

Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
November 6, 2020

MAC Members Present:

Alejandro Clavier, VIDA Pediatrics
Thomas Huggett, Lawndale Christian Health Center)
Arnold Kanter, Barton Healthcare
Marvin Lindsey, Community Behavioral Healthcare Assn.
Ann Lundy, ACCESS Community Health Network
Howard Peters, HAP Inc. Consulting
Amber Smock, Access Living
Kai Tao, Alliance Chicago
Neli Vazquez-Rowland, A Safe Haven
Sameer Vohra, SIU SOM
Cheryl Whitaker, Next Level Health
Andrea Danes, Consumer Representative

HFS Staff Present:

Melissa Black	Kimberly McCullough-Starks
Kelly Cunningham	Shawn McGady
Lisa Gregory	Robert Mendonsa
Arvind K. Goyal	Laura Phelan
Patrick Lindstrom	Dawn Wells
Jane Longo	

I. **Call to Order** – Chairperson Dr. Cheryl Whitaker

Called to order on November 6, 2020 at 10:02 a.m. A quorum was established.

II. **Roll Call/Introduction of HFS Staff**

III. **Review and approval of the minutes**

Member Howard Peters made a motion to approve the minutes from the August 7, 2020, meeting; the motion was seconded; with all committee members voting to approve.

IV. **Healthcare & Family Services Executive Report** – Updates provided by HFS Executive Management Team leadership staff.

A. **Healthcare Transformation Proposal** – Presented by Medicaid Administrator Kelly Cunningham and Deputy Director for Community Outreach Kimberly McCullough-Starks

HFS continues to work toward broad healthcare transformation goals which put the community and customer at the center of the healthcare system. This work has been ongoing for over a year in partnership with the University of Illinois at Chicago and the Illinois General Assembly’s Medicaid Working Group. A comprehensive presentation outlining the intent, goals and strategies supporting transformation vision was presented to the MAC. A [link](#) to the PowerPoint presentation was shared by Kelly Cunningham and Kimberly McCullough-Starks.

B. **COVID-19 Response Activities** – Kelly Cunningham, Medicaid Administrator:

- **CARES Act Funding Distribution** – Over the summer, HFS procured a vendor to assist in the distribution of \$800m in federal CARES Act monies to qualifying Medicaid providers, in accordance with the requirements established in statute by the General Assembly and the federal U.S. Treasury Department. Ernst and Young (EY) was selected as the winning vendor. They assisted HFS in developing and standing up a web portal and Help Desk to assist providers in applying for funds. They also supported implementation of the Department’s distribution methodologies and assisted in disbursing funds. HFS has created a [link](#) accessible through our Coronavirus web pages which provides information on CARE Act fund distribution.

C. **Enrollment, Eligibility & Redetermination** – Presented by Jane Longo, Deputy Director for Innovation

- Eligibility applications on hand (over 45 days) 10,273; which is down from 147,000 as of October 2020.
- Redeterminations on hand – Are not being processed as the department does not want to take any negative action.
- Health benefits for immigrants (65-year-old +) will start December 1st. This was authorized by HB 357 (Budget Implementation Bill). No federal dollar match is available for this program; it will be state funded only.

D. Federal Waivers, State Plan Amendments, and Other Changes – Presented by Kelly Cunningham, Medicaid Administrator.

- The Department has applied for a new Medicaid authority to replace and repurpose portions of its 1115 Behavioral Health Waiver which had not been implemented. This 1915(i) State Plan Amendment allows us to create additional services in the Children’s Behavioral Health realm, better addressing the needs of children with significant behavioral health challenges. Additionally, the 1915 (i) SPA will encompass Supportive Housing Services, Supportive Employment and several other services. Four Substance Use Disorder (SUD) pilots already operational will remain under the 1115 waiver.
- Family Planning SPA have not been submitted; however, we are looking to the summer of 2021 for an implementation date.
- The Department is working internally along with the federal CMS regarding any SPAs, waivers necessary to cover administration costs for the COVID-19 vaccine.
- The Department continues implementation of amendments associated with minimum wage increases and some rate increases.
- Appendix K is still active and good through the public health emergency.

E. Integrated Health Homes – Presented by Kelly Cunningham, Medicaid Administrator

Based upon our work around transformation and the 1915(i) application, we have elected to start an Integrated Health Homes roll out again. The Department would like for Integrated Health Homes to play a critical and permanent role within our transformation.

- We are looking to withdraw approved SPAs and will be resubmitting them once we have additional information on the direction in which we are going.
- We will be moving ahead with more focus on the adult population.

F. Telehealth Update –Presented by Kimberly McCullough-Starks, Deputy Director, Community Outreach
Telehealth will continue to be available during the public health emergency.

- In fiscal year 2019 behavioral health sector, we serviced 1,276 telehealth encounters.
- In fiscal year 2020 for behavioral health sector, we serviced 95,728 telehealth encounters.
- In fiscal year 2019 physical health sector, we serviced 9,245 telehealth encounters.
- In fiscal year 2020 for physical health sector, we serviced 1.02m telehealth encounters.

V. Illinois Feasibility Study to Increase Healthcare Affordability – Presented by Laura Phelan, Director of Policy.

For background purposes Laura provided the following: Illinois Public Act 1010649, which is also known as the Medicaid Omnibus that passed in the Spring Session. It requires the Department (HFS), in consultation with Illinois Department of Insurance, to conduct a feasibility study that explores different options to make health insurance affordable for low income and middle-income residents. This would include policies being discussed in other states and nationally.

- HFS has leveraged its existing actuarial contract with Milliman
- The Department of Insurance is also leveraging an existing actuarial contract with Oliver Weinman.

VI. Medicaid Managed Care Program Highlights – Presented by Robert Mendonsa, Assistant Administrator for Managed Care.

As of September 1st, in terms of Medicaid:

- 2.5m people in HealthChoice
- 58,349 in our Medicaid-Medicare dual program
- We currently have 4 state plans which include BlueCross, Illini Care, Meridian, Molina, and 1 Cook County plan, County Care
- As of December 1st, IlliniCare will be called Aetna Better Health.
- Youth in Care (foster care program)

VII. Subcommittee Reports

- A. Public Education Subcommittee Report** – Submitted in written form to the Committee.
- B. Quality Care Subcommittee** – Submitted in written form to the Committee.
- C. Opioid Update** – Since the committee meeting ran over allotted time, the Chair requested a brief update on HFS response to Opioid Use Disorder

Withdrawal Management Subcommittee recommendations, which was provided by Arvind Goyal, HFS Medical Director. The committee requested a full report in early part of the next MAC meeting agenda with time for Q&A.

VIII. Medicaid Advisory Committee Recommendations:

- Medicaid program to work with MCOs on the communications, education and resource strategy for members to get: access to prevention, COVID-19 testing sites and available resources for COVID-19 isolation, healthcare and behavioral services.

A. **Review and Approval of 2021 Meeting Dates** – a motion was put to the floor to accept the meeting dates for 2020 and it was approved by committee members.

- February 5, 2021
- May 7, 2021
- August 6, 2021
- November 5, 2021

IX. Adjournment – 12:48 p.m.