Illinois Association of Medicaid Health Plans **NEWSLETTER**

SPRING 2025

THE Official Publication of IAMHP



MESSAGE FROM THE CEO



IAMHP

Jill Hayden Chief Executive Officer Illinois Association of Medicaid Heath Plans

With the legislative session in full swing this time of year, it's natural to talk about Illinois' Medicaid program as a *policy* issue.

Given looming federal cuts and the state's share of Medicaid spending, the program is inevitably discussed as a *budget* issue.

For IAMHP and our member health plans, we center conversations about Medicaid as a *human* issue above everything else.

More than 3.2 million residents rely on Medicaid for their basic healthcare needs. That's 1 in 4 people who call Illinois home.

Who are these individuals? Roughly half of them are children. Non-disabled adults living near or below the Federal Poverty Level—most of whom are gainfully employed—represent the next largest group. Adults with disabilities and low-income seniors, including those in long-term care, comprise another half-million or so beneficiaries.

As IAMHP partners with healthcare providers and stakeholders across the state to protect and strengthen Medicaid, we're focused on these individuals and families: their health, their needs, and the deep relationships our member MCOs have forged with them since the transition to managed care began over a decade ago.

This issue of our newsletter aims to underscore the human impact of what we do. We feature videos from our annual conference that illustrate the passion of health plan leaders working to create a brighter Medicaid future. We provide an update on our advocacy efforts and, as always, share member stories highlighting the many ways managed care transforms lives.

People helping people. Fundamentally, this is what Medicaid is all about. I'm continually inspired by the dedicated people connected to IAMHP and grateful to call you a partner.

Sincerely, Jill

At a glance...

- <u>Advocacy Update</u>
- Save the Date: 2025 Annual Conference
- Videos: Showcased Managed Care Projects
- Health Plan Stories of Impact



Advocacy Update

Bringing the Powerful Story of Managed Care to a Powerful Audience

IAMHP held its annual Advocacy Day on April 9, with IAMHP and government relations representatives from member managed care organizations (MCOs) coming together in Springfield to advance shared goals for Medicaid managed care. Through several formal and informal meetings with state lawmakers and staff, they conveyed informed perspectives on proposed legislation and answered questions.

With the legislature in session, a major goal for IAMHP is to educate and remind policymakers about the quality and value Illinois has achieved through the transition to Medicaid managed care, said **David Vinkler**, vice president of public policy & government relations.

"When you consider the volume of cost-effective services delivered and the overall human impact—the quality of life gained because of basic healthcare access—Illinois' return on its Medicaid investment is profound. But it's a delicate system, built over many years by a committed group of stakeholders," Vinkler said. "We try to use our collective voice to protect it, strengthen it, and enlist champions for it among our elected officials."

A major focus of IAMHP's 2025 advocacy efforts is to illuminate the stories of Illinoisians whose lives have been changed or saved through managed care. Through an advertising campaign in <u>CapitolFax.com</u>, an online newsletter geared toward influential audiences in Springfield, IAMHP is publishing a series



of brief, de-identified stories about real Medicaid members. The featured stories emphasize topics like care coordination, discharge planning, and healthrelated social needs intervention.

"We know that managed care makes a huge difference in people's lives," Vinkler said. "But saying that to someone and demonstrating that through real-life stories of the people served by Medicaid are two very different things."

"When you consider the volume of costeffective services delivered and the overall human impact—in terms of lives changed and saved because of basic healthcare access—Illinois' return on its Medicaid investment is profound. But it's a delicate system, built over years by a committed group of stakeholders."

Supporting **resilient** families in a **fragile** Medicaid system





<u>Connect with us on LinkedIn</u>

the positive impact of managed care.

Add your voice and help extend our reach



Help us tell the stories about Medicaid members far and wide! We're posting each

member story published in CapitolFax.com on our LinkedIn and Facebook channels.

