A new Spring season is upon us and I can hardly believe it. If the first few months of the year are any indication of what is still to come, it’s going to be a very busy year! As we transition into a new season, it seems metaphorical to all that’s happening around us. This year will truly be one of transition as we all continue to emerge from what has felt like a cocoon of an existence these past three years.

We find ourselves in the throes of another legislative session continuing to partner with state leaders on our mission to improve the Medicaid program here in Illinois. One of the key undertakings this year will be Medicaid Redeterminations and here in Illinois, we are on the brink of restarting this renewal process on May 1st. IAMHP and the Medicaid Managed Care Organizations are working closely with the state to ensure the transition is as seamless as possible and all Illinoisans remain covered. And while the unwinding of the Public Health Emergency will certainly come with many areas of opportunity, it is also a turning point in the history we currently find ourselves living out, a turning of a chapter of sorts and one that I am hopeful will be filled with great reward. As we continue to look to our allies and partners in the healthcare space, we reflect on how much we value the valiant work that is often missed behind the scenes.

The work that serves to strengthen and improve access and quality within the Medicaid program. This collective effort truly takes a village and we are grateful for the efforts and collaboration of our industry partners to continue the push forward toward improving health outcomes for all Illinoisans.

We look forward to the year ahead and are hopeful that there are great opportunities for continued growth and improvement.

In good health,
Samantha Olds Frey
CEO, IAMHP

At a glance...
Redeterminations
Value-Based Care/Care Coordination Spotlight
Member Story
IAMHP 2023 Annual Conference
Medicaid Redeterminations

Medicaid redeterminations is a federally required process through which all Medicaid enrollees report their household income to the Illinois Department of Healthcare and Family Services (HFS) to redetermine their eligibility for Medicaid.

Redetermination typically occurs every 12 months. However, the process was on hold for more than two years due to the COVID-19 pandemic. HFS is now required to restart the redetermination process.

In Illinois, the first round of Medicaid redetermination forms will be sent out at the beginning of May and must returned within 30 days for enrollees to retain coverage.

If enrollees do not return their paperwork within 30 days, their coverage will be terminated beginning on July 1. Enrollees will then have a 90-day reinstatement period from the date of coverage loss to return their redetermination paperwork and have coverage retroactively reinstated. If they do not return their paperwork within the reinstatement period, they will have to reapply for Medicaid.

It's important to know that everyone's redetermination date will be different. There will be no “coverage cliff” where all enrollees lose coverage at once. The redetermination process will continue on a rolling basis over a full 12-month period.

IAMHP and the Medicaid Managed Care Organizations are dedicated to working alongside the state and industry partners to ensure no one loses coverage.

IAMHP has curated a website that includes educational information for providers, community partners and members on Medicaid Redeterminations. For more information, visit our Redeterminations page here. If you are interested in partnering with IAMHP on outreach opportunities please contact Judith@iamhpteam.org.
**Action Steps to Renew Coverage**

**Update your address**

If they have not already done so, Medicaid enrollees should make sure that HFS has the most up to date contact information on file. To update their address, enrollees can call 877-805-5312 from 7:45am–4:30pm, visit medicaid.Illinois.gov or update on their own information through "Manage My Case."

**Check Your Redetermination Date**

Medicaid enrollees can check their redetermination date by creating a Manage My Case (MMC) account online at https://abe.illinois.gov/abe/access/. Information on redeterminations dates will be included on the “Benefit Details” tab.

**Fill Out Your Paperwork**

Online - Medicaid enrollees can fill out redetermination paperwork online after creating a "Manage My Case" account. To apply for benefits online, enrollees can login in at https://abe.illinois.gov/abe/access/.

**Call for Help**

To fill out redetermination forms over the phone, Medicaid enrollees can call the DHS Hotline at 1-800-843-6154 for assistance. Hotline staff can also help with any questions a Medicaid enrollee might have.

**Return By Mail**

Medicaid enrollees should watch in the mail for their redetermination forms. To retain coverage, enrollees must return their forms in the mail within 30 days.
MCO Assistance with Medicaid Redeterminations

Illinois Medicaid health plans are committed to helping eligible Medicaid enrollees keep their healthcare coverage. Medicaid health plans are assisting the State with the Medicaid redeterminations process in several ways.

**Sharing updated contact information for Medicaid enrollees.**
Medicaid health plans are sending HFS updated contact information when the health plan can verify more recent contact information than HFS has for a Medicaid enrollee.

**Health plan outreach.**
HFS will be sharing information about Medicaid enrollee redetermination dates for Medicaid health plans to conduct outreach. Medicaid health plans will be reaching out via text/email and through engagement with community-based organizations to let Medicaid enrollees know that they need to renew their coverage.

