



98TH GENERAL ASSEMBLY

State of Illinois

2013 and 2014

SB1734

Introduced 2/15/2013, by Sen. Donne E. Trotter

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5f

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services shall require prior approval of wheelchair repairs when the cost of any one part is greater than or equal to \$500 per line item, when the sum of the parts is greater than or equal to a total of \$1,500, or when 8 or more units of labor are to be billed (rather than shall require prior approval of wheelchair repairs regardless of the cost of repairs). Provides that the payment rate for custom manual wheelchairs, power wheelchairs, seating and positioning items, and related options and accessories shall be set at the current Medicare fee schedule minus 6%; and that for those items that do not have an established rate on the Medicare fee schedule, the payment rate shall be the manufacturer's suggested retail price minus 10%. Effective immediately.

LRB098 05559 KTG 36761 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 5-5f as follows:

6 (305 ILCS 5/5-5f)

7 Sec. 5-5f. Elimination and limitations of medical
8 assistance services. Notwithstanding any other provision of
9 this Code to the contrary, on and after July 1, 2012:

10 (a) The following services shall no longer be a covered
11 service available under this Code: group psychotherapy for
12 residents of any facility licensed under the Nursing Home Care
13 Act or the Specialized Mental Health Rehabilitation Act; and
14 adult chiropractic services.

15 (b) The Department shall place the following limitations on
16 services: (i) the Department shall limit adult eyeglasses to
17 one pair every 2 years; (ii) the Department shall set an annual
18 limit of a maximum of 20 visits for each of the following
19 services: adult speech, hearing, and language therapy
20 services, adult occupational therapy services, and physical
21 therapy services; (iii) the Department shall limit podiatry
22 services to individuals with diabetes; (iv) the Department
23 shall pay for caesarean sections at the normal vaginal delivery

1 rate unless a caesarean section was medically necessary; (v)
2 the Department shall limit adult dental services to
3 emergencies; and (vi) effective July 1, 2012, the Department
4 shall place limitations and require concurrent review on every
5 inpatient detoxification stay to prevent repeat admissions to
6 any hospital for detoxification within 60 days of a previous
7 inpatient detoxification stay. The Department shall convene a
8 workgroup of hospitals, substance abuse providers, care
9 coordination entities, managed care plans, and other
10 stakeholders to develop recommendations for quality standards,
11 diversion to other settings, and admission criteria for
12 patients who need inpatient detoxification.

13 (c) The Department shall require prior approval of the
14 following services: wheelchair repairs when the cost of any one
15 part is greater than or equal to \$500 per line item, when the
16 sum of the parts is greater than or equal to a total of \$1,500,
17 or when 8 or more units of labor are to be billed; ~~regardless~~
18 ~~of the cost of the repairs,~~ coronary artery bypass graft; ~~7~~ and
19 bariatric surgery consistent with Medicare standards
20 concerning patient responsibility. The payment rate for custom
21 manual wheelchairs, power wheelchairs, seating and positioning
22 items, and related options and accessories shall be set at the
23 current Medicare fee schedule minus 6%. For those items that do
24 not have an established rate on the Medicare fee schedule, the
25 payment rate shall be the manufacturer's suggested retail price
26 minus 10%. The wholesale cost of power wheelchairs shall be

1 ~~actual acquisition cost including all discounts.~~

2 (d) The Department shall establish benchmarks for
3 hospitals to measure and align payments to reduce potentially
4 preventable hospital readmissions, inpatient complications,
5 and unnecessary emergency room visits. In doing so, the
6 Department shall consider items, including, but not limited to,
7 historic and current acuity of care and historic and current
8 trends in readmission. The Department shall publish
9 provider-specific historical readmission data and anticipated
10 potentially preventable targets 60 days prior to the start of
11 the program. In the instance of readmissions, the Department
12 shall adopt policies and rates of reimbursement for services
13 and other payments provided under this Code to ensure that, by
14 June 30, 2013, expenditures to hospitals are reduced by, at a
15 minimum, \$40,000,000.

16 (e) The Department shall establish utilization controls
17 for the hospice program such that it shall not pay for other
18 care services when an individual is in hospice.

19 (f) For home health services, the Department shall require
20 Medicare certification of providers participating in the
21 program, implement the Medicare face-to-face encounter rule,
22 and limit services to post-hospitalization. The Department
23 shall require providers to implement auditable electronic
24 service verification based on global positioning systems or
25 other cost-effective technology.

26 (g) For the Home Services Program operated by the

1 Department of Human Services and the Community Care Program
2 operated by the Department on Aging, the Department of Human
3 Services, in cooperation with the Department on Aging, shall
4 implement an electronic service verification based on global
5 positioning systems or other cost-effective technology.

6 (h) The Department shall not pay for hospital admissions
7 when the claim indicates a hospital acquired condition that
8 would cause Medicare to reduce its payment on the claim had the
9 claim been submitted to Medicare, nor shall the Department pay
10 for hospital admissions where a Medicare identified "never
11 event" occurred.

12 (i) The Department shall implement cost savings
13 initiatives for advanced imaging services, cardiac imaging
14 services, pain management services, and back surgery. Such
15 initiatives shall be designed to achieve annual costs savings.

16 (Source: P.A. 97-689, eff. 6-14-12.)

17 Section 99. Effective date. This Act takes effect upon
18 becoming law.