

This memo provides an update on the ongoing expansion of Medicaid managed care in Illinois as the state prepares to relaunch its managed care program – HealthChoice Illinois – on Jan. 1, 2018. To assist IHA member hospitals in preparing for HealthChoice Illinois, IHA will host a webinar on “Exploring Business and Contracting Practices for a Medicaid Managed Care Environment” on Jan. 24. Webinar details are included in this memo.

Participating Managed Care Organizations

The Illinois Dept. of Healthcare and Family Services (HFS) has reduced the number of Medicaid managed care organizations (MCOs) that will participate in HealthChoice Illinois from 11 to seven. Five MCOs were awarded contracts to serve Medicaid beneficiaries statewide and two MCOs were awarded contracts for Cook County only:

- Blue Cross Blue Shield of Illinois (BCBSIL) – Statewide
- CountyCare Health Plan – Cook County only
- Harmony Health Plan – Statewide
- IlliniCare Health Plan – Statewide
- Meridian Health – Statewide
- Molina Healthcare of Illinois – Statewide
- NextLevel Health – Cook County only

Medicaid Populations Covered

Under HealthChoice Illinois, the following Medicaid populations are required to enroll in an MCO:

- Integrated Care Program (ICP) – Medicaid only seniors and persons with disabilities
- Affordable Care Act (ACA) Adults/Family Health Plan (FHP) – ACA adults, children, parents/caretaker relatives, and pregnant women
- Managed Long Term Services and Supports (MLTSS) – Dual-eligibles (full Medicare and Medicaid benefits) who receive LTSS and are not enrolled in the Medicare-Medicaid Alignment Initiative (MMAI)
- Special Needs Children – Enrollees under the age of 21 who are eligible for Medicaid through Supplemental Security Income (SSI), Division of Specialized Care for Children (DSCC), or a disability category of eligibility
- Department of Children and Family Services (DCFS) Youth – Children in the care of DCFS

NOTE: MMAI is not part of HealthChoice Illinois and MMAI MCO enrollees are not impacted by the relaunch. Aetna, BCBSIL, Humana, IlliniCare, and Meridian will continue to offer MMAI plans in the Greater Chicago Region. Molina will continue to offer an MMAI plan in the Central Illinois Region.

See an [updated statewide map](#) that identifies the HealthChoice Illinois and MMAI plans that will be available in 2018.

Beneficiary Enrollment Schedule

HFS has posted information on its website that identifies a three-phase transition and enrollment plan for Medicaid beneficiaries. (See [HealthChoice Illinois Transition and Expansion Mailing Schedule](#), Oct. 16, 2017.)

Phase I – Transition beneficiaries who are currently enrolled in an MCO and reside in a county where managed care is already voluntary or mandatory. The Client Enrollment Broker (CEB) began sending transition letters in October 2017 to these enrollees. Transition letters differ based on whether the MCO has or has not been awarded a HealthChoice Illinois contract.

Current enrollees in MCOs with HealthChoice Illinois contracts will automatically be assigned to their current MCO.

- [See sample FHP/ACA and ICP transition letters.](#)
- [See a sample MLTSS transition letter.](#)

Current enrollees in MCOs without HealthChoice Illinois contracts will automatically be assigned to a new MCO.

- [See sample FHP/ACA and ICP transition letters.](#)
- [See a sample MLTSS transition letter.](#)

For Phase I enrollees, coverage under HealthChoice Illinois will be effective Jan. 1, 2018. Beginning Jan. 1, beneficiaries will have an opportunity to change MCOs during the 90-day switch period (Jan. 1, 2018 – Mar. 31, 2018).

Phase II – Enroll beneficiaries who reside in a non-mandatory or voluntary county and are not currently enrolled in an MCO, as well as newly eligible Medicaid beneficiaries and populations previously excluded from managed care, except DCFS Youth and special needs children. The CEB will mail enrollment letters to these beneficiaries from Jan. 8, 2018 to Feb. 16, 2018. Sample letters for these populations are not yet available on the Care Coordination webpage.

All beneficiaries new to managed care will have 30 days from the date of the enrollment letter to select a Primary Care Physician (PCP) and an MCO. The enrollment letters will list the MCO and PCP to which the beneficiary will be automatically assigned if he/she does not actively choose a different plan/PCP within the 30-day period.

For Phase II enrollees, coverage under HealthChoice Illinois will be effective Apr. 1, 2018. Beginning Apr. 1, beneficiaries will have an opportunity to change MCOs during the 90-day switch period (Apr. 1, 2018 – June 30, 2018).

Phase III – Conduct statewide enrollment of DCFS Youth and Special Needs Children. Enrollment for special needs children and DCFS Youth is not expected to occur until on or after July 1, 2018. Enrollment letters are tentatively scheduled to be mailed between May 7, 2018 and May 16, 2018 should HFS move forward with a July 1, 2018 effective date.

HFS Provider Education

As Medicaid MCOs are new in many Illinois counties, HFS has issued a series of notices to help providers prepare for the Jan. 1, 2018 launch of HealthChoice Illinois. The Succeeding in the New Managed Care Program Series outlines steps providers can take, or questions they may wish to ask, to succeed in the new program:

1. [What is my relationship with health plans that weren't awarded a contract for the new program?](#)
2. [Four key ways the new managed care will mean less work for providers](#)
3. [Simplified credentialing: Cutting back on provider overhead costs](#)
4. [How HFS and the health plans will communicate transition details to clients](#)
5. [How you can help your patients understand what they need to know about this transition](#)

HFS has also posted [two provider notices](#) on Medicaid managed care for dual-eligible beneficiaries in 2018. Although MMAI participants are not part of the relaunch, certain dual-eligibles will participate in HealthChoice Illinois through the MLTSS program.

- [Managed Care Program for Full Dual Eligible Beneficiaries in 2018](#)

- [The MEDI System - Dual Eligible Beneficiaries Enrolled in Medicaid MLTSS and Medicare](#)

Finally, a Dec. 15, 2017 [HFS Provider Notice](#) addresses ongoing network development efforts by the Medicaid MCOs. This notice includes important information for providers regarding efforts to expand Medicaid MCO coverage statewide.

IHA Outreach and Education

IHA is developing a series of activities to educate members on HealthChoice Illinois, including:

- Webinar – On Jan. 24, 2018, IHA will offer a 90-minute webinar (1-2:30 p.m.), Exploring Best Business and Contracting Practices for a Medicaid Managed Care Environment, which will be led by VedderPrice attorneys who have extensive managed care contracting experience. This webinar will provide participants with broader exposure to the changes in the Medicaid program; in-depth discussion and review of managed care contracts; and insight into the skill sets and competencies needed for organizations to succeed in this new managed care environment. Registration information can be found [here](#).
- Member Forums – IHA is in the process of scheduling member forums in Central, Northern and Southern Illinois. Details will be forthcoming.
- Educational Sessions – Similar to the educational programming offered in Naperville, Springfield, and East Peoria in November 2017, IHA will collaborate with the MCOs to host additional programs in other areas across the state. During these events, the Medicaid MCOs will present information on key operational policies and procedures to assist hospitals in serving MCO enrollees. Details will be forthcoming.

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