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Springfield, Illinois 62763-0002

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## **Medicaid Advisory Committee**

James R. Thompson Center  
100 W. Randolph  
2<sup>nd</sup> Floor, 2025  
Chicago, Illinois

And

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

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

### **Agenda**

- I. Call to Order
- II. Introductions
- III. Appointment of Nominating Committee
- IV. Old Business
  - a. Behavioral Health Transformation Update
    1. 1115 Waiver & Related State Plan Amendments
    2. Integrated Health Homes
  - b. HealthChoice Illinois Update
  - c. Legislative Update
  - d. Budget Update
  - e. 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 & August 17, 2017 Minutes
- VIII. Other Business
- IX. Adjournment

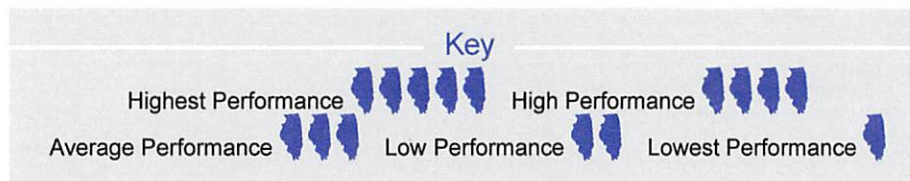
# ILLINOIS MEDICAID

## 2016 ILLINOIS MEDICAID PLAN REPORT CARD

Ratings depicted are for illustration purposes only

### Comparing Illinois Medicaid Plans

This report card is for individuals in the Illinois Medicaid Managed Care Program. The report shows how the managed care plans compare to one another in key performance areas. The ratings for each plan are to help an individual pick a plan that is best for them.



Plan	Doctors' Communication and Patient Engagement	Access to Care	Women's Health	Living With Illness	Behavioral Health	Keeping Kids Healthy
Blue Cross Community	3 icons	2 icons	1 icon	4 icons	2 icons	1 icon
CountyCare*	2 icons	1 icon	4 icons	5 icons	4 icons	2 icons
Harmony Health Plan	4 icons	4 icons	4 icons	4 icons	4 icons	1 icon
IlliniCare Health	5 icons	3 icons	4 icons	4 icons	2 icons	4 icons
Meridian Health Plan	4 icons	2 icons	2 icons	4 icons	—	4 icons
Molina Healthcare	4 icons	4 icons	4 icons	2 icons	4 icons	4 icons

\*CountyCare is only available in Cook county. — Not enough data available.

### What is Rated in Each Performance Area?

#### Doctors' Communication and Patient Engagement

- Doctors explain things well to members
- Doctors involve members in decisions about their care

#### Access to Care

- Members get the care they need, when they need it

#### Women's Health

- Women get screenings and tests for female cancers and diseases
- Women receive care before and after their babies are born

#### Living With Illness

- Members living with conditions, like diabetes and asthma, get the care they need by getting tests, checkups, and the right medicines

#### Behavioral Health

- Members with behavioral health conditions get the follow-up care they need

#### Keeping Kids Healthy

- Children get regular checkups and important shots that help them stay healthy

## Choosing a Medicaid Plan

Choosing the plan that best meets your health care needs is important. Here are some questions to ask before you pick a plan:

- How did each plan rate in each area of the report card?
- Do the doctors in the plan I like communicate with their members?
- Do the members in the plan I like get care when they need it?
- Do women get the care they need?
- Do members with behavioral health conditions get the care they need?
- Do kids get the care they need to stay healthy?

## Have more questions about picking a Medicaid plan?

When it is time to pick a plan, you can contact **Illinois Client Enrollment Services** at 1-877-912-8880 (TTY: 1-866-565-8576).

The call is free. Or you can go online at [enrollhfs.illinois.gov](http://enrollhfs.illinois.gov). They will provide you with more information about each plan available to you. They can also tell you what doctors are in a plan and what extra benefits they offer. You can also contact the plans directly for more information about their plan using the information below. Not all plans listed may be available to you.

Plans	Contact Information	Available in the Following Counties
Blue Cross Community	1-888-657-1211   TTY: 1-800-526-0844 <a href="http://www.bcbsilcommunityfamilyhealthplan.com">www.bcbsilcommunityfamilyhealthplan.com</a>	Statewide
CountyCare	1-312-864-8200   TTY: 1-800-526-0844 <a href="http://www.countycare.com">www.countycare.com</a>	Cook
Harmony Health Plan	1-800-608-8158   TTY: 1-877-650-0952 <a href="http://www.wellcare.com/Illinois">www.wellcare.com/Illinois</a>	Statewide
IlliniCare Health	1-866-329-4701   TTY: 1-866-811-2452 <a href="http://www.illinicare.com">www.illinicare.com</a>	Statewide
Meridian Health Plan	1-866-606-3700   TTY: 1-800-526-0844 <a href="http://www.mhplan.com">www.mhplan.com</a>	Statewide
Molina Healthcare	1-855-701-4886   TTY: 1-800-526-0844 <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a>	Statewide

Information as of September 2017.



