SB2306 Enrolled

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 adding Section 5-30.3 as follows:

6 (305 ILCS 5/5-30.3 new)

7 Sec. 5-30.3. Managed care; automatic assignment. The Department shall, within a reasonable period of time after 8 9 relevant data from managed care entities has been collected and 10 analyzed, but no earlier than January 1, 2017, seek input from the managed care entities and other stakeholders and develop 11 12 and implement within each enrollment region an algorithm preserving existing provider-beneficiary relationships that 13 14 takes into account quality scores and other operational proficiency criteria developed, defined, and adopted by the 15 16 Department, to automatically assign Medicaid enrollees served under the Family Health Plan and the Integrated Care Program 17 and those Medicaid enrollees eligible for medical assistance 18 19 pursuant to the Patient Protection and Affordable Care Act (Public Law 111-148) into managed care entities, including 20 21 Accountable Care Entities, Managed Care Community Networks, 22 and Managed Care Organizations. The quality metrics used shall be measurable for all entities. The algorithm shall not use the 23

SB2306 Enrolled - 2 - LRB099 19419 KTG 43811 b

| 1  | quality and proficiency metrics to reassign enrollees out of   |
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| 2  | any plan in which they are enrolled at the time and shall only |
| 3  | be used if the client has not voluntarily selected a primary   |
| 4  | care physician and a managed care entity or care coordination  |
| 5  | entity. Clients shall have one opportunity within 90 calendar  |
| 6  | days after auto-assignment by algorithm to select a different  |
| 7  | managed care entity. The algorithm developed and implemented   |
| 8  | shall favor assignment into managed care entities with the     |
| 9  | highest quality scores and levels of compliance with the       |
| 10 | operational proficiency criteria established, taking into      |
| 11 | consideration existing provider-beneficiary relationship as    |
| 12 | defined by 42 CFR 438.50(f)(3) if one exists.                  |