ILLINOIS DEPARTMENT OF
Healthcare and
Family Services

**Bruce Rauner, Governor**
Felicia F. Norwood, Director

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# Medicaid Advisory Committee

James R. Thompson Center
100 W. Randolph
2nd Floor, 2025
Chicago, Illinois

And

201 South Grand Avenue East
1st Floor Video Conference Room
Springfield, Illinois

August 17, 2017
10 a.m. - 12 p.m.

## Agenda

I. Call to Order

II. Introductions

III. Appointment of Nominating Committee
   a. Selection of Chair
   b. Selection of Vice Chair

IV. Old Business
   a. Behavioral Health Transformation Update
      1. 1115 Waiver & Related State Plan Amendments
      2. Integrated Health Homes
   b. Legislative Update
   c. Budget Update
   d. IES Phase II Update

V. Subcommittee Reports
   a. Public Education Subcommittee Report
   b. Quality Care Subcommittee Report

VI. New Business

VII. Approval of May 5, 2017 Minutes (Approved)

VIII. Other Business

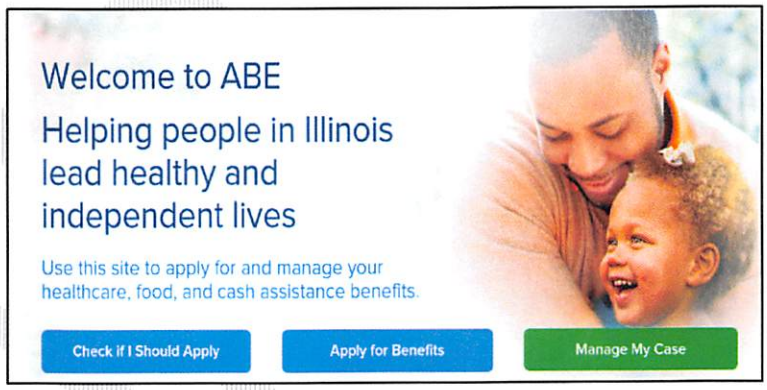
IX. Adjournment

# Manage your Medical, SNAP and Cash Benefits Online – Anytime

No waiting on the phone or in an office!

**ABE – the Application for Benefits Eligibility – is Illinois' official website to apply for – and now manage – medical, food, and cash benefits.** With ABE's Manage My Case (MMC), you can do things like:

- Check the status of an application
- See benefit details
- View notices
- Report changes: update address, change income and expenses, add a newborn or other people to the case;
- Complete your redetermination
- Upload documents
- File and manage an appeal in the ABE appeals portal connected through MMC




**WHO can set up MMC?** Anyone who: 1) has an active case or 2) submitted a new application AND that application has been registered in the system, or 3) had benefits not too long ago, even if no longer active.

**Can everyone on the case use all of the features?** Everyone on the case can view benefit information, but only the Primary Account Holder can do everything, including upload documents and report changes.

## It's Easy to Set-Up "*Manage My Case*" in ABE:

Step 1: Go to http://ABE.Illinois.gov

Step 2: Click on the green "Manage My Case" button in the lower right corner

- If you have an ABE account, enter your User ID and Password – go to Step 3.
- If you do NOT have an ABE account, you'll have to create one first. Click "Create an ABE account". Enter a User ID and Password and answer the security questions. Write your password and answers down and keep them safe. **Click the ABE logo and Log in.**

Step 3: Select "Link your account." You will need to enter:

- Your date of birth, and
- Your Individual ID number (listed on a client notice mailed after 10/26/17) **OR** your Social Security Number.

Step 4: Answer questions that will verify your identity.

Having trouble setting up Manage My Case, call the DHS Helpline at 1-800-385-0872

Summary of MAC Public Education Subcommittee Meeting
Thursday, June 15
10am-noon

- Robert Mendonza, HFS provided an update on care coordination.
  - An update on the MCO RFP was shared with new timeline posted online. The start date for new contracts remains January 1, 2018.
  - The provider complaint portal has been live for several weeks and most complaints come from physicians, hospitals, behavioral health providers, and nursing homes. When broken down by per 1000 enrollees, the highest volume of complaints come from MMAI, then MLTSS, then ICP. A detailed report will be shared at the next subcommittee meeting.
- Elizabeth Lithlia, HFS provided a report on medical-only redeterminations.
  - 40% of rede cases have state decision to continue.
  - 50% recommended to be cancelled. Reasons include:
    - 81% due to lack of response
    - 19% for other reasons (case level data, including multiple recipients) – main reason is over income
  - When looking at language preference:
    - For those in FY17 that have been continued or changed type, 87% were English, 10% Spanish
    - Cancellations: English 91%, 8% Spanish, 1% unknown
  - Individual level data – 25% of those who were originally cancelled, have returned – includes Maximus and DHS
  - HFS intends to report on redes with additional data points including those cases that are auto-enrollment vs. active choice, and by Medicaid category.
  - Committee member expressed ongoing concerns with DHS local offices regarding customer service. The committee will extend an invitation for a DHS representative to attend the next meeting.
- Jacqui Ellinger, HFS provided an update on IES Phase 2
  - New launch date: October 24, 2017
  - HFS will provide a stakeholder training and is working on a user guide for Manage My Case
  - Hospital Presumptive Eligibility is part of IES Phase 2, but will not go live until the system is deemed stable
- Lauren Polite, HFS provided an update on the Federal Marketplace
  - Starting June 23, 2017, CMS began requiring applicants who are applying for a Special Enrollment Period (SEP) because they lost coverage, subject to verification process (including Medicaid)
  - SEP is only 60 days from the date of the qualifying event
- Next meeting will take place August 10.

# Illinois Department of Healthcare and Family Services
# Quality Care Subcommittee June 6, 2017

**Members Present**

Ann Lundy, Chair, ACCESS Community Health
Kathy Chan, Cook County Health and Hospitals System
Jennifer Cartland, Lurie Children's Hospital
Barrett Hatches, Chicago Family Health Center
Dr. Krishna Das, Cook County Health and Hospitals System
Dr. Edward Pont, ICAAP
Dr. Alvia Siddiqi, Advocate Physician Partners (by phone)

