

102ND GENERAL ASSEMBLY State of Illinois 2021 and 2022 HB3266

Introduced 2/19/2021, by Rep. Mary E. Flowers

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-36.3 new 305 ILCS 5/5-36 rep.

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services shall transition pharmacy services for managed care enrollees from the State's managed care medical assistance program back to the State's traditional fee-for-service program, thereby assuming direct responsibility for all pharmacy services provided under the Article. Provides that the transition back to a fee-for-service reimbursement model for pharmacy services shall be implemented by the Department upon the expiration of any managed care contracts the Department has with managed care organizations on the effective date of the amendatory Act. Provides that, to ensure managed care enrollees do not experience an interruption in pharmacy services during the transition from managed care to fee-for-service coverage, the Department must, at a minimum, do the following: add an additional pharmacist to its staff; stress-test its existing claims processing system; increase its capacity for prior authorizations; and educate the public and its help desk staff about the change in coverage for pharmacy services. Grants the Department rulemaking authority. Repeals a provision that permits the Department to enter into a contract with a third party on a fee-for-service reimbursement model for the purpose of administering pharmacy benefits for recipients not enrolled in a Medicaid managed care organization. Effective immediately.

LRB102 15047 KTG 20402 b

FISCAL NOTE ACT MAY APPLY

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1 AN ACT concerning public aid.

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

Section 5. The Illinois Public Aid Code is amended by adding Section 5-36.3 as follows:

6 (305 ILCS 5/5-36.3 new)

Sec. 5-36.3. Pharmacy services; fee-for-service coverage. Notwithstanding any other law to the contrary, the Department shall transition pharmacy services for managed care enrollees from the State's managed care medical assistance program back to the State's traditional fee-for-service program, thereby assuming direct responsibility for all pharmacy services provided under this Article. The transition back to a fee-for-service reimbursement model for pharmacy services shall be implemented by the Department upon the expiration of any managed care contracts the Department has with managed care organizations on the effective date of this amendatory Act of the 102nd General Assembly. To ensure managed care enrollees do not experience an interruption in pharmacy services during the transition from managed care to fee-for-service coverage, the Department must, at a minimum, do the following:

(1) add an additional pharmacist to its staff who is

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14 becoming law.

1	licensed to practice pharmacy under the Pharmacy Practice
2	Act;
3	(2) stress-test its existing claims processing system;
4	(3) increase its capacity for prior authorizations;
5	<u>and</u>
6	(4) educate the public and its help desk staff about
7	the change in coverage for pharmacy services.
8	The Department may adopt any rules necessary to implement
9	this Section.
10	(305 ILCS 5/5-36 rep.)
11	Section 10. The Illinois Public Aid Code is amended by
12	repealing Section 5-36.

Section 99. Effective date. This Act takes effect upon