Consider re-sharing and engaging with our posts to help even more people learn about

Follow IAMHP on Facebook



Save the Date 2025 Annual Conference

October 27-28, 2025

Hilton Chicago/Oak Brook Hills Resort & Conference Center

Oak Brook, Illinois

Stakeholders know that the only constant in Medicaid

is change. In Illinois, these changes are coming at a rapid pace, with the upcoming launch of a Fully Integrated Dual Eligible Special Needs Plan in 2026, a new procurement process for HealthChoice Illinois, and novel programs emerging from the 1115 demonstration waiver.

Our 2025 annual conference convenes providers, managed care organizations, vendors, legislators, and other industry partners dedicated to serving Medicaid members in this dynamic environment. Learn from experts and connect with peers as you align your organization's strategies for the future of Illinois' Medicaid program.



New in 2025:

- **Two-day conference format** to better maximize your time and minimize travel
- New event location for a change of scenery and fresh guest amenities
- **Updated sponsorship opportunities** to build brand awareness with industry audiences

<u>Register and get your tickets</u> by June 30 for early bird pricing!







2024 Annual Conference Video Showcase **Spotlighting the people and projects making a difference**

Across Medicaid managed care organizations (MCOs) in Illinois, countless initiatives are underway to improve the health of communities, elevate the quality of care, and support the providers dedicated to serving Medicaid recipients.

Dozens of teams submit their projects to be showcased at the IAMHP Annual Conference—with the number of submissions in 2024 setting a new record. During our fall conference, we sat down with representatives from each MCO to talk about their distinguished projects. From efforts to develop data analytics tools for collaborating providers to new birth equity initiatives, each project addresses a unique opportunity to enhance Medicaid managed care.

Watch and listen as these passionate experts describe their work and the inspiration that drives them.





Featured Article: 2024 Annual Conference Video Showcase

Aetna Better Health of Illinois

Developing data tools to transform healthcare



Click to watch the video on YouTube

Illinois' 15 Healthcare Transformation Collaboratives, or HTCs, are coalitions of providers working to reimagine healthcare in their local communities across the state. While each HTC has its own goals, they share a similar focus: to measurably improve outcomes and make care more equitable.

Mary Cooley, health services officer for Aetna Better Health of Illinois, describes the technology platforms Aetna is developing to support the goals and sustainability of the HTCs.

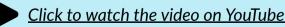
Blue Cross Blue Shield of Illinois

At the forefront of doula support programs

Recent studies of maternal health in Illinois reveal startling findings. Among them: Black women are three times more likely to die from pregnancyrelated medical conditions compared to White women. And over 90% of all pregnancy-related deaths were potentially preventable.

"We all knew that we had to act," says **Tamatha Smith**, senior government programs consultant at Blue Cross Blue Shield of Illinois. She and **Jennifer Franch**, clinical operations senior manager, describe the health plan's new initiatives to engage expectant moms digitally, identify issues sooner, and connect interested women to trained doulas in the community.







Featured Article: 2024 Annual Conference Video Showcase

CountyCare

Partnering with providers during 'the great unwinding'



Click to watch the video on YouTube

After a three-year pause during the pandemic, Illinois' Medicaid program restarted annual eligibility reviews in July 2023—a process called "redetermination." Health plans and providers worked tirelessly to remind and educate millions of members about this crucial process so they would not lose their health care coverage.

CountyCare Chief Plan Officer **Crissy Turino** and **Beverly Jefferson**, enrollment and retention manager, describe their community-based work with providers to help the vast majority of CountyCare members complete their required paperwork and retain benefits.

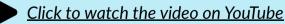
Humana

Generating collaborative health equity solutions

How does a health plan generate solutions to make health care more equitable? At Humana, these ideas come from dedicated employees, researchers, members, and providers doing this work every day in Illinois communities.

Humana's Health Equity Think Tank convenes regular brainstorming sessions with stakeholders to enhance its services and devise promising new initiatives to close care gaps. Learn more as **Celi Esquivel**, Humana's health equity strategy lead, describes the collaborative strategy and its initial results.





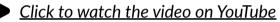


Featured Article: 2024 Annual Conference Video Showcase

YouthCare HealthChoice Illinois

Getting expert resources to clinicians and foster parents





Young people and children currently or previously in foster care often have unique needs. Confidently addressing these needs as a clinician or foster parent requires unique education—the type of training YouthCare has designed and provided to over 10,000 stakeholders since 2021.

