



Sen. M. Maggie Crotty

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09700SB2578sam001

LRB097 15073 KTG 66965 a

1 AMENDMENT TO SENATE BILL 2578

2 AMENDMENT NO. _____. Amend Senate Bill 2578 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 ~~for~~
9 comprehensive medical benefits in all medical assistance
10 programs or other health benefit programs administered by the
11 Department, including the Children's Health Insurance Program
12 Act and the Covering ALL KIDS Health Insurance Act, shall be
13 enrolled in a care coordination program by no later than
14 January 1, 2015. For purposes of this Section, "coordinated
15 care" or "care coordination" means delivery systems where
16 recipients will receive their care from providers who

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

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

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

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

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

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

24 Section 10. The Covering ALL KIDS Health Insurance Act is
25 amended by changing Section 56 as follows:

1 (215 ILCS 170/56)

2 (Section scheduled to be repealed on July 1, 2016)

3 Sec. 56. Care coordination.

4 (a) At least 50% of recipients eligible for ~~for~~
5 comprehensive medical benefits in all medical assistance
6 programs or other health benefit programs administered by the
7 Department, including the Children's Health Insurance Program
8 Act and the Covering ALL KIDS Health Insurance Act, shall be
9 enrolled in a care coordination program by no later than
10 January 1, 2015. For purposes of this Section, "coordinated
11 care" or "care coordination" means delivery systems where
12 recipients will receive their care from providers who
13 participate under contract in integrated delivery systems that
14 are responsible for providing or arranging the majority of
15 care, including primary care physician services, referrals
16 from primary care physicians, diagnostic and treatment
17 services, behavioral health services, in-patient and
18 outpatient hospital services, dental services, and
19 rehabilitation and long-term care services. The Department
20 shall designate or contract for such integrated delivery
21 systems (i) to ensure enrollees have a choice of systems and of
22 primary care providers within such systems; (ii) to ensure that
23 enrollees receive quality care in a culturally and
24 linguistically appropriate manner; and (iii) to ensure that
25 coordinated care programs meet the diverse needs of enrollees

1 with developmental, mental health, physical, and age-related
2 disabilities.

3 (b) Payment for such coordinated care shall be based on
4 arrangements where the State pays for performance related to
5 health care outcomes, the use of evidence-based practices, the
6 use of primary care delivered through comprehensive medical
7 homes, the use of electronic medical records, and the
8 appropriate exchange of health information electronically made
9 either on a capitated basis in which a fixed monthly premium
10 per recipient is paid and full financial risk is assumed for
11 the delivery of services, or through other risk-based payment
12 arrangements.

13 (c) To qualify for compliance with this Section, the 50%
14 goal shall be achieved by enrolling medical assistance
15 enrollees from each medical assistance enrollment category,
16 including parents, children, seniors, and people with
17 disabilities to the extent that current State Medicaid payment
18 laws would not limit federal matching funds for recipients in
19 care coordination programs. In addition, services must be more
20 comprehensively defined and more risk shall be assumed than in
21 the Department's primary care case management program as of the
22 effective date of this amendatory Act of the 96th General
23 Assembly.

24 (d) The Department shall report to the General Assembly in
25 a separate part of its annual medical assistance program
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1 progress and implementation of the care coordination program
2 initiatives established by the provisions of this amendatory
3 Act of the 96th General Assembly. The Department shall include
4 in its April 2011 report a full analysis of federal laws or
5 regulations regarding upper payment limitations to providers
6 and the necessary revisions or adjustments in rate
7 methodologies and payments to providers under this Code that
8 would be necessary to implement coordinated care with full
9 financial risk by a party other than the Department.

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

11 Section 15. The Illinois Public Aid Code is amended by
12 changing Section 5-30 as follows:

13 (305 ILCS 5/5-30)

14 Sec. 5-30. Care coordination.

15 (a) At least 50% of recipients eligible for ~~for~~
16 comprehensive medical benefits in all medical assistance
17 programs or other health benefit programs administered by the
18 Department, including the Children's Health Insurance Program
19 Act and the Covering ALL KIDS Health Insurance Act, shall be
20 enrolled in a care coordination program by no later than
21 January 1, 2015. For purposes of this Section, "coordinated
22 care" or "care coordination" means delivery systems where
23 recipients will receive their care from providers who
24 participate under contract in integrated delivery systems that

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