

Illinois Managed Care Program Features, as of 2015

Features	Accountable Care Entities (ACEs)	Care Coordination Entities (CCEs)	Family Health Plan/Affordable Care Act (FHP/ACA)
Program type	Primary Care Case Management (PCCM)	Primary Care Case Management (PCCM)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Stephenson, Winnebago, Boon, McHenry, Lake, Ogle, Whiteside, Lee, DeKalb, Kendall, Grundy, LaSalle, Putnam, Marshall, Woodford, Livingston, Kane, DuPage, Cook, Will, Kankakee, Iroquois, Vermillion, Champaign, Ford, Piatt, DeWitt, McLean, Logan, Macon, Christian, Sangamon, Menard, Macoupin, Montgomery, Shelby, Moultrie, Douglas, Edgar, Coles, Cumberland, Clark, Effingham, Jasper, Crawford, Richland, Morgan, Scott, Pike, Brown, Cass, Adams, Schuyler, Mason, Fulton, McDonoughHancock, Henderson, Warren, Tazewell, Peoria, Stark, Knox, Henry, Rock Island, and Mercer counties	McHenry, Lake, Cook, DuPage, Kane, Ogle, Carroll, Whiteside, Lee, Bureau, Putnam, LaSalle, Will, Iroquois, Vermilion, Champaign, Ford, DeWitt, Piatt, Macon, Logan, Moultrie, Shelby, Rock Island, and Mercer counties	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will, Kankakee, DeKalb, Lee, Livingston, Woodford, Ford, Vermilion, Champaign, Piatt, DeWitt, McLean, Macon, Logan, Christian, Sangamon, Menard, Scott, Pike, Brown, Adams, Warren, Henderson, Tazewell, Peoria, Stark, Knox, Hnery, Rock Island, Mercer, Madison, Clinton, St. Clair, Washington, Randolph, Perry, Jackson, and Williamson counties
Federal operating authority	1932(a)	1932(a)	1932(a)/1915(c)
Program start date	07/01/2014	12/13/2012	07/01/2014
Waiver expiration date (if applicable)			09/30/2019
If the program ended in 2015, indicate the end date	12/31/2015	12/31/2015	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	Mandatory	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Exempt
Populations enrolled: Enrollment choice period	N/A	N/A	60 days
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS	MAXIMUS
Populations enrolled: Notes on enrollment choice period			
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X

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Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization			X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner			X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X	X
Benefits covered: EPSDT	X	X	X
Benefits covered: Case management	X	X	X
Benefits covered: Health home (SSA 1945)			
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)			X
Benefits covered: Home health agency services	X	X	X
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			X
Benefits covered: Private duty nursing			X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Assistive/augmentative communication devices, audiology, blood and blood components, chiropractic, diagnosis and treatment of medical conditions of the eye, durable and non-durable medical equipment and supplies, immunizations, physical therapy, podiatry	Assistive/augmentative communication devices, audiology, blood and blood components, chiropractic, diagnosis, and treatment of medical conditions of the eye, durable and non-durable medical equipment and supplies, immunization, physical therapy, podiatry	Ambulatory, surgical treatment center, assistive/augmentative communication devices, audiology, blood and blood components, chiropractic, vision, podiatry, physical/occupational and speech therapy, renal, behavioral, assisted living, specialized medical equipment and supplies, environmental accessibility
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)			Health Services Advisory Group

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Features	Accountable Care Entities (ACEs)	Care Coordination Entities (CCEs)	Family Health Plan/Affordable Care Act (FHP/ACA)
Performance incentives? Payment bonuses/differentials to reward plans			
Performance incentives? Preferential auto-enrollment to reward plans			
Performance incentives? Public reports comparing MCO performance on key metrics			X
Performance incentives? Withholds tied to performance metrics			X
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
Provider Value-Based Purchasing; State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	X	X	
Participating plans and regions served: Plans in Program	Advocate Accountable Care; Better Health Network; Community Care Partners; HealthCura; Illinois Partnership for Health; Loyola Family Care; MyCare Chicago; SmartPlan Choice; UI Health Plus	Be Well Partners in Health; Healthcare Consortium of Illinois DBA EntireCare Coordination; La Rabida Children's Hospital CCE; Lurie Children's Health Plan CCE; My Health Care Coordination (Macon County Mental Health Board); NextLevel Health Partners; Precedence Care Coordination; Together4Health CCE	Aetna Better Health; Blue Cross Blue Shield of Illinois; CountyCare; Family Health Network; Harmony Health Plan; Health Alliance Connect; IlliniCare Health Plan; Meridian Health Plan; Molina Healthcare of Illinois
Notes: Program notes	The Department of Healthcare & Family Services made the decision to terminate the Accountable Care Entity (ACE) program due to the Illinois State Budget crisis of FY16. All ACEs were given until December 31, 2015 to transition into an MCCN, partner with an existing Medicaid Managed Care Organization (MCO) or desolve and disenroll their memberships. On January 1, 2016 all auto enrollment for the ACE program was turned off. ACEs did not receive any new enrollees or capitation payments after December 31st, 2015. Some ACEs continued to exist and operated on their own without receiving a capitation payment until they partnered with an MCO.	The Department of Healthcare & Family Services made the decision to terminate the Care Coordination Entity (CCE) program due to the Illinois State Budget crisis of FY16. All CCEs were given until December 31, 2015 to transition into an MCCN, partner with an existing Medicaid Managed Care Organization (MCO) or desolve and disenroll their memberships. On January 1, 2016 all auto enrollment for the CCE program was turned off. CCEs did not receive any new enrollees or capitation payments after December 31st, 2015. Some CCEs continued to exist and operated on their own without receiving a capitation payment until they partnered with an MCO.	

