I. Call To Order

HFS
Illinois Department of
Healthcare and Family Services

Managed Care Oversight Commission (MCOC)

April 26, 2024

VIRTUAL WebEx Meeting

1:30PM – 3:00PM

HFS

Illinois Department of Healthcare and Family Services

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Illinois Department of
Healthcare and Family Services

OUR VISION FOR THE FUTURE

We improve lives.

- We address social and structural determinants of health.
- We empower customers to maximize their health and well being.
- We provide consistent, responive service to our colleagues and customers.
- We make equity the foundation of everything we do.

This is possible because:

We value our staff as our greatest asset.

We do this by:

Fully staffing a diverse workforce whose skills and experiences strengthen HFS.

Ensuring all staff and systems work together.

Maintaining a positive workplace where strong teams contribute, grow and stay.

Providing exceptional training programs that develop and support all employees.

We are always improving.

We do this by:

Having specific and measurable goals and using analytics to improve outcomes.

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

We inspire public confidence.

We do this by:

Using research and analytics to drive policy and shape legislative initiatives.

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.

II. Welcome by MCO Oversight Commission Co-Chairs

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Welcome by MCO Oversight Commission Co-Chairs(1/2

Illinois State Senator

Mattie Hunter, Assistant Majority Leader

Years served: 2003 - Present

Committee assignments: Public Health (Vice-Chair); Energy and Public Utilities; Executive; Executive Appointments (Vice-Chair); Health and Human Services; Approp- Pub Safety & Infrastructure; EX Consolidation (Sub-Chair); Procurement (Sub-Chair); EX Ethics (Sub-Vice-Chair); Chicago Elected Rep. School Board; Constitutional Amendments (Sub-Vice-Chair).

Biography: Full-time state legislator; B.A., government and Doctor of Humane Letters degree, Monmouth College; M.A., sociology, Jackson State University; certified drug and alcohol counselor and prevention specialist; co-chair of the Task Force on Missing and Murdered Chicago Women, Health and Human Services Task Force, Kidney Disease Prevention and Education Task Force, and Medicaid Managed Care Oversight Commission; member of Alpha Kappa Alpha Sorority Inc., the National Conference of State Legislatures, Women in Government and Durban Sister Cities International; single.

Welcome by MCO Oversight Commission Co-Chairs (2/2)

Illinois State Representative

Camille Lilly, Assistant Majority Leader

Years served: April 2010 - Present

Committee assignments: Approp - Health & Human Services (Chairperson); Appropriations-Public Safety (Vice-Chairperson); Insurance; Labor & Commerce; Mental Health & Addiction; Veterans' Affairs; Public Health; Minority & Women Inclusion Analysis.

Biography: Lifelong resident of Chicago's Greater West Side; graduated from Oak Park-River Forest High School; bachelor's degree in management from Drake University; master's degree in Healthcare Administration from Oklahoma University; Northwestern University's Kellogg Executive MBA ; serves on the boards of Westside Health Authority, Columbus Park Advisory Council, and Chicago Park District.

Summary of Agenda

I. Call to Order

II. Welcome by MCO Oversight Commission Co-Chairs

III. Roll Call of MCO Commission Members

IV. Introduction of HFS staff

V. Introduction to New Deputy Administrator of Managed Care Performance.

VI. Introduction of MCO Commission Members

VII. Review of Meeting Dates

VIII. Review Purpose of the MCO Oversight Commission

IX. Healthcare & Family Services Executive Presentations

X. Discussion

XI. Public Comments

XII. Additional Business: Old & New

XIII. Adjournment

General Meeting Operations and Communications (1/2)

- Meeting basics:
  - Please note, this meeting is being recorded.
  - To ensure accurate records, please type your name and organization into the chat.
  - If possible, members are asked to attend meetings with their camera's turned on, however, if you call in & need materials, please email Melishia.Bansa@Illinois.gov as soon as safely possible.
  - Please be sure to mute your audio except when speaking.
  - Please note that HFS staff may mute participants to minimize any type of disruptive noise or feedback.
- Comments or questions during the meeting:
  - If you are a Committee member and wish to make a comment or ask a question during the meeting, please use the WebEx feature to raise your hand, contact the host/co-host, or unmute yourself during QA sections facilitated by the Co-Chairs.
  - Please state your full name when asking a question or passing a motion.
  - If you are a member of the general public and wish to make a comment, please register to make a public comment prior to the meeting. Instructions to make public comments have been provided for you in the public meeting posting located on the MAC webpage.
  - If you have a question during the meeting, please utilize the Webex chat feature to send your question directly to the Co-Chair or any of the host or co-host.

General Meeting Operations and Communications (2/2)

Meeting basics Cont.

- The Co-Chairs will try to address as many questions as possible during designated sections of the meeting. We recognize that due to the limited allotted time, your questions may not be answered during the meeting, therefore be sure to visit the HFS Webpage for a list of helpful resources. Your questions are important to us and will help inform the development of future presentations and informational materials.

