



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB4139

Introduced 1/22/2020, by Rep. Deanne M. Mazzochi

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-30.15 new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that if a Medicaid enrollee of a managed care organization selects a plan based on the in-network status of (i) an existing primary care provider or (ii) up to 2 existing specialty care providers for an existing condition that is under active treatment, the managed care organization may not change the Medicaid enrollee's selected provider in (i) or (ii) for the remainder of the 12-month period following enrollment in the managed care health plan without permission by the Medicaid enrollee. Permits the Department of Healthcare and Family Services to adopt any rules necessary to administer the amendatory Act. Provides that nothing in the amendatory Act shall be construed to prohibit a Medicaid enrollee from changing his or her primary care provider as authorized by Department rules.

LRB101 13166 KTG 64065 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

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 5-30.15 as follows:

6 (305 ILCS 5/5-30.15 new)

7 Sec. 5-30.15. Change in provider; managed care
8 restrictions. If a Medicaid enrollee of a managed care
9 organization selects a plan based on the in-network status of
10 (i) an existing primary care provider or (ii) up to 2 existing
11 specialty care providers for an existing condition that is
12 under active treatment, the managed care organization may not
13 change the Medicaid enrollee's selected provider in (i) or (ii)
14 for the remainder of the 12-month period following enrollment
15 in the managed care health plan without permission by the
16 Medicaid enrollee. The Department may adopt any rules necessary
17 to administer this Section. Nothing in this Section shall be
18 construed to prohibit a Medicaid enrollee from changing his or
19 her primary care provider as authorized by Department rules.