

Illinois

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1. MANAGED CARE OPPORTUNITY ASSESSMENT (UPDATED 08-26-24)

Illinois provides Medicaid coverage to approximately 80 percent of its enrollees through its primary managed care program, HealthChoice Illinois. Illinois also participates in the Medicare-Medicaid Financial Alignment Initiative (FAI) duals demonstration. The demonstration program is scheduled to transition to a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) by December 31, 2025.

In February 2024, the newly appointed Director of the Department of Healthcare and Family Services announced an extension of the current contracts for an additional year through 2026. This extension will allow the Department additional time to gather stakeholder input. The Department expects to release a new procurement in August 2024; however, the announcement did not specify if the initial procurement will encompass the Medicare and Medicaid dual eligible population, HealthChoice Illinois, or both.

The forthcoming HealthChoice procurement is expected to emphasize key areas such as behavioral health, maternal and child health, health equity and accountability. This will likely include enhanced performance metrics, financial withholds for both pay-for-performance and pay-for-reporting elements, and standardized quarterly reviews of individual plan performance.

The current HealthChoice Illinois contracts, which took effect on January 1, 2018, with an initial four-year term and four optional one-year extensions, are set to expire on December 31, 2025. The contracts, now in their sixth year, were awarded to Blue Cross Blue Shield of Illinois, IlliniCare Health Plan (Centene), Meridian Health, Harmony Health Plan (acquired in 2019 by Meridian from WellCare), Molina Healthcare of IL, Cook County's CountyCare Health Plan, and NextLevel Health. Aetna, an incumbent plan, and Trusted Health Plan, a new bidder, were unsuccessful bidders during the last procurement. CountyCare Health Plan serves one area of the state, Cook County.

Centene, operating under the YouthCare name, was awarded the contract to manage care for foster children in the Department of Children and Family Services (DCFS), effective September 1, 2020. Former foster children were transitioned to managed care February 1, 2020.

Since transitioning to a managed care delivery model in 2014, Illinois has enrolled over 2 million children, families and aged, blind and disabled members into Medicaid managed care. Prior to this shift, managed care served less than 10% of the state's 3 million Medicaid lives in a voluntary program. Beginning in July 2020, Illinois became the first state to extend Medicaid coverage to low-income, undocumented individuals over 65 years of age.

Illinois received federal approval to establish a tax on managed care plans starting in fiscal 2020. The tax is based on member months and levies separate rates for Medicaid and non-Medicaid covered lives.

Illinois Medicaid Managed Care Programs				
Program	Population	Carved In (Y/N)		
		Behavioral	LTSS	Pharmacy
HealthChoice Illinois	Traditional and Expansion Medicaid	Y	Y	Y
YouthCare (Specialty HealthChoice Illinois Plan)	Individuals currently or formerly in foster care	Y	Y	Y
Duals Demonstration (Medicare-Medicaid Alignment Initiative)	Individuals aged 21 and over who are dually eligible for Medicaid and Medicare	Y	Y	Y

Hot Topics

As noted above, the state is also working to transition from its dual eligible demonstration to a new FIDE-SNP approach. Plans and others participating in the demonstration will need to ensure compliance with the integrated care plan requirements, including certain Medicare Advantage requirements, if they intend to continue to enroll this population.

In July 2024, Illinois received federal approval for its comprehensive Medicaid Section 1115 demonstration proposal. The demonstration includes a focus on preventing maternal mortality and expands access to food is medicine interventions, such as medically tailored meals, produce prescriptions, and assistance accessing benefits and nutritious food options for at-risk populations to help prevent, manage, and treat diet-related diseases. The demonstration also provides resources to address homelessness, opioid use disorder, chronic disease, and other wraparound support needs.

HMA Managed Medicaid Opportunity Assessment for Illinois	
Positive Metrics	Strong Indicators
<ul style="list-style-type: none">• Illinois Medicaid enrollment grew by more than 700,000 between 2019 and 2023.• HealthChoice Illinois covers approximately 80% of Medicaid enrollees in managed care.	<ul style="list-style-type: none">• Illinois plans to release a new Medicaid managed care procurement as soon as August 2024.• The mandatory Medicaid managed care program is statewide.• Illinois has historically taken an aggressive approach to eligibility expansions, and any new eligibility expansion would increase enrollment for managed care plans.
Negative Metrics	Weak Indicators
<ul style="list-style-type: none">• Illinois Medicaid managed care plans had an average MLR of 87% in 2022 among five plans.	<ul style="list-style-type: none">• The state anticipates strengthening accountability metrics in its next procurement, which will require plans to adapt to meet these expectations and requirements.
Source: HMA	

2. MANAGED MEDICAID PLAN FINANCIALS

In 2022, five Medicaid managed care plans reporting to date in Illinois had a combined MLR of 87% and per member per month premiums averaged \$584. Separately, a 2018 state audit found that Illinois has not calculated whether Medicaid managed care plans have met minimum medical loss ratio requirements since 2012.

