

HB3093



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB3093

Introduced 2/23/2011, by Rep. Michael W. Tryon

SYNOPSIS AS INTRODUCED:

215 ILCS 170/20

Amends the Covering ALL KIDS Health Insurance Act. In the provision concerning eligibility, provides that the Department of Healthcare and Family Services, in cooperation with the Department of Human Services, shall develop and implement procedures in administration of the Covering ALL KIDS Health Insurance Program to require certain proofs of eligibility from applicants; cross reference income reported by applicants; and require the termination of coverage if certain premiums have not been paid pursuant to a grace period. Effective immediately.

LRB097 09454 RPM 49589 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning insurance.

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

4 Section 5. The Covering ALL KIDS Health Insurance Act is
5 amended by changing Section 20 as follows:

6 (215 ILCS 170/20)

7 (Section scheduled to be repealed on July 1, 2016)

8 Sec. 20. Eligibility.

9 (a) To be eligible for the Program, a person must be a
10 child:

11 (1) who is a resident of the State of Illinois;

12 (2) who is ineligible for medical assistance under the
13 Illinois Public Aid Code or benefits under the Children's
14 Health Insurance Program Act;

15 (3) either (i) who has been without health insurance
16 coverage for 12 months, (ii) whose parent has lost
17 employment that made available affordable dependent health
18 insurance coverage, until such time as affordable
19 employer-sponsored dependent health insurance coverage is
20 again available for the child as set forth by the
21 Department in rules, (iii) who is a newborn whose
22 responsible relative does not have available affordable
23 private or employer-sponsored health insurance, or (iv)

1 who, within one year of applying for coverage under this
2 Act, lost medical benefits under the Illinois Public Aid
3 Code or the Children's Health Insurance Program Act; and

4 (3.5) whose household income, as determined by the
5 Department, is at or below 300% of the federal poverty
6 level. This item (3.5) is effective July 1, 2011.

7 An entity that provides health insurance coverage (as
8 defined in Section 2 of the Comprehensive Health Insurance Plan
9 Act) to Illinois residents shall provide health insurance data
10 match to the Department of Healthcare and Family Services as
11 provided by and subject to Section 5.5 of the Illinois
12 Insurance Code.

13 The Department of Healthcare and Family Services, in
14 collaboration with the Department of Insurance, shall adopt
15 rules governing the exchange of information under this Section.
16 The rules shall be consistent with all laws relating to the
17 confidentiality or privacy of personal information or medical
18 records, including provisions under the Federal Health
19 Insurance Portability and Accountability Act (HIPAA).

20 (b) The Department shall monitor the availability and
21 retention of employer-sponsored dependent health insurance
22 coverage and shall modify the period described in subdivision
23 (a) (3) if necessary to promote retention of private or
24 employer-sponsored health insurance and timely access to
25 healthcare services, but at no time shall the period described
26 in subdivision (a) (3) be less than 6 months.

1 (c) The Department, at its discretion, may take into
2 account the affordability of dependent health insurance when
3 determining whether employer-sponsored dependent health
4 insurance coverage is available upon reemployment of a child's
5 parent as provided in subdivision (a) (3).

6 (d) A child who is determined to be eligible for the
7 Program shall remain eligible for 12 months, provided that the
8 child maintains his or her residence in this State, has not yet
9 attained 19 years of age, and is not excluded under subsection
10 (e).

11 (e) A child is not eligible for coverage under the Program
12 if:

13 (1) the premium required under Section 40 has not been
14 timely paid; if the required premiums are not paid, the
15 liability of the Program shall be limited to benefits
16 incurred under the Program for the time period for which
17 premiums have been paid; re-enrollment shall be completed
18 before the next covered medical visit, and the first
19 month's required premium shall be paid in advance of the
20 next covered medical visit; or

21 (2) the child is an inmate of a public institution or
22 an institution for mental diseases.

23 (f) The Department may adopt rules, including, but not
24 limited to: rules regarding annual renewals of eligibility for
25 the Program in conformance with Section 7 of this Act; rules
26 providing for re-enrollment, grace periods, notice

1 requirements, and hearing procedures under subdivision (e) (1)
2 of this Section; and rules regarding what constitutes
3 availability and affordability of private or
4 employer-sponsored health insurance, with consideration of
5 such factors as the percentage of income needed to purchase
6 children or family health insurance, the availability of
7 employer subsidies, and other relevant factors.

8 (f-5) Within 90 days after the effective date of this
9 amendatory Act of the 97th General Assembly, the Department, in
10 cooperation with the Department of Human Services, shall
11 develop and implement procedures in administration of the
12 Program to do all of the following:

13 (1) Require applicants to provide proof of the
14 applicant's date of birth, including, but not limited to,
15 by providing a birth certificate to prove the age of the
16 applicant.

17 (2) Require applicants to provide documentation to
18 prove the identity of the applicant.

19 (3) Require applicants to provide documentation to
20 prove that the applicant is a resident of Illinois.

21 (4) Address or other contact information of the
22 applicant's parent or guardian.

23 (5) For documented immigrants, provide for applicants
24 to supply information to prove the documented status of the
25 applicant.

26 (6) Cross reference income reported by applicants, at

1 the time of original application or renewal, to other State
2 records, including the Department of Employment Security
3 data or tax records.

4 (7) Require all enrollees to return an annual
5 redetermination to verify that there were no changes to
6 their eligibility information.

7 (8) Require the termination of coverage if the premium
8 for an enrollee in All Kids Premium Level 2 through Premium
9 Level 8 has not been paid pursuant to a grace period
10 through the end of the month of coverage. When termination
11 of coverage is recorded by the 15th day of the month, the
12 termination is effective the first day of the following
13 month. When termination of coverage is recorded after the
14 15th day of the month, the termination is effective no
15 later than the first day of the second month following that
16 determination.

17 (g) Each child enrolled in the Program as of July 1, 2011
18 whose family income, as established by the Department, exceeds
19 300% of the federal poverty level may remain enrolled in the
20 Program for 12 additional months commencing July 1, 2011.
21 Continued enrollment pursuant to this subsection shall be
22 available only if the child continues to meet all eligibility
23 criteria established under the Program as of the effective date
24 of this amendatory Act of the 96th General Assembly without a
25 break in coverage. Nothing contained in this subsection shall
26 prevent a child from qualifying for any other health benefits

1 program operated by the Department.

2 (Source: P.A. 96-1272, eff. 1-1-11; 96-1501, eff. 1-25-11.)

3 Section 99. Effective date. This Act takes effect upon
4 becoming law.