**Members Absent**
Margaret Kirkegaard, Illinois Academy of Family Physicians

**HFS Staff Present**
Arvind K. Goyal
Kyle Daniels
Catina Latham
Sylvia Riperton-Lewis

**Interested Parties**
Greg Johnson, ISDS
Jill Hayden, Meridian Health Plan
Jordan Powell, IPHCA
Ken Ryan, ISMS
Ninos David, Next Level
Laurel Chadde, County Care
Nicole Kazee, Erie Family Health
Josh Keokuluy, HFS
Mike Holmes, Sunosion
Ollie Idowu, Harmony
Dan Coleman, Merck
Manjort Cam, FHN
Jennie Prohontz, ICAAP
Michael Lafond, Abbuie
Marie Daker, Harmoney
Cyrus Winnett, IAMHP
Dionne Harvey, DQ
Cheri Hoots, IPHCA
Mona Vankaugen, IDPH
Caitlin Lueck, Meridian
Kim Burke, LCHD
Carol Leonard, Denta Quest
Anna Wojcik, UI Health
Sandy DeLeon, Ounce of Prevention
Karen Malamot, Merck
Kathleen Shanahan, CCAI
Brandi Calvert, AFL
Phil Mortes, Gilead
Lynn Seermon, Kaiser Health
Anna Carvallo, La Rabrida
Ralph Schubert, UIC Division of Specialized Care for Children

**Meeting Minutes**

I. **Call to Order:** The regular bi-monthly meeting of the Medicaid Advisory Committee Quality Care Subcommittee was called to order June 6, 2017 10:00 a.m. by chair Ann Lundy. A quorum was established.

II. **Introductions:** Quality Care subcommittee members, HFS staff, and interested parties were introduced in Chicago, Springfield, and over the phone.

# Illinois Department of Healthcare and Family Services
# Quality Care Subcommittee June 6, 2017

III. **Approval of March 21, 2016 Meeting Minutes:** Ann Lundy led a discussion on the March meeting minutes. Ann Lundy made a motion to approve the March meeting minutes. This motion was seconded and approved.

**New Business:** Ann Lundy introduced the newest member to the Quality Subcommittee, Dr. Krishna Das. She also reiterated that the purpose of this committee is to provide recommendations around quality for the Medicaid program's vulnerable population, sharing lessons learned from best practices. She stated that sometimes these best practices may be outside of our borders so to speak, i.e. different states or different systems. The Subcommittee's role is to review and discuss approaches for improving quality and then provide recommendations to the Department. In addition, it is the Subcommittee's role to support the Department's transformation to value based care. Ms. Lundy closed by stating that the Subcommittee is a partner with the Department in its challenge to increase quality and the access to care for the Medicaid populations and at the same time lowering cost. This is the Subcommittee's core set of principles.

**Overview of HFS Metrics:** Catina Latham and Sylvia Riperton-Lewis provided an overview of the quality metrics for HFS. They noted that at one point HFS had over 100 health measures from multiple sources. The Department worked to streamline the measures to less to 25 with the goal of making sure that all of the measures were standardized and comparable across the managed care organizations in the state and around the nation. As a result of that standardization, the Department was able to release its first Consumer Report card earlier this year.

IV. **Dental Needs:** Please see attachment regarding the topic entitled A Brief Overview on Illinois Oral Health Disease Burden & Utilization.

V. **Children with Special Health Care Needs:** Please see attachment regarding the topic entitled Children with Special Health Care Needs.

VI. **Other Business:** The next meeting will be held on August 8, 2017.

VII. **Adjournment:** The meeting was adjourned at 11:35 a.m.

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# HFS Subcommittee on Quality

## A Brief Overview on Illinois Oral Health Disease Burden & Utilization

6.9.2017

Mona Van Kanegan, DDS, MS, MPH
Division of Oral Health, Chief
Office of Health Promotion

# Foundational Concepts for better oral health for all ages

- Disease causative organisms are spread through kissing, sharing contaminated utensils such spoon or a glass
- To decrease transmission causative organism needs to be controlled/eliminated through prevention and treatment modalities
- Good habits and practices that limit causative bacterial load need to be sustained life-long
- Limiting inflammation in oral tissues decreases potential systemic impact

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# Disease Burden

Dental caries and periodontal disease are common oral infections yet, are almost completely preventable

- 2011-2012 National Health and Nutrition Examination Survey report that 27% of adults 20 to 64 have untreated dental caries.
- 2012 Centers for Disease Control and Prevention report that 47.2% of adults aged 30 and over have active periodontal disease and
- 70% of people 65 and older have untreated periodontal disease

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# Role of Inflammation and Systemic Disease

Inflammatory cascade and the potential systemic spread of pro-inflammatory mediators such as fatty acids, interleukin 1, and TNFα are being studied to explain the observed link between oral disease and a wide range of systemic diseases.

There is strong evidence fro a causal link between periodontal disease and diabetes and emerging evidence for:

- Obesity
- Coronary artery disease
- Metabolic syndrome
- Oral health after menopause
- Helicobacter Pylori
- Adverse pregnancy outcomes

Mealey BL. Periodontal disease and diabetes: A two-way street. J Am Dent Assoc 2006;137:26-31

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# Oral Health Surveillance System

**National Oral Health Surveillance System (NOHSS)**

Joint effort between CDC, Association of State and Territorial Dental Directors (ASTDD) & Council of State and Territorial Epidemiologists (CSTE)

- monitor the burden of oral disease
- measure progress toward meeting HP 2010 objectives
- monitor status of community water fluoridation on both a state and national level.

**Illinois Oral Health Surveillance System (IOHSS)**

- Feed data into NOHSS
- Emergency Department Use, 2010-2015 - limited data presented here
- Oral Health Workforce
- Craniofacial Anomaly
- Safety Net Dental Clinics
- Other Secondary Data

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# CMS 416

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.
- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified, and
- **Treatment:** Control, correct or reduce health problems found.

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| Oral Health | | | | | |
|---|---|---|---|---|---|
| 2014 Illinois BRFSS | | Count | Col % | Confidence Interval % | Unweighted Count |
| LAST DENTAL VISIT | <= 1 year | 6,293,617 | 63.9% | (62.1-65.7%) | 3,493 |
| | 1-2 years | 1,213,890 | 12.3% | (11.1-13.7%) | 527 |
| | > 2 years/never | 2,340,208 | 23.8% | (22.2-25.4%) | 1,027 |
| **Total** | | **9,847,716** | **100.0%** | | **5,047** |
| NUMBER OF PERMANENT TEETH REMOVED | 1 to 5 | 2,815,943 | 28.7% | (27.1-30.5%) | 1,485 |
| | 6 or more, but not all | 934,790 | 9.5% | (8.6-10.6%) | 600 |
| | all | 452,184 | 4.6% | (4.0-5.4%) | 291 |
| | none | 5,594,834 | 57.1% | (55.3-58.9%) | 2,643 |
| **Total** | | **9,797,751** | **100.0%** | | **5,019** |

2014 Illinois BRFSS, Illinois Department of Public Health
*Unweighted counts of 5 or less and Confidence Intervals ± 12.5% or greater do not meet standards of reliability.