(Note: Financial metrics and comparisons presented in this overview are based on health plan NAIC filings in the state. Measures like per member per month premiums and medical loss ratios may vary greatly by plan and by state depending on the mix of business (e.g., TANF, ABD, etc.), scope of the state's Medicaid benefit package, geographic variations in the cost of care, and other factors.)

Illinois Medicaid Managed Care Plan Financials, 2022

Plan	Publicly Traded	Enrollment	Member Months	PMPM	Premiums Earned (000)	Medical Costs (000)	MLR ⁽¹⁾
CVS Health/Aetna Better Health	Y	433,955	5,142,433	\$738.35	\$3,796,935	\$3,174,028	84.5%
HCSC/BCBS-IL	N	744,767	8,407,329	\$677.75	\$5,698,093	\$4,835,420	84.1%
Humana	Y	21,279	241,662	\$625.07	\$151,056	\$147,705	97.8% ⁽²⁾
Molina Healthcare Inc.	Y	349,898	4,012,469	\$501.58	\$2,012,570	\$1,737,000	86.3%
Centene/Meridian	Y	932,894	10,986,495	\$469.08	\$5,153,506	\$4,869,626	94.5%
Totals, IL plans		2,482,793	28,790,388	\$583.95	\$16,812,159	\$14,763,779	87.0%

(1) After reinsurance recoveries. (2) Before insurance recoveries.

Source: S&P Global Market Intelligence, NAIC, HMA

Illinois Medicaid Managed Care Plan Financials, 2021

Plan	Publicly Traded	Enrollment	Member Months	PMPM	Premiums Earned (000)	Medical Costs (000)	MLR ⁽¹⁾
CVS Health/IlliniCare Health	Y	420,318	4,947,061	\$701.19	\$3,468,833	\$2,852,446	82.2%
HCSC/BCBS-IL	N	673,952	7,726,640	\$636.24	\$4,916,014	\$4,185,384	85.1% ⁽²⁾
Humana	Y	20,923	177,299	\$588.93	\$104,416	\$92,891	89.0% ⁽²⁾
Molina Healthcare Inc.	Y	325,249	3,759,566	\$451.90	\$1,698,931	\$1,476,707	86.5%
Centene/Meridian	Y	907,608	10,841,221	\$451.20	\$4,891,508	\$4,242,394	86.7%
Totals, IL plans		2,348,050	27,451,787	\$549.32	\$15,079,703	\$12,849,822	84.5%

(1) After reinsurance recoveries. (2) Before insurance recoveries.

Source: S&P Global Market Intelligence, NAIC, HMA

3. RFP DEVELOPMENTS AND ANALYSIS (UPDATED 08-26-24)

On February 20, 2024, the Department of Healthcare and Family Services announced a delay in the issuance of the new HealthChoice Illinois RFP. As a result, the current HealthChoice managed care contracts will be extended through calendar year 2026, with new contracts set to take effect January 1, 2027. The Department anticipates releasing the new procurement in August 2024. At this stage, it is unclear whether the upcoming procurement will focus solely on the Medicare and Medicaid dual eligible population, to the broader HealthChoice Illinois program, or both.

Illinois currently participates in the Medicare-Medicaid Financial Alignment Initiative (FAI) duals demonstration. With the federal demonstration program ending, Illinois plans to transition to a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) by December 31, 2025.

The existing HealthChoice contracts began on January 1, 2018, for an initial four-year term, with four additional one-year options. The current Medicaid managed care incumbents are: Blue Cross Blue Shield of Illinois, Harmony Health Plan (acquired in 2019 by Meridian from WellCare), IlliniCare Health Plan (Centene), Meridian Health (WellCare), Molina Healthcare of IL, Cook County's CountyCare Health Plan.

