Managed Care Oversight Commission (MCOC)

1:00 PM – 2:00 PM, December 12, 2024

In-Person and VIRTUAL WebEx Meeting

HFS
Illinois Department of
Healthcare and Family Services

I. Call To Order

HFS
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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 Our Commission Co-Chairs

Mattie Hunter

Assistant Majority Leader

Illinois State Senator

Years served: 2003 - Present

1 of 2

Biography

Senator Hunter, a native Chicagoan, has served in the IL GA since 2003. Hunter holds a leadership position as the Assistant Majority Leader, is Vice-Chair of the Executive Appointments and Public Health Committees, serves on the Senate Appropriations – Public Safety and Infrastructure, Energy and Public Utilities, Executive, and Health and Human Services Committees, and is a member of the Illinois Legislative Black Caucus.

As state senator of the 3rd District, Hunter's priorities remain focused on protecting schools, increasing public safety, creating economic opportunities, expanding access to health care and fighting for equality. Over 400 bills regarding breast cancer, childhood vaccines, health care access, substance abuse treatment, youth employment, environmental issues and education have been passed during Hunter's career.

Welcome by Our Commission Co-Chairs

Camille Lilly
Assistant Majority Leader

Illinois State Representative
Years served: April 2010 - Present

1 of 2

Biography

Rep. Camille Lilly was born and raised in the 78th IL House district and has served as its Representative since 2010. Lilly holds a leadership position as the Assistant Majority Leader, Chair of Approp-Health & Human Services, and Vice-Chair of Appropriations-Public Safety. Lilly's other committees include Labor & Commerce Mental Health & Addiction, Veterans' Affairs, Public Health, Minority & Women Inclusion Analysis.

Lilly is known for her ability to build coalitions and develop creative, sustainable solutions to improve people's lives and communities. Lilly has spent her professional career advocating for and working toward economic opportunity, community development, health and wellness, and educational advancement for district residents.

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. Review of Meeting Minutes

VI. Review of Bylaws

VII. Healthcare & Family Services Executive Presentations

VIII. Discussion

IX. Public Comments

X. Additional Business: Old & New

XI. Adjournment

General Meeting Operations and Communications

(1/3)

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.

General Meeting Operations and Communications

(2/3)

Comments or questions during the meeting

- If you are a Commission 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 MCO Oversight Boards and Commissions webpage.
- If you have a question during the meeting, please utilize the Webex chat feature to send your question directly to the meeting host.

General Meeting Operations and Communications

(3/3)

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 has been made available to you today via the WebEx Platform. 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.
- Meeting minutes of the prior meeting have been circulated to commission members in advance of today's 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	**Mark Carey**
Charles (Matt)Hartman	Marie Rucker
Cornetta Levi	**Matthew Wolf**
David Sharar	**Nadeen Israel**
Garth Reynolds	**Olumide Idowu**
Gerald (Jud) DeLoss	Raul Garza
Jennie Pinkwater	Sen. Dave Syverson
	William Simon

IV. Introduction of HFS Staff

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Introduction of HFS Staff

A. **Melishia Bansa**

Deputy Director of Community Engagement

B. **Helena Lefkow**

Deputy Administrator, Managed Care Performance

C. **Keshonna Lones**

Interim Bureau Chief, Bureau of Managed Care

V. Review of Meeting Minutes

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VI. Review of Bylaws

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VII. Healthcare & Family Services Executive Presentations

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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;

Medicaid Managed Care Oversight Commission: 13 Goals Cont.

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.

Point 12

Review capacity for culturally competent services, including translation services among providers

Cultural Competence

Cultural Competence means the tailoring of services and supports to the unique social, cultural, and linguistic needs of the Enrollee

MCOs are contractually required to:

- Implement a Cultural Competence plan
- Provide covered services in a culturally-competent manner
- Comply with National Committee for Quality Assurance (NCQA) Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care (CLAS Standards)

Questions?

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CountyCare Presentation

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Presenter: Cindy San Miguel, Director of Health Equity, CountyCare

Cultural Competency and Language Accessibility

Cindy San Miguel, Director of Health Equity

CountyCare
A MEDICAID HEALTH PLAN

Health Plan Services Overview

Mission & Vision

Mission

As a public, provider-led health plan, we improve our members' lives by partnering with communities, supporting a vibrant safety-net, advancing health equity, and empowering providers to deliver integrated, member-centered health care.

Vision

To transform the health of our members and the communities we serve.

Fast Facts

Lines of Business:

- CountyCare: Medicaid
- CareLink: Program for uninsured
- Cook Medical Group: Medical group of BCBS

Membership:

- ~419,000 Medicaid members
- ~16,000 CareLink members
- ~4,300 Cook Medical Group members

Medicaid Network:

- 6,600 PCPs, 26,000 specialists, 70 hospitals, 150 urgent care sites

Medicaid Health Plan Rating:

Key Priorities

Strategic Pillars

1. Member Safety, Clinical Excellence, and Quality
2. Health Equity, Community Health, and Integration
3. Member Experience
4. Workforce: Talent and Teams
5. Optimization and Systemization
6. Growth, Innovation, and Transformation
7. Fiscal Resilience

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Primary Care Medical Homes (Family Health Care)

1. Arlington Heights Health Center • Arlington Heights, IL
2. Belmont-Cragin Health Center • Chicago, IL
3. Austin Health Center • Chicago, IL
4. North Riverside Health Center • North Riverside, IL
5. Dr. Jorge Prieto Health Center • Chicago, IL
6. Bronzeville Health Center • Chicago, IL **(COMING SOON)**
7. Englewood Health Center • Chicago, IL
8. Robbins Health Center • Robins, IL
9. Cottage Grove Health Center • Ford Heights, IL

Regional Outpatient Centers (Includes Primary Care Medical Homes, specialty, diagnostic and procedural services)

10. John Sengstacke Health Center at Provident Hospital • Chicago, IL
11. Blue Island Health Center • Blue Island, IL
12. Central Campus • Chicago, IL
    - Professional Building
    - Harrison Square
    - General Medicine Clinic (GMC)
    - Specialty Care Center (Clinics A-V)
    - Women & Children's Center at Stroger Hospital
13. Ruth M. Rothstein CORE Center • Chicago, IL
14. Provident Dialysis Center • Chicago, IL

