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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

February 3, 2017
10 a.m. - 12 p.m.

Agenda

- I. Call to Order
- II. Introductions
- III. New Business
- IV. Old Business
 - a. Behavioral Health Transformation Update
 1. 1115 Waiver
 2. Advisory Group
 - b. Legislative Update
 - c. Budget Update
 - d. IES Phase II Update
 - e. IMPACT
 - f. Provider Complaint Portal
- V. Subcommittee Reports
 - a. Public Education Subcommittee Report
 - b. Quality Care Subcommittee Report
- VI. Approval of November 18, 2016, Meeting Minutes
- VII. Other Business
- VIII. Adjournment

Illinois Department of Healthcare and Family Services

Medicaid Advisory Committee November 18, 2016

MAC Members Present

Karen Brach, Blue Cross Blue Shield of Illinois
Kelly Carter, Illinois Primary Health Care Association
Kathy Chan, Cook County Health and Hospitals System
Marla Coquillet for Arnold Kanter, Barton Management
Bill Dart, Illinois Department of Public Health, ex-officio
Janine Hill, EverThrive Illinois
Thomas Huggett, Lawndale Christian Health Center
Karen Moredock, Illinois Department of Children and Family Services, ex-officio
Howard Peters, HAP Inc. Consulting
Verletta Saxon, Centerstone
Neli Vazquez-Rowland, A Safe Haven
David Vinkler, Molina
Rebecca Zuber for Jan Grimes, Illinois Homecare and Hospice Council

MAC Members Absent

Tyler McHaley

HFS Staff Present

Mike Casey

Arvind K. Goyal

Teresa Hursey

Shawn McGady

Robert Mendonsa

Felicia F. Norwood, Director

John Spears

Elizabeth Diaz Castillo

Interested Parties

Sherie Arriazola, TASC

Jessie Beebe, AFC

Kelly Boedeker, Carematix

Eric Boklage, Medical Home Network

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

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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, II Public Health Association
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
Allison Stevens, IL Hunger Coalition
Anita Stuart, BCBSIL
Jennie Sutcliffe, Shriver Center
Mikal Sutton, Cigna-Health Spring
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

Meeting Minutes

- I. **Call to Order:** The regular quarterly meeting of the Medicaid Advisory Committee was called to order November 18, 2016 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**
 - a. **Behavioral Health Transformation Update:** Director Norwood and Teresa Hursey, Division of Medical Programs. Submitted on October 6 to CMS, CMS comment period ended November 19, 2016
 - HFS received quite a few comments
 - Last week, Director Sheldon, Secretary Dimas, Trey Childress from Governor's Office, HFS staff (Teresa and Director Norwood), Trace Magneson, went to CMS to brief them on the waiver. Ruth Hughes from the region attended the meeting with HFS as well; had a very good meeting
 - Most of questions on substantive pieces went well, some things to follow up on with budget neutrality
 - Meetings with CMS will commence next week

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- CMS has many things to focus on and in the middle of significant transition – lots of questions about how long this will take and how to move forward
 - CMS was clear that HFS should move forward – but no one knows how long this would take
 - CMS thinks that it would take at least 6 months to be approved
 - HFS pointed out that much of what is in the waiver came from CMS guidance – CMS recognizes this
 - HFS know that stakeholders want to have input – HFS will be pulling together an 1115 waiver advisory group as they put together elements of Integrated Health Homes, starting collaboration so that once approval for the waiver is given, Illinois will be ready to go
 - Howard Peters, MAC Vice Chair has agreed to lead the advisory committee for this advisory group – represents extension of MAC and will involve cross-agency representation
 - HFS has submitted appropriate SPAs to CMS and they are currently under review – have had some questions (CANS and ANSA effective July 31, 2017; Medication Assisted Treatment – which will start January 1, 2017 and an element of HB1; Crisis Stabilization, Response, Intervention (mobile crisis response); and LCSW as agreed to via legislation, effective January 1, 2017) – will not be on the website until approved by CMS
 - Exception is that the SPA on IHHs has not yet been submitted, as they are looking for input from stakeholders
 - HFS is reaching out to IL Congressional delegation and doing the same with legislators for letters of support

Heather O'Donnell – IHH SPA has not been submitted. No, it has not yet been submitted.

LCSW SPA include psychologists? Teresa needs to look and get back to us.

Marvin, CBHA – Has the methadone credentialing that starts January 1 started yet?

Teresa – Working with DHS and waiting to hear back from them before

Dr. Siddiqi – for LCSWs, will there be a provider notice?

