



# ILLINOIS MEDICAID FACTS

## Who is covered in Illinois's Medicaid Program?

### ELIGIBILITY GROUPS

#### MCO<sup>1-5</sup>

Children (0-18 years)	
Current & Former Foster Care Children*	
Parents and other Caretaker Relatives	
Pregnant Women	
Aged, Blind, and Disabled Adults	
Dual Eligibles*	
Disabled Children	
Incarcerated	
Newly Eligible Adults	
American Indians/Alaskan Natives	
Undocumented Immigrants**	
Qualified Non-Citizens <sup>+</sup>	
Intellectual and Developmental Disabilities <sup>#</sup>	

\* Coverage is provided through Primary Care Case Management (PCCM) or Managed Long-Term Services and Supports (MLTSS); if they opt-out of PCCM as a dual-eligible.

\*\* Pregnant women and children up to 19 years of age are eligible for coverage regardless of immigration status.

+ Qualified Non-Citizens are subject to the 5-year waiting requirement, except for pregnant women and children up to 19 years of age.

# Coverage provided through an HCBS waiver.

## Important News

**April 2017** - The Illinois Department of Health Care and Family Services shifted 26,000 managed care members to fee-for-service (FFS). The change was the result of providers' access concerns after Health Alliance withdrew from the managed care market at the end of 2016.<sup>6</sup>

**June 2017** - The state of Illinois owes Medicaid providers \$2 billion, forcing uncompensated providers to deny care to Medicaid beneficiaries. This puts Illinois at risk for noncompliance with federal Medicaid regulations. A federal judge will decide if the state should be obligated to pay the Medicaid providers.<sup>7</sup>



### Medicaid Medical Director's Network

Illinois began Affinity Groups for diabetes and HIV/AIDs.

### Do Medicaid health plans provide coverage?<sup>4</sup>



YES



NO

- Aetna Better Health
- Blue Cross Community Plan
- Cigna HealthSpring
- Community Care Alliance of Illinois
- CountyCare
- Family Health Network
- Harmony Health Plan
- Health Alliance Medical Plan
- Humana Health Plan
- IlliniCare Health
- Meridian Health Plan
- Molina Healthcare
- NextLevel

## How has Illinois's Medicaid program engaged in Managed Care?

### SECTION 1115 WAIVERS<sup>8</sup>

#### Illinois Behavioral Health Transformation

was created to improve Illinois' Medicaid behavioral health strategy and offer behavioral and physical health integration activities, infant/early childhood mental health initiatives, workforce-strengthening initiatives, first-episode psychosis (FEP) programs, and increased funding for DSHPs.

Status: Pending approval

APPROVED:  
5/7/2018

EFFECTIVE:  
7/1/2018

EXPIRATION:  
6/30/2023





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## How is Illinois meeting the needs of Medicaid enrollees?

### Family Planning

The Illinois Department of Healthcare and Family Services (HFS) provides access to family planning services for women and men in the Medicaid program. The program supports planned pregnancies to optimize women's health and decrease newborn health complications such as low birthweight and preterm birth.<sup>9</sup>

The Illinois Family Planning Program offers assistance to women and adolescents who meet certain income limits and covers the following services:<sup>9</sup>

- ✓ Physical exams and health screenings, including pelvic and breast exam pap smear, blood pressure, weight checks, pregnancy testing, and counseling.
- ✓ Sexually transmitted disease (STD) education, screening, diagnosis, and treatment.
- ✓ HIV/AIDS risk assessment and prevention education.
- ✓ Birth control instruction and counseling.
- ✓ Emergency contraception services, infertility education and referral, and preconception health education.

Healthy Women provides free reproductive health services to low-income women. These services can include:<sup>10</sup>

- ✓ Family planning visits, birth control, physical exams, pap tests, family planning-related laboratory tests, screenings and treatment for sexually transmitted infections discovered at a family planning visit, and sterilization.



### Mental Health & Substance Use Disorder

Behavioral health programs are administered by the Illinois department of Health and Family Services.<sup>11</sup>

Covered benefits include case management, teletherapy, access to community mental health centers, substance use services, and telepsychiatry.<sup>11</sup>

Drug therapies covered: naloxone, naltrexone, and disulfiram.<sup>12</sup>



### Women's Health

Healthy Women provides free reproductive health services to low-income women, including mammograms, multivitamins, and folic acid.<sup>10</sup>

Moms and Babies provides a full range of health benefits to eligible pregnant women and their babies up to one year of age.<sup>5</sup>

Illinois Breast and Cervical Cancer Program (IBCCP) covers uninsured women at any income level who need treatment for breast or cervical cancer.<sup>5</sup>

State Sexual Assault Survivors Emergency Treatment Program pays emergency outpatient medical expenses and 90 days of related follow-up medical care for survivors of sexual assault.<sup>5</sup>



### Oral Health

Children covered by the All Kids Program are eligible for exams, crowns, extractions, cleanings, fluoride, fillings, root canals, sealants, and X-rays.<sup>13</sup>

In 2014, the State of Illinois reinstated comprehensive benefits for adults 21 years of age and older. Some of the benefits include limited and comprehensive oral evaluation, various peripheral radiographic imaging, restorative services (amalgams and composites), crowns, various forms of prosthesis, and endodontic services are provided to retain teeth through root canal therapy.<sup>14</sup>

Pregnant women are eligible for periodic oral examination, prophylaxis – adult, periodontal scaling and root planing, and full mouth debridement to enable comprehensive periodontal care.<sup>14</sup>





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# Timeline

## Federal

## Illinois

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999



Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

ACA implementation begins.

2014

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2017

1966

State of Illinois adopts the Medicaid program.<sup>15</sup>



1976

Illinois begins providing managed care through the Voluntary Managed Care (VMC) program, which covers primary, acute, specialty care, and behavioral health services on a voluntary basis to low-income children and families, pregnant women, and American Indians who live in certain counties.<sup>4</sup>

2006

Illinois creates a primary care case management program (PCCM), Illinois Health Connect (IHC), to cover acute, primary, and specialty care that is coordinated by a medical home.<sup>4</sup>

2011

Illinois implements The Integrated Care Program (ICP), a mandatory program for older adults and adults with disabilities in certain counties in the state who are eligible for Medicaid but not Medicare. Through ICP, beneficiaries receive acute, primary, specialty care, behavioral health, and long-term services and supports that are coordinated using a team-based approach.<sup>4</sup>

2013

Illinois authorizes Medicaid expansion.<sup>15</sup>

2014

Illinois expands the state Medicaid program to cover newly eligible adults up to 138% of the federal poverty level (FPL).<sup>15</sup>

A Medicaid reform bill is signed to restore podiatry and dental care services to adults.<sup>16</sup>

2016

Illinois expands Medicaid eligibility to hepatitis C treatments for stage 3 and stage 4 liver scarring.<sup>17</sup>

