

HB5906



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB5906

Introduced 2/16/2012, by Rep. Patricia R. Bellock

SYNOPSIS AS INTRODUCED:

305 ILCS 5/12-4.42

Amends the Administration Article of the Illinois Public Aid Code. In regard to the recovery of Medicaid funds paid by the Department of Healthcare and Family Services when another payer was liable, requires the Department to provide an annual report to the General Assembly detailing the amount of funds recovered. Effective immediately.

LRB097 17027 KTG 62223 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 12-4.42 as follows:

6 (305 ILCS 5/12-4.42)

7 Sec. 12-4.42. Medicaid Revenue Maximization.

8 (a) Purpose. The General Assembly finds that there is a
9 need to make changes to the administration of services provided
10 by State and local governments in order to maximize federal
11 financial participation.

12 (b) Definitions. As used in this Section:

13 "Community Medicaid mental health services" means all
14 mental health services outlined in Section 132 of Title 59 of
15 the Illinois Administrative Code that are funded through DHS,
16 eligible for federal financial participation, and provided by a
17 community-based provider.

18 "Community-based provider" means an entity enrolled as a
19 provider pursuant to Sections 140.11 and 140.12 of Title 89 of
20 the Illinois Administrative Code and certified to provide
21 community Medicaid mental health services in accordance with
22 Section 132 of Title 59 of the Illinois Administrative Code.

23 "DCFS" means the Department of Children and Family

1 Services.

2 "Department" means the Illinois Department of Healthcare
3 and Family Services.

4 "Developmentally disabled care facility" means an
5 intermediate care facility for the intellectually disabled
6 within the meaning of Title XIX of the Social Security Act,
7 whether public or private and whether organized for profit or
8 not-for-profit, but shall not include any facility operated by
9 the State.

10 "Developmentally disabled care provider" means a person
11 conducting, operating, or maintaining a developmentally
12 disabled care facility. For purposes of this definition,
13 "person" means any political subdivision of the State,
14 municipal corporation, individual, firm, partnership,
15 corporation, company, limited liability company, association,
16 joint stock association, or trust, or a receiver, executor,
17 trustee, guardian, or other representative appointed by order
18 of any court.

19 "DHS" means the Illinois Department of Human Services.

20 "Hospital" means an institution, place, building, or
21 agency located in this State that is licensed as a general
22 acute hospital by the Illinois Department of Public Health
23 under the Hospital Licensing Act, whether public or private and
24 whether organized for profit or not-for-profit.

25 "Long term care facility" means (i) a skilled nursing or
26 intermediate long term care facility, whether public or private

1 and whether organized for profit or not-for-profit, that is
2 subject to licensure by the Illinois Department of Public
3 Health under the Nursing Home Care Act, including a county
4 nursing home directed and maintained under Section 5-1005 of
5 the Counties Code, and (ii) a part of a hospital in which
6 skilled or intermediate long term care services within the
7 meaning of Title XVIII or XIX of the Social Security Act are
8 provided; except that the term "long term care facility" does
9 not include a facility operated solely as an intermediate care
10 facility for the intellectually disabled within the meaning of
11 Title XIX of the Social Security Act.

12 "Long term care provider" means (i) a person licensed by
13 the Department of Public Health to operate and maintain a
14 skilled nursing or intermediate long term care facility or (ii)
15 a hospital provider that provides skilled or intermediate long
16 term care services within the meaning of Title XVIII or XIX of
17 the Social Security Act. For purposes of this definition,
18 "person" means any political subdivision of the State,
19 municipal corporation, individual, firm, partnership,
20 corporation, company, limited liability company, association,
21 joint stock association, or trust, or a receiver, executor,
22 trustee, guardian, or other representative appointed by order
23 of any court.

24 "State-operated developmentally disabled care facility"
25 means an intermediate care facility for the intellectually
26 disabled within the meaning of Title XIX of the Social Security

1 Act operated by the State.

2 (c) Administration and deposit of Revenues. The Department
3 shall coordinate the implementation of changes required by this
4 amendatory Act of the 96th General Assembly amongst the various
5 State and local government bodies that administer programs
6 referred to in this Section.

7 Revenues generated by program changes mandated by any
8 provision in this Section, less reasonable administrative
9 costs associated with the implementation of these program
10 changes, which would otherwise be deposited into the General
11 Revenue Fund shall be deposited into the Healthcare Provider
12 Relief Fund.

13 The Department shall issue a report to the General Assembly
14 detailing the implementation progress of this amendatory Act of
15 the 96th General Assembly as a part of the Department's Medical
16 Programs annual report for fiscal years 2010 and 2011.

17 (d) Acceleration of payment vouchers. To the extent
18 practicable and permissible under federal law, the Department
19 shall create all vouchers for long term care facilities and
20 developmentally disabled care facilities for dates of service
21 in the month in which the enhanced federal medical assistance
22 percentage (FMAP) originally set forth in the American Recovery
23 and Reinvestment Act (ARRA) expires and for dates of service in
24 the month prior to that month and shall, no later than the 15th
25 of the month in which the enhanced FMAP expires, submit these
26 vouchers to the Comptroller for payment.

1 The Department of Human Services shall create the necessary
2 documentation for State-operated developmentally disabled care
3 facilities so that the necessary data for all dates of service
4 before the expiration of the enhanced FMAP originally set forth
5 in the ARRA can be adjudicated by the Department no later than
6 the 15th of the month in which the enhanced FMAP expires.

7 (e) Billing of DHS community Medicaid mental health
8 services. No later than July 1, 2011, community Medicaid mental
9 health services provided by a community-based provider must be
10 billed directly to the Department.

11 (f) DCFS Medicaid services. The Department shall work with
12 DCFS to identify existing programs, pending qualifying
13 services, that can be converted in an economically feasible
14 manner to Medicaid in order to secure federal financial
15 revenue.

16 (g) Third Party Liability recoveries. The Department shall
17 contract with a vendor to support the Department in
18 coordinating benefits for Medicaid enrollees. The scope of work
19 shall include, at a minimum, the identification of other
20 insurance for Medicaid enrollees and the recovery of funds paid
21 by the Department when another payer was liable. The vendor may
22 be paid a percentage of actual cash recovered when practical
23 and subject to federal law. The Department shall provide an
24 annual report to the General Assembly detailing the amount of
25 funds recovered under this provision.

26 (h) Public health departments. The Department shall

1 identify unreimbursed costs for persons covered by Medicaid who
2 are served by the Chicago Department of Public Health.

3 The Department shall assist the Chicago Department of
4 Public Health in determining total unreimbursed costs
5 associated with the provision of healthcare services to
6 Medicaid enrollees.

7 The Department shall determine and draw the maximum
8 allowable federal matching dollars associated with the cost of
9 Chicago Department of Public Health services provided to
10 Medicaid enrollees.

11 (i) Acceleration of hospital-based payments. The
12 Department shall, by the 10th day of the month in which the
13 enhanced FMAP originally set forth in the ARRA expires, create
14 vouchers for all State fiscal year 2011 hospital payments
15 exempt from the prompt payment requirements of the ARRA. The
16 Department shall submit these vouchers to the Comptroller for
17 payment.

18 (Source: P.A. 96-1405, eff. 7-29-10; 97-48, eff. 6-28-11;
19 97-227, eff. 1-1-12; 97-333, eff. 8-12-11; revised 10-4-11.)

20 Section 99. Effective date. This Act takes effect upon
21 becoming law.