### Need More Information on Your Medicaid Plan Choices?

Visit the Illinois Department of Healthcare and Family Services online at: [www.illinois.gov/hfs/](http://www.illinois.gov/hfs/) and Illinois' Client Enrollment Services online at: [enrollhfs.illinois.gov](http://enrollhfs.illinois.gov)

### About This Report Card

The information in this report card was collected from the plans and their members. The information was reviewed for accuracy by independent organizations. The 2017 National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) data were used in this report card to rate the plans. HEDIS® is a registered trademark of NCQA and CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

# LTSS in Illinois

Presentation to the Medicaid Advisory Committee – Quality Subcommittee

10/10/17

**John Jansa**  
Director, Strategic Initiatives

**HDA**  
Health &  
Disability Advocates

The State Medicaid agency plays a critical role in developing quality improvement systems that effectively address the health and welfare of individuals in Illinois' HCBS Waiver programs.

The goal is to maximize the quality of life, functional independence, health, and well-being of this population through ongoing monitoring, data analysis, and systems improvements.

# Agenda

LTSS & Medicaid Waiver Overview

Administrative Challenges

Quality Issues/Drivers

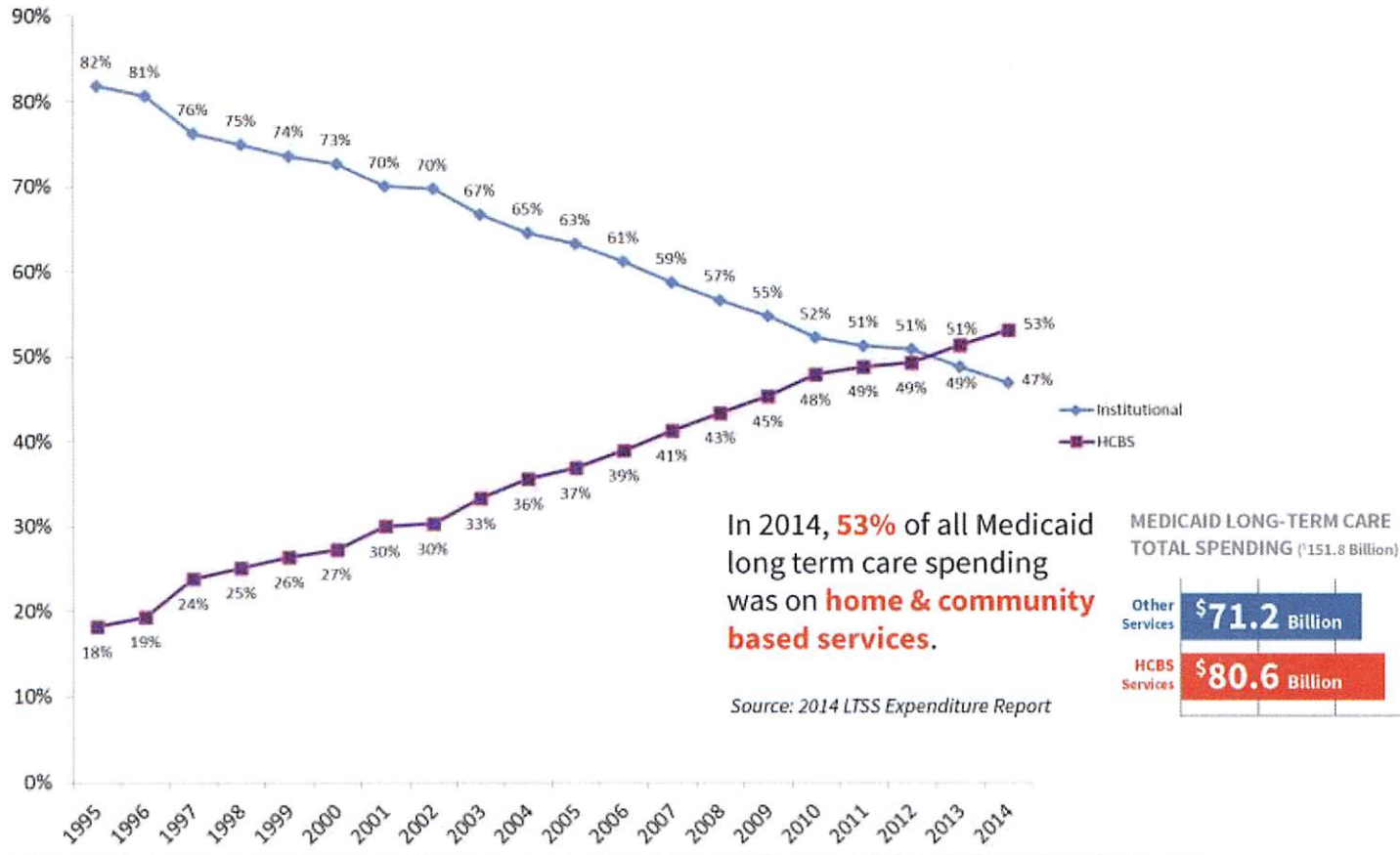
National Standards

# LTSS Overview

- Medicaid is the primary payer across the nation for long-term care services. Medicaid allows for the coverage of these services through several vehicles and over a continuum of settings, ranging from institutional care to community based long-term services and supports.
- Institutional care in a nursing facility is a service that must be offered state-wide and without wait-lists.
- Home and Community Based Services (HCBS) can be limited in scope. The establishment of these services begins at the state level and requires collaboration between the state and federal government.

