



---

## What is HealthChoice Illinois? And other Frequently Asked Questions

HealthChoice Illinois is a managed care program that was rolled out beginning January 1<sup>st</sup>, 2018. The program provides enhanced quality and improved outcomes, all while managing cost.

Who is excluded from managed care?

- Dual-Eligible Adults enrolled in MMAI;
- Dual-Eligible Adults not receiving nursing facility or waiver services;
- Participants who are American Indian/Alaskan Natives unless they voluntarily enroll in an MCO;
- Participants only eligible with a Spend-Down;
- All Presumptive Eligibility categories;
- Participants enrolled in partial/limited benefits programs; and,
- Participants with comprehensive third-party insurance.

How do I become a participating provider and contract with the managed care plans?

New providers will need to credential through IMPACT. Providers will also need to contract with each plan individually by contacting the plans' provider services.

Who do I contact for billing questions?

Billing questions need to be directed toward the plan that the client is enrolled with.

How do I check eligibility for a client and what plan is my patient enrolled in?

Providers should check eligibility by utilizing the Medical Electronic Data Interchange (MEDI).

<https://www.illinois.gov/hfs/MedicalProviders/EDI/medi/Pages/default.aspx>

What plans are going to be participating in HealthChoice Illinois?

Statewide- 4 plans have been awarded contracts- Blue Cross Blue Shield, IlliniCare, Meridian, and Molina.

Cook County only- 2 plans awarded contracts- CountyCare and NextLevel

DCFS Youth will be exclusive to IlliniCare

#### Continuity of Care:

What if an Enrollee is transitioning between different MCOs or between Managed Care and FFS, whether due to eligibility changes or a change in MCO enrollment and is in the middle of a treatment?

Contractor must offer an initial ninety (90)–day transition period for Enrollees new to the Health Plan, in which Enrollees may maintain a current course of treatment with a Provider who is currently not a part of Contractor’s Provider Network. Contractor must offer a ninety (90)–day transition period for Enrollees switching from another Health Plan to Contractor. The ninety (90)–day transition period is applicable to all Providers, including Behavioral Health Providers and Providers of LTSS. Contractor shall pay for Covered Services rendered by a non-Network Provider during the ninety (90)–day transition period at the same rate the Department would pay for such services under the Illinois Medicaid FFS methodology. Non-Network Providers and specialists providing an ongoing course of treatment will be offered agreements to continue to care for an individual Enrollee on a case-by-case basis beyond the transition period if the Enrollee remains outside the Network or until a qualified Network Provider is available.

#### What is the Client enrollment Broker?

The Illinois Client Enrollment Broker (CEB) provides unbiased education and enrollment assistance to potential enrollees, as well as performs plan switches for those already enrolled. The CEB is open Monday to Friday, 8am-7pm, and the toll-free number is: 1(877)912-8880 (TTY 1-866-565-8676). The CEB program website offers more information about the managed care programs, plan choices by region, how to get more information or assistance with making a plan choice, and can be accessed at: <https://enrollhfs.illinois.gov/> .

#### Is Harmony Health Plan still an option for Illinois Medicaid members in HealthChoice Illinois?

As of January 1, 2019 Harmony Health Plan merged with Meridian Health Plan of Illinois. After January 1<sup>st</sup>, Harmony will no longer provide services to members.

#### What will happen to members who were enrolled in Harmony Health Plan?

Unless members change to a different health plan, Meridian will provide services beginning January 1, 2019. To stay in Meridian, members do not have to do anything at all.

#### Will members be able to keep their primary care provider (PCP)?

Meridian will make every effort to keep members with the same Primary Care Provider (PCP). If a member wants to change their PCP, they may do so at any time by calling Meridian Member Services at 1-866-606-3700 (TTY: 711) after December 31, 2018

#### What plan will providers call for billing inquiries?

Billing inquiries for dates of service before January 1, 2019, provider should contact Harmony Health Plan 1-800-608-8158

Billing inquiries for dates of service after January 1, 2018, providers should contact Meridian, a WellCare Company 1-866-606-3700