

Service Package II

IlliniCare Health will be managing all Home and Community Based Services (HCBS) Waivers for members who qualify. Members of the Integrated Care Program (ICP), Family Health Plan (FHP) and the Medicare-Medicaid Plan (MMP) can qualify. Services provided under the waiver program assist members to live independently in their homes. As part of Service Package II, these services are available for current members who qualify for one of the following waivers:

- **Elderly Waiver:** For individuals 60 years and older that live in the community.
- **Persons with Disabilities Waiver:** For individuals that have a physical disability, that are between the ages of 19-59.
- **Persons with HIV or AIDS Waiver:** For individuals that have been diagnosed with HIV or AIDS.
- **Persons with Brain Injury Waiver:** For individuals with an injury to the brain.
- **Supportive Living Facilities Waiver:** This is for individuals that need assistance with the activities of daily living, but do not need the care of a nursing facility.



PROVIDER EDUCATION

IlliniCare Health has a dedicated staff of provider relations specialists that will educate providers on billing processes, care coordination and our innovative programs available to members. Provider orientations, webinars and quick reference guides will be made available. Provider relations representatives are available to answer your questions, and resolve any issues/concerns you may have once you are contracted with us.

Become an IlliniCare Health Provider

If you provide these services to current members of the community, we want to contract with you!

Benefits of contracting with IlliniCare Health:

- Your payments will not be less than Medicaid rates.
- You will be paid sooner than standard HFS payments; IlliniCare Health pays claims within 7-10 days of receipt (for clean claims).

- You have access to an online portal to check Medicaid eligibility, manage claims, and receive electronic payment transfers.
- You can continue to serve existing patients that are IlliniCare Health members.

Contact us

866-329-4701

for more information



WAIVER SERVICES

There are a variety of different services that are included in each waiver.

These services are all aimed at helping the member live independently, and stay out of a nursing home.

Services include:

Department on Aging Services:

- Adult Day Service
- Adult Day Service Transportation
- Homemaker services
- Personal Emergency Response System

Division of Rehabilitative Services:

- Adult day service
- Adult day service transportation
- Behavioral services
- Home delivered meals
- Home health aide
- Home modifications
- Home Care Aide Services
- Nursing, intermittent/skilled
- Occupational therapy
- Physical therapy
- Personal Assistant
- Respite
- Specialized medical equipment and supplies
- Speech therapy
- Employment Services

***Not all services are available under each waiver.**

Providers must be approved by the Department on Aging Services and/or the Division of Rehabilitative Services to provide SPII services.

Who is IlliniCare Health?

IlliniCare Health is a managed care organization (MCO) contracted with the Department of Healthcare and Family Services. IlliniCare Health's parent company, Centene Corporation, has been serving the Medicaid population for more than 30 years. IlliniCare Health is dedicated to providing comprehensive, coordinated healthcare services to improve quality and outcomes for Medicaid recipients. We partner closely with our providers to ensure the best possible outcomes for our members.

What are IlliniCare Health Medicaid products?

The Integrated Care Program (ICP) is available to seniors (age 65 and older) and individuals who receive medical benefits under the Aid to Aged, Blind and Disabled (AABD) program.

The Family Health Plan (FHP) is available to pregnant women and families with children under the age of 19. Individuals age 19 to 64 with incomes up to 138% of the FPL are also eligible for the FHP.

The Medicare-Medicaid Plan (MMP) is available to individuals who qualify for both Medicaid and Medicare. MMP is also known as the Medicaid Medicare Alignment Initiative (MMAI) and Duals.

How will Service Package II Work?

IlliniCare Health is responsible for managing all Home and Community Based Waiver Services for the Department of Healthcare and Family Services. Waiver service providers will need to bill IlliniCare Health to be paid for services rendered. Much of the current process will stay the same. Below is a breakout of the process:

1. Member eligibility will continue to be determined by the Determination of Need (DON) tool.
2. Based on a member's DON score, the member, along with IlliniCare Health and the member's providers, will come up with a care plan that will allow the member to safely remain in their own home or in a community setting.
3. That care plan will outline the services available and approved for the member.
4. When a provider bills IlliniCare Health for a service, that claim will be compared to the care plan. The service provided must be included in the member's care plan in order for providers to receive payment. We will work closely with you to educate on proper billing procedures.

For members that already have a care plan in place at the time of transition, IlliniCare Health will assist in care coordination, working closely with providers to ensure continuity of care.