# MEDICAID ADVISORY COMMITTEE (MAC)

**May 7, 2021**

**Virtual WebEx Meeting**

**10AM - 12PM**

# AGENDA

I. Call to Order

II. Roll Call of Committee Members

III. Introduction of HFS Staff

IV. Review and Approval of the Minutes

V. Public Comments

VI. Healthcare & Family Services Executives Report

VII. Subcommittee Reports

VIII. New Business/Announcements

IX. Old Business

X. Adjournment

# MEDICAID ADVISORY COMMITTEE (MAC)

I. Call to Order

II. Roll Call of Committee Members

III. Introduction of HFS Staff

# MEDICAID ADVISORY COMMITTEE (MAC)

## IV. Review and Approval of February 5, 2021 Meeting Minutes

## V. Public Comment(s)

- **Dr. Patricia Farrell, PhD**
  **Chair, Healthcare Reimbursement Committee**
  **Illinois Psychiatric Association**

## VI. Healthcare & Family Services Executive Report

**A.** Healthcare Transformation **(*McCullough-Starks*)**

**B.** COVID-19 Response Update **(*Cunningham*)**

**C.** Nursing Facility Rate Reform **(*Cunningham*)**

**D.** Managed Care Program Statistics **(*Mendonsa*)**

**E.** Enrollment, Eligibility & Redetermination **(*Longo*)**

**F.** Post-Partum Waiver Approval **(Phelan)**

# Healthcare Transformation

A. Presenter: Kimberly McCullough-Starks, Deputy Director

- Applications released on March 9, 2021.
- Governor Pritzker signed healthcare transformation legislation on March 12, 2021.
- Statewide virtual informational session held on March 12, 2021.
- Applications were due on April 9, 2021.
  - Twenty-Four Applications were received and currently under review.
  - Successful applicants to be notified June 2021.
  - Fall round tentatively scheduled for September 2021
  - Stay informed - visit HFS website:

https://www.illinois.gov/hfs/Pages/HealthcareTransformation.aspx

# COVID-19 Response Update

## B. Presenter: Kelly Cunningham, Medicaid Administrator

1. Status of CARES Act Funding Distribution
2. American Rescue Plan (ARP)

# Nursing Facility Rate Reform

**Focus on Equity & Quality**

- Equity for all customers
- Decrease the burden for Black & Brown communities
- Person-centered care
- Outcome metrics emphasizing Medicaid's longer-stay residents

**Increase Staffing**

- Adequate at all times
- Major staffing bonuses
- Additional funds for CNA training
- Bonuses for consistent assignment and tenure

**Reduce Overcrowding**

- Shift over time to 1 or 2 persons per room
- Dignity of living
- Physical improvements for infection control

## IMPROVING HEALTH & QUALITY OF LIFE

# WE PROPOSE A PATH FORWARD

# A MORAL IMPERATIVE TO ACT NOW

- Simplify and raise the NH assessment to **significantly increase federal match** – bringing in approximately $300 million in new (non-GRF) dollars to improve care.

- Use all of the new funding for payments that drive quality and equity, including staffing incentives for **direct, measurable improvements for NH residents**, as well as a set aside for community-based enhancements.

- Update the case mix methodology to the Patient-Driven Payment Model (PDPM) which Medicare implemented to **more accurately direct funding to resident needs** rather than provider operational choices.

## Significant opportunity exists to improve quality for nursing home residents.

On **three occasions in recent years**, the ILGA has increased funding for nursing homes to improve staffing.

In 2019, Illinois **ranked last** in nursing home staffing.

Illinois nursing homes are particularly **reliant on facilities with 3 or 4+ persons to a room**, even as Medicare shifted its policy to begin reducing room occupancy though regulations over 5 years ago.

To improve quality, Illinois can tie new funding to the quality of care provided, with incentives to reward high performance and/or improvements.

- Illinois currently has **two unfunded quality incentives** in rule that were agreed to years ago to encourage staff retention as well as continuity of staff assignments to the same residents.

# QUALITY

# INEQUITY

During the pandemic, facility conditions have contributed to risk of infection and death, especially for Black and Brown Medicaid customers.

