Dear MMW Members,

We wanted to share some important changes with you regarding the Medicaid program in Illinois that will be implemented throughout 2018. These changes include:

- The implementation of HealthChoice Illinois, a program that expands Medicaid managed care to all counties of the state
- Cigna-HealthSpring leaving the Medicare Medicaid Alignment Initiative (MMAI) program
- Medicare Advantage Duals Special Needs Plans (D-SNP) ending in Illinois

This brief includes information on how these changes may affect your clients, a description of their coverage options moving forward, as well as how the state will communicate these changes with Medicaid recipients.

**2018 State-Wide Medicaid Managed Care Expansion - HealthChoice Illinois**

**Background:**

Medicaid began transitioning from the fee-for-service system in 2011 with the introduction of the Integrated Care Program (ICP) for Seniors and Persons with Disabilities (covering people without Medicare) in select counties of Illinois. Since then, the state slowly incorporated other Medicaid populations in select geographic areas into the managed care system. The Family Health Plan & the ACA Adult Program are managed care programs that cover children, families, and individuals receiving Medicaid through the new Medicaid Expansion program and the Medicare Medicaid Alignment Initiative (MMAI) and the Managed Long-Term Services and Supports (MLTSS) programs cover individuals with Medicare and Medicaid. MMAI is the managed care program for dual-eligible beneficiaries (people with Medicare and full Medicaid) that provides coverage for all of an individual's healthcare (medical services, behavioral health services, prescription drugs, and long-term services and supports). MLTSS is a managed care program that only provides coverage for long term services and supports (and a few other services that are funded by Medicaid only - not Medicare).
As of today, the various Medicaid Managed Care programs are active in only certain areas of the state and different Medicaid health plans participate in each Medicaid managed care program. In areas where managed care does not operate, Illinois Health Connect provides a medical home and a Primary Care Physician for Medicaid beneficiaries. To view the 2017 Illinois Medicaid Coordinated Care Map, showing the Medicaid managed care program geographic areas and participating health plans, click HERE.

**HealthChoice Illinois:**

Beginning January 2018, the state will expand Medicaid managed care from covering 65% of the Medicaid population to covering 80% of the Medicaid population in Illinois. Through this expansion, Family Health Plans, the ACA Adult program, Integrated Care Program, and Managed Long-Term Services & Supports (MLTSS) program will be consolidated into one program, known as HealthChoice Illinois, and will expand to cover the entire state. The goal of this transformation is to simplify the current Medicaid system structure, provide greater transparency to beneficiaries and providers, clarify program guidelines, integrate behavioral and physical healthcare services, and bring fiscal sustainability to the Medicaid program by more efficiently managing healthcare costs. At this time, MMAI will not be expanded statewide and will remain in the current geographic areas of the state (Central Illinois and Greater Chicago).

The statewide Medicaid expansion will also reduce the number of Medicaid health plans to five plans that will cover every Medicaid category currently enrolled in Medicaid managed care across the entire state and two health plans covering Medicaid populations in Cook County only (excluding MMAI but including older adults in MLTSS):

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

Please see the new 2018 Illinois Medicaid Coordinated Care Map HERE showing the new Medicaid managed care landscape and participating health plans across the state. To view a benefit comparison chart of each of the plans, please click HERE.

**Before a Medicaid beneficiary chooses which plan to enroll into for 2018, they should check the provider network, regardless of whether or not they stay in the same plan. To compare provider networks of each plan, contact Client Enrollment Services at 1-877-912-8880 or view their website here https://enrollhfs.illinois.gov/node/13. Medicaid beneficiaries are also encouraged to verify provider networks of the plans with their provider.

