



OPEN MINDS

Illinois Health & Human Services Market Profile: 2025



Illinois Health & Human Services Market Profile Overview

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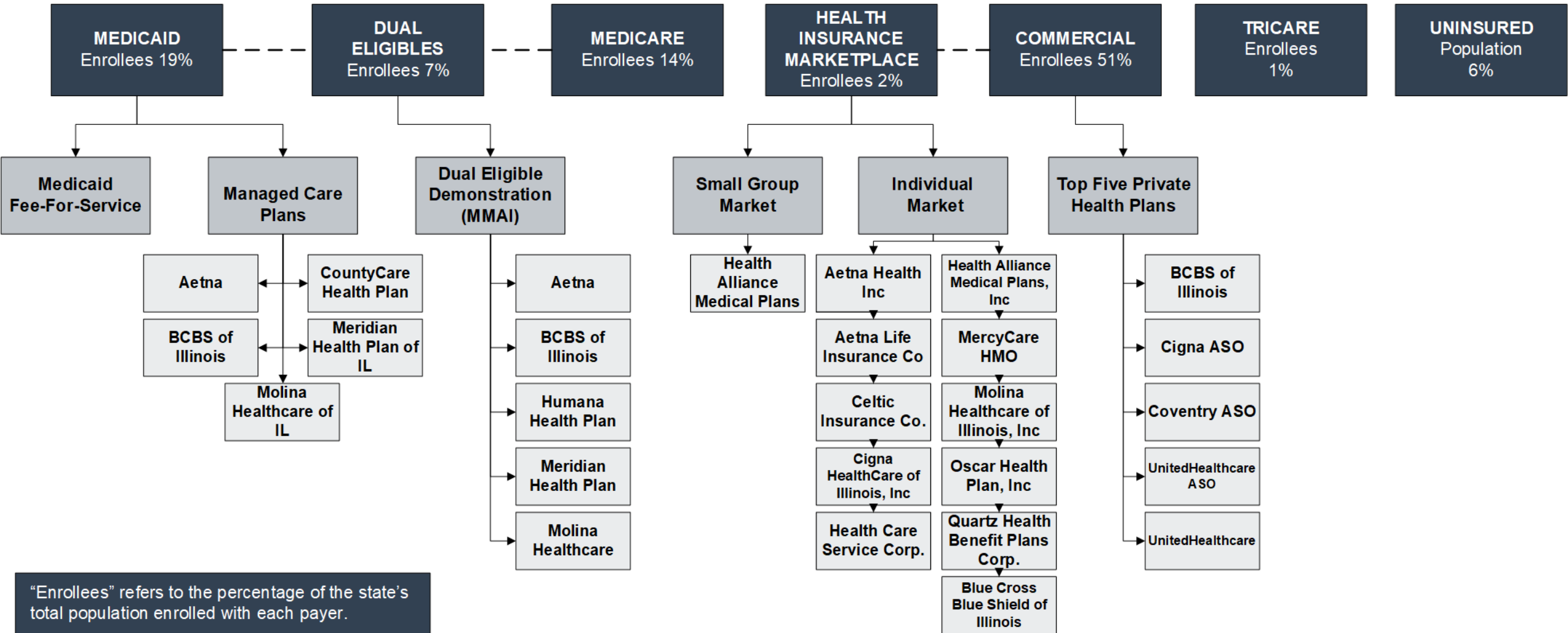
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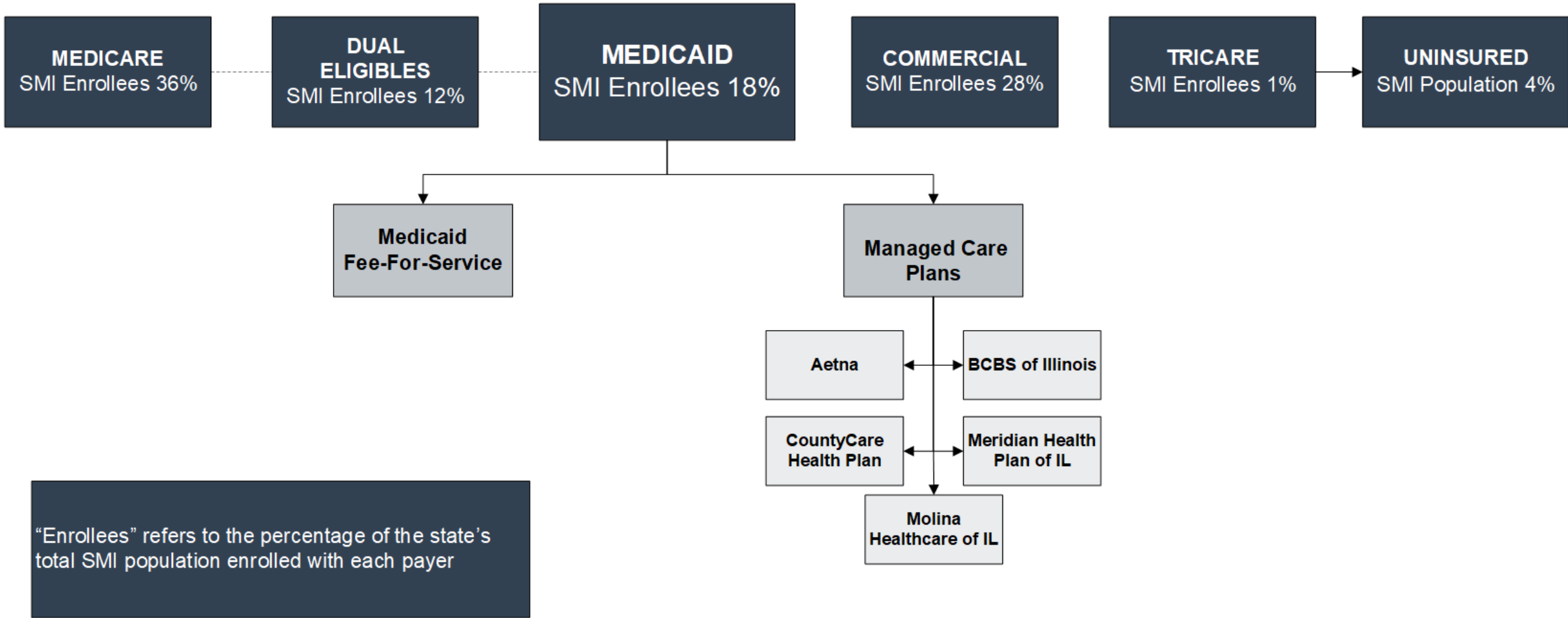
A. Executive Summary

A.1. Illinois Physical Health Care Coverage by Payer

Total Illinois Population- 12,549,689
 Estimated SMI Population- 752,981



A.1. Illinois Behavioral Health Care Coverage by Payer



A.2. Health & Human Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Medicaid health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None.
Accountable Care Organization (ACO) Program		None.
Affordable Care Act Model Health Home	✓	The state had delayed implementation of the health home program as it reviews the model and is currently rescinding approved SPA's.
Patient-Centered Medical Home (PCMH)		None.
Dual Eligible Demonstration	✓	The state will transition to a Fully Integrated Dual Eligible Special Needs Plan by December 31, 2025.
Managed Long-Term Services and Supports (MLTSS)	✓	Health plans are responsible for providing LTSS to the managed care population and dual eligibles requiring LTSS.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Illinois operates seventeen CCBHCs under federal funding.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Illinois Department of Public Health administers grants to supplement local funding of county or multi-county health departments that provide physical health services for the safety-net population.

Mental Health Services

- The Illinois Department of Human Services (DHS) Division of Mental Health (DMH) contracts with a network of community mental health centers and agencies to provide mental health services to the safety-net population.
- The Illinois Mental Health Collaborative operated by Beacon Health Options is the administrative services organization for safety-net services. Beacon provides utilization management, provider organization contracting, and data reporting.

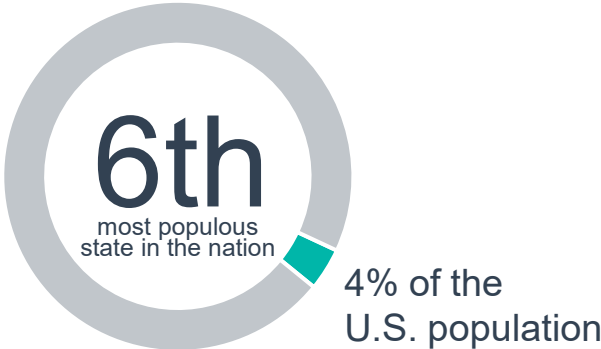
Addiction Treatment Services

- Within DHS, the Division of Alcoholism and Substance Abuse (DASA) contracts with community-based organizations to maintain a statewide addiction treatment program.