Centene's IlliniCare also holds the contract to serve foster children in the Department of Children and Family Services (DCFS) managed care program, effective September 1, 2020. The transition of former foster children to managed care began on February 1, 2020.

Two significant transactions have impacted the health plan landscape during the current contract cycle. In July 2020, NextLevel closed, and its enrollment was transferred to Meridian Health. In January 2020, Centene acquired WellCare Health Plans. In tandem with this acquisition, Centene sold IlliniCare to CVS Health including the Medicaid managed care business. Centene retained the YouthCare foster care and the Medicare-Medicaid Alignment Initiative business. In addition, contract holder NextLevel Health Plan closed in July 2020, and its enrollment transferred to Meridian Health.

In conjunction with the last HealthChoice Illinois procurement, the state expanded mandatory Medicaid managed care from 30 counties to all 102 counties in the state and aimed to enroll at least 80 percent of Illinois' 3.1 million Medicaid beneficiaries in managed care. The procurement also consolidated the current Family Health Plans/ACA Adults (FHP/ACA) program, the Integrated Care Program (ICP), and the Managed Long Term Services and Supports (MLTSS) program into a single contracting approach.

Illinois Medicaid RFP Calendar		
Contract	Key Deadlines	# of Beneficiaries
Medicaid Managed Care Organizations	RFP Planned Release: As early as August 2024 Proposals Due: TBD Award Announcement: TBD Expected Contract Effective Date: January 1, 2027	~2.5 million

Source: IL Dept. of Healthcare and Family Services, HMA

4. MANAGED CARE ENROLLMENT UPDATE

Total Medicaid managed care enrollment in Illinois decreased by 3.7% at year-end 2023 compared to year-end 2022, after increasing 5.5% in 2022, increasing 8.3% in 2021, increasing 20.5% in 2020, and decreasing 1.7% in 2019. Enrollment increased by 15.9% in 2018 as a result of the contracts that began January 2018 extending mandatory Medicaid managed care from 30 counties to all 102 in the state. The new contracts also consolidated the Family Health Plans/ACA Adults (FHP/ACA) program, the Integrated Care Program (ICP), and the Managed Long Term Services and Supports (MLTSS) program into a single contracting approach. Enrollment data in this report is updated biannually. More recent enrollment figures may be found [here](#).

Illinois Managed Medicaid Enrollment by Program, 2018-23						
Program Type	2018	2019	2020	2021	2022	2023
HealthChoice Illinois	2,168,091	2,126,104	2,546,489	2,715,398	2,872,403	2,756,829
<i>+/- between reporting periods</i>	<i>N/A</i>	<i>(41,987)</i>	<i>420,385</i>	<i>168,909</i>	<i>157,005</i>	<i>(115,574)</i>
<i>% chg. between reporting periods</i>	<i>N/A</i>	<i>-1.9%</i>	<i>19.8%</i>	<i>6.6%</i>	<i>5.8%</i>	<i>-4.0%</i>
YouthCare¹	N/A	N/A	20,123	35,238	36,900	36,566
<i>+/- between reporting periods</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>% chg. between reporting periods</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
Duals Demonstration (MMAI)	52,552	56,015	62,779	93,424	91,414	95,774
<i>+/- between reporting periods</i>	<i>164</i>	<i>3,463</i>	<i>6,764</i>	<i>30,645</i>	<i>(2,010)</i>	<i>4,360</i>
<i>% chg. between reporting periods</i>	<i>0.3%</i>	<i>6.6%</i>	<i>12.1%</i>	<i>48.8%</i>	<i>-2.2%</i>	<i>4.8%</i>
Total Illinois	2,220,643	2,182,119	2,629,391	2,844,060	3,000,717	2,889,169
<i>+/- between reporting periods</i>	<i>304,341</i>	<i>(38,524)</i>	<i>447,272</i>	<i>214,669</i>	<i>156,657</i>	<i>(111,548)</i>
<i>% chg. between reporting periods</i>	<i>15.9%</i>	<i>-1.7%</i>	<i>20.5%</i>	<i>8.2%</i>	<i>5.5%</i>	<i>-3.7%</i>

1. YouthCare is the state's specialty health plan for individuals currently or formerly in foster care. The program began in 2020.

