DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

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SUBCHAPTER d: MEDICAL PROGRAMS

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DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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AUTHORITY: Implementing and authorized by Articles III, IV, V and VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5].

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a

maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12

Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended

at 14 Ill. Reg. 18813, effective November 6, 1990; Notice of Corrections to Adopted Amendment at 15 Ill. Reg. 1174; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment suspended at 17 Ill. Reg. 18902, effective October 12, 1993; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum

of 150 days; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended at 18 Ill. Reg. 17286, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days; emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at

23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill. Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277, effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344, effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 3897, effective March 1, 2001; amended at 25 Ill. Reg. 6665, effective May 11, 2001; amended at 25 Ill. Reg. 8793, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 8850, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 11880, effective September 1, 2001; amended at 25 Ill. Reg. 12820, effective October 8, 2001; amended at 25 Ill. Reg. 14957, effective November 1, 2001; emergency amendment at 25 Ill. Reg. 16127, effective November 28, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 16292, effective December 3, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 514, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 663, effective January 7, 2002; amended at 26 Ill. Reg. 4781, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 5984, effective April 15, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 7285, effective April 29, 2002; emergency amendment at 26 Ill. Reg. 8594, effective June 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11259, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 12461, effective July 29, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16593, effective October 22, 2002; emergency amendment at 26 Ill. Reg. 12772, effective August 12, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13641, effective September 3, 2002; amended at 26 Ill. Reg. 14789, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 15076, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16303, effective October 25, 2002; amended at 26 Ill. Reg. 17751, effective November 27, 2002; amended at 27 Ill. Reg. 768, effective January 3, 2003; amended at 27 Ill. Reg. 3041, effective February 10, 2003; amended at 27 Ill. Reg. 4364, effective February 24, 2003; amended at 27 Ill. Reg. 7823, effective May 1, 2003; amended at 27 Ill. Reg. 9157, effective June 2, 2003; emergency amendment at 27 Ill. Reg. 10813, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 13784, effective August 1, 2003; amended at 27 Ill. Reg. 14799, effective September 5, 2003; emergency amendment at 27 Ill. Reg. 15584, effective September 20, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16161, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18629, effective November 26, 2003; amended at 28 Ill. Reg. 2744, effective February 1, 2004; amended at 28 Ill. Reg. 4958, effective March 3, 2004; emergency amendment at 28 Ill. Reg. 6622, effective April 19, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7081, effective May 3, 2004; emergency amendment at 28 Ill. Reg. 8108, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9640, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10135, effective July 1, 2004, for a

maximum of 150 days; amended at 28 Ill. Reg. 11161, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12198, effective August 11, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13775, effective October 1, 2004; amended at 28 Ill. Reg. 14804, effective October 27, 2004; amended at 28 Ill. Reg. 15513, effective November 24, 2004; amended at 29 Ill. Reg. 831, effective January 1, 2005; amended at 29 Ill. Reg. 6945, effective May 1, 2005; emergency amendment at 29 Ill. Reg. 8509, effective June 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12534, effective August 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 14957, effective September 30, 2005; emergency amendment at 29 Ill. Reg. 15064, effective October 1, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 15985, effective October 5, 2005, for the remainder of the 150 days; emergency amendment at 29 Ill. Reg. 15610, effective October 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 16515, effective October 5, 2005, for a maximum of 150 days; amended at 30 Ill. Reg. 349, effective December 28, 2005; emergency amendment at 30 Ill. Reg. 573, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 796, effective January 1, 2006; amended at 30 Ill. Reg. 2802, effective February 24, 2006; amended at 30 Ill. Reg. 10370, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 12376, effective July 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 13909, effective August 2, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 14280, effective August 18, 2006; expedited correction at 31 Ill. Reg. 1745, effective August 18, 2006; emergency amendment at 30 Ill. Reg. 17970, effective November 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18648, effective November 27, 2006; emergency amendment at 30 Ill. Reg. 19400, effective December 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 388, effective December 29, 2006; emergency amendment at 31 Ill. Reg. 1580, effective January 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 2413, effective January 19, 2007; amended at 31 Ill. Reg. 5561, effective March 30, 2007; amended at 31 Ill. Reg. 6930, effective April 29, 2007; amended at 31 Ill. Reg. 8485, effective May 30, 2007; emergency amendment at 31 Ill. Reg. 10115, effective June 30, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 14749, effective October 22, 2007; emergency amendment at 32 Ill. Reg. 383, effective January 1, 2008, for a maximum of 150 days; peremptory amendment at 32 Ill. Reg. 6743, effective April 1, 2008; peremptory amendment suspended at 32 Ill. Reg. 8449, effective May 21, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 32 Ill. Reg. 18323, effective November 12, 2008; peremptory amendment repealed by emergency rulemaking at 32 Ill. Reg. 18422, effective November 12, 2008, for a maximum of 150 days; emergency expired April 10, 2009; peremptory amendment repealed at 33 Ill. Reg. 6667, effective April 29, 2009; amended at 32 Ill. Reg. 7727, effective May 5, 2008; emergency amendment at 32 Ill. Reg. 10480, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 32 Ill. Reg. 17133, effective October 15, 2008; amended at 33 Ill. Reg. 209, effective December 29, 2008; amended at 33 Ill. Reg. 9048, effective June 15, 2009; emergency amendment at 33 Ill. Reg. 10800, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 11287, effective