# LTSS Care Transitions

Figure 6. Medicaid HCBS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, FY 1995–2014



Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2014, Truven Analytics, April 15, 2016



# Medicaid Waivers Defined

- Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings.
- HCBS are established through the submission of Medicaid waivers, which have the power to waive federal program requirements such as:
  - Medicaid eligibility,
  - comparability of services; and
  - statewidedness.

Section 1915(c)	Home and Community-Based Services
Section 1915(k)	Community First Choice Waiver
Section 1115	Medicaid Demonstration Waivers
Section 1332	State Innovation Waivers

# Waiver Services and Managed Care

- Illinois' managed care program is composed of products that cover different populations.
  - Integrated Care Program (ICP)
  - Medicare-Medicaid Alignment Initiative (MMAI)
  - Family Health Plan/ACA (FHP/ACA)
  - Managed Long Term Services and Supports (MLTSS)
- The ICP, FHP/ACA, and MLTSS products include the administration and oversight of select Long Term Care and select Home and Community Based (HCBS) Waiver programs, aka Service Package II

# 1915(c) Waivers in Illinois

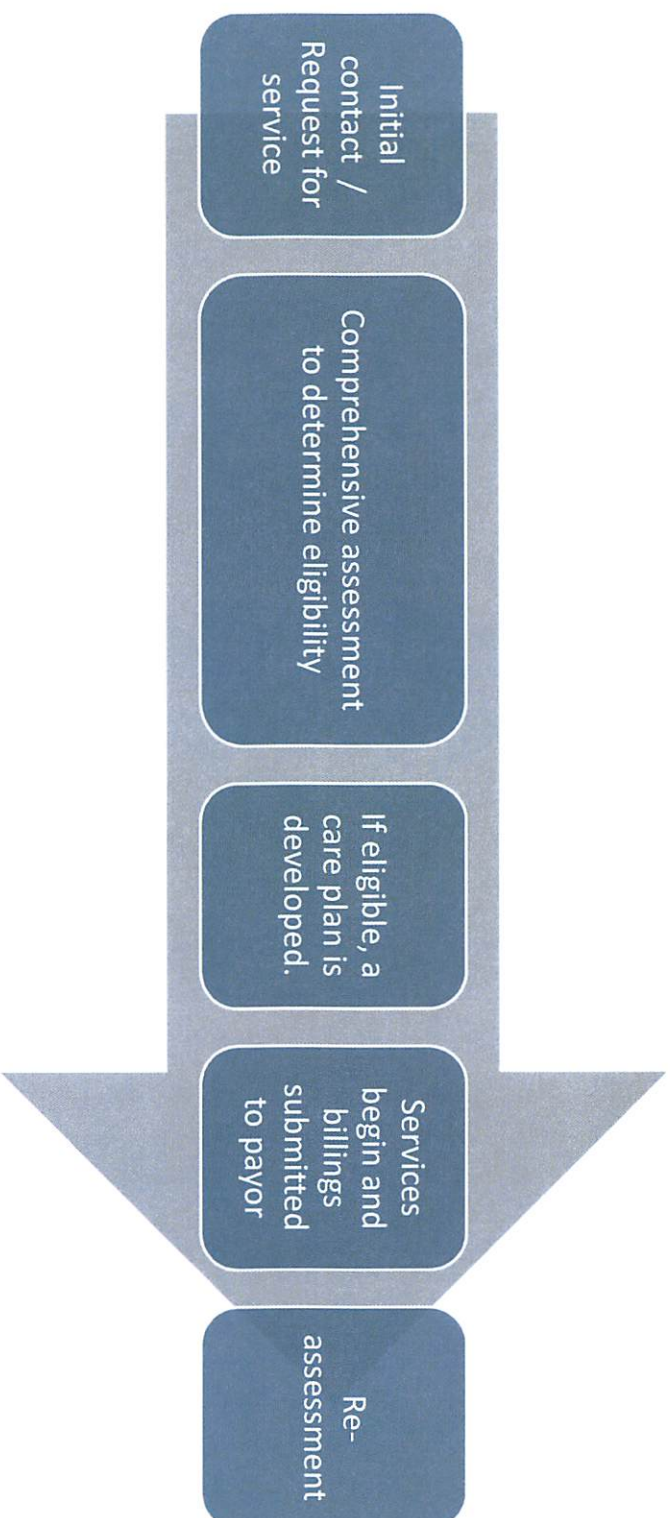
<b>Operating Agency</b>	<b>Waiver Name</b>	<b>Program Name</b>	<b>Point of Entry</b>
Department on Aging (IDOA)	Aging Waiver	Community Care Program (CCP)	Care Coordination Units (CCU)
Department of Health and Human Services/Division of Rehab Services (DHS/DRS)	Disability Waiver	Home Services Program (HSP)	Local Division of Rehab Services (DRS) office
	AIDS Waiver	Home Services Program – HIV/AIDS	Statewide HIV/AIDS Unit or Local DRS office
	Traumatic Brain Injury Waiver	Home Services Program – TBI	Local DRS office
Department of Healthcare and Family Services (HFS)	Supportive Living Facility Waiver	Supportive Living Program	Local Supportive Living Facility

