HB3894

LRB10010149KTG20330b

100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB3894

by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-35 new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that every contract the Department of Healthcare and Family Services enters into with a managed care organization shall require the managed care organization to: (i) conduct a health assessment on all Medicaid enrollees; and (ii) make at least 3 attempts to contact a Medicaid enrollee within 120 days of a scheduled health assessment if the Medicaid enrollee has not undergone the health assessment by the time scheduled. Provides that every contract the Department enters into with a managed care organization shall also provide that if after 3 attempts the managed care organization is unable to make contact with the Medicaid enrollee, then the Medicaid enrollee shall be removed from the manage care organization's health plan and enrolled in the State's Medicaid fee-for-service program.

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FISCAL NOTE ACT
MAY APPLY

A BILL FOR

AN ACT concerning public aid.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Illinois Public Aid Code is amended by adding Section 5-35 as follows:

(305 ILCS 5/5-35 new)

Sec. 5-35. Health assessments; managed care organization. Every contract the Department enters into with a managed care organization shall require the managed care organization to:

(i) conduct a health assessment on all Medicaid enrollees; and

(ii) make at least 3 attempts to contact a Medicaid enrollee within 120 days of a scheduled health assessment if the Medicaid enrollee has not undergone the health assessment by the time scheduled.

Every contract the Department enters into with a managed care organization shall also provide that if after 3 attempts the managed care organization is unable to make contact with the Medicaid enrollee, then the Medicaid enrollee shall be removed from the manage care organization's health plan and enrolled in the State's Medicaid fee-for-service program.