Source: IL Dept. of Healthcare and Family Services, HMA

Illinois Total Enrollment by Plan, 2019-23					
	2019	2020	2021	2022	2023
CVS/Aetna Better Health¹					
IlliniCare (CVS/Aetna) HealthChoice	N/A	393,431	418,467	431,951	399,672
Dual/MMAI	7,693	9,000	18,237	16,667	18,275
Total Aetna Better Health	7,693	402,431	436,704	448,618	417,947
<i>+/- between reporting periods</i>	<i>337</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>% chg. between reporting periods</i>	<i>4.6%</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
<i>% of total</i>	<i>0.4%</i>	<i>15.3%</i>	<i>15.4%</i>	<i>15.0%</i>	<i>14.5%</i>
BCBS-IL					
HealthChoice	436,553	603,960	672,825	743,232	759,537
Dual/MMAI	18,290	19,993	23,057	23,183	23,067
Total BCBS-IL	454,843	623,953	695,882	766,415	782,604
<i>+/- between reporting periods</i>	<i>46,359</i>	<i>169,110</i>	<i>71,929</i>	<i>70,533</i>	<i>16,189</i>

<i>% chg. between reporting periods</i>	11.3%	37.2%	11.5%	10.1%	2.1%
<i>% of total</i>	20.8%	23.7%	24.5%	25.5%	27.1%
CountyCare (Cook)					
HealthChoice	319,174	378,017	422,054	448,307	426,395
CountyCare	319,174	378,017	422,054	448,307	426,395
<i>+/- between reporting periods</i>	<i>(10,839)</i>	58,843	44,037	26,253	<i>(21,912)</i>
<i>% chg. between reporting periods</i>	-3.3%	18.4%	11.6%	6.2%	-4.9%
<i>% of total</i>	14.6%	14.4%	14.8%	14.9%	14.8%
Humana					
Dual/MMAI	8,073	9,295	17,432	17,052	18,389
Total Humana	8,073	9,295	17,432	17,052	18,389
<i>+/- between reporting periods</i>	310	1,222	8,137	<i>(380)</i>	1,337
<i>% chg. between reporting periods</i>	4.0%	15.1%	87.5%	-2.2%	7.8%
<i>% of total</i>	0.4%	0.4%	0.6%	0.6%	0.6%
Centene¹					
IlliniCare (Centene) HealthChoice	339,294	0	0	0	0
Meridian Total (Centene) Dual/MMAI ²	7,869	6,473	0	0	0
IlliniCare/Centene Total	347,163	6,473	0	0	0
WellCare/Meridian HealthChoice ³	N/A	878,460	877,315	899,475	837,224
WellCare/Meridian YouthCare ⁴	N/A	20,123	35,238	36,900	36,566
WellCare/Meridian Complete Dual/MMAI	N/A	9,204	17,667	17,475	17,299
WellCare/Meridian Total	N/A	907,787	930,220	953,850	891,089
Total Centene	347,163	914,260	930,220	953,850	891,089
<i>+/- between reporting periods</i>	<i>(5,296)</i>	567,097	15,960	23,630	<i>(62,761)</i>
<i>% chg. between reporting periods</i>	-1.5%	163.4%	1.7%	2.5%	-6.6%
<i>% of total</i>	15.9%	34.8%	32.7%	31.8%	30.8%
Molina					
HealthChoice	213,951	292,621	324,737	349,438	334,001
Dual/MMAI	6,143	8,814	17,031	17,037	18,744
Total Molina	220,094	301,435	341,768	366,475	352,745
<i>+/- between reporting periods</i>	<i>(3,036)</i>	81,341	40,333	24,707	<i>(13,730)</i>
<i>% chg. between reporting periods</i>	-1.4%	37.0%	13.4%	7.2%	-3.7%
<i>% of total</i>	10.1%	11.5%	12.0%	12.2%	12.2%
WellCare/Meridian Health Plan^{1,5}					
HealthChoice	759,466	0	0	0	0
Dual/MMAI	7,941	0	0	0	0
Total WellCare/Meridian Health Plan	767,407	0	0	0	0
<i>+/- between reporting periods</i>	146,780	<i>(767,407)</i>	0	0	0
<i>% chg. between reporting periods</i>	23.7%	-100.0%			
<i>% of total</i>	35.2%	0.0%	0.0%	0.0%	0.0%
Next Level (CCE)²					
HealthChoice	57,666	0	0	0	0
Next Level (CCE)	57,666	0	0	0	0
<i>+/- between reporting periods</i>	9,778	<i>(57,666)</i>	0	0	0
<i>% chg. between reporting periods</i>	20.4%	-100.0%			
<i>% of total</i>	2.6%	0.0%	0.0%	0.0%	0.0%
Total HealthChoice	2,126,104	2,546,489	2,715,398	2,872,403	2,756,829

