

101ST GENERAL ASSEMBLY State of Illinois 2019 and 2020 SB1575

Introduced 2/15/2019, by Sen. Antonio Muñoz

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-36 new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that coverage required under a Medicaid managed care plan for custom prosthetic and orthotic devices shall be no less favorable than the terms and conditions that apply to substantially all medical and surgical benefits provided under the plan or coverage. Requires the Department of Healthcare and Family Services to set a rate of reimbursement payable by contracted managed care organizations to contracted, in-network providers for custom prosthetic and orthotic devices at a rate no less than the Medicare rate for the year minus 6%. Provides that the provisions of the amendatory Act shall not be construed to allow the Department or its contracted managed care organizations to enter into sole source contracts for the provision of custom prosthetic or orthotic devices to recipients of medical assistance or Medicaid managed care enrollees.

LRB101 09293 KTG 54387 b

FISCAL NOTE ACT MAY APPLY 1 AN ACT concerning public aid.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

- Section 5. The Illinois Public Aid Code is amended by adding Section 5-36 as follows:
- 6 (305 ILCS 5/5-36 new)

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- Sec. 5-36. Custom prosthetic and orthotic devices; managed care coverage.
- 9 (a) The coverage required under a Medicaid managed care
 10 plan for custom prosthetic and orthotic devices shall be no
 11 less favorable than the terms and conditions that apply to
 12 substantially all medical and surgical benefits provided under
 13 the plan or coverage.
 - (b) The Department shall set a rate of reimbursement payable by contracted managed care organizations to contracted, in-network providers for custom prosthetic and orthotic devices at a rate no less than the Medicare rate for the year minus 6%.
- 19 <u>(c) Notwithstanding any other law or any other contract</u>
 20 <u>terms and conditions, nothing in this Section shall be</u>
 21 <u>construed to allow the Department or its contracted managed</u>
 22 <u>care organizations to enter into sole source contracts for the</u>
 23 provision of custom prosthetic or orthotic devices to

- 1 recipients of medical assistance or Medicaid managed care
- 2 <u>enrollees.</u>