Medicaid customers – especially Black & Brown residents – are far more likely to:

- *Live in a 3- or 4-person room*
- *Live in an understaffed facility*
- *Have contracted COVID*

Before COVID, 10,000 Medicaid customers were living in nursing homes with three or more other people in their room.

Inadequate staffing and overcrowding undermine basic infection control procedures.

The data will show that many high Medicaid owners are profiting while relying on low staffing and room crowding.

# WHY CHANGE NOW?

## The state has a moral imperative to ensure the health, safety, and quality of life for residents in nursing homes.

The COVID pandemic showed us the real risk for Medicaid customers in understaffed and over-crowded nursing homes.

We can substantially increase the federal dollars available to nursing homes through the nursing home assessment.

Additional funds should be included in a rate redesign that incentivizes the:

- ✓ right level of care
- ✓ for the right person
- ✓ in the right location

***Focusing on higher cost coverage for higher acuity customers, and resident quality of life in the safest possible conditions.***

## Now that we know, we must do better.

# TIMELINE

- PDPM has been on the horizon for years.
- Been working with the Nursing Home industry to understand data / our proposal (since August 2020)
- Collaborate with General Assembly on imperatives to change (Spring 2021)
- Begin seeking federal approval for increased assessment summer 2021
- Promulgate Administrative Rules for new rates (keep consistent with federal approval)
- Implement redesigned rate system January 1, 2022
- Continue monitoring and transparency around all aspects – such as costs, staffing, and quality outcomes

# Managed Care Program Statistics

## D. Presenter: Robert Mendonsa, Deputy Administrator, Managed Care

### 1. Enrollment

a. Health Choice enrollment as of 3/1/2021 is 2,629,907 which is a 486,119 increase over enrollment last March

b. MMAI enrollment as of 3/1/2021 is 61,255 which is a 7,542 increase over last March

### 2. 2020 Fourth Quarter MCO Performance Reports Are Posted In Info Center

# Managed Care Program Statistics

## 3. MMAI Statewide Expansion Starting 7/1/2021

a. Provider notices sent 4/30/2021, 2/23/2021 and 12/16/2020

b. 4/30 notice contained a link to the MMAI Plans by County identifying which health plans will be available for opt-in enrollment, passive enrollment, or both effective upon initial expansion.

c. Passive enrollment means that if a customer does not choose a health plan, the customer will be auto assigned to a health plan.

d. Customers eligible to enroll in MMAI in the expansion counties may opt-in beginning in June 2021 for a July 1, 2021 effective date.

# Managed Care Program Statistics

e. The MMAI passive enrollment implementation for the statewide expansion will be phased in over multiple cohorts. Enrollment materials for the first passive enrollment cohort will be mailed in June 2021 with a September 1, 2021 effective date.

f. Customers currently enrolled in MLTSS under Health Choice Illinois will not be included in the first or second passive enrollment cohorts.

g. Additional information regarding ongoing expansion activities and updates on which plans are available for the second wave of passive enrollment in the new MMAI counties will be provided at a later date.

# ENHANCEMENTS DURING COVID-19

## 2020 P4P Investments

- MCOs spent $100M as of 2/28/2020
- Over 80% in to 6 categories
  - Increased rates
  - Care coordination
  - Telemedicine
  - Peer Support
  - Housing Support
  - SDOH Services

