HFS

Illinois Department of Healthcare and Family Services

Illinois Transition Conference
Medicaid Managed Care

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TERMINOLOGY

- ABE – Application for Benefit Eligibility, the online application for medical, food and cash benefits
- Auto-Assignment into an MCO –What happens if a customer does not choose an MCO.
- Enrollment Effective Date - Date the plan becomes effective after which you are locked in for one year.
- HFS – Illinois Department of Healthcare and Family Services
- MCO – Managed Care Organization, also referred to as a managed care plan
- Open Enrollment – the period once each year when a customer can change MCOs. It's important to continue working with your current plan until the new plan starts.
- PCP – Primary Care Provider
- SCA –Single Case Agreement

HFS
WHO WE ARE

- HFS is Illinois' federally-designated single state Medicaid agency.
- We are the largest "insurer" in the state. One in four Illinoisans access health care from HFS medical assistance programs (3.4 million).
- HFS' Bureau of Managed Care (BMC) and Bureau of Quality Management (BQM) oversee MCO contracts working together with other Bureaus.
- HFS uses external expertise to support oversight of our program

HEALTHCARE ROCKS!

3 KEYS

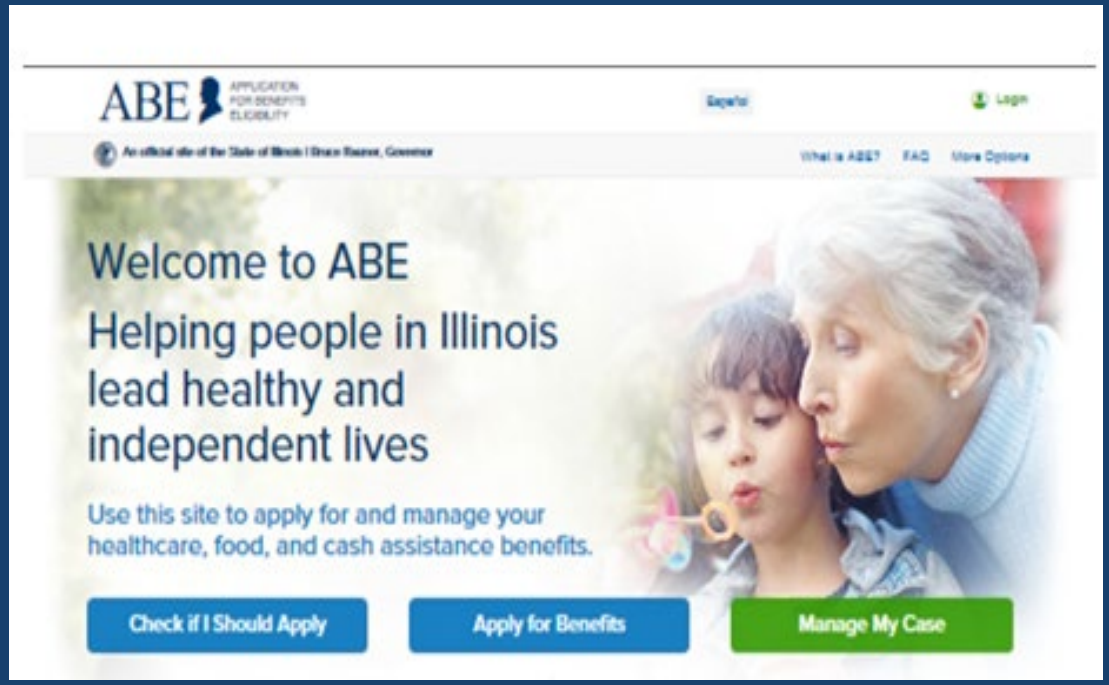
- ✓ GET IT
- ✓ KEEP IT
- ✓ USE IT

✓ GETTING MEDICAID

TO APPLY FOR PUBLIC BENEFITS - GO TO ABE.ILLINOIS.GOV

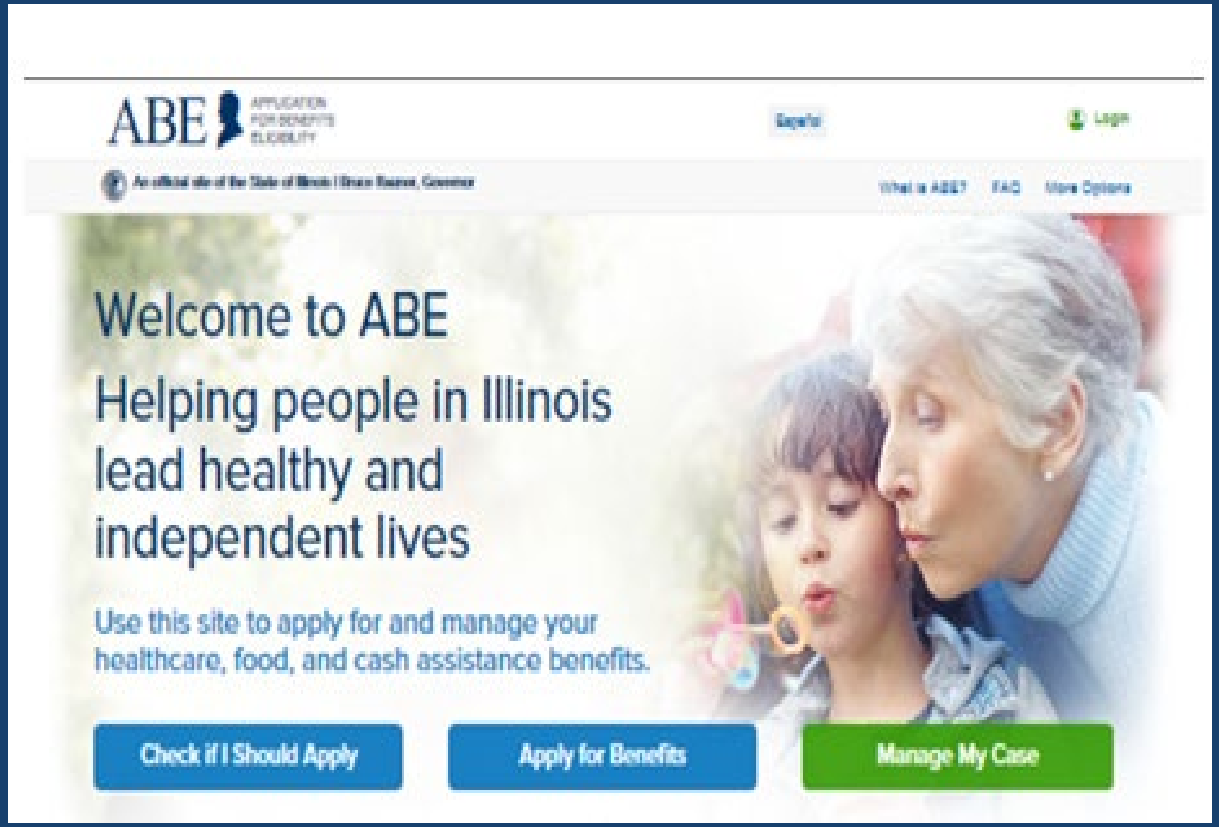
- Best to set up account and Apply for Benefits online at ABE.Illinois.gov where you can upload supporting documents at time of application.
- May also apply by:
  - Phone at 1-800-843-6154
  - Mail/Fax paper application
  - With help from a community agency:

  https://Widget.getcoveredamerica.org/get-covered-Illinois/



SET UP MANAGE MY CASE AT ABE.ILLINOIS.GOV

- Use your ABE account login to set up Manage My Case (MMC) so you can view notices, make changes, renew benefits (when it's time) and more!



