
201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200
TTY: (800) 526-5812

Procedures for Enrollment of Medicaid Clients into Care Coordination June 2014

Summary

Pursuant to state law, Healthcare and Family Services (HFS) is in the process of enrolling Illinois Medicaid and All Kids clients into care coordination in five mandatory managed care regions: Rockford, Central Illinois, Metro East, Quad Cities, Cook and Collar Counties. The Care Coordination Expansion can be reviewed on the [HFS Care Coordination Expansion map \(pdf\)](#). HFS is contracting with four types of managed care entities (MCE) for our different populations: Care Coordination Entities (CCE), Managed Care Organizations (MCO), Accountable Care Entities (ACE) and Managed Care Community Networks (MCCN). These MCEs are offering various Health Plans for the Medicaid populations.

There are different timetables for each of these Medicaid populations in the various regions:

- Seniors and Persons with Disabilities (SPD, formerly "Aid to Aged, Blind, Disabled" or AABD)
- Children, Parents/Caretaker Relatives, Pregnant Women – called "Family Health Plans" (FHP)
- Children with Special Needs (CSN)
- Newly Eligible Adults under the Affordable Care Act – called "ACA Adults" (ACA)

General Procedures for Clients

The Medicaid clients in the groups listed above have started to enroll in a Health Plan offered by an MCE or will soon be required to enroll in a Health Plan in the five mandatory managed care regions. Once clients have selected or been assigned to a Health Plan, they may change their Health Plan once during the initial 90 days of enrollment. After that period, they are "locked in", or required to remain with the Health Plan for one year, as long as they otherwise remain eligible for Medicaid or All Kids. At the end of their lock in period, a client will have the option to change Health Plans or stay with their current plan.

The initial enrollment packet mailed to clients will include a letter and "Your Health Plan Choices", a listing and description of every Health Plan offered within the area where the client resides. There are two ways to enroll: by visiting the [HFS Illinois Client Enrollment Services website](#), or by calling Client Enrollment Services (CES) at 1-877-912-8880. The Client Enrollment Broker (CEB) to whom the client will talk is a neutral party, not associated with any specific Health Plan, who is ready to educate and assist clients to make a choice. CEBs will be available from 8 a.m. to 7 p.m., Monday through Friday, and from 9 a.m. to 3 p.m. Saturday.

Clients will have a 60 day voluntary enrollment period to pick a Health Plan, with a Primary Care Provider (PCP), for their care coordination services. If a client does not select a Health Plan within the first 30 days of the voluntary enrollment period, CES will mail a second enrollment packet to the client. This packet will identify the Health Plan (with PCP) to which the client will be assigned if he or she does not pick a Health Plan by day 60 of the voluntary enrollment period.

Enrollment for SPD Clients

By now, almost all Seniors and Persons with Disabilities in the mandatory managed care regions have received their initial enrollment packet and are now enrolled with a MCO, CCE or MCCN. Enrollment began in the Rockford region in June 2013 and has been expanded into the Central Illinois, Metro East, Quad Cities, Cook and Collar Regions. The expansion in Cook County will continue through September 2014.

Enrollment for Additional Medicaid Clients

HFS has begun mailing initial enrollment packets to cases with children and adults in Family Health Plans, ACA Adults (with the exception of ACA Adults in CountyCare, see below), and Children with Special Needs to let them know it is now time to choose an MCE for their health plan. The Health Plans that will be available for clients to select will vary by region. See the "Managed Care Expansion Mail Schedule" that will be posted (and kept up-to-date in case of changes) on the website for a week-by-week schedule for the counties where clients will be receiving mailings.

In some counties, it will take more than one week to complete the initial enrollment packet mailings. In each case, the start week is the earliest date that the CEB will begin accepting enrollments for the Medicaid clients in the counties listed.

Enrollment for ACA Adults in CountyCare

Under a federal waiver, CountyCare began enrollment of ACA adults in early 2013. ACA Adults who enrolled in CountyCare in 2013 or 2014 are currently in managed care and will not begin to receive an enrollment letter to select a Health Plan until January, 2015. These clients do not have to wait until January, 2015 to select a new Health Plan; they may choose to select another Health Plan in Cook County after enrollments in Cook County begin.