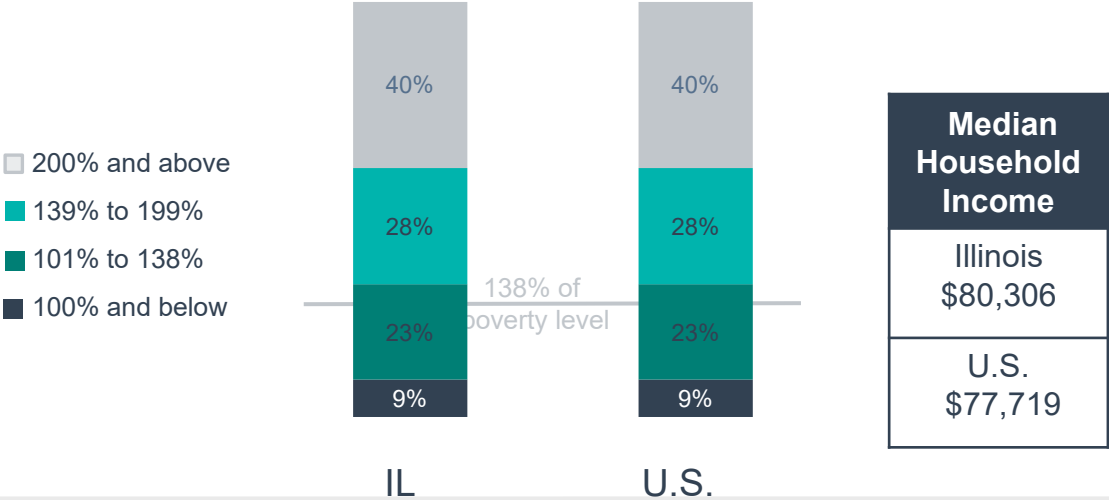
B. Illinois Health Financing System Overview

B.1. Population Demographics

Total Illinois Population- 12,549,689
 Estimated SMI Population- 752,981



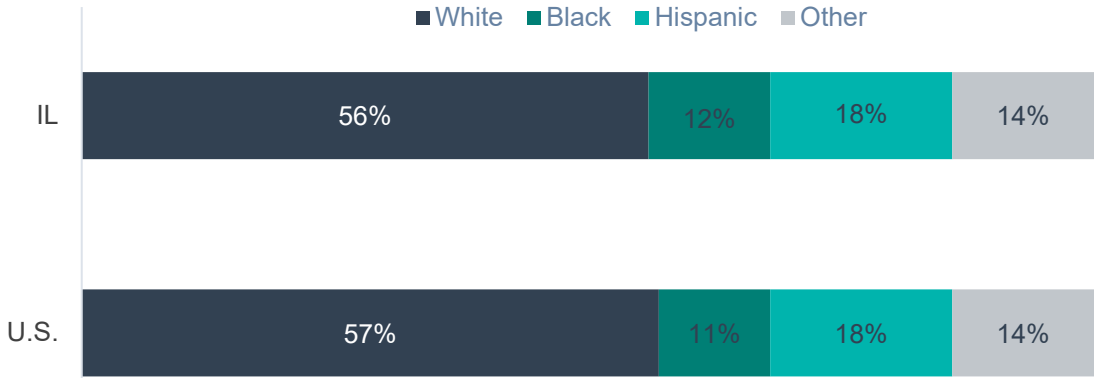
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



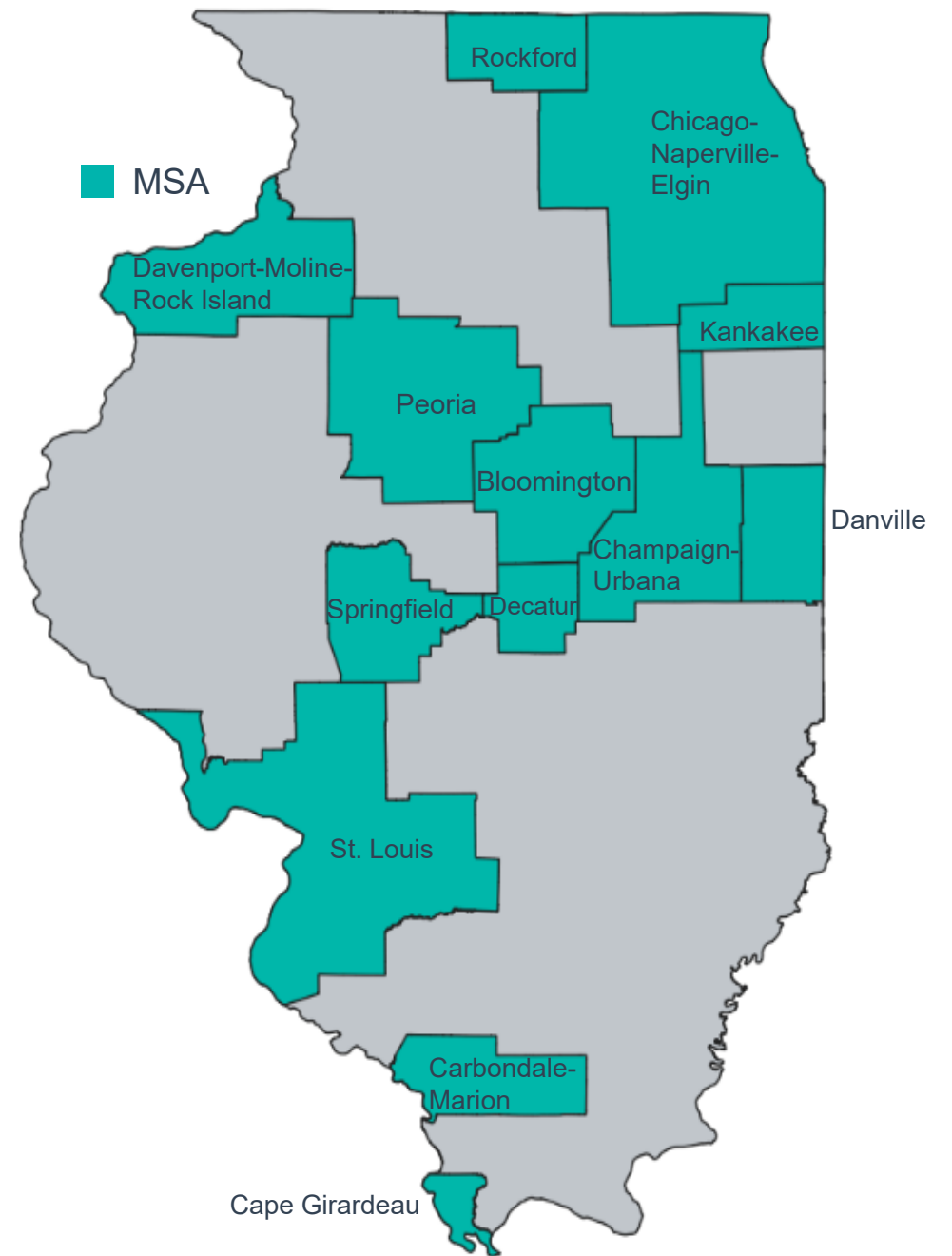
Illinois & U.S. Racial Composition



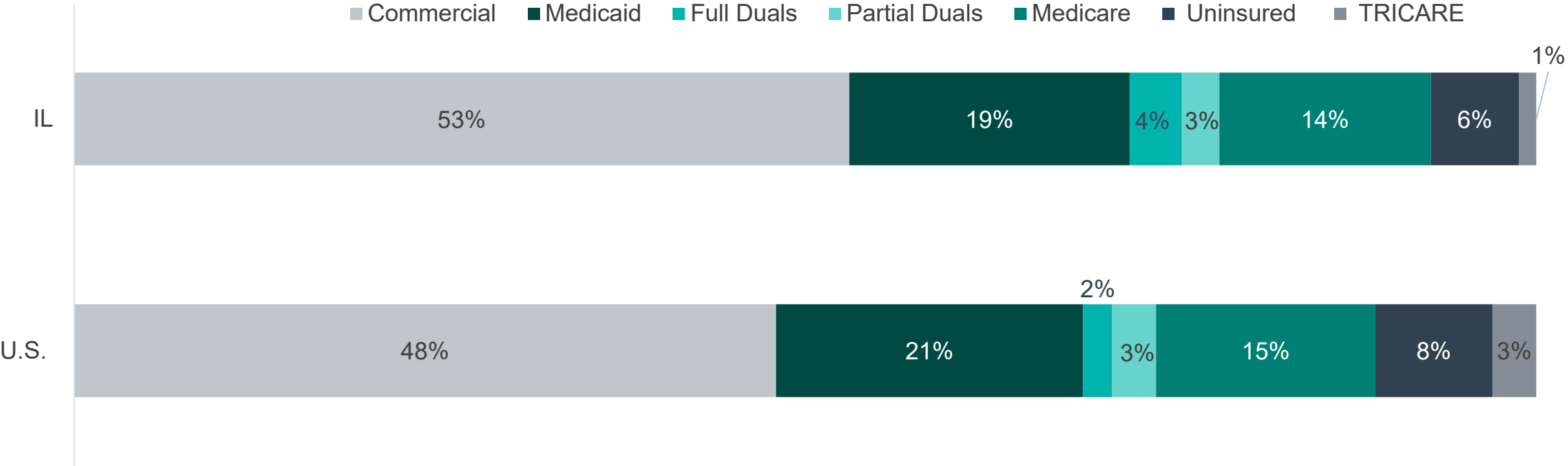
B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent Of Population*
Total MSAs	14,464,852	N/A
Chicago-Naperville-Elgin, IL-IN-WI	9,441,957	75%
St Louis, MO-IL	2,811,927	22%
Davenport-Moline-Rock Island, IA-IL	381,801	3%
Peoria, IL	364,565	3%
Rockford, IL	337,103	3%
Champaign-Urbana, IL	242,453	2%
Springfield, IL	206,308	2%
Bloomington, IL	167,699	1%
Carbondale-Marion, IL	132,693	1%
Kankakee, IL	106,410	1%
Decatur, IL	100,737	1%
Other MSAs	171,199	1%

*Total MSA population exceeds state population due to MSA crossing state lines.



