



Sen. David Koehler

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1 AMENDMENT TO SENATE BILL 464

2 AMENDMENT NO. _____. Amend Senate Bill 464 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 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.
14 However, mandatory assignments into managed care organizations
15 shall not occur when 50% of persons eligible for selecting a
16 managed care service are covered through an integrated care

1 program until the Department demonstrates that the net
2 per-recipient cost paid by non-federal, State revenue sources
3 in those contracts, adjusted for age and gender, is less than
4 the non-federal, net State per-recipient cost in
5 fee-for-service for fiscal year 2014 and the health outcome
6 goals required in those contracts have been achieved. All
7 per-recipient cost calculations shall be performed between
8 like eligibility categories. Hospital Assessment Program
9 payments are excluded from these calculations. For purposes of
10 this Section, "coordinated care" or "care coordination" means
11 delivery systems where recipients will receive their care from
12 providers who participate under contract in integrated
13 delivery systems that are responsible for providing or
14 arranging the majority of care, including primary care
15 physician services, referrals from primary care physicians,
16 diagnostic and treatment services, behavioral health services,
17 in-patient and outpatient hospital services, dental services,
18 and rehabilitation and long-term care services. The Department
19 shall designate or contract for such integrated delivery
20 systems (i) to ensure enrollees have a choice of systems and of
21 primary care providers within such systems; (ii) to ensure that
22 enrollees receive quality care in a culturally and
23 linguistically appropriate manner; and (iii) to ensure that
24 coordinated care programs meet the diverse needs of enrollees
25 with developmental, mental health, physical, and age-related
26 disabilities.

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

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

22 (d) The Department shall report to the General Assembly in
23 a separate part of its annual medical assistance program
24 report, beginning April, 2012 until April, 2016, on the
25 progress and implementation of the care coordination program
26 initiatives established by the provisions of this amendatory

1 Act of the 96th General Assembly. The Department shall include
2 in its April 2011 report a full analysis of federal laws or
3 regulations regarding upper payment limitations to providers
4 and the necessary revisions or adjustments in rate
5 methodologies and payments to providers under this Code that
6 would be necessary to implement coordinated care with full
7 financial risk by a party other than the Department.
8 (Source: P.A. 96-1501, eff. 1-25-11.)".