



Rep. Kathleen Willis

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1 AMENDMENT TO HOUSE BILL 2353

2 AMENDMENT NO. _____. Amend House Bill 2353 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be referred to as the
5 Medicaid Eligibility Determination and Renewal Reform Act.

6 Section 5. Purpose. The processes currently in place for
7 eligibility determination and renewal (also known as
8 redetermination) under the State's medical assistance programs
9 lead to delayed access to benefits, disruptions in care
10 delivery, decreased quality of care, waste in spending on
11 unnecessary administrative costs, and worse overall health and
12 well-being for enrollees. To improve continuity of care for
13 beneficiaries and remedy significant administrative
14 challenges, to the benefit of both the State and beneficiaries,
15 this Act implements improvements and efficiencies to increase
16 accountability and transparency, minimize delay and procedural

1 terminations, and improve the overall integrity of the State's
2 medical assistance programs.

3 Section 10. Medicaid eligibility determination and renewal
4 goals.

5 (a) The Department of Healthcare and Family Services shall
6 work with the Department of Human Services, as well as other
7 stakeholders, to achieve the following goals related to
8 eligibility determinations and renewals under the Medical
9 Assistance Program established under Article V of the Illinois
10 Public Aid Code:

11 (1) Reduce procedural terminations under the Medical
12 Assistance Program so that no more than 10% of medical
13 assistance beneficiaries who remain eligible for medical
14 assistance experience any lapse in contemporaneous medical
15 coverage.

16 (2) Use technology to lower administrative burdens and
17 increase beneficiary continuity of coverage by providing
18 real-time eligibility determination decisions under the
19 Medical Assistance Program for at least 75% of all medical
20 assistance applicants, increasing automatic renewals for
21 medical assistance beneficiaries, and offering an
22 electronic means by which a broad array of medical
23 assistance beneficiaries can track and maintain their
24 benefits.

25 (b) The Department of Healthcare and Family Services and

1 the Department of Human Services shall work together with
2 stakeholders, including, but not limited to, beneficiaries of
3 medical assistance, consumer advocates, governmental staff,
4 provider, and managed care organizations, to achieve the goals
5 described in subsection (a) by December 31, 2020. The
6 Department of Healthcare and Family Services shall provide a
7 report to the General Assembly on the Department's progress
8 toward achieving those goals by December 31, 2019. The report
9 shall be posted on the Department of Healthcare and Family
10 Services' website and shall describe the policy changes the
11 Department has made, any challenges the Department has faced,
12 the Department's plan to achieve the goals by the deadline, and
13 the current rate of procedural termination, data-driven
14 renewals, and electronic portal use.

15 Section 15. Express lane eligibility State Plan amendment;
16 implementation timeline.

17 (a) As used in this Section:

18 "CHIP" means the Children's Health Insurance Program
19 established under the Children's Health Insurance Program
20 Act.

21 "Medicaid" means medical assistance authorized under
22 Section 1902 of the Social Security Act.

23 (b) Federal approval for express lane eligibility. The
24 Department of Healthcare and Family Services shall submit
25 Medicaid and CHIP State Plan amendments to the federal Centers

1 for Medicare and Medicaid Services to implement express lane
2 eligibility for all Medicaid and CHIP beneficiaries as
3 permitted by Section 203 of the Children's Health Insurance
4 Program Reauthorization Act of 2009 (Public Law 111-3), no
5 later than 90 days after the effective date of this Act. The
6 Department of Healthcare and Family Services shall cooperate
7 with the federal Centers for Medicare and Medicaid Services to
8 obtain approval, if necessary, to implement an express lane
9 eligibility option to ensure that children eligible for
10 Medicaid or CHIP have a fast and simplified process for having
11 their eligibility determined or renewed to facilitate
12 enrollment in Medicaid and CHIP.

13 (c) Content of State Plan amendment. At a minimum, the
14 State Plan amendment shall specify that express lane
15 eligibility shall apply to all Medicaid and CHIP beneficiaries.
16 If federal approval is granted, the Department of Healthcare
17 and Family Services shall seek an 1115 waiver to apply the
18 express lane eligibility option to beneficiaries age 21 or
19 older no later than 90 days after approval. The State Plan
20 amendment shall identify, at a minimum, the Supplemental
21 Nutrition Assistance Program as its express lane agency. The
22 State Plan amendment shall also specify that the express lane
23 eligibility option will be used for both applications and
24 renewals. The Department of Healthcare and Family Services may
25 select more than one express lane agency, consistent with the
26 Centers for Medicare and Medicaid Services' rules governing

1 express lane eligibility. The Department of Healthcare and
2 Family Services may also elect to obtain and use information
3 directly from State income tax records or returns, consistent
4 with the Centers for Medicare and Medicaid Services' rules
5 governing express lane eligibility.

