



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB4620

Introduced 2/1/2012, by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

215 ILCS 106/23
215 ILCS 170/56
305 ILCS 5/5-30

Amends the Children's Health Insurance Program Act, the Covering ALL KIDS Health Insurance Act, and the Medical Assistance Article of the Illinois Public Aid Code. Provides that at least 70% (rather than 50%) of recipients eligible for comprehensive medical benefits in all medical assistance programs or other health benefit programs administered by the Department of Healthcare and Family Services, including the Children's Health Insurance Program Act and the Covering ALL KIDS Health Insurance Act, shall be enrolled in a care coordination program by no later than January 1, 2015. Provides that the Department of Healthcare and Family Services' primary care case management program shall be considered a care coordination program. Effective immediately.

LRB097 17852 KTG 63074 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 Children's Health Insurance Program Act is
5 amended by changing Section 23 as follows:

6 (215 ILCS 106/23)

7 Sec. 23. Care coordination.

8 (a) At least 70% ~~50%~~ of recipients eligible for
9 comprehensive medical benefits in all medical assistance
10 programs or other health benefit programs administered by the
11 Department, including the Children's Health Insurance Program
12 Act and the Covering ALL KIDS Health Insurance Act, shall be
13 enrolled in a care coordination program by no later than
14 January 1, 2015. For purposes of this Section, "coordinated
15 care" or "care coordination" means delivery systems where
16 recipients will receive their care from providers who
17 participate under contract in integrated delivery systems that
18 are responsible for providing or arranging the majority of
19 care, including primary care physician services, referrals
20 from primary care physicians, diagnostic and treatment
21 services, behavioral health services, in-patient and
22 outpatient hospital services, dental services, and
23 rehabilitation and long-term care services. The Department

1 shall designate or contract for such integrated delivery
2 systems (i) to ensure enrollees have a choice of systems and of
3 primary care providers within such systems; (ii) to ensure that
4 enrollees receive quality care in a culturally and
5 linguistically appropriate manner; and (iii) to ensure that
6 coordinated care programs meet the diverse needs of enrollees
7 with developmental, mental health, physical, and age-related
8 disabilities.

9 (b) Payment for such coordinated care shall be based on
10 arrangements where the State pays for performance related to
11 health care outcomes, the use of evidence-based practices, the
12 use of primary care delivered through comprehensive medical
13 homes, the use of electronic medical records, and the
14 appropriate exchange of health information electronically made
15 either on a capitated basis in which a fixed monthly premium
16 per recipient is paid and full financial risk is assumed for
17 the delivery of services, or through other risk-based payment
18 arrangements.

19 (c) To qualify for compliance with this Section, the 70%
20 ~~50%~~ goal shall be achieved by enrolling medical assistance
21 enrollees from each medical assistance enrollment category,
22 including parents, children, seniors, and people with
23 disabilities to the extent that current State Medicaid payment
24 laws would not limit federal matching funds for recipients in
25 care coordination programs. For purposes of this Section, the
26 Department's primary care case management program shall be

1 ~~considered a care coordination program. In addition, services~~
2 ~~must be more comprehensively defined and more risk shall be~~
3 ~~assumed than in the Department's primary care case management~~
4 ~~program as of the effective date of this amendatory Act of the~~
5 ~~96th General Assembly.~~

6 (d) The Department shall report to the General Assembly in
7 a separate part of its annual medical assistance program
8 report, beginning April, 2012 until April, 2016, on the
9 progress and implementation of the care coordination program
10 initiatives established by the provisions of this amendatory
11 Act of the 96th General Assembly. The Department shall include
12 in its April 2011 report a full analysis of federal laws or
13 regulations regarding upper payment limitations to providers
14 and the necessary revisions or adjustments in rate
15 methodologies and payments to providers under this Code that
16 would be necessary to implement coordinated care with full
17 financial risk by a party other than the Department.

18 (Source: P.A. 96-1501, eff. 1-25-11.)

19 Section 10. The Covering ALL KIDS Health Insurance Act is
20 amended by changing Section 56 as follows:

21 (215 ILCS 170/56)

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

23 Sec. 56. Care coordination.

24 (a) At least 70% ~~50%~~ of recipients eligible for

1 comprehensive medical benefits in all medical assistance
2 programs or other health benefit programs administered by the
3 Department, including the Children's Health Insurance Program
4 Act and the Covering ALL KIDS Health Insurance Act, shall be
5 enrolled in a care coordination program by no later than
6 January 1, 2015. For purposes of this Section, "coordinated
7 care" or "care coordination" means delivery systems where
8 recipients will receive their care from providers who
9 participate under contract in integrated delivery systems that
10 are responsible for providing or arranging the majority of
11 care, including primary care physician services, referrals
12 from primary care physicians, diagnostic and treatment
13 services, behavioral health services, in-patient and
14 outpatient hospital services, dental services, and
15 rehabilitation and long-term care services. The Department
16 shall designate or contract for such integrated delivery
17 systems (i) to ensure enrollees have a choice of systems and of
18 primary care providers within such systems; (ii) to ensure that
19 enrollees receive quality care in a culturally and
20 linguistically appropriate manner; and (iii) to ensure that
21 coordinated care programs meet the diverse needs of enrollees
22 with developmental, mental health, physical, and age-related
23 disabilities.

