

# Illinois Department of Healthcare and Family Services

## Medicaid Advisory Committee August 3, 2018

### MAC Members Present:

Beeman, Chuck - Harmony  
Grinter, Jason - Liberty Dental Plan  
Lindsey, Marvin - Community Behavioral Healthcare Association of IL  
Lundy, Ann – Access Community Health Network  
Peters III, Howard A. - HAP Inc. Consulting  
Sianghio, Alyssa – Lawndale Christian Health Center (sitting in for Thomas Huggett)  
Tao, Kai - Alliance Chicago  
Vazquez-Rowland, Neli - A Safe Haven Foundation

### Ex-Officio Members:

Dart, Bill - IDPH  
Moredock, Karen - DCFS

### HFS Staff Present:

Cunningham, Kelly  
Bellock, Patricia, Director  
Easton, Cheryl  
Goyal, Arvind  
Hursey, Teresa

McCullough-Starks, Kimberly  
McGady, Shawn  
Mendonsa, Robert  
Riperton-Lewis, Sylvia  
Suess, Daniel  
Thomas, Lynne

### Interested Parties:

Aghi, Sameena, IPHCA  
Albertoni, Richard - PCG  
Bell, Kenita – UIC/CHECK  
Bell, Maria - Avesis  
Belsley, Scott – Oak Street Health  
Bowlby, Judy - Liberty Dental Plan  
Burke, Kim - Lake County Health Dept.  
Campbell, Ed - Grand Prairie Services  
Campos, Blanca - CBHA  
Chittaja, Emily - LaRabida  
Cirrincione, Joe - Otsuka  
Clavier, Alejandro – VIDA Pediatrics  
Cohen, Sheri – City of Chicago  
Deatherage, Anna – HDIS  
DeLeon, Sandy - Ounce of Prevention  
Diamond, Linda - Shapiro Conlon & Dunn  
Donegan, Alicia - Age Option  
Dusziak, Karolina – Illinicare Health  
Evans, Josh - IARF  
Feld, Kristen - Clearbrook  
Flanary, Maura - Shield Healthcare  
Flood, Dana - Avesis  
Foster, Eric - IABH  
Gaines, Susan, IPHCA  
Gerges, Michael – UIC

Haney, Dionne - Dental Quest  
Hart, Kim - Carle  
Hartsaw, Kristin – DuPage Federation  
Heckman, Daniel, Heckman Healthcare  
Hellman, Talya - Access  
Hosts, Cheri - IPHCA  
Hurter, David - Presence Health Partners  
Idowu, Ollie - Harmony  
Jarmuz, Martha – Choices, Inc.  
Jimenez, Jose – IDOA  
Johnson, Rachelle – IllinCare Health  
Kiplinger, Gerald – County Care  
Klink, Don, VNA Health Care  
Krkie, Gordana - IAFP  
Lafond, Michael - Abbvie  
Lawrence, George  
Lee, Nicole - Wellcare  
Leonard, Carol - Dental Quest  
Lulich, Amy - UI Health  
Malery, Kate – Shriver Center  
McClair, Theodore - GPS  
Miller, Emily - IARF  
Nelson, Julie - CSH  
Osterland, Donna - Gensyne  
Page, Julie – Heckman Healthcare

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Pelayo, Livy - BCBSIL  
Pinkwater, Jennie - ICAAP  
Pulliam, Kelly - Liberty  
Schnapp, Brittany – MHSVE  
Schubert, Ralph – UIC DSCC  
Seermon, Lynn – Kaizen Health  
Shah, Alap – IAFP  
Shatley, Katie – UIC – DSCC  
Shea, Clarissa – Homecare Ombudsmen  
Sidell, Sharon – Elysia Healthcare  
Sosa, Meryl – IL Psychiatric Society  
Sullivan, Mike  
Sutton, Mikal - BCBSIL  
Valentine, Lori – MHSVC  
Volante, Stephanie - IHA  
Westbrook, Ross - Humana  
Winnett, Cyrus - IAMHP

