<table>
<thead>
<tr>
<th><strong>Managed Care Organizations</strong></th>
<th><strong>Who</strong></th>
<th><strong>What</strong></th>
<th><strong>When</strong></th>
</tr>
</thead>
</table>
|                              | ACA adults, Family Health Plans (FamilyCare, All Kids, Moms & Babies) | **Includes:** PCP, Care Coordination, Some extra benefits  
**Reimbursement:** Capitated Payments  
**Management and Enrollment:** MCO, Mandatory Regions | NA |

<table>
<thead>
<tr>
<th><strong>Accountable Care Entities</strong></th>
<th><strong>Who</strong></th>
<th><strong>What</strong></th>
<th><strong>When</strong></th>
</tr>
</thead>
</table>
|                              | ACA adults, Family Health Plans (FamilyCare, AllKids, Moms & Babies) | **Includes:** PCP, Care Coordination,  
**Reimbursement:** 3 year path to capitated payments  
**Management and Enrollment:** Provider Organized, Voluntary | Not yet started, 2014 |

<table>
<thead>
<tr>
<th><strong>Care Coordination Innovation Projects</strong></th>
<th><strong>Who</strong></th>
<th><strong>What</strong></th>
<th><strong>When</strong></th>
</tr>
</thead>
</table>
| CCEs and MCCNs                           | SPD (AABD) Medicaid-CCEs MCCNs  
Children with Complex Medical Needs-CCEs  
ACA adults-CountyCare | **Includes:** PCP, Care Coordination, Some incorporate social services and housing, must link with behavioral health services  
**Reimbursement:** CCEs-FFS payments  
MCCNs-Capitated Payments  
**Management and Enrollment:** Provider Organized, Voluntary | 2013, 2014 and on Countycare-2012 |

<table>
<thead>
<tr>
<th><strong>MMAI: Medicare Medicaid Alignment Initiative</strong></th>
<th><strong>Who</strong></th>
<th><strong>What</strong></th>
<th><strong>When</strong></th>
</tr>
</thead>
</table>
|                                                 | SPD (AABD) Medicaid and Medicare Parts A and B  
**No spend-down** | **Includes:** PCP, Consumer Choice Options, Care Coordination,  
**Reimbursement:** Capitated Payments  
**Management and Enrollment:** MCOs, Semi-Mandatory (opt-out) | Started 2014  
**Transition:** 60 days from letter to enroll, 180 day transition period to in-network providers, can change plans monthly unless receiving LTSS (locked 2013, 2014 and on Countycare-2012) |

<table>
<thead>
<tr>
<th><strong>Integrated Care Program</strong></th>
<th><strong>Who</strong></th>
<th><strong>What</strong></th>
<th><strong>When</strong></th>
</tr>
</thead>
</table>
|                              | SPD (AABD) Medicaid Only +Waiver Programs  
**No Medicare**  
**No spend-down** | **Includes:** PCP, Consumer Choice Options, Care Coordination  
**Reimbursement:** Capitated Payments  
**Management and Enrollment:** MCOs Mandatory | Started 2011  
Rollout in Chicago 2014  
**Transition:** 60 days from initial letter to enroll, Can switch plans first 90 days, after 90 days locked in 12 months, 90 day transition to in-network providers |