

SB3132



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

SB3132

Introduced 2/1/2012, by Sen. Christine Radogno

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-16

from Ch. 23, par. 5-16

Amends the Illinois Public Aid Code. Makes a technical change in a Section concerning managed care.

LRB097 17051 KTG 62249 b

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 changing Section 5-16 as follows:

6 (305 ILCS 5/5-16) (from Ch. 23, par. 5-16)

7 Sec. 5-16. Managed Care. ~~The~~ The Illinois Department may
8 develop and implement a Primary Care Sponsor System consistent
9 with the provisions of this Section. The purpose of this
10 managed care delivery system shall be to contain the costs of
11 providing medical care to Medicaid recipients by having one
12 provider responsible for managing all aspects of a recipient's
13 medical care. This managed care system shall have the following
14 characteristics:

15 (a) The Department, by rule, shall establish criteria
16 to determine which clients must participate in this
17 program;

18 (b) Providers participating in the program may be paid
19 an amount per patient per month, to be set by the Illinois
20 Department, for managing each recipient's medical care;

21 (c) Providers eligible to participate in the program
22 shall be physicians licensed to practice medicine in all
23 its branches, and the Illinois Department may terminate a

1 provider's participation if the provider is determined to
2 have failed to comply with any applicable program standard
3 or procedure established by the Illinois Department;

4 (d) Each recipient required to participate in the
5 program must select from a panel of primary care providers
6 or networks established by the Department in their
7 communities;

8 (e) A recipient may change his designated primary care
9 provider:

10 (1) when the designated source becomes
11 unavailable, as the Illinois Department shall
12 determine by rule; or

13 (2) when the designated primary care provider
14 notifies the Illinois Department that it wishes to
15 withdraw from any obligation as primary care provider;
16 or

17 (3) in other situations, as the Illinois
18 Department shall provide by rule;

19 (f) The Illinois Department shall, by rule, establish
20 procedures for providing medical services when the
21 designated source becomes unavailable or wishes to
22 withdraw from any obligation as primary care provider
23 taking into consideration the need for emergency or
24 temporary medical assistance and ensuring that the
25 recipient has continuous and unrestricted access to
26 medical care from the date on which such unavailability or

1 withdrawal becomes effective until such time as the
2 recipient designates a primary care source;

3 (g) Only medical care services authorized by a
4 recipient's designated provider, except for emergency
5 services, services performed by a provider that is owned or
6 operated by a county and that provides non-emergency
7 services without regard to ability to pay and such other
8 services as provided by the Illinois Department, shall be
9 subject to payment by the Illinois Department. The Illinois
10 Department shall enter into an intergovernmental agreement
11 with each county that owns or operates such a provider to
12 develop and implement policies to minimize the provision of
13 medical care services provided by county owned or operated
14 providers pursuant to the foregoing exception.

15 The Illinois Department shall seek and obtain necessary
16 authorization provided under federal law to implement such a
17 program including the waiver of any federal regulations.

18 The Illinois Department may implement the amendatory
19 changes to this Section made by this amendatory Act of 1991
20 through the use of emergency rules in accordance with the
21 provisions of Section 5.02 of the Illinois Administrative
22 Procedure Act. For purposes of the Illinois Administrative
23 Procedure Act, the adoption of rules to implement the
24 amendatory changes to this Section made by this amendatory Act
25 of 1991 shall be deemed an emergency and necessary for the
26 public interest, safety and welfare.

1 The Illinois Department may establish a managed care system
2 demonstration program, on a limited basis, as described in this
3 Section. The demonstration program shall terminate on June 30,
4 1997. Within 30 days after the end of each year of the
5 demonstration program's operation, the Illinois Department
6 shall report to the Governor and the General Assembly
7 concerning the operation of the demonstration program.

8 (Source: P.A. 87-14; 88-490.)