**Phased Implementation:**

HealthChoice Illinois, the new expanded Medicaid managed care program, will be implemented in two phases. During the first phase, every individual currently enrolled in Medicaid managed care (including MLTSS but excluding MMAI) began receiving letters from the state between October.
and November of 2017 regarding this transition. To view the Medicaid member notices, please click [HERE](#). All current Medicaid managed care enrollees must choose a plan by January 1, 2018. If an individual is currently enrolled in one of the seven HealthChoice Illinois plans listed above and did not select a health plan on their own, they will remain in the same plan in 2018. However, if an individual is currently enrolled in a health plan that is NOT listed above and they did not choose a plan on their own, they will be automatically enrolled into one of the seven participating HealthChoice Illinois plans listed above effective January 1, 2018. **Remember, before a Medicaid beneficiary chooses which plan to enroll into for 2018, they should check the provider network, regardless of whether or not they stay in the same plan.** All individuals currently enrolled in Medicaid managed care will have a 90 day transition period beginning January 1, 2018 to switch to another HealthChoice Illinois plan. After the end of the 90 day transition period, individuals will be 'locked into' their plan for 12 months.

The second implementation phase of the HealthChoice Illinois program will encompass eligible Medicaid beneficiaries who are not currently enrolled in Medicaid managed care across the state of Illinois. These individuals will begin receiving letters in January of 2018 (click [HERE](#) for a copy of the enrollment materials) explaining the program changes and that eligible Medicaid beneficiaries must choose one of the HealthChoice Illinois plan options by April 1, 2018. (To view a list of Medicaid beneficiaries eligible for Medicaid managed care enrollment in 2018 along with the Expansion Mailing Schedule, please click [HERE](#).) Again, all beneficiaries will have 90 days to switch to a different plan after their managed care enrollment effective date and will then be 'locked into' their plan for 12 months. (Please note that while individuals in MLTSS cannot switch directly to another MLTSS plan within that 12 month lock in period, MLTSS enrollees that are in the areas with the MMAI program can enroll in an MMAI plan at any time of the year if they wish.)

Illinois Health Connect, the program that provides Medicaid recipients who are not currently enrolled in a managed care plan access to a medical home and a Primary Care Physician, is ending at the end of December 2017. Most individuals with Medicaid who live in areas without Medicaid managed care received letters regarding the transition from Illinois Health Connect to fee-for-service Medicaid as of January 1st, 2018. These individuals will utilize the Medicaid fee-for-service system until they enroll into a Medicaid Managed Care plan in April 2018. For more information about the end of Illinois Health Connect, view the HFS provider notice [HERE](#).

**The Medicare Medicaid Alignment Initiative (MMAI) & Managed Long Term Services & Supports (MLTSS) program:**

The MMAI program is not a part of the HealthChoice Illinois Medicaid managed care expansion and will remain in the Central Illinois and Greater Chicago regions of the state. However, the MLTSS program is a part of HealthChoice Illinois and will expand from only operating in the Greater Chicago region to covering the entire state. This means that beginning January 1, 2018, individuals with full Medicare and Medicaid benefits will be the only Medicaid population that has different Medicaid managed care program options, depending on where they live:

- **Greater Chicago & Central Illinois areas:** Individuals with full Medicare & Medicaid benefits in Greater Chicago & Central Illinois have the option to join MMAI for all of their healthcare services (which includes coverage of long term services and supports) or opt out to receive healthcare coverage through fee-for-service Medicare and Medicaid with a standalone prescription drug plan or through a Medicare Advantage plan. **However, if an**
individual opts out of MMAI and that individual receives long term services and supports (LTSS) through a nursing home or community-based waiver services, they will be required to join an MLTSS plan to cover their LTSS services and any other Medicaid-only services they receive (transportation and certain behavioral health services).

- **All Areas Outside of Greater Chicago & Central Illinois:** Individuals with full Medicare & Medicaid benefits living outside of the Greater Chicago & Central Illinois area do not have the option to join an MMAI plan to cover their healthcare services. Their only healthcare coverage options are to either receive their benefits through fee-for-service Medicare and Medicaid benefits with a stand-alone prescription drug plan or they can receive their benefits through a Medicare Advantage plan. However, individuals receiving long term services and supports (LTSS) through a nursing home or community based waiver services will be required to join an MLTSS plan to cover their LTSS services and any other Medicaid-only services they receive (transportation and certain behavioral health services) as of April 1, 2018.

