

Member Services Toolkit for ACEs and CCEs

Installment #1: What to Expect from the *Member Services Toolkit*

New Resource ACEs and CCEs

The Illinois Department of Healthcare and Family Services (HFS) is pleased to announce development of a *Member Services Toolkit for ACEs and CCEs*. This toolkit provides guidance to help Accountable Care Entities (ACEs) and Care Coordination Entities (CCEs) provide continued and excellent member services to their Medicaid clients. The toolkit will be released in installments and accompanied in most cases by a webinar or conference call to support ACEs and CCEs as they integrate new knowledge relevant to care coordination. This is the first installment of the *Member Services Toolkit*, and it is intended to provide context for the various communications and guidance that will follow in the coming weeks. The toolkit is designed to enhance collaboration and meet our common goals of increasing quality of care, lowering costs, and improving population health outcomes

Understanding the Service Delivery System

While ACEs and CCEs provide individualized care coordination, medical services to members are delivered and paid for through the existing Medicaid fee-for-service system. Therefore, it is essential that ACEs and CCEs understand the fee-for-service system, and know how to leverage HFS resources to ensure access to care for their members.

Know Your Contract

The contract with HFS is an important reference point for each ACE and CCE as it hones its approach to care coordination. All staff responsible for providing, supervising, and/or overseeing care coordination should understand the contract requirements, particularly those in Article V which outline the duties of the ACE/CCE. The *Member Services Toolkit* will not modify or replace contract requirements. Rather, it will provide additional support to ACEs and CCEs as they develop the capacity to meet and exceed those requirements, especially those pertaining to care coordination and member services.

Upcoming Installments

In the coming weeks, HFS will release information responding to questions we hear most frequently from ACEs and CCEs. Upcoming installments will address topics such as:

- How to use HFS [Provider Handbooks](#) to learn about covered services, identify limits and authorization requirements that may apply to certain covered services, and understand the policies and procedures with which Medicaid providers must comply.
- How to use [Medical Electronic Data Interchange \(MEDI\)](#) and the Provider Eligibility Inquiry Hotline to conduct an eligibility inquiry.
- How to handle prior authorization requirements for pharmacy services.
 - How to coordinate particular services such as non-emergency transportation, dental, behavioral health, and vision.
- How and when to use the HFS Health Benefits Hotline.
- How to use the [Illinois Health Connect Helpline](#) to support PCP changes.

As noted above, toolkit installments will often be accompanied by a webinar, conference call, or some other event to enhance rapid integration of new information.