# Illinois Department of Healthcare and Family Services

## Medicaid Advisory Committee August 3, 2018

### Meeting Minutes

- I. Call to Order: The regular quarterly meeting of the Medicaid Advisory Committee was called to order on August 3, 2018, at 10:00 a.m., by Chair Howard Peters. A quorum was established.
- II. Introductions: MAC members and HFS staff were introduced in Chicago and Springfield.
- III. Introduction of Director Bellock – Howard Peters introduced the HFS new director, former Representative Patti Bellock to the Committee, stakeholders and interested parties.
  - a. Director Bellock made comments regarding the good work the department is doing and continues to do. Director Bellock has spent over 20 years as a state representative in the General Assembly advocating quality care and better access to care for the Medicaid population.
- IV. Current Business
  - a. Behavioral Health Transformation - Update given by Teresa Hursey
    - I. **1115 Waiver & Related State Plan Amendments** – Approval of the waiver happened in May. Most of the proposals we had in the waiver were approved.
      - The first pilot began July 1, 2018; which was purely a claiming pilot for certain IMB facilities to start claiming federal dollars for SUD/IMBs facilities
      - Some pilots will start in October 2018 – SUD Waivers
        - Clinically Managed Case Management
        - SUD Case Management
        - Care Recovery
        - Intensive In-Home
        - Crisis Intervention (aka crisis beds)
        - Evidenced Based Home Visiting for those children who were born addicted or show signs of addiction
      - Two more will begin in FY2019
        - Housing Support
        - Employment Support
      - For FY2020
        - Respite
    - II. **Integrated Health Homes/State Plan Amendments** – There is a difference between the waiver and the state plan amendments. The waivers are actually pilots, they are limited and they are not a regular Medicaid state plan amendment. Medicaid State Plan Amendments are state-wide; if you qualify you get it. There is a cap on each one of the waiver pilots. So it is very important to realize the difference.

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There were four state plan amendments that were a part of this. One was approved in 2017, which was medication assistance treatment and methadone treatment.

Additionally two more were approved and implemented: Crisis Stabilization Mobile Crisis for adults and IATP which is the tool for assessment and treatment plan. Those have all been implemented August 1<sup>st</sup>. Training has already begun and will continue for the next couple of months. We will have an electronic system to put it into and we will be testing that with providers in late September. We want to make sure that as of January 1<sup>st</sup> that everyone has had a chance to use the system. It is mandated by January 1<sup>st</sup>; you must have the approved document that we are using for an assessment. You can find that on our website.

Mobile Crisis has started and we have had over 40 sites already. We did a soft launch on that and will do a more aggressive launch in mid-September.

Then the last SPA that was approved was the integrated health homes.

We have three public meetings next week on Wednesday (Springfield); Thursday (DuPage) and Friday (Chicago). All of this information is available on our website. A webinar has been put into place as well for individuals who cannot make it in person. It is the same exact presentation. You can sign up for this as well; all the information is on our website.

The agency will give out one assessment tool; everyone will be using that assessment tool beginning January 1<sup>st</sup>. That assessment tool will be a mobile app, desktop, or tablet that will feed into a system that will create electronic health records that we will give back to you.

Also note that the Agency has a FAQ section on the website as well.

The floor was open for Q&A.

- III. Telehealth Taskforce Update** – Kimberly McCullough-Starks provided an update regarding the Telemedicine Taskforce. The Telehealth Taskforce is Co-Chaired by the Lieutenant Governor Sanguinetti and Howard Peters. The purpose of the Taskforce is to review current policy and to make recommendations to the Governor on what can happen in order to move access to services forward.

Considerable work has been done in the area of telemedicine/telehealth. When you think about the behavioral health transformation and how to continue to make healthcare more accessible, telehealth is going to be an important vehicle by which that can be done.

We have heard from various providers and associations about what they believe needs to happen in the Medicaid program around telemedicine. We believe that

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there are four different areas as we are looking at this from a framework perspective where we can really set priorities:

- Behavioral health transformation
- Chronic disease management
- Understanding the infrastructure in Illinois
- Outreach and Education

Providers and the patients that receive services through the Medicaid Program need to be educated on Telemedicine and how it can help to move their care and the healthcare system in general forward.

As to the status of the Taskforce's work – we've received recommendations from the various entities represented on the Taskforce (46 recommendations to date) that we are now compiling into a report that will be submitted to the Governor for his consideration. We will share the final report with this committee. Every recommendation that has been submitted so far is still being considered to move forward as a suggestion. However, they are not all equal and will be considered in the context of the State's overall strategy.

In addition, we have heard some great presentations for best practices from around the country. The state of Mississippi has done some work with regards to telehealth dealing with chronic diseases. We had an opportunity not only look at what has been going on across Illinois, but literally some best practices across the country.

