

Introduction to the Medicare-Medicaid Alignment Initiative

Background & Goals

The Illinois Medicare-Medicaid Alignment Initiative (MMAI) is a demonstration designed to improve health care for dually eligible beneficiaries in Illinois. Jointly administered by the Centers for Medicare & Medicaid Services (CMS) and the Illinois Department of Healthcare and Family Services (HFS), MMAI allows eligible beneficiaries in Illinois to receive their Medicare Parts A and B benefits, Medicare Part D benefits, and Medicaid benefits from a single Medicare-Medicaid Plan, also known as a MMAI plan. By integrating and coordinating individuals' health care benefits, the demonstration aims to:

- Improve quality and the beneficiary experience in accessing care;
- Promote person-centered care planning;
- Promote independence in the community;
- Rebalance long-term services and supports (LTSS) to strengthen and promote the community-based systems; and
- Eliminate cost shifting between Medicare and Medicaid.

Who is Eligible to Enroll

MMAI plans will be available to Illinois residents who:

- Are residents of the Greater Chicago or Central Illinois regions and;
- Are at least age 21, entitled to Medicare Part A, and enrolled in Medicare Parts B and D;
- Are eligible for full Medicaid benefits;
- Are enrolled in the Medicaid Aid to the Aged, Blind, and Disabled (AABD) category of assistance;
- Do not receive developmental disability institutional services and are not participating in the Home and Community-Based Services (HCBS) waiver for Adults with Developmental Disabilities;
- Do not have eligibility for Medicaid assistance due to spend-down
- Do not participate in the Illinois Medicaid Breast and Cervical Cancer program; and
- Do not have Comprehensive Third Party Insurance.

Role of Providers

Providers of all specialties and localities are encouraged to be part of this important initiative by joining one or more of the MMAI Plan networks. As a network provider, you will be able to provide care to new and existing Medicare-Medicaid dually eligible patients while benefitting from simpler reimbursement systems and a team-based approach to care.

The attached *Frequently Asked Questions* document provides more details on the demonstration including points of contact at each MMAI Plan.

Thank you for your interest in MMAI and we look forward to working with you!

Overall Goals

- Improve quality and the beneficiary experience in accessing care,
- Promote person-centered care planning,
- Promote independence in the community,
- Rebalance long-term services and supports (LTSS) to strengthen and promote the community-based systems, and
- Eliminate cost shifting between Medicare and Medicaid.

Target Population

- Full-benefit
- Age 21+
- Enrolled in Medicaid AABD category
- Not receiving Developmental Disability (DD) institutional services or participating in the DD Home and Community-Based Services (HCBS) waiver

Covered Benefits

- Medicaid State Plan services including nursing facilities and behavioral health services
- HCBS Waiver services
- Medicare services including primary and acute care, Part D, and skilled nursing facilities

State Demographics

- Total Full-Benefit Duals Eligible for the MMAI Demonstration in the Greater Chicago and Central Illinois Regions: 150,000

Financing

- Capitated Financial Model

MMAI Plans

Greater Chicago:

- Aetna
- BlueCross BlueShield
- Cigna-HealthSpring
- Humana
- IlliniCare
- Meridian

Central Illinois:

- Molina



What is MMAI?

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Who is eligible for MMAI?

In general, individuals who meet all of the following criteria will be eligible for MMAI:

- Are residents of the Greater Chicago or Central Illinois areas and;
- Are at least age 21, entitled to Medicare Part A, and enrolled in Medicare Parts B and D;
- Are eligible for full Medicaid benefits;
- Are enrolled in the Medicaid Aid to the Aged, Blind, and Disabled (AABD) category of assistance;
- Do not receive developmental disability institutional services and are not participating in the Home and Community-Based Services (HCBS) waiver for Adults with Developmental Disabilities;
- Do not have eligibility for Medicaid assistance due to spend-down;
- Do not participate in the Illinois Medicaid Breast and Cervical Cancer program; and
- Do not have Comprehensive Third Party Insurance.

What is a MMAI Plan?

In Illinois, MMAI plans combine all of a member’s health care and prescription drug benefits under a single set of benefits. It also offers care coordination to assist enrollees in meeting their care plan goals.

How is this different from Medicare Advantage?

MMAI plans offer a seamless experience for both enrollees and providers. Under MMAI there are no coinsurance fees for Medicare Part A and B

services. There also are no traditional crossover claims, so provider reimbursement from MMAI plans constitutes payment in full regardless of the type of service. MMAI also offers care coordination to all its enrollees to assist them in meeting their health care goals.

How can individuals enroll in a MMAI plan?

Individuals can enroll over the telephone by calling Illinois Client Enrollment Services and speaking with an enrollment counselor at 1-877-912-8880, TTY users should call 1-866-565-8576.

Some eligible enrollees already may have received a notification about their enrollment options by mail. If an eligible enrollee receives an enrollment packet by mail and does not choose a particular MMAI plan, he or she may be automatically enrolled into a MMAI plan that has the individual's most frequently used providers within its provider network. This passive enrollment process initially began in 2014 and recently resumed in the fall of 2015, with November 1 and December 1, 2015 coverage effective dates, and will continue monthly in 2016.

What benefits are covered by MMAI plans?

MMAI plan members will receive all of their Medicare Parts A and B, Medicare Part D and Medicaid covered benefits from the MMAI health plan.