6 (d) Implementation. After the Department of Healthcare and
7 Family Services secures federal approval (if required) from the
8 Centers for Medicare and Medicaid Services, the Department
9 shall implement express lane eligibility within 90 days after
10 the date of federal approval.

11 Section 20. Reinstatement upon renewal.

12 (a) If an individual who failed to cooperate during the
13 renewal process cooperates and submits all required
14 verifications prior to the end of the third month (or 90 days
15 if longer) following the last day of coverage, and the case
16 remains eligible, the Department of Healthcare and Family
17 Services shall restore assistance immediately, with no loss of
18 coverage and back to the date of cancellation, without
19 requiring a new application from the individual. In restoring
20 assistance, the Department shall act to ensure that an eligible
21 individual has the shortest time possible, if any, when his or
22 her case shows as inactive to providers. Retroactive coverage
23 alone does not satisfy the objective of this Section if
24 eligible individuals still experience real-time periods of an
25 inactive case.

1 (b) Individuals who are reinstated and who are enrolled in
2 a managed care organization prior to initial cancellation of
3 coverage shall be reinstated to the same managed care
4 organization, regardless of when the individual's coverage is
5 reinstated, and the annual HealthChoice Illinois open
6 enrollment period for the individual shall remain the same.
7 Managed care organizations shall be paid the appropriate per
8 member per month payment retroactively for reinstated members.

9 (c) Providers serving individuals in the State's
10 fee-for-service system may submit prior approval requests to
11 the Department of Healthcare and Family Services for review and
12 retroactive processing for medical assistance provided during
13 the reinstatement period. Providers serving individuals
14 enrolled in managed care may have their prior approval requests
15 submitted and processed retroactively for medical assistance
16 provided during the reinstatement period, provided that
17 appropriate member attribution and associated payment are also
18 made to the managed care organization for the reinstated
19 coverage period.

20 Section 25. Community-based enrollment and redetermination
21 assistance.

22 (a) The Department of Healthcare and Family Services shall
23 create and support agency-associated permission and enhanced
24 user permission within the Department's integrated eligibility
25 system to provide authorized access to client cases to better

1 enable providers and community-based organizations to support
2 applicants and clients enrolling in, renewing, or otherwise
3 maintaining their benefits.

4 (b) Creation of agency-associated permission.

5 (1) The Department of Healthcare and Family Services
6 shall authorize, create, support, and administer a process
7 by which a provider or community-based organization can
8 access each client case that is associated with that
9 provider or community-based organization in the
10 Department's integrated eligibility system for each
11 client, provider, and community-based organization that
12 seeks such access, and cooperates with the Department's
13 screening, training, and security protocols. Such access
14 shall enable the provider or community-based organization
15 to assist its clients with their benefits cases.

16 (2) A client must authorize the Department of
17 Healthcare and Family Services to associate his or her case
18 with one or more particular providers or community-based
19 organizations before the provider or organization may
20 access the client's case. Such authorization must be given
21 in writing and may be revoked in writing by the client,
22 provider, or community-based organization at any time. The
23 permission to access the case shall be granted to the
24 provider or community-based organization as a whole and not
25 specific to any particular employee or staff member. The
26 Department of Healthcare and Family Services shall process

1 all requests to associate a case or revoke an association
2 with particular providers or community-based organizations
3 promptly.

4 (3) For each provider and community-based organization
5 that seeks such access, the Department of Healthcare and
6 Family Services shall authorize and create
7 agency-associated permission within the Department's
8 integrated eligibility system to view the specific case for
9 each client associated with the provider or
10 community-based organization. This agency-associated
11 permission shall permit staff authorized by the provider or
12 community-based organization to access and interact with
13 all client cases associated with the provider or
14 community-based organization in ways that are otherwise
15 accessible to the client. The provider or community-based
16 organization shall identify and supervise authorized
17 staff. Such agency-associated permission shall enable the
18 provider or community-based organization to access all
19 client-facing aspects of the case for each client
20 associated with the provider or community-based
21 organization who has authorized such access.

