

State Profile for the Capitated Financial Alignment Demonstration

Illinois: Illinois Medicare-Medicaid Alignment Initiative	
Dates	
Memorandum of Understanding signed date	February 22, 2013
Opt-in enrollment start date	March 1, 2014
Passive enrollment start date	June 1, 2014
Enrollment	
Covered population	<ul style="list-style-type: none"> • Age 21 and older; • Not enrolled in certain home and community-based services waivers or certain programs; and • Living in one of the following two regions: Greater Chicago and Central Illinois
Number eligible	154,000
Number enrolled as of April 2016	49,256
Percent of eligible that opted out as of April 1, 2016	<ul style="list-style-type: none"> • Not available
Payment	
Number of participating plans	7
Savings percentage range	1–5%
Number of rating categories	4
Other risk mitigation strategies	<ul style="list-style-type: none"> • Medical loss ratio
Benefits	
Expanded benefits	<ul style="list-style-type: none"> • None
Carved out benefits	<ul style="list-style-type: none"> • Intermediate Care Facilities for Individuals with Mental Retardation
Required community involvement	<ul style="list-style-type: none"> • None
Care Coordination	
Number of days to complete health risk assessment	<ul style="list-style-type: none"> • Conduct initial health screen within 60 days of enrollment • Conduct an additional and more comprehensive assessment for individuals classified as high or moderate risk within 90 days of enrollment
Number of days to establish individualized care plan	<ul style="list-style-type: none"> • Within 90 days of enrollment
Education requirements for care coordinator	<ul style="list-style-type: none"> • Care coordinators that are assigned to enrollees with high levels of health needs need a clinical background • Care coordinators that are assigned to enrollees with low levels of health needs do not need a clinical background
Care coordinator caseload requirements	<ul style="list-style-type: none"> • Care coordinator to high-risk enrollees–1:75 • Care coordinator to moderate risk enrollees–1:150 • Care coordinator to low-risk enrollees–1:600
Number of days to maintain continuity of care from previous coverage	<ul style="list-style-type: none"> • Maintain providers for up to 180 days
Consumer Protections	
Integrated Medicaid and Medicare appeals process	<ul style="list-style-type: none"> • No
Organization acting as ombudsman	<ul style="list-style-type: none"> • Long-Term Care Ombudsman program



Sources:

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