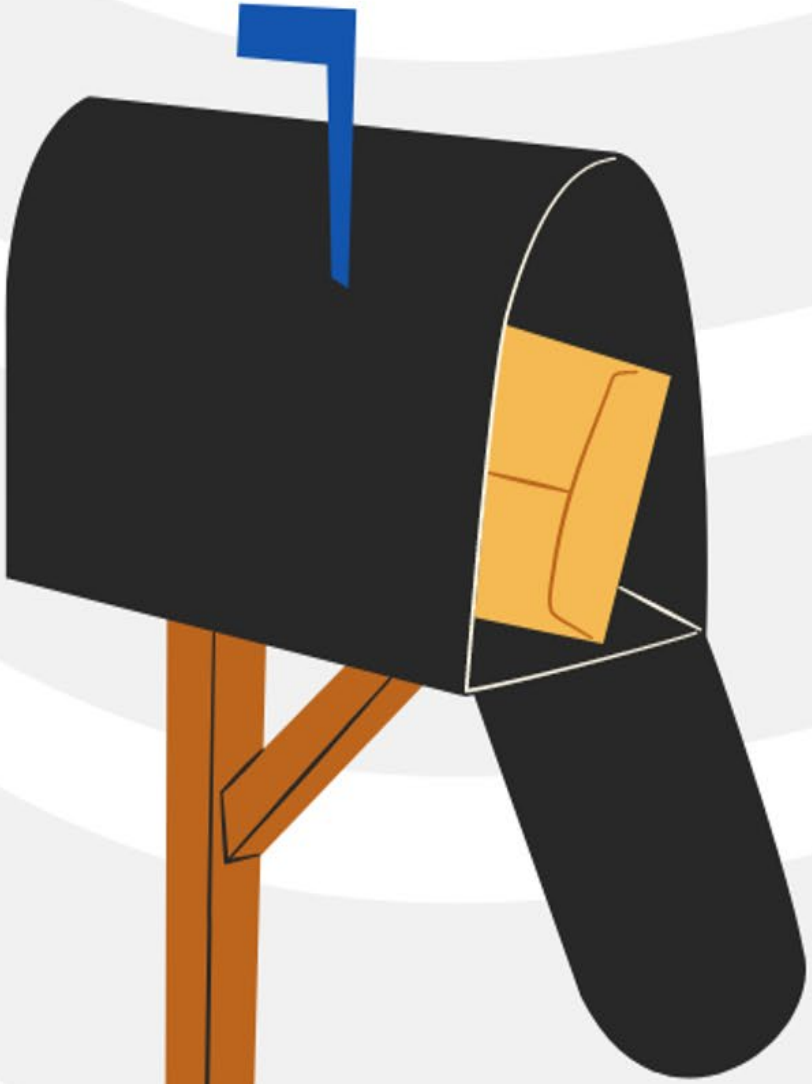
✓ KEEPING MEDICAID

REMEMBER -MEDICAID ELIGIBILITY IS REDETERMINED AT LEAST ONCE PER YEAR

IN NORMAL TIMES – AND POST PHE

- Medical renewal forms are automatically sent to the address on file – make sure you keep your address up to date!!
- The State uses electronic verifications to automatically renew coverage whenever possible.
- Read all of your mail carefully. If we cannot automatically renew your case, you will need to return a form by the due date.
- Renewals can be submitted online (set up Manage My Case at ABE.Illinois.gov), by phone, by mail or by fax.

**Renewals currently on hold due to COVID PHE, but expected to re-start soon*



MEDICAID MEMBER!

Updating your address is easy, fast and free

CALL 877.805.5312 OR TTY: 877.204.1012
MON-FRI 7:45AM - 4:30PM

MEDICAID.ILLINOIS.GOV

IHFS ILLINOIS DEPARTMENT OF Healthcare and Family Services

DON'T RISK LOSING YOUR HEALTH INSURANCE

✓ USING MEDICAID COVERAGE

Medicaid Covered Benefits – What You Get

MEDICAID COVERS MEDICALLY NECESSARY SERVICES

- Doctor and hospital services (emergency, inpatient and outpatient)
- Dental, Vision (including eye glasses), and hearing services
- Medicines (not all, there's a list) & Medical Supplies & Equipment
- **Transportation , must schedule in advance; refer to toolkit:**
  https://iamhp.net/resources/Documents/IAMHP%20Transportation%20Toolkit%202022%20Updated.pdf
- Family planning services and supplies
- Lab tests, x-ray services, and immunizations like COVID-19 and FLU shots!!!
- Physical, Occupational, and Speech therapies (especially for children under age 21)
- Behavioral health and substance use disorders
- Nursing facility and home and community based waiver services (with some exceptions) – if someone qualifies based on a Determination of Need

