

MEDICAID ADVISORY COMMITTEE

401 S. Clinton
1st Floor Video Conference Room
Chicago, Illinois

and

201 South Grand Avenue East
3rd Floor Video-conference Room
Springfield, Illinois

November 14, 2014
10 a.m. - 12 p.m.

AGENDA

- I. Call to Order
- II. Introductions
- III. Director's Report
 - a. CEB Issues/Roll Out Delay
- IV. New Business
 - a. HFS Transplant Policy and Procedures Update
- V. Old Business
 - a. Proposed changes to MAC Bylaws
 - b. Family Planning Action Plan Update
 - c. PCP Rates
- VI. Subcommittee Reports
 - a. Public Education Subcommittee Report
 - b. Care Coordination Subcommittee Report
- VII. Approval of September 12, 2014 Meeting Minutes
- VIII. 2015 Meeting Dates
- IX. Open to Committee
- X. Open To Public
- XI. Adjournment

Bylaws

Amended and Adopted September 2012

Article I – Name and Mandate

Section I

The Medicaid Advisory Committee (MAC) is created to advise the Department of Healthcare and Family Services (HFS), State of Illinois, about health and medical care services under the Medical Assistance Program pursuant to the requirements of 42 CFR 431.12 with respect to policy and planning involved in the provision of Medical Assistance.

Section II

The MAC shall have the opportunity for participation in policy development and program administration, including furthering the participation of recipient members in the agency program pursuant to 42 CFR Section 431.12(e).

Section III

Vision Statement: It is the vision of the MAC to ensure that populations covered under HFS' Medical Assistance programs have timely access to high quality medical care delivered in a cost-efficient manner that meets their need regardless of race/ethnicity, primary language, geography, age or other socioeconomic factors.

Article II – Membership

Section I

The MAC shall consist of up to fifteen (15) voting members at least five (5) of whom must represent consumers of medical care. (A consumer is defined as a person who is not a healthcare provider.) All appointments of members shall be made in writing by the Director of HFS. These members shall include representatives of consumers' groups or consumers themselves,

physicians (at least one of whom shall be Board Certified), and other representatives of health professions who are familiar with the healthcare needs, services, and resources available for the population served by HFS.

In addition, the Directors of the Department of Public Health, the Department of Children and Family Services, and the Secretary of the Department of Human Services or their designees are permanently appointed as ex-officio members.

Section II

Terms of members shall be staggered.

Each term shall be for a period of two (2) years, and members are limited to two (2) consecutive terms or until a successor is appointed in writing by the Director of HFS.

A consumer who is a Medicaid client may serve for up to three (3) consecutive terms at the request of the Chair and at the discretion of the Director of HFS.

Upon two (2) year of non-membership, a former member shall be eligible for reappointment.

Section III

Members of the MAC and duly appointed members of its committees, subcommittees and task forces shall serve without compensation, except that they may be reimbursed for allowable travel and other approved, necessary expenses in connection with the MAC meetings and business. Such reimbursement shall be consistent with the statutory provisions and with the regulations of the State of Illinois. Operating expenses of the MAC shall be borne by HFS.

Section IV

If a member misses three consecutive regularly scheduled meetings in one year, his/her membership will be terminated, unless on a leave of absence, not to exceed six months, and

subject to approval by the Chair. A member may send a substitute after notifying the Chair in advance of a meeting; the substitute will count towards a quorum and may participate in discussions but will be unable to vote.

Article III – Officers

Section I

Officers of the Medicaid Advisory Committee shall consist of a Chair and Vice-Chair who shall be elected by the MAC from among its members.

Section II

The Chair and Vice-Chair shall be selected in the following manner: MAC members shall appoint a nominating committee of no more than three MAC members in September of every odd numbered year. At the November meeting, the nominating committee shall present a slate of candidates for the offices of Chair and Vice-Chair. Names and biographies of those nominated shall be mailed to members at least ten (10) days prior to the election. Nominations from the floor will be permitted. The officers will be elected by a simple majority of those present and voting at the first quarterly meeting in the following calendar year. An officer shall serve until his/her successor is elected. In the event an officer is unable to complete his or her term of office, the Administrator of the Division of Medical Programs shall appoint a replacement to serve the remainder of the term.