July 14, 2009; amended at 33 Ill. Reg. 11938, effective August 17, 2009; amended at 33 Ill. Reg. 12227, effective October 1, 2009; emergency amendment at 33 Ill. Reg. 14324, effective October 1, 2009, for a maximum of 150 days; emergency expired February 27, 2010; amended at 33 Ill. Reg. 16573, effective November 16, 2009; amended at 34 Ill. Reg. 516, effective January 1, 2010; amended at 34 Ill. Reg. 903, effective January 29, 2010; amended at 34 Ill. Reg. 3761, effective March 14, 2010; amended at 34 Ill. Reg. 5215, effective March 25, 2010; amended at 34 Ill. Reg. 19517, effective December 6, 2010; amended at 35 Ill. Reg. 394, effective December 27, 2010; amended at 35 Ill. Reg. 7648, effective May 1, 2011; amended at 35 Ill. Reg. 7962, effective May 1, 2011; amended at 35 Ill. Reg. 10000, effective June 15, 2011; amended at 35 Ill. Reg. 12909, effective July 25, 2011; amended at 36 Ill. Reg. 2271, effective February 1, 2012; amended at 36 Ill. Reg. 7010, effective April 27, 2012; amended at 36 Ill. Reg. 7545, effective May 7, 2012; amended at 36 Ill. Reg. 9113, effective June 11, 2012; emergency amendment at 36 Ill. Reg. 11329, effective July 1, 2012 through June 30, 2013; emergency amendment to Section 140.442(e)(4) suspended at 36 Ill. Reg. 13736, effective August 15, 2012; suspension withdrawn from Section 140.442(e)(4) at 36 Ill. Reg. 14529, September 11, 2012; emergency amendment in response to Joint Committee on Administrative Rules action on Section 140.442(e)(4) at 36 Ill. Reg. 14820, effective September 21, 2012 through June 30, 2013; emergency amendment to Section 140.491 suspended at 36 Ill. Reg. 13738, effective August 15, 2012; suspension withdrawn by the Joint Committee on Administrative Rules from Section 140.491 at 37 Ill. Reg. 890, January 8, 2013; emergency amendment in response to Joint Committee on Administrative Rules action on Section 140.491 at 37 Ill. Reg. 1330, effective January 15, 2013 through June 30, 2013; amended at 36 Ill. Reg. 15361, effective October 15, 2012; emergency amendment at 37 Ill. Reg. 253, effective January 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 846, effective January 9, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 1774, effective January 28, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 2348, effective February 1, 2013 through June 30, 2013; amended at 37 Ill. Reg. 3831, effective March 13, 2013; emergency amendment at 37 Ill. Reg. 5058, effective April 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 5170, effective April 8, 2013 through June 30, 2013; amended at 37 Ill. Reg. 6196, effective April 29, 2013; amended at 37 Ill. Reg. 7985, effective May 29, 2013; amended at 37 Ill. Reg. 10282, effective June 27, 2013; amended at 37 Ill. Reg. 12855, effective July 24, 2013; emergency amendment at 37 Ill. Reg. 14196, effective August 20, 2013, for a maximum of 150 days; amended at 37 Ill. Reg. 17584, effective October 23, 2013; amended at 37 Ill. Reg. 18275, effective November 4, 2013; amended at 37 Ill. Reg. 20339, effective December 9, 2013; amended at 38 Ill. Reg. 859, effective December 23, 2013; emergency amendment at 38 Ill. Reg. 1174, effective January 1, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 4330, effective January 29, 2014; amended at 38 Ill. Reg. 7156, effective March 13, 2014; amended at 38 Ill. Reg. 12141, effective May 30, 2014; amended at 38 Ill. Reg. 15081, effective July 2, 2014; emergency amendment at 38 Ill. Reg. 15673, effective July 7, 2014, for a maximum of 150 days; emergency amendment at 38 Ill. Reg. 18216, effective August 18, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 18462, effective August