TRANSPORTATION – COVERED

BUT YOU HAVE TO SET IT UP IN ADVANCE

HTTPS://IAMHP.NET/RESOURCES/DOCUMENTS/MCOMEMBERTRANSITBROCHURE.PDF

In Fee-For-Service?

Call First Transit to arrange non-emergency transportation: 1-877-725-0569

Below you can find your Medicaid Health Plan and ways to set up non-emergency rides to medical appointments ahead of time. **Make sure to set up your ride as soon as you know you need it.**

Illinois Health Care Plan	Phone Number to Call to Set Up a Ride in Advance	Website to Schedule a Ride	How Early Can You Set Up a Ride?	Questions About Other Membership Benefits?
Aetna Better Health	**Medicaid and DCFS Youth** – (866) 913-1265 **Special Needs Children** – (866) 913-5796 **Managed Long-Term Services and Supports (MLTSS)** – (866) 913-1441 **MMAI:** (866) 600-2139	https://member.modivcare.com/en/login	48 hours	(866) 329-4701
BlueCross BlueShield MCO for Illinois	**Reservation Line** – (877) 831-3148 **Where's My Ride** (to report any delays or request assistance with scheduled trips) – (877)831-3149	https://member.modivcare.com/en/login	72 hours	(877) 860-2837
CountyCare	(312) 864-8200	N/A	72 hours	(312) 864-8200
Humana	(855) 253-6867 Monday – Friday **8 a.m. – 8 p.m.**	https://memberportal.net/	2 business days	(800) 787-3311
Meridian Medicaid Health	(866) 796-1165 Vendor Call Center is open **8 a.m. - 6 p.m. CST.**	N/A	*Routine Sedan Ride or Bus Ticket:* 72- hour notice required *Routine Trips:* Get money back for gas up to the date of your trip. *ER Trips:* Get money back for gas up to 7 days after a trip to the ER. *Urgent Trips*: Can be handled same day.	(866) 606-3700 (TTY/TDD:711)
Molina Healthcare	**HealthChoice:** (844) 644-6354 **MMAI:** (844) 644-6353	https://idp-ua.mtmlink.net/Account/Login	72 hours	(855) 687-7861

- **All Medicaid plans** allow you to bring family or a caregiver. Please call your health plan for details and be sure to discuss specific needs for your ride.
- **All Medicaid plans** allow you to get picked up from any location. The ride must be to or from a covered Medicaid service.

WAIVER SERVICES -
SEPARATE FROM MEDICAL SERVICES – FOR THOSE WHO QUALIFY - SUPPORT RECIPIENTS IN THE COMMUNITY WITH SERVICES SUCH AS:

Home-Based Support Services

- Emergency response services
- Personal Support/Assistance
- In-home services (homemaker)
- Home & vehicle mods; adaptive equipment
- Skilled nursing
- Home delivered meals; respite

Community-based and Other Supports

- Residential
- Adult day care
- Developmental Training
- Supported Employment
- Occupational Therapy
- Speech Therapy
- Physical therapy
- Behavioral Services

How Do I Get My Care?

WHO HAS TO ENROLL IN A MEDICAID MANAGED CARE PLAN FOR MEDICAL SERVICES

1. **All Kids (children age 18 and younger) – unless on certain waivers**
2. **Adults under age 65– unless on certain waivers:**
   - **ACA Adults (adults age 19-64 with no child under 18)**
   - **FamilyCare (parents/caretaker relatives of children under 18)**
3. **Moms & Babies (Pregnant or child under 1)**

These populations enroll in HealthChoice Illinois Plans.