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based program that gathers information on risk factors among Illinois adults 18 years of age and older through monthly telephone surveys. Established in 1984 as a collaboration between the U.S. Centers for Disease Control and Prevention (CDC) and state health departments, the BRFSS has grown to be the primary source of information on behaviors and conditions related to the leading causes of death for adults in the general population.

http://www.idph.state.il.us/brfss/statedata.asp?selTopic=oralhealth&area=il&yr=2014&form=strata&show=freq

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## 2014 Illinois PRAMS Data

### Prenatal Dental Care

**Percentage (%) of new mothers in Illinois who responded Yes to the following statements**

**Survey Question 29**: This question is about the care of your teeth during your most recent pregnancy. For each item, check No if it is not true or does not apply to you or Yes if it is true.

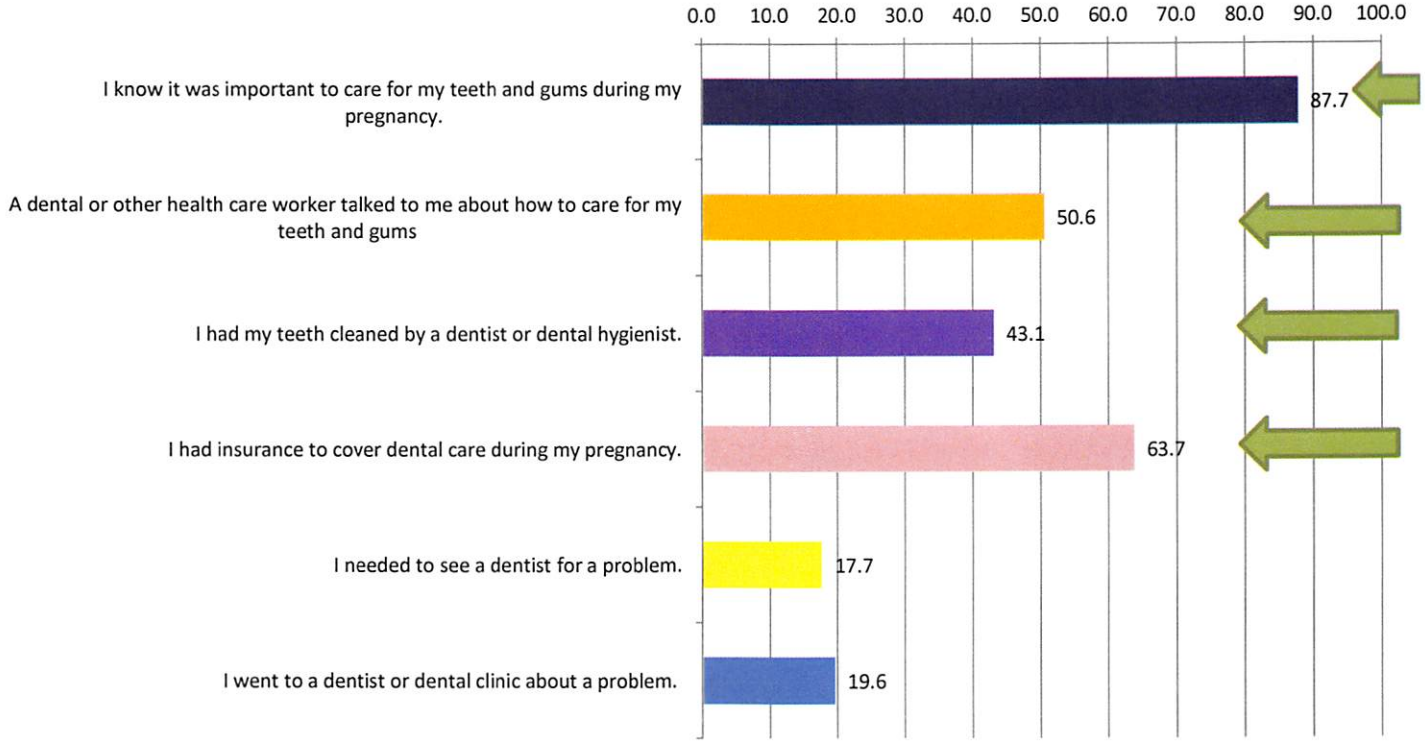


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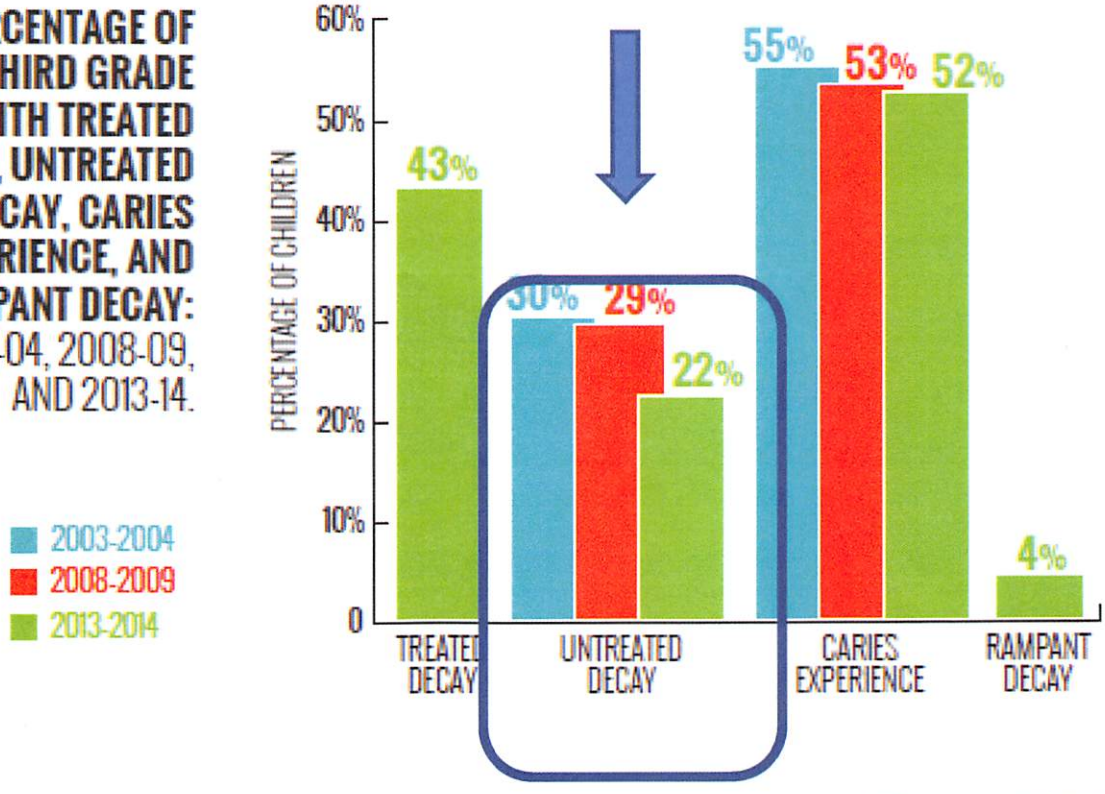
FIGURE 3. **PERCENTAGE OF ILLINOIS THIRD GRADE CHILDREN WITH TREATED DECAY, UNTREATED DECAY, CARIES EXPERIENCE, AND RAMPANT DECAY:** HSHG 2003-04, 2008-09, AND 2013-14.