**Partnering with providers.**
Medicaid health plans are partnering with providers to get the word out about redeterminations. Contact your MCO partners to request information about enrollee redetermination dates and for other partnership opportunities.

**Assistance with enrollee questions.**
While Medicaid health plans cannot submit redetermination forms on behalf of a Medicaid enrollee, Medicaid health plans will be prepared to assist with questions about the redetermination forms or setting up a Manage My Case (MMC) account.

Medicaid enrollees should call their health plan’s Member Services line for assistance with questions.

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<th>Aetna Better Health of Illinois:</th>
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Value-Based Care (VBC) is a health care delivery model under which providers — hospitals, labs, doctors, nurses and others — are paid based on the health outcomes of their patients and the quality of services rendered. Under some value-based contracts, providers share in financial risk with health insurance companies.

In addition to negotiated payments, they can earn incentives for providing high-quality, efficient care. VBC differs from the traditional fee-for-service model where providers are paid separately for each medical service. While quality care can be provided under both models, it's the difference in how providers are paid, paired with the way patient care is managed, that provides the opportunity for health improvements and savings in a VBC environment.

Care coordinators are the heart and soul of collaboration at the health plan level and are critical in helping patients navigate a complex healthcare system. That is why IAMHP wanted to take the time to highlight a team member from the plans whose work is crucial in improving health outcomes for Medicaid members in Illinois. You can read her story on the next page.

Collaboration across the health care ecosystem is key to VBC success

At the center of VBC models is a robust, team-oriented approach, often led by the patient’s primary care doctor. Patients aren't left to navigate the health care system on their own. The care team is there to support them along their health care journey. Teams are expected to focus on prevention, wellness, strategies and coordination throughout the care continuum, priorities especially important for those managing chronic conditions.

Here's what can happen when health care is coordinated and efficient, data and technology are utilized effectively and patients are engaged in care.

- Individuals have a better experience navigating the healthcare system.
- More people get preventive services like colonoscopies, mammograms and flu vaccinations.
- Risk factors and early disease are more rapidly detected and addressed.
- Chronic diseases, like high blood pressure, diabetes and kidney disease are more likely to be under control.
- There are fewer emergency room visits, hospitalizations and re-admissions.

We know that health care is consistently identified as a top concern for all Americans. Here we share the key features of VBC and how this approach offers a significant opportunity to relieve some of that concern while helping us achieve better health at lower costs.

This was an excerpt taken from an article originally published by Aetna Better Health. You can read the full article here: https://www.aetna.com/employers-organizations/resources/value-based-care.html
Care Coordination Spotlight

Christina has been an integral peer support within Molina’s LTSS teams. Working as a Molina case manager for the last two years, she’s been instrumental as a mentor for her teammates, sharing ideas that upon adoption have added to team efficiencies.

She is a registered nurse working towards her bachelor’s degree in nursing thanks to the support of the Molina tuition reimbursement program. Working also to support Molina’s long term care members and teams, Christina works primarily with members residing in supportive living facilities.

Christina is thankful to work with her Molina family and does all she can to help others. She inherently applies the concept of member-centric care while also embodying a team spirit which upholds the values and mission of Molina. She regularly connects members with resources, provides education, and helps them plan and work toward their life and health goals.

When Christina visits her clients she likes to ask them, "what do you like to do in your free time for fun?"

Most of her clients remark that they haven’t been asked that in years. Christina strives to see and learn more about others and make personal connections. “Our members are part of the job, but we are part of their life, and we may be a more significant part than we realize.”

Thanks to Christina, and all the others who work for others to make their lives better.
Blue Cross Blue Shield of Illinois Coordinates Across States to Get Critical Infant the Care She Needs

To ensure that Niah and her families’ needs were met, Niah’s care coordinator called every day, even on weekends.

During July 2022, Niah, a one-year-old member from Naperville, IL, with a history of complex heart conditions such as congenital malformations, hypertrophic cardiomyopathy, and cardiac arrhythmia required a lifesaving surgical procedure. Due to Niah’s complex condition, she, and her family needed to travel to Boston, MA so that Niah could receive her surgery.

Realizing that Niah’s surgery was so specialized it could only be done at Boston Children’s Hospital, the BCCHP care coordination team quickly sprang into action.

Niah’s care coordinator worked diligently with her interdisciplinary care team to execute a single case agreement (SCA) with Boston Children’s Hospital so that she could have the surgery.

