IAMHP

Illinois Association of Medicaid Health Plans

NEWSLETTER

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MESSAGE FROM THE CEO

Jill Hayden
Chief Executive Officer
Illinois Association of Medicaid Health Plans

Working in the Illinois Medicaid managed care ecosystem over the past year has been an exercise in balancing two competing feelings: gratitude and concern.

First and foremost, we're grateful to live and work in a state that values Medicaid's role in supporting families and communities. Health plans, providers, and policymakers operate with a shared understanding that an effective Medicaid program improves health outcomes and reduces volatility in our healthcare system. We recognize that it benefits all Illinoisans when expecting moms receive high-quality care, people with disabilities get the services they need, and our neighbors with financial hardship have options besides the emergency room.

At the same time, we know Illinois' Medicaid program doesn't operate in a vacuum. We are wary about the impact of federal legislation that changes how Medicaid is funded and creates new barriers to accessing benefits. People will lose coverage. Some providers will close their doors. And those who work within this ecosystem—already stretched thin—will face even greater demands with fewer resources.

Our record-breaking annual conference, *Navigating Change*, reflected this reality. While discussions centered on stronger collaborations to mitigate harm, we also shared optimism about the future we're creating together in Illinois. With the January 1 launch of Fully Integrated Dual Special Needs Plans (FIDE-SNP) and upcoming HealthChoice Illinois managed care contract awards, we are still generating positive momentum in our state.

On behalf of the IAMHP team, I wish you and your loved ones a happy and healthy 2026. At this time when partnerships matter more than ever, we are so thankful for yours.

Sincerely,
Jill

At a glance...

Major milestones in Illinois Medicaid

The bids are in for the next round of HealthChoice Illinois Medicaid contracts and new FIDE SNP plans for dual-eligibles officially launch

Call and response: RFP for the next HealthChoice Illinois contracts

In September, HFS released the long-anticipated request for proposals (RFP) for the next round of HealthChoice Illinois (HCI) contracts, which will commence in 2027 and run through 2030 (with the state having an option to renew contracts for an additional five years). **HCI is the state's largest Medicaid managed care program, serving approximately 2.4 million enrollees statewide.** The last HCI procurement occurred in 2018.

By November, MCOs had submitted their proposals, and awards are expected in the first quarter of 2026. While many of the expectations outlined in the RFP are a continuation of work in the current contract, the new contract has an increased emphasis on social determinants of health, care coordination requirements, and behavioral health services.

It also places a stronger focus on MCOs' work to develop and implement value-based payment programs.

"This next round of contracts will really guide us into the next decade," says Jill Hayden, IAMHP CEO. "At such a dynamic time for Medicaid nationally, what we see in the RFP is Illinois' commitment to building upon our success at generating value and improving health outcomes through managed care."

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Launching Fully Integrated Dual Special Needs Plans (FIDE SNP)

In 2022, CMS finalized a rule to phase out the Medicare-Medicaid Alignment Initiative (MMAI), requiring participating states to transition to integrated Dual Eligible Special Needs Plans by 2025. Illinois was among nine states participating in the MMAI and opened a new procurement for FIDE SNP plans in late 2024. With contracts announced in spring 2025, **the following FIDE SNP plans went live on January 1, 2026.**

- **Aetna Medicare FIDE (HMO D-SNP)**
- **Humana Dual Fully Integrated (HMO D-SNP)**
- **Molina Medicare Complete Care Plus (HMO D-SNP)**
- **Wellcare Meridian Dual Align (HMO D-SNP)**

Who was affected by the transition to FIDE SNP?

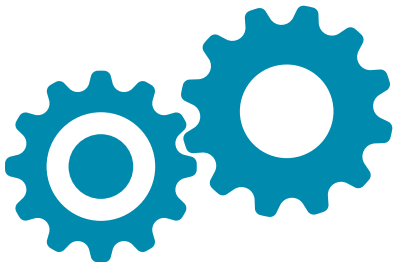
Approximately 70,000 Illinois residents previously received coverage through an MMAI plan. These individuals are considered "dual eligibles," meaning they qualify for Medicare and Medicaid benefits. This includes low-income older adults 65 and older, and individuals under 65 with disabilities or other complex health needs.