- HFS is committed to hosting meetings that are accessible and ADA compliant. Closed captioning will be provided. Please email Melishia.Bansa@Illinois.gov in advance to report any requests or accommodations you may require or use the chat to alert me of challenges you may have encountered during the meeting.

- Patience, please – many meeting attendees may be new to these proceedings.

- In the future meeting minutes of the prior meeting will be circulated to committee members in advance of each session. Once approved, they will be posted to the website along with today's MCO Oversight Commission presentation deck.

III. Roll Call of MCO Commission Members

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Roll Call of MCO Commission Members

Senator Mattie Hunter	Co-Chair
State Representative Camille Lilly	Co-Chair

Anthony LoSasso	**Joshua Gottlieb**
Audrey Tanksley	Jordan Powell
Caprice Carthans	**Marie Rucker**
Charles Hartman	**Matthew Wolf**
Cornetta Levi	Nadeen Israel
David Sharar	**Olumide Idowu**
Garth Reynolds	**Raul Garza**
Gerald DeLoss	Sen. Dave Syverson
Jennie Pinkwater	William Simon

IV. Introduction of HFS Staff

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A. New HFS Director – Elizabeth (Lizzy) Whitehorn

HFS Director Elizabeth Whitehorn was appointed by Gov. Pritzker to lead the agency, effective Jan. Director Whitehorn has worked at the intersection of policy, law and politics throughout her career, most recently serving as First Assistant Deputy Governor, managing the healthcare and human services agencies, including HFS.

In that role, the Director played a leading role in Illinois' response to the COVID-19 pandemic, spearheaded the Children's Behavioral Health Transformation Initiative and worked closely on the Pritzker administration's efforts to expand access to reproductive healthcare and to launch a state-based healthcare exchange.

Director Whitehorn previously served in Governor Pat Quinn's administration, she has worked on multiple campaigns, and she started her career with Chicago Public Schools.

B. New HFS Chief of Staff – Dana Kelly

Dana Kelly most recently served as Associate Secretary at the Illinois Department of Human Services (IDHS), where she oversaw strategy and program development for IDHS programming related to disability services, mental health, state operated facility operations, and community violence prevention.

Prior to becoming Associate Secretary, Dana served as Chief Policy Officer at IDHS, where she managed the development and implementation of strategic initiatives ranging from violence prevention services to internal workforce transformation efforts. During her time at IDHS she served as a key advisor on the Department's COVID-19 response, including oversight for state operated congregate care settings and implementation of a vaccination program serving internal staff and community members.

Finally, she has served as the State's liaison to the Illinois Commission on Poverty Elimination and Economic Security for the last 3.5 years, where she has guided the development of the Commission's poverty alleviation strategy.

I.

Introduction of HFS Staff

C. Dawn Wells, Bureau Chief of Quality Management (BQM)

D. Heather Eagleton, Legislative Director

E. Keshonna Lones, Director of Account Management, BMC

F. Kristine Herman, Bureau Chief of Behavioral Health

G. Laura Ray, Bureau Chief of Managed Care, BMC

H. Melishia Bansa, Special Assistant to Director of HFS

I. Michelle Eckhoff, Quality Assurance Manager, BQM

V. Introduction to New Deputy Administrator of Managed Care Performance

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A. Helena Lefkow, New Deputy Administrator of Managed Care Performance

Helena Lefkow has extensive experience collaborating with state agencies, health plans, associations, and other stakeholders on the development and implementation of Medicaid law, regulation, and policy. Helena most recently served as a subject matter expert on Illinois Medicaid for Health Management Associates (HMA). Prior to joining HMA, Helena was the senior director of Managed Care Policy for the Illinois Health and Hospital Association (IHA), where she developed legislation and policy positions on a wide array of Medicaid and commercial managed care issues. Helena also led IHA's efforts to resolve hospital billing and Medicaid managed care claims processing errors and contributed to the development of the MCO comprehensive billing manual for hospital services.

Helena received her Master of Public Affairs from the University of Wisconsin-Madison and Bachelor of Arts from Northwestern University. She has served as a member of the Illinois Workers' Compensation Medical Fee Advisory Board and the Illinois Child Welfare Advisory Committee.

VI. Introduction of MCO Commission Members

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Introductions of MCO Commission Members – 14 Members

Senator Mattie Hunter	Co-Chair
State Representative Camille Lilly	Co-Chair

Anthony LoSasso	Joshua Gottlieb
Audrey Tanksley	Jordan Powell
Caprice Carthans	Marie Rucker
Charles Hartman	Matthew Wolf
Cornetta Levi	Nadeen Israel
David Sharar	Olumide Idowu
Garth Reynolds	Raul Garza
Gerald DeLoss	William Simon
Jennie Pinkwater	

VII. Review of Meeting Dates

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I.