Child & Adolescent Services

15. Morton East Health Center • Cicero, IL

Hospitals

16. John H. Stroger, Jr. Hospital • Chicago, IL
17. Provident Hospital • Chicago, IL

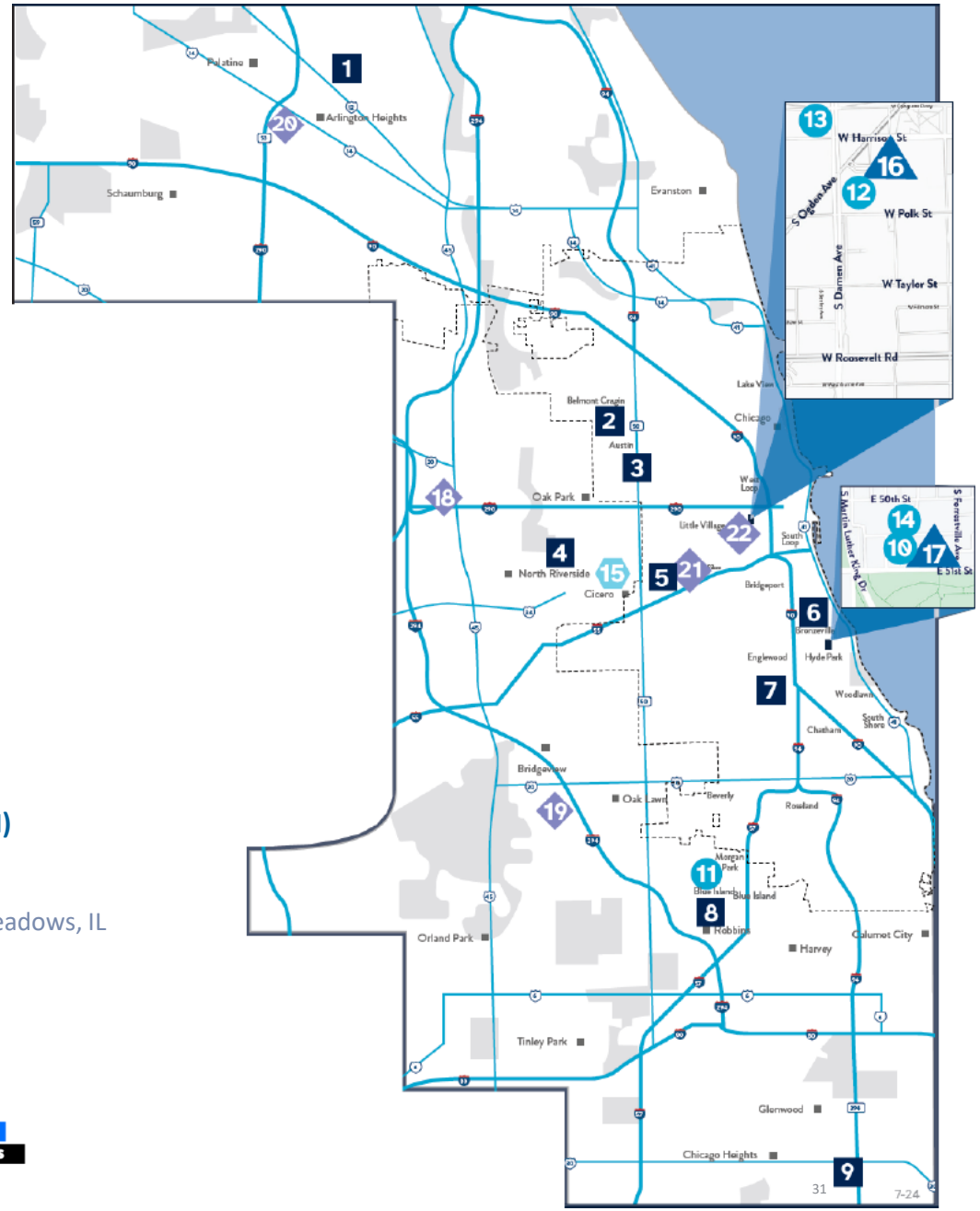
Additional Services

Cook County Department of Public Health (CCDPH)

18. CCDPH Main Office • Forest Park, IL
19. CCDPH at Bridgeview Courthouse • Bridgeview, IL
20. CCDPH at Rolling Meadows Courthouse • Rolling Meadows, IL

Correctional Health Services

21. Cook County Jail • Chicago, IL
22. Juvenile Temporary Detention Center • Chicago, IL



7-24

Integrating Knowledge on Diverse Membership

How does CountyCare integrate knowledge and skills on membership, and acquire and maintain culture-specific skills?

Policies and Plans

Structural and Social Determinants of Health (SSDOH) and Cultural Humility Plans, policies and procedures

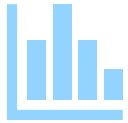
Contractual Requirements

Require all vendors and providers to comply with Cultural Humility Plan

Incorporated language into vendor contracts that require minimums of bilingual member-facing staff

Trainings and communications

Annual trainings on various topics including cultural humility, immigrant health, LGBTQ+ health, trauma-informed care



Data and monitoring

Monitor member demographics, including race, ethnicity, pronouns, gender, sexuality, preferred spoken and written language

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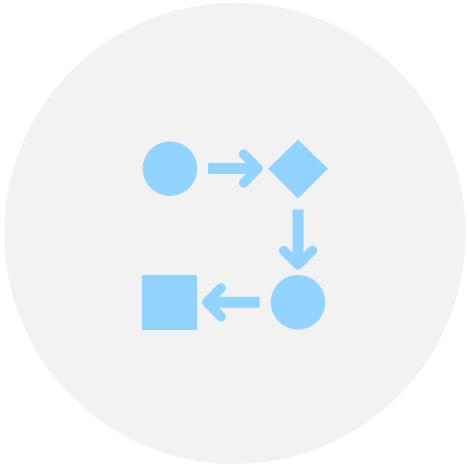
Effective Communication for Communities of Different Cultures

How Does CountyCare confirm its efforts are effective?