B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State

Commercial Medicaid Full Duals Partial Duals Medicare Uninsured TRICARE



Totals may not equal 100% due to rounding

B.4. Largest Illinois Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross Blue Shield of Illinois	Commercial	8,007,411
Medicare fee-for-service (FFS)	Medicare FFS	1,363,332
Medicaid FFS	Medicaid	792,511
Blue Cross Community Health Plan	Medicaid managed care	714,340
MeridianHealth	Medicaid managed care	674,838
UnitedHealthcare ASO	Commercial administrative services only(ASO)	672,109
Coventry ASO	Commercial ASO	606,902
Cigna ASO	Commercial ASO	579,203
CountyCare	Medicaid managed care	411,061
Aetna Better Health	Medicaid managed care	342,844

* Medicaid enrollment as of March 2025; TRICARE enrollment as of December 2023; Commercial as of December 2023; Medicare enrollment as of September 2024

B.4. Largest Illinois Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Blue Cross Blue Shield of Illinois	Commercial	8,007,411	392,363
Medicare FFS	Medicare	1,363,332	309,476
Medicaid FFS	Medicaid	792,511	69,741
Blue Cross Community Health Plan	Medicaid managed care	714,340	62,862
MeridianHealth	Medicaid managed care	674,838	59,386
Aetna Medicare	Medicare Advantage	198,109	44,971
CountyCare	Medicaid managed care	411,061	36,173
UnitedHealthcare ASO	Commercial ASO	672,109	32,933
Humana Gold Plus	Medicare Advantage	133,833	30,380
Aetna Better Health	Medicaid managed care	342,844	30,170

* Medicaid enrollment as of March 2025; TRICARE enrollment as of December 2023; Commercial as of December 2023; Medicare enrollment as of September 2024

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Marketplace Percent	2%
Type of Marketplace	Federal-State Partnership
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	https://www.healthcare.gov/small-businesses/
	1-800-706-7893

2025 Individual Market Health Plans	
1.	Aetna Health, Inc
2.	Aetna Life Insurance Co
3.	Blue Cross Blue Shield of Illinois
4.	Celtic Insurance Company
5.	Cigna HealthCare of Illinois, Inc
6.	Health Alliance Medical Plans, Inc
7.	Health Care Service Corp.
8.	Quartz
9.	MercyCare HMO
10.	Molina Healthcare of Illinois
11.	Oscar

2025 Small Group Market Plans	
1.	Health Alliance Medical Plans

B.6. Accountable Care Organizations

Medicare Shared Savings ACOs

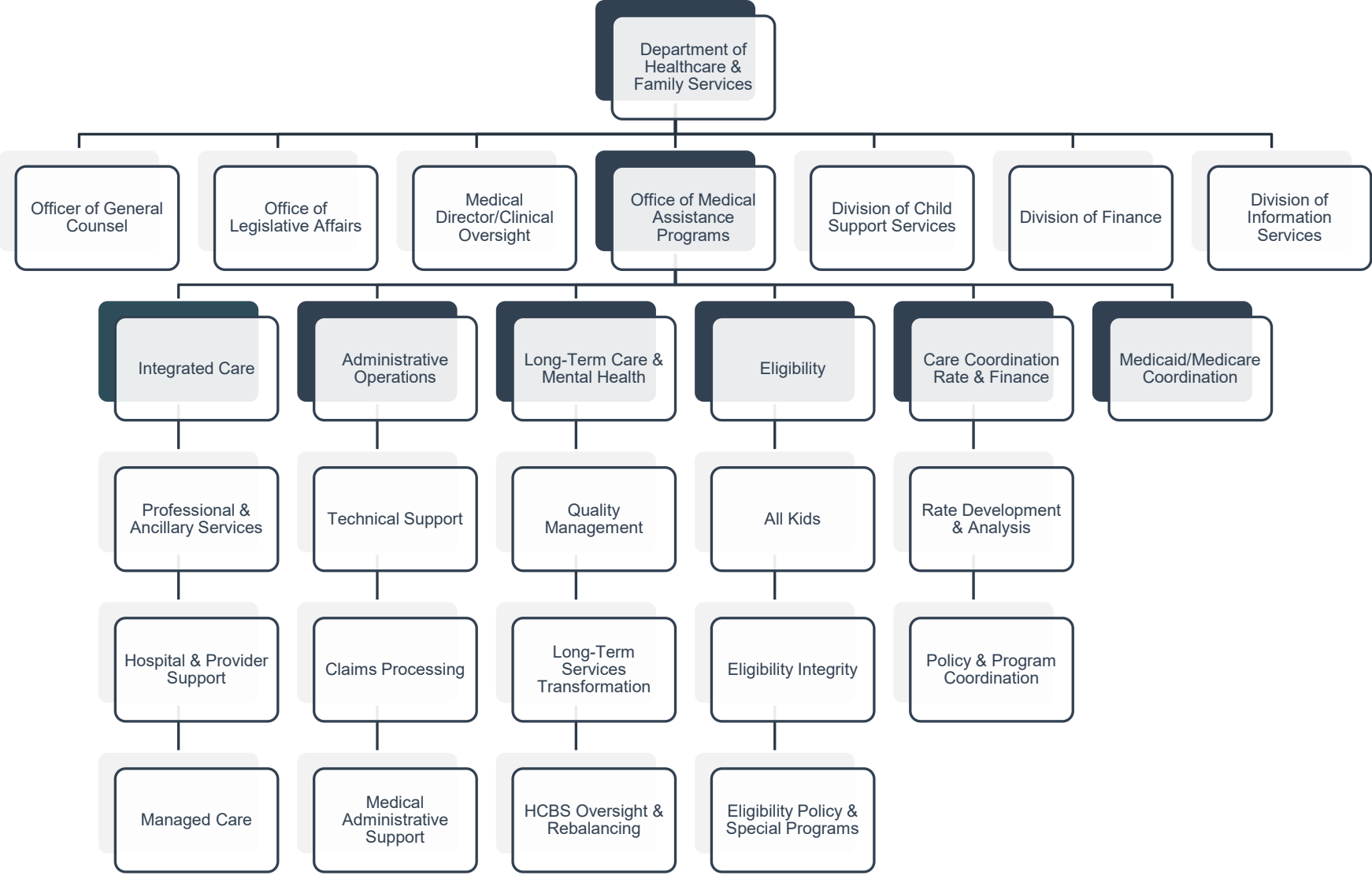
- | | |
|----------------------------------------------------|---------------------------------------------------------------------------|
| 1. Main Street Rural Health Poplar ACO LLC | 21. University of Chicago Care Network Accountable Care Organization, LLC |
| 2. Aledade 103 Upper Midwest MSSP | 22. Aledade 90 National MSSP Enhanced |
| 3. Health Choice Community Partners, LLC | 23. Ascension Care Management |
| 4. Collaborative ACO 30, LLC | 24. Baptist Health Care Partners, LLC |
| 5. Genesis Accountable Care Organization, LLC | 25. Tri-State KY MSSP Enhanced |
| 6. IowaHealth+ | 26. OSF Healthcare System |
| 7. Main Street Rural Health Hawthorn ACO LLC | 27. BJC HealthCare ACO, LLC |
| 8. MercyOne ACO III | 28. SSM ACO, LLC |
| 9. AMITA Health Accountable Care Organization, LLC | 29. Advocate Physician Partners Accountable Care, Inc |
| 10. Essential Health Partners ACO, LLC | 30. HSHS ACO, LLC |
| 11. IRCCO | 31. Mercy Health Corporation |
| 12. Northwestern Medicine Health Network ACO LLC | 32. SSM WI ACO LLC |
| 13. SBL Accountable Care Organization | 33. The Rural Advantage LLC |
| 14. Springfield Clinic ACO, LLC | 34. Stratum Med ACO |
| 15. SSM IL ACO, LLC | 35. Main Street Rural Health Willow ACO LLC |
| 16. MercyOne ACO IV | 36. Medical Home Network Health Alliance II, LLC |
| 17. Community Healthcare Partners ACO, Inc | 37. UnityPoint Accountable Care, LC |
| 18. Franciscan ACO, Inc | 38. Trinity Health Integrated Care |
| 19. Northwestern Medicine Physician Network ACO | 39. USMM Accountable Care Partners, LLC |

B.6. Accountable Care Organizations

Commercial ACOs	
ACO	Commercial Insurer
Adventist Health-Illinois	Cigna
Advocate Physician Partners Accountable Care	UnitedHealthcare, Blue Cross Blue Shield Illinois
Aetna Whole Health Chicago	Aetna
AMITA Health Accountable Care Organization	Blue Cross Blue Shield Illinois
Blue Cross and Blue Shield of Illinois / NorthShore University Health System	Blue Cross Blue Shield Illinois
Northwestern Medicine Physician Partners ACO	Cigna
Centegra Health & Wellness Network	Blue Cross Blue Shield Illinois
Kane County IPA	Blue Cross Blue Shield Illinois
NexusACO	UnitedHealthcare
OSF Healthcare System	Blue Cross Blue Shield Illinois

