

**HB2897**



**94TH GENERAL ASSEMBLY**  
**State of Illinois**  
**2005 and 2006**  
**HB2897**

Introduced 2/22/2005, by Rep. Tom Cross

**SYNOPSIS AS INTRODUCED:**

305 ILCS 5/5-16

from Ch. 23, par. 5-16

Amends the Illinois Public Aid Code. Makes a technical change in a Section concerning managed care.

LRB094 08627 DRJ 38835 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 5-16 as follows:

6 (305 ILCS 5/5-16) (from Ch. 23, par. 5-16)

7 Sec. 5-16. Managed Care. ~~The~~ The Illinois Department may  
8 develop and implement a Primary Care Sponsor System consistent  
9 with the provisions of this Section. The purpose of this  
10 managed care delivery system shall be to contain the costs of  
11 providing medical care to Medicaid recipients by having one  
12 provider responsible for managing all aspects of a recipient's  
13 medical care. This managed care system shall have the following  
14 characteristics:

15 (a) The Department, by rule, shall establish criteria  
16 to determine which clients must participate in this  
17 program;

18 (b) Providers participating in the program may be paid  
19 an amount per patient per month, to be set by the Illinois  
20 Department, for managing each recipient's medical care;

21 (c) Providers eligible to participate in the program  
22 shall be physicians licensed to practice medicine in all  
23 its branches, and the Illinois Department may terminate a  
24 provider's participation if the provider is determined to  
25 have failed to comply with any applicable program standard  
26 or procedure established by the Illinois Department;

27 (d) Each recipient required to participate in the  
28 program must select from a panel of primary care providers  
29 or networks established by the Department in their  
30 communities;

31 (e) A recipient may change his designated primary care  
32 provider:

1           (1) when the designated source becomes  
2           unavailable, as the Illinois Department shall  
3           determine by rule; or

4           (2) when the designated primary care provider  
5           notifies the Illinois Department that it wishes to  
6           withdraw from any obligation as primary care provider;  
7           or

8           (3) in other situations, as the Illinois  
9           Department shall provide by rule;

10          (f) The Illinois Department shall, by rule, establish  
11          procedures for providing medical services when the  
12          designated source becomes unavailable or wishes to  
13          withdraw from any obligation as primary care provider  
14          taking into consideration the need for emergency or  
15          temporary medical assistance and ensuring that the  
16          recipient has continuous and unrestricted access to  
17          medical care from the date on which such unavailability or  
18          withdrawal becomes effective until such time as the  
19          recipient designates a primary care source;

20          (g) Only medical care services authorized by a  
21          recipient's designated provider, except for emergency  
22          services, services performed by a provider that is owned or  
23          operated by a county and that provides non-emergency  
24          services without regard to ability to pay and such other  
25          services as provided by the Illinois Department, shall be  
26          subject to payment by the Illinois Department. The Illinois  
27          Department shall enter into an intergovernmental agreement  
28          with each county that owns or operates such a provider to  
29          develop and implement policies to minimize the provision of  
30          medical care services provided by county owned or operated  
31          providers pursuant to the foregoing exception.

32          The Illinois Department shall seek and obtain necessary  
33          authorization provided under federal law to implement such a  
34          program including the waiver of any federal regulations.

35          The Illinois Department may implement the amendatory  
36          changes to this Section made by this amendatory Act of 1991

1 through the use of emergency rules in accordance with the  
2 provisions of Section 5.02 of the Illinois Administrative  
3 Procedure Act. For purposes of the Illinois Administrative  
4 Procedure Act, the adoption of rules to implement the  
5 amendatory changes to this Section made by this amendatory Act  
6 of 1991 shall be deemed an emergency and necessary for the  
7 public interest, safety and welfare.

8 The Illinois Department may establish a managed care system  
9 demonstration program, on a limited basis, as described in this  
10 Section. The demonstration program shall terminate on June 30,  
11 1997. Within 30 days after the end of each year of the  
12 demonstration program's operation, the Illinois Department  
13 shall report to the Governor and the General Assembly  
14 concerning the operation of the demonstration program.

15 (Source: P.A. 87-14; 88-490.)