The following are questions that were asked by webinar attendees but not answered on the webinar due to time constraints:

**What if you cannot contact your care coordinator?**

If a managed care plan member has contacted the plan’s Care Coordination department and requested to speak with their care coordinator, and the care coordinator is not returning their calls, the person should file a grievance with the plan. To reach the Care Coordination department, a plan member can contact their plan’s Member Services Department and ask to be transferred to the Care Coordination department. You can also find the phone numbers for each plan’s Care Coordination department in our MMW Medicaid Coordinated Care Plan Choice and Navigation Toolkit on our website here:

http://www.ageoptions.org/services-and-program-MMW-MedicaidandManagedCare.html#ManagedCareToolkit

An individual can contact their care coordinator at any time and should receive a response. For more information on how often a care coordinator should contact a plan member, see our MMW timeline of what happens after someone enrolls in Medicaid managed care:


**For individuals eligible for MMAI, is any passive enrollment, with notice that individuals have opt out rights, occurring?**

Yes. Approximately 12,000 individuals in the greater Chicago area (Cook and surrounding counties) recently received letters informing them that they would be passively enrolled into an MMAI plan if they took no action. These individuals were people who had not yet received any MMAI enrollment materials. If an individual opts out of MMAI, s/he will not be passively enrolled into the program in the future.

The next round of MMAI passive enrollment is expected to take place in February 2016. We do not yet know how many people will be passively enrolled at that time.
MMW issues alerts about the MMAI program whenever we are made aware of updates, such as additional rounds of passive enrollment. We send those alerts to our MMW email list, and we also post them here:

http://www.ageoptions.org/services-and-programs_MMW-MedicaidandManagedCare.html#MMAIAlerts

If someone is currently receiving Medicaid and is utilizing Prevention of Spousal Impoverishment (PSI) are they eligible to receive MMAI?

Yes. Using Prevention of Spousal Impoverishment does not impact someone’s managed care eligibility. However, it is important to note whether an individual qualifies for full Medicaid while using PSI, or if they have a spenddown even after using PSI. If the person has a spenddown, s/he will not qualify for MMAI.

Do you have any sense of how many individuals are currently enrolled in MMAI out of how many eligible?

The Illinois Department of Healthcare and Family Services (HFS) posts updated MMAI enrollment data on their website on a monthly basis. That enrollment data is available here:
http://www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/MMAIEnrollment.aspx

They also post enrollment data for the Integrated Care Program and the Family Health Plan/ACA Adult Health Plans. To access that data, visit the website below and click on the links under “Care Coordination Enrollment”:

http://www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/default.aspx

I have a client who opted out of MMAI after they were passively enrolled into an MMAI plan. When they went to the pharmacy, they did not have any coverage for their drugs. When someone opts out of MMAI, how do they get Part D coverage back?

When someone opts out of MMAI, they should manually re-enroll themselves into a Medicare Part D plan to ensure that they do not experience a gap in coverage for their prescriptions. See instructions in our MMW alert on MMAI Disenrollment and Part D Plan Enrollment here:

http://www.ageoptions.org/services-and-programs_MMW-MedicaidandManagedCare.html#MMAIAlerts
We have a client with a disability who is under 65 with full Medicaid and is just becoming eligible for Medicare. How can this person speed up the process of getting into a MMAI plan and the Medicare Savings Program (MSP) as a dual eligible since the MMAI and MSP enrollments do not appear to be automatic once enrolled in Medicare?

Unfortunately, there is no way to “speed up” the processes of enrolling in MMAI or a Medicare Savings Program.

To ensure that your client does not experience a gap in coverage or other issues when s/he turns 65, s/he should take all of the steps laid out in our Interactive Toolkit on Navigating Coverage Transitions for people transitioning from Medicaid only into Medicare and Medicaid. (For example, when this client turns 65, s/he will likely receive a Medicaid redetermination form that s/he needs to fill out and return in order to stay on Medicaid. If the person is on ACA Adult Medicaid, s/he will also need to be switched from the ACA adult Medicaid category to AABD Medicaid, which will take place after s/he submits that redetermination form.) For more information, see our toolkit is available here:

http://www.ageoptions.org/services-and-programs_InteractiveToolkit.html

The section of our toolkit (link above) on transitioning into Medicare and Medicaid also explains how dual eligibles can enroll into Medicare Savings Programs.

If an individual is eligible for MMAI, s/he will eventually receive an MMAI enrollment packet in the mail. Your client should be sure that the Illinois Department of Human Services has all of their current, accurate information on file, so that this letter is mailed to the person’s address correctly, and s/he should watch their mail for the enrollment packet. Once s/he receives that enrollment packet, s/he can enroll in MMAI.

Will individuals eligible for the Integrated Care Program (ICP) and the Family Health Plan (FHP) Program (both mandatory programs) be sent letters telling them that they will automatically be enrolled into a plan if they do not enroll themselves? If so, can we see a copy of that notice?

Yes. The notices for both programs are available on the Client Enrollment Services website here:

http://enrollhfs.illinois.gov/program-materials

(On the webpage above, the Family Health Plan (FHP) / ACA Adult managed care program is called the “Mandatory Managed Care Program.”)
Can a person be enrolled in Medicaid and an Affordable Care Act Marketplace plan at the same time?

No. In the webinar, when we refer to “ACA Adults,” we are talking about people who are enrolled in the ACA Adult category of Medicaid, not people who are enrolled in ACA Marketplace plans.

How can I find out which Accountable Care Entities (ACE’s) and Care Coordination Entities (CCE’s) are merging with Managed Care Organizations (MCO’s)?

The Illinois Department of Healthcare and Family Services (HFS) is working with each ACE and CCE individually to establish a plan for January 2016. As of October 9, 2015, five ACE’s/CCE’s have announced their plans to transition into becoming Managed Care Community Networks (MCCN’s) or merge with MCO’s. The letters that members of those ACE’s/CCE’s are receiving to announce these transitions are available on the HFS website here, under the heading “Care Coordination Member Transition Letters”:

http://www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/default.aspx

HFS has informed us that they will continue to post ACE/CCE transition letters on this page as additional ACE’s/CCE’s announce their plans.