WHO HAS THE OPTION TO ENROLL IN A MEDICAID MANAGED CARE PLAN

Those who are Dually Eligible can, but are not required to, enroll in an MCO. Someone is dually eligible if they have:

1. Medicare Parts A , B and D; and
2. Medicaid

- Dually eligible customers will get an MCO enrollment packet but can choose to opt out by calling the Client Enrollment Services (CES).
- However, seniors and persons with disabilities (age 21 or older), who are dually eligible and opt out of MMAI but live in a nursing home or receive certain (5 of the 9) home - based waivers **must** enroll in a HealthChoice Illinois MCO for those Managed Long-Term Services and Supports (MLTSS).

WHO CAN NOT CURRENTLY ENROLL IN MEDICAID MANAGED CARE PLAN

Below are examples of customers who can NOT enroll in managed care:

1. You are a waiver program that MCOs don't manage such as MFTD and DD children waiver or residing in a DD facility.
2. You have private health insurance that covers hospital and doctor visits (known as TPL – Third Party Liability) or partial Medicare.
3. You are in the Spenddown Program
4. You are getting temporary medical benefits

IF YOU'RE NOT IN AN MCO – YOU'RE IN FEE-FOR-SERVICE

- Fee-For-Service means you can see any provider who takes Medicaid. The provider bills HFS directly.
- HFS' Health Benefits Hotline can help you find Medicaid providers, call 1-877-912-1999 (TTY: 1-877-204-1012)
- Make sure you have a primary care provider (PCP) for primary and preventive care, along with any specialists you see.

WAIVERS AND MANAGED CARE

HCBS WAIVER	How Access MEDICAL SERVICES	Who Manages WAIVER SERVICES
SUPPORT WAIVER FOR YOUNG ADULTS WITH DD	Fee-For-Service – but anticipated enrollment in HCI MCOs is July of 2023	Department of Human Services (DHS)
ADULTS enrolled in DD waiver services (but not duals)	HCI MCOs* (excluded from MMAI)	Department of Human Services (DHS)
PERSONS WITH DISABILITIES (PD)	MCOs*	MCOs* Must contact member once/90 days
PERSONS WITH BRAIN INJURY (BI)	MCOs*	MCOs* Must contact member once/month
MEDICALLY FRAGILE/ TECHNOLOGY DEPENDENT(MFTD)	Fee-For-Service	Division of Specialized Care for Children (DSCC) at UIC

* MCO enrollment mandatory unless have TPL or spenddown or partial coverage like Medicare Part A only

WHAT IF I'M AGING OUT OF MY WAIVER?

If you are aging out of the Children's Support Waiver and the Children's Residential Waiver, you are authorized automatic transition to the Adults with Developmental Disabilities Waiver as long as you meet clinical and medical eligibility requirements.

- If a customer is not eligible for the Adult Waiver, help is provided to access non-waiver services, State Plan services, or other waiver services as appropriate. Independent Service Coordination (ISC) agencies provide the assistance and planning for transition.

Managed Care

WHAT IS "MANAGED CARE?"

It's all about help "managing" your health:

- Care Coordinators help you navigate the system
- More focus on quality of care for better health outcomes.
- *Members on waivers develop a Care Plan that drive services*
- Care is provided by a specific Network of doctors
  - You must choose from providers in your MCO's network
  - If you want to see a provider not in your MCO's network, the MCO can try to arrange a Single Case Agreement (SCA) with that provider – but no guarantees.

ENROLLING IN A MANAGED CARE ORGANIZATION (MCO)

Once approved for Medicaid, Illinois has 2 managed care programs

MMAI: Medicaid- Medicare Alignment Initiative for those dually eligible with Medicare A, B & D and Medicaid

Medicare is always primary

INITIAL MCO ENROLLMENT

FOR MORE INFORMATION, GO TO: *ENROLLHFS.ILLINOIS.GOV*

Once approved for Medicaid, you will get an MCO enrollment packet in the mail that includes information on your MCO options.

