



## 99TH GENERAL ASSEMBLY

### State of Illinois

#### 2015 and 2016

##### HB2731

by Rep. Elizabeth Hernandez

#### SYNOPSIS AS INTRODUCED:

See Index

Amends the Illinois Public Aid Code. Provides that beginning July 1, 2015, the Department of Healthcare and Family Services shall publish monthly reports on its website on the enrollment of persons in the State's medical assistance program, and the enrollment of recipients of medical assistance into a Medicaid Managed Care Entity contracted by the Department. Provides that the monthly reports shall include certain information for the medical assistance program generally and, separately, for each Medicaid Managed Care Entity contracted by the Department, including: (i) total enrollment and (ii) the number of persons enrolled in the medical assistance program pursuant to the Patient Protection and Affordable Care Act. Requires the Department to annually publish on its website every Medicaid Managed Care Entity's quality metrics outcomes and to make public an independent annual quality review report on the State's Medicaid managed care delivery system. Requires the Department to compile on a monthly basis data on eligibility redeterminations of beneficiaries of medical assistance. Requires the data to be posted on the Department's website and to include certain information, including: (a) the total number of redetermination decisions made in a month and, of that total number, the number of decisions to continue benefits, the number of decisions to change benefits, and the number of decisions to cancel benefits; and (b) if a vendor is procured to assist the Department in the redetermination process, the total number of redetermination decisions made in a month with the involvement of the vendor and without the involvement of the vendor. Effective immediately.

LRB099 10896 KTG 31225 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 Illinois Public Aid Code is amended by  
5 changing Section 11-5.1 and by adding Section 5-30.2 as  
6 follows:

7 (305 ILCS 5/5-30.2 new)

8 Sec. 5-30.2. Monthly reports; managed care enrollment.

9 (a) As used in this section, "Medicaid Managed Care Entity"  
10 means a Managed Care Organization (MCO), a Managed Care  
11 Community Network (MCCN), an Accountable Care Entity (ACE), or  
12 a Care Coordination Entity (CCE) contracted by the Department.

13 (b) Beginning July 1, 2015, the Department shall publish  
14 monthly reports on its website on the enrollment of persons in  
15 the State's medical assistance program. In addition, beginning  
16 July 1, 2015, the Department shall publish monthly reports on  
17 its website on the enrollment of recipients of medical  
18 assistance into a Medicaid Managed Care Entity contracted by  
19 the Department. The monthly reports shall include all of the  
20 following information for the medical assistance program  
21 generally and, separately, for each Medicaid Managed Care  
22 Entity contracted by the Department:

23 (1) Total enrollment.

1           (2) The number of persons enrolled in the medical  
2           assistance program pursuant to the Patient Protection and  
3           Affordable Care Act (Public Law 111-148).

4           (3) The number of children enrolled.

5           (4) The number of parents and caretakers of minor  
6           children enrolled.

7           (5) The number of pregnant women enrolled.

8           (6) The number of seniors enrolled.

9           (7) The number of persons with disabilities enrolled.

10          (c) Beginning July 1, 2015, the Department shall publish  
11          monthly reports on its website detailing the percentage of  
12          persons enrolled in each Medicaid Managed Care Entity that was  
13          assigned using an auto-assignment algorithm. This percentage  
14          should also report the type of enrollee who was assigned using  
15          an auto-assignment algorithm, including, but not limited to,  
16          persons enrolled in the medical assistance program pursuant to  
17          the Patient Protection and Affordable Care Act (Public Law  
18          111-148), children, parents and caretakers of minor children,  
19          pregnant women, seniors, and persons with disabilities.

20          (d) Monthly enrollment reports for each Medicaid Managed  
21          Care Entity shall include data on the 2 most recent months and  
22          data comparing the current month to that month in the prior  
23          year.

24          (e) Monthly enrollment reports for each Medicaid Managed  
25          Care Entity shall include a breakdown of language preference  
26          for enrollees.

1       (f) The Department must annually publish on its website  
2       each Medicaid Managed Care Entity's quality metrics outcomes  
3       and must make public an independent annual quality review  
4       report on the State's Medicaid managed care delivery system.

5           (305 ILCS 5/11-5.1)

6           Sec. 11-5.1. Eligibility verification. Notwithstanding any  
7       other provision of this Code, with respect to applications for  
8       medical assistance provided under Article V of this Code,  
9       eligibility shall be determined in a manner that ensures  
10      program integrity and complies with federal laws and  
11      regulations while minimizing unnecessary barriers to  
12      enrollment. To this end, as soon as practicable, and unless the  
13      Department receives written denial from the federal  
14      government, this Section shall be implemented:

15           (a) The Department of Healthcare and Family Services or its  
16      designees shall:

17           (1) By no later than July 1, 2011, require verification  
18      of, at a minimum, one month's income from all sources  
19      required for determining the eligibility of applicants for  
20      medical assistance under this Code. Such verification  
21      shall take the form of pay stubs, business or income and  
22      expense records for self-employed persons, letters from  
23      employers, and any other valid documentation of income  
24      including data obtained electronically by the Department  
25      or its designees from other sources as described in

1 subsection (b) of this Section.