What are the key differences between MMAI and FIDE SNP?

Illinois selected the FIDE SNP model because it closely resembles the previous MMAI offerings, with relatively few changes. Eligibility criteria for new FIDE SNPs are the same as those for plans offered through MMAI. Review the chart below and access the following resource from HFS comparing MMAI, FIDE SNP, and Medicare Advantage plans.

Program Element	MMAI	FIDE SNP
Covers all Medicare and Medicaid benefits, including primary and acute care services, behavioral health services, and long-term services and supports	Yes	Yes
Offers supplemental benefits (e.g., vision, dental, hearing, over-the-counter items, transportation)	Yes	Yes
Offers $0 prescription co-pays	Yes	• Members qualify for the Extra Help program, which limits co-pays (in CY 2026, co-pays are capped at $5.10 for generic and $12.65 for brand-name drugs) • $0 for waiver and nursing home members
One care coordinator for both Medicare and Medicaid benefits	Yes	Yes
One health risk assessment to understand members' physical, behavioral, and social needs and risk factors	Yes	Yes

Working toward work requirements



Among the most significant changes to Medicaid stemming from recent federal legislation is the introduction of community engagement requirements—mandated work-related activities certain individuals must complete to qualify for benefits.

Rules around implementation of this particular provision, set to go into effect 1/1/2027, will be pivotal. Though final rulemaking is expected by June, initial guidance from CMS is beginning to shed light on the challenges and opportunities ahead.

How do individuals meet the requirements?

To meet the requirements in a given month, certain individuals must do one or more of the following:

- Work at least 80 hours
- Complete at least 80 hours of community service
- Participate in a work program for at least 80 hours
- Be enrolled in an educational program at least half-time
- Combine any of the above for a total of 80 hours
- Show income at or above the federal minimum wage x 80 hours (currently $7.25 × 80 = $580/month)

Who will have to fulfill the requirements?

The recent guidance from CMS provides a clearer picture of who must comply with community engagement requirements. "Applicable individuals" includes adults age 19-64 in the ACA Medicaid expansion group—non-disabled adults with incomes up to 138% of the Federal Poverty Level. In State Fiscal Year 2025, this represented 734,286 enrollees, nearly 23% of all Medicaid enrollees in Illinois. However, a sizeable number of these individuals would qualify for an exemption.

Who will be exempt?

The federal law exempts several groups from the community engagement requirement, with some notable populations highlighted below (not an all-inclusive list):

- Parents, guardians, caretaker relatives, and family caregivers of dependent children aged 13 and younger, or those caring for a disabled individual
- Pregnant and postpartum women
- Former foster youth under the age of 26
- Disabled veterans
- Medically frail individuals, including people who are blind or disabled, have a substance use disorder, a disabling mental disorder, a physical, intellectual, or developmental disability, or who have a serious or complex medical condition

The law also permits states to provide exemptions for "short-term hardship events," such as individuals receiving care in hospitals, nursing facilities, psychiatric facilities, or other intensive care settings.

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How will applicable individuals demonstrate compliance—and how often?

Considering most Medicaid adults who do not receive disability benefits already work full or part-time according to KFF, the specifics around compliance and reporting will be critical. Here is what's currently understood:

- At the time of application, states will be required to verify compliance with the community engagement requirements for at least one month immediately preceding the month during which the individual applies.
- At the time of renewal, applicable individuals will have to demonstrate compliance for one or more months in between renewals. Notably, the legislation requires eligibility checks every 6 months for the ACA expansion population, instead of every 12 months.
- Only state agencies can verify compliance with the requirements using "reliable data," such as payroll data and data sources about higher education enrollment, job training participation, or community service.

How will individuals be notified of non-compliance?