- ✓ You have 30 days to choose an MCO– when choosing, think about what providers you want to see and what MCO networks they are in. Then look at extra benefits and quality scores on the https://enrollhfs.Illinois.gov website
- ✓ You also need to choose a Primary Care Provider (PCP) in the MCO's network
- ✓ If you don't choose an MCO, you will be automatically enrolled – we call this "auto-assignment" – into an MCO and assigned a PCP. BEST TO CHOOSE.
- ✓ Once in an MCO for the first time, you have one (1) 90-day switch period to pick a different Plan. After that, you are locked-in for a year.

WHEN IT'S TIME TO CHOOSE A PLAN AND PCP, CLIENT ENROLLMENT SERVICES (CES)- IS THERE TO HELP

- Provides unbiased information
- Reviews providers in your area by MCO
  - *Always a good idea to check with current providers*
- Helps compare extra benefits
- Phone help choosing an MCO
  - *Can also select MCO online (except MMAI)*

EnrollHFS.Illinois.gov
1-877-912-8880 (TTY: 1-866-565-8576)

ILLINOIS MEDICAID MANAGED CARE PLANS

FOUND ON THE HFS WEBSITE AT:

HTTPS://WWW2ILLINOIS.GOV/HFS/SITECOLLECTIONDOCUMENTS/CONTACTINFORMATIONFORHEALTHPLANSFORMEMBERS05172022.PDF

Healthchoice Illinois Plans

- Aetna Better Health Member Services: Member Services 1-866-329-4701
- Blue Cross Community Health Plans : Member Services:: 1-877-860-2837
- CountyCare Health Plan Member Services: Member Services: 1-312-864-8200 *Serving Cook county only
- Meridian Health Plan Member Services: 1-866-606-3700
- Molina Healthcare Member Services: 1-855-687-7861

MMAI Plans

- Aetna Better Health Premier Plan MMAI : Member Services: 1-866-600-2139
- Blue Cross Community MMAI| Member Services: 1-877-723-7702
- Humana Gold Plus Integrated MMAI Health Plan: Member Services: 1-800-787-3311
- Meridiancomplete Member Services: 1-877-941-0482
- Molina Healthcare : Member Services: 1-877-901-8181

MCO MEMBER MATERIALS

- Once Enrolled, MCOs will mail a member ID card that includes the member's PCP contact information, the MCOs member services number, pharmacy #, and more
- All MCOs have information on their website that includes the member handbook, list of providers and prescription drug list, as well as member portals. Recommend reviewing the member handbook.
- **All MCOs are required to translate materials into any language or format requested and to have interpreter services for calls.**
- All MCOs have 24-hour nurse lines and behavioral health crisis lines
- If you have any questions – CALL YOUR MCO's Member Services line.

WHAT HAPPENS AFTER ENROLLMENT

FOR MORE INFORMATION, GO TO: *ENROLLHFS.ILLINOIS.GOV*

- Toward the end of a 12 month lock-in period, you will have a 60-day Open Enrollment period.
- During your Open Enrollment, you have the option to change Plans.
- If you do not change Plans, you will stay in the same MCO.
- All Plan changes are processed by the CES.

ACCESSING CARE THROUGH MCO

Network of Providers –

- Each MCO has a network of providers across the regions they cover. Members use a provider (including pharmacy) within their MCO's network, unless a special arrangement is made. Members should contact their MCO member services or care coordinator for help.

Primary Care Provider –

- All customers must also choose a Primary Care Provider (PCP) who is part of the MCO network. Customers can change PCPs by contacting their MCO member services. Strongly encourage customers to see the PCP on their MCO medical card (or change).

Care Coordinator –

- While certain MCOs members will be assigned a care coordinator, any member may request a care coordinator to assist with navigating the network and accessing additional supports.

CARE COORDINATION CARE TEAM

YOUR CARE TEAM MAY INCLUDE: 1) YOUR PRIMARY CARE PROVIDER (PCP), 2) SPECIALISTS, 3) TREATMENT SERVICE PROVIDERS AND 4) SOCIAL SERVICE PROVIDERS IN THE MCO'S NETWORK

Your Care Team helps you get the care and services you need. After you enroll, your plan will contact you.

