



Illinois Managed Care Program
National Committee for Quality Assurance (NCQA)*
Medicaid Healthcare Maintenance Organization (HMO) Accreditation**
Version Date: February 13, 2024. NCQA Update January 15, 2024.

Health Plan Name	Accreditation Level ¹	Next Accreditation Review Date
Aetna Better Health of Illinois Inc. and Aetna Better Health Premier Plan		
<i>Medicaid HMO Accreditation</i>	<i>Accredited</i>	<i>8/25/2026</i>
<i>Medicare HMO Accreditation</i>	<i>Accredited</i>	<i>11/7/2023</i>
<i>Health Equity Accreditation</i>	<i>Accredited</i>	<i>9/23/2025</i>
<i>Long Term Services and Support</i>	<i>Distinction</i>	<i>8/25/2026</i>
<i>Electronic Clinical Data</i>	<i>Distinction</i>	<i>Not applicable</i>
Blue Cross Blue Shield of Illinois		
<i>Medicaid HMO Accreditation</i>	<i>Accredited</i>	<i>7/22/2025</i>
<i>Health Equity Accreditation</i>	<i>Accredited</i>	<i>9/22/2026</i>
<i>Long Term Services and Support</i>	<i>Distinction</i>	<i>7/22/2025</i>
Cook County Health & Hospitals System's CountyCare Health Plan		
<i>Medicaid HMO Accreditation</i>	<i>Provisional</i>	<i>9/17/2024</i>
Humana Health Plan, Inc.		
<i>Medicare HMO Accreditation</i>	<i>Accredited</i>	<i>8/19/2025</i>
<i>Electronic Clinical Data</i>	<i>Distinction</i>	<i>Not applicable</i>
Meridian Health Plan of Illinois, Inc.		
<i>Medicaid HMO Accreditation</i>	<i>Accredited</i>	<i>11/4/2025</i>
<i>Health Equity Accreditation</i>	<i>Accredited</i>	<i>4/9/2024</i>
<i>Long Term Services and Support</i>	<i>Distinction</i>	<i>11/4/2025</i>
Molina Healthcare of Illinois, Inc.		
<i>Medicaid HMO Accreditation</i>	<i>Accredited</i>	<i>9/9/2025</i>
<i>Health Equity Accreditation</i>	<i>Accredited</i>	<i>6/16/2026</i>
<i>Long Term Services and Support</i>	<i>Distinction</i>	<i>9/9/2025</i>
<i>Electronic Clinical Data</i>	<i>Distinction</i>	<i>Not applicable</i>

* NCQA is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of, health plans, managed behavioral healthcare organizations, preferred provider organizations, new health plans, physician organizations, credentials verification organizations, disease management programs and other health-related programs.

** This document meets the federal MCO, PIHP, or PAHP accreditation information publication requirement under 42 CFR § 438.332(c)(1).

¹ NCQA Health Plans Report Cards. Available at: <https://reportcards.ncqa.org/health-plans?pg=1>. Accessed on February 13, 2024.

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Accreditation Status	Description of Accreditation Status and Status Modifiers ²
Accredited	Service and quality meet or exceed rigorous requirements for consumer protection and quality improvement.
Provisional	Service and quality meet some requirements; improvement is needed to achieve higher status.
Interim	Basic structure and processes in place to meet expectations for organizations new to NCQA.
Denied	Did not meet NCQA requirements.
Appealed by Organization	The health plan asked the accreditation status to be reviewed.
In Process	NCQA is deciding accreditation status.
Revoked	NCQA removed accreditation.
Scheduled	On calendar for an accreditation survey.
Expired	Previously accredited, has chosen not to renew.
Under Review by NCQA	NCQA is confirming if performance is at the level required for accreditation.
Merger Review in Process	NCQA is analyzing merger's impact on accreditation status.
Under Corrective Action	A CAP Survey is required when an organization does not meet the minimum threshold for one or more must-pass elements. The organization's accreditation status on the Report Cards is noted with an “Under Corrective Action” status modifier during the corrective action period. NCQA proactively schedules the CAP Survey for submission 6 months following the last Full Survey, with the file review or survey end date 4 weeks later.

² NCQA Health Plan Report Cards Glossary. Available at: <https://reportcards.ncqa.org/glossary>. Accessed on February 13, 2024.