C. Medicaid Administration, Governance & Operations

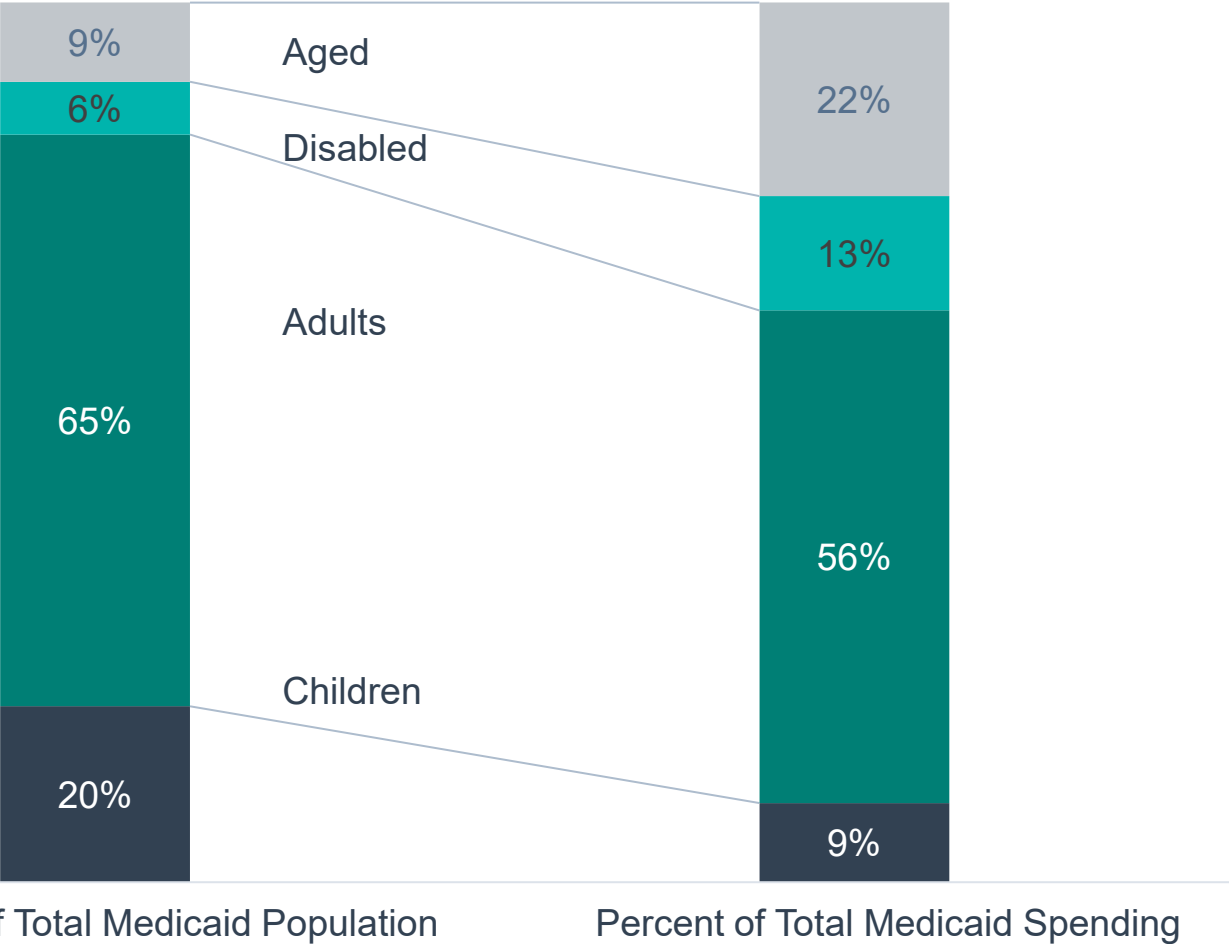
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Elizabeth Whitehorn	Director	Department of Healthcare and Family Services	elizabeth.whitehorn@illinois.gov
Arvind K. Goyal	Chief Medical Officer	Division of Medical Programs	arvind.goyal@illinois.gov
Kelly Cunningham	Administrator, Director of State Medicaid and CHIP	Division of Medical Programs	kelly.cunningham@illinois.gov
Kate Yager	Administrator, Division of Eligibility	Division of Medical Programs	katherine.yager@illinois.gov

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2022		
	U.S.	IL
All populations	\$8,813	\$7,694
Children	\$3,786	\$3,387
Adults	\$5,443	\$4,179
Expansion adults	\$7,569	\$6,903
Blind and disabled	\$25,483	\$16,339
Aged	\$19,191	\$18,389

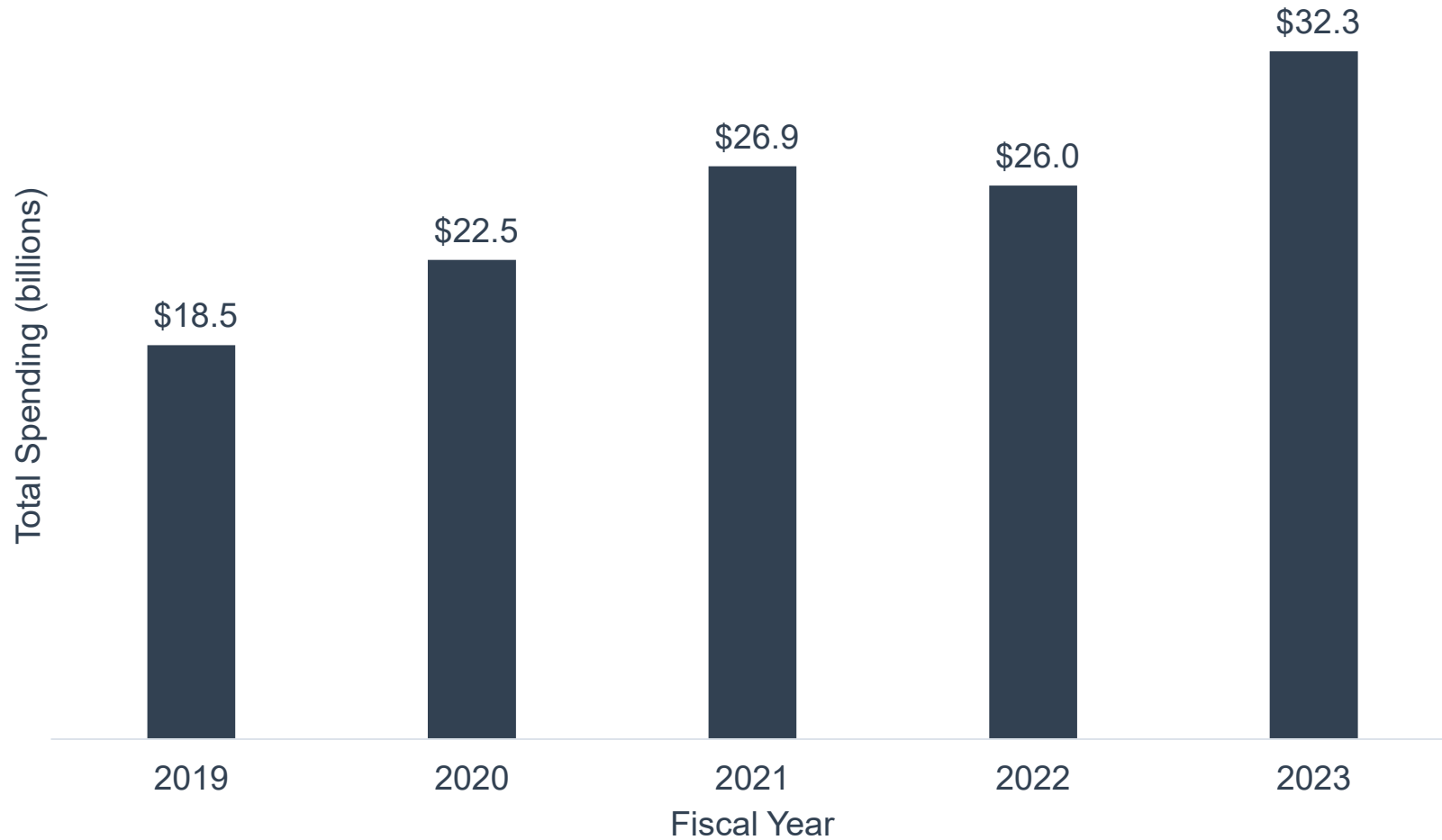
Based on FY 2022 data

C.2. Medicaid Program Spending: Budget

Budget Item	SFY 2023 Spending	Percent Of Budget
Managed care and premium assistance	\$21,974,000,000	68%
Home- and community-based LTSS	\$3,459,000,000	11%
Hospital	\$3,017,000,000	9%
Institutional LTSS	\$1,414,000,000	4%
Other acute	\$1,311,000,000	4%
Medicare premiums and coinsurance	\$781,000,000	2%
Physician	\$205,000,000	1%
Clinic and health center	\$54,000,000	<1%
Other practitioner	\$30,000,000	<1%
Dental	\$19,000,000	<1%
Drugs	\$19,000,000	<1%
Budget Total: \$32,283,000,000		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	51.4%
CY 2025 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion Characteristics	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	<ul style="list-style-type: none"> • 133% of the Federal Poverty Level (FPL) • Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility
Legislation Used To Expand Medicaid	Senate Bill 26, 98th General Assembly
Number Of Individuals Enrolled In The Expansion Group (June 2024)	843,458
Number Of Enrollees Newly Eligible Due To Expansion	754,008
Benefits Plan For Expansion Population	The alternative benefit plan benefits are identical to state plan benefits.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Illinois's Optional Benefits

1. Case management services
2. Nurse anesthetist and clinical nurse specialist services
3. Chiropractic services
4. Clinical services
5. Dental services, including dentures
6. Diagnostic, screening, and preventive services
7. Rehabilitative services
8. Durable medical equipment and supplies
9. Optometry and eyeglasses
10. Hospice services
11. Inpatient psychiatric services for individuals 21 and under
12. Intermediate care facility services for individuals with intellectual disabilities
13. Nursing facility services for individuals under 21 years old
14. Occupational and physical therapy
15. Podiatric services
16. Prescribed drugs
17. Prosthetic devices
18. Tuberculosis-related services
19. Speech, hearing, and language disorder services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (March 2025)	792,511	2,535,124
SMI Enrollment	<ul style="list-style-type: none"> Illinois does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria. Estimated 24% of the SMI population in FFS, 76% in managed care 	
Management	Department of Healthcare and Family Services	Five health plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 3,327,635 | Total Medicaid With SMI: 292,831

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution	<ul style="list-style-type: none"> As of March 2025: 24% in fee-for-service (FFS), 76% in managed care 	
SMI population inclusion in managed care	<ul style="list-style-type: none"> Illinois does not specifically preclude individuals with SMI from enrolling in managed care. Estimated 24% of the SMI population in FFS, 76% in managed care 	
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> Managed care is mandatory for dual eligibles receiving long-term services and supports (LTSS). Estimated 64% of the Dual Eligible population in FFS, 36% in managed care. 	
Long-term services and supports population inclusion in managed care	<ul style="list-style-type: none"> Most beneficiaries, except individuals with I/DD, receive LTSS services through the health plan's capitation rate. 	
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional Behavioral Health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty Behavioral Health	Covered FFS by the state	Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-Term Services and Supports (LTSS)	Covered FFS by the state	<ul style="list-style-type: none"> LTSS for most populations are included in the health plan's capitation. LTSS for the I/DD population are not included but may be added to the health plan contract with 180 days notice.