19, 2014; amended at 38 Ill. Reg. 23623, effective December 2, 2014; amended at 39 Ill. Reg. 4394, effective March 11, 2015; emergency amendment at 39 Ill. Reg. 6903, effective May 1, 2015 through June 30, 2015; emergency amendment at 39 Ill. Reg. 8137, effective May 20, 2015, for a maximum of 150 days; emergency amendment at 39 Ill. Reg. 10427, effective July 10, 2015, for a maximum of 150 days; emergency expired December 6, 2015; amended at 39 Ill. Reg. 12825, effective September 4, 2015; amended at 39 Ill. Reg. 13380, effective September 25, 2015; amended at 39 Ill. Reg. 14138, effective October 14, 2015; emergency amendment at 40 Ill. Reg. 13677, effective September 16, 2016, for a maximum of 150 days; emergency expired February 12, 2017; amended at 41 Ill. Reg. 999, effective January 19, 2017; amended at 41 Ill. Reg. 3296, effective March 8, 2017; amended at 41 Ill. Reg. 7526, effective June 15, 2017; amended at 41 Ill. Reg. 10950, effective August 9, 2017; amended at 42 Ill. Reg. 4829, effective March 1, 2018; amended at 42 Ill. Reg. 12986, effective June 25, 2018; emergency amendment at 42 Ill. Reg. 13688, effective July 2, 2018, for a maximum of 150 days; emergency amendment to emergency rule at 42 Ill. Reg. 16265, effective August 13, 2018, for the remainder of the 150 days; amended at 42 Ill. Reg. 14383, effective July 23, 2018; amended at 42 Ill. Reg. 20059, effective October 26, 2018; amended at 42 Ill. Reg. 22352, effective November 28, 2018; amended at 43 Ill. Reg. 1014, effective December 31, 2018; amended at 43 Ill. Reg. 2227, effective February 4, 2019; amended at 43 Ill. Reg. 4094, effective March 25, 2019; amended at 43 Ill. Reg. 5706, effective May 2, 2019; amended at 43 Ill. Reg. 6736, effective May 28, 2019; emergency amendment at 43 Ill. Reg. 12093, effective October 15, 2019, for a maximum of 150 days; amended at 44 Ill. Reg. 226, effective December 23, 2019; amended at 44 Ill. Reg. 4616, effective March 3, 2020; emergency amendment at 44 Ill. Reg. 5745, effective March 20, 2020, for a maximum of 150 days; emergency amendment at 44 Ill. Reg. 12778, effective July 17, 2020, for a maximum of 150 days; amended at 44 Ill. Reg. 13678, effective August 7, 2020; amended at 44 Ill. Reg. 19713, effective December 11, 2020; emergency amendment at 45 Ill. Reg. 1345, effective January 15, 2021, for a maximum of 150 days; emergency expired June 13, 2021; emergency amendment at 45 Ill. Reg. 2734, effective February 19, 2021, for a maximum of 150 days; emergency amendment at 45 Ill. Reg. 5419, effective April 9, 2021, for a maximum of 150 days; amended at 45 Ill. Reg. 5848, effective April 20, 2021; amended at 45 Ill. Reg. 8958, effective June 29, 2021; amended at 45 Ill. Reg. 10996, effective August 27, 2021; emergency amendment at 46 Ill. Reg. 512, effective December 16, 2021, for a maximum of 150 days; amended at 46 Ill. Reg. 2046, effective January 21, 2022; amended at 46 Ill. Reg. 5229, effective March 11, 2022; amended at 46 Ill. Reg. 5725, effective March 25, 2022; emergency amendment at 46 Ill. Reg. 8348, effective May 2, 2022, for a maximum of 150 days; emergency amendment at 46 Ill. Reg. 12115, effective July 1, 2022, for a maximum of 150 days; emergency expired November 27, 2022; amended at 46 Ill. Reg. 16740, effective September 20, 2022; amended at 46 Ill. Reg. 18061, effective October 27, 2022; amended at 46 Ill. Reg. 19641, effective November 28, 2022; amended at 47 Ill. Reg. 3738, effective March 1, 2023; amended at 47 Ill. Reg. 16385, effective November 3, 2023; amended at 47 Ill. Reg. 18024, effective November 21, 2023; amended at 48 Ill. Reg. 864, effective December 27, 2023; emergency