Total YouthCare	N/A	20,123	35,238	36,900	36,566
Total Dual/MMAI ⁶	56,015	62,779	93,424	91,414	95,774
Total Enrollment	2,182,119	2,629,391	2,844,060	3,000,717	2,889,169
+/- between reporting periods	(38,524)	447,272	214,669	156,657	(111,548)
% chg. between reporting periods	-1.7%	20.5%	8.2%	5.5%	-3.7%

1. Centene acquired WellCare/Meridian in January 2020. As part of that transaction, Centene sold their IlliniCare Medicaid plan to CVS/Aetna.

2. Formerly IlliniCare Health Plan

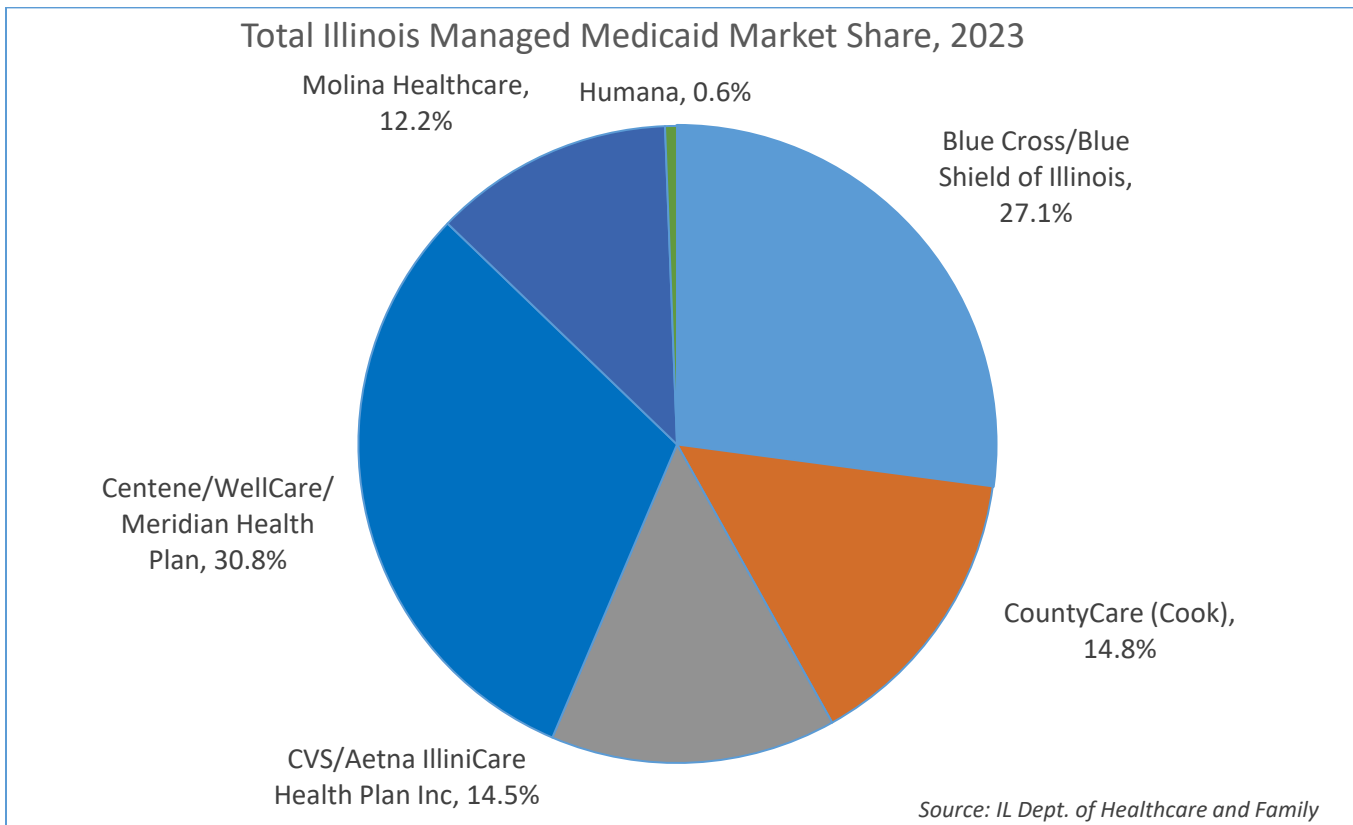
3. NextLevel Health closed down in July 2020 and transferred its membership to Centene subsidiary Meridian Health Plan.

