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CARE COORDINATION ROLL-OUT PLAN SUMMARY

January 2013-January 2015

This is the 2-year plan for meeting the state law requirement to move at least 50% of Medicaid clients into care coordination by January 1, 2015. Clients residing in 5 mandatory managed care regions will select or be assigned to a managed care entity (MCE), and will have to stay with that MCE for one year (with exception of SPD Dual-Eligibles below). There will be a choice of at least 2 MCEs for each client. It is expected that about 2 million out of 3 million clients (or 66%) will be in care coordination in those regions. The other clients will remain in fee-for-service arrangements through Illinois Health Connect/Primary Care Case Management, until new MCEs develop in those regions.

The 5 mandatory managed care regions in Illinois Medicaid are:

- Greater Chicago Region – 6 counties
- Rockford Region – 3 counties
- Quad Cities Region – 3 counties
- Central Illinois Region – 15 counties
- Metro East Region – 3 counties

“Care coordination” will be provided by four types of MCEs in Illinois: Managed Care Organizations (MCO), which are traditional insurance-based companies accepting full-risk capitated payments; Managed Care Community Networks (MCCN), which are provider-organized entities accepting full-risk capitated payments; Care Coordination Entities (CCE) which are provider-organized networks providing care coordination, for risk- and performance-based fees, but with medical and other services paid on a fee-for-service basis; and Accountable Care Entities (ACE), which are provider-organized entities on a 3-year path to full-risk capitated payments.

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

- Seniors and Persons with Disabilities (SPD – formerly called AABD): Dual-Eligibles (Medicare/Medicaid)
- Seniors and Persons with Disabilities – Medicaid Only
- Children/Families
- ACA Adults – newly eligible adults under ACA

SPD: Dual-Eligibles

- Illinois Medicaid was selected by the federal government as one of a handful of states for the Medicare-Medicaid Alignment Initiative (MMAI)
- 8 MCOs were selected for 2 regions: Greater Chicago Region and Central Illinois Region
- Voluntary enrollment will begin February, 2014; mandatory enrollment will begin May, 2014
- Clients may opt out of Medicare service package

SPD: Medicaid Only

- Integrated Care Program launched as a pilot project in 2 phases: in May 2011, with Phase I medical/behavioral health services; in February 2013 with Phase II long-term supports and services
- 2 MCOs were selected for the ICP pilot project in a region that includes Cook County suburbs and 5 collar counties
- Beginning in July 2013 and until February 2014, voluntary enrollment and then mandatory enrollment will proceed in the other 4 regions and in Chicago – for both phases
- In addition, 5 CCEs and 1 MCCN were selected to serve this population in various regions

Children/Families

- New ACEs, MCOs and MCCNs will be selected to serve these populations in all 5 regions
- 4 CCEs have been selected to serve children with complex health needs
- Voluntary managed care will transition to the new structure; MCOs and MCCNs who have been part of the Medicaid voluntary managed care program will be offered the opportunity to transition
- Voluntary enrollment is expected to begin July 2014

ACA Adults

- CountyCare began enrollment of ACA adults in early 2013, under federal waiver
- New ACEs, MCOs and MCCNs will have option to enroll ACA adults in all 5 regions, beginning July 2014