amendment at 48 Ill. Reg. 5768, effective March 28, 2024, for a maximum of 150 days; amended at 48 Ill. Reg. 11981, effective July 25, 2024; amended at 48 Ill. Reg. 13507, effective August 26, 2024; amended at 49 Ill. Reg. 1819, effective January 30, 2025; amended at 49 Ill. Reg. 3081, effective February 26, 2025; amended at 49 Ill. Reg. 3537, effective March 10, 2025; amended at 49 Ill. Reg. 4026, effective March 20, 2025; amended at 49 Ill. Reg. 4457, effective March 27, 2025; amended at 49 Ill. Reg. 8201, effective May 27, 2025; emergency amendment at 49 Ill. Reg. _____, effective _____, for a maximum of 150 days.

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section 140.76 Managed Care Utilization Review Standardization and Transparency Practices
EMERGENCY

a) Definitions. As used in this Section:

"Administrative days" means hospital long term care days as defined in 89 Ill. Adm. Code 148.50(c)(1).

"Adverse benefit determination" means the denial or limited authorization of a service authorization request for coverage of a health care service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit; the reduction, suspension, or termination of a previously authorized health care service; or the denial, in whole or in part, of payment for a service (unrelated to whether the claim is submitted timely or properly coded).

"Enrollee" means any person who is eligible for medical assistance under Article V of the Public Aid Code, is not eligible for or enrolled in Medicare, and is enrolled in a managed care organization.

"Generally accepted standards of care" for a health care service means standards of care and clinical practice that are generally recognized by health care clinicians practicing in relevant clinical specialties for the illness, injury, or condition or its symptoms and comorbidities. Valid, evidence-based sources reflecting generally accepted standards of care include peer-reviewed scientific studies and medical literature, recommendations of nonprofit health care provider professional associations and specialty societies, including, but not limited to, enrollee placement criteria and clinical practice guidelines, recommendations of federal

government agencies, and drug labeling approved by the United States Food and Drug Administration.

"Health care service" means any medical or behavioral health service covered under the medical assistance program that is subject to review under a service authorization program, except for durable medical equipment as described in 89 Ill. Adm. Code 140.475 and pharmacy services as described in 89 Ill. Adm. Code 140.440.

"Managed care organization" or "MCO" means any entity that contracts with the Department to provide health care services to enrollees where payment for services is made on a capitated basis. For purposes of this section, MCOs shall also mean an MCO's utilization review department, a peer review organization, a quality improvement organization, or a utilization review organization (URO) that contracts with an MCO to administer a service authorization program and make service authorization determinations. For purposes of this section, MCO does not mean an entity that contracts with the Department to provide health care services to Medicare-eligible enrollees where payment is made on a capitated basis.

"Medically necessary" or "medical necessity" means (a) that a service addresses the specific needs of an enrollee for the purpose of (i) screening, preventing, diagnosing, managing, or treating an illness, injury, or condition and disorder that results in health impairments and/or disability or its symptoms and comorbidities; (ii) minimizing the progression of an illness, injury, or condition or its symptoms and comorbidities; (iii) achieving age-appropriate growth and development; (iv) attaining, maintaining, or regaining functional capacity and (b) in a manner that is all of the following: (i) in accordance with generally accepted standards of care; (ii) clinically appropriate in terms of type, frequency, extent, site, and duration; and (iii) not primarily for the economic benefit of the MCO or for the convenience of the enrollee or provider.

"Provider" means a facility or individual who is actively enrolled in the medical assistance program and licensed or otherwise authorized to order, prescribe, refer, or render health care services in this State.

"Service authorization determination" means a decision made by a service authorization program in advance of, concurrent to, or after the provision of a health care service to approve, change the level of care, partially deny, deny, or otherwise limit coverage and reimbursement for a health care service upon review of a service authorization request.

"Service authorization program" means any utilization review, utilization management, peer review, quality review, or other medical management activity conducted by an MCO including but not limited to, prior authorization, prior approval, pre-certification, concurrent review, retrospective review, or certification of admission, of health care services provided in an inpatient or outpatient hospital setting. Unless otherwise specifically stated in this section, inpatient hospital setting means as defined in 89 Ill. Adm. Code 148.25 (b)(1). Outpatient hospital setting means as defined in 89 Ill. Adm. Code 148.25 (b)(2).