22 (4) The Department of Healthcare and Family Services
23 shall ensure that the provider or community-based
24 organization has been granted permission within the
25 Department's integrated eligibility system (or other
26 electronic systems) to receive and view notifications and

1 alerts for all associated client cases, and to perform
2 certain actions in associated client cases. Permitted
3 actions shall include, but are not limited to: (i) viewing
4 notifications, (ii) uploading documentation such as
5 spend-down verifications and renewal forms, and (iii)
6 initiating contact with and continuing communication with
7 Department staff.

8 (c) Administration of agency-associated permission.

9 (1) The Department of Healthcare and Family Services
10 shall develop criteria and policies for granting
11 permission to providers and community-based organizations
12 that seek agency-associated permission.

13 (2) The Department of Healthcare and Family Services
14 shall create criteria and policies to ensure that
15 agency-associated permission is granted only for accounts
16 where the authorized user has agreed to (i) obtain the
17 written consent of the individual, (ii) act in the best
18 interest of the individual, (iii) maintain the integrity of
19 the Department's programs, and (iv) act in compliance with
20 applicable State and federal law.

21 (3) Agency-associated permission shall be authorized
22 by the Department of Healthcare and Family Services in
23 accordance with the criteria and policies to be developed
24 by the Department under this Act.

25 (4) The Department of Healthcare and Family Services
26 shall not unreasonably restrict or limit agency-associated

1 permission.

2 (d) Creation of enhanced user permission.

3 (1) The Department of Healthcare and Family Services
4 shall authorize, create, support, and administer an
5 enhanced user permission under which particular
6 individuals have authority to manually verify information
7 and work around error messages in the Department's
8 integrated eligibility system. Individuals who are
9 associated with navigators, providers, or community-based
10 organizations may apply for such access, and the Department
11 shall grant enhanced user permission in compliance with
12 this Section to those who cooperate with the Department's
13 screening, training, and security protocols.

14 (2) Enhanced user permissions shall permit individuals
15 to work in the integrated eligibility system with enhanced
16 permissions beyond the consumer-facing portal. Such
17 enhanced permissions shall include, but not be limited to,
18 addressing common challenges, including (i) resolving
19 common error codes, (ii) manually verifying data in the
20 integrated eligibility system, and (iii) performing
21 identity verification for the purposes of eligibility
22 determination in accordance with requirements set forth by
23 State and federal law. Nothing in this Act shall be
24 interpreted as changing program eligibility or renewal
25 criteria.

26 (e) Administration of enhanced user permission.

1 (1) Providers and community-based organizations shall
2 nominate and supervise individual staff that serve as
3 assisters, navigators, or who are otherwise proficient
4 with Manage My Case to be granted enhanced user permissions
5 by the Department of Healthcare and Family Services.

6 (2) The Department of Healthcare and Family Services
7 shall develop criteria and policies for granting enhanced
8 user permission.

9 (3) The Department of Healthcare and Family Services
10 shall provide support and training to individuals granted
11 enhanced user permission.

12 (4) The Department of Healthcare and Family Services
13 shall maintain and publish online a list of providers and
14 community-based organizations that employ staff who have
15 been granted enhanced user permission, to help individuals
16 and families looking for assistance enrolling in and
17 maintaining benefits.

18 (5) The Department of Healthcare and Family Services
19 shall create criteria and policies to ensure that
20 individuals with enhanced user permission agree to (i)
21 obtain the written consent of the individual, (ii) act in
22 the best interest of the individual, (iii) maintain the
23 integrity of the Department's programs, and (iv) act in
24 compliance with applicable State and federal law.

25 (6) Enhanced user permission shall be authorized by the
26 Department of Healthcare and Family Services in accordance

1 with the criteria and policies to be developed by the
2 Department under this Act.

3 (7) The Department of Healthcare and Family Services
4 shall not unreasonably restrict or limit enhanced user
5 permission.

