



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB5597

Introduced 1/31/2022, by Rep. Mary E. Flowers

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-2.03
305 ILCS 5/5-45 new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services, in collaboration with the Department of Human Services, to update its eligibility verification and enrollment processing system to allow for the automatic enrollment of all eligible uninsured childless adults into the medical assistance program. Provides that under the updated processing system, hospitals, community-based organizations, and other entities approved by the Departments shall be authorized to screen and identify for medical assistance uninsured childless adults aged 19 or older, but younger than 65, who otherwise meet the eligibility requirements for medical assistance. Provides that a hospital, community-based organization, or other approved entity shall inform a Medicaid-eligible uninsured childless adult that the adult is presumptively eligible for medical assistance and offer to submit an electronic application for medical assistance on the adult's behalf. Requires the electronic application to be no longer than 2 pages in length as prescribed by the Department of Human Services. Requires the Department of Human Services to designate staff to receive and review completed electronic applications for medical assistance from hospitals, community-based organizations, or other approved entities. Requires the designated staff to verify, as soon as practical, the uninsured childless adult's eligibility for medical assistance based on the information provided in the adult's completed electronic application and without requesting additional information or attestations from the uninsured childless adult. Provides that the uninsured childless adult shall be enrolled in the medical assistance program upon verification of eligibility. Grants the Departments rulemaking authority. Requires the Department of Healthcare and Family Services to apply for any federal waivers or approvals necessary to implement the amendatory Act. Provides that implementation is subject to federal approval.

LRB102 21968 KTG 31095 b

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 changing Section 5-2.03 and by adding Section 5-45 as follows:

6 (305 ILCS 5/5-2.03)

7 Sec. 5-2.03. Presumptive eligibility. Beginning on the
8 effective date of this amendatory Act of the 96th General
9 Assembly and except where federal law requires presumptive
10 eligibility, no adult may be presumed eligible for medical
11 assistance under this Code and the Department may not cover
12 any service rendered to an adult unless the adult has
13 completed an application for benefits, all required
14 verifications have been received, and the Department or its
15 designee has found the adult eligible for the date on which
16 that service was provided. Nothing in this Section shall apply
17 to pregnant women, to childless adults as provided in Section
18 5-45, or to persons enrolled under the medical assistance
19 program due to expansions approved by the federal government
20 that are financed entirely by units of local government and
21 federal matching funds.

22 (Source: P.A. 96-1501, eff. 1-25-11; 97-687, eff. 6-14-12.)

1 (305 ILCS 5/5-45 new)

2 Sec. 5-45. Automatic enrollment; uninsured childless
3 adults. The Department of Healthcare and Family Services, in
4 collaboration with the Department of Human Services, shall
5 update its eligibility verification and enrollment processing
6 system to allow for the automatic enrollment of all eligible
7 uninsured childless adults into the medical assistance
8 program. Under the updated processing system, hospitals,
9 community-based organizations, and other entities approved by
10 the Departments shall be authorized to screen and identify for
11 medical assistance uninsured childless adults aged 19 or
12 older, but younger than 65, who otherwise meet the eligibility
13 requirements for medical assistance under paragraph 18 of
14 Section 5-2. Once a hospital, community-based organization, or
15 other approved entity identifies a client as an eligible
16 uninsured childless adult, the hospital, community-based
17 organization, or other approved entity shall inform the adult
18 that the adult is presumptively eligible for medical
19 assistance and offer to submit an electronic application for
20 medical assistance on the adult's behalf. The electronic
21 application must be no longer than 2 pages in length as
22 prescribed by the Department of Human Services. The Department
23 of Human Services shall designate staff to receive and review
24 completed electronic applications for medical assistance from
25 hospitals, community-based organizations, or other approved
26 entities. As soon as practical, the designated staff shall

1 verify an uninsured childless adult's eligibility for medical
2 assistance with the information provided in the adult's
3 completed electronic application and without requesting
4 additional information or attestations from the uninsured
5 childless adult. Upon verification of an uninsured childless
6 adult's eligibility for medical assistance, the adult shall be
7 fully enrolled in the medical assistance program and receive
8 coverage for the Health Benefits Service Package as that term
9 is defined in subsection (m) of Section 5-1.1 of this Code.

10 The Department of Healthcare and Family Services and the
11 Department of Human Services may adopt any rules necessary to
12 implement the provisions of this Section. The Department of
13 Healthcare and Family Services shall apply for any federal
14 waivers or approvals necessary to implement this Section.
15 Implementation of this Section is subject to federal approval.