# Illinois Medicaid Waiver Services

Waiver Name	Program Name	Covered Services*
Aging Waiver	Community Care Program (CCP)	Homemaker Adult Day Services Emergency Home Response
Disability Waiver	Home Services Program (HSP)	Personal Assistant (PA) Homemaker Home Delivered Meals Emergency Home Response Nursing Physical/Occupational/Speech Therapy Respite Day Habilitation (BI only) Prevocational Services (BI only) Supported Employment (BI only) Cognitive Behavioral Therapies (BI only)
AIDS Waiver	Home Services Program – HIV/AIDS	
TBI Waiver	Home Services Program – TBI	
SLF Waiver	Supportive Living Program	Personal Care Medication oversight Intermittent Nursing Provided in apartment-style setting

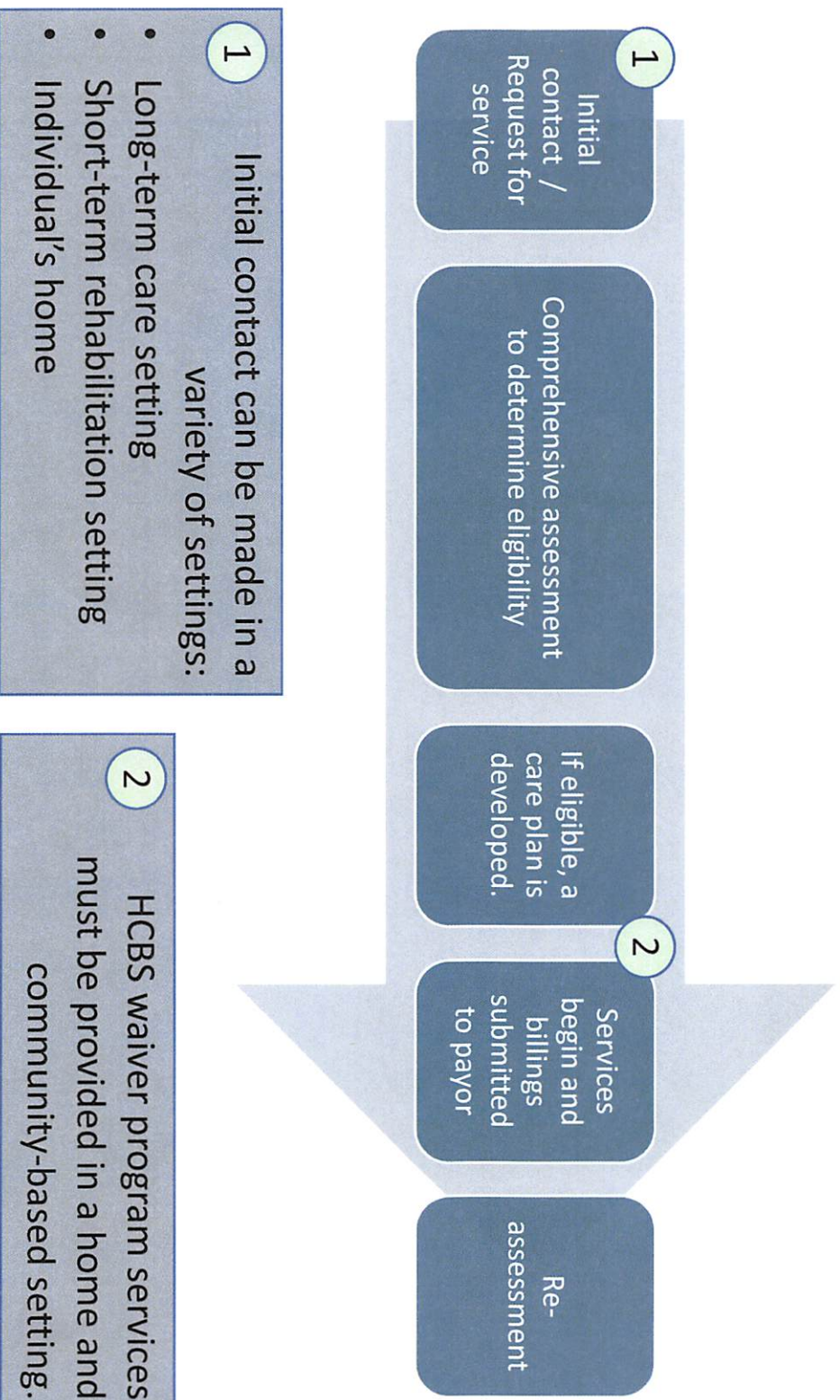
\*For full detail of services - <https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/default.aspx>