If a state cannot establish an enrollee's compliance with the work requirements, it must provide notice to the enrollee and allow 30 calendar days to demonstrate compliance or prove they are part of an exempted population.

What role can health plans, providers, and other community stakeholders play?

Although state agencies cannot delegate compliance verification to MCOs, there is nothing else in the statute prohibiting them from partnering with health plans on activities to support successful implementation of community engagement requirements. Similar collaborations in the past provide a basis for hope. After the COVID-19 Public Health Emergency ended in 2023 and the pause on annual redeterminations was lifted, partnerships between HFS and MCOs on joint outreach campaigns made Illinois a top-performing state in helping eligible individuals renew their coverage.

Providers, community-based organizations, and other Medicaid stakeholders can play a pivotal role by informing enrollees about exemptions and reinforcing HFS and health plan messaging, such as keeping personal information current in their Manage My Case account. All Medicaid stakeholders in Illinois can play a part in educating adults receiving Medicaid benefits through the ACA expansion about the new biannual redeterminations.

The promise of ex parte

Guidance from CMS offers hope that existing technology used for automated income verification can be leveraged to support enrollee compliance with work requirements. In Illinois, approximately 65% of renewals are completed ex parte, meaning the state successfully renews coverage automatically using electronic data sources without requiring the member to return paperwork.

Leveraging the existing ex parte renewals process in Illinois will likely play a major role in public education efforts around work requirements, with enrollees encouraged to regularly verify their information in the Illinois Application for Benefits Eligibility (ABE) platform already used to support compliance with SNAP work requirements.

Coming soon:
A new Universal Roster Template debuts February 1

IAMHP convenes Illinois Medicaid managed care organizations (MCOs) to develop a **Universal Roster Template that *all* providers should use with *all* health plans** to ensure data accuracy and consistency.

We'll be rolling out an updated template on **February 1,** with the key change being the addition of new fields under the "Practitioner Data" tab.

Illinois remains one of a select few states that have adopted a universal roster template, which is intended to save providers time and effort. Instead of preparing updated monthly rosters using different health plan templates, providers can maintain just one roster for all of their contracted payers.

Check the IAMHP Providers page for the new roster template when it's posted, and stay tuned for webinar opportunities for staff to learn more about it.

Refreshed for 2026
Mandatory Annual Training – Provider Attestation Form

All providers contracted with Illinois Medicaid health plans are required to complete annual training on topics including cultural competency; fraud, waste, and abuse (FWA); and critical incidents, such as abuse, neglect, and exploitation.

While all plans require compliance with this annual training, providers only need to complete the training with one of their health plan partners. Providers can affirm their compliance with all payers by submitting the **Mandatory Training Attestation form**, developed and maintained by IAMHP.

Find a new and improved version of the form on the IAMHP Providers page.

Introducing the Medicaid Stakeholder Alliance: **Our new program to bring fellow advocacy and trade organizations together**

Now, more than ever, organizations that serve Medicaid enrollees need to come together.

It's why we're launching a **new membership program called the IAMHP Medicaid Stakeholder Alliance.** This new offering provides a space for health plans, providers, and advocacy organizations to work together on our shared goal of protecting the Medicaid program and improving the quality of life for the individuals and families we serve.

Recognizing the non-profit status of these organizations, annual membership dues of just $500 help cover the administrative costs of operating the program and events to convene stakeholders.

Learn more
Visit our website for additional program details and to join the alliance

IAMHP MEDICAID STAKEHOLDER ALLIANCE MEMBERSHIP PROGRAM

Highlighted Membership Benefits

- Exclusive in-person and virtual networking opportunities, including **quarterly events specifically for Stakeholder Alliance members**
- Opportunities to promote your organization and inform other stakeholders through our **weekly webinar series**
- One **complimentary ticket to IAMHP's annual conference**, and discounted rates for an exhibitor sponsorship
- **Support and technical assistance** from IAMHP staff

IAMHP takes the stage

A core mission of IAMHP is to **amplify the collective voice of Illinois' Medicaid managed care organizations**. Especially in the wake of federal budget cuts, a growing audience is interested in what we have to say.