PROCESS

- Communications
- Testing member tools and resources

MEMBER & COMMUNITY FEEDBACK

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Prospective and Member Communications

CountyCare follows Medicaid Enrollee Communication Guidelines as follows:

Policy RR.004 provides a comprehensive description of the requirements under Section 1557 of the Patient Protection and Affordable Care Act related to interpretive services, reading level, alternative methods of communication, translated materials, and font size and taglines apply to all Key Oral Contacts and Written Materials.

Other federal policies that reinforce mandate for Language Access: Federal+Language+Access+Laws.pdf

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Member communications

Item	Languages
Website	English, Spanish, Polish, & Simplified Chinese
Member Handbook – *Handbook describes our services, coverage and benefits in details. Each member receive the handbook as part of their welcome package.*	All handbooks: English, Spanish, Polish, other languages by request CountyCare Access: English, Spanish Polish, Arabic, Ukrainian, Gujarati, Russian, Simplified Chinese, other languages by request
Quick Start Guide – *An abbreviated guide to help members get started with CountyCare*	English & Spanish
Brighter Beginnings – *an overview of our maternal and child health program*	English & Spanish
Health Risk Screening *– annual screening*	English & Spanish
Healthy Smiles – *Overview of Dental program and coverage*	English & Spanish
Transportation Brochure – *Overview of transportation services*	English & Spanish

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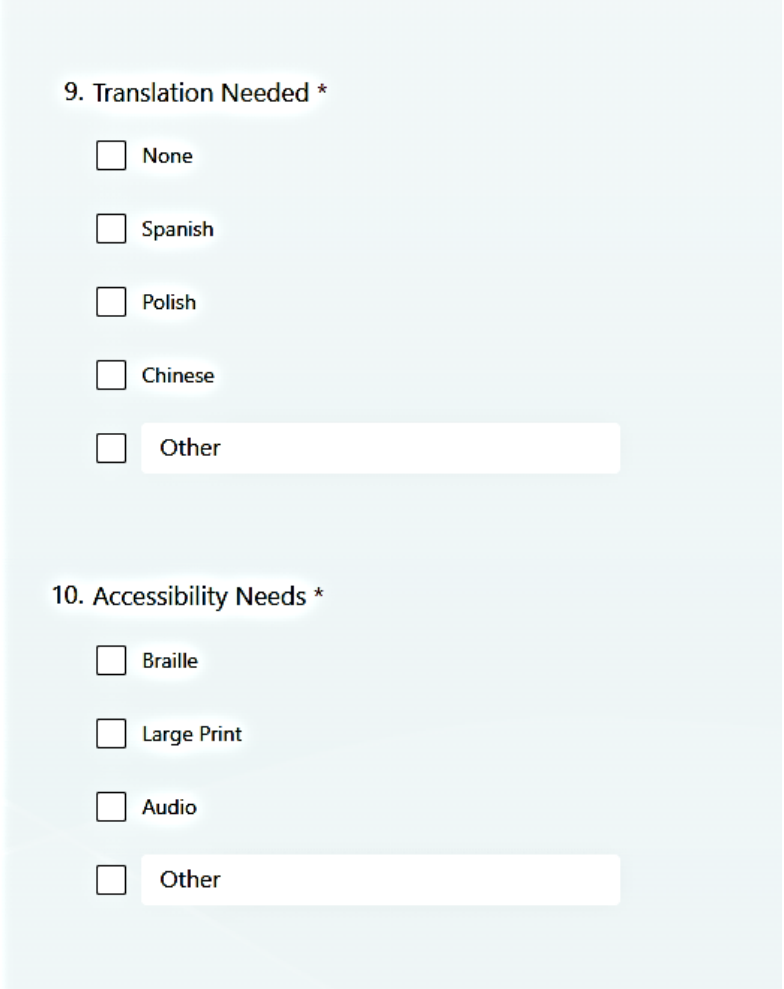
Communication materials process

Developed an Intake Form to document all new requests to develop a member material product.

The Intake Form allows staff to select language and accessibility needs for our members



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Communication Strategy for HBIA/HBIS Members

- Development of communication materials to be multilingual AND multicultural
- Sent materials to members in their preferred language: English, Spanish, or Polish

Communication Products

FAQ documents for members and staff with questions sourced from Community Stakeholder Work Group.

"Common Terms" translation glossary in English and Spanish to share with translation vendors. Translations were vetted by community partners to ensure they are culturally sensitive.

Training for outreach staff, care management teams, customer service reps and CountyCare staff to ensure we are specifically prepared to provide culturally sensitive services to members who are immigrants

Sample of Common Terms Translation Guide

Members or Enrollees– miembros o afiliados

Redetermination – redeterminación

Benefits - beneficios

Supplemental benefits – beneficios suplementarios

Rewards – Recompensas

Rewards Program – Recompensas de incentivos

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Process

Identify glossary terms

Review materials across communication products, campaigns and HFS documents sent to members

Validate list with staff who are bilingual and member-facing (e.g., care coordinators, customer service reps)

Frequency of Update

Annual updates of campaigns and biannual updates of other terms

Translation of terms

Review most common spoken languages by members (Currently English, Spanish, Polish, Russian and Simplified Chinese)

Review

Member-Check translation with community partners and members via the Community Stakeholder Committee and the Enrollee Advisory Committee