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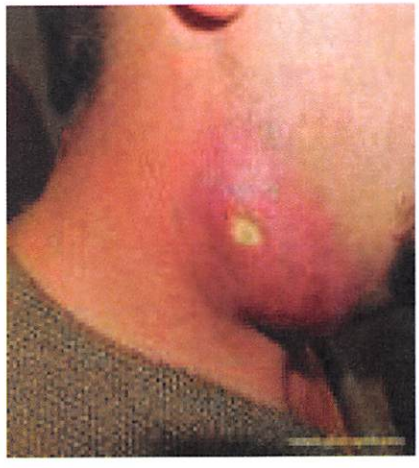
https://www.heartlandalliance.org/wp-content/uploads/sites/3/2016/02/healthy-smiles-healthy-growth_final.pdf

# Use of Emergency Departments Associated with Delayed/Untreated Disease

- Illinois Department of Public Health Division of Patient Safety and Quality provided Emergency Department (ED) discharge summary data for ICD9 and ICD10 for non-traumatic oral health concern
- Data analyses were conducted on visits where the dental issue was one or more of the first three diagnoses



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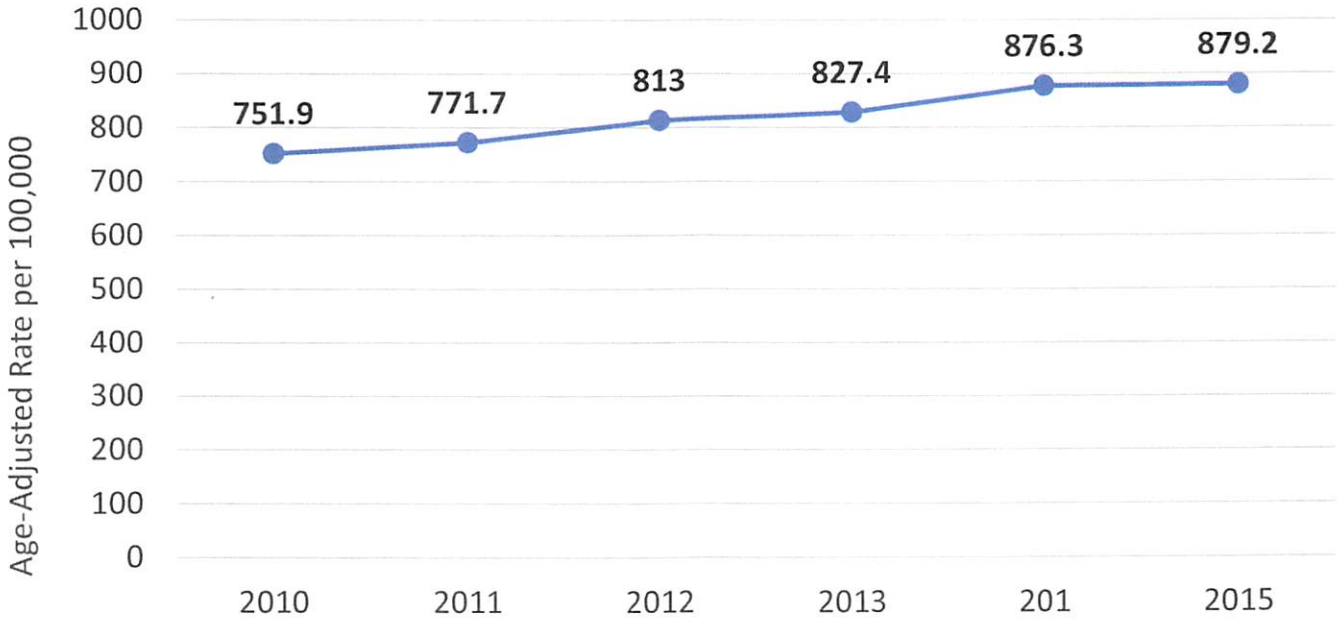
## Age-Adjusted Rate of Oral Health ED Visits in Illinois, 2010-2015




Overall rates of ED visits for oral health reasons are increasing over the six year period. They have increased by 17% between 2010 and 2015.

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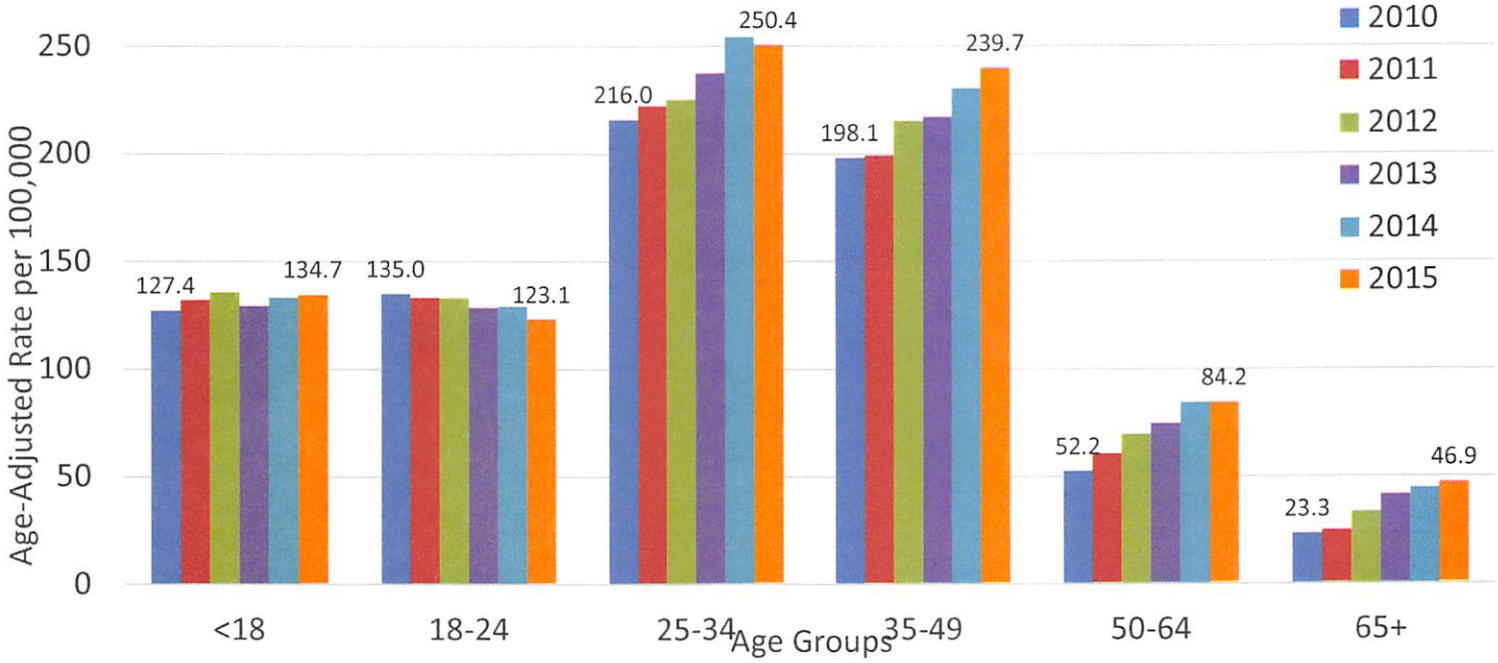
Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2015; Analysis by IDPH Office of Health Promotion