Section III

Any officer of the MAC shall not be eligible to serve for more than one (1) consecutive term of two years in the same office, or until a successor is elected. The two-year membership term of any member serving in the capacity of Chair or Vice-Chair may be extended by the number of years served as Chair or Vice-Chair.

Section IV

The Chair of the MAC shall perform the duties ordinarily ascribed to such office and shall preside at all meetings of the MAC.

Section V

In the event of the Chair's absence, the Vice-Chair shall preside. If both are absent, the Administrator of the Division of Medical Programs or his/her designee shall serve in this capacity.

Article IV – Meeting

Section I

Regular meetings of the MAC shall be held at least quarterly, unless suspended by action of the MAC and are subject to the Open Meetings Act (P.A. 82-387). Such meetings shall take place at locations, dates and times agreed to by MAC membership.

It shall be the responsibility of HFS to give notices of the location, date and time of said regular meetings to each member of the MAC at least ten (10) days prior to each of the said meetings.

Section II

Special meetings of the MAC may be called provided that they are in compliance with the State's Open Meeting Act (P.A. 82-387).

Section III

An agenda of business scheduled for deliberation shall be prepared and distributed to the members of the MAC at least ten (10) days prior to a scheduled meeting of the MAC.

Section IV

A quorum shall be six (6) members or their designated substitute(s) participating in person.

Section V

Participation in MAC meetings shall be limited to MAC members and persons who have been invited by HFS and/or Chair to

provide information on an agenda item. Participation by observers shall be at the discretion of the Chair. The Chair of the MAC has the right to limit the length of each observer's address to conform to the MAC agenda. All deliberations of the MAC and its committees shall be governed by Robert's Rules of Order to the extent not inconsistent with these Bylaws.

Section VI

Under new business portion of a MAC meeting, any member may add an item to the agenda of a future MAC meeting for discussion and action with approval from a simple majority of MAC members present. is (Discussion or action on a new item which was not included on the published agenda might not comply with the Open Meetings Act)

Article V –Subcommittees

Section I

The MAC is authorized to create subcommittees and workgroups as it deems appropriate.

Section II

The Chair and members of subcommittees and work groups shall be appointed by the Chair of the MAC in consultation with the Administrator of HFS' Division of Medical Programs.

Subcommittee and work group membership may include persons who are not members of the MAC. Each subcommittee must have a MAC member serve on the subcommittee and represent the subcommittee at MAC meetings. HFS shall assign staff to provide support to the subcommittee and work groups.

Section III

Consistent with terms of recently elected officers, at the second meeting of that calendar year the MAC will review the charge and membership of each subcommittee. The subcommittees previously appointed will expire unless renewed by incoming officers with approval of the MAC.

Article VI – Professional Staff

Section I

The Administrator of HFS' Division of Medical Programs or his/her designee shall serve as the MAC official consultant. The Administrator may designate members of staff to assist in such consultation.

Article VII – Amendment

Section I

The Bylaws may be amended by a simple majority of the members present at any regular or special meeting of the MAC if the proposed amendment is given in writing at least ten (10) days before said meeting.

Illinois Department of Healthcare and Family Services

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DRAFT

MAC Members Present

Kathy Chan, Chair, Cook County Health and Hospitals System
Karen Brach, Blue Cross Blue Shield
Kelly Carter, Illinois Primary Health Care Association
Mary Driscoll, Illinois Department of Public Health
Jan Grimes, IL Home and Hospice Council
Susan Hayes Gordon, Lurie Children's Hospital
Judy King
Janine Lewis, Ever Thrive IL
Dr. Ed Pont, Illinois Chapter of the American Academy of Pediatrics
Margaret Stapleton for Andrea Kovach, Shriver Center
Susan Vega, Alivio Medical Center
David Vinkler, AARP