The taskforce will hold one additional meeting at a later date to finalize its report for submittal to the Governor.

The floor was open for Q&A.

### **V. Old Business**

#### **a. HealthChoice Illinois Update – Robert Mendonsa provided an update:**

- DCFS will not be implemented on October 1<sup>st</sup> and nor will Special Needs Children. So when decisions are made an announcement will be made and a timeline will be provided.
- The agency has come up with one set of information that providers will have to fill out to complete the contract requirements.
- Credentialing is now all done through IMPACT. There is additional information that all the plans need to set every provider up to essentially make sure that they can bill, and so that the plans can pay them.
- Enrollment as of August 1<sup>st</sup> – 2.3 million in Managed Care. It is pretty much equally split between Cook County and the rest of the state.
- Portal issues were discussed – should there be oversight over the portal? The agency will put together a comprehensive user guideline for using the portal.

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- Systemic issues were discussed. The agency would like for those individuals to bring issues that they are having directly to Teresa Hursey or Robert Mendonsa.
  - Another issue is that there are over 150,000 children without vaccination, which is an extremely dangerous issue
  - Not every single person that is involved in Integrated Health Home will have to be in IMPACT, however, those that are currently have to be in IMPACT will have to be in IMPACT. We are not adding new ones to IMPACT. What we are adding is that to be an integrated health home, we will have to have your contractual agreement outline that you have included certain people that need to be a part of that health home and you will have to name those individuals.
  - The Department is always open to concrete suggestions on areas that we can improve upon
  - We have a workgroup underway to address specifically transition of care
  - The Plans have committed to developing a set of billing guidelines for every provider group that is common amongst the plans. This should be done by the early part of next year
  - There are potentially around 150,000 Title XXI kids without vaccines within the state due to changes implemented in 2016. Director Bellock stated she and Dr. Goyal will be meeting with IDPH Director, Dr. Shah in the near future to discuss this issue.
  - If you have suggestions on how to improve the portal, please bring your suggestion(s) to staff.
  - In speaking with hospital executives/leadership we have learned that for the past two years Managed Medicaid, in general, in Cook County only, is losing at a minimum \$60-80 million in unmanaged post acute services.
  - If there are common issues that are coming up you can post what the issues were and the solution so that people can look at that before they make a complaint. There is not a common destination for providers to go and see what issues other providers are having and how to deal with those issues.
- b. Redetermination Update – Lynne Thomas provided an update on redeterminations.
- The data that is provided today is for redeterminations that were due effective the first of the year through June 2018.
  - Over 550,000 Redetermination forms were mailed out; of those, in 22 percent we were able to verify enough information electronically and the individual only had to reply if there was a change.
  - If the information on the form was accurate and they didn't return it their coverage would continue as is.
  - The remaining 78 percent of the forms were sent to people who were required to complete the form and return it in order to address eligibility.
  - Of those, 217,855 were returned in a timely manner: when those forms come back, the families' coverage will continue until we get a chance to review and make a final determination.

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- When we do review them what we found of the 125,000 that had been reviewed so far: 92 percent of those individuals continue to be eligible and 8 percent lost coverage.
- We do expect as time move forward and additional information on our legacy cases gets entered into the new system, more people will qualify for auto-processing where they don't have to return the form; we will continue to report the percentages on that.
- It should be mentioned that through the first couple of months we did start extending the date for the auto cancellations for the people who did not return their forms in order to give us more time for those forms that were returned to make it through our system to get scanned in and uploaded so that they would stop those auto cancellations.
- There was a drop in the percentage of people that were canceling for not returning the form.
- Initially it was first couple of months of it was 41-42 percent and since then it has dropped to 35 percent.
- The notices are normally mailed out around the first week of every month and the due date is the first of the following month. Initially what we were doing is running those auto cancellations on the 15<sup>th</sup> so if somebody's form was back; it was due back May 1<sup>st</sup>, that cancellation would have been originally around May 15<sup>th</sup> and they would have been cancelled effective June. What we are doing now is allowing an extra 30 days so that cancellation for those folks doesn't run until into June 15<sup>th</sup> and they are cancelled effective July.
- We have past data. In our Legacy system. We actually were not sending redetermination forms to 100 percent of the people who were due for redetermination because of capacity issues. We are now sending to 100 percent. So there may be some folks who may be receiving redetermination notices that haven't received one in a while.
- If people didn't respond, cancelling their coverage was a complete manual process.
- In the new process it is more automated; we are sending out 100 percent of the forms and that cancellation doesn't automatically cancel. So if the system does not recognize it is a redetermination form has been returned then the auto cancellation runs. We are also allowing the extra time just to make sure that anything that did come back in has time to make it through the system.
- As far as the cancellation rates the percentages are not that different now than what they were before; it is just more visible now because of the automated process.
- We have had conversations with Federal CMS to get some guidance on what we can do. I know that they are working on a plan and I understand that it is frustrating that it is taking so much time but we want to make sure that we do it correctly.
- Manage My Case is advertised in the local offices throughout the state; there is a recorded message on our hotline regarding Manage My Case while constituents are on hold.