# Waiver Program Eligibility process



Time to establish services and the parties involved vary based on the waiver

# Waiver Program Eligibility process



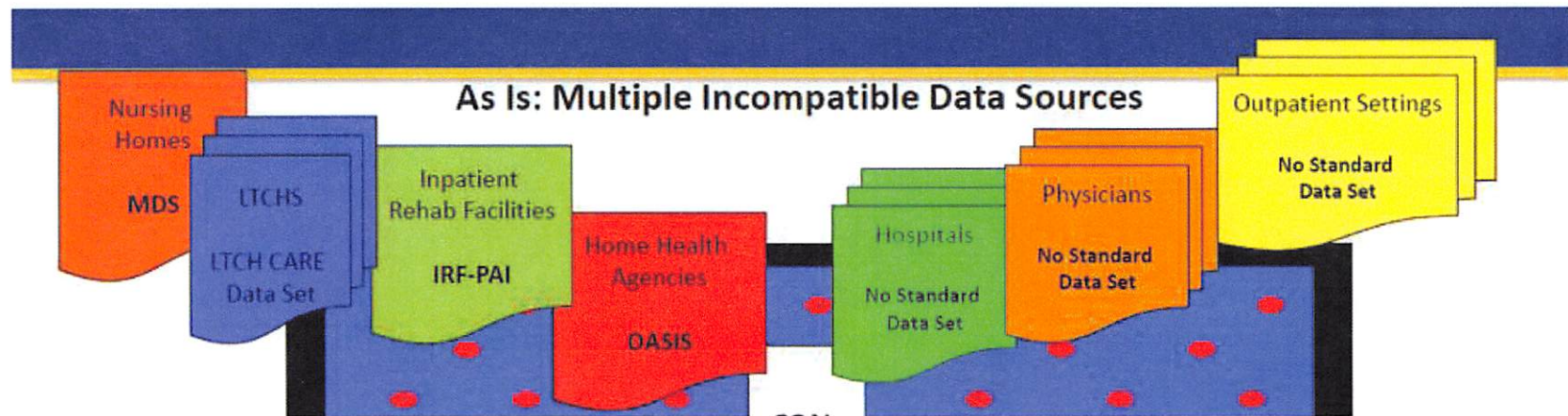
## Drivers towards quality must include

- Section 2402(a) of the Affordable Care Act requires the Secretary to ensure all states receiving federal funds develop service systems that are:
  - responsive to the needs and choices of beneficiaries receiving home and community-based long-term services (HCBS),
  - maximize independence and self-direction,
  - provide support coordination to assist with a community supported life, and
  - achieve a more consistent and coordinated approach to the administration of policies and procedures across public programs providing HCBS.

# LTSS Service Delivery Challenges

- Multiple agencies & providers
  - State Agency
  - Individual/Family Member/Guardian
  - Hospital
  - Long Term Care Setting
  - Primary Care Provider
  - Community-based Organization
  - Managed Care Organization (MCO)

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# LTSS Service Delivery Challenges

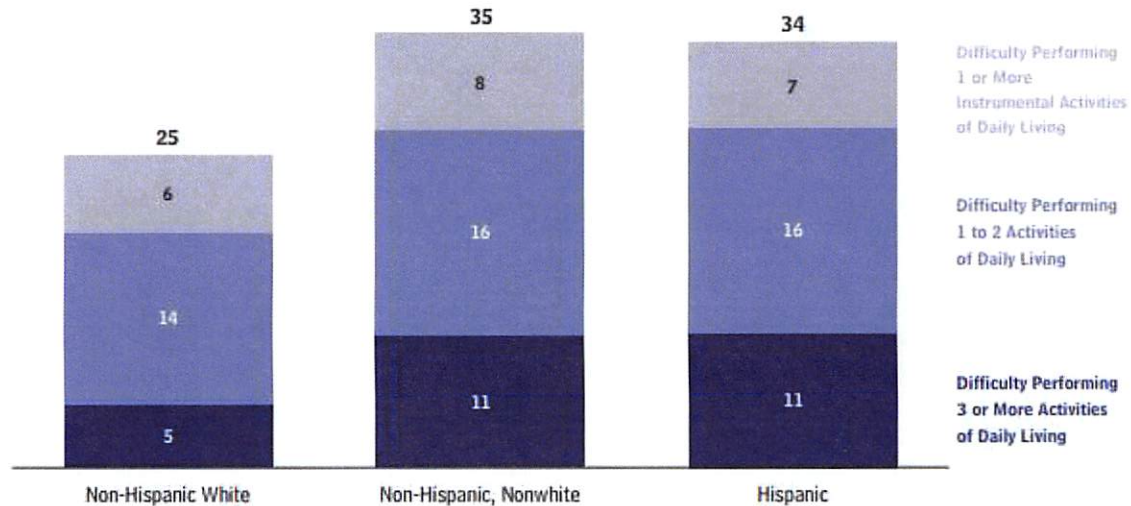
- Sustaining the drive towards more HCBS services in the face of:
  - Geography (Rural/Urban)
    - Better connecting resources at the community level
  - Diversity of LTSS consumers
    - Accounting for cultural and community expectations
  - Role of the family/community
    - Sustaining an adequate pool of care workers
  - Preventing short/long-term institutionalization
    - Provide pro-active intervention to address conditions before they turn chronic and precipitate hospitalization and/or institutionalization

# Functional Limitations among Community Elderly

**Exhibit 7.**

## Functional Limitations Among Elderly People Living in the Community, by Race and Ethnicity, 2000 to 2010

(Average percentage)



**Activities of Daily Living (ADLs)**

Include bathing, dressing, eating, walking, transferring out of bed or a chair, and using the toilet.