Approval

Leadership and Core team

Distribution and Socialization

Save in accessible SharePoint folder for Communication Team

Ensure member-facing team is socialized to this tool

Monitoring languages spoken by CountyCare members

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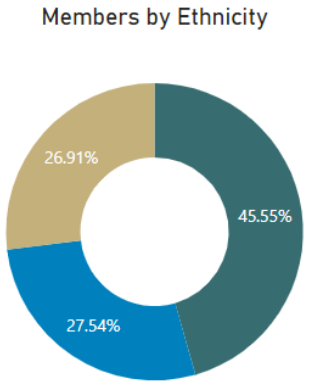
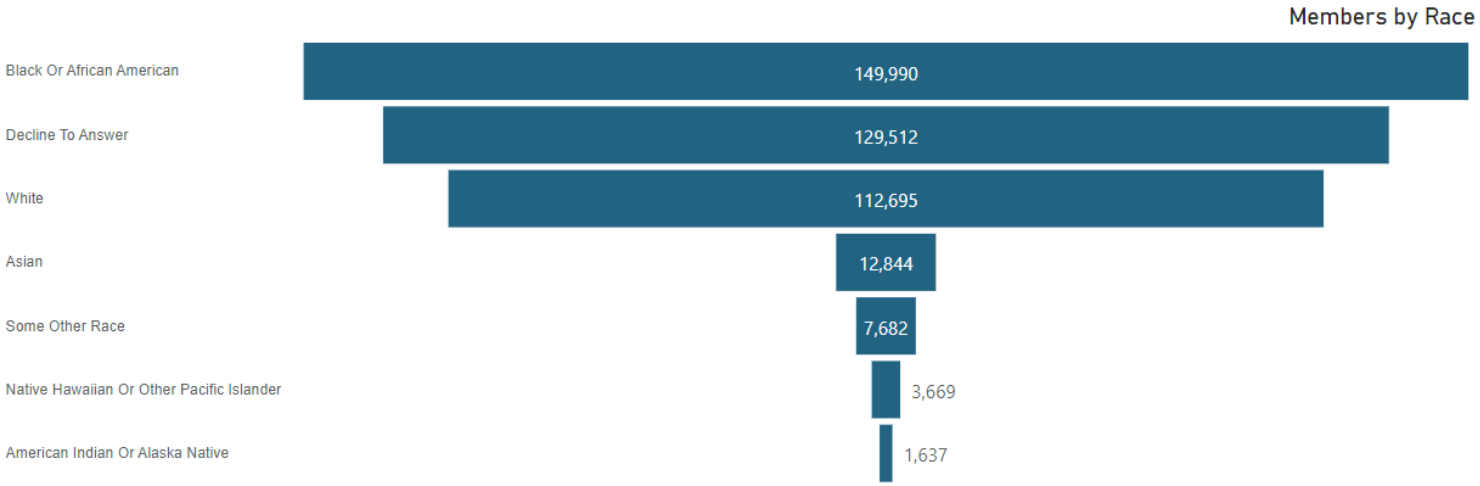
418,029
Members





PrimarySpokenLanguage	Members
ENGLISH	326,812
CASTILIAN; SPANISH	63,008
OTHER	11,468
CHINESE	1,024
UKRAINIAN	906
ARABIC	834
POLISH	808
MISCELLANEOUS LANGUAGES	637
RUSSIAN	439
URDU	263
GUJARATI	220
VIETNAMESE	199
FRENCH	191
HINDI	185

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NCQA NET 1A - Overview

Annual report to assess the cultural, ethnic, racial and linguistic needs of its members.

Adjusts the availability of practitioners within its network, if necessary, based on identified unmet member needs.

Cultural Needs can be inferred from:

Ethnic, racial and linguistic characteristics

Supplemented with religion, family traditions and customs data

CountyCare Member Data

- CountyCare Member Enrollment File
- CountyCare Member Demographic Project Dashboard
- CountyCare CAHPS® Adult Member Satisfaction Survey
- CountyCare Call Center Data
- CountyCare Language Line utilization data

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Language Line Requests Jan 2024-July 2024

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL	Percent Total
Spanish	1609	2243	2208	2507	2284	1824	**12675**	**94.3%**
Russian	37	45	48	50	40	26	**246**	**1.8%**
Polish	9	22	41	47	33	21	**173**	**1.3%**
Mandarin	24	18	20	20	17	8	**107**	**0.8%**
Arabic	16	20	13	19	34	17	**119**	**0.9%**
Ukranian	11	19	15	31	14	30	**120**	**0.9%**
							13440	**100.0%**

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Next Steps

- Updating process to maintain glossary of common terms translated to Spanish in collaboration with Cook County Health
- Process will include the following:
  - Continuous maintenance of the glossary
  - Member-checking translations
  - Socialization of terms with member-facing staff (e.g., call center representatives, care coordinators)

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Member-testing other Communications Products

- Find a Provider tool
  - Tested functionality and how user-friendly tool is across Spanish and English-speaking members
- Continuous testing of website at Enrollee Advisory Committees
- Share and request feedback on materials from community partners
- Request input from community partners on new opportunities for communication materials relevant to the lived experience of communities served by CountyCare

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Resources

- Language Access Summit : Language Access — Josina Morita
- LARC DuPage - LARC | dupagefederation
- City of Chicago Office of Immigrant, Migrant and Refugee Rights - Language Access: City of Chicago :: Language Access

Thank you!

cindy.sanmiguel@cookcountyhealth.org

Questions?

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Point 8

Review value-based and other alternative payment methodologies to make recommendations to enhance program efficiency and improve health outcomes

Milliman Presentation

HFS
Illinois Department of Healthcare and Family Services

Presenter: Libby Bunzli, Senior Healthcare Consultant, Milliman

Summary of 2024 MCO VBP Reports

Illinois Department of Health & Family Services

DRAFT

December 2024

Milliman

Agenda

- Managed Care VBP Strategy Background
- VBP Expenditures Across MCOs
- 2024 VBP Plan Observations

