
201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200
TTY: (800) 526-5812

Medicaid Care Coordination Roll-Out Fact Sheet

Pursuant to state law (PA 96-1501), the Illinois Department of Healthcare and Family Services (HFS) is in the process of enrolling Illinois Medicaid and All Kids clients into care coordination in five mandatory managed care regions: Rockford, Central Illinois, Metro East, Quad Cities, Cook and Collar Counties. It is expected that 60% or more of our 3 million clients will have enrolled or be in the process of enrollment in Health Plans offered by managed care entities (MCEs) by early 2015.

This redesign of Illinois Medicaid is a significant change for our clients and their providers. Our clients will have 60 days to select a Health Plan; after a 30 day period, if they don't make a selection, they will be auto-enrolled in a Health Plan. Clients will then have 90 days to change their Health Plan, or they will be locked into their Plan choice for a year.

The goal is to provide a Primary Care Provider (PCP) for every client; maintain continuity of care with that PCP; create comprehensive networks of care around our clients including primary care, specialists, hospitals and behavioral care; and offer care coordination to help clients with complex needs navigate the healthcare system.

There are different timetables for each for these Medicaid populations in the various regions:

- Seniors and Persons with Disabilities (SPD) – formerly “Aid to Aged, Blind, Disabled” or AABD
- Children, Parents/Caretaker Relatives, Pregnant Women – called “Family Health Plans” (FHP)
- Children with Special Needs (CSN)
- Newly Eligible Adults under the Affordable Care Act – called “ACA Adults” (ACA)

HFS is contracting with five types of health plans for our different populations:

- ACE** **Accountable Care Entity** – a provider-organized network on a three-year path to operating a full-risk capitated plan. Within the first 18 months, medical and other services are paid on a fee-for-service basis (serving FHP and ACA).
- CCE** **Care Coordination Entity** - a collaboration of providers and community agencies, governed by a lead entity, which receives a care coordination payment with a portion of the payment at risk for meeting quality outcome targets, in order to provide care coordination services for its enrollees. Medical and other services are paid on a fee-for-services basis (serving SPD).
- CSN CCE** **Children with Special Needs Care Coordination Entity** – a provider-organized network providing care coordination, for risk- and performance-based fees, but with medical and other services paid on a fee-for-service basis. Enrollees in a CSN CCE will be limited to children that the Department has identified through claims data or other information as having complex medical needs (serving CSN).
- MCCN** **Managed Care Community Network** – a provider-organized entity, other than a Health Maintenance Organization, that provides or arranges primary, secondary and tertiary managed health care services for Medicaid clients. They are paid on a full-risk, capitated basis, and therefore pay all claims for services for the enrollees in their Health Plan (potentially serving all populations).
- MCO** **Managed Care Organization** – a Health Maintenance Organization as defined in the Health Maintenance Organization Act (215 ILCS 125/1-1 et seq.). They are paid on a full-risk, capitated basis, and therefore pay all claims for services for the enrollees in their Health Plan (potentially serving all populations).

All of the roll-out timetables, procedures and regional maps are on the HFS Website, under "Care Coordination." Medicaid clients are receiving or will soon receive enrollment packets with a selection of Health Plans in which they may enroll. There are two ways for clients to enroll in a Health Plan:

- by going online at www.enrollHFS.Illinois.gov or
- **by calling Illinois Client Enrollment Services (ICES) at 1-877-912-8880**