



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB4545

Introduced 1/21/2022, by Rep. Jackie Haas

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-30.12a new
305 ILCS 5/5-45 new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to explore, by July 1, 2023, the availability of and, if reasonably available, procure technology that: (i) allows the Department's Medical Electronic Data Interchange (MEDI) system to update recipient eligibility and coverage information for providers in real time; and (ii) allows the Department to transmit updated recipient eligibility and coverage information to managed care organizations under contract with the Department to ensure the information contained in the MEDI system corresponds with the information maintained by managed care organizations in their web-based provider portals. Provides that notwithstanding any provision of this Code to the contrary, in order to recover an overpayment by recoupment or offset of future payments, a managed care organization's post-payment audit of any claim submitted by a provider must be completed no later than 2 years after the claim's payment date. Provides that the 2-year time limit does not apply to claims that are (i) submitted fraudulently, (ii) known, or should have been known, by the provider to be a pattern of inappropriate billing according to standard provider billing practices, or (iii) subject to any federal law or regulation that permits post-payment audits beyond 2 years. Effective immediately.

LRB102 22906 KTG 32059 b

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 adding Sections 5-30.12a and 5-45 as follows:

6 (305 ILCS 5/5-30.12a new)

7 Sec. 5-30.12a. Medical Electronic Data Interchange system
8 upgrade. By July 1, 2023, the Department of Healthcare and
9 Family Services shall explore the availability of and, if
10 reasonably available, procure technology that: (i) allows the
11 Department's Medical Electronic Data Interchange (MEDI) system
12 to update recipient eligibility and coverage information for
13 providers in real time; and (ii) allows the Department to
14 transmit updated recipient eligibility and coverage
15 information to managed care organizations under contract with
16 the Department to ensure the information contained in the MEDI
17 system corresponds with the information maintained by managed
18 care organizations in their web-based provider portals.

19 (305 ILCS 5/5-45 new)

20 Sec. 5-45. MCO post-payment audit; time period limitation.
21 Notwithstanding any provision of this Code to the contrary, in
22 order to recover an overpayment by recoupment or offset of

1 future payments, a managed care organization's post-payment
2 audit of any claim submitted by a provider must be completed no
3 later than 2 years after the claim's payment date. The 2-year
4 time limit does not apply to claims that are (i) submitted
5 fraudulently, (ii) known, or should have been known, by the
6 provider to be a pattern of inappropriate billing according to
7 standard provider billing practices, or (iii) subject to any
8 federal law or regulation that permits post-payment audits
9 beyond 2 years.

10 Section 99. Effective date. This Act takes effect upon
11 becoming law.