"The trauma that a lot of our young people have experienced is really one of the number one things that we want to address," explains **Marc Fagan, Psy.D**, YouthCare plan president. "The training that we do is really about addressing that in a very competent and evidence-informed way."

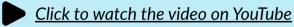
Molina Healthcare of Illinois

Committed to helping members secure housing

Homelessness and housing insecurity are major drivers of healthcare utilization and poor outcomes. Through its "Housing for Healthcare" program, a team of specialists at Molina Healthcare of Illinois identifies members who are unhoused or at high risk—and connects them to individualized resources.

"We don't do a cookie-cutter approach," says **Marvin Anderson**, Molina's manager of healthcare services, describing their work to review nearly 1,000 unique cases since 2022 and help dozens of families transition to stable, long-term housing.







Meridian

Getting 5-year-old Nathan's family answers and autism resources

Nathan^{*} is a silly, energetic kid. He loves making people laugh, although it's taken a lot to get him to this point.

Diagnosed with the most severe form of autism spectrum disorder, Nathan has significant care needs requiring close collaboration between his mom, Sarah, his providers, and their team at Meridian.

As a toddler, Nathan would get sick after meals. Specialists eventually determined he was allergic to a common formula ingredient. Jim, Meridian care manager, helped Sarah find an alternative formula that enabled her son to grow to a healthy weight. Nathan was also "eloping" or wandering away, a common behavior for children who have autism spectrum disorder. This can lead to dangerous or even deadly scenarios. To prevent Nathan from eloping and help keep him safe at night, Jim secured a safety bed for children with special needs. Jim also found a Medicaid provider to deliver in-home services, allowing Nathan to receive applied behavioral analysis (ABA) therapy in a familiar environment. Nathan has since learned to identify objects and communicate basic needs. His self-injurious behavior has stopped, and Sarah has a renewed peace of mind.

"We really couldn't have gotten where we are without Jim," Sarah says. "He's given me my life back, and I'll forever be grateful for that."

"We really could not have gotten where we are without [Meridian care manager] Jim. He's given me my life back, and I'll forever be grateful for that."



Jim, a Meridian care manager, helped identify a Medicaid provider who could deliver in-home applied behavioral analysis (ABA) therapy to Nathan, a 5-year-old member with autism spectrum disorder.



Aetna Better Health

Championing a holistic approach to John's mental and physical health

John^{*} is an Aetna Better Health[®] of Illinois member who was diagnosed with schizophrenia and severe malnourishment-related conditions. He had been unhoused for five years and was frequently hospitalized due to his mental and physical health instability.

John was resistant to mental health treatment, including medication management, and his condition continued to deteriorate, leading to an extended hospital stay. To support him, his Aetna case manager conducted weekly outreach to build a trusting relationship and made a referral to Brave Health, where he engaged in an intake appointment. The case manager also provided nutritional supplements, arranged transportation through ModivCare for medical visits, and offered education on his condition and medication options.

Recognizing John's resistance to treatment, the case manager also sought to connect him with Collaborative Bridges, whose team member visited him in the hospital and helped establish a support system. During John's hospitalization, the case manager worked closely with the hospital psychiatrist and social worker to advocate for a longacting injectable (LAI) medication, which John received before discharge. The case manger also coordinated with ACCESS Healthcare to ensure a follow-up outpatient appointment for continued LAI treatment.



Unhoused for five years, John is now living safely with his mother after his Aetna Better Health of Illinois case manager connected him to support resources and advocated for long-acting injectable medications that help treat his schizophrenia.

Today, John is living with his mother and engaging with the team from Collaborative Bridges. He has attended a post-discharge appointment with his primary care provider and has follow-up appointments scheduled for his monthly injections—marking a significant step toward his improved health and stability.



CountyCare

Helping Carlos overcome health care navigation challenges

Carlos^{*} is a Spanish-speaking 66-year-old who joined CountyCare through the Health Benefits for Immigrant Seniors (HBIS) program. He lives with impaired vision, has heart issues, and was recently diagnosed as pre-diabetic.