**Instrumental Activities of Daily Living (IADLs)**

Include preparing meals, shopping, using the telephone, managing money, and taking medications.

Source: Congressional Budget Office tabulations of data from the Health and Retirement Study, including the 2000, 2002, 2004, 2006, 2008, and 2010 waves. See the supplemental material for additional information.

Note: Individuals are grouped into four mutually exclusive categories in order of increasing functional loss: no impairments (no difficulty in any ADL or IADL, not reported in this exhibit); difficulties with 1 or more IADLs but no difficulty with any ADL; difficulties with 1 or 2 ADLs; and difficulties with 3 or more ADLs. People reporting difficulty performing ADLs may also have functional limitations for one or more IADLs.

# Recommendations to help address LTSS challenges

- Streamline assessment processes to ensure prompt establishment of services
- Use MDS 3.0 Section Q data to prompt efforts towards community integration
- Recognize and monitor conditions or treatment regimens that might indicate an increased chance of institutionalization if not closely monitored:
  - Falls with or without injury
  - Wounds new or worsened
  - Urinary Tract Infections
  - Flu Vaccination
  - Pneumococcal Vaccination
  - Adherence to Medication Regimen
  - Members with Class Polypharmacy

# National Organizations driving State Standards

- National Core Indicators – Aging & Disability
  - Indicators address key areas of concern including service planning, rights, community inclusion, choice, health and care coordination, safety and relationships.
- HCBS CAHPS
  - The Home and Community-Based Services Consumer Assessment of Healthcare Providers and Systems (HCBS CAHPS) Survey is the first cross-disability survey of home and community-based service beneficiary's experience receiving long-term services and supports.
- National MLTSS Health Plan Association
  - A framework for Medicaid MLTSS Performance Measurement which presents domains and measures that its member organizations will voluntarily use to report on their performance in providing managed long-term services and supports (LTSS) to eligible Medicaid beneficiaries.

# Thank You

John Jansa  
Director, Strategic Initiatives  
[jjansa@hdadvocates.org](mailto:jjansa@hdadvocates.org)

**HDA**  
Health &  
Disability Advocates

# 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  
Jan Grimes, Illinois Home Care & Hospice  
Marla Coquillette for Arnold Kanter, Barton Management  
Janine Hill, Soar Strategies, Inc  
Thomas Huggett, Lawndale Christian Health Center  
Howard Peters, HAP Inc. Consulting  
Glendean Sisk, Department of Human Services  
Neli Vazquez-Rowland, A Safe Haven  
David Vinkler, Molina

### MAC Members Absent

Tyler McHaley  
Verletta Saxon, Centerstone

### HFS Staff Present

Felicia F. Norwood, Director  
Arvind K. Goyal  
Teresa Hursey  
Catina Latham

Shawn McGady  
Robert Mendonsa  
Sylvia Riperton-Lewis  
John Spears  
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 Fraggos, 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, Give Family Health  
Jeanette Kebisekj, eMed Apps  
Sukhwant Khanuja, Carematix  
Michael LaFond, Abbvie  
Ronald Lampert, Thresholds  
Brianna Lantz, PCMA/ISDS  
Dawn Lease, Johnson&Johnson  
Helena Leftkow, IHA  
Carol Leonard, DentaQuest  
Danielle Leonard, Janssen  
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

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

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  
Mona Vankanegan, IDPH  
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 at all.
- 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 we 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 Director committed that she 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 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 May 18 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. Is there a time frame when that would be open to review and how does that work?



# Illinois Department of Healthcare and Family Services

## Medicaid Advisory Committee May 5, 2017

**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 that have an impact on DHS and the Medicaid program have been bottled up 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 to highlight that are moving through the process and have a pretty good future and may be signed into law.
    - The first one is HB 2907 that we worked with Representative Bellock on. The bill allows the Department to remove a requirement that a person be in the room at the originating site 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 vision.
    - Both of bills seem to be moving pretty quickly and Sean expects 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 to the tune of \$850 million dollars, which was achieved by working cooperatively with Comptroller's Office. \$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 providers and mental health practitioners physicians, optometrist, chiropractors within the 30 day window 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 dollars.

**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 follow up and let everyone know.

# Illinois Department of Healthcare and Family Services

## Medicaid Advisory Committee May 5, 2017

- 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 - There is still a big problem with redetermination. There is a big discrepancy on how we do things.
- A recent report saying that 48% are stricken in some point but there are only 18% that actually get their paper work in.
- A redetermination process is going to have those challenges even going forward.
- 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 redeterminations, we will be in line with what the federal CMS requires.

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 certainly not implemented it yet but under the Affordable Care Act the plan is for 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 introduced.

### VI. Approval of Minutes – Feb 3, 2017 Minutes

### VII. Other Business: Question raised by Dr. Huggett.

- 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.