To view the state-wide HealthChoice Illinois plans and counties where the MMAI program is active, visit the 2018 Illinois Medicaid Coordinated Care Map HERE.

**HealthChoice Illinois & MMAI Resources:**

- **HFS Member Notices:** [https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/default.aspx](https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/default.aspx)

- **HFS Provider Notices:** [https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx](https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx)

- **HFS Articles: Succeeding in the New Managed Care Series:** [https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn171103a.aspx](https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn171103a.aspx)

- **Client Enrollment Services- Resource Center:** [https://enrollhfs.illinois.gov/resource-center](https://enrollhfs.illinois.gov/resource-center)

- **Make Medicare Work Coalition Website- Medicaid Managed Care Section:**
  [http://www.ageoptions.org/services-and-programs_MMW-MedicaidandManagedCare.html#ManagedCareToolkit](http://www.ageoptions.org/services-and-programs_MMW-MedicaidandManagedCare.html#ManagedCareToolkit)

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**Cigna- HealthSpring is No Longer Participating in the Medicare Medicaid Alignment Initiative (MMAI) Program**

Cigna- HealthSpring will no longer be participating in the Medicare Medicaid Alignment Initiative (MMAI) after December 31, 2017. Beneficiaries currently enrolled in the MMAI Cigna-HealthSpring plan received notices explaining their new coverage options. The letter also notes that if the member does not want to receive their healthcare coverage through an MMAI plan, they have the option of returning back to original Medicare with prescription drug coverage or receiving coverage.
through a Medicare Advantage plan. (Please note: Dual-Special Needs Medicare Advantage plans are no longer available in Illinois in 2018, but beneficiaries with Medicare and full Medicaid still have the option of enrolling in a traditional Medicare Advantage plan.)

MMAI Cigna-HealthSpring members must respond to this letter by calling Client Enrollment Services (CES) at 1-877-912-8880 with their healthcare coverage choice. CES can help Medicaid beneficiaries enroll, disenroll, compare provider networks and extra plan benefits of Medicaid managed care plans. **If MMAI Cigna-HealthSpring enrollees do not contact CES with their choice of coverage by December 31, 2017, they will be passively (automatically) enrolled into a different MMAI plan or fee-for-service Medicare & Medicaid effective January 1, 2018.**

To view the notices that went out to Cigna-HealthSpring enrollees, click [HERE](http://www.careplanil.com/GetFile.Ashx?fileid=5285) and scroll down to the heading, 'Care Coordination Member Transition Letters'. To view a beneficiary's MMAI plan options based on their geographic location and a description of each Medicaid managed care plan's benefits, please visit the HFS Client Enrollment Services website here: [https://enrollhfs.illinois.gov/node/13](https://enrollhfs.illinois.gov/node/13).

MMAI covers all of a beneficiary's healthcare services, including medical, hospital, prescription drug and long term care services and supports. Remember, before selecting a plan, a beneficiary will want to ensure all providers, including PCP, specialists, long term services & supports, etc. are in network. To verify provider networks, visit the Client Enrollment Services website, contact Client Enrollment Services at 1-877-912-8880 and/or contact the healthcare providers directly.

Remember, MMAI is an optional program. A beneficiary can change MMAI plans and enroll/disenroll from the program at any time of the year. However, if an individual has long term services & supports and lives in the Chicagoland area, they must choose an MLTSS Plan for their LTSS services. (Please note: The MLTSS Program will be going state-wide in April of 2018, so individuals receiving long term services and supports living outside of the Chicagoland area will soon be needing to choose a plan for their LTSS services. (Please see section "2018 State-Wide Medicaid Managed Care Expansion- HealthChoice Illinois for more information on these changes.)