Review of Meeting Dates

A. 2024 Meeting Dates (Subject to Change)

- April 26, 2024
- June 7, 2024
- Sept 13, 2024
- Dec 13, 2024
- MCO Oversight Commission Meeting Schedule (illinois.gov)

VIII. Review Purpose of the MCO Oversight Commission

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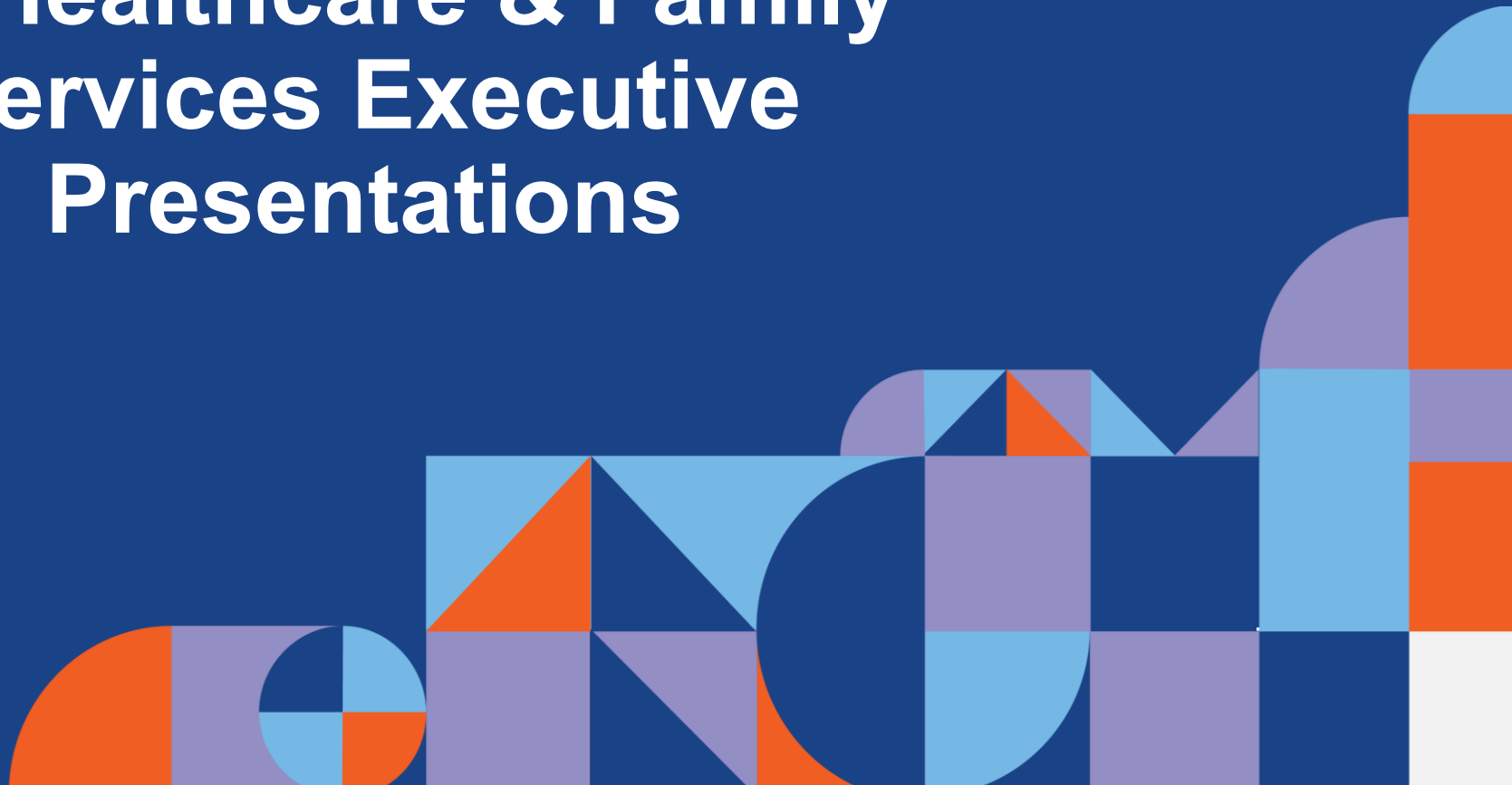
Medicaid Managed Care Oversight Commission: 13 Goals

The Medicaid Managed Care Oversight Commission is created within the Department of Healthcare and Family Services to evaluate the effectiveness of Illinois' managed care program (305 ILCS 5/5-30.17)

1. **Review data on health outcomes of Medicaid managed care members;**
2. **Review current care coordination and case management efforts and make recommendations on expanding care coordination to additional populations with a focus on the social determinants of health;**
3. Review and assess the appropriateness of metrics used in the Pay-for-Performance programs;
4. Review the Department's prior authorization and utilization management requirements and recommend adaptations for the Medicaid population;
5. Review managed care performance in meeting diversity contracting goals and the use of funds dedicated to meeting such goals, including, but not limited to, contracting requirements set forth in the Business Enterprise for Minorities, Women, and Persons with Disabilities Act; recommend strategies to increase compliance with diversity contracting goals in collaboration with the Chief Procurement Officer for General Services and the Business Enterprise Council for Minorities, Women, and Persons with Disabilities; and recoup any misappropriated funds for diversity contracting;
6. Review data on the effectiveness of processing to medical providers;
7. **Review member access to health care services in the Medicaid Program, including specialty care services;**
8. Review value-based and other alternative payment methodologies to make recommendations to enhance program efficiency and improve health outcomes;
9. Review the compliance of all managed care entities in State contracts and recommend reasonable financial penalties for any noncompliance;
10. Produce an annual report detailing the Commission's findings based upon its review of research conducted under this Section, including specific recommendations, if any, and any other information the Commission may deem proper in furtherance of its duties under this Section;
11. Review provider availability and make recommendations to increase providers where needed, including reviewing the regulatory environment and making recommendations for reforms;
12. Review capacity for culturally competent services, including translation services among providers; and
13. Review and recommend changes to the safety-net hospital definition to create different classifications of safety-net hospitals.