September

Medicaid Health Plans of America (MHPA) 2025 Annual Conference | Kansas City, MO

At the MHPA25 Conference, IAMHP CEO Jill Hayden joined presenters from Ohio and New Jersey to discuss how state health plan associations help showcase the value of Medicaid managed care.

IAMHP CEO Jill Hayden, third from left, joined counterparts from Ohio and New Jersey to discuss the impact of state health plan associations in one of the conference's general sessions.

Health News Illinois Event Series | Chicago IL

Leaders of IAMHP, the Illinois Health Care Association, Illinois Health and Hospital Association, and the Shriver Center on Poverty Law joined Director Elizabeth Whitehorn of the Department of Healthcare and Family Services to discuss the impact of the federal budget reconciliation bill on Medicaid in Illinois.

Illinois State of Reform Health Policy Conference | Chicago, IL

David Vinkler, IAMHP's vice president of public policy & government affairs, joined health plan and health system leaders to discuss the current status and future of the Illinois Medicaid program.

October

Framing the Future: Illinois Department on Aging (IDoA) 2025 Annual Conference | Peoria, IL

Jill Hayden joined Keshonna Lones of HFS to discuss the upcoming rollout of the FIDE-SNP program with Aging Provider Network at the Illinois Department on Aging's annual conference.

Illinois House Appropriations-Health and Human Services Committee Hearing | Springfield, IL

David Vinkler provided testimony to the house committee about the forthcoming federal changes to Medicaid program financing, such as phased-in caps on provider and MCO assessments.

November

Mental Health Impact Summit | Chicago, IL

IAMHP presented with speakers from HFS about the shifting Medicaid landscape in Illinois and its implications for behavioral health providers at the Mental Health Impact Summit hosted by Sister Afya Community Care.

David Vinkler, vice president of public policy & government affairs, discussed Illinois' evolving Medicaid landscape and effects on behavioral health.


2025 Conference Recap

Breaking records. Building relationships.

If our 2025 annual conference was any indication, the time for Medicaid stakeholders to collaborate and innovate is now.

During our two-day conference, held October 27-28 in Oak Brook, IL, we welcomed the most attendees ever registered, with Medicaid providers, managed care organizations, vendors, legislators, and advocates coming together to learn from industry leaders and each other.

Day 1 featured a keynote panel where leaders shared insights on the federal Medicaid landscape and what it means for Illinois. On Day 2, our keynote panel focused on the state's rollout of Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs). Along with multiple networking opportunities, attendees were able to choose from 27 educational breakout sessions.

Visit our 2025 conference web page to learn more.

2025 Annual Conference *By the Numbers*

- **490 registered attendees,** an all-time high
- A record-breaking **42 exhibitors**
- **24% increase** in presentation proposals

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View all our 2025 sponsors

Save the date

Make plans to join us in 2026

Our 2026 conference is already on the books, and we'll be focused on **maximizing impact** for the communities we serve.

Mark your calendars for October 19-20, and stay tuned for additional details later this year, including registration information, calls for presentation proposals, sponsorship opportunities, and more.

October 19-20
Oak Brook, IL

Health Plan Stories of Impact

Aetna Better Health

Reversing diabetes—Daniel's journey

Daniel, a healthcare worker, realized that his own health had taken a back seat when startling A1c levels revealed a diagnosis of Type 2 diabetes. With help from Jessica, case manager at Aetna, Daniel found a new primary care doctor and recommitted to his health—dropping his A1c to a level below the diabetic range.

Daniel*, a healthcare worker who educates patients about diabetes, was unexpectedly diagnosed with the condition himself in December 2024 with an A1c of 14. The diagnosis was overwhelming—Daniel lacked a primary care provider, access to medical tools and struggled to apply his professional knowledge to his personal health.