Managed Care VBP Strategy Background

Milliman

Managed Care VBP Strategy

Background

CONTRACT REQUIREMENTS

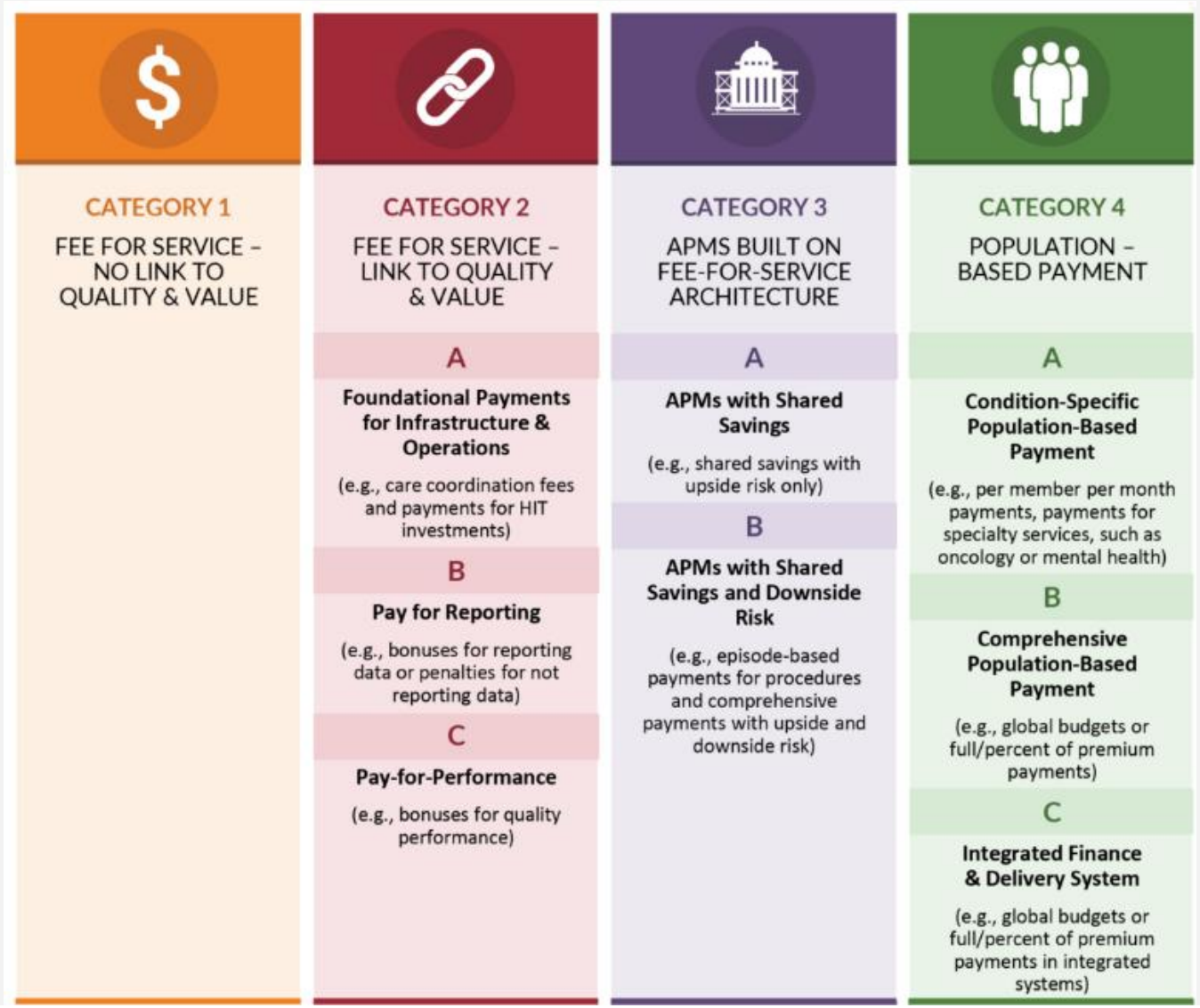
- The Milliman team supported HFS in drafting managed care contract language to require MCOs to advance value-based payment (VBP) strategies
  - The contract requires MCOs to annually submit a VBP plan that includes a report on expenditures under VBP arrangements
  - While the contract does not include targets for VBP spend, there is a requirement that MCOs increase the proportion of VBP spend each year and language enabling HFS to establish VBP targets with adequate written notice
  - In addition to reporting on expenditures, MCOs must submit an annually updated narrative detailing their approach to implementing VBP and plans for expanding VBP programs

REPORTING TO DATE

- MCOs began submitting annual VBP strategies in 2022, with reports due May 1st each year
  - After noting inconsistencies in reporting methodologies and formats across plans, Milliman developed a standardized template MCOs must use
  - There has been wide variation in the level of sophistication of VBP initiatives across MCOs, though reported VBP expenditures have increased across all MCOs between 2022 and 2024

HCP-LAN Alternative Payment Model (APM) Framework

The MCO reporting structure aligns to the HCP-LAN framework



In 2016, the Healthcare Payment Learning and Action Network (HCP-LAN) established a framework for transition to alternative payment models (APMs)

The goal is to accelerate the percentage of U.S. health care payments tied to quality and value through the adoption of two-sided risk alternative payment models, known as Categories 3B and 4.

Categories 3B and 4 APM Goals by Line of Business

	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2024	25%	25%	55%	50%
2025	30%	30%	65%	60%
2030	50%	50%	100%	100%

SOURCE: HCP-LAN APM Framework

VBP Expenditures Across MCOs

Milliman

MCO Expenditures in VBP Arrangements (2023)

