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1 SENATE RESOLUTION

| 2 | WHEREAS, The Director of the Department of Central |
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| 3 | Management Services (CMS) is the chief procurement agent of the |
| 4 | State of Illinois; and |
| 5 | WHEREAS, CMS is responsible for administering the State's |
| 6 | Group Health Insurance coverage; and |
| 7 | WHEREAS, The State provides health insurance benefits to |
| 8 | over 350,000 employees, retirees, and dependents; and |
| 9 | WHEREAS, CMS has the primary responsibility for |
| 10 | negotiating and entering into contractual arrangements to |
| 11 | provide Group Health Insurance benefits for the State's |
| 12 | employees, retirees, and dependents; and |
| 13 | WHEREAS, CMS conducted the bidding process for managed care |
| 14 | organizations to bid on the contracts to provide health |
| 15 | benefits to the State's employees, retirees, and dependents; |
| 16 | and |
| 17 | WHEREAS, CMS has established criteria for this Request for |
| 18 | Proposals (RFP) bidding process and for awarding contracts for |
| 19 | the provision of health benefits to the State's employees, |
| 20 | retirees, and dependents; and |
| 21 | WHEREAS, Recent evidence has shown that CMS failed or |
| 22 | refused to comply with its own process for selecting managed |
| 23 | care organizations to participate in the State's Group Health |
| 24 | Insurance program; and |

WHEREAS, Recent evidence shows that managed care organizations that were ranked higher in the bidding criteria were not awarded a contract to provide health benefits to the 27 State's employees, retirees, and dependents while managed care

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- 1 organizations that were ranked lower were awarded such a
- 2 contract; and
- 3 WHEREAS, CMS recently concluded that the process used in
- 4 selecting managed care organizations to provide health
- 5 benefits to the State's employees, retirees, and dependents was
- 6 inadequate; and
- 7 WHEREAS, CMS plans to re-bid these contracts due to the
- 8 questions that have arisen about the original bidding process;
- 9 and
- 10 WHEREAS, The General Assembly is concerned that CMS did not
- 11 follow its own criteria in the awarding of the original
- 12 contracts for providing health benefits to the State's
- employees, retirees and dependents; and
- 14 WHEREAS, the Attorney General is the Chief Legal Officer of
- 15 the State and is charged with investigating alleged violations
- of the law; therefore, be it
- 17 RESOLVED, BY THE SENATE OF THE NINETY-THIRD GENERAL
- ASSEMBLY OF THE STATE OF ILLINOIS, that the Illinois Senate
- 19 requests that the Attorney General conduct a thorough
- 20 investigation of the Request for Proposals (RFP) process used
- 21 by CMS to select managed care organizations to participate in
- 22 the State's Group Health Insurance program; and be it further
- 23 RESOLVED, That the Illinois Senate requests that the
- 24 Attorney General proffer an opinion on the validity of the
- 25 process used by CMS to select managed care organizations to
- 26 participate in the State's Group Health Insurance program; and
- 27 be it further
- 28 RESOLVED, That the Attorney General is asked to pay
- 29 particular attention to the points awarded to each bidder in

- 1 CMS's own RFP process and conclude whether the initial
- 2 selection of managed care organizations was proper and
- 3 adequately adhered to the criteria of CMS's own RFP; and be it
- 4 further
- 5 RESOLVED, That a copy of this resolution be delivered to
- 6 the Attorney General in an expedited manner.