D.1. Medicaid Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Medicaid health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None.
Accountable Care Organization (ACO) Program		None.
Affordable Care Act Model Health Home	✓	The state had delayed implementation of the health home program as it reviews the model, the state is currently withdrawing SPA's that had been previously approved.
Patient-Centered Medical Home (PCMH)		None.
Dual Eligible Demonstration	✓	The state will transition to a Fully Integrated Dual Eligible Special Needs Plan by December 31, 2025.
Managed Long-Term Services and Supports (MLTSS)	✓	Health plans are responsible for providing LTSS to the managed care population and dual eligibles requiring LTSS.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Illinois operates seventeen CCBHCs under federal funding.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			✓
Children			✓
Blind and disabled individuals			✓
Aged individuals			✓
Dual eligibles		Individuals not requiring LTSS services and reside in a dual eligible demonstration regions.	Individuals requiring LTSS services are required to enroll in managed care
Medicaid expansion			✓
Individuals residing in nursing homes			✓
Individuals residing in ICF/IDD			✓
Individuals in foster care			✓
Other populations	<ul style="list-style-type: none"> Limited benefits enrollees Individuals with third-party coverage Individuals eligible through spend-down Incarcerated or forensically institutionalized individuals 	<ul style="list-style-type: none"> Alaskan natives American indigenous peoples 	

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of March 2025 was 792,511.

D.2. Medicaid FFS Program: Behavioral Health Benefits

- All behavioral health services are financed FFS by the state.
- Supported employment, crisis intervention, respite services, intensive in-home services, peer recovery support, evidence-based home visiting, and addiction case management are available through pilot programs in select areas of the state. See [section D.6.](#) for more information.

FFS Mental Health Benefits

1. Inpatient treatment
2. Assessment and evaluation
3. Crisis services
4. Medication administration, management, monitoring, and training
5. Individual, family, and group psychotherapy
6. Community support services and team
7. Assertive community treatment (ACT)
8. Psychosocial rehabilitation services
9. Intensive outpatient
10. Case management
11. Transition linkage and aftercare
12. Applied Behavioral Analysis

FFS Addiction Treatment Benefits

1. Inpatient treatment
2. Outpatient treatment
3. Intensive outpatient treatment
4. Residential treatment including in IMDs
5. Medication assisted treatment
6. Medically supervised withdrawal management

D.2. Medicaid FFS Program: SMI Population

- Illinois does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of March 2025, *OPEN MINDS* estimates that 24% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and antipsychotics are included on the PDL.
State Uses A PDL For Addiction Treatment Drugs	All drugs for the treatment of addiction are preferred.
Coverage Of Antipsychotic Injectable Medications	Yes, antipsychotic injectable medications are included on the PDL and require prior authorization even if preferred.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • Prior authorization is required for all antipsychotics prescribed to children under eight and long-term care residents. • Non-preferred drugs require prior approval.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	In the Recipient Restriction Program, the state uses statistical norms to identify individuals receiving medical services, including pharmacy, in excess of need. For these individuals, a primary provider is identified to authorize the Medicaid services for which the participant has been restricted.

D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of March 2025 was 2,535,124.
- HealthChoice Illinois, the state's managed care program, offers four statewide health plans with one additional health plan available only in Cook County. HealthChoice Illinois also offers one plan, YouthCare; Operated by Meridian Health, that provides services to DCFS Youth in Care as well as DCFS Former Youth in Care. Five health plans are available for dual eligibles.
 - The health plans serve most populations and are at-risk for physical health, behavioral health, and long-term services and supports.
- The HealthChoice Illinois contract includes a requirement for the health plans to report on their progress towards enrolling provider organizations in arrangements that incentivize value-based care.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Aetna Better Health	
1.	Profit status: For-profit
2.	Parent company: Aetna/ CVS
3.	Behavioral health subcontractor: None
4.	Pharmacy benefits manager: CVS Caremark
5.	Managed care programs: HealthChoice Illinois, Medicare-Medicaid Alignment Initiative (MMAI)
6.	Cook County only: No
7.	Enrollment share: 14%

Blue Cross Blue Shield Of Illinois	
1.	Profit status: Non-profit
2.	Parent company: Health Care Service Corporation
3.	Behavioral health subcontractor: None
4.	Pharmacy benefits manager: Prime Therapeutics
5.	Managed care programs: HealthChoice Illinois, MMAI
6.	Cook County only: No
7.	Enrollment share: 29%

CountyCare Health Plan	
1.	Profit status: Non-profit
2.	Parent company: Cook County Health and Hospitals System
3.	Behavioral health subcontractor: None
4.	Pharmacy benefits manager: CVS Caremark
5.	Managed care programs: HealthChoice Illinois
6.	Cook County only: Yes
7.	Enrollment share: 16%

Humana Health Plan	
1.	Profit status: For-profit
2.	Parent company: Humana, Inc.
3.	Behavioral health subcontractor: Beacon Health Options
4.	Pharmacy benefits manager: None
5.	Managed care programs: MMAI
6.	Cook County only: No
7.	Enrollment share: <1%

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Meridian Health Plan Of Illinois

1. **Profit status:** For-profit
2. **Parent company:** Centene-WellCare
3. **Behavioral health subcontractor:** Cenpatico
4. **Pharmacy benefits manager:** Express Scripts
5. **Managed care programs:** HealthChoice Illinois, MMAI, YouthCare
6. **Cook County only:** No
7. **Enrollment share:** 28%

Molina Healthcare of Illinois

1. **Profit status:** For-profit
2. **Parent company:** Molina
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefits manager:** None
5. **Managed care programs:** HealthChoice Illinois, MMAI
6. **Cook County only:** No
7. **Enrollment share:** 12%

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

- Behavioral health and pharmacy benefits are included in the health plan’s capitation rate.
- In lieu of state plan services, health plans may provide up to 15 days per month of cost-effective behavioral health inpatient services in an institution for mental diseases (IMD) to individuals ages 21 to 64. Enrollees are not required to accept this substitution.
- Supported employment, crisis intervention, respite services, intensive in-home services, peer recovery support, evidence-based home visiting, and addiction case management are available through pilot programs in select areas of the state. See [section D.6.](#) for more information.

Managed Care Mental Health Benefits	
1.	Inpatient treatment
2.	Assessment and evaluation
3.	Crisis services
4.	Medication administration, management, monitoring, and training
5.	Individual, family, and group psychotherapy
6.	Community support services and team
7.	Assertive community treatment (ACT)
8.	Psychosocial rehabilitation services
9.	Intensive outpatient
10.	Case management
11.	Transition linkage and aftercare
12.	Applied Behavioral Analysis

Managed Care Addiction Treatment Benefits	
1.	Inpatient treatment
2.	Outpatient treatment
3.	Intensive outpatient treatment
4.	Residential treatment including in IMDs
5.	Medication assisted treatment
6.	Medically supervised withdrawal management

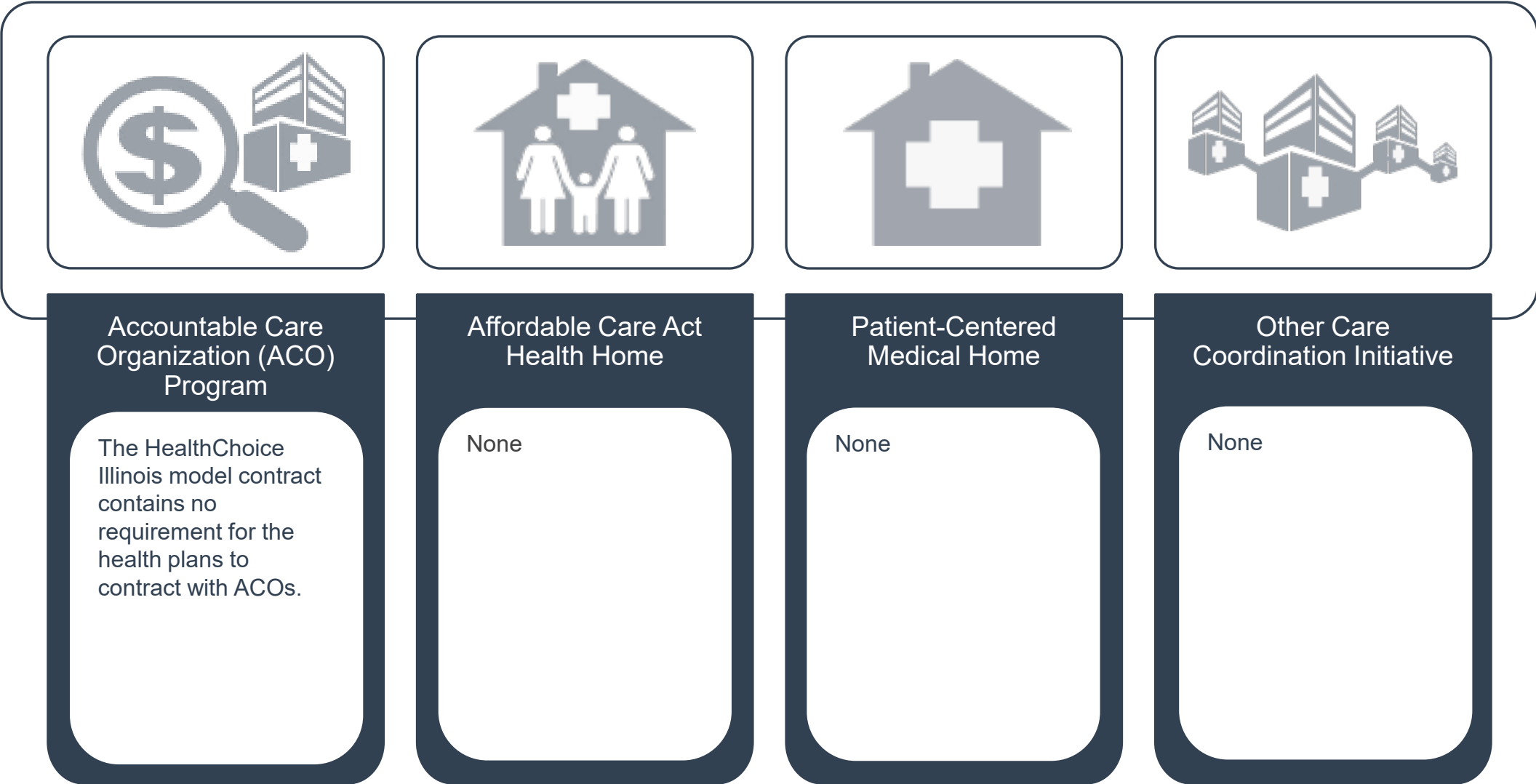
D.3. Medicaid Managed Care Program: SMI Population