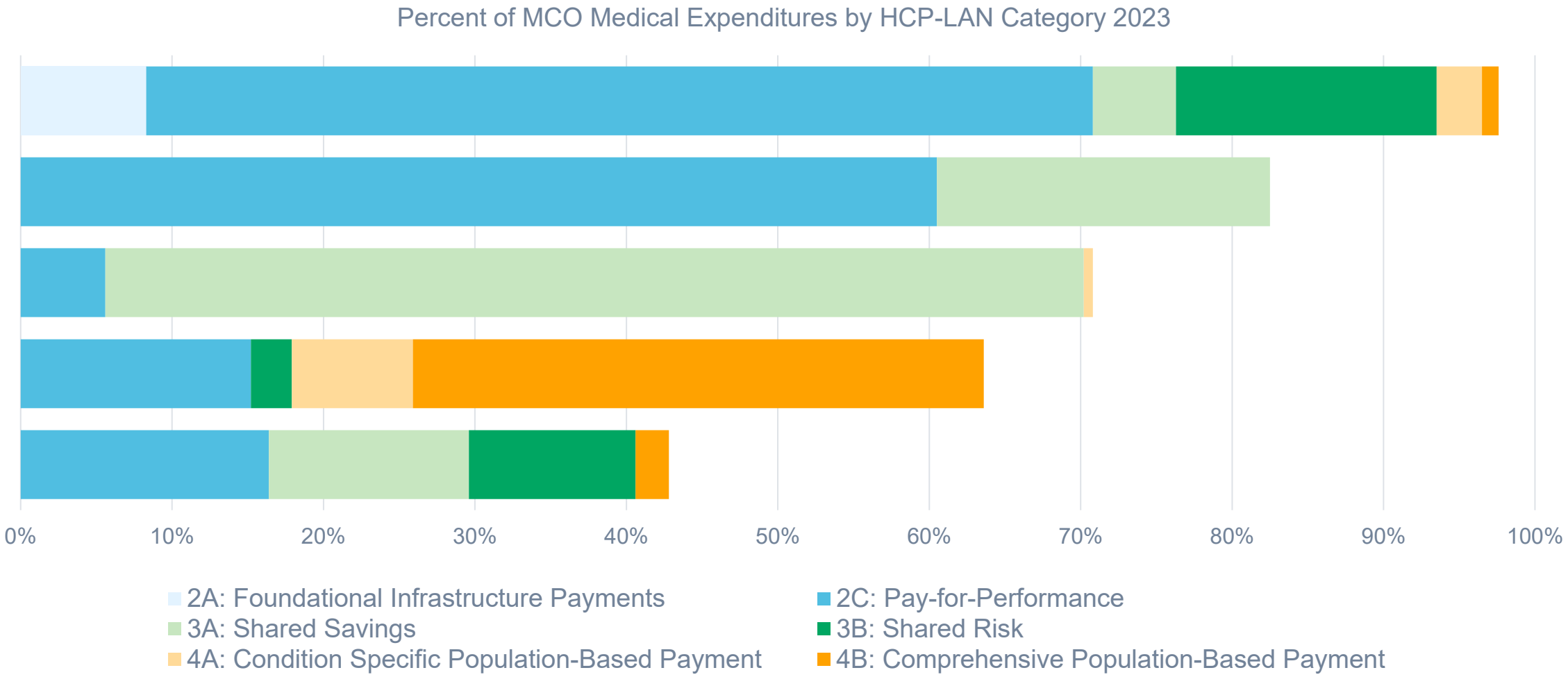
MCOs submitted updated VBP spend data using the standard template and measure definitions

REPORTED % of 2023 INCURRED MEDICAL EXPENDITURES BY HCP-LAN CATEGORY

APM Category	Minimum	Maximum
2A: Foundational Infrastructure Payments	0.0%	8.3%
2B: Pay for Reporting	0.0%	0.0%
2C: Pay-for-Performance	5.6%	62.5%
Category 2 Subtotal	**5.6%**	**70.8%**
3A: Shared Savings	0.0%	64.6%
3B: Shared Risk	0.0%	17.2%
Category 3 Subtotal	**2.8%**	**64.6%**
4A: Condition Specific Population-Based Payment	0.0%	8.0%
4B: Comprehensive Population-Based Payment	0.0%	37.7%
4C: Integrated System	0.0%	0.0%
Category 4 Subtotal	**0.0%**	**45.7%**
Total in APMs	**42.8%**	**97.7%**
Total in Categories 3B+ APMs	**0.0%**	**48.5%**

Note: All values, including subtotals and totals, reflect the minimum and maximum for each measure across the MCOs.

Distribution of Expenditures by HCP-LAN Category (2023)



MCO Expenditures in VBP Arrangements (2024)

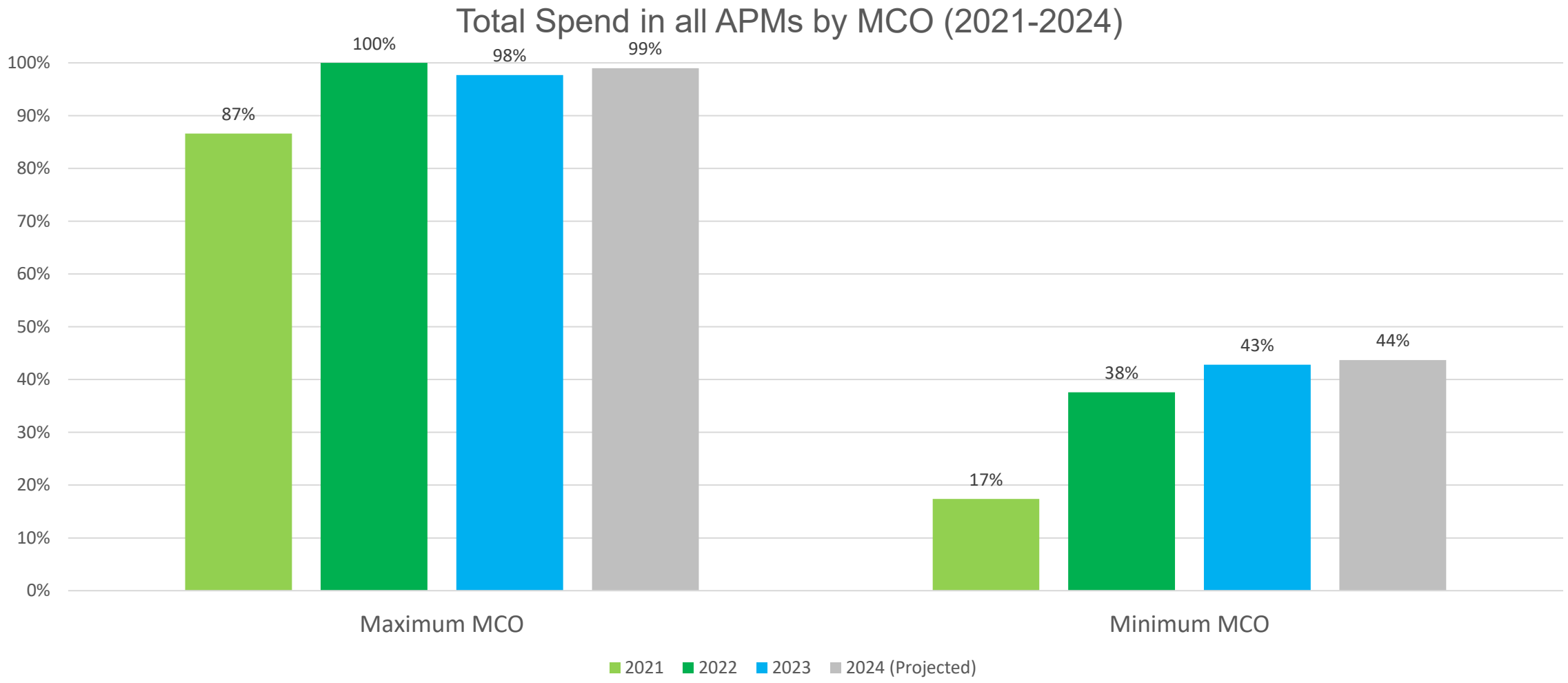
MCOs submitted updated VBP spend data using the standard template and measure definitions