They will:

- ✓ Ask you questions about your health and lifestyle and give you information about your Care Team
- ✓ Work with you to make a Care Plan that helps you meet your health goals
- ✓ Help you make doctor appointments and access support services
- ✓ Help you get prior approvals and referrals when needed
- ✓ Give you education on health management
- ✓ Help arrange transportation for doctor visits and other appointments
- ✓ Give reports, updates and information about your progress to your PCP
- ✓ Be your main contact for your questions

MCO GRIEVANCES & APPEALS

- MCOs are required to have formal Enrollee Grievance (complaint) and Appeals policies and procedures, found in the Member Handbook and also listed separately on each Health Plan's website.
  - The policies must meet Federal Guidelines.
  - MCOs must track grievances and appeals and respond in writing to the enrollee.
- Two ways to file a Grievance (complaint) or Appeal:
  1. Call the MCO's Member Services line. If needed, MCOs must provide an interpreter; or
  2. Submit in writing by mail or fax to the MCO address listed in the Grievance & Appeals section of the member handbook. All MCO member handbooks are available online.
- Grievance and Appeals processes for each MCO can be easily found on the Illinois Association of Medicaid Health Plans' website: https://iamhp.net/page-18193

FILING A GRIEVANCE

A grievance is a complaint about any matter other than a medical service that has been denied, reduced or ended. This incudes a complaint about the MCO, a provider or about the quality of care or services.

Someone may want to file a grievance if:

- Their provider or an MCO employee did not respect your rights
- They had trouble getting an appointment with a provider in a reasonable amount of time
- They were unhappy with the care or treatment received
- Their provider or a MCO employee was rude to the member
- Their provider or a MCO employee did not respect their cultural needs or other special needs they may have

APPEALING AN MCO DECISION

- An appeal is a way for a member to ask for a review of the MCO's actions. Someone might want to file an appeal if their MCO:
  - Does not approve a service their provider asks for
  - Stops a service that was approved before
  - Does not pay for a service a PCP or other provider asked for
  - Does not give service in a timely manner
- An Appeal must be filed within sixty (60) days of the Adverse Determination. The MCO has fifteen (15) Business Days to respond. If an Expedited Appeal is filed, the MCO has 24 hours to request information which it needs to decide the Appeal. Once the MCO receives the information, the MCO has 24 hours to respond. All responses are in writing.
- If a Member is not happy with the MCO's decision on an Appeal, the member may ask for an **external review by an independent entity**, at no cost to the member and/or file an appeal with the **State under the State's Fair Hearing System**. State Fair Hearings must be received within 120 days from the MCO's decision notice.

Call your health plan when:

- You need to find a doctor, set up a transportation appointment, ask questions about your services, replace a membership card; help getting a prescription filled, want to file a grievance or appeal

Call Client Enrollment Services when:

- You want help to choose or change health plans; ask questions about provider networks
- **1-877-912-8880 (TTY: 1-866-565-8576)** or online at http://enrollhfs.illinois.gov

Call the HFS Hotline when:

- You need to know what health plan you are enrolled with; you need to know your eligibility redetermination date or your managed care open enrollment date. You are in Fee-for-service and need to help finding a doctor or specialist.
- **1-877-912-1999 (TTY: 1-877-204-1012)**

HEALTHCARE ROCKS!

REMEMBER

- ✓ GET IT
- ✓ KEEP IT
- ✓ USE IT

RESOURCES

- HFS' Care Coordination/Managed Care medical providershome page:
- https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/defaultnew.aspx
- Information for members on managed care and care coordination:
- https://www.illinois.gov/hfs/MedicalClients/ManagedCare/Pages/default.aspx
- HealthChoice Illinois and MMAI enrollment materials and comparison charts: https://enrollhfs.Illinois.gov
- For enrollment questions, call the Client Enrollment Services at 1-877-912-8880
- Should ALWAYS first call your MCO' member services line to try to resolve any questions or problems. If no response or resolution, email: HFS.CareCoord@illinois.gov

HFS

Illinois Department of
Healthcare and Family Services

QUESTIONS?