

FAQs on the Illinois Medicare-Medicaid Alignment Initiative (MMAI) Continuity of Care Provisions

What is the Illinois Medicare-Medicaid Alignment Initiative?

The Illinois Medicare-Medicaid Alignment Initiative (MMAI) is a joint Medicare and Medicaid demonstration designed to integrate care for Illinois beneficiaries who are dually eligible for Medicare and Medicaid. Beneficiaries participating in the demonstration receive both Medicare and Medicaid coverage from a single, integrated Medicare-Medicaid plan (MMP). The demonstration is jointly administered by the federal Centers for Medicare & Medicaid Services and the Illinois Department of Healthcare and Family Services.

Who is eligible for the MMAI demonstration?

Beneficiaries who reside in the Greater Chicago or Central Illinois areas AND have both Medicare and Medicaid are eligible. Beneficiaries have the right to opt-out of MMAI at any time and select Original fee-for-service Medicare or a Medicare Advantage plan for their Medicare coverage.

How do I join the MMAI demonstration?

Providers are encouraged to consider joining the networks of one or more MMAI plans in order to provide continuous care to eligible beneficiaries. For contact information for each of the MMPs and a list of the geographic areas each MMP is serving, please visit the [Illinois Department of Healthcare and Family Services](http://www.hfs.illinois.gov/assets/051513n.pdf) (<http://www.hfs.illinois.gov/assets/051513n.pdf>).

Can I continue to see my patients who join an MMAI plan even if I'm not participating?

Yes, for a limited amount of time. MMAI includes important continuity of care protections.

- All MMAI beneficiaries leaving Medicare fee-for-service or a Medicare Advantage plan and joining an MMAI plan receive a 180-day transition period in which they must be allowed to continue a current course of treatment with their existing provider.
- All MMAI beneficiaries transitioning from one MMAI plan to another MMAI plan receive a 90 day transition period.
- MMAI plans may not deny payment to out-of-network providers who are providing a continued course of treatment to newly enrolled beneficiaries for a period of time.

What other continuity of care protections do my patients have?

All MMAI plans must also honor all prior approvals for non-Part D drugs, therapies, or other services existing in Medicare or Medicaid at the time of enrollment for 180 days after enrollment.

How can I find out more about the MMAI and the continuity of care provisions?

If your organization has any questions regarding the MMAI continuity of care provisions please email the [MMAI ombudsman](mailto:aging.ilsenior@illinois.gov) (aging.ilsenior@illinois.gov) or call 1-800-252-8966.

For more information on the continuity of care provisions under the MMAI, please refer to Section 2.6.10, page 59 of the [MMAI 3-way contract](http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/IllinoisContract.pdf) (<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/IllinoisContract.pdf>)