Presenter: Melishia Bansa, Special Assistant to Director of HFS

IX. Healthcare & Family Services Executive Presentations



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Point 1: Review Data on Health Outcomes of Medicaid Managed Care Members

Quality Strategy

Using the Comprehensive Medical Programs Quality Strategy as a framework for quality improvement activities, HFS continues to focus on equity and other quality strategy objectives to improve health outcomes for all customers.

Presenter: Michelle Eckhoff, Quality Assurance Manager
Dawn Wells, Bureau Chief, BQM

Vision for Improvement

- **Pillar: Adult Behavioral Health-**Improve the health outcomes and management of behavioral health services and supports for adults.
- **Pillar: Child Behavioral Health-**Improve the health outcomes and management of behavioral health services and supports for children.
- **Pillar: Maternal and Child Health-**Improve the health outcomes of birthing person, babies, and children.
- **Pillar: Equity-**Eliminate disparities and ensure equitable access to primary and preventive care services across the Medicaid population.
- **Pillar: Community and Health Promotion-**Provide person-centered services and supports to ensure care is delivered in the least restrictive environment.

  Promote whole person wellness, preventive care, and management of chronic conditions.

Incentivizing Quality Performance

- HFS requires health plans to submit results for a variety of quality measures to assess performance.
- Priority Measures include the P4P and P4R measures in the HCI Quality Withhold Program.

Quality Withhold

- **Quality Withhold-**The current withhold percentage is 2%. HFS deducts the 2% from the capitation rates before payment is made. The funds are not held in escrow, they are simply not paid out. After the quality measures are calculated (usually about 12 months after the measurement year ends), HFS calculates how much was withheld based on the capitation payments actually made during the measurement year. The withheld amounts are then distributed to the MCOs based on their quality results. Payments are made via lump sum payment.
  - **Pay for Performance (P4P)** measures require the health plans to meet a set benchmark based on current national averages and show improvement from the previous measurement year. *P4P accounts for 1% of the Quality Withhold.*
  - **Pay for Reporting (P4R)** measures require the health plans to accurately report measure performance stratified by disparity factors including race/ethnicity, gender, age, and geographical location. *P4R accounts for 1% of the Quality Withhold*.

Adult Behavioral Health P4P/P4R

P4P

- Follow Up After Hospitalization for Mental Illness (FUH)
- Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
- Pharmacotherapy for Opioid Use Disorder (POD)

P4R

- Follow Up After High-Intensity Care for Substance Use Disorder (FUI)
- Clinical Depression Screening and Follow Up (CDF)(Core Set)

Child Behavioral Health P4P/P4R

P4P

- Follow Up After Hospitalization for Mental Illness (FUH)
- Follow Up After Emergency Visit for Mental Illness (FUM)

P4R

- Mobile Crisis Response (MCR)(Custom measure)
- Clinical Depression Screening and Follow Up (CDF)(Core set)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- Follow Up Care for Children Prescribed ADHS Medications (ADD)

Maternal and Child Health P4P/P4R

P4P

- Timeliness of Prenatal Visit (PPC)
- Timeliness of Postpartum Visit (PPC)
- Childhood Immunization Status (CIS-10)

P4R

- Well-Child Visits (WCV)
- Adult Core Set Measure for contraception (CCW)(Core set)
- Unexpected Complications in Term newborns (PC06)(Joint Commission)
- Oral Evaluation, Dental Services (OED)
- Prenatal Depression Screening (PND-E)
- Postpartum Depression Screening (PND-E)

Equity P4P/P4R

P4P

- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Controlling High Blood Pressure (CBP)

P4R

- Breast Cancer Screening with disparity focus (Custom)
- Asthma Medication Ratio (AMR)
- Colon/Rectal Cancer Screening (COL)

Community and Health Promotion

P4P

- Adult Access to Preventative/Ambulatory Health Services (AAP)

P4R

- Long Term Services and supports Successful Transition After a Long-Term Stay (LTSS Tran)
- Long Term Services and Supports Minimizing Facility Length of Stay (LTSS LOS)

Quality Withhold and HEDIS

Most current measures are HEDIS.