REPORTED % 2024 EXPECTED MEDICAL EXPENDITURES BY HCP-LAN CATEGORY

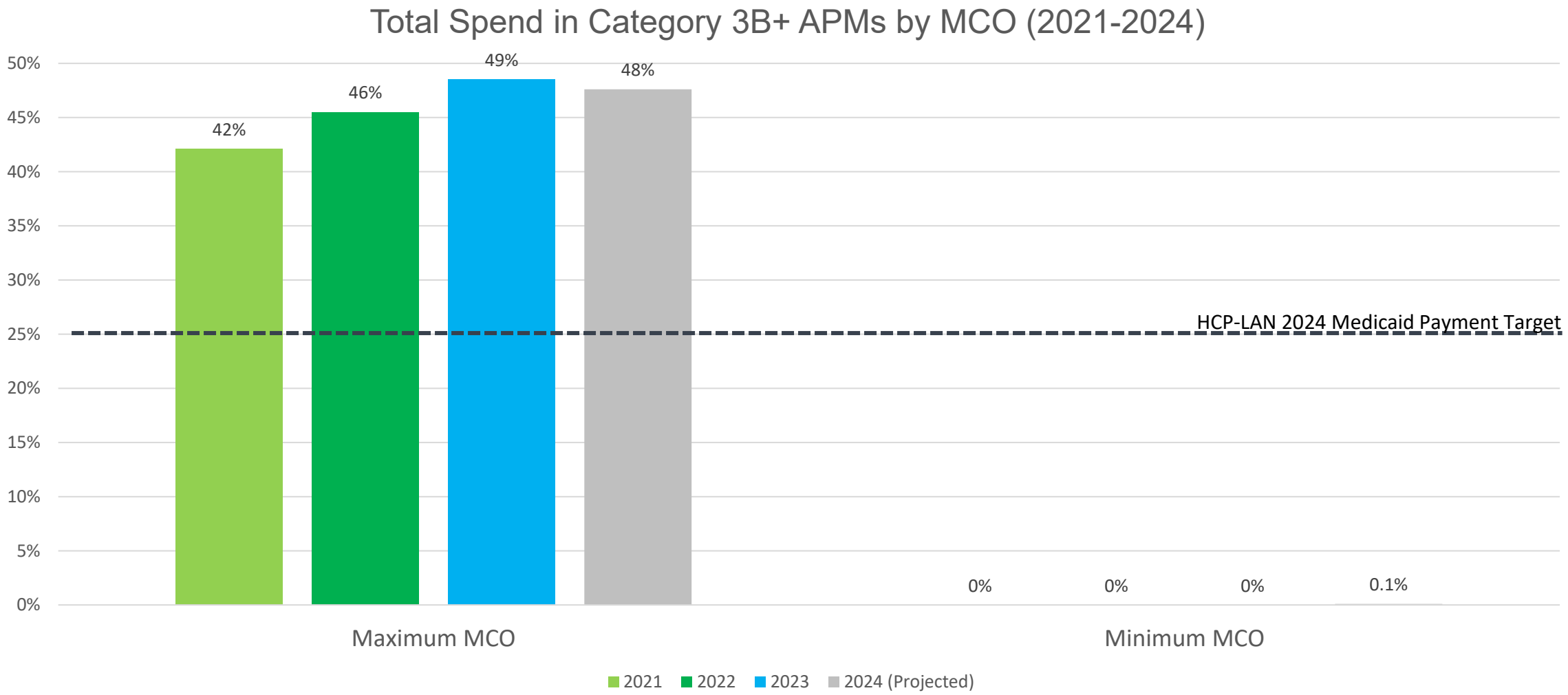
APM Category	Minimum	Maximum
2A: Foundational Infrastructure Payments	0.0%	7.9%
2B: Pay for Reporting	0.0%	0.0%
2C: Pay-for-Performance	6.5%	95.8%
Category 2 Subtotal	**6.5%**	**95.9%**
3A: Shared Savings	0.4%	65.5%
3B: Shared Risk	0.0%	16.3%
Category 3 Subtotal	**0.4%**	**65.5%**
4A: Condition Specific Population-Based Payment	0.0%	7.3%
4B: Comprehensive Population-Based Payment	0.0%	37.6%
4C: Integrated System	0.0%	0.0%
Category 4 Subtotal	**0.1%**	**44.8%**
Total in APMs	**43.7%**	**99.0%**
Total in Category 3B+ APMs	**0.1%**	**47.6%**

Note: All values, including subtotals and totals, reflect the minimum and maximum for each measure across the MCOs.

Year Over Year Comparison: All APMs



Year Over Year Comparison: Category 3B+ APMs



2024 VBP Plan Observations

Milliman

VBP Programming

There is variation among MCOs in movement along the HCP-LAN APM continuum

Key Observations on VBP Programming

- In 2024, most MCOs maintained their level of participation in VBPs as compared to 2023. All five MCOs implement pay-for-performance (P4P) (category 2C) programs broadly across their networks as a foundation of their VBP approach.
- All five MCOs report having some degree of Category 3B or 4 APMs. However, as of 2023, only one MCO is meeting the HCP-LAN Medicaid goal for percentage of payments tied to two-sided risk.
- Because of the decreased Medicaid managed care enrollment from the PHE unwinding, it's hard to measure growth in the size of existing VBP programs. Despite decreased enrollment, MCOs reported that the the approximate number of members covered under a VBP program grew by an average of 1.32% between 2023 and 2024.
- Four MCOs established one or more new VBP programs in 2024.
  - While most MCOs discussed moving towards Category 3B programs in their 2023 VBP Plans, the majority of new programs fall under category 2C (P4P) or 3A with no downside risk.
  - One MCO introduced a new category 4B program and another MCO introduced a new category 3B program