24 (b) Payment for such coordinated care shall be based on
25 arrangements where the State pays for performance related to
26 health care outcomes, the use of evidence-based practices, the

1 use of primary care delivered through comprehensive medical
2 homes, the use of electronic medical records, and the
3 appropriate exchange of health information electronically made
4 either on a capitated basis in which a fixed monthly premium
5 per recipient is paid and full financial risk is assumed for
6 the delivery of services, or through other risk-based payment
7 arrangements.

8 (c) To qualify for compliance with this Section, the 70%
9 ~~50%~~ goal shall be achieved by enrolling medical assistance
10 enrollees from each medical assistance enrollment category,
11 including parents, children, seniors, and people with
12 disabilities to the extent that current State Medicaid payment
13 laws would not limit federal matching funds for recipients in
14 care coordination programs. For purposes of this Section, the
15 Department's primary care case management program shall be
16 considered a care coordination program. ~~In addition, services~~
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18 ~~assumed than in the Department's primary care case management~~
19 ~~program as of the effective date of this amendatory Act of the~~
20 ~~96th General Assembly.~~

21 (d) The Department shall report to the General Assembly in
22 a separate part of its annual medical assistance program
23 report, beginning April, 2012 until April, 2016, on the
24 progress and implementation of the care coordination program
25 initiatives established by the provisions of this amendatory
26 Act of the 96th General Assembly. The Department shall include

1 in its April 2011 report a full analysis of federal laws or
2 regulations regarding upper payment limitations to providers
3 and the necessary revisions or adjustments in rate
4 methodologies and payments to providers under this Code that
5 would be necessary to implement coordinated care with full
6 financial risk by a party other than the Department.

7 (Source: P.A. 96-1501, eff. 1-25-11.)

8 Section 15. The Illinois Public Aid Code is amended by
9 changing Section 5-30 as follows:

10 (305 ILCS 5/5-30)

11 Sec. 5-30. Care coordination.

12 (a) At least 70% ~~50%~~ of recipients eligible for
13 comprehensive medical benefits in all medical assistance
14 programs or other health benefit programs administered by the
15 Department, including the Children's Health Insurance Program
16 Act and the Covering ALL KIDS Health Insurance Act, shall be
17 enrolled in a care coordination program by no later than
18 January 1, 2015. For purposes of this Section, "coordinated
19 care" or "care coordination" means delivery systems where
20 recipients will receive their care from providers who
21 participate under contract in integrated delivery systems that
22 are responsible for providing or arranging the majority of
23 care, including primary care physician services, referrals
24 from primary care physicians, diagnostic and treatment

1 services, behavioral health services, in-patient and
2 outpatient hospital services, dental services, and
3 rehabilitation and long-term care services. The Department
4 shall designate or contract for such integrated delivery
5 systems (i) to ensure enrollees have a choice of systems and of
6 primary care providers within such systems; (ii) to ensure that
7 enrollees receive quality care in a culturally and
8 linguistically appropriate manner; and (iii) to ensure that
9 coordinated care programs meet the diverse needs of enrollees
10 with developmental, mental health, physical, and age-related
11 disabilities.

12 (b) Payment for such coordinated care shall be based on
13 arrangements where the State pays for performance related to
14 health care outcomes, the use of evidence-based practices, the
15 use of primary care delivered through comprehensive medical
16 homes, the use of electronic medical records, and the
17 appropriate exchange of health information electronically made
18 either on a capitated basis in which a fixed monthly premium
19 per recipient is paid and full financial risk is assumed for
20 the delivery of services, or through other risk-based payment
21 arrangements.

22 (c) To qualify for compliance with this Section, the 70%
23 ~~50%~~ goal shall be achieved by enrolling medical assistance
24 enrollees from each medical assistance enrollment category,
25 including parents, children, seniors, and people with
26 disabilities to the extent that current State Medicaid payment

1 laws would not limit federal matching funds for recipients in
2 care coordination programs. For purposes of this Section, the
3 Department's primary care case management program shall be
4 considered a care coordination program. ~~In addition, services~~
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6 ~~assumed than in the Department's primary care case management~~
7 ~~program as of the effective date of this amendatory Act of the~~
8 ~~96th General Assembly.~~

9 (d) The Department shall report to the General Assembly in
10 a separate part of its annual medical assistance program
11 report, beginning April, 2012 until April, 2016, on the
12 progress and implementation of the care coordination program
13 initiatives established by the provisions of this amendatory
14 Act of the 96th General Assembly. The Department shall include
15 in its April 2011 report a full analysis of federal laws or
16 regulations regarding upper payment limitations to providers
17 and the necessary revisions or adjustments in rate
18 methodologies and payments to providers under this Code that
19 would be necessary to implement coordinated care with full
20 financial risk by a party other than the Department.

21 (Source: P.A. 96-1501, eff. 1-25-11.)

22 Section 99. Effective date. This Act takes effect upon
23 becoming law.