# Health Equity Efforts: Molina's SDOH Program

## Dedicating Internal Resources

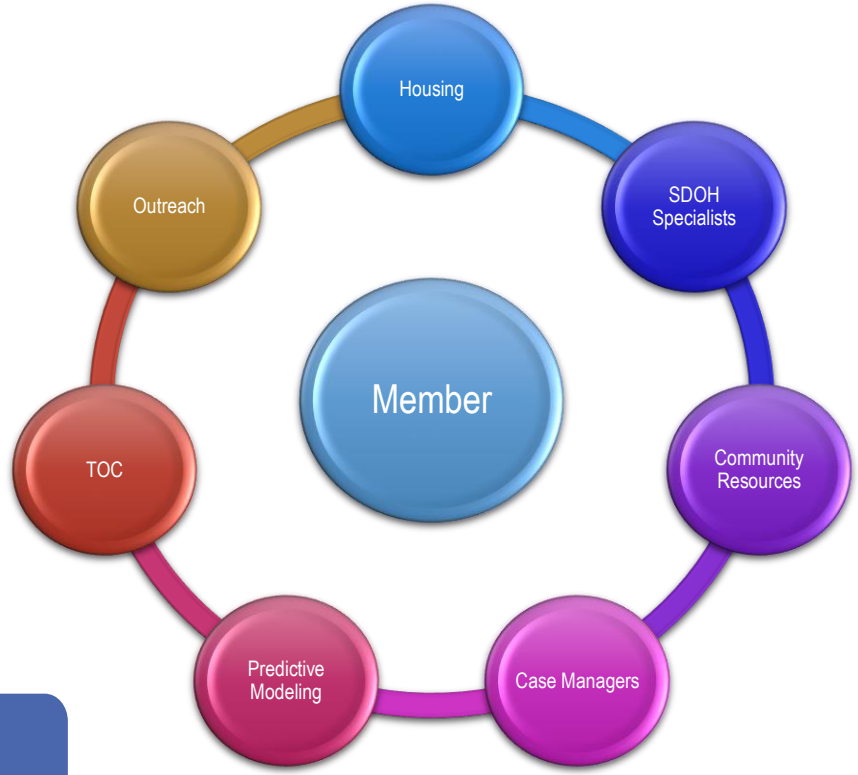
- Housing Coordinator
- Using Community Connectors as SDOH Specialists
- New SDOH Committee and Resources for Social Health internal site

## Integrating SDOH into Case Management:

- Internal Referrals: Whole Member, Whole Team approach
- Assigning SDOH Specialist to LTC Move Outs
- Bringing SDOH Specialists into Hospital Discharge Planning

## Identifying and Locating Members

- Predictive Modeling Tool identifies members with SDOH needs; CM team outreaches
- SDOH specialists pairing with providers to support pre- and post-appointment needs and SDOH referrals



# Health Equity Efforts: BCBS: SDOH Pilot Success Stories

***Success Story 1****:* Member was homeless in the beginning of December with at least one admission per week to a behavioral health acute hospital. The member was in need of basic clothing and a phone in order to help stabilize him. The program allowed the member to focus on connecting with his CST team through Trilogy and eventually get housed through their Front Door Diversion program as the member was able to focus on his health rather than basic needs. The member has since been stabilized and has not admitted to a behavioral health acute level of care in 6 weeks!

***Success Story 2:*** Youth member has had multiple mobile crisis response calls due to behavioral health crisis over the past several months. The member's mother indicated the member is really struggling with online/remote learning and the family has experienced many recent stressors. The member's mother expressed she is concerned about her ability to purchase warm clothing for the member this winter. The care coordinator put in a request, to help reduce some family stress, to help pay for some winter clothing for the member.

*"I just wanted to thank you again for helping us. {Member} now has a new winter coat and boots. I included them in this message so you can see. We are very thankful it was a big help" – Member's mother (October 2020)*

***Success Story 3:*** Member resides in a Long-term care facility and has had an increase in behavioral health symptoms such as auditory hallucinations, depression and anxiety. The care coordinator spoke with the member's psychiatrist and member to identify what type of support would most benefit the member's mental health and reduce symptoms. Together, the team identified new clothing (t-shirt, sweat pants, and hair ties) along with a small hand radio would help improve the member's symptoms. The fund was able to provide the member with new clothing, basic hygiene items and a small radio. Since obtaining the items, the member and providers report improved compliance with engaging in treatment and taking medications as well as reduced symptoms.

