

Medicaid Advisory Committee

February 5, 2021: 10AM - 12PM
(Virtual Meeting)

Minutes

MAC Members Present:

Cheryl Whitaker, Complete Care Management Partners, Chair
Ann Lundy, ACCESS Community Health Network, Vice-Chair

Alejandro Clavier, VIDA Pediatrics
Thomas Huggett, Lawndale Christian Health Center)
Arnold Kanter, Barton Healthcare
Marvin Lindsey, Community Behavioral Healthcare Assn.
Howard Peters, HAP Inc. Consulting

Amber Smock, Access Living
Kai Tao, Alliance Chicago
Neli Vazquez-Rowland, A Safe Haven
Sameer Vohra, SIU SOM
Andrea Danes, Consumer Representative

HFS Staff Present:

Melissa Black	Kimberly McCullough-Starks
Kelly Cunningham	Shawn McGady
Arvind K. Goyal	Robert Mendonsa
Patrick Lindstrom	Laura Phelan
Jane Longo	Dawn Wells

- I. **Call to Order** – Chairperson Dr. Cheryl Whitaker
- II. **Roll Call of Committee Members** – Deputy Director for Community Outreach Kimberly McCullough-Starks, Illinois Department of Healthcare and Family Services (HFS)
- III. **Introduction of HFS Staff** - HFS Director Theresa Eagleson
- IV. **Review and Approval of the Minutes** – Chairperson Dr. Whitaker
- V. **Public Comments** – facilitated by Deputy Director McCullough-Starks

Dr. Lisa Green, Co-Founder and CEO of Family Christian Health Center in Chicago made statements in support of high quality and equitable obstetrical care and offered recommendations to improve health outcomes for women in Black communities, including data tracking and analysis, clinical information sharing, strategies for mitigating the impact of hospital closures, implicit bias training for providers and researchers, and partnerships with a wide range of stakeholders.

Dr. Catherine Harth from the Southside Obstetric Synergistic Collaborative raised concerns about the closure of labor and delivery units on the South Side of Chicago and about racial disparities in outcomes for Black and Hispanic women and how those disparities have been exacerbated by the coronavirus pandemic.

Dr. Joy West, Director of Women's Center for Excellence at Roseland Community Hospital also raised concerns about the closure of labor and delivery units on the South Side of Chicago and noted that absence of advance notice related to these closures was problematic. These impact of these closures and outcomes for Black women are made worse by the COVID pandemic.

Brigid Leahy inquired about the Family Planning State Plan Amendment (SPA) and whether income eligibility could be increased. Laura Phelan, HFS Policy Director, replied that the Department is still considering the SPA and could not provide additional information at this time.

Renee Popovitz of Popovitz Law Group PC asked whether HFS's Provider Notice of 3/20/2020 applies to dates of service during the Public Health Emergency or to pending claims; Robert Mendonsa, HFS Deputy Administrator, agreed to clarify. Ms. Popovitz also reported issues with MEDI; Tracy Keen, HFS Deputy Administrator, offered to look these.

VI. **HFS Executive Report**

A. **Healthcare Transformation** Director Eagleson provided an update on HFS's Healthcare Transformation proposal, noting that it passed the General Assembly in January and that HFS is now proceeding with implementation. Chairperson Dr. Whitaker asked that the Healthcare Transformation be kept as an agenda item in future MAC meetings.

B. **COVID-19 Response Update** Kelly Cunningham, HFS Medicaid Administrator, provided an update on COVID-19 activities, including:

- HFS's COVID-19 website for provider notices and related announcements
- HFS collaboration with the Illinois Emergency Management Agency to secure emergency procurements on behalf of Illinois hospitals
- Developments related to vaccines and vaccination rollout
- CARES Act funding
- Collaboration with federal CMS.

Additionally, Kelly announced the potential for the MAC to establish a new MAC Subcommittee on Community Integration. Several MAC members spoke in support of such a subcommittee including Amber Smock, Neli Vazquez-Rowland, Ann Lundy, and Marvin Lindsey. Dr. Whitaker acknowledged the positive response and indicated intent to consider this proposal at the next MAC meeting.

