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) As soon as practical if the data is reasonably
14 available, but no later than January 1, 2017, the Department
15 shall publish monthly reports on its website on the enrollment
16 of persons in the State's medical assistance program. In
17 addition, as soon as practical if the data is reasonably
18 available, but no later than January 1, 2017, the Department
19 shall publish monthly reports on its website on the enrollment
20 of recipients of medical assistance into a Medicaid Managed
21 Care Entity contracted by the Department. As soon as practical
22 if the data is reasonably available, but no later than January
23 1, 2017, the monthly reports shall include all of the following

1 information for the medical assistance program generally and,
2 separately, for each Medicaid Managed Care Entity contracted by
3 the Department:
4 (1) Total enrollment.
5 (2) The number of persons enrolled in the medical
6 assistance program under items 18 and 19 of Section 5-2.
7 (3) The number of children enrolled.
8 (4) The number of parents and caretakers of minor
9 children enrolled.
10 (5) The number of women enrolled on the basis of
11 pregnancy.
12 (6) The number of seniors enrolled.
13 (7) The number of persons enrolled on the basis of
14 disability.
15 (c) As soon as practical if the data is reasonably
16 available, but no later than January 1, 2017, the Department
17 shall publish monthly reports on its website detailing the
18 percentage of persons enrolled in each Medicaid Managed Care
19 Entity that was assigned using an auto-assignment algorithm.
20 This percentage should also report the type of enrollee who was
21 assigned using an auto-assignment algorithm, including, but
22 not limited to, persons enrolled in the medical assistance
23 program in each of the groups listed in subsection (b) of this
24 Section.
25 (d) As soon as practical if the data is reasonably
26 available, but no later than January 1, 2017, monthly

1 enrollment reports for each Medicaid Managed Care Entity shall
2 include data on the 2 most recently available months and data
3 comparing the most recently available month to that month in
4 the prior year.
5 (e) As soon as practical if the data is reasonably
6 available, but no later than January 1, 2017, monthly
7 enrollment reports for each Medicaid Managed Care Entity shall
8 include a breakdown of language preference for enrollees by
9 English, Spanish, and the next 4 most commonly used languages.
10 (f) The Department must annually publish on its website
11 each Medicaid Managed Care Entity's quality metrics outcomes
12 and must make public an independent annual quality review
13 report on the State's Medicaid managed care delivery system.

14 (305 ILCS 5/11-5.1)
15 Sec. 11-5.1. Eligibility verification. Notwithstanding any
16 other provision of this Code, with respect to applications for
17 medical assistance provided under Article V of this Code,
18 eligibility shall be determined in a manner that ensures
19 program integrity and complies with federal laws and
20 regulations while minimizing unnecessary barriers to
21 enrollment. To this end, as soon as practicable, and unless the
22 Department receives written denial from the federal
23 government, this Section shall be implemented:
24 (a) The Department of Healthcare and Family Services or its
25 designees shall:

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

(2) By no later than October 1, 2011, require verification of, at a minimum, one month's income from all sources required for determining the continued eligibility of recipients at their annual review of eligibility for medical assistance under this Code. Such verification shall take the form of pay stubs, business or income and expense records for self-employed persons, letters from employers, and any other valid documentation of income including data obtained electronically by the Department or its designees from other sources as described in subsection (b) of this Section. The Department shall send a notice to recipients at least 60 days prior to the end of their period of eligibility that informs them of the requirements for continued eligibility. If a recipient does not fulfill the requirements for continued eligibility by the deadline established in the notice a

1 notice of cancellation shall be issued to the recipient and
2 coverage shall end on the last day of the eligibility
3 period. A recipient's eligibility may be reinstated
4 without requiring a new application if the recipient
5 fulfills the requirements for continued eligibility prior
6 to the end of the third month following the last date of
7 coverage (or longer period if required by federal
8 regulations). Nothing in this Section shall prevent an
9 individual whose coverage has been cancelled from
10 reapplying for health benefits at any time.
11 (3) By no later than July 1, 2011, require verification
12 of Illinois residency.
13 (b) The Department shall establish or continue cooperative
14 arrangements with the Social Security Administration, the
15 Illinois Secretary of State, the Department of Human Services,
16 the Department of Revenue, the Department of Employment
17 Security, and any other appropriate entity to gain electronic
18 access, to the extent allowed by law, to information available
19 to those entities that may be appropriate for electronically
20 verifying any factor of eligibility for benefits under the
21 Program. Data relevant to eligibility shall be provided for no
22 other purpose than to verify the eligibility of new applicants
23 or current recipients of health benefits under the Program.
24 Data shall be requested or provided for any new applicant or
25 current recipient only insofar as that individual's
26 circumstances are relevant to that individual's or another

1 individual's eligibility.
2 (c) Within 90 days of the effective date of this amendatory
3 Act of the 96th General Assembly, the Department of Healthcare
4 and Family Services shall send notice to current recipients
5 informing them of the changes regarding their eligibility
6 verification.
7 (d) As soon as practical if the data is reasonably
8 available, but no later than January 1, 2017, the Department
9 shall compile on a monthly basis data on eligibility
10 redeterminations of beneficiaries of medical assistance
11 provided under Article V of this Code. This data shall be
12 posted on the Department's website, and data from prior months
13 shall be retained and available on the Department's website.
14 The data compiled and reported shall include the following:
15 (1) The total number of redetermination decisions made
16 in a month and, of that total number, the number of
17 decisions to continue or change benefits and the number of
18 decisions to cancel benefits.
19 (2) A breakdown of enrollee language preference for the
20 total number of redetermination decisions made in a month
21 and, of that total number, a breakdown of enrollee language
22 preference for the number of decisions to continue or
23 change benefits, and a breakdown of enrollee language
24 preference for the number of decisions to cancel benefits.
25 The language breakdown shall include, at a minimum,
26 English, Spanish, and the next 4 most commonly used

1 languages.
2 (3) The percentage of cancellation decisions made in a
3 month due to each of the following:
4 (A) The beneficiary's ineligibility due to excess
5 income.
6 (B) The beneficiary's ineligibility due to not
7 being an Illinois resident.
8 (C) The beneficiary's ineligibility due to being
9 deceased.
10 (D) The beneficiary's request to cancel benefits.
11 (E) The beneficiary's lack of response after
12 notices mailed to the beneficiary are returned to the
13 Department as undeliverable by the United States
14 Postal Service.
15 (F) The beneficiary's lack of response to a request
16 for additional information when reliable information
17 in the beneficiary's account, or other more current
18 information, is unavailable to the Department to make a
19 decision on whether to continue benefits.
20 (G) Other reasons tracked by the Department for the
21 purpose of ensuring program integrity.
22 (4) If a vendor is utilized to provide services in
23 support of the Department's redetermination decision
24 process, the total number of redetermination decisions
25 made in a month and, of that total number, the number of
26 decisions to continue or change benefits, and the number of

decisions to cancel benefits (i) with the involvement of the vendor and (ii) without the involvement of the vendor.

(5) Of the total number of benefit cancellations in a month, the number of beneficiaries who return from cancellation within one month, the number of beneficiaries who return from cancellation within 2 months, and the number of beneficiaries who return from cancellation within 3 months. Of the number of beneficiaries who return from cancellation within 3 months, the percentage of those cancellations due to each of the reasons listed under paragraph (3) of this subsection.

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

Section 99. Effective date. This Act takes effect upon 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