



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB3380

by Rep. Sara Feigenholtz

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-30.6 new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services shall, within a reasonable period of time, develop and implement within each enrollment region an algorithm that preserves existing provider-beneficiary relationships and that takes into account previous relationships with managed care entities in order to automatically assign Medicaid enrollees served under the Family Health Plan and the Integrated Care Program and those Medicaid enrollees eligible for medical assistance pursuant to the Patient Protection and Affordable Care Act into managed care entities, including accountable care entities, managed care community networks, and managed care organizations. Provides that the algorithm shall not use the quality and proficiency metrics to reassign enrollees out of any plan in which they are enrolled at the time and shall only be used if the client has not voluntarily selected a primary care physician and a managed care entity or care coordination entity. Provides that clients shall have one opportunity within 90 calendar days after auto-assignment by algorithm to select a different managed care entity. Requires the Department to seek input from stakeholders, including, but not limited to, Medicaid health plans and consumer advocacy organizations, prior to changing the automatic assignment algorithm. Requires the Department to publish the automatic assignment algorithm's components and on a quarterly basis publish auto-assignment enrollment numbers as well as the corresponding logic for those enrollment numbers.

LRB100 10906 KTG 21142 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 adding Section 5-30.6 as follows:

6 (305 ILCS 5/5-30.6 new)

7 Sec. 5-30.6. Managed care; automatic assignment. The
8 Department shall, within a reasonable period of time, develop
9 and implement within each enrollment region an algorithm that
10 preserves existing provider-beneficiary relationships and that
11 takes into account previous relationships with managed care
12 entities in order to automatically assign Medicaid enrollees
13 served under the Family Health Plan and the Integrated Care
14 Program and those Medicaid enrollees eligible for medical
15 assistance pursuant to the Patient Protection and Affordable
16 Care Act (Public Law 111-148) into managed care entities,
17 including accountable care entities, managed care community
18 networks, and managed care organizations. The algorithm shall
19 not use the quality and proficiency metrics to reassign
20 enrollees out of any plan in which they are enrolled at the
21 time and shall only be used if the client has not voluntarily
22 selected a primary care physician and a managed care entity or
23 care coordination entity. Clients shall have one opportunity

1 within 90 calendar days after auto-assignment by algorithm to
2 select a different managed care entity. The algorithm developed
3 and implemented shall favor assignment into managed care
4 entities with the highest quality scores and levels of
5 compliance with the operational proficiency criteria
6 established, taking into consideration existing
7 provider-beneficiary relationship as defined by 42 CFR
8 438.50(f)(3), if one exists.

9 The Department shall seek input from stakeholders,
10 including, but not limited to, Medicaid health plans and
11 consumer advocacy organizations, prior to changing the
12 automatic assignment algorithm.

13 The Department shall publish the automatic assignment
14 algorithm's components and on a quarterly basis publish
15 auto-assignment enrollment numbers as well as the
16 corresponding logic for those enrollment numbers.