The CountyCare care management team contacted Carlos and determined he would benefit from assistance navigating the healthcare system, securing housing, and managing his health conditions with the help of a translator.

Not only did a Spanish-speaking care manager assist in scheduling the necessary doctor's appointments, but they also made sure Carlos understood how to reschedule or cancel appointments if needed. This simple, yet crucial, step gave Carlos the confidence he needed, knowing he could manage his healthcare needs more independently in the future. By coordinating care with Carlos' providers, the care manager ensured that his treatments for high blood pressure and pre-diabetes were consistently monitored and updated as needed.

Finally, the team assisted Jose and his family in applying for housing through the Chicago Housing Authority to secure safe, stable, and affordable housing.

Once the care management team addressed Carlos' language barriers, he's become comfortable contacting his care coordinator with questions and support. He expressed gratitude for being able to attend and manage appointments and receive care for his medical conditions.



Carlos had taken all the steps to access care for his hypertension and prediabetes, enrolling in the Health Benefits for Immigrant Seniors program and getting connected to a health plan. But finding providers who speak his language were the biggest barrier—a barrier CountyCare was able to help him confidently dismantle.

The stories that inspire us

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



Humana

Winona finds an unwavering advocate for in-home services

Winona,* age 58, has chronic pain and joint issues, which leave her unable to stand for long periods. Living alone, she needs help with cooking, cleaning, shopping, laundry, and ambulating around the house due to her chronic health conditions.

Winona had applied for assistance through the Department of Rehabilitation Services (DRS), but a miscommunication with her PCP led to delayed processing of her application. She became frustrated with the process and was ultimately told that she would need to wait until turning age 60 to apply for services through a different waiver program.

As months passed, however, Winona's need for inhome assistance only grew. She had knee replacement surgery, and traditional physical therapy (PT) was too painful after a few sessions. Winona was able to transition to aquatic PT, which was more comfortable. Winona's son had made bathroom modifications allowing her to enter the bathtub and bathe independently with a shower chair and handrails. But she needed more help than her family could provide, and her mobility concerns escalated.



Anne, social worker from Humana, heard Winona's story and was confident she met criteria for LTSS/physical disability services. Anne assisted her in applying again through DRS, and Winona was contacted by the assigned DRS counselor, who arranged an interview several weeks out. In the meantime, Anne helped coordinate the sharing of medical records between DRS and Winona's PCP.

While awaiting next steps from DRS, Winona experienced complications from her knee replacement surgery, developing an infection that would require another procedure. Anne contacted DRS to provide an update about the complications Winona was experiencing and advocated for completion of her LTSS eligibility determination. Unfortunately, there would not be an outcome before Winona's discharge home. Anne provided other resources to contact for support, such as the Home Care Ombudsman.

Finally, a few weeks after returning home, Winona called Anne to inform her that she was approved for the DRS Physical Disability waiver. Anne expressed appreciation for Winona's patience and described next steps to expect in the process, including being assigned to an LTSS Care Coach from Humana who would partner with Winona to develop a new plan of care and establish her in-home services and supports. Winona was thankful for Anne's support throughout the prolonged waiver application process.

Advocacy and support are integral parts of the Humana care management team's process. While Winona felt like giving up in the past, Anne remained committed to following through—with the member now receiving the in-home support she needs as a result.



Molina Healthcare

Coordinating care to get Tommy back on his feet after a sudden cardiac arrest

Meet Tommy: Tommy^{*} is a 51-year-old man living in Cook County. Tommy was faced with a lifethreatening situation when he experienced sudden cardiac arrest. After the event, he was diagnosed with multiple health conditions, including diabetes, obesity, and hypertension. Tommy also had an infection in his mouth due to tooth decay, which was preventing him from safely receiving heart surgery. Tommy's condition was further complicated by anoxic brain injury, which had led to verbal and cognitive dysfunction. Because of this, Tommy's family was worried they would be unable to care for him at home and began considering long-term placement as their only option.