HFS – Yes, will make sure there will be proper notice issued through HFS website

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1115 waiver advisory committee on IHH will replace working groups, will be managed via invitation

IV. Old Business:

- a. **Managed Care Transformation, Robert Mendonsa, Deputy Administrator of Care Coordination provided updates on Managed Care transformation**

HFS issued a credentialing RFP due November 30, 2016, intent is by middle of next year to have a single credentialing organization for all MCOs, will include all classes of providers; once a provider is through the process, the provider will go to individual MCO for loading

In test phases of launching a provider complaint portal – will give an avenue for providers to share any issue with MCO that they have not been able to resolve; providers will need to show that they have made an effort to resolve the issue with the MCO; will allow HFS to track; complaint will be logged and go to a state employee and any urgent complaint that has to do with access will need to be resolved in 48 hours, all others to be resolved in 15 days

- o Testing with some providers and making sure that the site and staff can handle the volume
- o Give the state more information than just anecdotes

MLTSS 25,000+ people enrolled

2015 IL Plan report card rolled out – will include quality statistics

Launching MCO performance dashboard – to include call center stats, grievances and appeals

- Redetermination workgroup recommendations – Karen Brach, Meridian/IAMHP
- All the plans were requested to provide a point person to be responsible for rede effort – every plan has identified a point person
- Plans have identified providers with large panels
- Meridian is providing a list to large provider groups and FQHCs; others have done the same thing and issued to providers in writing that plans are available to provide this information
- Reports for Meridian have been going out some time – since this past summer
- The MCO systems are reflecting rede dates and plan staff should be able to help providers
- Karen will get the list of rede contact people for each of the plans and post this information on the IAMHP website
- CountyCare is going active outreach to members up for rede issue, along with Meridian and Molina
- HFS wants to work in collaboration with the plans – the first step is the identified contact with the plans

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- Ken Spears' unit produces the report for the MCOs – so this only covers those without SNAP or cash, so some of the clients may be those who are getting rede's from local office (about 50% of the total population base)
- Rede data is only about 30 days in advance of when the rede is due – this will be improved once IES Phase 2 goes into effect and rede data for clients with additional benefits will also be included
- State hospitals use PACIS – have information
- Katina consumer report card is on the website, link is there to view report card, click on a button, will go directly to Katina; Is there a deadline? Yes, comments over the next few weeks and have ready to post January 1, 2017
- Alivia, Advocate - differentiation between scoring to help plans better meaningful use information; composite score

b. System Changes: Director Norwood and Teresa Hursey, Division of Medical Programs.

- IES Phase 2 was scheduled to be launched September 26, but was delayed; HFS is meeting to figure out when a new date
- IMPACT – Close to hitting the mark on what CMS requires, some providers have not revalidated; in next 30-60 days those providers who have not revalidated will be put on suspension – not dis-enrolling these providers; almost 50,000 new providers in the system in the last year
- In the next 60 days, HFS will issue a schedule for rendering providers, likely to be phased in starting early 2017

V. Subcommittee Reports

a. Public Education Subcommittee Report: (Attached)

b. Quality Care Subcommittee Report: (Attached)

VI. Approval of November 18, 2016 Meeting Minutes: Kathy Chan Chair made a motion to approve the November 18, 2016 minutes; the motion was seconded by Howard Peters with all committee members voting to approve the minutes.

VII. Other Business:

VIII. Adjournment: The meeting was adjourned at 12:00 p.m.

Summary of Discussion and Actions
MAC Public Education Subcommittee Meeting
Thursday, December 1, 2016
10am-noon

- **Amy Harris provided an update on care coordination:**
 - 65% of Medicaid beneficiaries are enrolled in a mandatory managed care plan
 - November 2016 enrollment numbers by plan are posted on the HFS website
 - Managed care provider complaint portal for providers is expected to be up and running in early 2017
 - HFS has not received any feedback about the managed care language on the HFS or Client Enrollment Services (CES) website, but will continue to leave the door open for feedback

- **John Spears provided an update on the redetermination process**
 - Once Integrated Eligibility System (IES) Phase 2 rolls out, HFS will be able to report more data on rede, including a breakdown of canceled cases by reason and beneficiary language preference
 - A request was made to HFS to update an existing document that outlines the various state hotlines staffed by HFS and DHS and when a consumer/provider should call which hotline for what reason – HFS will try to have something to share at the February meeting
 -

- **John Spears provided an update on HFS' work with the Illinois Department of Corrections (IDOC)**
 - HFS recently began a process to “restrict coverage” for those in IDOC custody who have been found eligible for Medicaid; per federal law; coverage is restricted to qualified inpatient hospital stays and related services; action is based on weekly transfer of IDOC files
 - Upon release, the coverage restriction is lifted
 - State Juvenile Detention Centers are looking to participate in this process as well
 - Annual rede process for those in IDOC custody will be a challenge, because of address on record and where notices are sent, as well as timely completion; to help address this challenge, the pending 1115 Medicaid waiver on Behavioral Health requests flexibility on rede for this population
 - HFS is also working with IDOC to see how those who have a near-future release date can initiate and complete a Medicaid application so he/she can receive coverage immediately upon release

- **Next meeting will take place February 9**