Illinois Managed Care Program Features, as of 2021

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	Statewide
Federal operating authority	1915(b),1932(a)/1915(c)	1915(b)/1915(c)
Program start date	01/01/2018	01/01/2018
Waiver expiration date (if applicable)	06/30/2024	09/30/2023
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	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: Children with Special Health Care Needs	Mandatory	
Populations enrolled: American Indian/Alaska Native	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long Term Services and Supports
Populations enrolled: Enrollment choice period	Pre-assigned	Pre-assigned
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		
Benefits covered: Home health services (services in home)	X	

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long Term Services and Supports
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)	X	
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.)	Telehealth, ambulatory, surgical treatment center, assisted living, assistive/augmentative communication devices, audiology, behavioral, blood and blood components, chiropractic, diabetes prevention, durable medical equipment, environmental accessibility, immunization, physical/occupational and speech therapy, podiatry, renal, specialized medical equipment and supplies, and vision	non-medical behavioral health, telehealth
Quality assurance and improvement: HEDIS data required?	Yes	Yes

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long Term Services and Supports
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		
Performance incentives: Preferential auto-enrollment to reward plans	X	X
Performance incentives: Public reports comparing plan performance on key metrics	X	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	Aetna Better Health; Blue Cross Community Health Plans; CountyCare Health Plan; Meridian Health; Molina HealthCare; YouthCare	Aetna Better Health; Blue Cross Community Health Plans; CountyCare Health Plan; Meridian Health; Molina HealthCare

Features	HealthChoice Illinois	HealthChoice Illinois - Managed Long Term Services and Supports
Notes: Program notes	HealthChoice Illinois is a statewide program that was implemented on January 1, 2018 and is comprised of populations that were 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 mandatorily enrolled into the Program. Pursuant to 305 ILCS 5/5-30 (a) and (h), if a managed care organization (MCO) is serving at least 5,000 SPDs (Senior 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 receive accreditation by the NCQA within two (2) years after the date the MCO became eligible for the accreditation. P4P withholds were again returned to the health plans during this reporting period for COVID Community Reinvestment Efforts. Pre-assigned (0 day choice) enrollment was implemented and applied during this reporting period as a result of the COVID Public Health Emergency in an effort to move prospective enrollees into managed care/care coordination as soon as possible. In June 2022, the Department reinstated the 30 day enrollment choice period. The HealthChoice Illinois Program includes enrollees from the same 1915(c) waivers as the HealthChoice Illinois - Managed Long Term Services and Supports program	The Program includes enrollees of multiple 1915(c) waivers, which have different end dates as follows: The current Persons with Disabilities 1915(c) waiver will expire on 06/30/2026; the current Elderly 1915(c) waiver will expire on 09/30/2026; the current Traumatic Brain Injury 1915(c) waiver will expire on 06/30/2027; the current Supportive Living Facility 1915(c) waiver will expire on 09/30/2027; and the current HIV/AIDS 1915(c) waiver will expire on 09/30/2023. Pursuant to 305 ILCS 5/5-30 (a) and (h), if a managed care organization (MCO) is serving at least 5,000 SPDs (Seniors and 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 eligible for accreditation and shall receive accreditation by the NCQA within two (2) years after the date the MCO became eligible for the accreditation. P4P withholds were given back to the health plans during this reporting period for COVID Community Reinvestment Efforts. Pre-assigned (0 day choice) enrollment was implemented and applied during this reporting period as a result of the COVID Public Health Emergency in an effort to move prospective enrollees into managed care/care coordination as soon as possible. In June 2022, the Department reinstated the 30 day enrollment choice period.