CountyCare will be a Health Plan choice for other clients when enrollment in all Health Plans occurs for those groups in Cook County.

Auto-Enrollment Procedures for Health Plans

If clients do not select a Health Plan during their 60-day choice period, the clients will be automatically enrolled (or "auto-enrolled") in a Health Plan based on an assignment algorithm. Most children and adults who have been enrolled in Illinois Medicaid have selected a Primary Care Provider (PCP) or have been assigned to one under the state's primary care case management program called Illinois Health Connect. Consequently, the key criterion HFS will use in making auto-enrollment decisions will be to

assign clients to the same PCP, as long as the PCP participates in the network of a Health Plan serving the client's area. This will permit the state to assure continuity of care for clients who do not choose for themselves.

For children and adults in Family Health Plans or ACA Adults who are new to Illinois Medicaid, the auto-enrollment process will select a Health Plan with an available PCP serving the area where the client resides. If the PCP is in more than one Health Plan, then through the auto-enrollment process HFS will make every effort to balance enrollments among Health Plans.

Public Act 98-104 requires HFS to use a default assignment algorithm that ensures, if possible, that ACEs reach established minimum enrollment levels – but this is contingent upon PCPs being part of ACE networks. Since continuity of care is a significant goal, Medicaid clients will not be assigned away from their previously selected PCPs simply to balance enrollments for ACEs (or any other Health Plans).

Enrollment Education by Health Plans and Providers

For a Medicaid provider, it's important that you understand that your patients are or will be enrolled with a Health Plan offered by a managed care entity if they live in one of the five mandatory managed care regions. Medicaid clients will no longer be able go "anywhere that accepts Medicaid," as the Illinois Medicaid Program with its fee-for-service system provided fragmented care.

You can take steps to keep your patients under your care. Please become familiar with the Health Plans with which you have a contract. This includes understanding which hospitals and specialists are associated with each Health Plan. Many new plans have enhanced services to help your patients achieve or maintain optimal health. Throughout the remainder of 2014, patients will be receiving letters asking them to select a Health Plan. As many patients rely on you for their healthcare needs, they may be asking you which Health Plan they should select. You may answer that question as long as you follow the guidelines described below.

Managed care entities offering Health Plans – and the PCPs and other providers in their network – may reach out to their members or patients, but within the limits established by federal law and the "HFS Health Plan Outreach Guidelines." These guidelines can be viewed on the [HFS Health Plan Outreach Guidelines \(pdf\)](#) web page, posted on the [HFS Care Coordination website](#). Some of the important guidelines include:

- Face-to-face outreach by a Health Plan directed at Medicaid clients or potential enrollees, including direct or indirect door-to-door contact, telephone contact, or other cold-call activities, is strictly prohibited. Cold call outreach is prohibited (both in person and by telephone) in all outreach activities. This prohibition extends to network providers.
- Health Plans may develop materials that educate potential enrollees about their plan in particular. Providers and their staff who choose to educate their patients must ensure that a client is aware of all plan choices and must use materials approved by HFS in educating individuals. A flyer/letter template will be provided for providers to use in their offices that will require the provider to include all Health Plans with which they have a contract. If a provider chooses to prefer a Health Plan in the flyer/letter, the provider may add a paragraph to the

flyer/letter indicating the preference; however, the preference must result in benefit to your patient and not only to you. The flyer/letter must include the statement, "To learn more about your health plan choices, please contact Illinois Client Enrollment Services at 1-877-912-8880 or visit www.EnrollHFS.Illinois.gov."

- Health Plans may host or participate in community health awareness events and health fairs, if all Health Plans in the region have been given the opportunity to attend at least 30 days in advance of the event. It is the responsibility of the Health Plan to advise the event planner that all plans must be invited in order for the Health Plan to accept the invitation.
- The Department of Healthcare and Family Services (HFS) must review and approve all materials related to or containing information regarding Health Plan choice before they may be used for education, outreach or marketing purposes. Requests for review and approval of education, outreach and marketing materials should be sent to the Bureau of Managed Care at HFS.hlthplnoutreach@illinois.gov.