



Rep. Patricia R. Bellock

Filed: 3/23/2010

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LRB096 18827 KTG 39557 a

1 AMENDMENT TO HOUSE BILL 6277

2 AMENDMENT NO. _____. Amend House Bill 6277 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by
5 changing Section 5-16 as follows:

6 (305 ILCS 5/5-16) (from Ch. 23, par. 5-16)

7 Sec. 5-16. Managed Care.

8 (1) The Illinois Department may develop and implement a
9 Primary Care Sponsor System consistent with the provisions of
10 this Section. The purpose of this managed care delivery system
11 shall be to contain the costs of providing medical care to
12 Medicaid recipients by having one provider responsible for
13 managing all aspects of a recipient's medical care. This
14 managed care system shall have the following characteristics:

15 (a) The Department, by rule, shall establish criteria
16 to determine which clients must participate in this

1 program;

2 (b) Providers participating in the program may be paid
3 an amount per patient per month, to be set by the Illinois
4 Department, for managing each recipient's medical care;

5 (c) Providers eligible to participate in the program
6 shall be physicians licensed to practice medicine in all
7 its branches, and the Illinois Department may terminate a
8 provider's participation if the provider is determined to
9 have failed to comply with any applicable program standard
10 or procedure established by the Illinois Department;

11 (d) Each recipient required to participate in the
12 program must select from a panel of primary care providers
13 or networks established by the Department in their
14 communities;

15 (e) A recipient may change his designated primary care
16 provider:

17 (1) when the designated source becomes
18 unavailable, as the Illinois Department shall
19 determine by rule; or

20 (2) when the designated primary care provider
21 notifies the Illinois Department that it wishes to
22 withdraw from any obligation as primary care provider;
23 or

24 (3) in other situations, as the Illinois
25 Department shall provide by rule;

26 (f) The Illinois Department shall, by rule, establish

1 procedures for providing medical services when the
2 designated source becomes unavailable or wishes to
3 withdraw from any obligation as primary care provider
4 taking into consideration the need for emergency or
5 temporary medical assistance and ensuring that the
6 recipient has continuous and unrestricted access to
7 medical care from the date on which such unavailability or
8 withdrawal becomes effective until such time as the
9 recipient designates a primary care source;

10 (g) Only medical care services authorized by a
11 recipient's designated provider, except for emergency
12 services, services performed by a provider that is owned or
13 operated by a county and that provides non-emergency
14 services without regard to ability to pay and such other
15 services as provided by the Illinois Department, shall be
16 subject to payment by the Illinois Department. The Illinois
17 Department shall enter into an intergovernmental agreement
18 with each county that owns or operates such a provider to
19 develop and implement policies to minimize the provision of
20 medical care services provided by county owned or operated
21 providers pursuant to the foregoing exception.

22 The Illinois Department shall seek and obtain necessary
23 authorization provided under federal law to implement such a
24 program including the waiver of any federal regulations.

25 The Illinois Department may implement the amendatory
26 changes to this Section made by this amendatory Act of 1991

1 through the use of emergency rules in accordance with the
2 provisions of Section 5.02 of the Illinois Administrative
3 Procedure Act. For purposes of the Illinois Administrative
4 Procedure Act, the adoption of rules to implement the
5 amendatory changes to this Section made by this amendatory Act
6 of 1991 shall be deemed an emergency and necessary for the
7 public interest, safety and welfare.

8 The Illinois Department may establish a managed care system
9 demonstration program, on a limited basis, as described in this
10 Section. The demonstration program shall terminate on June 30,
11 1997. Within 30 days after the end of each year of the
12 demonstration program's operation, the Illinois Department
13 shall report to the Governor and the General Assembly
14 concerning the operation of the demonstration program.

15 (2) The Department shall implement a mandatory, capitated
16 payment-based managed care pilot program covering at least
17 40,000 covered individuals. Enrollment in this program shall be
18 limited to individuals and eligible family caregivers eligible
19 for benefits under the Children's Health Insurance Program Act,
20 the Covering ALL KIDS Health Insurance Act, or this Article due
21 to eligibility for benefits under Article IV of this Code.

22 (Source: P.A. 87-14; 88-490.)

23 Section 99. Effective date. This Act takes effect upon
24 becoming law."