partnerships may receive medical and case management
15 services above the level usually offered through the
16 medical assistance program.

17 Medical providers shall be required to meet certain
18 qualifications to participate in Partnerships to ensure the
19 delivery of high quality medical services. These
20 qualifications shall be determined by rule of the Illinois
21 Department and may be higher than qualifications for
22 participation in the medical assistance program. Partnership
23 sponsors may prescribe reasonable additional qualifications
24 for participation by medical providers, only with the prior
25 written approval of the Illinois Department.

26 Nothing in this Section shall limit the free choice of

1 practitioners, hospitals, and other providers of medical
2 services by clients. In order to ensure patient freedom of
3 choice, the Illinois Department shall immediately promulgate
4 all rules and take all other necessary actions so that provided
5 services may be accessed from therapeutically certified
6 optometrists to the full extent of the Illinois Optometric
7 Practice Act of 1987 without discriminating between service
8 providers.

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

12 The Illinois Department shall require health care
13 providers to maintain records that document the medical care
14 and services provided to recipients of Medical Assistance under
15 this Article. Such records must be retained for a period of not
16 less than 6 years from the date of service or as provided by
17 applicable State law, whichever period is longer, except that
18 if an audit is initiated within the required retention period
19 then the records must be retained until the audit is completed
20 and every exception is resolved. The Illinois Department shall
21 require health care providers to make available, when
22 authorized by the patient, in writing, the medical records in a
23 timely fashion to other health care providers who are treating
24 or serving persons eligible for Medical Assistance under this
25 Article. All dispensers of medical services shall be required
26 to maintain and retain business and professional records

1 sufficient to fully and accurately document the nature, scope,
2 details and receipt of the health care provided to persons
3 eligible for medical assistance under this Code, in accordance
4 with regulations promulgated by the Illinois Department. The
5 rules and regulations shall require that proof of the receipt
6 of prescription drugs, dentures, prosthetic devices and
7 eyeglasses by eligible persons under this Section accompany
8 each claim for reimbursement submitted by the dispenser of such
9 medical services. No such claims for reimbursement shall be
10 approved for payment by the Illinois Department without such
11 proof of receipt, unless the Illinois Department shall have put
12 into effect and shall be operating a system of post-payment
13 audit and review which shall, on a sampling basis, be deemed
14 adequate by the Illinois Department to assure that such drugs,
15 dentures, prosthetic devices and eyeglasses for which payment
16 is being made are actually being received by eligible
17 recipients. Within 90 days after the effective date of this
18 amendatory Act of 1984, the Illinois Department shall establish
19 a current list of acquisition costs for all prosthetic devices
20 and any other items recognized as medical equipment and
21 supplies reimbursable under this Article and shall update such
22 list on a quarterly basis, except that the acquisition costs of
23 all prescription drugs shall be updated no less frequently than
24 every 30 days as required by Section 5-5.12.

25 The rules and regulations of the Illinois Department shall
26 require that a written statement including the required opinion

1 of a physician shall accompany any claim for reimbursement for
2 abortions, or induced miscarriages or premature births. This
3 statement shall indicate what procedures were used in providing
4 such medical services.

5 Notwithstanding any other law to the contrary, the Illinois
6 Department shall, within 365 days after July 22, 2013 (the
7 effective date of Public Act 98-104) ~~this amendatory Act of the~~
8 ~~98th General Assembly~~, establish procedures to permit skilled
9 care facilities licensed under the Nursing Home Care Act to
10 submit monthly billing claims for reimbursement purposes.
11 Following development of these procedures, the Department
12 shall have an additional 365 days to test the viability of the
13 new system and to ensure that any necessary operational or
14 structural changes to its information technology platforms are
15 implemented.

16 Notwithstanding any other law to the contrary, the Illinois
17 Department shall, within 365 days after the effective date of
18 this amendatory Act of the 98th General Assembly, establish
19 procedures to permit ID/DD facilities licensed under the ID/DD
20 Community Care Act to submit monthly billing claims for
21 reimbursement purposes. Following development of these
22 procedures, the Department shall have an additional 365 days to
23 test the viability of the new system and to ensure that any
24 necessary operational or structural changes to its information
25 technology platforms are implemented.

26 The Illinois Department shall require all dispensers of

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

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

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

26 The Department has the discretion to limit the conditional

1 enrollment period for vendors based upon category of risk of
2 the vendor.

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

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

25 To be eligible for payment consideration, a vendor's
26 payment claim or bill, either as an initial claim or as a

1 resubmitted claim following prior rejection, must be received
2 by the Illinois Department, or its fiscal intermediary, no
3 later than 180 days after the latest date on the claim on which
4 medical goods or services were provided, with the following
5 exceptions:

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

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

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

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

22 For claims for services rendered during a period for which
23 a recipient received retroactive eligibility, claims must be
24 filed within 180 days after the Department determines the
25 applicant is eligible. For claims for which the Illinois
26 Department is not the primary payer, claims must be submitted

1 to the Illinois Department within 180 days after the final
2 adjudication by the primary payer.

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

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

18 To the extent consistent with applicable information and
19 privacy, security, and disclosure laws, State and federal
20 agencies and departments shall provide the Illinois Department
21 access to confidential and other information and data necessary
22 to perform eligibility and payment verifications and other
23 Illinois Department functions. This includes, but is not
24 limited to: information pertaining to licensure;
25 certification; earnings; immigration status; citizenship; wage
26 reporting; unearned and earned income; pension income;

1 employment; supplemental security income; social security
2 numbers; National Provider Identifier (NPI) numbers; the
3 National Practitioner Data Bank (NPDB); program and agency
4 exclusions; taxpayer identification numbers; tax delinquency;
5 corporate information; and death records.

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

22 Beginning in fiscal year 2013, the Illinois Department
23 shall set forth a request for information to identify the
24 benefits of a pre-payment, post-adjudication, and post-edit
25 claims system with the goals of streamlining claims processing
26 and provider reimbursement, reducing the number of pending or

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

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

25 The Department shall execute, relative to the nursing home
26 prescreening project, written inter-agency agreements with the

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

1 care eligibility criteria for community-based services in
2 circumstances where federal approval has been granted.

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

10 The Illinois Department shall report annually to the
11 General Assembly, no later than the second Friday in April of
12 1979 and each year thereafter, in regard to:

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

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

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

19 (d) efforts at utilization review and control by the
20 Illinois Department.

21 The period covered by each report shall be the 3 years
22 ending on the June 30 prior to the report. The report shall
23 include suggested legislation for consideration by the General
24 Assembly. The filing of one copy of the report with the
25 Speaker, one copy with the Minority Leader and one copy with
26 the Clerk of the House of Representatives, one copy with the

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

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

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

19 (Source: P.A. 97-48, eff. 6-28-11; 97-638, eff. 1-1-12; 97-689,
20 eff. 6-14-12; 97-1061, eff. 8-24-12; 98-104, Article 9, Section
21 9-5, eff. 7-22-13; 98-104, Article 12, Section 12-20, eff.
22 7-22-13; 98-303, eff. 8-9-13; 98-463, eff. 8-16-13; revised
23 9-19-13.)

24 Section 99. Effective date. This Act takes effect upon
25 becoming law.