# Enrollment, Eligibility & Redetermination

## E. Presenter: Jane Longo, Deputy Director, New Initiatives

1. Pending Applications For Medical Benefits
2. Pending Medical Renewals
3. Immigrant Senior Program
4. COVID Public Health Emergency

# 1115 Waiver Approval to Extend Postpartum Coverage

## F. Presenter: Laura Phelan, Director of Policy

- On April 12, 2021, Illinois became the first state to receive federal approval to extend full benefit Medicaid coverage through 12 months postpartum with continuous eligibility.
- The 1115 waiver authority will act as a bridge to the American Rescue Plan's State Plan Amendment (SPA) option, which begins in April 2022.
- HFS continues to work with CMS to extend postpartum coverage for immigrants in the five-year waiting period and undocumented immigrants.
- Medicaid and CHIP customers are staying continuously enrolled in coverage during the COVID-19 public health emergency, regardless of pregnancy or postpartum status.

## VII. Subcommittee Reports

**A.** Public Education Subcommittee Report **(*Written Reports Submitted*)**

**B.** Quality Care Subcommittee **(*Written Reports Submitted*)**

**C.** Opioid Use Disorder Withdrawal Management Subcommittee Update **(*Goyal*)**

# Subcommittee Report: Opioid Use Disorder Withdrawal Management

## B. Presenter: Dr. Arvind Goyal, Medical Director

Full report was shared with all members of MAC on Feb 9 per instructions from the Chair, Dr. Cheryl Whitaker at the last meeting. There are 3 sections in that report. Your questions on each section are welcome:

1. More $ for OUD Providers:

2. Evidence based OUD treatment approaches+ Connection to Ongoing Community Based MAT

3. Rule 42 CFR Part-2

## VIII. New Business/Announcements

**A.** New Sub-Committees (***McCullough***)

**1.** Health Equity & Quality Sub-Committee ***(McCullough/Lundy)***

**2.** Community Integration Sub-Committee ***(Moroney)***

# Newly Created Combined Sub-Committees

**VIII-A1: Presenters: Kim McCullough-Starks**
**Ann Lundy, Vice Chair of Medicaid Advisory Committee & Quality Sub-Committee Chair**

## Health Equity & Quality Sub-Committee Draft Charter

The Health Equity and Quality subcommittee is established to advise the Medicaid Advisory Committee concerning strategies to improve customer outcomes by ensuring that populations covered under Healthcare and Family Services' Medical Assistance program have efficient, cost effective, and timely access to quality care that meets their need without discrimination based on race/ethnicity, gender, primary language, disability, sexual orientation, or socio-economic status.

***This sub-committee shall:***

1. Identify and Review evidence-based practices and programs that can improve patient care, population health outcomes by addressing strategies supporting the social determinants of health.
2. Examine barriers that impact customer access to care and utilization of health care services and recommend strategies to mitigate these barriers.
3. Recommend Improvements to quality metrics and indicators.
4. Assess streamlined approaches to identifying gaps in the delivery of services to Medicaid Customers.
5. Identify methods that can be modified or adapted to strengthen continuity of care.
6. Develop data informed recommendations to improve program implementation and evaluation metrics.
7. Recommend methods to improve provider participation and network adequacy.
8. Review and provide recommendations on how the Department can mitigate health disparities and the impact on communities disproportionately affect by COVID-19.
9. Consider and make recommendations on the definition of a "community" safety-net designation of certain hospitals
10. Make recommendations on the establishment of a regional partnership to bring additional specialty services to communities.
11. Review and make recommendations to address equity and healthcare transformation.

# Newly Created Sub-Committee

**VIII-A2: Presenter: Gabriella Moroney, Senior Public Service Administrator**

## Community Integration Sub-Committee Draft Charter

The Community Integration Subcommittee shall advise the Medicaid Advisory Committee on short- and long-term recommendations to increase the number of seniors and persons with all types of disabilities receiving services in community settings. The subcommittee, comprised of a diverse group of stakeholders including Medicaid customers, will identify systemic barriers to achieving greater community integration and will review, discuss, and develop recommendations on strategies to ensure that long-term services and supports in the community are accessible and equitable. These strategies will be informed by established evidence-based practices, federal funding opportunities and programmatic requirements, and the practical realities of Illinois's medical programs.

# MEDICAID ADVISORY COMMITTEE (MAC)

## IX. Old Business

## X. Adjournment


# THANK YOU!