

# Training Requirements for Providers Contracting with a Medicaid Managed Care Organization for HealthChoice Illinois and/or Medicare–Medicaid Alignment Initiative

## HealthChoice Illinois

On January 1, 2018, Medicaid managed care in Illinois expanded to include all counties statewide. The new, expanded Medicaid Managed Care Program is called HealthChoice Illinois. All providers who contract to be “in network” or “affiliates” with the following health plans are required to complete certain training and education requirements as outlined by the Illinois Department of Healthcare and Family Services (HFS).

- Blue Cross Blue Shield of Illinois
- CountyCare (only in Cook County)
- Harmony Health Plan
- IlliniCare Health Plan
- Meridian Health
- Molina Healthcare of Illinois
- NextLevel Health (only in Cook County)

## Medicare-Medicaid Alignment Initiative

The Illinois Medicare-Medicaid Alignment Initiative (MMAI) is a demonstration designed to improve health care for dually eligible beneficiaries in Illinois. Jointly administered by the Centers for Medicare & Medicaid Services (CMS) and the Illinois Department of Healthcare and Family Services (HFS), MMAI allows eligible beneficiaries in Illinois to receive their Medicare Parts A and B benefits, Medicare Part D benefits, and Medicaid benefits from a single Medicare-Medicaid Plan, also known as a MMAI plan. All providers who contract to be “in network” or “affiliates” with the following health plans are required to complete certain training and education requirements as outlined by CMS and HFS.

- Aetna Better Health Premier Plan
- Blue Cross Community MMAI
- Humana Health Plan, Inc.
- Illinicare Health
- Meridian Complete
- Molina Healthcare

## Training Requirements Summary for HealthChoice and MMAI

A summary of these applicable training and education requirements, including information about the type of training, who needs to complete it and the training frequency, is included below.

- **Provider Orientation.** Health Plans shall conduct initial orientation sessions for Network Providers and their office staff. (See *Model Contract*<sup>1</sup>, Section 5.10.1; See *MMAI Contract*, Section 2.7.4.1)
- **Integrated Health Homes (IHH) Education.** Health Plans shall educate Network Providers about the IHH model, the importance of using it to integrate all aspects of each Enrollee’s care, and how to become an IHH, including information about resources, support, and incentives, both financial and nonfinancial, available for becoming an IHH and receiving applicable recognition. (See *Model Contract*, Section 5.10.2.)
- **Cultural Competence.** Health Plans will provide education regarding Cultural Competence requirements at orientation, training sessions, and updates as needed. (See *Model Contract*, Section 5.10.3; See *MMAI Contract*, Section 2.7.4.5)

<sup>1</sup> The Model Contract can be accessed at:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/201824001MCOModelContractRev3RedLine.pdf>

- **MMAI - ADA.** For MMAI plans: Cultural Competency Training will also include Americans with Disabilities (ADA) compliance<sup>2</sup>, accessibility, and accommodations as required in section 2.9.1.6. (See *MMAI Contract, Section 2.7.4.5 and 2.9.1.6*)
- **Health, Safety, and Welfare Education.** As part of its Provider education, Health Plans shall include information related to identifying, preventing, and reporting Abuse, Neglect, exploitation, and Critical Incidents. Health Plans shall train all of their Network Providers and Affiliates to recognize potential concerns and/or signs related to Abuse, Neglect, and exploitation, and their responsibility to report suspected or alleged Abuse, Neglect, or exploitation. (See *Model Contract, Sections 5.10.8, 5.23.1.4 and 5.23.1.5*; See *MMAI Contract, Section 2.7.4.9*)
- **Fraud, Waste and Abuse (FWA).** Health Plans shall ensure that all its Network Providers are educated regarding their Fraud, Waste and Abuse (FWA) procedures. (See *Model Contract, Section 5.35.1.9*; See *MMAI Contract, Section 2.1.7*)

Please note that, in some cases, where a Provider and/or their staff members have already completed a specific training with one of the HealthChoice Illinois health plans listed above, HFS may agree to allow the Provider and/or their staff members to attest and certify that they have completed the training to avoid having providers participate in duplicative training and education activity. Please see more information about this process at the following [LINK/INSERT HYPERLINK TO ATTESTATION PAGE](#).