- HEDIS measures have been around for a long time but continue to play a vital role in measuring performance of health plans against national quality benchmarks and measuring performance against each other here in IL
- NCQA noted recently that 42 states + territories require HEDIS reporting by their health plans. This means they are likely using HEDIS in their quality programs in some way (non-duplication of PMV protocol with EQR, monitoring, evaluation, improvement, etc.).
- HEDIS measures are more than just Process Measures, they include Outcome Measures that indicate health plans impact on a customer's health and wellbeing.

Quality Withhold and IL Custom Metrics

- While standardized measures like HEDIS and CMS, are an important part of the quality improvement measure strategy, tailoring a measure to evaluate specific programs, populations, and customer health initiatives is also vital to quality improvement.
- Custom measures can be a means of incentivizing health plan performance that aligns with HFS' focus on equitable outcomes for all customers.

Monitoring Quality Performance

- Quality Management provides regular oversight and support to health plans related to their overall Quality Improvement and Equity Programs. This includes HCI, YC, and MMAI lines of business; and
- Works with health plans at least quarterly prompting them to conduct data analysis on priority measures, identify opportunities, and address open care gaps;
- Convenes workgroups with health plans as needed to collaborate and address systemic quality performance opportunities for improvement.
    - Current workgroups -Immunizations and Family Planning measures.

Balancing Quality Improvement & Equity

- HFS Quality Management regularly works with health plans to improve customer health outcomes. Asking plans to focus on not just improving quality metrics, but to look for and address disparities where they find them.
- Digging into the demographic data and looking at DIA zip codes versus non-DIA zips codes, health plans have identified health care disparities and through regular feedback and guidance from Quality Management, they are targeting interventions to address those disparities.
- Health plans are also required to report how Health Related Care Needs (HRCNs) are woven into the plan's quality program.

Quarterly Quality Meetings

- Each quarter, Quality Management identifies an area of quality improvement or a quality pillar for discussion with the health plans.
- Quality Management asks the following of each plan
  - What does the data analysis show
  - What was the final outcome of said measure
  - Were there any disparities
  - What was the cause of said disparities
  - What are the interventions to reduce disparities or improve outcome-both overall interventions and targeted interventions
  - What is the evaluation plan for monitoring the effectiveness of the intervention

External Quality Review Organization (EQRO)

- Required by CMS
- Provides independent oversight of health plans compliance with federal standards of care and HFS contract requirements.
- Federal standards include availability of services, assurances of adequate capacity and services, coordination and continuity of care, coverage and authorization of services, provider selection, confidentiality, grievance and appeal systems, sub-contractual relationships and delegation, practice guidelines, health information systems, and quality assessment and performance improvement program.
- HFS is currently contracted with Health Services Advisory Group (HSAG) as its EQRO.

Quality Results

- The annual EQR Technical Report provides an in-depth report of MCO quality oversight activities including findings, recommendations from the EQRO, and opportunities for continuous quality improvement.
- Consumer Report Card compares MCOs to each other in key quality performance areas.
- Both can be found on the HFS website in the Reports Center (Report Center | HFS (illinois.gov))

EQRO Activities

- Compliance reviews
- Evaluation of Performance Improvement Projects (PIPs)
- Access to care review and evaluation
- HCBS waiver reviews
- Evaluation of MLTSS waiver
- Performance Measure Validation
- Encounter Data Validation
- Technical assistance and more

Quality Management Contacts

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Bureau of Quality Management
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Questions?

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Point 2: Review of Current Care Coordination and Case Management Efforts

Medicaid Managed Care & Care Coordination

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Medicaid Managed Care Overview

- In 2011, the General Assembly passed the first in a series of laws that ultimately shifted the delivery of medical assistance benefits from a primarily fee for service (FFS) to a Medicaid managed care delivery system, with a focus on care coordination to manage cost, utilization, and quality.
- HFS contracts with Medicaid managed care organizations (MCOs) on a capitated basis to deliver benefits through a provider network and to coordinate care for approximately 80 percent of customers.

Care Coordination Evolution

Medicaid customers are among the most vulnerable populations in our state, often facing complex and challenging needs. Medicaid managed care is designed to coordinate care for these customers, ensuring access to the right services, at the right place, at the right time.

