



HR0232 Enrolled

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HOUSE RESOLUTION 232

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WHEREAS, Due to federal health care reform, an integrated care pilot program in Northern Illinois, and statewide Medicaid reform, a managed care approach to providing Medicaid coverage is no longer up for debate making Medicaid managed care a reality in Illinois; and

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WHEREAS, Managed care has proven a sometimes inefficient provider of health care coverage especially for long-term care and those individuals - typically the elderly or people with disabilities - receiving it; and

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WHEREAS, Illinois' pilot program and the recent Medicaid reform law make it mandatory for managed care to provide the services expected in a long-term care setting, which is a potentially risky scenario for those receiving these kinds of services; and

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WHEREAS, A number of other states have discontinued managed care for people with disabilities and the elderly, including California which found it more cost-effective not to utilize managed care after an extensive overhaul of the state's health care program; and

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WHEREAS, Illinois is setting forth on this venture with two

1 for-profit managed care organizations under contract, while
2 not exploring other entities to provide quality care, such as
3 not-for-profit organizations; and

4 WHEREAS, The Institute on Disability and Human Development
5 at the University of Illinois at Chicago (UIC) is overseeing
6 the consumer satisfaction levels and the managed care
7 organizations' competency for the test population in the pilot
8 program; nonetheless, only an estimated 40,000 individuals
9 with disabilities are in the pilot program area and targeted to
10 receive services; as Illinois Medicaid reform and federal
11 health care reform become the norm for Medicaid recipients in
12 this State, a conservative estimate is that 2.4 million people
13 currently receive Medicaid, and approximately 1.2 million
14 people - or 50% of the Medicaid population - under that program
15 will move into a managed care system, as mandated by the
16 Illinois Medicaid reform law; this increased number will not
17 receive monitoring from UIC and, possibly, will not receive the
18 adequate follow-up, thereby, leaving them more susceptible to
19 fraudulent practices, abuse, neglect, and insufficient care
20 through providers and the managed care organizations; as
21 Illinois moves toward transitioning 50% of the Medicaid
22 population to a managed care system, as with the pilot program,
23 no other plans except those involving for-profit managed care
24 organizations are presently receiving serious discussion;
25 therefore, be it

1 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE
2 NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that
3 there is created in the Department of Healthcare and Family
4 Services the Medicaid Managed Care Oversight Task Force to
5 monitor how Illinois approaches and manages a new form of
6 health care delivery system based on a managed care model,
7 particularly for people with disabilities and the elderly; and
8 be it further

9 RESOLVED, That the Task Force shall consist of the
10 following: (i) 3 members, appointed by the Speaker of the
11 Illinois House of Representatives; (ii) 3 members, appointed by
12 the Minority Leader of the Illinois House of Representatives;
13 and (iii) 4 members, appointed by the Governor; the Task Force
14 shall elect a chairperson from their membership; and be it
15 further

16 RESOLVED, That the members of the Task Force shall serve
17 without compensation; the Department of Healthcare and Family
18 Services shall facilitate the Task Force and provide the Task
19 Force with administrative support, but shall have no hand in
20 guiding its direction or ascertaining its results; the Task
21 Force shall meet quarterly and report on its findings to the
22 General Assembly and its appropriate committees; reports from
23 the Task Force shall indicate (i) whether individuals within

1 the pilot program and the intended 50% of Medicaid recipients
2 transitioned into managed care are satisfied with their health
3 outcomes, can access all necessary forms of medical care, and
4 received all necessary information from the State and the
5 Department regarding the changes to their health care delivery
6 system; and (ii) any other satisfaction indicators deemed
7 applicable by the Task Force, especially with the knowledge of
8 how UIC conducted satisfaction surveys; the Task Force's life
9 span shall continue until January 1, 2017, unless the General
10 Assembly deems a longer tenure necessary, as that date would
11 mark the two-year anniversary of the transition of Medicaid
12 enrollees into managed care programs, as mandated by the newly
13 enacted Medicaid reform law in Illinois; and be it further

14 RESOLVED, That upon receiving reports from the Task Force,
15 the General Assembly and all appropriate committees therein
16 must take the necessary steps to ensure all individuals
17 receiving health care through a managed care delivery system
18 are satisfied with that care and are not receiving worse care
19 as a result; if the General Assembly finds negative outcomes
20 per reports from the Task Force, it should amend the process by
21 which managed care is put to use for Medicaid recipients,
22 especially for people with disabilities and the elderly, and
23 further, if the reports are positive or neutral, the General
24 Assembly should decide whether to continue monitoring the
25 program for a set period to ensure that all recipients receive

1 the best quality health care available to them under a managed
2 care process; and be it further

3 RESOLVED, That as changes to health care delivery improve
4 or changes come to pass based on new laws passed by the State
5 or federal government, the General Assembly must decide if
6 continuing the use of the managed care approach is the most
7 appropriate, cost-effective, and beneficial means in providing
8 health care to Medicaid recipients in Illinois; and be it
9 further

10 RESOLVED, That suitable copies of this resolution be
11 delivered to the Governor and to the Director of the Department
12 of Healthcare and Family Services.