## Age-Adjusted Rate of Oral Health ED Visits, 2010-2015




**1. Larger increases in ED rates for adults and older adults compared to youth (5% increase). Young adults (18-24)declined by 8.8%.**

a. 25-34 age group: 15.9%
b. 35-49 age group: 21%
c. 50-64 age group: 61%
d. 65+ age group: 101.2%

**2. Adult age groups: 25-34 and 35-49 have the highest rates of ED visits.**

**3. Rates doubled for adults over 65, even though they have lower rates overall**

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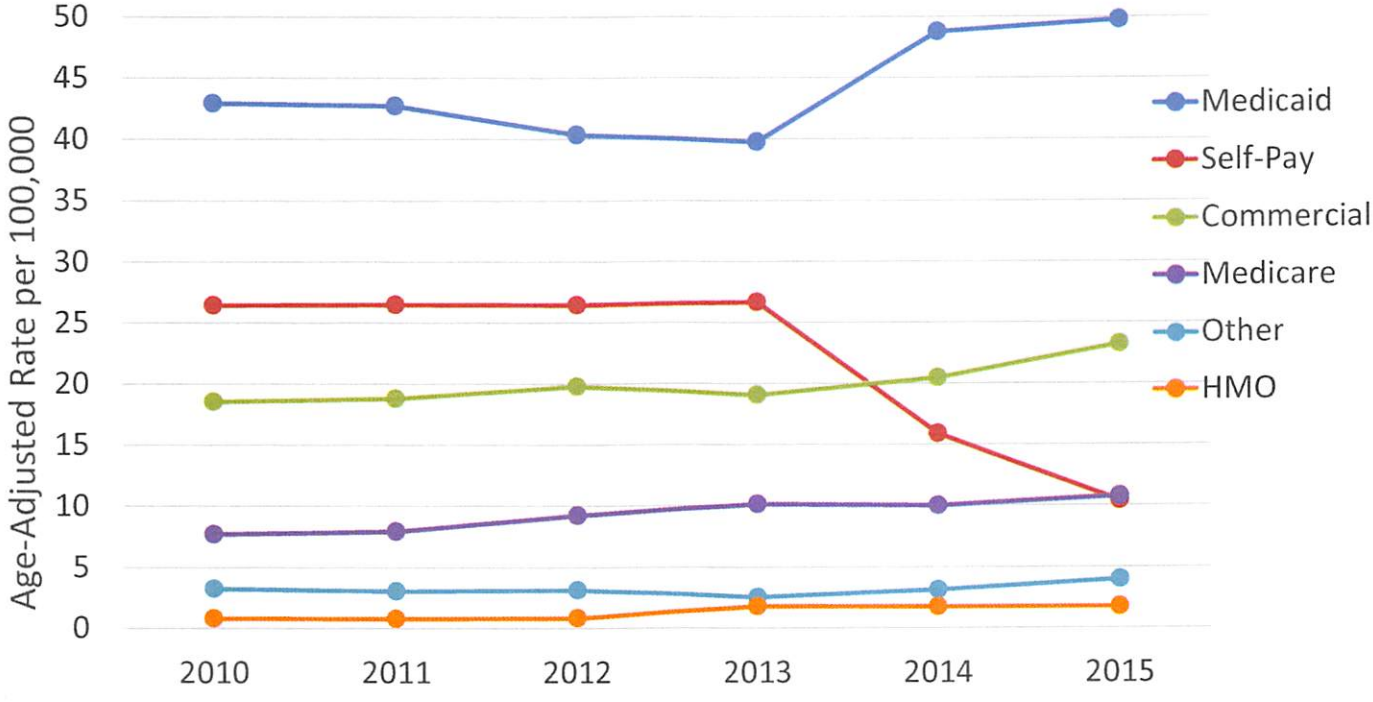
Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2015; Analysis by IDPH Office of Health Promotion

## Percent of Oral Health ED Visits by Payer, 2010-2015




2013 saw an increase in ED visits among Medicaid and decline among self-pay. Medicare visits also increased. Recall 7/2012-6/2014 SMART Act limitations for dental care were in effect; ACA expansion was initiated in January of 2014.

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Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2015; Analysis by IDPH Office of Health Promotion

# What data are missing?

To better inform oral health program goals: is health status improved, timely & quality care delivered in an appropriate setting that is cost effective? A better understanding of the below is needed:

Children

- Annual Dental Visit
- Children who received at least on fluoride treatment
- Children (6-9 and 10-14) who receive at least one dental sealant

Adults

- General adult access/utilization of any dental service in a dental setting (not EDs) including that of special populations such as diabetics
- Preventive and periodontal access/utilization during pregnancy
- Number of ED visits that had a follow up visit with a dentist within 30 days.

Satisfaction

If you or your child sought dental care, did you receive services when you needed them?