Case Manager Jessica H. stepped in with compassionate guidance. She helped Daniel secure an in-network PCP and coordinated closely with the provider's office to ensure he had a glucose monitor, medications and tailored diabetic education. Jessica maintained regular communication to support Daniel emotionally and logistically, ensuring his access to ongoing care and resources.

Within five months, Daniel's A1c dropped from 14 to 5.4—no longer in the diabetic range. He developed a strong relationship with his PCP, significantly improved his diet, and lost weight. Daniel is now energized to continue his wellness journey and serves as a real-life example of the power of proactive care and determination.

The stories that inspire us

Visit our website for more examples of the impact our member health plans are having on the lives of their members

*For privacy and HIPAA compliance, member names have been changed.

Health Plan Stories of Impact

Blue Cross Blue Shield of Illinois

Men's Health Matters: A Community Success Story

BCBSIL's Community Engagement team recently teamed up with the Men's Ministry at New Faith Baptist Church for their annual Men's Health Summit—an event dedicated to shining a light on prostate and colorectal cancer, as well as mental health in the African American community. The theme, "Men's Health Matters," set the tone for a day focused on education, early detection, and access to care.

Glen Brooks, who leads our Men's Health Program, spoke on behalf of BCBSIL and shared the importance of preventive screenings, especially for men ages 45 to 75. He helped break down the barriers around chronic illnesses like prostate and colon cancer by making sure attendees knew what resources were available to them—and that quality care is within reach.

In addition to Glen's presentation, our team was on site engaging directly with attendees, answering questions, and distributing educational materials, cancer screening info, and BCBSIL-branded giveaways. In total, we connected with over 125 men, giving them tools to take charge of their health.

The feedback we received was overwhelmingly positive. Many attendees expressed that they felt more informed, supported, and motivated to take preventive steps in their own health journeys. This collaboration is a great example of how our Men's Health & Wellness Program helps improve access to care and spread awareness in communities that need it most.

Thanks to this event, more men now feel empowered to seek early screenings and live healthier lives.

Glen Brooks, center, stands with members of the Men's Ministry at New Faith Baptist Church in Matteson during their annual Men's Health Summit. Brooks, who leads the BCBSIL Men's Health Program, presented on the importance of preventive screenings and resources to access care.

Health Plan Stories of Impact

CountyCare

Helping Tom and Mary achieve their dream of home ownership

Tom is a CountyCare member with disabilities living with his grandmother, Mary. When Mary spoke to the family's care coordinator about their goal to purchase a home, it seemed like they could be good candidates for the Chicago Housing Authority's Down Payment Assistance Program. The care coordinator helped sign them up for an orientation, and their application was approved.

Tom* is a 30-year-old CountyCare member who has a neurological disorder and is partially blind. Tom lives with his grandmother, Mary*, who is his primary caregiver. During a conversation with Tom's CountyCare care coordinator, Mary mentioned her desire to secure new, permanent housing to allow her and Tom better living conditions over the long term.

While Tom and Mary already had sufficient housing, their care coordinator went the extra mile by conducting research to investigate viable options to upgrade their living situation. The care coordinator shared information with Mary about the Chicago Housing Authority's (CHA) Down Payment Assistance Program, discussed her potential eligibility, and signed her up for an orientation session. After attending the orientation, Mary and Tom were able to get started on the process of buying a home. They applied for the program and waited anxiously for their application status from CHA.

Mary was able to secure new housing through the CHA program and contacted Tom's care coordinator to tell him the good news! Mary thanked him for educating her about the program, which provided the support she needed to buy a home. He was thrilled that his research could play a small role in their non-medical victory.

**For privacy and HIPAA compliance, member names have been changed.*

Health Plan Stories of Impact

Humana

Stepping in to help Jasmine create a safer, more independent future

Jasmine* is a 35-year-old member from the Rockford area previously living with her aunt, who served as her Personal Assistant (PA), and cousin in a ranch-style home. Jasmine has a complex medical history, which includes a previous kidney transplant, vision impairments, an autism spectrum disorder, anxiety, and depression.