- Illinois does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of March 2025, *OPEN MINDS* estimates that 76% of the SMI population was enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Illinois Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	The state has implemented a single, uniform PDL.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	Health plans are responsible for setting utilization restriction including step therapy and prior authorizations.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Yes, health plans must have a recipient restriction program that limits individuals to one primary care provider or pharmacy for a reasonable period of time.

D.4. Medicaid Program: Care Coordination Initiatives



D.5. Medicaid Program: Demonstration Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Caps	Effective Date	Expiration Date
Illinois Continuity of Care & Administrative Simplification	Seeks to address coverage for pregnant women 60 days postpartum, address the churning between FFS and Managed Care due to late paperwork, and implementing hospital presumptive eligibility.	1115	N/A	01/19/2021	12/31/2025
Illinois' Behavioral Health Transformation	Tests a combination of initiatives to integrate physical and behavioral health services. See section D.6.	1115	Enrollment caps vary by pilot	07/01/2018	06/20/2029

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority?
IL HCBS Waiver for Persons Who are Elderly (0143.R07.00)	Individuals aged 65 and above and individuals aged 60 to 64 with physical disabilities	160,164	Department of Aging	Yes; 1915 (b) waiver and SPA
IL Persons with Disabilities (0142.R07.00)	Physically disabled individuals ages 0 to 59	36,468	Division of Rehabilitation Services	Yes; 1915 (b) waiver and SPA
IL Adults w/DD Waiver (0350.R05.00)	Individuals aged 18 and above with autism, developmental disabilities, or intellectual disabilities	26,305	Division of Developmental Disabilities	None
IL Supportive Living Program (0326.R05.00)	Individuals aged 65 and above and individuals ages 22 to 64 with physical disabilities	16,245	Division of Medical Programs	Yes; 1915 (b) waiver and SPA
IL HCBS Waiver for Persons w/HIV or AIDS (0202.R07.00)	Individuals of all ages with HIV or AIDS	1,263	Division of Rehabilitation Services	Yes; 1915 (b) waiver and SPA

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers (cont.)

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Service Management Authority?
IL Medically Fragile, Technology Dependent Waiver (0278.R06.00)	Individuals under age 21 who are medically fragile or technology dependent	1,912	University of Illinois at Chicago, Division of Specialized Care for Children	None
IL Support Waiver for Children and Young Adults with Developmental Disabilities (0464.R03.00)	Individuals ages 3 to 21 with autism, developmental disabilities, or intellectual disabilities	1,440	Division of Developmental Disabilities (DDD)	None
IL Residential Waiver for Children and Young Adults with DD (0473.R03.00)	Eligible children and young adults with developmental disabilities from age three through age twenty-one who meet functional and financial eligibility.	295	IDHS, DDD	None
IL Persons with Brain Injury (0329.R05.00)	Individuals of all ages with acquired brain injury	3,368	Division of Rehabilitation Services	Yes; 1915 (b) waiver and SPA

D.6. Medicaid Program: New Initiatives- Transforming Maternal Health Model (TMaH)

- In January 2025, the Department of Healthcare and Family Services was selected by CMS to participate in the new Transforming Maternal Health Model (TMaH).
- This model seeks to improve maternal health outcomes by implementing a whole-person approach to care.
- Illinois will receive \$17 million in critical funding over 10 years for their Medicaid program.
- Most of the resources awarded to Illinois will be invested in provider infrastructure. This support will also enable states to develop a value-based alternative payment model for maternity care services which will improve quality and health outcomes and promote the long-term sustainability of services.
- This initiative will help to develop and pilot a comprehensive and integrated approach to addressing physical health, mental health and social needs throughout pregnancy, childbirth and the postpartum care continuum.
- The TMaH model will be piloted in the Aurora and Rockford communities, two underserved areas of the state that include a mix of rural, suburban and urban populations with persistent disparities in maternal health and birth outcomes.
- Illinois was one of fourteen states across the country selected to participate in the project.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (September 2024)	1,363,332	1,355,293
SMI Enrollment	<ul style="list-style-type: none"> • <i>OPEN MINDS</i> estimates 50% of the population in Medicare Advantage, 50% in Traditional Medicare. 	
Management	<ul style="list-style-type: none"> • Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs 	<ul style="list-style-type: none"> • Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	<ul style="list-style-type: none"> • Part A & B cover up to 80%, remaining costs can be paid out of pocket 	<ul style="list-style-type: none"> • Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 2,718,625 | Total Medicare With SMI: 617,128

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of September 2024: 50% Medicare Advantage, 50% in traditional Medicare.
SMI population inclusion in managed care	Estimated 50% of population in Medicare Advantage, 50% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that less than 1% of population is enrolled in C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of September 2024 was 2,718,625.
- It is estimated around 14% of the state's total population is enrolled in Medicare, compared with about 18% of the U.S. population enrolled in Medicare.
 - *OPEN MINDS* estimates approximately 36% of the state's SMI population is enrolled in a Medicare plan.
- As of September 2024, Medicare Advantage plans covered half of the state's total Medicare population.
 - There are Medicare Advantage plans throughout Illinois, with plan availability ranging from 10 plans to 72 plans, depending on the county.
- There are 49 insurers that offer Medigap plans in Illinois for 2025, with premiums that vary depending on whether the person is in the Chicago area, the north-central area, or the southern area of the state.
- As of August 2024, more than 1.9 million Illinois Medicare beneficiaries had Medicare Part D coverage.¹ About 50% of them had stand-alone Medicare Part D plans, while the rest had Medicare Advantage plans that included Part D coverage.
 - Insurers in Illinois are offering 17 stand-alone Medicare Part D plans for sale in 2025, with premiums as low as \$0/month.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none">1. Main Street Rural Health Poplar ACO LLC2. Aledade 103 Upper Midwest MSSP3. Health Choice Community Partners, LLC4. Collaborative ACO 30, LLC5. Genesis Accountable Care Organization, LLC6. IowaHealth+7. Main Street Rural Health Hawthorn ACO LLC8. MercyOne ACO III9. AMITA Health Accountable Care Organization, LLC10. Essential Health Partners ACO, LLC11. IRCCO12. Northwestern Medicine Health Network ACO LLC13. SBL Accountable Care Organization14. Springfield Clinic ACO, LLC15. SSM IL ACO, LLC16. MercyOne ACO IV17. Community Healthcare Partners ACO, Inc18. Franciscan ACO, Inc19. Northwestern Medicine Physician Network ACO | <ol style="list-style-type: none">21. University of Chicago Care Network Accountable Care Organization, LLC22. Aledade 90 National MSSP Enhanced23. Ascension Care Management24. Baptist Health Care Partners, LLC25. Tri-State KY MSSP Enhanced26. OSF Healthcare System27. BJC HealthCare ACO, LLC28. SSM ACO, LLC29. Advocate Physician Partners Accountable Care, Inc30. HSHS ACO, LLC31. Mercy Health Corporation32. SSM WI ACO LLC33. The Rural Advantage LLC34. Stratum Med ACO35. Main Street Rural Health Willow ACO LLC36. Medical Home Network Health Alliance II, LLC37. UnityPoint Accountable Care, LC38. Trinity Health Integrated Care39. USMM Accountable Care Partners, LLC |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics			
Characteristics	Medicaid Fee-For-Service (FFS)	Managed Care-MLTSS Only	Medicare-Medicaid Alignment Initiative (MMAI) Dual Eligible Demonstration
Enrollment (March 2025)	156,603	58,266	73,015
Estimated SMI Enrollment	32,886	12,235	15,333
Management	Department of Healthcare and Family Services	<ul style="list-style-type: none"> Physical health: Department of Healthcare & Family Services LTSS & Behavioral Health: Six health plans 	Five health plans
Payment Model	FFS	<ul style="list-style-type: none"> Physical health: FFS LTSS & Behavioral Health: Capitated rate 	Blended capitated rate
Geographic Service Area	Statewide	Statewide	Greater Chicago and Central Illinois regions

Total Dual Eligible Enrollment: 287,884 | Total Dual Eligible Enrollment With SMI: 60,455

*Unless otherwise noted, the term *dual eligibles* in this section refers Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	March 2025 Enrollment	Estimated SMI Enrollment
Blue Cross Blue Shield of Illinois	Blue Cross and Blue Shield of Illinois	Medicare-Medicaid Alignment Initiative (MMAI)	19,540	1,720
MeridianComplete	Meridian Health Plans of Illinois Inc	MMAI	13,580	1,195
Aetna Better Health	Aetna/CVS	MMAI	13,338	1,174
Humana Health Plan	Humana, Inc	MMAI	12,958	1,140
Molina Dual Options	Molina Healthcare of Illinois, Inc	MMAI	13,599	1,197

Note: Illinois does not have any D-SNP or PACE plans.