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# Children with special health care needs:

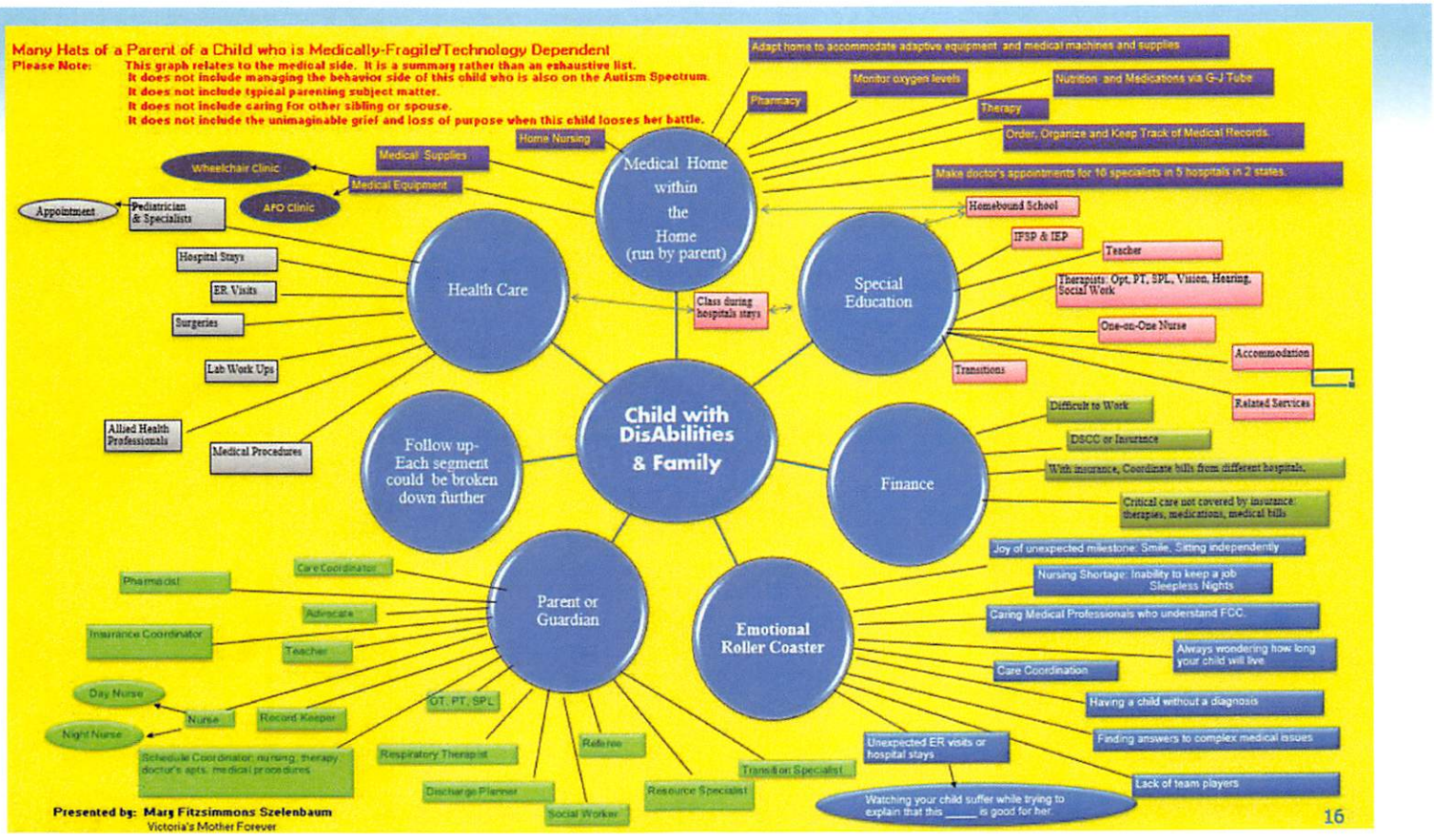
## Who they are and how we know whether we are serving them well

Jenifer Cartland, PhD
Vice President, Data Analytics and Reporting

BEST CHILDREN'S HOSPITALS U.S.News HONOR ROLL 2013-14

2013 Parents 10 BEST CHILDREN'S HOSPITALS

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER


Many Hats of a Parent of a Child who is Medically-Fragile/Technology Dependent
Please Note: This graph relates to the medical side. It is a summary rather than an exhaustive list.
It does not include managing the behavior side of this child who is also on the Autism Spectrum.
It does not include typical parenting subject matter.
It does not include caring for other sibling or spouse.
It does not include the unimaginable grief and loss of purpose when this child looses her battle.
Child with DisAbilities & Family
Medical Home within the Home (run by parent)
Health Care
Special Education
Finance
Emotional Roller Coaster
Parent or Guardian
Follow up- Each segment could be broken down further
Class during hospitals stays
Adapt home to accommodate adaptive equipment and medical machines and supplies
Monitor oxygen levels
Nutrition and Medications via G-J Tube
Pharmacy
Therapy
Order, Organize and Keep Track of Medical Records
Make doctor's appointments for 10 specialists in 5 hospitals in 2 states
Home Nursing
Medical Supplies
Medical Equipment
Wheelchair Clinic
APO Clinic
Appointment
Pediatrician & Specialists
Homebound School
IFSP & IEP
Teacher
Therapists: Opt, PT, SPL, Vision, Hearing, Social Work
One-on-One Nurse
Accommodation
Related Services
Transitions
Hospital Stays
ER Visits
Surgeries
Lab Work Ups
Medical Procedures
Allied Health Professionals
Difficult to Work
DSCC or Insurance
With insurance, Coordinate bills from different hospitals.
Critical care not covered by insurance: therapies, medications, medical bills
Joy of unexpected milestone: Smile, Sitting independently
Nursing Shortage: Inability to keep a job Sleepless Nights
Caring Medical Professionals who understand FCC
Always wondering how long your child will live
Care Coordination
Having a child without a diagnosis
Finding answers to complex medical issues
Lack of team players
Unexpected ER visits or hospital stays
Watching your child suffer while trying to explain that this ____ is good for her
Care Coordinator
Pharmacist
Advocate
Insurance Coordinator
Teacher
Day Nurse
Nurse
Night Nurse
Record Keeper
Schedule Coordinator: nursing, therapy, doctor's apts, medical procedures
OT, PT, SPL
Respiratory Therapist
Discharge Planner
Social Worker
Referee
Resource Specialist
Transition Specialist
Presented by: Mary Fitzsimmons Szelenbaum
Victoria's Mother Forever

# Background

- The current healthcare system rarely addresses the medical needs of medically complex children and adolescents
- These children often do not get needed or timely outpatient services because of the disjointed nature of the healthcare system
- The lack of highly coordinated care puts the well-being of medically complex children at risk and uses very expensive disconnected services in a sub-optimal manner
- Costs associated with this population can be 7 times the average costs for the pediatric population

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# Who are children with special health care needs?

