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Pat Quinn, Governor
Julie Hamos, Director

E-news

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Illinois Department of Healthcare and Family Services

Greetings from HFS Director Julie Hamos

Welcome to another periodic edition of **HFS e-news** to keep you updated on program changes. To register for future editions, please visit [HFS E-News Online Registration](http://hfs.illinois.gov/enews) or download for others who might be interested by visiting: hfs.illinois.gov/enews. If you are a Medicaid client, this newsletter is not the official notification of any changes that may impact you, and you do not have to respond in any way. This is general information for the public.

Thank you,

Julie Hamos

Eliminating Monthly Client Medical Card

Notices are being sent to Medicaid clients and to Medicaid providers that HFS is transitioning from issuing monthly medical cards to annual paper medical cards. During the next several weeks all currently eligible Medical Program clients will begin to receive in the mail a new paper medical card along with an instructional brochure. The next time another paper medical card will be issued will be after the client's annual redetermination. Clients are advised to keep their medical card and notices they receive regarding their eligibility. Importantly, medical providers are required to check eligibility in the [Medical Electronic Data Interchange \(MEDI\)](#) system when providing services. You can view the new [medical card and informational brochure](#) on the HFS Web site.

Update on Integrated Care Program (ICP), Phase II

The Integrated Care Program serves nearly 40,000 seniors and persons with disabilities (SPD) in Medicaid in the counties of Lake, Kane, DuPage, Will, Kankakee and suburban Cook. Two Managed Care Organizations (Aetna and Centene-IlliniCare) are on contract to manage and coordinate the full set of services to these clients. The program began on May 1, 2011, with Phase I covering medical and behavioral services.

On February 1, 2013, Phase II added "long-term services and supports" (LTSS) to the service package for the 40,000 individuals eligible for the ICP program. This includes nursing facilities and home- and community-based services ("waivers") for those who need them. The HFS Web site includes fact sheets and other informational materials on ICP Phase II, which are posted on the [ICP Web pages](#). The Governor's Office, along with the Departments of Healthcare and Family Services, Human Services and Department on Aging, hosted a Town Hall meeting on January 24, 2013, and a Webinar on February 8, 2013. All of the presentations have been posted on the HFS Web site, under "[Integrated Care Program](#)," as well as the [67 questions and answers \(pdf\)](#) from the meeting. In addition, the [Town Hall Webinar Video](#) and [Town Hall](#)

[Closed Caption Video](#) that was held on February 8, 2013, are now available on the HFS Web site.

Integrated Care Program Expansion to Additional Regions

HFS has released our [Integrated Care Program expansion timetable and the health plans selected \(pdf\)](#) in four additional regions in the state. The “Integrated Care Program” is care coordination for seniors and persons with disabilities, who are eligible for Medicaid, but not for Medicare (the care coordination program for the Medicaid/Medicare “dual eligibles” has a different timetable). As you will note, these clients will have a choice among three “managed care entities:” care coordination entities (CCE), managed care community networks (MCCN) and managed care organizations (MCO).

“Health and Quality of Life Performance Measures” for Comment

The collaborating sister agencies – Departments of Healthcare and Family Services, Human Services and Department on Aging – have drafted a set of “Health and Quality of Life Performance Measures” which all managed care entities serving seniors and persons with disabilities will have to meet. The goal of care coordination is to provide quality healthcare to Medicaid clients in order to achieve better health outcomes. These outcome measures are included in the draft [Health and Quality of Life Performance Measures \(pdf\)](#) document. Please review and offer comments by Friday, February 22, 2013, to HFS.ICP@illinois.gov.

Affordable Care Act Implementation: SB 26, HB 106

It is estimated that there are approximately 1.1 million Illinois citizens without health insurance. About 50% of them will be able to buy health insurance on the Health Insurance Marketplace (new federal name for “Exchange”), and based on their income, individuals will qualify for tax subsidies to help pay for their health insurance. The other 50% of uninsured citizens will qualify for Medicaid, if the legislature adopts authorizing legislation.

Newly introduced legislation, [SB 26](#) and [HB 106](#), will provide healthcare under Medicaid to about 342,000 low-income Illinois citizens who are currently excluded from Medicaid and could enroll in the next 4 years: adults without dependent children. Another 168,000 low-income Illinois residents, currently uninsured, are already eligible for Medicaid but have not enrolled yet. The federal government is offering generous federal matching funds to the states to cover this newly eligible population: 100% reimbursement for the first 3 years then phased down to 90% by 2020. To protect the state, the legislation says that authorization for this category of newly eligible Medicaid clients will cease, if the federal government match is reduced below 90%. The HFS Web site includes a copy of the [legislation, fact sheets and list of supporters](#). If your organization is serving people without health insurance – whether a hospital, clinic, public health department, homeless shelter, social service organization and more – you should be interested in this legislation. If you would like your organization added as a supporter, please contact the HFS Legislative Director, Selma D’Souza at Selma.D’Souza@illinois.gov.

Please feel free to ask questions or share comments by e-mailing: dfs.webmaster@illinois.gov