"Service authorization request" means a request submitted by a provider to a service authorization program for a service authorization determination.

b) Where this section conflicts with 89 Ill. Adm. Code 140.77, the MCO shall follow 89 Ill. Adm. Code 140.77.

c) This section is effective for dates of service or admission on and after July 1, 2025, except for subsection (e) which shall be effective September 2, 2025.

d) An MCO shall provide documents to the Department showing compliance with this section within 60 days of adoption of this section, and as requested by the Department thereafter. The MCO shall provide all documents deemed necessary by the Department and within the timeframes requested by the Department. Nothing in this Section shall be construed to alleviate each MCO's obligations to notify providers of changes in policies and procedures as required by the Department in its contracts with the MCOs. Where the MCO contract language is inconsistent or in conflict with this Section, the MCO shall follow the requirements set forth in this Section.

e) Publication Guidelines for Service Authorization Programs.

1) Each MCO shall clearly publish on the home page of its public-facing website or provide a link on the home page to policies and procedures specific to Illinois for its service authorization programs. The website must be readily accessible to enrollees, in-network providers and out-of-network providers, and members of the public without requiring an individual to create any account or enter any credentials to access it. The policies and procedures shall be conspicuously posted on the website, detailed, written in easily understandable language, and readily available to the provider at the point of care. Content published by a third party and

licensed for use by an MCO may be made available through a secure, password-protected website if access to the website is not unreasonably restricted.

2) The website shall minimally include all the following:

A) A complete list of health care services included in each service authorization program.

B) For each health care service referenced in subsection (A), the MCO must:

i) Categorize by in-network and out-of-network.

ii) Categorize by type of service authorization program.

iii) Include all MCO-specific payment and clinical review criteria, guidelines, and policies that are used instead of or to supplement nationally recognized decision support criteria.

iv) Include any proprietary, nationally recognized decision support criteria on its secure provider portal.

v) Include a list of commonly used service authorization program terms and their definitions, as approved by the Department.

vi) Identify the date the service authorization program requirement became effective in Illinois; the date the requirement was listed on the MCO's Illinois-specific website; any termination dates; the date of any removal or revision of service authorization program requirements; the effective dates for any terminations, removal(s), or revision(s); and a summary of and rationale for the terminations, removal(s), and revision(s).

C) Policies and procedures for requesting approval of administrative days.

D) A clear outline of the process for a provider to request an appeal of an adverse benefit determination on behalf of an enrollee, including all timelines and required forms.

E) A clear outline of the process for an enrollee, or provider on behalf of an enrollee, to request a review by an external independent entity of an adverse benefit determination, except for Home and Community-Based Services (HCBS) waiver service determinations.

F) Access to standard electronic service authorization requests.

G) If an MCO intends either to implement a new requirement or restrict or amend an existing requirement, the MCO shall update its website and provide contracted providers written notice no less than 60 days prior to implementation. The written notice may be provided in an electronic format, including email or facsimile, if the provider has agreed in advance to receive notices electronically.

f) Procedures Covered in the Inpatient Hospital Setting.

1) This subsection shall not apply to behavioral health and substance use disorder health care services and health care services rendered in psychiatric hospitals defined in 89 Ill. Adm. Code 148.25 (d)(1); rehabilitation hospitals defined in 89 Ill. Adm. Code 148.25 (d)(2); and long-term acute care hospitals defined in 89 Ill. Adm. Code 148.25 (d)(4).

2) For a health care service listed on the Medicare Inpatient Only (IPO) list, as published annually by the Centers for Medicare and Medicaid Services (CMS), service authorization programs must approve the level of care as requested by the provider on the service authorization request and provide reimbursement under the applicable payment methodology as billed by the provider. In enrollee-specific cases where the provider determines that it is clinically appropriate and safe for such procedure to be performed in an outpatient setting, and the provider bills the service as outpatient level of care, the MCO must reimburse under the applicable outpatient payment methodology.

3) Additions or exceptions to the IPO to account for the specific needs of Medicaid enrollees must be as authorized by the Department and adhered to by all MCOs. The Department shall publish such additions or exceptions to its website 60 days in advance of the effective date.

g) Administrative Forms Used in Enrollee Appeal Process.

1) Each MCO must use the standard appointment of representative (AOR) form, both paper and electronic, as published by the Department. The MCOs shall allow the form to be signed prior to the rendering of the determination on the service authorization request for the health care service.

2) MCOs shall allow alternatives to the standardized AOR form if the alternative is a separate and distinct document from the general consent to treatment form and contains all elements included in the standardized AOR form. Alternatives may include, but are not limited to, electronic medical record-generated forms.

h) Limitations on Second or Subsequent Medical Necessity Reviews.