Due to her functional limitations and history of dizziness, Jasmine was approved for 87 hours each month of PA services for required assistance with bathing, grooming, household chores, laundry, meal preparation, shopping, medication management, and transportation. She is compliant with her medication regimen and sees her primary care provider (PCP) every three months for physical and behavioral health management. Jasmine maintains a high-protein, low-gluten, low-calorie diet and owns a small dog.

But last January, Jasmine reported increased symptoms of anxiety and depression to her PCP and described her mood as "flat," expressing her intent to initiate behavioral therapy. By April, she was experiencing significant discomfort living with her relatives and reported that her PA (her aunt) was committing verbal, emotional, and financial abuse. The stress of her home life and transportation issues began to take their toll, and Jasmine began missing her regular medical appointments..

Once aware of the situation, Jasmine's care coordinator escalated her risk level to high. Following a crisis incident that spring—where Jasmine was the victim of verbal abuse and property damage—the care coordinator contacted Adult Protective Services (APS). Law enforcement was involved, and Jasmine shared she felt unsafe.

Jasmine's complex medical history allowed her to receive approval for a waiver program that includes a Personal Assistant (PA) to assist with activities of daily living. While her aunt was serving as Jasmine's PA, the relationship grew abusive and Jasmine's health suffered. Humana's care coordinator stepped in to ensure the member's safety and assist with coordinating agency-provided homemaker services.

Jasmine terminated the PA relationship with her aunt in May and transitioned to agency-provided homemaker services as APS began assisting with her housing search. She also secured an extended order of protection against her aunt.

In August, Jasmine moved into a new apartment where she resides independently and receives homemaker support via an agency. Her well-being has improved significantly since relocation and she is actively engaged in care management, maintaining regular contact with her PCP and adhering to dietary guidelines. By having her care coordinator connect her to the support she needed, Jasmine now reports feeling safe, comfortable and optimistic about her future.

**For privacy and HIPAA compliance, member names have been changed.*

Health Plan Stories of Impact

Meridian

Ongoing support helps Sarah make meaningful progress in her mental health journey

Meridian member Sarah*, an 18-year-old college theatre major, manages several mental health conditions, including attention-deficit/hyperactivity disorder (ADHD), generalized anxiety disorder (GAD), and major depressive disorder. She joined Meridian's R.E.A.C.H. program, which helps young members with depression in developing self-management plans for their mental health conditions by pairing resources and skill-building activities with traditional therapy. Although Sarah was passionate about school and performance, she found herself struggling with daily tasks. When she completed her initial Patient Health Questionnaire-9 (PHQ-9), she scored an 18—indicating moderately severe depression and difficulty across nearly every area assessed.

Sarah began working with her Meridian care manager, Catharine (RN), who took the time to understand how deeply Sarah's symptoms were affecting her overall well-being. Sarah shared that she was experiencing intense mood swings, fatigue, poor appetite, and trouble focusing, all of which were interfering with her health and her studies. She was seeing a therapist weekly and a psychiatrist monthly but still needed help bringing structure and self-management skills into her day-to-day life.

Together, Catharine and Sarah developed goals for an individualized care plan, including implementing strategies learned in treatment such as identifying her triggers and using existing coping skills more effectively. The also addressed her desire to quit smoking. With her care manager's ongoing support and consistent check-ins, Sarah started to recognize the patterns in her moods and found healthier ways to navigate stressful moments.

Sarah, a college theatre major, learned how to overcome stage fright. But symptoms of depression and anxiety began to interfere with her health and studies. With help from Catharine, care manager at Meridian, Sarah received the support she needed to strengthen her coping skills and even stop smoking.

Two months later during a follow-up assessment, Sarah completed her third PHQ-9. This time, she scored an impressive 4, showing significant improvement and demonstrating the hard work she had put into her own progress. She proudly shared that she had stopped smoking, felt healthier and more energetic, and—perhaps most exciting—had landed a vital role in a play she auditioned for.

