

Rep. Camille Y. Lilly

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LRB103 32309 KTG 73650 a 10300HB4076ham002 1 AMENDMENT TO HOUSE BILL 4076 2 AMENDMENT NO. . Amend House Bill 4076 by replacing everything after the enacting clause with the following: 3 "Section 5. The Illinois Public Aid Code is amended by 4 5 adding Section 11-5.3a as follows: 6 (305 ILCS 5/11-5.3a new)7 Sec. 11-5.3a. Vendor assistance to managed care 8 organizations. (a) Each managed care organization, as defined in Section 9 5-30.1, may enter into one or more contracts with eligible 10 vendors to assist in the collection of updated contact 11 12 information of existing medical assistance enrollees, other than enrollees for whom an ex parte renewal is determined by 13 the Department in accordance with a federal waiver provided 14 15 under Section 1902(e)(14)(A) of the Social Security Act and

enrollees who have responded to the Department within 30 days

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1	after contact is initiated. Eligible vendors must be certified
2	by the Business Enterprise Program and have no less than 60% of
3	its owners with established residency in Illinois as of the
4	effective date of this amendatory Act of the 103rd General
5	Assembly.
6	(b) Selected vendors shall assist in the identification
7	and collection of updated contact information for medical
8	assistance enrollees of the managed care organization by
9	utilizing a system that meets the following requirements:
10	(1) The system must be hosted on a platform that is
11	secure and compliant with standards under the federal
12	Health Insurance Portability and Accountability Act of
13	1996. Such platform must be scalable and may be
14	cloud-based or on premises.
15	(2) The system must use a communication platform to
16	programmatically perform calls, text messages, and other
17	communication functions using web services or application
18	programming interface services.
19	(3) The system must be able to make contact with a
20	medical assistance enrollee in an automated fashion,
21	continuing until contact is made and confirmed and contact
22	information is updated.
23	(4) The system must allow medical assistance enrollees

to enter, update, and transmit their updated contact

information through use of a voice virtual agent or text

virtual agent to an online web form and back to a human

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- (5) The system must allow a medical assistance enrollee to switch between the voice virtual agent, the text virtual agent, and an online web form.
- (6) The system must be designed to be compliant with the Americans with Disabilities Act (ADA). ADA compliance must be found regardless of which of the different ways a medical assistance enrollee enters the data, and then, any of the other means to which the medical assistance enrollee can switch, must continue to be ADA compliant regardless of the stage of the redetermination process that the enrollee is in and regardless of the number of transitions from one data entry means to another.
- (7) The system must provide an analytics dashboard that is tethered to the communication platform with no additional software installation on the user's computer or mobile devices.
- (8) The system must include a data processing platform to accumulate enrollee data to begin the process in an automated fashion. This includes data validation, rejection, and preparation for communication such as call or text.
- (9) The system must be capable of contacting each medical assistance enrollee not less than 3 times per year utilizing skip tracing and bi-directional texting processes to locate up-to-date contact information for

1 <u>members.</u>

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- (10) The system must include a data processing platform to provide data submitted by medical assistance enrollees to managed care organizations at a predefined frequency, such as daily, weekly, or monthly and for measures identified within the Healthcare Effectiveness Data and Information Set guidelines.
- updated contact information provided by managed care organizations or their contracted vendors under this Section no later than 60 days after the effective date of this amendatory Act of the 103rd General Assembly. Nothing in this amendatory Act of the 103rd General Assembly shall be construed to contravene any federal regulation, policy, or requirement of the Centers for Medicare and Medicaid Services. If any provision of this Section or its application is found to be in violation of any federal regulation, policy, or requirement of the Centers for Medicare and Medicaid Services, that provision is declared invalid.
- (d) Beginning no later than the 30th day of each fiscal year, the Department shall issue monthly payments to each managed care organization, which shall be used to issue payments to its contracted vendors in accordance with this Section. Each managed care organization shall receive a payment in an amount equal to \$6 per medical assistance enrollee for which updated contact information is being

- - (e) Each managed care organization shall report, in a format prescribed by the Department, on at least a quarterly basis the status of its activity or that of its vendors regarding assistance with collecting updated contact information. The Department shall, in turn, report quarterly on its utilization of the information provided by the managed care organizations or their contracted vendors in accordance with this Section.
 - Assembly shall be construed to permit the Department or any county operating a managed care organization to transfer functions being performed by its employees to eligible vendors under this Section, including standard procedures to secure updated contact information for medical assistance enrollees.
- Section 99. Effective date. This Act takes effect July 1, 2024.".