SB2244

99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

SB2244

Introduced 1/27/2016, by Sen. Julie A. Morrison

SYNOPSIS AS INTRODUCED:

215 ILCS 106/23

Amends the Children's Health Insurance Program Act. Removes dental services from the list of services required through coordinated care under the Act. Effective immediately.

LRB099 16012 MLM 40329 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1   AN ACT concerning regulation.

2   **Be it enacted by the People of the State of Illinois,**

3   **represented in the General Assembly:**

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 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

17   contract in integrated delivery systems that are responsible

18   for providing or arranging the majority of care, including

19   primary care physician services, referrals from primary care

20   physicians, diagnostic and treatment services, behavioral

21   health services, in-patient and outpatient hospital services,

22   ~~dental services,~~ and rehabilitation and long-term care

23   services. The Department shall designate or contract for such

1   integrated delivery systems (i) to ensure enrollees have a

2   choice of systems and of primary care providers within such

3   systems; (ii) to ensure that enrollees receive quality care in

4   a culturally and linguistically appropriate manner; and (iii)

5   to ensure that coordinated care programs meet the diverse needs

6   of enrollees with developmental, mental health, physical, and

7   age-related disabilities.

8   (b) Payment for such coordinated care shall be based on

9   arrangements where the State pays for performance related to

10 health care outcomes, the use of evidence-based practices, the

11 use of primary care delivered through comprehensive medical

12 homes,   the   use   of   electronic   medical   records,   and   the

13 appropriate exchange of health information electronically made

14 either on a capitated basis in which a fixed monthly premium

15 per recipient is paid and full financial risk is assumed for

16 the delivery of services, or through other risk-based payment

17 arrangements.

18   (c) To qualify for compliance with this Section, the 50%

19 goal   shall   be   achieved   by   enrolling   medical   assistance

20 enrollees from each medical assistance enrollment category,

21 including   parents,   children,   seniors,   and   people   with

22 disabilities to the extent that current State Medicaid payment

23 laws would not limit federal matching funds for recipients in

24 care coordination programs. In addition, services must be more

25 comprehensively defined and more risk shall be assumed than in

26 the Department's primary care case management program as of the

1   effective date of this amendatory Act of the 96th General

2   Assembly.

3   (d) The Department shall report to the General Assembly in

4   a separate part of its annual medical assistance program

5   report, beginning April, 2012 until April, 2016, on the

6   progress and implementation of the care coordination program

7   initiatives established by the provisions of this amendatory

8   Act of the 96th General Assembly. The Department shall include

9   in its April 2011 report a full analysis of federal laws or

10   regulations regarding upper payment limitations to providers

11   and the necessary revisions or adjustments in rate

12   methodologies and payments to providers under this Code that

13   would be necessary to implement coordinated care with full

14   financial risk by a party other than the Department.

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

16   Section 99. Effective date. This Act takes effect upon

17   becoming law.