# Useful but confusing terms (unofficial definitions)

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| Term: | Used to describe children who require: | Examples: |
|---|---|---|
| Children with special needs | Educational, health care or other supports that are not typical | Autism, dyslexia, all health care needs |
| Children with special health care needs | Health services that are not typical (often also need educational supports) | Cerebral palsy, sickle cell, mental health conditions, epilepsy |
| Children who are medically fragile | Supportive technology | Some cerebral palsy, some epilepsies |
| Children with chronic conditions | Ongoing care (of any level) | Asthma, diabetes, cerebral palsy |
| Children with medical complexity | Care across many systems and medical specialties | Cancer, cerebral palsy, muscular dystrophy, some epilepsies, severe mental/emotional problems |

# More precision (3M Clinical Risk Groupings):

| CRG Status | Definition | Example |
|---|---|---|
| 1 | Healthy (no recent procedures or significant acute conditions) | Well child |
| 2 | Recent history of a significant acute disease | Recent significant injury |
| 3 | Single minor chronic disease | One condition - ADHD, excema, allergic rhinitis |
| 4 | Minor chronic disease(s) affecting multiple organ systems | More than one condition -ADHD, excema, allergic rhinitis |
| 5a | Single dominant chronic disease | Asthma, obesity |
| 5b | Single dominant chronic disease | Diabetes Type I, sickle cell |
| 6 | Significant chronic disease affecting multiple organ systems | Diabetes Type I with mental health problem, sickle cell with respiratory problem |
| 7 | Dominant chronic disease affecting three or more organ systems | Endocrine conditions |
| 8 | Dominant , metastatic and complicated malignancies | Cancer |
| 9 | Catastrophic and progressive conditions | Muscular dystrophy; transplants |

80%

13-15%

6-7%

Lurie admissions: 67%

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Children's Hospital of Chicago™

# How do we know if we are serving them well?

# Well-coordinated care saves costs and increases access to services

Service pattern to achieve savings is different than other populations.

| Service | Cost Savings |
|---|---|
| Inpatient | -40% |
| Outpatient | +10% |
| Emergency Room | -20% |
| Primary Care Services | +30% |
| Prescription Drugs | +10% |
| Medical Cost Savings | -13% to -10% |

Care coordination studies generally focus on the CRG 5b-9 group.

Studies of Lurie Children's efforts generally replicate findings from other, published studies.

*Summary of Available Evidence and Methodology for Determining Potential Medicaid Savings from Improving Care Coordination for Medically Complex Children; Dobson & DaVanzo, 2013*

# Well coordinated care assures access to needed services

| Medical/health home indicators: | Private insurance | Medicaid/ public insurance |
|---|---|---|
| CSHCN has no usual source of sick and well care | 7.6% | 17.5% |
| CSHCN has no personal doctor or nurse | 3.6% | 10.1% |
| CSHCN receives family-driven care | 74.8% | 59.5% |
| CSHCN has problems getting a needed referral | 18.4% | 29.4% |
| CSHCN has care that meets all care coordination requirements | 47.4% | 41.0% |

Source: 2009/10 National Survey of Children with Special Health Care Needs (Illinois)

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# Well coordinated care provides integration across sectors

| Indicators of cross-sector coordination | Private insurance | Medicaid/ public insurance |
|---|---|---|
| Difficulty/delayed in getting community-based services in last year | 27.0% | 33.8% |
| Never frustrated getting services in last year | 73.2% | 55.5% |
| Communication was needed between the physician and the school in the last 12 months | 26.8% | 38.7% |
| Very satisfied with the physician-school communication in the last year | 56.5% | 55.8% |
| CSHCN has an IEP | 27.1% | 33.9% |

Source: 2009/10 National Survey of Children with Special Health Care Needs (Illinois)

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Children's Hospital of Chicago™

# Metrics relevant to children with special health care needs

# Proposed metrics

| Patient satisfaction surveys (CAHPS survey for children with chronic conditions) | HEDIS (claims-based) | HFS (claims-based) |
|---|---|---|
| Access to and use of specialized services | Influenza immunization rate | Vision screening |
| Access to and use of prescription medication | Developmental screening in the first three years of life | Ambulatory follow-up after IP visit and ED visits |
| Family-centered care | Preventive dental services | |
| | Well child visits (through adolescence) | |
| | Lead screening | |

# Questions?

# Illinois Department of Healthcare and Family Services
# Medicaid Advisory Committee May 5, 2017

**MAC Members Present**
Karen Brach, Meridian/IAMHP
Kathy Chan, Cook County Health and Hospitals System
Arnold Kanter, Barton Management
Thomas Huggett, Lawndale Christian Health Center
Howard Peters, HAP Inc. Consulting
Neli Vazquez-Rowland, A Safe Haven

**MAC Members Absent**
Kelly Carter, Illinois Primary Health Care Association
Jan Grimes, Illinois Home Care & Hospice
Glendean Sisk, Department of Human Services
Janine Hill, Soar Strategies, Inc.
Tyler McHaley
Verletta Saxon, Centerstone
David Vinkler, Molina

**HFS Staff Present**
Felicia F. Norwood, Director
Bill Dart
Mike Casey
Kelly Cunningham
Arvind K. Goyal
Teresa Hursey
Catina Latham
Karen Moredock
Shawn McGady
Robert Mendonsa
Sylvia Riperton-Lewis
Cheryl Easton

**Interested Parties**
Sherie Arriazola, TASC
Jessie Beebe, AFC
Kelly Boedeker, Carematix
Eric Boklage, Chicago Family Health Center
Nick Boyer, Otsuka
Molly Brown, Fresenius Medical Care
Kim Burke, Lake Co. Health Dept
Grant Cale, BMS
Terry Carmichael, CBHA
Anna Carvalho, LaRabida
Carrie Chapman, LAF
Mike Chavers, Indian Oaks, Nexus
Joe Cini, AHS
Gerri Clark, DSCC
Sheri Cohen, Chicago Dept of Public Health
Laurie Cohen, Civic Federation
Marsha Conroy, Aunt Martha's
Alison Coogan, LAF
Sandy DeLeon, Ounce of Prevention
Magda Derisma, Shriver Center
Andrew Fairgrieve, Health Management Assoc.
Tanya Ford, Nextlevel Health
Eric Foster, IADDA
Jill Fragos, Lurie Childrens
Paul Frank, Harmony Wellcare
Vivian Gonzalez, Illinois Health Connect
Jill Hayden, BCBSIL
Franchella Holland, Advocate
David Hurter, Presence Health Partners
Ollie Idowu, Harmony Wellcare
Nadeen Israel, EverThrive IL
Nicole Kazee, Univ of IL Health
Jeanette Kebisekj, eMed Apps
Sukhwant Khanuja, Carematix
Keith Kudla, FHN
Michael LaFond, Abbvie
Ronald Lampert, Thresholds
Brianna Lantz, PCMA/ISDS
Dawn Lease, Johnson&Johnson
Helena Leftkow, IHA
Carol Leonard, DentaQuest
Danielle Leonard, Janssen

