

DISABILITY & AGING RIGHTS



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Medicaid Managed Care

This is an overview about the movement to enroll most people in Medicaid in Illinois into managed care programs. The information applies to people with disabilities, including older Americans with physical, cognitive, sensory or mental impairments.

I am on Medicaid. Do I have to enroll in a managed care program?

If you are 65 or older, or a person with a disability on Medicaid, you are generally required to enroll in coordinated or managed care. This means you will have to choose a primary care provider through Illinois Health Connect or a managed care network, depending on where you live.

All seniors and people with disabilities on Medicaid are required to be enrolled in a managed care network if they live in suburban Cook County, the Collar Counties (DuPage, Kane, Kankakee, Lake and Will), the Rockford region, central Illinois region, Metro East region, the Quad Cities region and Chicago.

What about people with developmental disabilities?

Adults with developmental disabilities (DD) who are in an institution or receiving services under the DD waiver are exempt from mandatory enrollment in managed care. All other adults with DD, including those with both Medicaid and Medicare, are required to enroll in managed care.

What is Illinois Health Connect?

Illinois Health Connect (IHC) is a primary care case management program of the Illinois Department of Healthcare and Family Services (HFS), the state Medicaid agency in Illinois. Most people with an HFS medical card must pick a primary care provider (PCP) for their medical home. When you enroll in Illinois Health Connect, you will have to choose:

- A “medical home” for all of your health care needs
- A primary care provider (PCP) who gets to know you well. Your PCP will refer you to specialists and testing

Illinois Health Connect will help you:

- Obtain services
- Find providers in your region
- Tell you which services are and are not covered
- Obtain disability and disease management services
- Make a request for a ride to your medical appointments
- File a complaint
- Answer your questions

You might be required to choose a primary care provider now through Illinois Health Connect, but when your area becomes enrolled in managed care, you will have to choose a network, and you will no longer be in just the IHC Primary Care Case Management program.

Are there different plans to choose from?

Nine health plans or managed care networks serve different regions of the state. You should have two plans to choose from. If you do not sign up for a network, you will be assigned to one.

You can voluntarily enroll in a different managed care network, either a coordinated care entity or a managed care community network, if this is a choice for your area.

What are care coordinators?

Care coordinators are paraprofessionals who take on care coordination responsibilities, with backup from registered nurses (RNs), licensed clinical social workers (LCSWs), pharmacists, and other clinical care management staff.

You will probably work with a care coordinator through your managed care network or a coordinated care entity.

Q: What are CCEs, MCCNs and ACEs?

A: A Coordinated Care Entity (CCE) and a Managed Care Community Network (MCCN) are provider-run organizations that include primary care doctors; hospitals; mental health and substance abuse providers; and social service organizations. When you enroll in a CCE or MCCN, you should receive all of your care in the network, and you will have a care coordinator to help you with your healthcare needs.

Today, there are Accountable Care Entities (ACEs) for people newly eligible for Medicaid. Like CCEs, ACEs must provide or arrange for patients to have a medical home in a primary care setting, which may include a primary care physician practice, community clinic or other appropriate setting.

CCEs and ACEs will provide referrals to specialists; diagnostic and treatment services; behavioral health services; inpatient and outpatient hospital services; rehabilitation or long-term care services; and referrals to community-based organizations.

For more information on MCOs, MCCNs, ACEs and CCEs, go to:
www2.illinois.gov/hfs/Pages/default.aspx

I am on both Medicare and Medicaid. Does that make a difference in my managed care network?

Yes, if you receive both Medicaid and Medicare, you are known as “dual eligible.” Illinois received a grant from the federal government called the Medicare-Medicaid Alignment Initiative (MMAI). The MMAI is an effort to reform the way care is delivered to people eligible for both Medicare and Medicaid services.

If you live in the greater Chicago area or central Illinois, you will be able to enroll in a managed care organization (MCO). The MCO will take care of all of your medical needs,

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including long-term services and supports. There are six MCOs in greater Chicago and two in central Illinois serving the dual eligible population.

If you do not choose a plan, you will be assigned to a plan. You will have an opportunity to change plans if you are not satisfied with the one you choose or the one where you were assigned.

If you are receiving long-term services and supports, you must enroll in one of the MCOs for those services. If you are not receiving long-term care, you may elect to opt out of an MCO. ■

For more information:

For a list of the geographic areas that are included and the participating health plans for each area for people who are dual eligible go to:

www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/RolloutbyHealthPlans.aspx

To learn if you are required to choose a managed care network, to find out if your doctor is in a particular network or to switch networks, you can contact the Illinois Enrollment Broker at: **enrollhfs.illinois.gov**.



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