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HOUSE RESOLUTION

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WHEREAS, Due to federal health care reform, an integrated care pilot program in Northern Illinois, and statewide Medicaid reform, a managed care approach to providing Medicaid coverage is no longer up for debate making Medicaid managed care a reality in Illinois; and

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WHEREAS, Managed care has proven a sometimes inefficient provider of health care coverage especially for long-term care and those individuals - typically the elderly or people with disabilities - receiving it; and

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WHEREAS, Illinois' pilot program and the recent Medicaid reform law make it mandatory for managed care to provide the services expected in a long-term care setting, which is a potentially risky scenario for those receiving these kinds of services; and

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WHEREAS, A number of other states have discontinued managed care for people with disabilities and the elderly, including California which found it more cost-effective not to utilize managed care after an extensive overhaul of the state's health care program; and

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WHEREAS, Illinois is setting forth on this venture with two

1 for-profit managed care organizations under contract, while
2 not exploring other entities to provide quality care, such as
3 not-for-profit organizations; and

4 WHEREAS, The Institute on Disability and Human Development
5 at the University of Illinois at Chicago (UIC) is overseeing
6 the consumer satisfaction levels and the managed care
7 organizations' competency for the test population in the pilot
8 program; nonetheless, only an estimated 40,000 individuals
9 with disabilities are in the pilot program area and targeted to
10 receive services; as Illinois Medicaid reform and federal
11 health care reform become the norm for Medicaid recipients in
12 this State, a conservative estimate is that 2.4 million people
13 currently receive Medicaid, and approximately 1.2 million
14 people - or 50% of the Medicaid population - under that program
15 will move into a managed care system, as mandated by the
16 Illinois Medicaid reform law; this increased number will not
17 receive monitoring from UIC and, possibly, will not receive the
18 adequate follow-up, thereby, leaving them more susceptible to
19 fraudulent practices, abuse, neglect, and insufficient care
20 through providers and the managed care organizations; as
21 Illinois moves toward transitioning 50% of the Medicaid
22 population to a managed care system, as with the pilot program,
23 no other plans except those involving for-profit managed care
24 organizations are presently receiving serious discussion;
25 therefore, be it

1 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE
2 NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that
3 there is created in the Department of Healthcare and Family
4 Services the Medicaid Managed Care Oversight Task Force to
5 monitor how Illinois approaches and manages a new form of
6 health care delivery system based on a managed care model,
7 particularly for people with disabilities and the elderly; and
8 be it further

9 RESOLVED, That all members of the Task Force shall be
10 appointed by the Governor and shall serve without compensation;
11 the Department of Healthcare and Family Services shall
12 facilitate the Task Force and provide the Task Force with
13 administrative support, but shall have no hand in guiding its
14 direction or ascertaining its results; the Task Force shall
15 meet quarterly and report on its findings to the General
16 Assembly and its appropriate committees; reports from the Task
17 Force shall indicate (i) whether individuals within the pilot
18 program and the intended 50% of Medicaid recipients
19 transitioned into managed care are satisfied with their health
20 outcomes, can access all necessary forms of medical care, and
21 received all necessary information from the State and the
22 Department regarding the changes to their health care delivery
23 system; and (ii) any other satisfaction indicators deemed
24 applicable by the Task Force, especially with the knowledge of

1 how UIC conducted satisfaction surveys; the Task Force's life
2 span shall continue until January 1, 2017, unless the General
3 Assembly deems a longer tenure necessary, as that date would
4 mark the two-year anniversary of the transition of Medicaid
5 enrollees into managed care programs, as mandated by the newly
6 enacted Medicaid reform law in Illinois; and be it further

7 RESOLVED, That upon receiving reports from the Task Force,
8 the General Assembly and all appropriate committees therein
9 must take the necessary steps to ensure all individuals
10 receiving health care through a managed care delivery system
11 are satisfied with that care and are not receiving worse care
12 as a result; if the General Assembly finds negative outcomes
13 per reports from the Task Force, it should amend the process by
14 which managed care is put to use for Medicaid recipients,
15 especially for people with disabilities and the elderly, and
16 further, if the reports are positive or neutral, the General
17 Assembly should decide whether to continue monitoring the
18 program for a set period to ensure that all recipients receive
19 the best quality health care available to them under a managed
20 care process; and be it further

21 RESOLVED, That as changes to health care delivery improve
22 or changes come to pass based on new laws passed by the State
23 or federal government, the General Assembly must decide if
24 continuing the use of the managed care approach is the most

1 appropriate, cost-effective, and beneficial means in providing
2 health care to Medicaid recipients in Illinois; and be it
3 further

4 RESOLVED, That suitable copies of this resolution be
5 delivered to the Governor and to the Director of the Department
6 of Healthcare and Family Services.