4. YouthCare is the state's specialty health plan for individuals currently or formerly in foster care. The program began in 2020.

5. Beginning January 1, 2019, due to an acquisition, Harmony Health Plan members were enrolled with Meridian unless they requested a different plan.

6. 2019 plan enrollment in some counties was excluded from plan totals due to HIPAA.

Source: IL Dept. of Healthcare and Family Services, HMA



5. MEDICAID FEE FOR SERVICE VS. MANAGED CARE PENETRATION

Total Medicaid enrollment in Illinois was nearly 3.7 million in 2023. About 78.8% of Medicaid beneficiaries were enrolled in a managed care plan. The remainder are in fee-for-service Medicaid. (Note: HMAIS also carries CMS monthly total Medicaid enrollment reports broken down by state; click [here](#)). Total Medicaid expenditures in Illinois were \$32 billion in 2023, with about 73.9% through managed care and the rest through fee-for-service.

Illinois Expenditures and Enrollment for Total Medicaid vs. Medicaid Managed Care, 2014-23						
Year	Total Medicaid Expenditures	Medicaid Managed Care Expenditures ⁽¹⁾	Medicaid Managed Care Expenditures as % of Total	Total Medicaid/CHIP Enrollment	Medicaid MCO Enrollment	Medicaid MCO Enrollment as % of Total
2023	\$32,190,728,327	\$23,794,567,464	73.9%	3,664,724	2,889,169	78.8%
2022	\$25,956,045,305	\$20,947,676,018	80.7%	3,788,584	3,092,131	81.6%
2021	\$26,781,852,175	\$21,315,483,282	79.6%	3,550,154	2,844,060	80.1%
2020	\$22,387,970,467	\$15,777,332,720	70.5%	3,238,003	2,566,612	79.3%
2019	\$18,470,094,556	\$11,714,953,058	63.4%	2,799,304	2,126,104	76.0%
2018	\$22,194,828,973	\$13,230,337,499	59.6%	2,829,720	2,168,091	76.6%
2017 ⁽²⁾	\$15,054,073,075	\$6,661,607,792	44.3%	3,042,715	1,935,826	63.6%
2016	\$19,178,940,763	\$9,306,257,218	48.5%	3,099,017	2,025,440	65.4%
2015	\$16,938,472,430	\$5,201,143,593	30.7%	3,114,524	2,091,457	67.2%
2014	\$16,616,392,364	\$2,312,844,922	13.9%	3,101,946	1,529,609	49.3%

(1) Includes evaluation and management, vaccine codes, Community First Choice, and preventive services Grade A or B, ACIP vaccines and their administration, Prepaid Ambulatory Health Plans, and Prepaid Inpatient Health Plans.

(2) MCO Enrollment as of November 2017.

Sources: CMS64 for expenditures. CMS for total Medicaid/CHIP enrollment. States, NAIC for Medicaid managed care enrollment.

6. SNPs AND DUAL ELIGIBLES

Enrollment in Illinois' Medicare-Medicaid Alignment Initiative, the state's dual demonstration, was up 4.8% at year-end 2023, compared to year-end 2022, after a 2.2% decrease in 2022, a 48.8% increase in 2021, a 12.1% increase in 2020, and a 6.6% increase in 2019. The program covers over 90,000 individuals who are dually eligible for Medicaid and Medicare. Illinois has participated in the Financial Alignment Initiative dual demonstration since 2014 in the greater Chicago and central Illinois regions. Health Alliance exited the dual demonstration at the end of 2015. Health Alliance had 5,004 members as of December 2015 and served in central Illinois. Molina is the only remaining plan in the region. CVS/Aetna announced in June 2021 that it had received approval to expand its plan offering statewide, effective July 1, 2021.

Separately, Illinois had 39,911 Special Needs Plan members as of March 2024.

The Medicare-Medicaid Alignment Initiative will end in 2025, as required by the Centers for Medicare & Medicaid Services. The state is working on a transition plan and requests for proposals for a new fully integrated dual-eligible special needs plan (FIDE SNP). The requests were initially expected in spring 2024 but have been delayed, until August 2024 or potentially later.