Getting Help: A Molina case manager began working closely with the hospital to help with discharge planning and coordinating care. The case manager worked with hospital staff and obtained Tommy's Power of Attorney documentation and explained his health benefits and case management services. The case manager helped arrange for Tommy's urgently needed dental care—clearing the dental infection and allowing Tommy to get his triple bypass heart surgery. As Tommy recovered, the case manager provided support each day, helping to arrange discharge appointments and securing home health services, durable medical equipment, and medications. They also helped the family with applications for SSDI Benefits, a LINK card, and DRS assistance. Tommy worked with his case manager to get transportation to and from his medical and dental appointments.

Now: Tommy has regained strength and has returned to his home with in-home health services. He never had to go to a long-term facility, though Tommy's sister temporarily moved in to help provide oversight and safety. Tommy's diabetes and blood pressure have stabilized. He has now lost over 100 pounds and no longer needs a wheelchair. Tommy continues to go to therapy, which has increased his cognitive ability and mobility.

As his health has progressed, Tommy is more independent in daily activities. He and his sister decided that he doesn't need waiver services anymore, and Tommy continues to seek the medical care he needs. "I never knew an insurance company would help me so much," Tommy said. "Thank for you for being a caring case manager."



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



Blue Cross Blue Shield of Illinois

Intervening with nutrition support to help new mom, Frances, thrive

When BCBSIL first spoke with 23-year-old Frances^{*}, we learned that she had just given birth to her first baby a few months ago. She had been identified as eligible for Living 365, a nutrition-based wellness program offered to members through Virtual Health Partners (VHP). The health plan contacted Frances through a text message to enroll and schedule her first dietitian appointment. She was optimistic, noting that she was interested in postpartum nutrition. Frances was recovering from anemia during her pregnancy and wanted to get back to her prepregnancy weight.

Frances has been actively participating in the Living 365 program since her enrollment. She has participated in two one-on-one phone sessions with our registered dietitian team, and her next follow-up call is scheduled in a few weeks. During these sessions, Frances has received personalized dietary guidance and recommendations, establishing goals to increase fruit and vegetable intake and reduce intake of added sugars.

As part of the program, Frances also has access to the VHP platform, where she has been able to find postpartum-safe fitness classes and easy healthy recipes. She was also connected to the Sweet Potato Patch meal delivery program and receives weekly healthy meals through BCBSIL.

Frances reports that since starting the program, she feels healthier and more energetic. She has returned to her pre-pregnancy weight, and her anemia symptoms have resolved. She enjoys the Sweet



After experiencing anemia during her pregnancy, 23year-old Frances wanted to return to her prepregnancy weight and establish healthier diet. Though Blue Cross Blue Shield's programs for members, including Living 365, Frances recieves one-on-one support from registered dieticians and weekly meal deliveries.

Potato Patch meals and appreciates all the healthy foods and ingredients. Frances is also accessing recipes she can make at home through the VHP—cooking her own healthy breakfasts and lunches and using the Sweet Potato Patch meals for dinner.

Overall, Frances has observed a positive change in her health as a result of these programs. She has increased her fruit and vegetable intake, reduced her intake of added sugars, and increased her physical activity. She said she is motivated to continue to make healthy lifestyle changes thanks to the help from BCBSIL.





Contributed by Unite Us

MEDICAID HEALTH PLANS

Unite Us: Powering Whole-Person Care Through Collaboration

At <u>Unite Us</u>, we're redefining how health and community-based systems work together to drive scalable improvements in health outcomes and care delivery. Our end-to-end technology platform enables healthcare providers, government agencies, and community-based organizations to coordinate care around non-medical drivers of health—factors like housing, food, employment, and transportation that have a profound impact on health and well-being.

We are proud to partner with Medicaid Managed Care Organizations (MCOs) nationwide, including here in Illinois, to help identify and address members' unmet needs. Unite Us is the nation's leading and only multi-product solution to provide seamless predictive analytics, coordinated delivery, and payment all in one solution for health and social service integration. This infrastructure not onlv supports whole-person care but also MCO strengthens performance on quality measures, improves member experience, and helps reduce avoidable costs.

UNITE US

Unite Us is deeply committed to supporting the goals of Medicaid Managed Care. We believe health starts in the community, and that everyone, regardless of income or circumstance, deserves access to the services and support they need to thrive. Our scalable, interoperable solutions help MCOs meet state and federal expectations while delivering real results for members.