**End of Medicare Advantage D-SNP Plans in Illinois**

The Illinois Department of Healthcare and Family Services (HFS) will no longer contract with dual-eligible SNPs (D-SNPs) beginning in 2018. Currently in Illinois in 2017, two companies offer SNPs for dual eligibles: Community Care Alliance of Illinois and WellCare. All D-SNPs, a total of 21 plans, will end on December 31, 2017. SNPs for people with chronic health conditions and for people who are institutionalized will not be affected. Community Care Alliance and WellCare mailed letters in the beginning of October to members in all of their 21 D-SNPs notifying them that their plan will not be renewed in 2018. The state anticipates to transition some of these individuals into the MMAI program if they have not previously opted out of MMAI and live in areas of the state where MMAI is operating.

Individuals in D-SNPs that have already opted out of MMAI in the past or live in a geographic area in which MMAI does not operate, will not receive information about MMAI and will not be passively (automatically) enrolled. Instead they will be returned to fee-for-service Medicaid and original
Medicare for all their health services effective January 1, 2018. These individuals will be randomly auto-assigned to a stand-alone Part D plan by CMS, or they can choose one on their own to make sure the plan covers all the drugs they are taking. Since these beneficiaries are dual-eligibles, they will continue to automatically qualify for Extra Help and also receive a continuous special enrollment period that they can use at any time of the year to switch Medicare Part D plans, Medicare Advantage plans. They also always have the option of opting back into an MMAI plan at any time of the year by contacting Client Enrollment Services if they have previously opted out. To view the notices that the state sent out to D-SNP enrollees, please click [HERE](#) and scroll down to the heading, "Care Coordination Member Transition Letters".

Just a reminder that if a dual eligible switches to a MA plan, they should make sure that not only are their providers in network, but that the provider also accepts Medicaid. Individuals currently in D-SNPs that have not opted out of MMAI in the past and live in an area where MMAI operates, received a letter and enrollment packet from Client Enrollment Services in November and a reminder letter in December educating them about the MMAI program and their plan options. Individuals have the option of selecting and enrolling in a MMAI plan of their choice or opting out of the MMAI program. Individuals who do not take any action will be passively enrolled in the MMAI plan listed in their enrollment packet. They then have the option of changing MMAI plans or opting out of MMAI at any time during the year. Individuals who choose to opt of MMAI will be returned to fee-for-service Medicare and Medicaid for all their health services and will be auto-assigned to a stand-alone Part D plan if they do not choose one on their own. Since all dual-eligibles qualify for Extra Help, they also receive a SEP that can be used at any time to switch Part D plans, including MA plans. To opt out of MMAI, individuals can contact Client Enrollment Services and must have already received their enrollment packets.

Please note that at this time, individuals residing in the Greater Chicago Region receiving long-term care supports and services that choose to opt-out of MMAI must choose a MLTSS plan (Managed Long Term Care Supports and Services plan). These individuals cannot opt out of MLTSS and will be required to make a MLTSS plan selection when they contact Client Enrollment Services at the time they opt out of MMAI. **NOTE: Currently, the MLTSS program is only operating in the Greater Chicago Region, but will be expanding to all Illinois counties in 2018 as part of the new state-wide Medicaid managed care expansion initiative, called HealthChoice Illinois. However, MMAI will not expand state-wide in 2018 and will continue operating in geographic regions where MMAI is currently active. (Please see section “2018 State-Wide Medicaid Managed Care Expansion- HealthChoice Illinois for more information on these changes.)

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To access the Make Medicare Work Coalition’s materials on Medicare, Medicaid, and the Affordable Care Act or to sign up for our MMW e-mail list, please visit our website: [http://www.ageoptions.org/services-and-programs_makemedicarework.html](http://www.ageoptions.org/services-and-programs_makemedicarework.html). If you would like to stop receiving MMW e-mails, please respond to this e-mail with “unsubscribe”.

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