HFS STAFF

Julie Hamos
Julie Doetsch
Arvind K. Goyal
Mike Jones
Bridget Larsen
Patrick Lindstrom
Jim Parker
Molly Siegel
Kai Tao
Jeff Todd
Theresa Eagleson

Interested Parties

Frank Anselmo, Community Behavioral Health Association of Illinois
Sherie Arriazola, TASC
Laura Ashpole, Poponts & Robinson
Mathew Bambny, Abbvie
Victoria Bigelow, Access to Care
Christine Brietzman FHN
Anna Carvahlo, La Rabida
Carrie Chapman, LAF
Joe Cini, Automated Health Systems.
Laurie Cohen, Civic Foundation
Sheri Cohen, Chicago Department of Public Health
Selma D'Souza, GOHIT
Paul Frank, Harmony
Ramon Gardenhire, Service Employees International Union
Barb Haller, Illinois Hospital Association
Holly Hill, DSI

Franchella Holland, Advocate
Nadeen Israel, Heartland Alliance for Human Needs
John Jansa
Vince Keenen, Illinois Academy of Family Physicians
James Kiames, FHN
Janet Lerman
Michael Laond, Abbvie
Ariisa Lambertino, Health Management Association
Faye Manaster, Family Voices of IL
Jim MacNamara
Martin Matthews, MERCK
JoAnn Mason
Cherie McCormack, Astellas
Steven McRae, Sequenom Laboratories
Emily Miller, Illinois Association of Rehabilitation Facilities
Diane Montonez, Alivio Medical Center
Sanjoy Musunuri, AETNA
Carrie Nelson
Heather O'Donnell, Thresholds
Samantha Olds, IAMHP
Lisa Paradis, Boehringer Ingelheim
Hetal Patal, Illini Care
Melissa Piccola, Equip for Equality IL
Matthew Peole, PHRC
Lindsay Pluff
Ashley Polce, Abvie
Sharon Post, Health and Medicine Policy Research Group
Luvia Quinones, ICIRR
Sam Robinson, Canary Telehealth
Ken Ryan, Illinois State Medical Society
Alivia Siddiqi, Automated Health System
Tim Smith, Midwest Public Affairs Group
Chet Stroyney, 3M
Allison Stevens, DSI
Taylor Swanson, iCare
Gary Thurnauer, Pfizer
Kathy Waligora, EverThrive IL
Mary Wagoner, IL Partners for Human Service
Marla Wiedenmann, Bio Pharm

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- I. **Call To Order:** Chair Kathy Chan called the meeting to order at 10:00 AM
- II. **Introductions:** MAC members were introduced.
- III. **Director's Report:** Director Julie Hamos stated that as of August 1st 2014, HFS had enrolled 451,801 newly eligible ACA adults, 40% of whom are aged 19-34. Additional details with age and demographic breakdowns can be found in the transparency section of the HFS website at <http://www2.illinois.gov/hfs/agency/Transparency/Pages/AffordableCareActEnrollment.aspx>. Director Hamos also stated that there is a rather large backlog of applications and they are working diligently to bring that down. The Director stated that 600,000 clients had already enrolled with a managed care and that it was expected we would see an enrollment as high as 2 million into plans across the State. The Director announced implementation of a major quality initiative regarding potential preventable hospital readmissions, which seeks to improve patient safety. Hospitals were given the opportunity to make improvements in order to avoid penalties. Of the 147 hospitals in Illinois, 65 were able to enact changes to avoid penalties; the remaining 82 hospitals will pay a total of \$16.2 million in penalties to HFS.

HFS will also pursue the Health Homes option under Section 2703 of the ACA, which provides a 90% match for those who have two or more chronic conditions, someone with one chronic condition and is at risk of developing another, or someone with serious mental illness. The Director expressed excitement and said she hoped to have everything implemented by next July. She expects that some of the work to further develop Health Homes will be part of the Integrated Delivery System Workgroup

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of the Governor's Office of Health Innovation and Transformation (GOHIT). More information about GOHIT can be found at <http://www2.illinois.gov/gov/healthcarereform/Pages/GOHIT.aspx>.