Together with our partners, we are building a future where health and community care are seamlessly connected. At Unite Us, we're not just facilitating referrals—we're creating lasting infrastructure for healthier communities, scalable change, and real impact.





IAMHP's <u>Trusted Partner Program</u> provides members with exclusive networking, the latest industry news, educational offerings, business liaison support, and opportunities to promote your company. Learn more about the benefits of membership in our <u>2025 Trusted</u> Partner Program Packet.

Contributed by **AbsoluteCare**

AbsoluteCare Goes Beyond Medicine for Chicago Medicaid Members

<u>AbsoluteCare</u> was founded 25 years ago as an urban health center serving marginalized populations. Today they are growing into eleven markets, with their first Illinois center now open in Chicago's Little Village neighborhood. As a valuebased provider group, AbsoluteCare works with health plans to serve their sickest Medicaid and Duals members, delivering savings guarantees to support a sustainable health care future for all.

AbsoluteCare's **Beyond Medicine**[™] approach considers the whole person, including the care before health care. The company employs dedicated teams to identify and address the social drivers that impact health, including regular meals, secure housing, essential services like phone and utilities, and much more. AbsoluteCare builds trust by





meeting members where they are and how they are —with a stigma-free, welcoming approach in their center, in community shelters, in hospitals and in members' homes.

Once social needs are met, AbsoluteCare's clinical team can effectively tackle medical, behavioral, and medication adherence issues. With an 80% engagement rate, they reach members often lost to the health care system. Typical members have more than 13 chronic conditions, take more than 10 medications and over 60% have behavioral health challenges or substance use disorder.

AbsoluteCare has achieved notable clinical and quality outcomes, such as a 50% increase in PCP visits and a 34% reduction in ED visits. This proactive approach has led to total cost of care reductions of up to 30%.

AbsoluteCare's Chicago center is located at 2627 W Cermak Rd. and will provide integrated primary care, pharmacy, behavioral health care, social services, advanced urgent care and community outreach throughout Cook County.



UPCOMING COMPLIMENTARY WEBINARS

IAMHP's <u>complimentary webinars</u> cover timely topics in the industry and are available at no cost to interested participants. Look for more 2025 webinars to be added to our calendar and check out a recent presentation you may have missed!



Navigating Medicaid Transformation: Key Strategies and Best Practices for MCOs presented by UniteUs



June 4 at noon

Community Information Exchange (CIE) with the Illinois Public Health Institute (IPHI) presented by IPHI



🖈 <u>Register</u>

- June 11: Strategies to Help Build Vaccine Confidence: Using Motivational Interviewing to Foster Change presented by MERCK → Learn more and register
- June 25: Scientific Insights: Measles, Mumps, Rubella and Varicella and A Guide To Differential Diagnosis presented by MERCK → Learn more and register
- July 2: HPV Vaccine Completion by Age 13: A Quality Improvement Initiative in a Large Primary Care Network presented by MERCK → Learn more and register

Miss one of our recent webinars? View them now online!

April: Exclusive Human Milk Improves Mortality and Morbidity While Lowering Cost of Care in Very Low Birth Weight NICU Babies

Presenters from Prolacta Bioscience shared information about Exclusive Human Milk Products, their clinical and financial benefits, and how managed care plans can be partners in bringing these products to members.

Access the recording here.

April: **The HAP Foundation (Hospice and Palliative Care Research & Education)** Representatives from the HAP Foundation highlighted "Missing Pieces," a program that connects the loved ones of a child who has passed away with other families that have experienced the loss of a child — along with individualized resources and support. Presenters describe the benefits for families and how Medicaid members can access these resources. <u>Access the recording here.</u>

March: IAMHP Rx Webinar in Partnership with HFS

IAMHP and HFS presenters discussed expanding access to contraceptives and HIV services provided by pharmacists enrolled in the Illinois Medicaid program. The training, developed with the cooperation of ICAN!, IPhA, IRMA, and ICHP, provides a comprehensive review of the steps required for pharmacists to receive reimbursement for these services. <u>Access the recording here.</u>