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- c. Legislative Update – Shawn McGady provided an update. Below are the three pieces of legislation that was signed by the Governor
- SB 1773 – DHFS-Hospital Assessment Payments
  - SB 1851 – Medicaid-MM/DD Facilities
  - SB 2913 – DHFS-Expedited Long-Term Care

The floor was open for Q&A.

- d. Budget/Payment Update – No budget/payment update provided.
- e. IES Phase II Update – Lynne Thomas provided an update.

### Performance

- Phase II of IES went live on October 24, 2017.
- The slowness issues in the beginning pretty much have been resolved; the system is working much better than it was.
- We have put in about 1200 new enhancements or fixes and we are continuing with plan releases.

### Manage My Case

- There are now over 329,000 accounts have been linked.

The floor was open for Q&A.

### V. Subcommittee Reports

- a. Public Education Subcommittee Report – Chair, Kathy Chan gave a brief update. All future minutes will be available online at <https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/publiced/Pages/minutes.aspx>. The next Public Education Subcommittee meeting will be held on October 4, 2018.

The floor was open for Q&A.

- b. Quality Care Subcommittee Report – Chair, Ann Lundy gave a brief update. All future minutes will be available online at <https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/cc/Pages/meetingminutes.aspx>. The next Quality Care Subcommittee meeting will be October 9, 2018.
- c. NB vs. Norwood – Kelly Cunningham provided an update.
- The N.B. v. Norwood lawsuit was filed in 2011 on behalf of Medicaid-eligible children under the age of 21 in the State of Illinois seeking certain mental and behavioral health services under the Early and Periodic Screening, Diagnostic, and Treatment (“EPSDT”) requirement of the Medicaid Act. On February 13, 2014, the United States District Court for the Northern District of Illinois certified the case as a class action for the following class of individuals: “All Medicaid-eligible children under the age



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of 21 in the State of Illinois: (1) who have been diagnosed with a mental health or behavioral disorder; and (2) for whom a licensed practitioner of the healing arts has recommended intensive home- and community-based services to correct or ameliorate their disorders.”

- Final approval granted to the N.B. v. Norwood Consent Decree on January 16, 2018, the court finding the Consent Decree to be fair, adequate, and reasonable.
- The Department is working on our draft Implementation Plan which was the next major deliverable associated with the Decree and that Implementation Plan is due nine months after the Decree was entered in mid-January 2018. We are on track and working on that draft Implementation Plan.
- We have had an expert approved by the court; there is a provision in the Decree while it doesn't require a court monitor like many other Consent Decrees the State is involved with; this one requires an expert; that expert has been named and has been approved by the court. His name is John O'Brien. Mr. O'Brien is a consultant in the area of behavioral health work in the past he has worked for federal, Centers for Medicare and Medicaid Services. He has also done a lot of work in the child welfare area as well and has had involvement with previous consent decrees in court actions around the area that NB covers and he is an Illinois native, but does not live in Illinois. Mr. O'Brien will be our expert in the legal court and will be on board fairly soon to help us with our work.
- It was brought up at the last MAC meeting in May that the Department has consider having a Stakeholder Advisory Committee to help us around issues around the Implementation Plan and to provide feedback and input; so we heard that recommendation and so the subcommittee was formed; it is co-chaired by Marvin Lindsey from Community Behavioral Healthcare Association of IL as well as Gene Griffin from the Illinois Children's Mental Health Partnership. There are 16 members on the committee is represented of families, child welfare, education, behavioral health, providers and advocacies.

The floor was open for Q&A.

VI. Minutes from the May 4, 2018 meeting were approved.

VII. Adjournment: Meeting was adjourned at 11:31 a.m.

**Next meeting is scheduled for November 2, 2018.**