Deputy Administrator Jim Parker reported the following managed care enrollment numbers:

- 47,000 into Medicaid-Medicare Alignment Initiative (MMAI)
- 100,000 Seniors and Persons with Disabilities (SPD) in the Integrated Care Program (ICP), which is Medicaid only, are in a Managed Care Organization/Managed Care Coordinated Network, and 7,000 are in a Care Coordination Entity (CCE)
- 150,000 Family Health Plan enrollees and ACA adults, including those who were in voluntary managed care

Dr. Judy King asked whether the increased Medicaid reimbursement to Medicare rates for certain primary care services impacted access, specifically whether any new PCPs began taking Medicaid.

HFS noted that this increase was paid for 100% by the federal government and was authorized by the ACA. Ms. Stephanie Altman asked

IV. New Business

A. **Kidney Transplants:** Medical Director Dr. Arvind Goyal and Deputy Administrator Theresa Eagleson led a discussion on the HFS program for kidney transplants for non-citizens. Dr. Goyal read from the Kidney Transplants section of SB 741. Data shows that individuals who receive kidney transplants can live longer and have a higher quality of life than those who are on dialysis. He stated that in order to qualify an individual will need to meet financial and medical guidelines that they would otherwise have to meet to qualify for Illinois Medicaid. The length of time for dialysis was not specified. Transplants will be paid for in one lump sum to one of the designated transplant centers. The program is scheduled to begin October 1st. Director Hamos stated that there

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are 680 non-citizens waiting for transplants. This is a population that will be excluded from managed care.

- B. **Family Planning:** Director Hamos gave an update on Family Planning. She stated that the goal is to make sure that every pregnancy is a planned pregnancy. Kai Tao with HFS gave a brief overview of the action plan. Director Hamos also mentioned that the Illinois Healthy Woman Waiver will expire at the end of the month. More information can be found on HFS's website at <http://www2.illinois.gov/hfs/FamilyPlanning/Pages/default.aspx>.

Mr. Howard Peter suggested that counseling be included in the action plan and Ms. Judy King suggested we include an assessment of access to services.

- C. **MAC Bylaws:** Medicaid Director and Administrator of Medical Programs, Theresa Eagleson, lead a discussion regarding proposed changes to the MAC bylaws. A discussion took place regarding extended absences. Chair Kathy Chan suggested that HFS circulate a revised copy of bylaws to members prior to the November meeting, which is when a vote is expected to take place.
- D. Chair Kathy Chan lead a discussion on Medicaid coverage for children with autism, per guidance that was released July 9 from federal CMS. The notice can be found here: <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>. Director Hamos suggested that Kevin Casey, Division Director of Developmental Disabilities in DHS lead an interagency group to discuss this topic. Additionally, Director Hamos would like to know which stakeholders should be included future conversations – send any suggestions to Jeff Todd at HFS, Jeffrey.todd@illinois.gov. It was suggested that we offer more guidance for families with managed care plans.

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V Old Business:

- A. **Approval of May Minutes:** After a brief discussion the minutes from the May 9th meeting were approved by a vote of 6 in favor, 2 opposed, and 0 abstentions.

VI MAC Sub-Committee Reports:

- a. Public Education Subcommittee: Chair, Kathy Chan, gave an update on the Public Education Subcommittee.
- b. Care Coordination Subcommittee: Dr. Ed Pont gave an update on the Care Coordination Subcommittee. He announced that there would be discussion of ICP reports at the next meeting which is scheduled for October 7th.

- VII Approval of Minutes:** Following a brief discussion, a motion was made by Howard Peters to approve the minutes from the July 11, 2014 meeting with amendments which was seconded. The minutes were approved with 5 votes in favor, 2 opposed, and no abstentions.

- IX Adjournment:** Meeting was adjourned at 12:15 PM.