

## Types of Managed Care Entities Cheat Sheet

### **Accountable Care Entities (ACEs)**

New model of an integrated delivery system created under Public Act 98-104 that must have the following elements:

- Organized by providers and able to coordinate a network of Medicaid services.
- Initially enroll children and their family members.
- Large enough to have impact on populations
- A minimum number of providers in certain areas: primary care, specialty care, and behavioral care, including a hospital.
- A governance structure that includes each provider type.
- An infrastructure to support care management functions
- ACEs providers will get reimbursement through the fee-for-service program.
- For additional information please see the Healthcare and Family Services (HFS) Accountable Care Entity (ACEs) webpage.  
[http://www2.illinois.gov/hfs/SiteCollectionDocuments/ACE\\_overview.pdf](http://www2.illinois.gov/hfs/SiteCollectionDocuments/ACE_overview.pdf)

### **Care Coordination Entities (CCEs)**

- An alternative model of delivering care to Medicaid clients through provider-organized networks.
- A collaboration of providers and community agencies, governed by a lead entity that receives a care coordination payment in order to provide care coordination services for its Enrollees.
- Medical services are paid on a fee-for-service basis.
- CCEs serve Seniors and Persons with Disabilities (SPD) population
- To learn more about the requirements for organizing CCEs through the Care Coordination Innovations Project, read the Solicitation below.
  - <http://www2.illinois.gov/hfs/PublicInvolvement/cc/ccmn/Pages/default.aspx>

### **Children with Special Needs (CSNs)**

- Alternative model of delivering care to Medicaid clients through provider-organized networks, initially organized around the needs of our most complex children.
- These provider-based networks will be organized as Care Coordination Entities (CCEs).
- 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.
- To learn more about the requirements for organizing CCEs through the Care Coordination Innovations Project, read the Solicitation below.
  - <http://www2.illinois.gov/hfs/PublicInvolvement/cc/ccmn/Pages/default.aspx>

### **Managed Care Community Networks (MCCN)**

- A MCCN is an entity, other than a Health Maintenance Organization (HMO), that is owned, operated, or governed by providers of health care services within Illinois and that provides or arranges primary, secondary and tertiary managed health care services under contract with the Department exclusively to persons participating in programs administered by the Department.
- The MCCN contract for care coordination is very similar to the HMO contracts, with variances in the financial requirements of the MCCN and regulatory oversight by HFS instead of the Department of Insurance.

### **Managed Care Organizations (MCOs)**

- As defined under 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.

## Care Coordination Initiatives

### **Family Health Plans/Affordable Care Act Health Plans (FHP/ACA)**

- The FHP/ACA program is a mandatory care coordination program serving children and their parents, and adults newly eligible under the Affordable Care Act.
- Operates in all five mandatory managed care regions and uses Managed Care Organizations (MCOs), Managed Care Community Networks (MCCN) to provide the full spectrum of Medicaid covered services.
- All ACES serve the FHP population (most also serve ACA population) to provide care coordination.
- To learn more please refer to the website below:  
<http://www2.illinois.gov/hfs/ManagedCare/Pages/default.aspx>

### **Integrated Care Program (ICP)**

- ICP is mandatory managed care that serves five mandatory managed care regions: the Greater Chicago Region, the Rockford Region, the Quad Cities Region, the Central Illinois Region and the Metro East Region.
- Designed for seniors and persons with disabilities who are eligible for Medicaid but not eligible for Medicare.
- The ICP brings together local primary care providers (PCPs), specialists, hospitals, nursing homes, and home and community based service providers to organize care around a patient's needs.
- ICP members have a choice of health plans and PCPs; they receive better coordination of care, manage their own healthcare needs, and receive additional programs and services to help them live healthy independent lives.
- ICP covers both Service Package I and II: Service Package I includes medical and behavioral health services; Service Package II includes long-term services and supports (LTSS), including nursing home care and community based waiver services.
- To learn more please refer to the website below:  
<http://www2.illinois.gov/hfs/ManagedCare/Pages/IntegratedCareProgramInformation.aspx>

### **Medicare Medicaid Alignment Initiative (MMAI)**

- The MMAI is a groundbreaking joint effort to reform the way care is delivered to clients eligible for both Medicare and Medicaid Services (called "dual eligibles").
- The MMAI demonstration project will provide coordinated care to Medicare-Medicaid enrollees in the Greater Chicago area and throughout central Illinois which began in March 2014.
- To learn more please refer to the website below:  
<http://www2.illinois.gov/hfs/PublicInvolvement/cc/mmai/Pages/default.aspx>