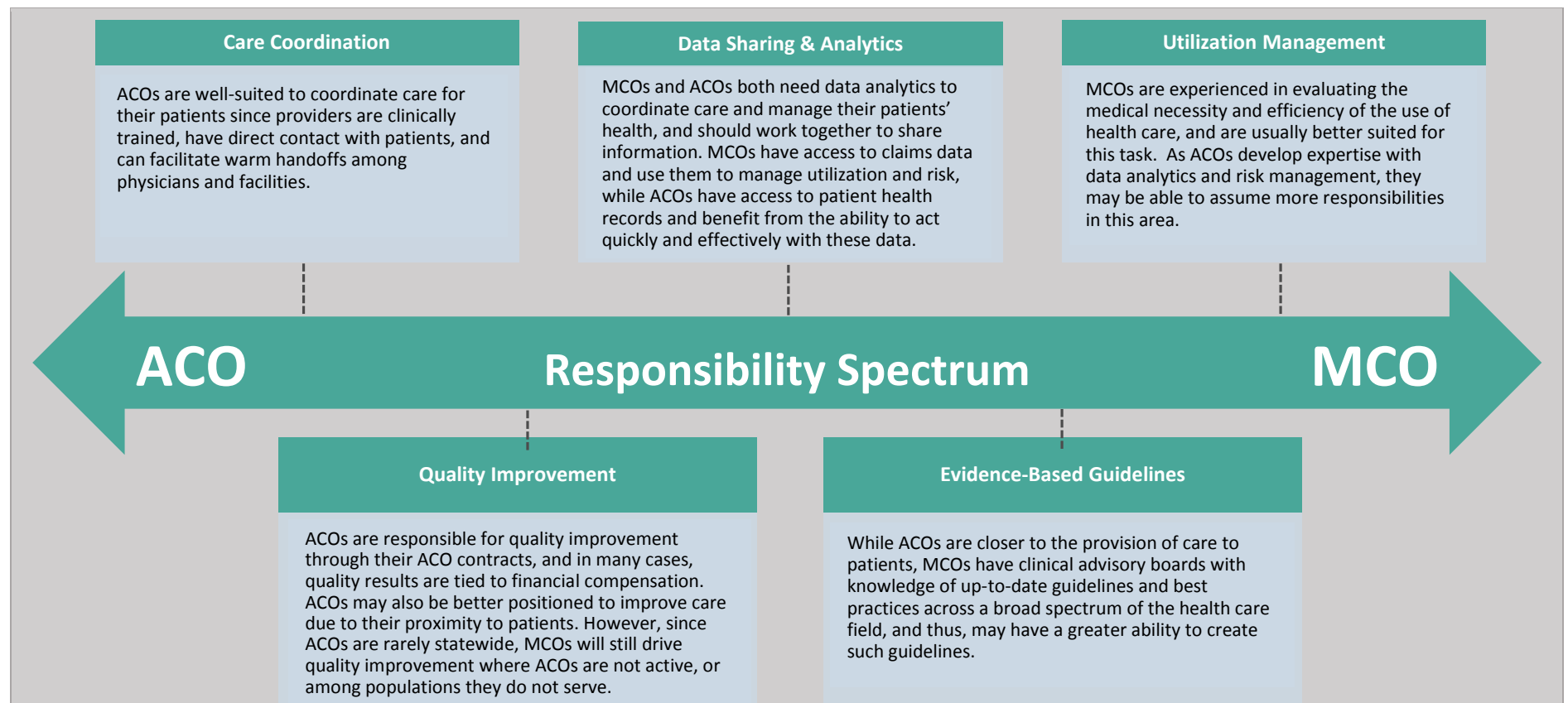


# Delineating Responsibilities across Accountable Care Organizations and Managed Care Organizations

States introducing accountable care organization (ACO) programs into an existing Medicaid managed care environment will need to effectively delineate responsibilities between ACOs and managed care organizations (MCOs). Successful delineation can provide opportunities for the two types of organizations to complement one another and improve care delivery for Medicaid enrollees. This tool, made possible by the *Medicaid ACO Learning Collaborative* sponsored by The Commonwealth Fund, identifies five responsibilities that both ACOs and MCOs may share and outlines which entity may be better suited to perform each function. This tool can help state Medicaid agencies, as well as ACOs and MCOs, define roles and responsibilities across these organizations. For more information on the relationship between ACOs and MCOs in Medicaid and how states can help coordinate these efforts, please see: [The Balancing Act: Integrating Medicaid Accountable Care Organizations into a Managed Care Environment](#).



## 2 Technical Assistance Tool | Delineating Responsibilities across ACOs and MCOs

States can use the table below to outline potential responsibilities among ACOs and MCOs. Examples of potential activities, some of which are drawn from Minnesota and Vermont’s programs, are shown below. Note, these examples are not necessarily recommendations for how to delineate these activities, as these roles and responsibilities may vary from state to state.

Responsibility	Care Coordination	Quality Improvement	Data Sharing and Analytics	Evidence-Based Guidelines	Utilization Management
<b>ACO Responsibilities</b>	<ul style="list-style-type: none"> <li>Employ multi-disciplinary care teams</li> </ul>	<ul style="list-style-type: none"> <li>Provide quality performance and patient data to the state</li> </ul>	<ul style="list-style-type: none"> <li>Collect information directly from patients and partner organizations</li> </ul>	<ul style="list-style-type: none"> <li>Develop and disseminate reports on patient utilization and outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Assume some responsibility for utilization management</li> </ul>
<b>MCO Responsibilities</b>	<ul style="list-style-type: none"> <li>Provide admission notifications from claims data</li> </ul>	<ul style="list-style-type: none"> <li>Audit care plans across providers to ensure consistency</li> </ul>	<ul style="list-style-type: none"> <li>Collect and disseminate expenditure data to ACOs</li> </ul>	<ul style="list-style-type: none"> <li>Disseminate existing clinical guidelines to ACOs</li> </ul>	<ul style="list-style-type: none"> <li>Use expertise with medical necessity determinations to manage utilization</li> </ul>

### ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to advancing innovations in health care delivery for low-income Americans. CHCS works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit: [www.chcs.org](http://www.chcs.org).