



## 97TH GENERAL ASSEMBLY

### State of Illinois

2011 and 2012

SB3326

Introduced 2/7/2012, by Sen. Don Harmon

#### 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 17848 KTG 63070 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~~  
17 ~~must be more comprehensively defined and more risk shall be~~  
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~~  
5 ~~must be more comprehensively defined and more risk shall be~~  
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.