



Questions Received & HFS Responses regarding the MCO RFP

August 29, 2017

QUESTIONS

1. Is IL going to a Single PDL? Will Managed Medicaid be required to follow?

Yes.

2. Are the six insurance companies going to have plans that cover ICP, MMAI and all other programs?

The RFP combines three (3) current Managed Care Programs: Integrated Care Program (ICP), Family Health Plan/ACA Adults (FHP/ACA) and Managed Long Term Services and Supports (MLTSS). Contracts for MMAI will not be affected as a result of this RFP process.

3. The majority of our residents are currently enrolled in the Aetna Better Health ICP. With Aetna being dropped from the Illinois Medicaid managed care program, what will be the status of the enrollees in its ICP?

Existing managed care members who need to switch plans will be notified in October and November, and, if they do not select a plan by January 1, they will be auto-assigned to a plan based on a defined algorithm. After January 1, all members regardless of whether or not they have switched plans will have an additional 90-day choice period to select a new plan based on preferences.

4. Most of our residents are enrolled in Aetna Better Health through May 31, 2018. Will we be receiving letters as to a reenrollment process? We cannot have them reassigned randomly by the state. Our medical director is the primary care physician for all our residents and needs to remain so. Besides Aetna Better Health, he is also the provider in the Meridian Health ICP plan so we would have to switch our residents to that plan should it become necessary.

See answer to Question 3.

5. I need a timeline on what is going to be done with people enrolled in ICP plans that were eliminated from the managed care program in 2018.

See answer to Question 3.

6. Did RFP Section 1.2's restriction on communications terminate when HFS published its Notice of Award for Medicaid Managed Care Organization RFP 2018-24-001? If not, at what point in the procurement process will HFS consider the restriction as no longer in effect?

The restriction on communications with the Department regarding this RFP will cease once the protest period is over and all received protests have been adjudicated.

7. When does HFS intend to initiate contract discussions with the awardees?

HFS will initiate contract discussions once the protest period is over and all received protests have been adjudicated.

8. Will negotiations be conducted face-to-face in Chicago?

Negotiations will be conducted in the expeditious manner, allowing for face-to-face and teleconference discussions.

9. Does the Department have an anticipated timeline for contract execution?

Contracts will be executed as soon as feasible following final adjudication of all received protests.

10. Does the Department have an updated implementation/rollout timeline at this point?

There are no updates to the implementation timeline at this point. Any updates will be posted to the HFS website.

11. Can you confirm that HFS will be awarding contracts to the following MCOs? Blue Cross Blue Shield, Harmony Health Plan, IlliniCare Health Plan, Meridian Health, Molina Healthcare of IL, CountyCare Health Plan.

Confirmation of the Department's Notice of Award can be found at the HFS website.

12. Also will the dental administrators be the same as they are at the current time?

Dental administrators would be subcontractors to the managed care organizations and ultimately the decision of the health plan.

13. Do you have a timeline for when patient letters will be mailed and the deadlines for patients to choose a plan?

Existing managed care members who need to switch plans will be notified in October and November and, if they do not select a plan by January 1, they will be auto-assigned to a plan based on a defined algorithm. After January 1 all members, regardless of whether or not they have switched plans, will have an additional 90-day choice period to select a new plan based on their preferences.

For new members in populations and counties that are new to managed care, they will be notified in January and February. If they do not select a plan, they will be auto-assigned on April 1, and will have an additional 90 days after April 1 to select a new plan based on their preference if they so choose.

The Department is still finalizing the date that youth in care and formerly in care of the Department of Children and Family Services will be transitioned, but it will be in early-mid 2018. This population will be auto-assigned to the single plan who has received the separate contract for DCFS youth.

14. Can you send me a copy of the letter you will mail to patients who currently have one of the plans not being renewed?

All client enrollment materials will be available on the HFS website.

15. Will the state hold open enrollment this fall for all Medicaid patients, regardless of what plan they are in? If yes, will individuals who are enrolled in a plan that was awarded a contract receive the same letter as those who MUST choose a new health plan? If not, can you send me a sample of this letter?

See answer to Questions 13 and 14.

16. Is there a prescribed time frame in which the appeals will be reviewed and any potential changes announced?

Appeals/Protests will be reviewed after the end of the protest period, which was extended to 3:00 p.m. on September 1st. There is no prescribed time frame in which the protests will be evaluated and adjudicated.

17. Can you please clarify if the contracts awarded to the 6 MCOs are for the Medicaid population? Or do they include MMAI members (dual eligible). If the contracts are for Medicaid, when will the MMAI contracts be awarded?

Contracts awarded are for the Medicaid population. See answer to Question 2 re: MMAI.

18. Is it true that in counties where there was no managed Medicaid, the change won't happen until 4/1/18?

See answer to Question 13.

19. Many of our hospitals depend on the Medicaid assessment money. Will the way this program is distributed change or will the amount paid to each hospital be altered depending on how many contracts they sign or beneficiaries they see?

There are no underlying changes in Provider Assessments as a result of this RFP.

20. Will members be auto assigned to each of the five plans in every county?

See answer to Question 13.