# Illinois Department of Healthcare and Family Services

## Medicaid Advisory Committee August 17, 2017

### MAC Members Present

Karen Brach, Meridian/IAMHP  
Kathy Chan, Cook County Health and Hospitals System  
Thomas Huggett, Lawndale Christian Health Center  
Howard Peters, HAP Inc. Consulting  
David Vinkler, Molina

### MAC Members Absent

Janine Hill, EverThrive Illinois  
Tyler McHaley, Consumer Advocate  
Verletta Saxon, Centerstone  
Glendean Sisk, Department of Human Services  
Neli Vazquez-Rowland, A Safe Haven

### Ex-Officio Members

Karen Moredock

### HFS Staff Present

Felicia F. Norwood, Director  
Mike Casey  
Jacqui Ellinger  
Arvind K. Goyal  
Catina Latham

Sylvia Riperton-Lewis  
Shawn McGady  
Robert Mendonsa  
Hector Villagrana  
Cheryl Easton

### Interested Parties

Renae Alvarez, Health & Medicine Policy  
Research Group  
Sherie Arriazola, TASC  
Lindsey Arto, Sage Health Strategy  
Gayle Biggins, Takeda  
Chris Beal, Otsuka  
Stephani Becker, Shriver Center  
Judy Bowlby, Liberty Dental Plan  
Nick Boyer, Otsuka  
Libby Brunsvold, Takeda  
Blanca Campus, CBHA  
Anna Carvalho, LaRabida  
Laurie Cohen, Civic Federation  
Marsha Conroy, Aunt Martha's  
Simone Cook, Blue Cross  
Marla Coquillette, Barton Management  
Pam Cuffle, ISDS  
Anna Deatherage, HDIS

Alicia Donegan, AgeOptions  
Grace Hong Duffin, Kenneth Young Center  
Eric Faster, IABH  
Dave Fries, Catholic Charities  
Susan Gaines, IPHCA  
M. Gerges, UIC  
Emily Gibellina, UI Health  
Chris Haen, Lurie Children's Hospital  
Jill Hayden, Meridian Health Plan  
Talya Hellman, ACCESS  
Christie Hines, Shield Healthcare  
David Hurter, Presence Health Partners  
Ollie Idowu, Harmony Wellcare  
John Jansa, Health & Disability Advocates  
Robin L. Jones, Wellcare/Harmony  
Nicole Kazee, Erie Family Health  
Amber Kirchhoff, Thresholds  
Don Klink, VNA Healthcare  
Lauren Kuever, Catholic Charities

# **Illinois Department of Healthcare and Family Services Medicaid Advisory Committee August 17, 2017**

**Michael LaFond, Abbvie**  
**Philippe Largent, Consultant**  
**Carol Leonard, DentaQuest**  
**Danielle Leonard, Johnson & Johnson**  
**Marvin Lindsey, CBHA**  
**Amy Lulich, UI Health**  
**Patrick Maguire, MHN**  
**Kate Maley, Sgt. Shriver Nat'l Center on  
Poverty Law**  
**Faye Manaster, Family Voices of IL**  
**Chris Manion, ISDS**  
**Lanece McGee, Fresenius Kidney Care**  
**Phil Mortis, Gilead**  
**Julie Nelson, CSH**  
**Heather O'Donnell, Thresholds**  
**P. Patel, GEFCC**  
**Livier Pelayo, BCBS**  
**Chris Perry, Lurie Children's**  
**Jessica Pickens, NextLevel Health**  
**Jennie Pinkwater, IL Chapter, AAP**  
**Sam Robinson, Canary Telehealth**  
**Ralph Schubert, University of Illinois at Chicago**  
**Sharon Sidell, Be Well Partners In Health**  
**Elizabeth Simpkin, Medical Home Network**  
**Katie Shaffer, University of Illinois at  
Chicago/DSCC**  
**Linda Diamond Shapiro, Conlon and Dunn**  
**Meryl Sosa, IL Psychiatric Society**  
**Suzanne Strassberger, JUF/Jewish Federation**  
**Mikal Sutton, BCBSIL**  
**Katie Tuten, Catholic Charities**  
**Mara Vankanegan, Heartland Health Outreach**  
**Cheryl Whitaker, Nextlevel Health**  
**Ross Westredelt, Humana**  
**Cyrus Winnett, IAMHP**  
**Lisa Wiseman, Humana**

# Illinois Department of Healthcare and Family Services

## Medicaid Advisory Committee August 17, 2017

### Meeting Minutes

- I. Call to Order: The regular quarterly meeting of the Medicaid Advisory Committee was called to order August 17, 2017 at 10:00 a.m. by chair Kathy Chan. A quorum was not established; no motions were taken or rejected.
- II. Introductions: MAC members and HFS staff were introduced in Chicago and Springfield.
- III. Appointment of Nominating Committee - Deferred to the next MAC meeting (no quorum).
- IV. Old Business