1) Nothing in this section supersedes or waives requirements regarding behavioral health and substance use disorder health care services necessary to comply with applicable federal or state law, federal regulation, federal grant requirements, any State or federal consent decrees or court orders, or applicable case law.

2) Health care services authorized by a service authorization program that have been or are in the process of being rendered shall not be subject to a second or subsequent medical necessity review to revoke or further limit, condition, or restrict an approval received, or reduce or recover payment for a service which the service authorization program previously determined was medically necessary. Nothing in this subsection prevents a service authorization program from requiring authorization for health care services beyond the scope of the initial approval. Nothing in this paragraph supersedes subsection (h)(5).

3) The MCO shall not deny a claim due to readmission policies for approved, planned readmissions. Each MCO shall update its payment systems to allow providers to indicate on the institutional claim that an admission was

planned and allow a claim for a planned readmission to bypass any edits that would cause a denial of a claim due to readmission policies.

4) Nothing in this subsection shall prevent an MCO from requiring a provider to submit a timely, complete, and properly coded claim. The MCO shall not be liable for payments for individuals who are not enrollees of the MCO at the time the health care service is rendered.

5) Nothing in this subsection shall prevent an MCO from denying payments or recovering overpayments based on fraud, waste, or abuse. The MCO and the Department shall continue to implement and enforce any program integrity safeguards mandated by state or federal law, regulations, and policies including but not limited to 305 ILCS 5/12-13.1 and Title 42, Chapter IV, Subchapter C, Part 438, Subpart H of the Code of Federal Regulations and any successor regulations and Title 42, Chapter IV, Subchapter F, Part 455 of the Code of Federal Regulations and any successor regulations. The MCO or Department may require documentation, including documentation of medical necessity, in cases where the MCO or the Department is investigating fraud, waste, or abuse. When a service authorization program has approved an inpatient level of care as medically necessary, and that service meets medical necessity based on nationally recognized decision support criteria, an MCO shall not subsequently classify that service as waste if it subsequently determines that the enrollee could have been managed in the outpatient setting.

i) Standardization of Peer-to-Peer Processes and Timelines

1) Each MCO shall adhere to the requirements of this subsection for peer-to-peer reviews for health care services that are subject to its service authorization programs.

2) Providers may request a peer-to-peer review within 10 calendar days of receipt of the MCO's (i) notice of intent to make an adverse determination, (ii) request for further documentation, or (iii) notice of adverse benefit determination. MCOs shall make exceptions to this timeframe on a case-by-case basis to accommodate unique, provider-specific circumstances. A peer-to-peer review request shall not alter the grievance and appeals rights of enrollees.

3) MCOs may request peer-to-peer reviews but shall not automatically require peer-to-peer reviews as part of its service authorization program.

4) Nothing in this subsection alters the Department's contractually required timeframes for MCOs to make service authorization determinations. If compliance with contractually required timeframes results in a determination being made after a peer-to-peer is scheduled but before the peer-to-peer occurs, the MCO shall not be out of compliance with (i)(2).

5) MCOs shall respond to a request for a peer-to-peer review within one business day of receipt of the request confirming the date and time of the peer-to-peer review and instructions for facilitating the review.

6) Unless otherwise agreed to by the MCO and provider, the MCO shall hold a peer-to-peer review within three business days of the receipt of the request.

7) In cases where an MCO fails to attend a scheduled peer-to-peer review or otherwise is unable to hold a peer-to-peer review within three business days of the receipt of the request, the MCO must treat all post-denial actions, including, but not limited to, appeals as -when the provider submits the appeal or other post-denial action as urgent.

8) MCOs shall allow both in-network and out-of-network providers to schedule and request a peer-to-peer review telephonically or in writing by electronic means, facsimile, and web-based secure functionality. MCOs must also allow in-network providers to request and schedule a peer-to-peer review through the provider portal.

9) When scheduling a peer-to-peer review, MCOs shall allow the providers to minimally offer three dates and times for the review from which the MCO will select a date and time.

10) Peer-to-peer reviews shall be held in a manner most efficient to meet the needs of the enrollee and may be in-person, telephonic, or web based as agreed to by the provider and MCO. MCOs must use physicians who are in the same or similar specialty as a physician who typically manages the medical condition or disease.

11) MCOs shall allow providers to submit additional clinical documentation which shall be considered during the peer-to-peer review. If requested by the provider, the MCO shall accept the documentation in lieu of the peer-to-peer review.