# Illinois Department of Healthcare and Family Services
# Medicaid Advisory Committee May 5, 2017

Mona Martin, PhRMA
Deb McCarrel, ICOY
Jill Misra, Impact Solutions, Inc.
Diane L. Montonez, North Shore University
Phil Mortis, Gilead
Roberta Neuwirth, Glaxo Smith Kline
Heather O'Donnell, Thresholds
Charles Owen, FHN/CCAI
John Peller, AIDS Foundation of Chicago
David Porter, ISMS
Sharon Post, HMPRG
Dan Rabbitt, Heartland Alliance
Lori Reimers, PCMA
Jessica Rhoades, Legal Council for Health Justice
Sam Robinson, Canary Telehealth
Rachel Sacks, Leading Healthy Futures
Heather Scalia, Humana
Ralph Schubert, UIC/Division of Specialized Care for Children
Lynn Seermon, Kaizen Health
Rachel Self, Otsuka
Alvia Siddiqi, Advocate
Tim Smith, MPAG
Renee Smith, Otonomy
Jacquelyn Smith, Nextlevel Health
Nelson Soltman, Attorney
Mackenzie Speer, Shriver Center
Felicia Spivack, BCBSIL
Alison Stevens, IL Hunger Coalition
Anita Stuart, BCBSIL
Jennie Sutcliffe, Shriver Center
Sally Szumlas, FHN
Gary Thurnauer, Pfizer
Michael Toscano, BMS
Mara Vankanegan, Heartland Health Outreach
Brittany Ward, Primo Center
Mike Welton, Meridian Health Plan
Cheryl Whitaker, Nextlevel Health
Sarah White, Abbott
Tom Wilson, Access Living
Linnea Windel, VNA Healthcare

# Illinois Department of Healthcare and Family Services
# Medicaid Advisory Committee May 5, 2017

**Meeting Minutes**

I. **Call to Order:** The regular quarterly meeting of the Medicaid Advisory Committee was called to order May 5, 2017 at 10:00 a.m. by chair Kathy Chan. A quorum was established.

II. Introductions: MAC members and HFS staff were introduced in Chicago and Springfield.

III. **New Business:** N/A

IV. **Old Business:**

a. **Update on Behavioral Health Transformation Process** – Director Norwood and Teresa Hursey gave updates.

1. **1115 Waiver** - The State is continuing to work with Federal CMS on the 1115 waiver.

- Meeting held in Washington, D.C. with the new Director and Federal CMS, included Directors Norwood & Shelton, Secretary Dimas, Greg Bassi, Teresa Hursey, Trace Magnuson, who is in our D.C. office regarding the related state plans and questions that CMS had.
- There are no concerns with the contents of the waiver..
- Issue regarding the state budget and if Illinois would be able to support what's coming from the federal government..
- HFS and the other agencies have submitted all of the information that had been requested from CMS with respect to budget neutrality
- Currently working through the process for the integrated health home state plan.
- CMS committed that they would look at the information that the State of Illinois had submitted and that they would get back to us with any additional outstanding issues.
- CMS' priorities are mental health, behavioral health, the opioid crisis, and childhood obesity all of which are addressed in the State Illinois waiver.
- We are currently waiting to hear back from them on any additional questions with respect to budget neutrality.
- Met with the IL Congressional Delegation as well to talk to them about the waiver.

2. **Advisory Group** – Howard Peters, co-chair provided an update on the Advisory Committee.

- Held several meetings and provided some strategic advice to the Department with regard to waiver implementation.
    - Continued discussion on integrated health homes and the plan amendment that the Department was in the process of submitting with respect to integrated health homes move into some of the supported services and provided some discussion and advice to that category.
    - A subcommittee has been formed to look at revising Rule 132.
- Our next meeting will be on the 18th, where we will get more into the specificity with regard to services with both the advisory group and the subcommittee.

**Q:** There were questions on some of the specific details on the state plan amendments. I was wondering is there a time frame when that would be open to review and how does that work?

**A:** As we get closer to the effective date a public notice will go out and at this point they are still draft documents with CMS and we are working to get their approval so we don't know which things would change.

**b. Legislative Update** – Shawn McGady provided an update on legislative affairs.

- Most of those bills that have an impact on DHS and the Medicaid program remain in the House Appropriation Committee
- The House Appropriation Committee is actually meeting next Thursday on the subject matter bills that have a fiscal impact.
    - There are two bills that I would like to highlight that are moving through the process and have a pretty good future and I suspect they will eventually pass the other chamber and be signed into law.
        - The first one is HB 2907 that we worked with Representative Bellock on. The bill allows the Department to change our rules to remove a requirement that a person be in the room with a patient during all times while getting telehealth services.
        - The second bill that we are supportive of is Senate Bill 1573, HB 2909 this allows the Department to allow beneficiaries an additional pair of eye glasses if they have some sort of surgery that changes their visions.
        - Both of bills seem to be moving pretty quickly and I expect that they will get to the Governor's desk in the next month.

**c. Budget Update** – Mike Casey provided an update on the budget.

- The current status of our ability to process Medicaid bills has improved somewhat over the past week to 10 days.
- This was mainly targeted at our Managed Care Providers, encompassing around$850 million dollars. This was achievable by working cooperatively to free up a comfortable amount of federal revenue to payout those expenses.
- $150 million in payments were made to the hospitals. The Department does continue to process its bills as quickly as possible.
- We continue to expedite payments to medical providers within the 30 days on the FFS side.
- The managed care costs for ACA enrollees are being paid timely manner.
- After paying out the $950 million to MCOs, we still owe about $2.7 billion.

d. **IES Phase II Update** – Director Norwood provided an update on IES Phase II.
   - Not much has changed since our last meeting.
   - We still are expecting our rollout of IES Phase II in the fall and once we have the specific date we will let everyone know.
   - However, the DHS Team and HFS Team continue to work closely around identifying issues and getting ready for the rollout of IES Phase II
   - **Redetermination** - Concerns remain over certain redetermination.
   - The Department has always followed what the Medicaid requirements are and that will be the department's position going forward to the extent whatever we do with redetermination will be in line with what the federal CMS requirements.
   - Hospital Presumptive Eligibility is the law under the Affordable Care Act.
   - Currently we are not prepared to implement Hospital Presumptive Eligibility until the new system is in place.
   - Illinois has not implemented it yet but Affordable Care Act requires all states to have hospital presumptive eligibility.

V. **Subcommittee Reports**

a. Public Education Subcommittee Report –(Summary attached)

b. Quality Care Subcommittee Report – (Summary attached) New chair Ann Lundy was introduced.

VI. **Minutes of** May 5, 2017 were approved.

VII. **Other Business:** Question raised by Dr. Huggett regarding Quality Care minutes and open enrollment :

- Recipients will be given the choice to choose a provider within 3 months of enrollment. If a recipient does not choose a provider they will be auto-assigned a provider.

- One of our main focuses is to help recipients to learn and understand how to use the healthcare system by educating them.

VIII. **Adjournment:** Meeting was adjourned at 11:00 a.m.