Illinois Managed Care Program Features, as of 2015

Features	Integrated Care Program (ICP)	Illinois Health Connect Primary Care Case Management (PCCM)
Program type	Comprehensive MCO + MLTSS	Primary Care Case Management (PCCM)
Statewide or region-specific?	Winnebago, Boone, McHenry, Lake, Cook, DuPage, Kane, Will, Kankakee, Ford, Vermilion, Champaign, Piatt, McLean, DeWitt, Macon, Christian, Sangamon, Menard, Logan, Tazewell, Peoria, Stark, Knox, Mercer and Rock Island counties	Jo Daviess, Stephenson, Carroll, Ogle, Dekalb, Whiteside, Lee, Kendall, Grundy, LaSalle, Putnam, Bureau, Marshall, Livingston, Woodford, Iroquois, Warren, Henderson, Hancock, McDonough, Fulton, Mason, Schuyler, Mason, Cass, Brown, Adams, Pike, Scott, Morgan, Calhoun, Greene, Jersey, Macoupin, Montgomery, Bond, Fayette, Shelby, Moultrie, Douglas, Edgar, Coles, Clark, Cumberland, Crawford, Jasper, Effingham, Marion, Clay, Richland, Lawrence, Wabash, Edwards, Wayne, Jefferson, Washington, Monroe, Randolph, Perry, Franklin, Hamilton, White, Gallatin, Saline, Williamson, Jackson, Union, Johnson, Pop, Hardin, Alexander, Pulaski, and Massac counties
Federal operating authority	1932(a)/1915(c)	1932(a)
Program start date	05/01/2011	07/01/2006
Waiver expiration date (if applicable)	09/30/2019	
If the program ended in 2015, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals		
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt

Illinois Managed Care Program Features, as of 2015

Features	Integrated Care Program (ICP)	Illinois Health Connect Primary Care Case Management (PCCM)
Populations enrolled: Enrollment choice period	60 days	N/A
Populations enrolled: Enrollment broker name (if applicable)	MAXIMUS	MAXIMUS
Populations enrolled: Notes on enrollment choice period		
Benefits covered: Inpatient hospital physical health	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	X
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	X	X
Benefits covered: Clinic services	X	X
Benefits covered: Lab and x-ray	X	X
Benefits covered: Prescription drugs and prosthetic devices	X	X
Benefits covered: EPSDT	X	X
Benefits covered: Case management	X	X
Benefits covered: Health home (SSA 1945)		
Benefits covered: Family planning	X	X
Benefits covered: Dental services (medical/surgical)	X	X
Benefits covered: Dental (preventative or corrective)	X	
Benefits covered: Home health agency services	X	X
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services	X	X
Benefits covered: Hospice care	X	X
Benefits covered: Non-Emergency Medical Transportation	X	X

Illinois Managed Care Program Features, as of 2015

Features	Integrated Care Program (ICP)	Illinois Health Connect Primary Care Case Management (PCCM)
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Ambulatory surgical treatment center, chiropractic, durable medical equipment, hearing, immunization, physical therapy, renal dialysis services, speech therapy, vision	Assistive/augmentative communication devices, audiology, blood and blood components, chiropractic, diagnosis and treatment of medical conditions of the eye, durable and non-durable medical equipment and supplies, immunization, physical therapy, podiatry
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes
Quality assurance and improvement: Accreditation required?	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA	
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	
Performance incentives? Payment bonuses/differentials to reward plans		X
Performance incentives? Preferential auto-enrollment to reward plans		
Performance incentives? Public reports comparing MCO performance on key metrics	X	
Performance incentives? Withholds tied to performance metrics	X	
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	X	
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods		X
Participating plans and regions served: Plans in Program	Aetna Better Health; Blue Cross Blue Shield of Illinois; Cigna-HealthSpring of Illinois; Community Care Alliance of Illinois; CountyCare; Health Alliance Connect; Humana Health Plan; IlliniCare Health Plan; Meridian Health Plan; Molina Healthcare of Illinois	Illinois Health Connect
Notes: Program notes		