C. **Update – Aetna Pharmacy Access** Robert Mendonsa, HFS Deputy Administrator, provided an update on Aetna Pharmacy Access. He provided background on the issue and stated the Department's intent to proactively resolve this and similar issues moving forward, using an equity lens to identify issues that may have disproportionate impact on communities of color.

Robert introduced Tangela Feemster from Aetna. Tangela offered additional information on pharmacy access in the Aetna network and offered Aetna's Member Services phone number as a resource to navigate and access prescription drugs.

Discussion ensued. Member Dr. Thomas Huggett of Lawndale Christian Health Center reported patient difficulty accessing medications, especially suboxone. Dr. Huggett also identified challenges related to mail order and delivery as an equity issue for Medicaid customers, especially those on the West Side of Chicago. Member Neli Vazquez-Rowland stated for the record that State Representative La Shawn K. Ford filed a bill regarding Medicaid access. Member Marvin Lindsey emphasized the importance of continuity of access to prescription medications for individuals with mental illness. Director Eagleson noted that the Department is pursuing systemic solutions and using national standards for ensuring access. And Member Ann Lundy noted her organization's success in partnering with Aetna to ensure continuity of access to prescription drugs.

D. **Managed Care Program Statistics** – Robert Mendonsa, HFS Deputy Administrator, provided an update on Managed Care Program Statistics.

E. **Enrollment, Eligibility, and Redetermination** – Kelly Cunningham, Medicaid Administrator, announced that this data would be shared on the website rather than during the meeting to save time.

F. **Telehealth Update** - HFS Deputy Director McCullough-Starks provided an update on telehealth, noting that there have been no substantial changes and reporting that utilization continues to grow. Chairperson Dr. Whitaker noted that there are some situations where telehealth may not serve customers as well as in-person encounters, such as third trimester visits for pregnant patients.

- G. **Draft Quality Strategy** – Kelly Cunningham, HFS Medicaid Administrator, provided background and context for HFS’s Quality Strategy, noting that it is a federal requirement that must align with the broader aims of the National Quality Strategy. Kelly described the Quality Strategy as transformative, person-centered, integrated, and equity oriented. It is based in five quality pillars: Maternal and Child Health, Adult Behavioral Health, Child Behavioral Health, Equity, and Community Based Services and Support. The Quality Strategy is intended to address social and structural determinants of health.

Robert Mendonsa, HFS Deputy Administrator, spoke to how the Quality Strategy will drive Medicaid managed care plans’ Pay for Performance (P4P) measures moving forward. Noting that 80% of Medicaid customers are enrolled in managed care plans, P4P will be critical to improving population health. Robert reported that the plans will be required to participate in all aspects of the Quality Strategy. He went on to provide detail related to reporting and performance measures under each of the five quality pillars.

Dawn Wells, HFS Bureau Chief of Quality Management, emphasized the expectation that the Quality Strategy’s focus on equity would address health disparities and drive improvements in health outcomes for Black and Hispanic customers.

Kelly noted that the Quality Strategy would be submitted to federal CMS in the near future and shared with the group once available.

VII. **Subcommittee Reports**

- A. **Public Education Subcommittee** – The Chairperson submitted a written report.
- B. **Quality Care Subcommittee** – The Chairperson submitted a written report.
- C. **Opioid Use Disorder Withdrawal Management Subcommittee** – An update was provided by Dr. Arvind Goyal, HFS Medical Director. Dr. Goyal stated that a detailed report would be submitted in writing, then noted that the Subcommittee had determined to focus on three areas: increased funding for services; evidence-based OUD treatment approaches and community-based medication-assisted treatment; and 42 CFR Part 2 ruling.

VIII. **New Business/Announcements**

- A. **Healthcare Feasibility Study** – Report and discussion were tabled because the meeting had taken up its allotted time.

IX. **Old Business** – Chairperson Dr. Whitaker noted that there was none to report.

X. **Adjournment** – 12:01 p.m.