



## 96TH GENERAL ASSEMBLY

### State of Illinois

2009 and 2010

HB2343

Introduced 2/19/2009, by Rep. Susana A Mendoza

#### SYNOPSIS AS INTRODUCED:

215 ILCS 170/52.5 new  
305 ILCS 5/5-5.06 new

Amends the Covering ALL KIDS Health Insurance Act and the Illinois Public Aid Code. Provides that beginning January 1, 2010, the physician fee schedule for the Covering ALL KIDS Health Insurance Program and for pediatric physician specialists under the medical assistance program must increase to become competitive with those of non-governmental, third-party health insurance programs. Provides that by January 1, 2012, the payment for a pediatric specialty physician service must not be lower than Medicare reimbursement in accordance with the Medicare payment localities for Illinois. Provides that the Department shall annually increase pediatric specialty physician payments under the provisions of the Act by an amount approximately equal to one-third of the difference between the actual rates available for such purposes on January 1, 2009 and the Medicare reimbursement rates effective on January 1, 2007. Makes other changes.

LRB096 09202 RPM 19354 b

1 AN ACT concerning insurance.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Covering ALL KIDS Health Insurance Act is  
5 amended by adding Section 52.5 as follows:

6 (215 ILCS 170/52.5 new)

7 Sec. 52.5. Specialty physician care; fee schedule.

8 (a) Beginning January 1, 2010, the physician fee schedule  
9 for the Covering ALL KIDS Insurance Program must increase to  
10 become competitive with those of non-governmental, third-party  
11 health insurance programs. By January 1, 2012, the payment for  
12 a pediatric specialty physician service must not be lower than  
13 Medicare reimbursement in accordance with the Medicare payment  
14 localities for Illinois. Payment for services must be made  
15 within 30 days after receipt of a bill or claim meeting the  
16 requirements of the Department of Healthcare and Family  
17 Services.

18 (b) For payments made or authorized by the Department of  
19 Healthcare and Family Services, the Department shall annually  
20 increase pediatric specialty physician payments under  
21 subsection (a) by an amount approximately equal to one-third of  
22 the difference between the actual rates available for such  
23 purposes on January 1, 2009 and the Medicare reimbursement

1 rates effective on January 1, 2007. If the General Assembly  
2 determines that resources are not available to fully fund the  
3 fee schedule for pediatric specialty physician care required by  
4 this subsection (b), then, until such time as the General  
5 Assembly determines that such funding is available, the  
6 Department shall increase any payment for physicians who  
7 provide pediatric specialty care services under the Covering  
8 All KIDS Health Insurance Program by an amount proportionately  
9 equivalent to any other increases for physicians, federally  
10 qualified health centers, rural health centers, or other  
11 non-institutional providers providing services to children for  
12 any services provided under this Act.

13 Section 10. The Illinois Public Aid Code is amended by  
14 adding Section 5-5.06 as follows:

15 (305 ILCS 5/5-5.06 new)

16 Sec. 5-5.06. Physician payments; pediatric specialty  
17 physician services.

18 (a) Notwithstanding any other provisions of this Article,  
19 beginning January 1, 2010, the physician fee schedule for  
20 pediatric physician specialists must increase to become  
21 competitive with those of non-governmental, third-party health  
22 insurance programs. By January 1, 2012, the payment for a  
23 pediatric specialty physician service must not be lower than  
24 Medicare reimbursement in accordance with the Medicare payment

1 localities for Illinois. Payment for services must be made  
2 within 30 days after receipt of a bill or claim meeting the  
3 requirements of the Department of Healthcare and Family  
4 Services.

5 (b) For payments made or authorized by the Department of  
6 Healthcare and Family Services, the Department shall annually  
7 increase pediatric specialty physician payments under  
8 subsection (a) by an amount approximately equal to one-third of  
9 the difference between the actual rates available for such  
10 purposes on January 1, 2009 and the Medicare reimbursement  
11 rates effective on January 1, 2007. If the General Assembly  
12 determines that resources are not available to fully fund the  
13 fee schedule for pediatric specialty physician care required by  
14 this subsection (b), then, until such time as the General  
15 Assembly determines that such funding is available, the  
16 Department shall increase any payment for physicians who  
17 provide pediatric specialty care services under the medical  
18 assistance program by an amount proportionately equivalent to  
19 any other increases for physicians, federally qualified health  
20 centers, rural health centers, or other non-institutional  
21 providers providing services to children for any services  
22 provided under this Act.