Going above and beyond, her care coordinator also sought financial assistance on behalf of Niah’s family through BCCHP’s Social Determinants of Health Fund (SDOH) – a fund designed to provide members with funding for basic needs, allowing members to focus on their health goals and subsequently improving the overall health of Blue Cross and Blue Shield of Illinois communities.

Niah was then successfully airlifted via an air lift ambulance to Boston Children’s Hospital – all arranged by her BCCHP care coordinator.

With the help of the SDOH funds for travel and lodging, Niah’s family was able to be with her in Boston for her surgery. To ensure that Niah and her families’ needs were met, Niah’s care coordinator called every day, even on weekends. Niah’s surgery was successful! She is back in the Chicagoland area and is currently recovering with heart arrythmias and G-tube placement at Lurie’s Children Hospital. She is doing well post-surgery.

To learn more about how MCOs are improving health outcomes for their members visit IAMHP’s Member Stories Content Corner here.
Did you miss it?
Catch up on all of the content IAMHP shared out over the last quarter!

COMPLIMENTARY WEBINAR
Cardio Diagnostics Presents:
How to Optimize Health Equity Initiatives by Risk-Stratifying Medicaid Beneficiaries at Scale

Health plans have a significant opportunity to advance health equity, invest in member care management programs, reduce costly utilization, and enhance member and provider satisfaction with new care management initiatives that combine cutting-edge technologies, population-based member approaches, and close collaboration with providers and community organizations. It is possible to reduce the total cost of care for Medicaid beneficiaries who suffer from or are at risk of contracting chronic disease conditions.

UPCOMING WEBINARs:
Sip & Refresh:
April 5th @ noon - Managed Long-Term Care Services and Support
May 3rd @ noon - Claims Template Review
June 7th @ noon - Universal Roster Billing

Lunch & Learn:
April 19th @ noon - Hospital Inpatient and Outpatient Billing
May 17th @ noon - Encounter Rate Clinic Billing
June 21st @ noon - Waiver Provider Billing

To learn more about IAMHP’s educational series and to register for upcoming webinars, visit: https://iamhp.org/IAMHP-Webinar-Series
**Episode 105 | Cardiovascular Disease Research and the Intersection of Epigenetic’s and Technology**
Meesha Dogan, CEO and Co-Founder of Cardio Diagnostics, an IAMHP Trusted Partner, joins Samantha to talk about the fascinating topic of cardiovascular disease research and the intersection of epigenetic’s and technology.

**Episode 108 | The Public Health Emergency Unwinding and the Start of Redeterminations**
Jill Hayden, Director at Sellers Dorsey, joins Samantha to talk about the unwinding of the public health emergency, implications for the Medicaid program in Illinois and what we know so far as everyone prepares for the start of redeterminations.

**Episode 109 | The Breakdown of Healthcare Financing and Why it Matters**
Laura Minzer, President of Illinois Life & Health Insurance Council returns to the podcast to help breakdown the world of healthcare financing during a pivotal time in the space.

**Episode 110 | How TwentyEight Health is Working to Improve Health Outcomes for Low-Income Women**
Bruno Van Tuykom, Co-Founder and CEO of TwentyEight Health, an IAMHP Trusted Partner, is back to talk about how his telemedicine company is working to improve health outcomes in low-income, underserved, and under-resourced communities.

**Episode 111 | Breaking Down Governor Pritzker’s Budget Address and What it Means for Medicaid**
IAMHP Legislative Consultant, John Lowder, returns to the podcast to talk about the governor’s recent budget address and what it means for the Medicaid program here in Illinois.
IAMHP 2023 Annual Conference

IAMHP, in partnership with Platinum Title Sponsor, HHaExchange, is thrilled to announce our 2023 annual conference will be held this year at the Hyatt Lodge in Oak Brook, **September 25th -27th.**

This year’s theme is “Stronger Together.” The three-day event will focus on the importance of partnerships and collaboration in our work to continue to strengthen the Medicaid Program here in Illinois. Last year, we had over 300 participants, expert speakers, legislators, and government officials in attendance and we couldn’t be more excited to reconnect with all of our colleagues who work so tirelessly to improve health outcomes for all Illinoisans.

Highlights from last year...

“You all did a great job! It was an excellent conference. I am very glad that you chose to do it in person instead of virtual. Too many organizations are now doing everything virtual. In person events allow greater opportunities to network and build rapport with professional colleagues from other organizations. Thank you for providing that opportunity.”

“All the team members were so on point and helpful. Running a conference and having it be high quality is hard work, kudos to you all!”

“Venue was great and easy to navigate - having vendors outside of the session rooms was ideal.”

“Great information on billing.”

Visit our conference website for more information! [https://iamhpconference.com/](https://iamhpconference.com/)