

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
May 6, 2011**

**401 S. Clinton Street, Chicago, Illinois  
201 S. Grand Avenue East, Springfield, Illinois**

**Members Present**

Eli Pick, Chairman  
Susan Hayes Gordon, Children's Memorial  
Kathy Chan, IMCHC  
John Shlofrock, Barton Mgt.  
Mary Driscoll, DPH  
Shellie Harden, DHS for Glendean Sisk  
Judy King  
Linda Diamond-Shapiro, ACHN  
Andrea Kovach, Shriver Center  
Edward Pont, ICAAP  
Karen Moredock, DCFS

**HFS Staff**

Julie Hamos  
Theresa Eagleson  
James Parker  
Jacqui Ellinger  
Lynne Thomas  
Amy Wallace  
Jamie Tripp  
Tracy Keen  
James Monk  
Ann Lattig

**Interested Parties**

Karen Ayala, Du Page County HD  
Kyung Jin Bae, KACS  
Migdalia Ballona, Family Focus Aurora  
Lisa Beaupre, Dyax Corp.  
Stacey Bonn, Delta Dental of IL  
Elodia Brone, IHC  
Elizabeth Brunsvold, MedImmune  
John Bullard, Amgen  
Danny Burke, IHC  
Sherri Butler, CSG  
Kelly Carter, IPHCA  
Joe Cini, IHC  
Geri Clark, DSCC  
Missy Cimarossa, DCFS  
Mike Cole, ICARE - WI  
Annette Coleman, DCFS  
Michael Cotter, Meridian  
Jennifer Creasey, AARP  
Andrea Davis, CSG  
Kevin Davis, CQuest  
Diane Doherty, IHC  
Margaret Dunne, Beacon Therapeutic  
Diane Fager, CPS  
Andrew Fairgrieve, Health Management Assoc.  
Dee George, Dedreon  
Rachel Gielau, Shriver Center  
Tahani Hammad, HHCS  
Barbara Hay, FHN

**Members Absent**

Alice Foss, IL Rural Health Assn.  
Renee Poole, IAAP  
Jan Costello, IL Home Care & Hospice Council  
Melissa Vargas, AAPD Head Start DHI  
Sue Vega, Alivio Medical Center

**Interested Parties, continued**

Jill Hayden, IPHCA  
Marvin Hazelwood, Consultant  
Freddy Hernandez, CDPH  
George Hovanec, Consultant  
Walter Howe, McLean County HD  
Jennifer Hrycyna, DHS  
Candice King, Du Page Federation  
Jennifer Kons, ICIRR  
Denise Koppit, Lake County HD/CHC  
Tammagi Kulkarri, MD, Aetna Better Health  
Michael Lafond, Abbott  
Jane Longo, HMA  
Nathan Mason, DHS  
Deb Mathews, DSCC  
Susan Melzer, IMCHC  
Robert Mendoso, Aetna Better Health  
Earnestina Milla, Arab American Family  
Diane Montañez, Alivio Medical Center  
Sharon Dyer-Nelson, DHS  
Heather O'Donnell, CJE Senior Life  
Deneen Omer, CSG/EVE project  
John Peller, AIDS FDN of Chicago  
Roy Pura, Glaxo Smith Kline  
Cheryl Ramirez, ACMHAI  
Mary Reis, DCFS  
Jessica Rooney, Heartland Alliance  
Ken Ryan, ISMS  
Doug Schenkelberg, Heartland Alliance  
Robin Scott, CDPH  
Ivy Siu, CASL  
Nelson Soltman, Legal Assistance Foundation  
Jo Ann Spoor, IHA  
Michelle Torres, Illinois Hunger Coalition  
Huy Tran, CMAA  
Deiry Velazquez, ICIRR  
Allen Wang, CMAA  
Brittany Ward, Beacon Therapeutic  
Matt Werner, Consultant  
Fanny Wong, ICIRR/SEAC  
Martha Wright Comprehensive Bleeding Disorders

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**I. Call to Order**

Chairman Pick called the meeting to order at 10:10 a.m.

**II. Introductions**

Because of the large turnout for the meeting, introductions were limited.

**III. Review of the Minutes**

Andrea Kovach and Judy King recommended changes to the March 2011 meeting minutes. Under the Director's report section, the effective date for Medicaid reform needs to be corrected and it should be noted that a request was made for the department to provide a budget showing how cost saving projections were derived. A discussion occurred on meeting frequency and it was clarified that the MAC agreed to meet 6 times in 2011, but not specifically bi-monthly. With these revisions, the March 2011 minutes were approved.

**IV. Director's Report**

HFS director, Julie Hamos, provided the report.

