



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB5485

Introduced 2/15/2012, by Rep. JoAnn D. Osmond

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-30

Amends the Illinois Public Aid Code. Provides that any entity that contracts with the Department of Healthcare and Family Services, its subsequent agency, or the State to provide managed care to individuals enrolled as clients, beneficiaries, or recipients, who receive medical benefits under the Illinois medical assistance program, must be National Committee for Quality Assurance (NCQA) accredited within 3 years after beginning to provide services under the Illinois medical assistance program, and any such entities engaged in providing managed care or coordinated care under the Illinois medical assistance program on the effective date of this amendatory Act must be NCQA accredited by January 1, 2015.

LRB097 20051 KTG 65383 b

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 5-30 as follows:

6 (305 ILCS 5/5-30)

7 Sec. 5-30. Care coordination.

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

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

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

18 (b-5) Any entity that contracts with the Department, its
19 subsequent agency, or the State to provide managed care to
20 individuals enrolled as clients, beneficiaries, or recipients,
21 who receive medical benefits under the Illinois medical
22 assistance program, must be National Committee for Quality
23 Assurance (NCQA) accredited within 3 years after beginning to
24 provide services under the Illinois medical assistance
25 program, and any such entities engaged in providing managed
26 care or coordinated care under the Illinois medical assistance

1 program on the effective date of this amendatory Act of the
2 97th General Assembly must be NCQA accredited by January 1,
3 2015.

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

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

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