Today, Sarah remains active in the R.E.A.C.H. program to maintain her improved outcomes and care. With her Meridian care manager by her side, she continues working toward her individualized care plan goals and building the tools she needs to stay healthy and continue thriving.

**For privacy and HIPAA compliance, member names have been changed.*

Health Plan Stories of Impact

Molina Healthcare

Rebuilding Jordan's confidence to manage her complex health needs

Jordan,* a 51-year-old female member living with multiple health challenges, including bipolar disorder, asthma, urinary incontinence, and hypertension, faced significant barriers in getting care. The member enrolled in case management to help manage her asthma and address gaps in specialist care for her complex conditions. Jordan described difficulties communicating her needs to providers, making her feel unheard and unsure of how to advocate for herself. She also required durable medical equipment (DME), such as a blood pressure monitor, incontinence supplies, and a nebulizer, but lacked support in obtaining these essentials.

With the help of her case manager, Jordan completed comprehensive health assessments and received education about which specialists could best address her diagnoses. The case manager arranged appointments with primary care, urology, psychiatry, mental health counseling, and DME suppliers. They connected Jordan to telehealth options for behavioral health counseling and helped make sure she received needed medications and vaccinations. The member received the vital DME supplies she needed and started a new medication regimen for her bipolar disorder.

As a result of these interventions, Jordan gained confidence in discussing her conditions with her new team of integrated providers and advocating for her care. She reported feeling much better mentally and appreciated the support from her case manager to navigate the healthcare system. In fact, Jordan recently graduated from case management, having established a foundation for ongoing self-advocacy and engagement in her health journey.

Jordan began struggling to manage her asthma and coordinate treatments with multiple specialists. Molina's case management team helped her get back on track by connecting her to care and helping secure a home blood pressure monitor.

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2026 TRUSTED PARTNER MEMBERS

2025 Trusted Partner Program Recap

Celebrating a year of new partnerships, transitions, and unprecedented growth

In 2025, IAMHP's Trusted Partner Program experienced significant growth. During the year, we had the privilege of collaborating with 33 Trusted Partners, including 20 newly engaged organizations. We would like to recognize and share a warm thank you to each of them for their support.

- AbsoluteCare
- Backpack Health
- Best Foot Forward
- Complete Care Management Partners, LLC (CCMP)
- Egyptian Health
- Finity
- FreedomCare
- Genesis Orthopedics & Sports Medicine
- HCP Financial
- Helios Connect
- Help at Home
- HHAExchange
- Imagine Pediatrics
- Illinois State Alliance of YMCAs
- Inovalon
- Marigold Health
- MasterCare
- MedReview
- MedScope
- Mercato
- Merck
- Midwest Pharmacy Associates
- MIMS Consulting
- Mom's Meals
- Morreale Consulting
- Prolacta Bioscience
- Public Consulting Group
- SafeRide Health
- Sage Health Strategy
- Sellers Dorsey
- UniteUs
- Versant Health
- Waymark

This past year, IAMHP redesigned several elements of the Trusted Partner program to boost engagement and value for members and partners—aiming to strengthen Illinois' Medicaid managed care ecosystem. Most notably, this included the transition to Trusted Partner-led webinars, further empowering our partners to extend their expertise to our members with a focus on collaboration, education, and raising awareness. Webinar topics spanned a range of timely issues, including managing vaccine hesitancy, the Chicago Regionwide Community Information Exchange (CIE), and strategies to reduce infant mortality and morbidity. We are thankful to our Trusted Partners for collaborating with IAMHP to bring these informational events to our members.

In 2026, IAMHP is committed to continuing its collaboration with our Trusted Partners in meaningful and impactful ways. We invite our partners to learn more about the enhancements we have made to our program by reviewing the **2026 Trusted Partner Benefit Guide**, which details our expanded benefits and recent program redesign.

If your organization is interested in joining the Trusted Partner program, we encourage you to complete our online form to begin the application process.