Illinois Medicare-Medicaid Alignment Initiative (MMAI) Plan Enrollment, 2018-23

Health Plan	2018	2019	2020	2021	2022	2023
Blue Cross Blue Shield of Illinois	19,092	18,290	19,993	23,057	23,183	23,067
<i>+/- between reporting periods</i>	1,820	(802)	1,703	3,064	126	(116)
<i>% chg. between reporting periods</i>	10.5%	-4.2%	9.3%	15.3%	0.5%	-0.5%
<i>% of total</i>	36.3%	32.7%	31.8%	24.7%	25.4%	24.1%
CVS/Aetna Better Health Inc.	7,356	7,693	9,000	18,237	16,667	18,275
<i>+/- between reporting periods</i>	729	337	1,307	9,237	(1,570)	1,608
<i>% chg. between reporting periods</i>	11.0%	4.6%	17.0%	102.6%	-8.6%	9.6%
<i>% of total</i>	14.0%	13.7%	14.3%	19.5%	18.2%	19.1%
Humana Health Plan	7,763	8,073	9,295	17,432	17,052	18,389
<i>+/- between reporting periods</i>	656	310	1,222	8,137	(380)	1,337
<i>% chg. between reporting periods</i>	9.2%	4.0%	15.1%	87.5%	-2.2%	7.8%
<i>% of total</i>	14.8%	14.4%	14.8%	18.7%	18.7%	19.2%
Molina Healthcare	3,268	6,143	8,814	17,031	17,037	18,744
<i>+/- between reporting periods</i>	(1,433)	2,875	2,671	8,217	6	1,707
<i>% chg. between reporting periods</i>	-30.5%	88.0%	43.5%	93.2%	0.0%	10.0%
<i>% of total</i>	6.2%	11.0%	14.0%	18.2%	18.6%	19.6%
Centene Health Plan Inc.¹	7,502	7,869	15,677	17,667	17,475	17,299
Meridian Total ²	7,502	7,869	6,473	0	0	0
WellCare/Meridian Complete	0	0	9,204	17,667	17,475	17,299
<i>+/- between reporting periods</i>	1,002	367	7,808	1,990	(192)	(176)
<i>% chg. between reporting periods</i>	15.4%	4.9%	99.2%	12.7%	-1.1%	-1.0%
<i>% of total</i>	14.3%	14.0%	25.0%	18.9%	19.1%	18.1%
WellCare/Meridian Health Plan¹	7,571	7,941	0	0	0	0
<i>+/- between reporting periods</i>	911	370	(7,941)	0	0	0
<i>% chg. between reporting periods</i>	13.7%	4.9%	-100.0%	NA	NA	NA
<i>% of total</i>	14.4%	14.2%	0.0%	0.0%	0.0%	0.0%
Cigna HealthSpring of Illinois	0	0	0	0	0	0
<i>+/- between reporting periods</i>	(3,521)	0	0	0	0	0
<i>% chg. between reporting periods</i>	-100.0%	NA	NA	NA	NA	NA
<i>% of total</i>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Alliance	0	0	0	0	0	0
<i>+/- between reporting periods</i>	0	0	0	0	0	0
<i>% chg. between reporting periods</i>	NA	NA	NA	NA	NA	NA
<i>% of total</i>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Illinois³	52,552	56,015	62,779	93,424	91,414	95,774
<i>+/- between reporting periods</i>	164	3,463	6,764	30,645	(2,010)	4,360
<i>% chg. between reporting periods</i>	0.3%	6.6%	12.1%	48.8%	-2.2%	4.8%

1. Centene acquired WellCare/Meridian in January 2020. As part of that transaction, Centene sold their IlliniCare Medicaid plan to CVS/Aetna and held onto their duals and YouthCare managed care products.

2. Formerly IlliniCare Health Plan

3. 2019 plan enrollment in some counties was excluded from plan totals due to HIPAA.

Source: IL Department of Healthcare and Family Services, HMA

Illinois SNP Enrollment by Plan, March 2024

Plan	Total SNPs	DSNPs	CSNPs	ISNPs	Share
UnitedHealthcare	27,188		25,877	1,311	68.1%
Humana	7,313		7,313		18.3%
Zing Health	3,246		3,246		8.1%
Provider Partners Health Plan	1,267			1,267	3.2%
Longevity Health Plan	800			800	2.0%
Clear Spring Health	97		97		0.2%
Total	39,911	0	36,533	3,378	100.0%

Source: CMS, HMA