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## Frequently Asked Questions

### 1. Why do I have to take this training?

ANSWER: As a provider who has contracted with one or more Medicaid Managed Care plan(s) (see list above) to provide care for beneficiaries in the HealthChoice Illinois and/or MMAI program, you are required to complete certain training courses, as dictated by requirements established by HFS and state law or as outlined in your Provider Contract.

### 2. Can my organization utilize existing training - e.g., internal human resource training, training required for accreditation, training required for government programs such as Medicare?

ANSWER: No, you must take one of the training programs offered by a Medicaid Managed Care plan.

### 3. Who from my organization needs to complete the training?

ANSWER: It depends upon the type of training you are taking. Some training presentations, like the Provider Orientation and the Cultural Competency Training, must be completed by both Providers and their staff members. However, other trainings, like the Health Homes (IHH) Education, must only be completed by Network Providers. Please review the summaries of each type of training above and contact the individual noted below, or the applicable provisions in your Provider Contract, if you have questions regarding the requirements for a specific type of training.

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<sup>2</sup> Please note: HealthChoice contract does not include an ADA training requirement. See *Model Contract, Section 5.8.2. Accessibility of Accessibility of Provider Locations*. Health Plan must ensure Providers provide physical access, reasonable accommodations, and accessible equipment for Enrollees with physical or mental disabilities. Health Plan shall collect sufficient information from Providers to assess compliance with the Americans with Disabilities Act (ADA).

**4. How often must the training be completed?**

ANSWER: It depends upon the type of training you are taking. For example, the Fraud, Waste and Abuse training is usually provided on an annual basis. However, some of the other trainings that you will need to complete, like Provider Orientation Training, will only occur once.

**5. If an individual is employed by multiple provider organizations, must they complete the training with both employers?**

ANSWER: It depends upon the type of training you are taking. As a provider, you are required to attend a Provider Orientation Training that will be delivered by each health plan you contract with (e.g., with whom you are “in network”). However, for the remainder of the required trainings that are summarized above, you should be able to complete an attestation which will allow you to only complete the training presentation once. Where you have already completed a training presentation that covers a subject area (other than the Provider Orientation), you should be able to produce an attestation which would allow you to waive the requirement to attend an additional training. Please see more information about this process at the following [LINK/INSERT HYPERLINK TO ATTESTATION PAGE](#).

**6. Is the mandated training different for the MMAI program? Would they be different if we are contracted with Aetna or Humana?**

ANSWER: Because you contract with each Medicaid Managed Care Plan separately, there may be different training requirements that each health plan requires you to complete. The training requirements outlined above and in the Attestation of Training Form will be required by all health plans, including those who are providing benefits through the MMAI program. The Provider Contract may require you to complete additional trainings other than what is discussed above.

**7. What is the penalty for noncompliance?**

ANSWER: Completing mandated training is likely a requirement in your Provider Contract. Where you do not complete mandatory training requirements, sanctions will apply as outlined in your Provider Contract and could lead to termination from the network.

**8. How long from the beginning of their health plan contract does a provider have to complete the training?**

ANSWER: It depends upon the type of training you are taking. Some trainings are required to be completed as a condition of joining the provider network (for example, the Orientation), while others can be completed on an ongoing basis.

**9. Could multiple provider entities complete the training together - e.g., during a conference or joint meeting?**

ANSWER: Yes, as long as the Medicaid Managed Care Plan delivering the training presentation is able to track and document the providers (and staff, where necessary) who attend the training.

**10. Does the length of the training matter if it varies amongst the MCO modules?**

ANSWER: No.

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## Questions and/or Concerns

Please contact [INSERT CONTACT NAME] if you have any further concerns or questions.

Contact Name  
Contact Position  
Office Phone #  
Email Address