

Illinois Governor Signs Sweeping Health Care Law

By Lee J. Levin & John B. Waters

Governor J.B. Pritzker recently signed into law the “Illinois Health Care and Human Service Reform Act” (Act). The purpose of the Act is to address inequality in the delivery of health care services in Illinois. While many provisions apply solely to hospitals, health care providers, caregivers and employers will need to be aware of the following key provisions of the Act:

(1) The Act provides for training and certification of community health workers to serve as a liaison, link, and intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. It also provides for reimbursement for such services for people eligible for Illinois Medicaid, under certain circumstances. The Illinois Department of Health and Human Services (Department) is authorized to develop rules to implement these provisions.

(2) The Act requires physicians, nurses, dentists, psychologists, physical therapists, pharmacists, optometrists, physician assistants, nursing home administrators, podiatrists, occupational therapists, dietitians, surgical assistants and surgical technologists to complete at least one hour of implicit bias awareness training for each license renewal period. This hour of training will count towards the professional’s minimum required number of hours of continuing professional education.

(3) The Act amends the “Employee Sick Leave Act” by extending that law’s scope to include personal care of a covered family member. What this means is that when an employer provides sick leave to its employees, the employees can use that leave to provide “personal care” for a “covered family member.” “Personal care” means activities to ensure that a covered family member’s basic medical, hygiene, nutritional, or safety needs are met, or to provide transportation to medical appointments, or for a covered family member who is unable to meet those needs by himself or herself. “Personal care” also means being physically present to provide emotional support to a covered family member with a serious health condition who is receiving inpatient or home care. A “covered family member” means an employee’s child, stepchild, spouse, domestic partner, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent.

(4) The Act requires licensed home day care providers, licensed group day care home providers, and licensed day care center directors and classroom staff to participate in training to include topics early childhood social emotional learning, infant and early childhood mental health, early childhood trauma, or adverse childhood experiences.

(5) The Act amends Illinois Public Aid Code (Code) regarding payments by managed care organizations (MCOs). Under the amended Code, an MCO (which is defined as any entity which contracts with the Department of Public Aid to provide medical services for payment on a capitated basis) must ensure that any Medicaid-certified provider under contract with it is paid for providing a medically necessary, Medicaid-covered and authorized service to an enrollee of that MCO regardless of whether that provider is listed on the MCO’s directory of available providers. In addition, the Code was amended by the Act to state that if the Department of Public Aid or the MCO requires submission of a claim for payment in a non-electronic format, the provider must be afforded at least 90 business days to correct a rejected submission.

Finally, another amendment of the Code states that no claim shall be denied for failure to comply with any timely submission requirements under the Code or any existing contract unless the non-electronic format claim submission occurs after the initial 180 days following the latest date of service on the claim or after the 90-business day correction period following the provider's receipt of notice of rejection or denial of its claim.

(6) The Act further amends the Code to add provisions regarding perinatal doula and evidence-based home visiting. As a result of this amendment, the services of perinatal doula and evidence-based home visiting services are covered activities eligible for payment under the Code. The Department must now adopt rules governing how this provision is to be administered.

Our health care attorneys at Roetzel & Andress have examined this new law and continue to monitor any developments and guidance. Please contact one of the Roetzel health care attorneys to discuss how this law may impact your practice.

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