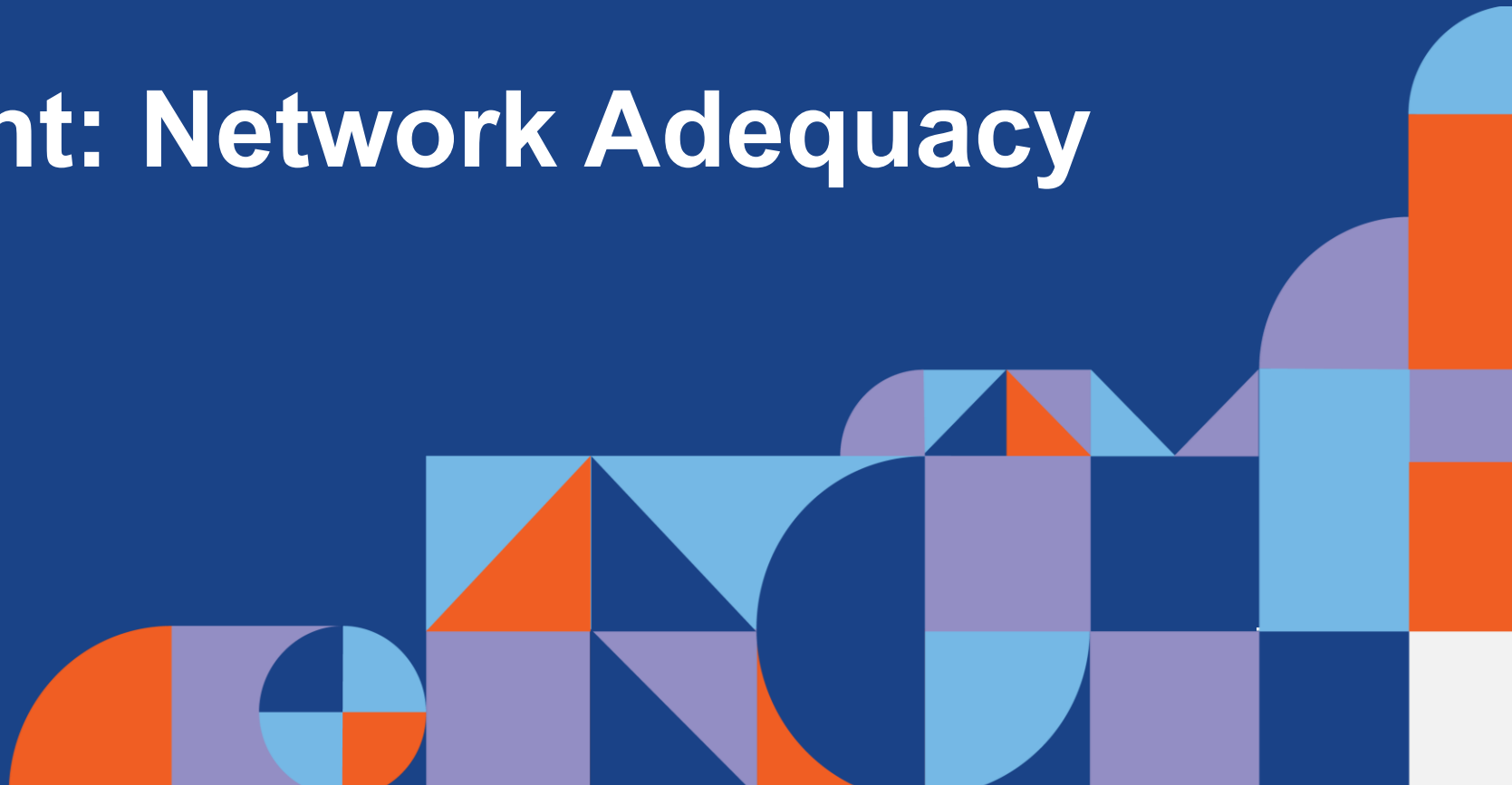
Fee-for-Service Model

- Rewards utilization instead of quality
- Offers no care coordination
- Provides customers with limited assistance accessing care

Managed Care Model

- Offers incentives for high-quality care
- Promotes primary and preventive care to reduce cost
- Provides patient-centered care coordination services and help accessing care
- Supports community partnerships, customer engagement, and innovative benefits
- Targeted programs and extra services for members

Oversight: Network Adequacy



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Network Adequacy

- Each MCO must maintain a provider network that includes all necessary provider types with sufficient capacity to provide enrollees with timely access to covered services, in accordance with standards established by HFS.
- Except for pharmacy, for each provider type, MCOs must provide access to at least 90 percent of enrollees within each county of the contracting area within specified time and distance standards.
- For pharmacy services, MCOs must provide one 100 percent coverage to enrollees.

Time and Distance Standards

Provider Type	Urban Areas (Non-Rural)	Rural Areas
Primary Care Provider Access	Access to at least two (2) primary care Providers within a thirty (30)–mile radius of or thirty (30)–minute drive from the Enrollee's residence.	Access to at least one (1) primary care Provider within a sixty (60)–mile radius of or sixty (60)–minute drive from the Enrollee's residence.
Behavioral Health Provider Access	Access to at least two (2) Behavioral Health service Providers within a thirty (30)–mile radius of or thirty (30)–minute drive from the Enrollee's residence.	Access to at least one (1) Behavioral Health service Provider within a sixty (60)–mile radius of or sixty (60)–minute drive from the Enrollee's residence.
OB/GYN Access	Access to at least two (2) OB/GYN Providers within a thirty (30)–mile radius of or thirty (30)–minute drive from the Enrollee's residence.	Access to at least one (1) OB/GYN Provider within a sixty (60)–mile radius of or sixty (60)–minute drive from the Enrollee's residence.
Dental Access for Children	Access to at least one (1) dentist, who serves Children, within a thirty (30)–mile radius of or thirty (30)–minute drive from the Enrollee's residence.	Access to at least one (1) dentist, who serves Children, within a sixty (60)–mile radius of or sixty (60)–minute drive from the Enrollee's residence.
Hospital Access	Access to at least one (1) hospital within a thirty (30)–mile radius of or thirty (30)–minute drive from the Enrollee's residence.	Access to at least one (1) hospital within a sixty (60)–mile radius of or sixty (60)–minute drive from the Enrollee's residence.
Other Specialist Provider Access	Access to at least one (1) specialty services Provider within a sixty (60)–mile radius of or sixty (60)–minute drive from the Enrollee's residence.	Access to at least one (1) specialty services Provider within a ninety (90)–mile radius of or ninety (90)–minute drive from the Enrollee's residence.
Pharmacy Access	Access to at least one (1) pharmacy within a fifteen (15)–mile radius of or fifteen (15)–minute drive from the Enrollee's residence.	Access to at least one (1) pharmacy within a sixty (60)–mile radius of or sixty (60)–minute drive from the Enrollee's residence.
LTSS Provider Types in Which Enrollee Travels to Provider	Access to at least two (2) LTSS Providers within a thirty (30)-mile radius of or thirty (30)-minute drive from the Enrollee's residence.	Access to at least two (2) LTSS Providers within a sixty (60)-mile radius of or sixty (60)-minute drive from the Enrollee's residence.

