

HR0232HAM001

reality in Illinois; and

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LRB099 07548 KTG 34589 a

1	AMENDMENT TO HOUSE RESOLUTION 232
2	AMENDMENT NO Amend House Resolution 232 by replacing
3	everything after the heading with the following:
4	"WHEREAS, Due to federal health care reform, an integrated
5	care pilot program in Northern Illinois, and statewide Medicaid
6	reform, a managed care approach to providing Medicaid coverage

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

is no longer up for debate making Medicaid managed care a

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 1
- 2 services; and

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- 3 WHEREAS, A number of other states have discontinued managed 4 care for people with disabilities and the elderly, including 5 California which found it more cost-effective not to utilize managed care after an extensive overhaul of the state's health 6 7 care program; and
- 8 WHEREAS, Illinois is setting forth on this venture with two 9 for-profit managed care organizations under contract, while not exploring other entities to provide quality care, such as 10 11 not-for-profit organizations; and
  - WHEREAS, The Institute on Disability and Human Development at the University of Illinois at Chicago (UIC) is overseeing satisfaction levels and the managed care the consumer organizations' competency for the test population in the pilot program; nonetheless, only an estimated 40,000 individuals with disabilities are in the pilot program area and targeted to receive services; as Illinois Medicaid reform and federal health care reform become the norm for Medicaid recipients in this State, a conservative estimate is that 2.4 million people currently receive Medicaid, and approximately 1.2 million people - or 50% of the Medicaid population - under that program will move into a managed care system, as mandated by the

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1 Illinois Medicaid reform law; this increased number will not receive monitoring from UIC and, possibly, will not receive the adequate follow-up, thereby, leaving them more susceptible to fraudulent practices, abuse, neglect, and insufficient care through providers and the managed care organizations; as Illinois moves toward transitioning 50% of the Medicaid population to a managed care system, as with the pilot program, no other plans except those involving for-profit managed care organizations are presently receiving serious discussion; therefore, be it

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

RESOLVED, That the Task Force shall consist of following: (i) 3 members, appointed by the Speaker of the Illinois House of Representatives; (ii) 3 members, appointed by the Minority Leader of the Illinois House of Representatives; and (iii) 4 members, appointed by the Governor; the Task Force shall elect a chairperson from their membership; and be it

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RESOLVED, That the members of the Task Force shall serve without compensation; the Department of Healthcare and Family Services shall facilitate the Task Force and provide the Task Force with administrative support, but shall have no hand in quiding its direction or ascertaining its results; the Task Force shall meet quarterly and report on its findings to the General Assembly and its appropriate committees; reports from the Task Force shall indicate (i) whether individuals within the pilot program and the intended 50% of Medicaid recipients transitioned into managed care are satisfied with their health outcomes, can access all necessary forms of medical care, and received all necessary information from the State and the Department regarding the changes to their health care delivery system; and (ii) any other satisfaction indicators deemed applicable by the Task Force, especially with the knowledge of how UIC conducted satisfaction surveys; the Task Force's life span shall continue until January 1, 2017, unless the General Assembly deems a longer tenure necessary, as that date would mark the two-year anniversary of the transition of Medicaid enrollees into managed care programs, as mandated by the newly enacted Medicaid reform law in Illinois; and be it further

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

RESOLVED, That as changes to health care delivery improve or changes come to pass based on new laws passed by the State or federal government, the General Assembly must decide if continuing the use of the managed care approach is the most appropriate, cost-effective, and beneficial means in providing health care to Medicaid recipients in Illinois; and be it further

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