

Illinois Managed Care Program Features, as of 2018

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long-Term Services and Supports
Program type	Comprehensive MCO + MLTSS	MLTSS only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Cook, DuPage, Kane, Kankakee, Lake and Will counties
Federal operating authority	1932(a)/1915(c)	1915(b)
Program start date	01/01/2018	01/01/2018
Waiver expiration date (if applicable)	07/11/2021	12/31/2019
If the program ended in 2018, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary

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Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt
Populations enrolled: Enrollment choice period	60 days	60 days
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs	X	
Benefits covered: Prosthetic devices	X	
Benefits covered: EPSDT	X	
Benefits covered: Case management	X	
Benefits covered: SSA Section 1945-authorized health home		

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Benefits covered: Health home care (services in home)	X	
Benefits covered: Family planning	X	
Benefits covered: Dental services (medical/surgical)	X	
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services	X	X
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	
Benefits covered: Non-Emergency Medical Transportation	X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory surgical treatment center, assisted living, assistive/augmentative communication devices, audiology, behavioral, blood and blood components, chiropractic, durable medical equipment, environmental accessibility, immunization, physical/occupational and speech therapy, podiatry, renal, specialized medical equipment and supplies, vision	Non-Medicare behavioral health

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Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	Yes
Quality assurance and improvement: Accrediting organization	NCQA	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans		X
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics	X	
Performance incentives: Withholds tied to performance metrics	X	X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X	X
Participating plans: Plans in Program	Blue Cross Blue Shield of Illinois; CountyCare; IlliniCare Health Plan; Meridian Health Plan; Molina Healthcare of Illinois; NextLevel Health Partners; Harmony Health Plan	Blue Cross Blue Shield of Illinois; CountyCare; Harmony Health Plan; IlliniCare Health Plan; Meridian Health Plan; Molina Healthcare of Illinois; NextLevel Health Partners

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Notes: Program notes	<p>HealthChoice Illinois is a statewide program, effective 1/1/2018, comprised of the populations previously included in the Integrated Care Program, the Family Health Plan/Affordable Care Act Program, and the Managed Long Term Services and Supports Program. Low-income pregnant women are enrolled mandatorily in this program. Pursuant to 305 ILCS 5/5-30 (a) and (h), if a managed care organization (MCO) is serving at least 5,000 SPDs (Seniors or Persons with Disabilities) or 15,000 individuals in other populations covered by Illinois Medicaid and has received full-risk capitation for at least one (1) year, the MCO is considered eligible for accreditation and shall achieve accreditation by the NCQA within two (2) years after the date the MCO became eligible for accreditation.</p> <p>HealthChoice Illinois enrolls several populations through 1915(c) waiver authority, via five different 1915(c) waivers, each of which has a different start and expiration date. The current Persons with Disabilities 1915(c) waiver began on 7/12/2016 and will expire on 7/11/2021; the current Elderly 1915(c) waiver began on 11/1/2016 and will expire on 10/31/2021; the current Traumatic Brain Injury 1915(c) waiver began on 7/1/2017 and will expire on 6/30/2022; the current Supportive Living Facility 1915(c) waiver began on 10/23/2017 and will expire on 10/22/2022; and the current HIV/AIDS 1915© waiver began on 10/1/2018 and will expire on 9/30/2023.</p>	<p>Dually eligible adults enrolled in the state's Financial Alignment Initiative Demonstration (MMAI) are not allowed to enroll in this program. Pursuant to 305 ILCS 5/5-30 (a) and (h), if a managed care organization (MCO) is serving at least 5,000 SPDs (Seniors or Persons with Disabilities) or 15,000 individuals in other populations covered by Illinois Medicaid and has received full-risk capitation for at least one (1) year, the MCO is considered eligible for accreditation and shall achieve accreditation by the NCQA within two (2) years after the date the MCO became eligible for accreditation.</p>