



October 11, 2016

**OFFICERS**

**President**

Pankaj Kumar, MD  
Peoria

**President-Elect**

Joseph J. Kash, MD  
Naperville

**Secretary/Treasurer**

Donna Krueger, RN, OCN  
Niles

**Immediate Past President**

Ann L. Mellott, MD

**MEMBERS-AT-LARGE**

Mark Agulnik, MD, FRCPC  
Chicago

Diane Gerards-Benage, CMPE  
Quincy

Janelle L. Hamilton, CPC, CPC-P  
Peoria

Karthik Koduru, MD  
Quincy

Gary MacVicar, MD, FACP  
Peoria

Blase N. Polite, MD, MPP  
Chicago

**EXECUTIVE DIRECTOR**

Marci Cali, BA, RHIT

Dear Acting Director Dowling:

As you are very aware, it has been well over a year since the state of Illinois has passed a budget. Aside from the most recent stopgap measure, Illinois' state leaders do not seem to be taking quick enough measures to find a resolution to end this budget crisis. The standoff between Governor Rauner and the State Legislature represents serious inaction, and while the state sits in budget limbo, severe financial uncertainty and economic distress threatens our ability to provide quality cancer care to patients covered by the State Group Insurance Program (SEGIP).

We realize that the Illinois budget crisis is affecting multiple sectors and industries across the state, but the damage feels particularly acute for Illinois' cancer patients—some of our sickest and most vulnerable residents. The state of Illinois currently owes insurers—and, in turn providers—billions of dollars in unpaid claims. While we thank the Governor for recently acknowledging the need to refinance outstanding debts in order to pay physicians and hospitals what they are owed by the state, these payments need to be prioritized.

For practices treating patients suffering from cancer, who rely on specific—often costly—treatment regimens, receiving prompt and proper reimbursement is an urgent matter. IMOS providers are now seeing insurers that are 15-20 months behind payment due to lack of funding from the state, whereas most practices continue to be required to pay for expensive cancer therapies within 30-90 days. In order to administer treatments, these practices have to pay for drugs upfront and are not afforded opportunities to pay them later in the year.

It is not uncommon for a practice to have to spend \$50,000 - \$100,000 to buy the drugs necessary to treat a single patient with cancer. Without payment for our services, upfront drug costs are no longer bearable. Many of our practices have had no choice but to start sending patients to the hospital outpatient department, increasing costs for payers, including the state. In fact, it is estimated that the cost of care given in a hospital setting for a year of chemotherapy treatment is 53% more expensive than if given in an office setting

This is creating confusing, disjointed care for patients. The state of Illinois must acknowledge that by not directly addressing the recurrence of delayed insurance payments, Illinois' cancer patients are suffering. Additionally, we believe that SEGIP plans are not complying with contractual obligations to pay claims owed in a timely fashion. Although we understand the financial complexities that come with a state budget crisis, we urge you to consider reimbursement alternative for SEGIP so that we may continue to provide consistent, high quality care to our sickest residents.

Sincerely,

Pankaj Kumar, MD  
President