Integrated Health Homes-Update #3

December 3, 2018

MEMORANDUM

Update #3: Integrated Health Homes

On Friday, the Department of Healthcare and Family Services (HFS) issued a Provider Notice indicating a full delay of the Medicaid Integrated Health Homes (IHHs) program until administrative rules have been finalized. The notice states that HFS plans to implement beneficiary choice in the IHH program the first of the month following adoption of final rules, which is not estimated in the notice.

Proposed rules were published on October 12 in the Illinois Register, which would modify Rule 140 (89 Ill. Adm. Code 140, pp. 18242-18284) to create the IHHs and replace the primary care case management program, which currently acts as a managed care model in which Medicaid beneficiaries have a medical home with a primary care provider. On November 2, HFS Director Patricia Bellock announced at a Medicaid Advisory Committee meeting that auto-enrollment was pushed back from January 1 to March 31, although at that time, there were still plans to continue implementation on January 1 for approximately 11 percent of the population (beneficiary Tiers A, B and C) that had voluntarily chosen to participate.

On November 21, IHA sent HFS a comment letter on the proposed rules, formulated from member feedback. Beneficiary Tier D, which HFS had previously indicated would be initiated after the January 1 rollout, is not included at all in the rules. This group of low behavioral and physical health need beneficiaries represents approximately 89 percent of the Medicaid population in IHHs.

Further summaries and updates on the IHHs will be shared through IHA update memos and through IHA’s Daily Briefing as information is shared by HFS. Current and future information on IHHs from HFS can be found on the IHH webpage. Public Notices and Provider Notices.

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