6 Section 30. The Department shall adopt any rules or
7 policies necessary to implement this Act.

8 Section 35. The Illinois Public Aid Code is amended by
9 changing Section 11-5.2 as follows:

10 (305 ILCS 5/11-5.2)

11 Sec. 11-5.2. Income, Residency, and Identity Verification
12 System.

13 (a) The Department shall ~~ensure that its proposed~~
14 ~~integrated eligibility system shall~~ include the computerized
15 functions of income, residency, and identity eligibility
16 verification to verify eligibility, eliminate duplication of
17 medical assistance, ~~and deter fraud,~~ reduce administrative
18 burdens on the Department and the applicant or recipient, and
19 minimize delay. ~~Until the integrated eligibility system is~~
20 ~~operational, the Department may enter into a contract with the~~
21 ~~vendor selected pursuant to Section 11-5.3 as necessary to~~
22 ~~obtain the electronic data matching described in this Section.~~
23 ~~This contract shall be exempt from the Illinois Procurement~~

1 ~~Code pursuant to subsection (h) of Section 1-10 of that Code.~~

2 (b) Prior to awarding medical assistance at application
3 under Article V of this Code, the Department shall, to the
4 extent such databases are available to the Department, conduct
5 data matches using the name, date of birth, address, and Social
6 Security Number of each applicant or recipient or responsible
7 relative of an applicant or recipient through one or more
8 federal or State electronic data sources including ~~against~~ the
9 following:

10 (1) Income tax information.

11 (2) Employer reports of income and unemployment
12 insurance payment information maintained by the Department
13 of Employment Security.

14 (3) Earned and unearned income, citizenship and death,
15 and other relevant information maintained by the Social
16 Security Administration.

17 (4) Immigration status information maintained by the
18 United States Citizenship and Immigration Services.

19 (5) Wage reporting and similar information maintained
20 by states contiguous to this State.

21 (6) Employment information maintained by the
22 Department of Employment Security in its New Hire Directory
23 database.

24 (7) Employment information maintained by the United
25 States Department of Health and Human Services in its
26 National Directory of New Hires database.

1 (8) Veterans' benefits information maintained by the
2 United States Department of Health and Human Services, in
3 coordination with the Department of Health and Human
4 Services and the Department of Veterans' Affairs, in the
5 federal Public Assistance Reporting Information System
6 (PARIS) database.

7 (9) Residency information maintained by the Illinois
8 Secretary of State.

9 (10) A database which is substantially similar to or a
10 successor of a database described in this Section that
11 contains information relevant for verifying eligibility
12 for medical assistance.

13 (c) (Blank).

14 (c-5) Financial information shall be data matched by first
15 using the electronic data source with the most recent data. The
16 most recent data source shall be accepted as a reliable
17 electronic data source for determining reasonable
18 compatibility with the applicant's or recipient's attestation
19 or records. The Department may use a less recent data source
20 only if it will maximize accuracy, minimize delay, and meet
21 other applicable requirements.

22 (d) If information provided by or on behalf of an
23 individual (on the application or renewal form or otherwise) is
24 reasonably compatible with the information obtained by the
25 Department in accordance with subsection (b), the Department
26 must determine or renew eligibility based on such information

1 without making additional requests for verification,
2 information, or documentation to the individual. "Reasonable
3 compatibility" means an allowable difference or discrepancy
4 between the income reported by an applicant or recipient and
5 the income reported by an electronic data source. ~~a discrepancy~~
6 ~~results between information provided by an applicant,~~
7 ~~recipient, or responsible relative and information contained~~
8 ~~in one or more of the databases or information tools listed~~
9 ~~under subsection (b) of this Section or subsection (c) of~~
10 ~~Section 11-5.3 and that discrepancy calls into question the~~
11 ~~accuracy of information relevant to a condition of eligibility~~
12 ~~provided by the applicant, recipient, or responsible relative,~~
13 ~~the Department or its contractor shall review the applicant's~~
14 ~~or recipient's case using the following procedures:~~

15 (1) Income information obtained through an electronic
16 data source shall be considered reasonably compatible with
17 income information provided by or on behalf of the
18 individual if both are either above or at or below the
19 applicable income threshold. ~~If the information discovered~~
20 ~~under subsection (b) of this Section or subsection (c) of~~
21 ~~Section 11-5.3 does not result in the Department finding~~
22 ~~the applicant or recipient ineligible for assistance under~~
23 ~~Article V of this Code, the Department shall finalize the~~
24 ~~determination or redetermination of eligibility.~~

25 (1.5) Income information is reasonably compatible if
26 the discrepancy between the information provided by or on

1 behalf of the individual is within 10% of the federal
2 poverty level (above or below) of the information from the
3 electronic data source. "Federal poverty level" means the
4 poverty guidelines updated periodically in the Federal
5 Register by the U.S. Department of Health and Human
6 Services. These guidelines set poverty levels by family
7 size.

