97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

SB2878

Introduced 2/1/2012, by Sen. William Delgado

SYNOPSIS AS INTRODUCED:

215 ILCS 106/23

Amends the Children's Health Insurance Program Act. Deletes dental services from the definition of "coordinated care" and "care coordination". Effective immediately.

LRB097 13783 RPM 58342 b

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AN ACT concerning insurance.

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

Section 5. The Children's Health Insurance Program Act is
amended by changing Section 23 as follows:

6 (215 ILCS 106/23)

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Sec. 23. Care coordination.

(a) At least 50% of recipients eligible for comprehensive 8 9 medical benefits in all medical assistance programs or other 10 health benefit programs administered by the Department, 11 including the Children's Health Insurance Program Act and the Covering ALL KIDS Health Insurance Act, shall be enrolled in a 12 13 care coordination program by no later than January 1, 2015. For 14 this Section, "coordinated care" or "care purposes of coordination" means delivery systems where recipients will 15 16 receive their care from providers who participate under contract in integrated delivery systems that are responsible 17 for providing or arranging the majority of care, including 18 19 primary care physician services, referrals from primary care 20 physicians, diagnostic and treatment services, behavioral 21 health services, in-patient and outpatient hospital services, 22 dental services, and rehabilitation and long-term care services. The Department shall designate or contract for such 23

integrated delivery systems (i) to ensure enrollees have a choice of systems and of primary care providers within such systems; (ii) to ensure that enrollees receive quality care in a culturally and linguistically appropriate manner; and (iii) to ensure that coordinated care programs meet the diverse needs of enrollees with developmental, mental health, physical, and age-related disabilities.

(b) Payment for such coordinated care shall be based on 8 9 arrangements where the State pays for performance related to 10 health care outcomes, the use of evidence-based practices, the 11 use of primary care delivered through comprehensive medical 12 the use of electronic medical records, and the homes, 13 appropriate exchange of health information electronically made either on a capitated basis in which a fixed monthly premium 14 15 per recipient is paid and full financial risk is assumed for 16 the delivery of services, or through other risk-based payment 17 arrangements.

(c) To qualify for compliance with this Section, the 50% 18 goal shall be achieved by enrolling medical assistance 19 20 enrollees from each medical assistance enrollment category, 21 including parents, children, seniors, and people with 22 disabilities to the extent that current State Medicaid payment 23 laws would not limit federal matching funds for recipients in care coordination programs. In addition, services must be more 24 25 comprehensively defined and more risk shall be assumed than in 26 the Department's primary care case management program as of the

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effective date of this amendatory Act of the 96th General
 Assembly.

(d) The Department shall report to the General Assembly in 3 a separate part of its annual medical assistance program 4 5 report, beginning April, 2012 until April, 2016, on the 6 progress and implementation of the care coordination program 7 initiatives established by the provisions of this amendatory Act of the 96th General Assembly. The Department shall include 8 9 in its April 2011 report a full analysis of federal laws or 10 regulations regarding upper payment limitations to providers 11 and the necessary revisions or adjustments in rate 12 methodologies and payments to providers under this Code that 13 would be necessary to implement coordinated care with full financial risk by a party other than the Department. 14

15 (Source: P.A. 96-1501, eff. 1-25-11.)

Section 99. Effective date. This Act takes effect upon becoming law.