



## 93RD GENERAL ASSEMBLY

### State of Illinois

#### 2003 and 2004

Introduced 02/09/04, by William Delgado

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-16.13 new

Amends the Illinois Public Aid Code. Provides that by January 1, 2005, the Department of Public Aid must implement enhancements to the managed care portion of the Medicaid program so that it contains (i) a requirement to choose between enrollment in a managed care plan and enrollment in the fee-for-service program, (ii) an annual 30-day open enrollment period, and (iii) provisions for a default assignment to a managed care plan (in counties with 2 or more managed care plans accepting Medicaid recipients as enrollees) or the fee-for-service program (in counties with fewer than 2 such managed care plans). Effective immediately.

LRB093 17167 DRJ 46444 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 5-16.13 as follows:

6 (305 ILCS 5/5-16.13 new)

7 Sec. 5-16.13. Managed care enhancements.

8 (a) By January 1, 2005, the Department of Public Aid must  
9 implement enhancements to the managed care portion of the  
10 medical assistance program under this Article so that the  
11 program contains the following features:

12 (1) A requirement that every applicant for medical  
13 assistance choose, during the eligibility determination or  
14 redetermination period, between enrollment in a managed  
15 care plan and enrollment in the fee-for-service program.

16 (2) A 30-day open enrollment period, every 12 months,  
17 during which each medical assistance recipient may choose  
18 between enrollment in a managed care plan and enrollment in  
19 the fee-for-service program.

20 (3) A provision for a default assignment to a managed  
21 care plan or the fee-for-service program, as provided in  
22 subsection (b).

23 (b) When a recipient of medical assistance does not choose  
24 a managed care plan or the fee-for-service program, the  
25 Department shall assign the recipient to a managed care plan,  
26 except in those counties in which there are fewer than 2  
27 managed care plans accepting medical assistance recipients as  
28 enrollees, in which case assignment shall be to the  
29 fee-for-service program. Recipients in counties with 2 or more  
30 managed care plans accepting medical assistance recipients as  
31 enrollees who are subject to mandatory assignment but who fail  
32 to make a choice shall be assigned to managed care plans until

1 an enrollment of 40% with fee-for-service providers and 60% in  
2 managed care plans is achieved. Once that enrollment is  
3 achieved, the assignments shall be divided in order to maintain  
4 an enrollment with fee-for-service providers and in managed  
5 care plans that is in a 40% and 60% proportion, respectively.

6 Section 99. Effective date. This Act takes effect upon  
7 becoming law.