Members have access to all traditionally covered services like:

- Doctors' visits;
- Hospital care;
- Prescription drugs, including Medicaid over-the-counter drugs;
- Adult Dental;
- Durable Medical Equipment (DME);
- Emergency and Medicaid Transportation Services; and
- Nursing Home and HCBS waiver services for eligible individuals.

Members also will have additional benefits offered by the MMAI plans like:

- One health plan;
- One health care card;
- One number to call;
- No insurance premiums, no co-pays for Medicare Part A and B services;
- A care coordination team;
- A personalized care plan that fits the member's needs; and
- Help transitioning home from the hospital or nursing home.

Is enrollment in MMAI mandatory?

MMAI is a mandatory program, but individuals can opt-out of the program at any time and receive their Medicare and Medicaid benefits separately, as they do today. Individuals who opt-out or disenroll from a MMAI plan will receive Medicaid services through Medicaid fee-for-service and have a choice of Original Medicare and a Medicare prescription drug plan or a Medicare Advantage. Individuals who

opt-out and receive their Medicare and Medicaid benefits separately, will not have access to MMAI's care coordination services for assistance with managing care and meeting health care goals.

Why should I participate in MMAI as a contracted provider?

MMAI aligns with Illinois' overall efforts to provide higher quality and more coordinated care, including:

- Better care through a clinically integrated, person-centered care model;
- Better value by supporting reimbursement models that focus on quality, not quantity, through financial incentives to providers; and
- Better health for the individual through flexible benefits aimed at providing the right care, at the right time, in the right place.

How do I join an MMAI provider network?

Providers are encouraged to join the multiple MMAI plan networks in order to provide continuous care to existing patients and to be part of this important initiative to coordinate care. Please contact the representatives listed below to learn more about how you can become a MMAI network provider.

Greater Chicago Area:

Aetna Better Health of Illinois

Dara Clark
Manager, Provider Services
E-mail: clarkd2dd398@aetna.com
Phone: (312) 821-0616

BlueCross BlueShield of Illinois

Derek Punzalan
Director, Provider Contracting
E-mail: derek_punzalan@bcbsil.com
Phone: (312) 653-6916

Cigna-HealthSpring

Elisa Castro
Network Operations Senior Analyst
E-mail: elisa.castro@healthspring.com
Phone: (312) 897-2065

Humana Inc.

Cassandra Montgomery
Manager – Medicaid, Network Operations
E-mail: cmontgomery@humana.com
Phone: (312) 441-5989

IlliniCare Health

Jared Lammers
Contractor Negotiator
E-mail: jlammers@illinicare.com
Phone: (312) 260-5333

Meridian Health Plan

John Heintz
Director of Network Development
E-mail: john.heintz@mhplan.com
Phone: (312) 980-2371

Central Illinois Area:

Molina Healthcare of Illinois

Kim Gallaher
Manager of Provider Contracting
E-mail: kimberly.gallaher@molinahealthcare.com
Phone: (312) 229-9034

Can I continue to see my patients who join MMAI even if I am not participating?

Yes, for a limited amount of time. MMAI includes important continuity of care protections.

- All enrollees who are new to the MMAI program receive a 180-day transition period in which they must be allowed to continue a current course of treatment with their existing provider, including providers who are out of the MMAI plan's network.
- All MMAI beneficiaries switching from one MMAI plan to a different MMAI plan receive a 90 day transition period.
- MMAI plans may not deny payment to out-of-network providers providing a continued course of treatment during the transition and may be offered Single Case Agreements to continue care beyond the transition period if they remain outside the network or until a qualified affiliated provider is available.

What other continuity of care protections do my patients have?

- All MMAI plans must honor all prior approvals for covered non-Part D drugs, therapies, or other services existing in Medicare or Medicaid at the time of enrollment for 180 days after enrollment. They cannot be terminated without advance notice to the enrollee and transition to other services, if needed.
- In addition, MMAI plans must honor all prior approvals for non-Part D drugs, therapies, or other services existing in Medicare or Medicaid at the time of enrollment for one hundred eighty (180) days after enrollment and may not be terminated at the end of one hundred eighty (180) days without advance notice to the Enrollee and provision of transition to other services, if needed.

How can I find out more about the MMAI and the continuity of care provisions?

- If your organization has any questions regarding the MMAI continuity of care provisions please email the [MMAI ombudsman \(aging.ilsenior@illinois.gov\)](mailto:aging.ilsenior@illinois.gov) or call 1-800-252-8966.
- For more information on the continuity of care provisions under the MMAI, please refer to Section 2.6.10, page 59 of the [MMAI 3-way contract \(http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/IllinoisContract.pdf\)](http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/IllinoisContract.pdf)

How can my patients get help understanding their coverage options under MMAI?

Your patients should review the choices described above to select the option that is best for them and their family.

- To get free, confidential assistance about MMAI plans, your patients can call the Senior HelpLine and ask for the MMAI Ombudsman at 1-800-252-8966 (TTY users should call 1-888-206-1327) Monday-Friday 8:30 am-5pm.

- To get more information about Original Medicare, Medicare Advantage, and Medicare Part D plans, your patients can call Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY users should call 1-877-486-2048) 24 hours a day 7 days a week.
- To get more information about fee-for-service Medicaid, your patients can call the Illinois Department of Healthcare and Family Services Health Benefits Helpline at 1-866-468-7543, TTY users should call 1-877-204-1012.
- To talk to someone for free about their Medicare choices, your patients can call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 (TTY users should call 1-888-206-1327) Monday-Friday 8:30am-5pm.