2 (2) By no later than October 1, 2011, require  
3 verification of, at a minimum, one month's income from all  
4 sources required for determining the continued eligibility  
5 of recipients at their annual review of eligibility for  
6 medical assistance under this Code. Such verification  
7 shall take the form of pay stubs, business or income and  
8 expense records for self-employed persons, letters from  
9 employers, and any other valid documentation of income  
10 including data obtained electronically by the Department  
11 or its designees from other sources as described in  
12 subsection (b) of this Section. The Department shall send a  
13 notice to recipients at least 60 days prior to the end of  
14 their period of eligibility that informs them of the  
15 requirements for continued eligibility. If a recipient  
16 does not fulfill the requirements for continued  
17 eligibility by the deadline established in the notice a  
18 notice of cancellation shall be issued to the recipient and  
19 coverage shall end on the last day of the eligibility  
20 period. A recipient's eligibility may be reinstated  
21 without requiring a new application if the recipient  
22 fulfills the requirements for continued eligibility prior  
23 to the end of the third month following the last date of  
24 coverage (or longer period if required by federal  
25 regulations). Nothing in this Section shall prevent an  
26 individual whose coverage has been cancelled from

1 reapplying for health benefits at any time.

2 (3) By no later than July 1, 2011, require verification  
3 of Illinois residency.

4 (b) The Department shall establish or continue cooperative  
5 arrangements with the Social Security Administration, the  
6 Illinois Secretary of State, the Department of Human Services,  
7 the Department of Revenue, the Department of Employment  
8 Security, and any other appropriate entity to gain electronic  
9 access, to the extent allowed by law, to information available  
10 to those entities that may be appropriate for electronically  
11 verifying any factor of eligibility for benefits under the  
12 Program. Data relevant to eligibility shall be provided for no  
13 other purpose than to verify the eligibility of new applicants  
14 or current recipients of health benefits under the Program.  
15 Data shall be requested or provided for any new applicant or  
16 current recipient only insofar as that individual's  
17 circumstances are relevant to that individual's or another  
18 individual's eligibility.

19 (c) Within 90 days of the effective date of this amendatory  
20 Act of the 96th General Assembly, the Department of Healthcare  
21 and Family Services shall send notice to current recipients  
22 informing them of the changes regarding their eligibility  
23 verification.

24 (d) The Department shall compile on a monthly basis data on  
25 eligibility redeterminations of beneficiaries of medical  
26 assistance provided under Article V of this Code. This data

1 shall be posted on the Department's website, and data from  
2 prior months shall be retained and available on the  
3 Department's website. The data compiled and reported shall  
4 include the following:

5 (1) The total number of redetermination decisions made  
6 in a month and, of that total number, the number of  
7 decisions to continue benefits, the number of decisions to  
8 change benefits, and the number of decisions to cancel  
9 benefits.

10 (2) A breakdown of enrollee language preference for the  
11 total number of redetermination decisions made in a month  
12 and, of that total number, a breakdown of enrollee language  
13 preference for the number of decisions to continue  
14 benefits, a breakdown of enrollee language preference for  
15 the number of decisions to change benefits, and a breakdown  
16 of enrollee language preference for the number of decisions  
17 to cancel benefits.

18 (3) The percentage of cancellation decisions made in a  
19 month due to each of the following:

20 (A) The beneficiary's ineligibility due to excess  
21 income.

22 (B) The beneficiary's ineligibility due to not  
23 being an Illinois resident.

24 (C) The beneficiary's ineligibility due to being  
25 deceased.

26 (D) The beneficiary's request to cancel benefits

1 due to having other insurance.

2 (E) The beneficiary's lack of response after  
3 notices mailed to the beneficiary are returned to the  
4 Department as undeliverable by the United States  
5 Postal Service.

6 (F) The beneficiary's lack of response to a request  
7 for additional information when reliable information  
8 in the beneficiary's account, or other more current  
9 information, is unavailable to the Department to make a  
10 decision on whether to continue benefits.

11 (G) Other reasons tracked by the Department for the  
12 purpose of ensuring program integrity.

13 (4) If a vendor is procured to assist the Department in  
14 the redetermination process, the total number of  
15 redetermination decisions made in a month and, of that  
16 total number, the number of decisions to continue benefits,  
17 the number of decisions to change benefits, and the number  
18 of decisions to cancel benefits (i) with the involvement of  
19 the vendor and (ii) without the involvement of the vendor.

20 (5) Of the total number of benefit cancellations in a  
21 month, the number of beneficiaries who return from  
22 cancellation within one month, the number of beneficiaries  
23 who return from cancellation within 2 months, and the  
24 number of beneficiaries who return from cancellation  
25 within 3 months. Of the number of beneficiaries who return  
26 from cancellation within 3 months, the percentage of those



1           cancellations due to each of the reasons listed under  
2           paragraph (3) of this subsection.

3           (Source: P.A. 98-651, eff. 6-16-14.)

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

1 INDEX

2 Statutes amended in order of appearance

3 305 ILCS 5/5-30.2 new

4 305 ILCS 5/11-5.1