In recent years, Illinois has enacted a number of Medicaid reforms aimed at increasing efficiency in the program. They include:

- Requiring that 50% of the Medicaid population have their healthcare coordinated by a Care Coordination Organization.
- Experimentation with various models of care coordination:
  - Managed Care Organizations (MCOs)
  - Managed Care Community Networks (MCCNs)
  - Accountable Care Entities (ACEs)
  - Care Coordination Entities (CCEs)

Given that Illinois’ Medicaid program is in the first year of this massive implementation of statewide Medicaid Managed Care, data will be needed to determine the effectiveness of these entities.

**HB 2731 HA1 – Strengthens Transparency in the Medicaid Managed Care System**

- Requires The Department of Healthcare and Family Services (HFS) to publish monthly enrollment reports on its website as soon as possible but no later than January 1, 2017 on enrollment of Medicaid clients into these various care models.

- HFS must annually publish on the Department’s website every health plan’s quality metrics outcomes and make public an independent annual quality review report.

- Instructs HFS to compile data on Medicaid redeterminations on a monthly basis and post this data on the Department’s website. Data from prior months should be retained and available on the website as well.

The *Medicaid Managed Care Transparency Act* will take an important step toward strengthening the Medicaid system by improving transparency and ensuring all residents have access to the information they need to make the best decisions about their healthcare.

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**Medicaid Care Coordination**

- Public Act 96-1501 required that 50% of the Medicaid population have their healthcare coordinated by a Care Coordination Organization.

- By May of 2015, roughly 2 million people will be participating in care coordination.

- It is expected that about 2 million out of 3 million clients (or 66%) will be in care coordination by the end of the process.

- Care Coordination is a large transition for the Medicaid program that has taken 4 years, impacting thousands of providers and millions of Medicaid enrollees.

**Medicaid Renewal and Redetermination**

- Medicaid has made changes to the eligibility process, requiring annual redeterminations of eligibility for Medicaid enrollees.

- To date nearly 550,000 Medicaid recipients have gone through renewal and redetermination.

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