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of March 2025 was 287,884.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers long-term services or supports (LTSS) and non-physician behavioral health services.
- Dual eligibles in need of LTSS are required to enroll in Illinois HealthChoice, the state's Medicaid managed care program for LTSS and behavioral health services.
 - Dual eligibles who do not need LTSS have the option to remain in FFS.
- Dual eligibles, regardless of need for LTSS, have the option to enroll in the Medicare-Medicaid Alignment Initiative (MMAI) if they live in a demonstration county.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives- FIDE-SNP Transition

- By December 31, 2025, Illinois will be expected to full transition its Medicare-Medicaid Alignment Initiative (MMAI) to a fully integrated Dual Eligible Special Needs Plan model.
- The change is expected to being January 1, 2026, and will impact the way care is delivered to Illinois residents eligible for both Medicare and Medicaid, including those receive LTSS.
- The State has awarded contracts to four health plans: Aetna Better Health, Humana Health Plan, Meridian Health Plan, and Molina Healthcare to implement the new DIFE-SNP model.
- The state is not considering adding any additional benefits to the program as Illinois already offers a comprehensive set of services. At minimum they expect the FIDE-SNPs to continue to offer benefits that align with the currently MMAI benefits.
- The initial contract term will start July 1, 2025, and will run through December 31, 2029, with renewal options for up to five years and six months.
- Starting in 2027, the plans will also provide managed long-term services and support (MLTSS). Currently, HFS operates an MLTSS program for those receiving 1915(c) waiver services and requires dual eligible individuals to enroll to receive the Medicaid waiver services. Program enrollment is about 60,000 people.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

LTSS* Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (March 2025)	58,266
Estimated SMI Enrollment	12,235
Management	<ul style="list-style-type: none"> • LTSS & Behavioral Health: Five health plans
Payment Model	<ul style="list-style-type: none"> • LTSS & Behavioral Health: Capitated rate
Geographic Service Area	Statewide as of July 1, 2019

Total LTSS Enrollment: 58,266 | Total LTSS Enrollment With SMI: 12,235

*Long-Term Services & Supports

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			✓
Disabled children			✓
Blind individuals			✓
Aged individuals			✓
Dual eligibles		Individuals not requiring LTSS services and also reside in a dual eligible demonstration regions.	Individuals requiring LTSS services are required to enroll in managed care
Individuals with I/DD			✓
Individuals residing in nursing homes			✓
Individuals residing in ICF/IDD			✓
Other HCBS Recipients			✓
Other populations	<ul style="list-style-type: none"> • Limited benefits enrollees • Individuals with third-party coverage • Individuals eligible through spend-down • Incarcerated or forensically institutionalized individuals 	<ul style="list-style-type: none"> • Alaskan natives • American Indigenous Peoples 	

G.2. LTSS Medicaid Financing & Delivery System: Overview

- Illinois HealthChoice is the state's Medicaid managed care program for LTSS and behavioral health services.
- In order to receive services through Illinois HealthChoice, individuals must be:
 - Full benefit dual eligibles
 - Reside in a nursing facility; or
 - Enrolled in one of the following HCBS waivers: Supportive Living Program, Persons with Disabilities, Persons with HIV or AIDS, Persons with Brain Injury, and Persons who are Elderly.
 - Individuals in the Breast and Cervical Cancer program are excluded from the program.
- All Illinois HealthChoice health plans must provide the MLTSS benefit package. For more information on the health plans see [section D.3](#).
 - Humana, which participates in the dual demonstration only, chose not to offer the HealthChoice Illinois MLTSS benefit package.

G.3. Medicaid LTSS Program: Health Plan Characteristics

Aetna Better Health	
1.	Profit status: For-profit
2.	Parent company: Aetna/ CVS
3.	Behavioral health subcontractor: None
4.	Pharmacy benefits manager: CVS Caremark
5.	Managed care programs: Medicare-Medicaid Alignment Initiative (MMAI), HealthChoice Illinois
6.	Cook County only: No
7.	Enrollment share: 14%

CountyCare Health Plan	
1.	Profit status: Non-profit
2.	Parent company: Cook County Health and Hospitals System
3.	Behavioral health subcontractor: None
4.	Pharmacy benefits manager: CVS Caremark
5.	Managed care programs: HealthChoice Illinois
6.	Cook County only: Yes
7.	Enrollment share: 16%

Blue Cross Blue Shield Of Illinois	
1.	Profit status: Non-profit
2.	Parent company: Health Care Service Corporation
3.	Behavioral health subcontractor: None
4.	Pharmacy benefits manager: Prime Therapeutics
5.	Managed care programs: HealthChoice Illinois, MMAI
6.	Cook County only: No
7.	Enrollment share: 29%

G.3. Medicaid LTSS Program: Health Plan Characteristics

Meridian Health Plan Of Illinois

1. **Profit status:** For-profit
2. **Parent company:** Centene-WellCare
3. **Behavioral health subcontractor:** Cenpatico
4. **Pharmacy benefits manager:** ExpressScripts
5. **Managed care programs:** HealthChoice Illinois, MMAI
6. **Cook County only:** No
7. **Enrollment share:** 28%

Molina Healthcare of Illinois

1. **Profit status:** For-profit
2. **Parent company:** Molina
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefits manager:** None
5. **Managed care programs:** HealthChoice Illinois, MMAI
6. **Cook County only:** No
7. **Enrollment share:** 12%

G.4. Medicaid LTSS Program: Health Benefits

HealthChoice Illinois MLTSS Benefits Package

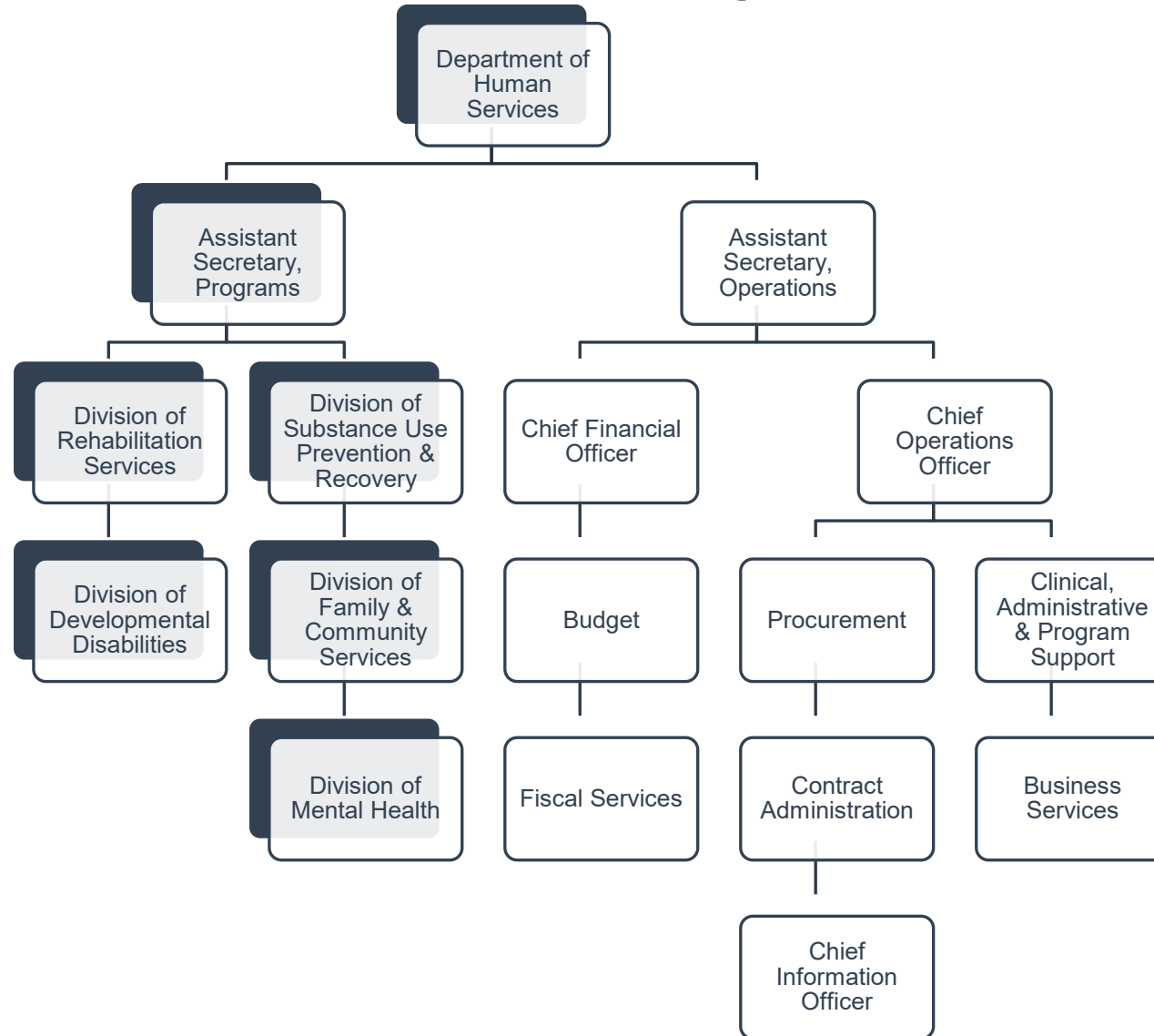
1. Mental health rehabilitation option services
2. Alcohol and substance abuse rehabilitation services
3. Mental health targeted case management
4. Exceptional care
5. Non-emergency medical transportation
6. Social work services
7. Psychologist services
8. Skilled and intermediate long-term care
9. Licensed clinical professional counselor
10. Homemaker
11. Agency provided nursing therapies
12. Adult day health
13. Habilitation services
14. Respite care