Partnership with Providers

While MCOs are investing time and resources in provider partnership, there may be opportunities for alignment

Provider Readiness	▪ MCOs use criteria such as panel size, member engagement, provider sophistication (e.g., ability to improve quality, integrated health system), operational capabilities (e.g., bi-directional data exchange), willingness to accept risk, and leadership commitment to gauge a provider's readiness to engage in higher level APMs. ▪ Multiple MCOs utilize strategies that are intended to move providers that participate in VBP programs along an incremental transition pathway, with the goal of getting providers ready to assume downside risk . ▪ MCOs continue to highlight provider aversion to downside risk as a challenge in expanding VBP programming.
Data Sharing	▪ Several MCOs mentioned efforts to join common electronic medical record platforms and to improve bi-directional data sharing. Data sharing between MCOs and providers remains a significant challenge. ▪ MCOs are broadly focused on capturing supplemental data and educating providers on proper coding to ensure accurate performance measurement. This includes efforts to improve the submission supplemental codes, the use of electronic HEDIS measures, and using data to target equity initiatives.
Provider Education	▪ All MCOs emphasized working closely with providers to improve quality performance, utilizing various data sources and regular meetings to discuss performance and strategies for improvement. ▪ Only one MCO mentioned a systematic survey of providers. It is unclear how providers perceive the administrative burden of participating in introductory and advanced APMs.

Quality Measurement

There is room to improve alignment in quality measurement across MCOs

- MCOs reported the quality measures they use in their VBP arrangements
  - Six HFS Quality Strategy P4P Measures are adopted across all MCOs in 2024, and one additional quality measures is used by all five MCOs.
  - All HFS Quality Strategy P4P Measures are used by at east one MCO in a VBP arrangement except for Pharmacotherapy for Opioid Use Disorder.
- Many measures are in use by only one MCO.
- The rigor of quality measure targets varies across MCOs and by VBP program.
- MCOs may also have unique ways of deciding which members count towards a provider's performance rate, also known as attribution. Differing attribution methodologies may create confusion and add to a provider's administrative burden.

https://www2.illinois.gov/hfs/SiteCollectionDocuments/IL20212024ComprehensiveMedicalProgramsQualityStrategyD1.pdf

Limitations

The information contained in this presentation is prepared solely for the internal business use of the Illinois Department of Healthcare and Family Services and their advisors, to support work related to value-based purchasing and may not be appropriate for any other purpose.

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Questions?

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Point 5

Review managed care performance in meeting diversity in contracting goals, including BEP

BEP Overview (1/3)

Business Enterprise Program Act for Minorities, Females, and Persons with Disabilities

- MCOs submit annual BEP reports to HFS pursuant to 305 ILCS 5/5-30.13.
- BEP subcontracting goals are set as a percent of the Administrative Allowance included in total MCO Capitation Payments.
- The overall goal is 20% of administrative costs.
- MCOs are also required to report BEP vendor payments to Illinois DCMS and submit copy to HFS.

BEP Overview (2/3)

Managed Care Performance in Meeting Diversity in Contracting Goals

- In FY2023, all of the MCOs exceeded their 20% goal for a total BEP spend of over $252 million.
- All MCOs have developed expertise to identify potential BEP vendors and helped the vendors become BEP certified.
- The MCOs are proactively using the BEP program as a strategic pillar to support members that experience health inequities and barriers to health, specifically vendors that help address social determinants in food insecurity, transportation access, and other community resources.

BEP Overview (3/3)

Managed Care BEP vendors provide a variety of services

- MCOs are also using BEP vendors for outreach call center efforts, doula and other maternal health services, behavioral health telemedicine and much more.
- Services include but are not limited to:
  - Care Coordination
  - Marketing/Communications
  - Consulting
  - HR Support
  - Staffing
  - Printing
  - Translation/Interpretation services
  - Training

Questions?

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VIII. Discussion

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IX. Public Comments

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X. Additional Business: Old & New

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1. Items for Future Discussion

2. HFS Announcements

Review of Meeting Dates

2024 Meeting Dates (Subject to Change)

- April 26, 2024
- ~~July 25, 2024~~
- ~~Sept 13, 2024~~
- Dec 12, 2024
- MCO Oversight Commission Meeting Schedule (illinois.gov)

For Future Meetings:	• Meetings will meet quarterly
Next Meeting Date & Times	• April 2025
HFS Announcements	• Please complete your mandatory training

Review of Meeting Dates

first glance

2025 Meeting Dates (Subject to Change)

- April 24, 2025
- July 24, 2025
- Sept 25, 2025
- Dec 11, 2025
- MCO Oversight Commission Meeting Schedule (illinois.gov)

Mandatory Ethics Trainings Reminder Email

All appointees must complete the following trainings on OneNet:

1. Security Awareness Training 2024
2. Diversity, Equity, Inclusion and Accessibility Training 2024
3. LGBTQIA+ Equity and Inclusion 2024
4. Ethics Training Program for State Employees and Appointees 2024
5. Harassment and Discrimination Prevention Training 2024
6. HIPAA & Privacy Training 2024

You can access the trainings at the following link: http://onenet.Illinois.gov/mytraining

Please see attached memo for additional details. Please complete the trainings through OneNet no later than December 23, 2024. If anyone has any issues logging into OneNet, please email HFS.BureauofTraining@Illinois.gov

MCO Oversight Commission Member Resources

Website and resources

- Medicaid Managed Care Oversight Commission (illinois.gov)

Commission Resources

The Illinois Department of Healthcare and Family Services (HFS) utilizes a range of social media accounts to better reach our customers and stakeholders. We encourage you to follow us on:

1. Twitter: https://twitter.com/ILDHFS
2. Facebook: https://www.facebook.com/ILDHFS
3. LinkedIn: https://www.linkedin.com/company/ildhfs/

for important news, announcements and alerts. And please spread the word to your own followers.

Together, let's keep those we serve well informed, educated and empowered!

XI. Adjournment

Thank you

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