8 (1.6) The reasonable compatibility standard for
9 financial information shall also be met when the
10 information provided by or on behalf of the individual is
11 zero income or income that is below the program's
12 applicable income standard, or when no income data is
13 available from electronic data sources.

14 (1.7) If information provided by or on behalf of the
15 individual is not reasonably compatible with information
16 obtained through an electronic data match, the Department
17 shall provide written notice to the applicant or recipient
18 which shall describe in sufficient detail the
19 circumstances and sources of the discrepancy, the
20 information or documentation required, the manner in which
21 the applicant or recipient may respond, and the
22 consequences of failing to take action. The applicant or
23 recipient shall have 10 business days to respond.

24 (2) If the information from both the electronic data
25 source and the applicant or recipient ~~discovered~~ results in
26 the Department finding the applicant or recipient

1 ineligible for assistance, the Department shall provide
2 notice as set forth in Section 11-7 of this Article.

3 (3) (Blank). ~~If the information discovered is~~
4 ~~insufficient to determine that the applicant or recipient~~
5 ~~is eligible or ineligible, the Department shall provide~~
6 ~~written notice to the applicant or recipient which shall~~
7 ~~describe in sufficient detail the circumstances of the~~
8 ~~discrepancy, the information or documentation required,~~
9 ~~the manner in which the applicant or recipient may respond,~~
10 ~~and the consequences of failing to take action. The~~
11 ~~applicant or recipient shall have 10 business days to~~
12 ~~respond.~~

13 (4) If the applicant or recipient does not respond to
14 the notice, the Department shall deny assistance for
15 failure to cooperate, in which case the Department shall
16 provide notice as set forth in Section 11-7. Eligibility
17 for assistance shall not be established until the
18 discrepancy has been resolved.

19 (5) If an applicant or recipient responds to the
20 notice, the Department shall determine the effect of the
21 information or documentation provided on the applicant's
22 or recipient's case and shall take appropriate action.
23 Written notice of the Department's action shall be provided
24 as set forth in Section 11-7 of this Article.

25 (6) Suspected cases of fraud shall be referred to the
26 Department's Inspector General.

1 (e) Excepting citizenship and satisfactory immigration
2 status, the Department may waive its verification requirements
3 for exceptional circumstances, including: ~~The Department shall~~
4 ~~adopt any rules necessary to implement this Section.~~

5 (1) homelessness;

6 (2) domestic violence;

7 (3) instances where a noncustodial parent refuses to
8 release documentation germane to verification of one or
9 more eligibility factors;

10 (4) natural disaster; and

11 (5) other circumstances as identified on a
12 case-by-case basis and approved by the Department,
13 including, but not limited to, when documentation does not
14 exist at the time of application or renewal or is not
15 reasonably available.

16 (f) The Department shall ensure the integrated eligibility
17 system shall include an applicant portal that allows electronic
18 submission of eligibility documentation, updating of family
19 and demographic information, tracking application status, and
20 receiving electronic notifications from the Department. The
21 Department shall actively promote the use of this portal
22 through materials provided at Family and Community Resource
23 Centers, staff communications with applicants, and electronic
24 and print media. The portal and materials used to promote the
25 portal must be available, at a minimum, in English, Spanish,
26 and the next 4 most commonly used languages. The portal shall

1 be available to all applicants and recipients of medical
2 assistance provided they satisfy electronic identity
3 verification requirements through one of the following
4 processes:

5 (1) Providing personally identifying credit history
6 information.

7 (2) Providing requested personally identifying
8 documentation to the Department.

9 (3) Completing an email, text, or mobile phone
10 verification where a message is sent to the email or phone
11 associated with the account and the applicant or recipient
12 must respond to that message.

13 (4) Completing any alternative process developed by
14 the Department for ensuring the electronic security of
15 applicants and recipients.

16 (g) The Department shall adopt any rules necessary to
17 implement this Section.

18 (Source: P.A. 97-689, eff. 6-14-12; 98-756, eff. 7-16-14.)

19 Section 99. Effective date. This Act takes effect upon
20 becoming law.".