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives-FIDE-SNP Transition

- By December 31, 2025, Illinois will be expected to full transition its Medicare-Medicaid Alignment Initiative (MMAI) to a fully integrated Dual Eligible Special Needs Plan model.
- The change is expected to being January 1, 2026, and will impact the way care is delivered to Illinois residents eligible for both Medicare and Medicaid, including those receive LTSS.
- The State has awarded contracts to four health plans: Aetna Better Health, Humana Health Plan, Meridian Health Plan, and Molina Healthcare to implement the new DIFE-SNP model.
- The state is not considering adding any additional benefits to the program as Illinois already offers a comprehensive set of services. At minimum they expect the FIDE-SNPs to continue to offer benefits that align with the currently MMAI benefits.
- The initial contract term will start July 1, 2025, and will run through December 31, 2029, with renewal options for up to five years and six months.
- Starting in 2027, the plans will also provide managed long-term services and support (MLTSS). Currently, HFS operates an MLTSS program for those receiving 1915(c) waiver services and requires dual eligible individuals to enroll to receive the Medicaid waiver services. Program enrollment is about 60,000 people.

H. State Behavioral Health Administration & Finance System

H.1. Department Of Human Services: Organization Chart



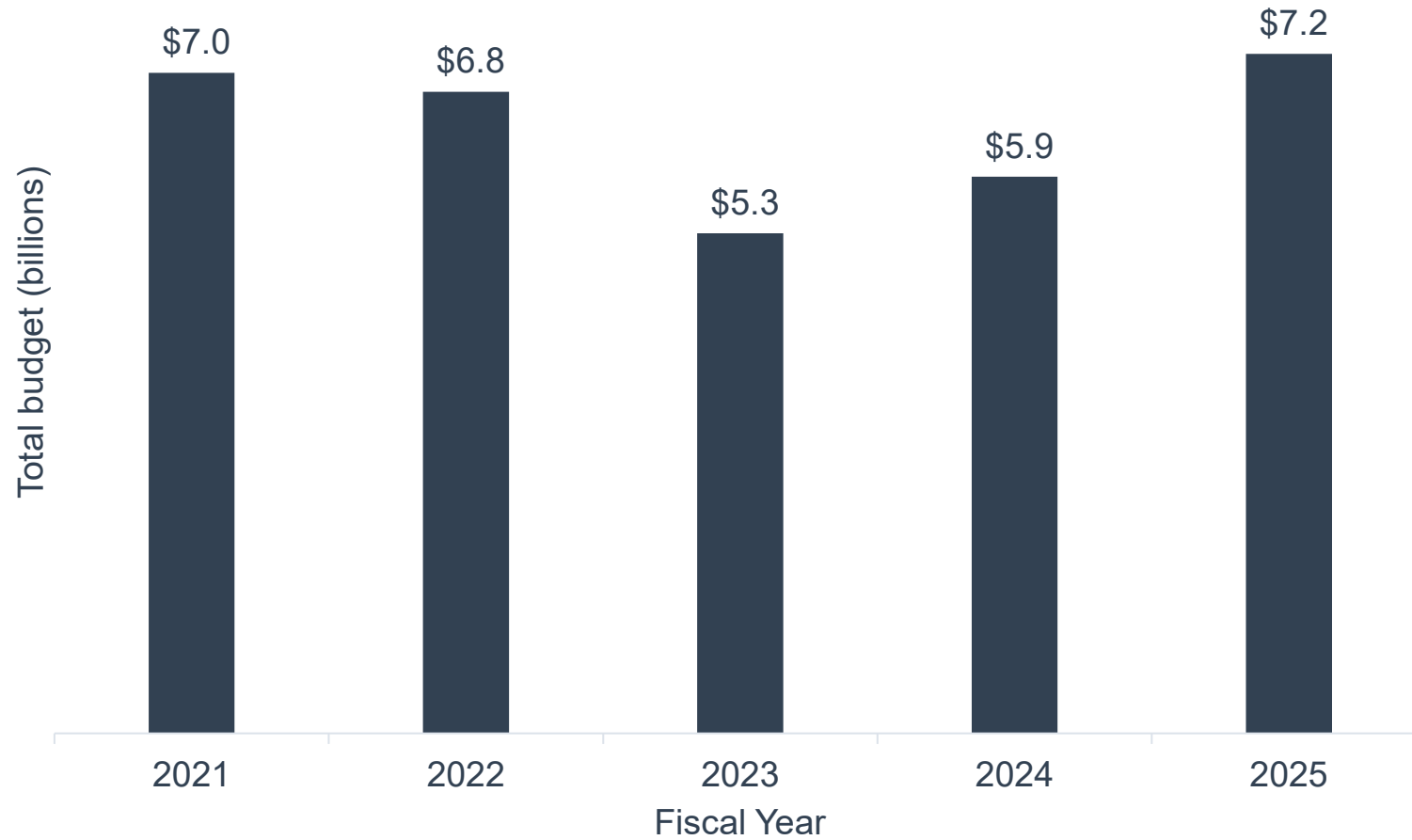
H.1. Department Of Human Services: Key Leadership

Name	Position	Department	Email
Dulce Quintero	Secretary Designate	Department of Human Services (DHS)	dulce.quintero@illinois.gov
Ryan Thomas	Acting Assistant Secretary of Operations	DHS	ryan.thomas@illinois.gov
Rafael Rivera	Director	Division of Substance Use Prevention and Recovery	rafael.rivera@illinois.gov
David Albert	Director	Division of Mental Health	david.albert@illinois.gov
Leslie Cully	Director	Division of Family and Community Services	leslie.cully@illinois.gov
Rahnee Patrick	Director	Division of Rehabilitation Services	rahnee.patrick@illinois.gov
Tonya Piephoff	Director	Division of Developmental Disabilities	tonya.piephoff@illinois.gov

H.2. Department Of Human Services: Budget

Budget Item	SFY 2025 Budget Appropriations	Percent Of Budget
Developmental Disability Grants & Operations	\$2,680,458,300	37%
Family and Community Services Grants & Operations	\$1,579,481,200	36%
Mental Health Grants & Operations	\$840,737,100	12%
Substance Use Prevention & Recovery	\$628,034,000	9%
Mental Health Centers	\$364,300,200	5%
Administration & Program Support	\$60,302,200	1%
Budget Total: \$7,513,313,000		

H.2. Department Of Human Services: Budget Over Time



H.3. State Psychiatric Institutions

State Psychiatric Institutions				
Institution	Location	Beds	FY 2024 Unduplicated Persons Served	June 20, 2024 Census
Alton Mental Health Center	Alton	125	238	125
Chester Mental Health Center	Chester	302	505	287
Chicago-Read Mental Health Center	Chicago	148	385	156
Choate Mental Health Center (includes I/DD)	Anna	79	361	223
Elgin Mental Health Center	Elgin	419	948	418
Madden Mental Health Center	Hines	173	1,734	87
Packard Mental Health Center	Springfield	146	314	144
Total		1,392	4,485	1,503

H.4. Behavioral Health Safety-Net Delivery System

- The Illinois Department of Human Services (DHS) Division of Mental Health (DMH) contracts with community mental health centers and agencies to provide mental health services to the safety-net population.
- The Illinois Mental Health Collaborative, operated by Beacon Health Options, is the administrative services organization that provides utilization management, manages provider contracting, and produces reports for safety-net services.
- DHS is also the agency responsible for funding and administering addiction treatment programs for the safety-net population.
- Within DHS, the Division of Alcoholism and Substance Abuse (DASA) contracts with community-based organizations to maintain a statewide addiction treatment safety-net.

H.5. Behavioral Health System: New Initiatives- Behavioral Health Reorganization

- In February 2025 Executive Order 2025-1 was announced to reorganize the Department of Human Services. The Divisions of Mental Health and Substance Use Prevention and Recovery will combine to become the Division of Behavioral Health and Recovery.
- There is a substantial overlap in people services by DMH and SUPR, as one in four individuals with a serious mental illness also have a substance use disorder, almost 50% of inpatient substance use disorder patients have a co-occurring psychiatric disorder, and approximately 32% of inpatient psychiatric patients have a co-occurring substance use disorder.
- Many Illinois service providers serve consumers of both DMH and SUPR, with 61 community mental health centers also licensed to provide substance use disorder services, and 17 having grants with both current divisions.
- The consolidation of DMH and SUPR will leverage the expertise of staff from both Divisions, improve accessibility and accountability, improve outcomes for Illinoisans who have both mental illnesses and substance use disorders, reduce administrative burden on providers, and enhance substance use disorder treatment in State-Operated Psychiatric Hospitals, among other improvements.
- This change will take effect July 1, 2025.

I. Appendices

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figuroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2023). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2023. Retrieved March 2023 from https://www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hic.html
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is \$15,060 for an individual and \$31,200 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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