12) If the MCO modifies its original intent to make an adverse determination or modifies an adverse benefit determination prior to the date of the peer-to-peer review, the MCO shall notify the provider of its decision before the date of the peer-to-peer review to allow the provider the option to cancel the review. The MCOs shall follow the notification provisions set forth in subsection (i)(12).

13) MCO Notification of Peer-to-Peer Decisions.

A) The MCO may verbally notify the provider of its decision during or after the peer-to-peer review. However, the MCO must issue a written decision to the provider submitting the service authorization request within 24 hours of the date and time of the peer-to-peer review.

B) The written notice shall be issued by electronic means, facsimile, portal, or web-based secure functionality.

C) The written notice shall minimally include the following:

i) Date notice is issued.

ii) Identification of the health care service.

iii) The effective date of the decision.

iv) Plain language instructions on the appeal rights of enrollees, including the procedures enrollees must follow to exercise their right to an appeal; the circumstances under which an appeal process can be expedited and how to request it; any rights of enrollees to have benefits continue pending resolution of the appeal and how to request that benefits be continued; the right of enrollees to request a fair hearing and the process, the right of the provider to submit a service authorization dispute of the medical necessity

denial and the process, and the circumstances, under which an external independent review may be requested, consistent with Department policy.

v) For service authorization determinations not wholly in favor of the enrollee, such as denials, limits, conditions, or restrictions of a health care service, a detailed basis for the determination with any data used to explain the decision, including:

- The principal reason(s) for the determination, including, if applicable, a statement that the determination was based on a failure to submit specified medical records.
- Additional documentation necessary for reconsideration or to support an appeal of an adverse benefit determination.
- The clinical basis for the determination.
- A description of the sources, including citations, that were used in making the determination.
- The professional specialty of the individual who made the determination.

j) Standard Criteria for Admission to a Long-Term Acute Care Hospital.

1) Except for (j)(11), this subsection applies only to service authorization requests for initial admissions to a long-term acute care hospital (LTACH), as defined in 89 Ill. Adm. Code 148.25 (d)(4), from a discharging hospital.

2) The service authorization program shall make medical necessity determinations in a manner that is no more restrictive than that used in the State Medicaid program, including quantitative and non-quantitative treatment limits, as indicated in State statutes and regulations, the State Plan, and other State policy and procedures.

3) Each service authorization program shall determine medical necessity for initial admission to an LTACH based on nationally recognized decision support criteria, except as outlined in (j)(4) and (j)(5) of this subsection. If an MCO purchases or licenses service authorization program LTACH review criteria, the MCO shall, before using the criteria, verify and document that the criteria were developed in accordance with this subsection.

4) In cases where the enrollee's condition does not specifically meet criteria set forth in guidelines, service authorization programs must consider all clinical factors and make enrollee-specific determinations on a case-by-case basis, which may include approving service authorization requests for LTACH level of care when an enrollee's individual needs support approval.

5) In cases where a multidisciplinary team at the discharging hospital determines and documents that the enrollee is appropriate for and will benefit from care in an LTACH and a lower level of care will not meet the enrollee's clinical needs, the service authorization program shall not deny a service authorization request for initial admission to an LTACH when the level of care is medically necessary, pursuant to subsection (j)(2), (j)(3), or (j)(4), and instead approve only skilled nursing facility level of care or alternate lower level of care. The MCO may request and conduct a peer-to-peer review with the provider prior to approval of the service authorization request to collaboratively discuss alternative settings of care, including any community-based alternatives that may be part of a quality program.

6) Nothing in this section prohibits an enrollee from choosing or electing an alternate level of care.

7) Service authorization programs must have mechanisms in place to ensure consistent application of review criteria, allowing for enrollee-specific exceptions pursuant to (j)(4), and shall consult with the provider involved in the service authorization request when appropriate. Any decision to deny a service authorization request or to authorize a health care service in an amount, duration, or scope that is less than requested must be made by an individual who has appropriate expertise in addressing the enrollee's medical needs.

8) The MCO shall continue to establish practice guidelines as mandated by federal regulations, including but not limited to 42 CFR 438.236. Practice guidelines must incorporate requirements set forth in this subsection.

9) Nothing in this subsection alters a service authorization program's obligation to make medical necessity determinations on requests for continuing stays at LTACHs based on all contractual requirements and applicable federal and state laws and regulations, including but not limited to 42 CFR 438.210.

k) Timelines for Standard and Urgent Service Authorization Requests for Long Term Acute Care Hospitals and Post-Acute Care Services.

1) Nothing in this section supersedes or waives requirements regarding behavioral health and substance use disorder health care services necessary to comply with applicable federal or state law, federal regulation, federal grant requirements, any State or federal consent decrees or court orders, or applicable case law.

