



Sen. Julie A. Morrison

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09900SB2244sam001

LRB099 16012 EGJ 44624 a

1 AMENDMENT TO SENATE BILL 2244

2 AMENDMENT NO. _____. Amend Senate Bill 2244 by replacing
3 everything after the enacting clause with the following:

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 50% of recipients eligible for comprehensive
9 medical benefits in all medical assistance programs or other
10 health benefit programs administered by the ~~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

1 contract in integrated delivery systems that are responsible
2 for providing or arranging the majority of care, including
3 primary care physician services, referrals from primary care
4 physicians, diagnostic and treatment services, behavioral
5 health services, in-patient and outpatient hospital services,
6 dental services, and rehabilitation and long-term care
7 services. The Department shall designate or contract for such
8 integrated delivery systems (i) to ensure enrollees have a
9 choice of systems and of primary care providers within such
10 systems; (ii) to ensure that enrollees receive quality care in
11 a culturally and linguistically appropriate manner; and (iii)
12 to ensure that coordinated care programs meet the diverse needs
13 of enrollees with developmental, mental health, physical, and
14 age-related disabilities.

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

25 (c) To qualify for compliance with this Section, the 50%
26 goal shall be achieved by enrolling medical assistance

1 enrollees from each medical assistance enrollment category,
2 including parents, children, seniors, and people with
3 disabilities to the extent that current State Medicaid payment
4 laws would not limit federal matching funds for recipients in
5 care coordination programs. In addition, services must be more
6 comprehensively defined and more risk shall be assumed than in
7 the Department's primary care case management program as of the
8 effective date of this amendatory Act of the 96th General
9 Assembly.

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

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