#### a. Behavioral Health Transformation Update

##### 1. 1115 Waiver & Related State Plan Amendments – Update given by Howard Peters

- Two subcommittees were established. One subcommittee to look at Rule 132 – the rules that govern the Medicaid program's in terms of community providers; and will govern a portion of the services financed outside of the Medicaid program and deal with the certification of certain providers.
- Rule 140 – which is a Healthcare & Family Services rule, which will govern the Medicaid finance behavioral health services that providers provide for.
- Telemedicine – This subcommittee is being established to look at telemedicine. A review and an update are needed on this rule. How it affects the behavioral health and physical health and how they are integrated. It is expected that this group will begin meeting within the next couple of weeks.
- Currently waiting for a sign-off from CMS

##### 2. Integrated Health Homes – Update given by Director Norwood

- We need to get the initial sign off from CMS and then CMS walks through all of the issues on the Integrated Health Homes submission before the State Plan Amendment is submitted. So the State Amendment does not get submitted without things that CMS is not prepared to sign off on.
- Final work around what responsibilities will belong to the Integrated Health Homes versus which things will be done by the Managed Care Organizations and how those two pieces work together.
- There is a very clear delineation of responsibilities around Integrated Health Homes, the Managed Care Organizations, and how we pay for services.
- In order to execute by January 1, 2018, we need a decision from CMS by September 1, 2017. September 1, 2017 date is very critical for us as we try to implement our Integrated Health Homes, our waiver in conjunction with our new Managed Care contracts.
- If a decision is not made by January 1, 2018, we plan to go forward with our implementation of our Managed Care contracts and then get a date in which we can add Integrated Health Homes and the Waiver pieces into that.
- In our waiver there are some incentives payments that go along with our Integrated Health Homes that are critical to all of this coming together.

While the submission will give us 9010 funding from the Federal government we asked for resources in 1115 Waiver to be able to support this.

#### b. Legislative Update given by Shaw McGady

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## Illinois Department of Healthcare and Family Services Medicaid Advisory Committee August 17, 2017

- SB 42- Budget Implementation Bill included the following:
  - Increase rates \$0.75 per hour for staff in community-based provider organizations serving individuals with developmental disabilities.
  - Add on payment for dialysis providers.
  - SLF rate increase.
  - Increase in personal needs allowance.
  - Rate increase for SMHRFs.

### c. Budget Update given by Mike Casey

- FY18 we have a full complement for appropriations for the Department
  - Department is still under payment requirements for the Medical Program
  - Bill backlog has improved since June 30<sup>th</sup>
  - At June 30<sup>th</sup> we had \$4.2 – 4.3 billions in bills; it now down to \$3.5 billion.
  - Continue to work with the Comptroller's office to make sure the backlog stays under control.
  - As of this date there has been no reduction that will affect the Medicaid Program for FY18.

### d. IES Phase II Update given by Jacqui Ellinger

- Replacing the old eligibility system that manages eligibility for:
  - Medical benefits
  - Cash assistance
  - SNAP
  - October 2017 launch date
  - Mobile App possibility
  - HelpHub – to assist low-income populations to enroll into the process due to language or communications barriers.
- ABE – the Application for Benefits Eligibility – Official website to apply for and manage medical, food and cash benefits:
  - 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

## V. Subcommittee Reports

- a. Public Education Subcommittee Report – Update given by Kathy Chan. Report attached to agenda.
- b. Quality Care Subcommittee Report – Update given by Ann Lundy. Report attached to agenda.
  - Dental needs for children
  - Children with special healthcare needs

# Illinois Department of Healthcare and Family Services

## Medicaid Advisory Committee August 17, 2017

### VI. New Business: Managed Care presented by Robert Mendonsa

- Five state-wide awards – Blue Cross Blue Shield of IL, Meridian Health, Harmony Health Plan, IlliniCare Health Plan, and Molina Healthcare of IL
- Cook County Only – CountyCare Health Plan
- DCFS Youth – IlliniCare Health Plan
- Still in the procurement period.
- Transitions – Two Phases
- Mailings will start in the beginning of October and will conclude in November. The letter will state either the following:
  - Individual with an awarded Plan; or
  - Individual must choose another Plan
- Participants will be able to choose another plan if their plan not selected
- 90 – Day period to make another choice
- Phase II is scheduled for April 1<sup>st</sup> and that will include everyone else
  - All the people that are not in Managed Care
    - 130 additional counties
    - New populations
    - Special need children
- Every contract will end December 31, 2017
- RFP for an auditing firm consulting firm to assist us in closing out existing contracts
- Readiness module for payments, prior authorization, ability to pay providers, and getting providers ready
- Soft launch will be done this fall on Uniform Credentialing - January 1, 2018
- Moving to a Uniform Formulary

### VII. Approval of May 5, 2017 and August 17, 2017 Minutes (no quorum).

### VIII. Other Business: Questions regarding how people are being treated in hospital detox environments.

- Some patients that are being discharged from hospitals detox programs without any connection to ongoing outpatient care.
- Questionable quality about what's going on in inpatient settings.
- There is a need to examine what services that Medicaid actually pays for in the inpatient detox setting and how that can be linked to quality ongoing outpatient care for individuals who are trying to get off heroin.
- We will be working with the Quality Care committee going forward.

### IX. Adjournment: The meeting was adjourned at 11:22 p.m.