HB3260

97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB3260

Introduced 2/24/2011, 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. Effective immediately.

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7   (Section scheduled to be repealed on July 1, 2016)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 (g) Each child enrolled in the Program as of July 1, 2011

9 whose family income, as established by the Department, exceeds

10 300% of the federal poverty level may remain enrolled in the

11 Program for 12 additional months commencing July 1, 2011.

12 Continued enrollment pursuant to this subsection shall be

13 available only if the child continues to meet all eligibility

14 criteria established under the Program as of the effective date

15 of this amendatory Act of the 96th General Assembly without a

16 break in coverage. Nothing contained in this subsection shall

17 prevent a child from qualifying for any other health benefits

18 program operated by the Department.

19 (h) Within 90 days after the effective date of this

20 amendatory Act of the 97th General Assembly, the Department, in

21 cooperation with the Department of Human Services, shall

22 develop and implement procedures in administration of the

23 Program to do both of the following:

24 (1) Require applicants to provide proof of the

25 applicant's date of birth, including, but not limited to,

26 by providing a birth certificate to prove the age of the

1   applicant.

2   (2) Require applicants to provide documentation to

3   prove the identity of the applicant.

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

5   Section 99. Effective date. This Act takes effect upon

6   becoming law.