Link to Network standards: accesstocarestandardsdocument.pdf (illinois.gov)

Network Adequacy-Oversight Process

- HFS contracts with an External Quality Review Organization (EQRO) to complete a network adequacy validation to ensure customers have adequate access to care.
  - Key network activities include:
    - Network Adequacy Analysis
    - Time and Distance Studies

Network Adequacy Analysis

- Biannual analysis of each health plan's data file to ensure it maintains a provider network sufficient to meet the needs of enrollees.
- Regional analysis to assess the number of:
  - Providers by region by health plan based on unique National Provider Identifiers (NPIs) for practitioners;
  - Provider locations by region by health plan for facilities and hospitals; and
  - Additional providers.

Time and Distance Study

- Annual study that determines the average physical distance and duration of travel time from enrollees to providers.
  - Evaluates the degree to which plan networks comply with time and distance standards.
  - Provides additional context to support the network adequacy analysis.

Time and Distance Study Results

- **Successes:** Overall, 99 percent to 100 percent of HealthChoice Illinois (HCI) customers had access to providers located within the required time and distance from their residence.
- **Opportunities:**
  - Oral surgery: 95.9%
  - Pharmacies: 99.9%

Contract Standards

At least 90% of Urban Residents Could Reach	At least 90% of Rural Residents Could Reach
Within 30 minutes or miles: • 2 PCPs/Pediatricians • 2 Behavioral Health Providers • 2 OB/GYNs • 1 Pediatric Dentist • 1 Hospital	***Within 60 minutes or miles:*** • 1 PCP/Pediatrician • 1 Behavioral Health Provider • 1 OB/GYN • 1 Pediatric Dentist • 1 Hospital
Within 60 minutes or miles: Specialist, Adult and Pediatric • Audiology • Endocrinology • Neurosurgery • Pulmonology	***Within 90 minutes or miles:*** Specialist, Adult and Pediatric • Audiology • Endocrinology • Neurosurgery • Pulmonology

Social Determinants of Health (SDOH)

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Social Determinants of Health

- Health Equity is a priority for HFS and integrated into all MCO activities.
  - MCOs must submit annual SDOH Workplans to HFS that identify, evaluate, and describe efforts to reduce health disparities based on factors such as age, race, ethnicity, gender, primary language, and disability status.
  - Working with policy team and Federal CMS to expand coverage for non-traditional Medicaid services.

Managed Care Initiatives
Examples of MCO SDOH Initiatives

- All MCOs identified and developed initiatives to address health equity issues.
- **Example:** An MCO identified an overarching need for services due to a disparity in access to primary care visits for children diagnosed with behavioral health conditions in the West Side of Chicago.
  - 74% of the children in this area with a chronic condition, also had a behavioral health diagnosis.
    - The MCO found that children with behavioral health conditions who are black have lower rates of primary care usage than other children with similar conditions.
  - Partnered with the Chicago Public Schools to expand the reach of behavioral health care through technology.
  - Awarded a $200,000 grant to Lurie Children's Hospital to support a brand new, larger mobile health unit to address access to primary care and reduce no-show appointment rates.

Managed Care Initiatives
Examples of MCO SDOH Initiatives

- In developing and implementing SDOH workplans, housing was identified as a critical social risk factor.
- **Example:** In FY2023, one MCO established an innovative partnership between City of Chicago and several community-based organizations.
  - This program connects individuals who have experienced homelessness and are frequent users of crisis systems (e.g., emergency rooms, shelters, or jail) to supportive housing and necessary stabilization services.
  - Each individual participant receives a multi-year commitment to cover housing costs, tenancy supports, and other interventions to integrate housing services with health care and care coordination.