2) A service authorization program shall issue a service authorization determination as expeditiously as the enrollee's health condition requires and no later than the timelines outlined in this subsection.

3) Except for subsection (k)(4), the MCO must render a service authorization determination and notify the enrollee and the provider of the determination within five (5) calendar days of receipt of the service authorization request, with an extension of up to five (5) additional calendar days if the enrollee requests the extension or the service authorization program informs the provider that there is a need for additional written justification demonstrating that the health care service is medically necessary and the enrollee will not be harmed by the extension.

4) If the provider indicates or the MCO determines that following the timeframes listed in subsection (k)(3) of this section could seriously jeopardize the enrollee's life or health, or could potentially result in a hospital stay beyond medical necessity, the service authorization program must render a service authorization determination and notify the enrollee and the provider no later than forty-eight (48) hours after receipt of the service authorization request, unless the service authorization program has not received clinical information sufficient upon which to make a service

authorization determination. Where the service authorization program has not received sufficient clinical information upon which to make a determination, the service authorization program shall notify the provider no later than twenty-four (24) hours after receipt of the service authorization request that additional clinical information is needed and shall allow the provider twenty-four (24) hours to submit the requested additional clinical documentation. The MCO must then render an approval or adverse benefit determination no later than seventy-two (72) hours after receipt of the original service authorization request.

5) In cases where the provider indicates that the service authorization request must be decided within the urgent timeframe, the service authorization program cannot override the provider's determination and treat the request as a standard request.

l) Audits and Report to the General Assembly.

1) The Department, through its contracted external quality review organization, shall conduct audits of the MCO's compliance with this section and include:

A) An analysis of the MCOs' compliance with nationally recognized clinical decision support criteria.

B) An analysis, to evaluate whether service authorization determinations are being made consistently by all MCOs and to ensure that all individuals are being treated in accordance with equitable standards of care and all federal requirements enumerated at 42 CFR § 438.210.

C) An analysis shall compare and contrast each MCO's service authorization determination outcomes to the outcomes of each MCO and the outcomes of the fee-for-service program; and

D) A report for each MCO providing the total number of prior authorization, concurrent authorization, and post authorization service authorization requests received from hospitals. The data shall be reported separately by hospital type, including but not limited to general acute, psychiatric, rehabilitation, long term acute care, and children's.

E) The report must provide, as a subset of the total requests reported in (l)(1)(D):

i) Requests for which the final determination was an approval. Of those requests:

- The subset of approved requests which were initially denied but the denial was overturned through an enrollee appeal.
- The subset of approved requests which were initially denied but the denial was overturned through a peer-to-peer review.
- The subset of approved requests which were initially denied but the denial was overturned through a reconsideration or escalation process conducted by the service authorization program.
- The subset of approved requests which were initially denied but the denial was overturned through the fair hearings process.
- The subset of approved requests which were initially denied but the denial was overturned through the provider dispute process.
- The subset of approved requests which were initially denied but the denial was overturned through the external quality review organization review process.

ii) Requests for which the final determination was a denial.

- The subset of denied requests for which a peer-to-peer review was held, and the denial was upheld.
- The subset of denied requests for which an enrollee appeal was submitted where the denial was upheld.

- The subset of denied requests which were considered under a reconsideration or escalation process, but the denial was upheld.
- The subset of denied requests where the denial was upheld through the fair hearings process.
- The subset of denied requests where the denial was upheld through the provider dispute process.
- The subset of denied requests where the denial was upheld through the external quality review organization review process.
- A single service authorization request may be reported in multiple categories listed in (ii).

iii) The sum of (E)(i) and (E)(ii) must be equal to the total number of requests reported in (D). However, a single denied request may go through multiple post-denial processes resulting in reporting of a single request in multiple sub-categories in (E)(ii).

F) Such analysis shall report separately and distinctly:

i) Outpatient services

ii) Inpatient, non-emergent initial admissions

iii) Emergent inpatient initial admissions.

iv) Continued inpatient stay.

v) Continued inpatient stays where some but not all requested days were approved shall be counted as two requests and the determination should count as one approval and one denial.

2) The Department shall provide a written report to the General Assembly of the items listed in this section and any other metrics deemed necessary by the Department beginning April 30, 2026, and thereafter annually each April 30.

3) The Department shall make this report available within 30 days of delivery to the General Assembly on its public facing website.

(Source: Emergency rule added at 49 Ill. Reg. _____, effective _____, for a maximum of 150 days)