



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB3352

by Rep. Marcus C. Evans, Jr.

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-36 new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that a managed care organization that contracts with a safety-net hospitals shall: (i) be liable for 50% of the amount due on any unadjudicated claims properly submitted by the safety-net hospital; (ii) if pre-admission certification is required by the managed care organization prior to authorizing inpatient care, pay the full admission rate to any contracted safety-net hospital that does not receive such authorization within 24 hours after the safety-net hospital first made its request for authorization; (iii) update its provider roster within 48 hours of contracting with a safety-net hospital and pay the full amount on any claim properly submitted by a contracted safety-net hospital even if the managed care organization fails to update its provider roster as required; and (iv) equally share those costs incurred by a contracted safety-net hospital for services provided to a Medicaid enrollee beyond the enrollee's scheduled date of discharge or transfer to another facility, if the managed care organization fails to facilitate the enrollee's discharge or transfer by the scheduled date.

LRB101 08927 KTG 54017 b

1 AN ACT concerning public aid.

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

4 Section 5. The Illinois Public Aid Code is amended by
5 adding Section 5-36 as follows:

6 (305 ILCS 5/5-36 new)

7 Sec. 5-36. Payment requirements; MCOs; safety-net
8 hospital.

9 (a) As used in this Section, "safety-net hospital" means a
10 hospital as defined in Section 5-5e.1 of this Code.

11 (b) The following requirements apply to all managed care
12 organizations under contract with the Department:

13 (1) A managed care organization shall be liable for 50%
14 of the amount due on any unadjudicated claims properly
15 submitted by a safety-net hospital.

16 (2) Any managed care organization that requires
17 pre-admission certification prior to authorizing inpatient
18 care shall pay the full admission rate to any contracted
19 safety-net hospital that does not receive authorization to
20 provide inpatient care within 24 hours after the safety-net
21 hospital first made its request for authorization.

22 (3) A managed care organization shall update its
23 provider roster within 48 hours of contracting with a

1 safety-net hospital. Any managed care organization that
2 fails to update its provider roster as required under this
3 paragraph shall still be liable for and must pay the full
4 amount on any claim for a reimbursable service properly
5 submitted by a contracted safety-net hospital.

6 (4) A managed care organization shall equally share
7 those costs incurred by a contracted safety-net hospital
8 for services provided to a Medicaid enrollee beyond the
9 enrollee's scheduled date of discharge or transfer to
10 another facility for proper post-acute care, if the managed
11 care organization fails to facilitate the enrollee's
12 discharge or transfer by the scheduled discharge or
13 transfer date.