Other MCO Updates

Other MCO Updates

Business Enterprise Program (BEP)

- On an annual basis, MCOs are contractually required to meet BEP subcontracting goals
- For FY2023, the overall goal was 20% of administrative costs:
  - All MCOs exceeded their 20% goal for a total BEP spend of over $252 million.
  - BEP vendors provide a variety of services:
    - Help address social determinants (e.g., food insecurity, transportation access)
    - Assist with outreach call center efforts
    - Provide maternal health services and much more

X. Discussion

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XI. Public Comments

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XII. Additional Business: Old & New

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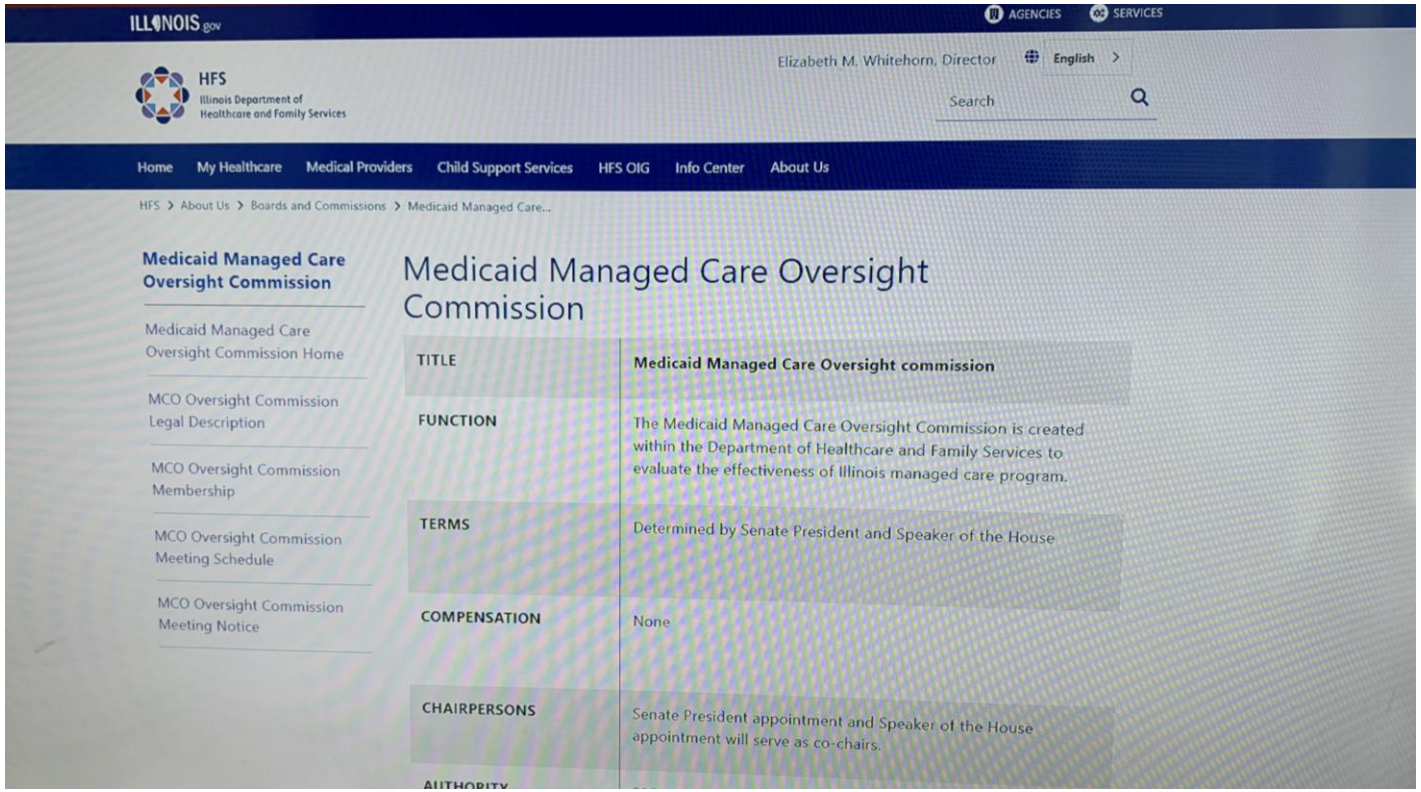
1. Items for Future Discussion

2. HFS Announcements

MCO Oversight Commission Member Resources



[Medicaid Managed Care Oversight Commission (illinois.gov)]

XIII. Adjournment

THANK YOU

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Roll Call of MCO Commission Members

Key

- Red- 9 total – Attending In-person Chicago 401 s Clinton
- Green- 7 total- Attending WebEx Virtually Only
- Black –3 Total – No response/not attending

Senator Mattie Hunter	Co-Chair
State Representative Camille Lilly	Co-Chair

Anthony LoSasso	**Joshua Gottlieb –Vir out of town**
Audrey Tanksley	**Jordan Powell**
Caprice Carthans - Not Ava	**Marie Rucker**
Charles Hartman	**Matthew Wolf**
Cornetta Levi	**Nadeen Israel**
David Sharar	**Olumide Idowu –Reg to calander invite**
Garth Reynolds - Spring	Raul Garza
Gerald DeLoss	**William Simon**
Jennie Pinkwater	