**Health Benefits Exchange:** The state legislature is actively working on Health Benefits Exchange legislation. The benefits exchange will be a website market place for individuals and small businesses to look at different insurance options and make a choice. Medicaid coverage will be available to persons with income under 133% of the FPL (Federal Poverty Level). There will also be tax benefits for families with income up to 400% of the FPL. The Eligibility Verification and Enrollment process is part of the exchange.

**Integrated Care Program:** The department launched its Integrated Care program this month. The program, serving approximately 40,000 elderly and disabled persons in suburban Cook County and the collar counties, is being offered through two managed care plans, Aetna Better Health and IlliniCare Health Plan.

**Fiscal Year 2012 Budget:** The department is struggling with the challenge to make serious cuts. There has been discussion about the proposed 6% rate cut for medical providers. The state senate is trying for a 3% rate cut and the house is looking at a rate cut of less than 6%. The legislature is trying to get done early, but in reality the budget is not likely to be approved earlier.

Judy King asked if there has been discussion or proposed federal rules that the department must monitor recipients' access to care if the state lowers the provider reimbursement rate. Director Hamos advised that there are many challenges and the department intends to follow the final federal rule.

Andrea Kovach stated that there are two Health Benefits Exchange bills, HB1577 and SB1729. She noted that there is no mention of Medicaid enrollment or conflict of interest in HB1577, but there is in the Senate bill. She asked if the director could shed light on what would likely happen next with these bills.

Director Hamos stated that HB1577 is the bill most likely to move forward. The bill was developed by the insurance industry and they want a Health Benefits Exchange. Small businesses also want the exchange. The structure and governance of the exchange still needs to be decided. HB1577 sets up a 12 member legislative study committee that will come back with a report by September 30, 2011. It is likely that the bill will be introduced in the fall veto session scheduled for October this year.

Susan Hayes Gordon stated that the department had drafted the principles of care coordination and MAC members had made suggests regarding the principles. She asked about the next steps.

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Director Hamos indicated that the department continues to work with stakeholders and others in discussing care coordination. The next step is implementing care coordination and testing new models.

**V. Eligibility Verification Enrollment Process**

Jane Longo of Health Management Associates (HMA) gave the Illinois Health Insurance Exchange – Eligibility, Verification Enrollment (EVE) presentation. She provided participants with a PowerPoint handout (Attachment 1) as a guide and began by identifying the project team that included staff from HMA, Wakely Consulting, CSG Government Solutions and several independent consultants.

Ms. Longo stated the project's two main components were an organizational and impact assessment, followed by the EVE tasks. She reviewed the steps in each component and identified project deadlines. She then asked participants to identify characteristics of the current Medicaid/CHIP/All Kids EVE system and process to keep or to change.

There was a robust discussion with meeting participants providing the vendors with good feedback. Some of the ideas and concerns discussed by committee members and participants included: having a unique identifier to track the status of multi-program applications; having electronic case management with the ability to run reports; eliminating paper files; protecting personal information; creating a survey tool to solicit comments on policy, process and technology; studying clients' access and usage of computers; providing real-time customer support with cultural/language limitations of clients being addressed; expanding enrollment at medical provide sites, and aggressive engagement needed with employers and businesses to reach the working uninsured. It was recommended that the All Kids Application Agent process be continued and that the EVE project team look at the Access to Benefits and Services Report at [http://www.hfs.illinois.gov/assets/0708\\_access.pdf](http://www.hfs.illinois.gov/assets/0708_access.pdf)

**VI. MAC Care Coordination Subcommittee**

At the March MAC meeting, members voted to establish a new subcommittee to examine how the current PCCM program could be enhanced to become a coordinated care option as defined in P.A. 96-1501. At the time it was suggested that a workgroup would look at the existing PCCM activity to help establish a subcommittee charge. A draft charge for the new subcommittee was included with the material sent out for the meeting today.

Prior to discussing the draft charge, Dr. Pont provided a handout (Attachment 2) to the meeting participants and presented some recommendations to enhance the PCCM program. Dr. Pont made a motion that the MAC advise the department to consider the changes recommended today's meeting from an operational point of view and, if implemented, consider these changes sufficient to satisfy the "integrated delivery system" definition in the Medicaid reform legislation.

During discussion of the motion, members acknowledged Dr. Pont's presentation as a good starting point, but felt the new subcommittee would need to meet for further review and discussion before the motion could be approved. Upon a vote the motion was denied.

Director Hamos continued the discussion stating we do want to enhance PCCM and that the department is proud of the medical home concept. The question is what is most helpful to do next.

James Parker added that there is time for the new subcommittee to provide the department with input. He indicated there are providers already working on models, but the first part of the process is to define the minimum requirements a plan will have to meet in order to be considered a care coordination model, and that the department will be doing this over the summer months.

The discussion returned to consideration of the draft Care Coordination Subcommittee charge. It was recognized that the draft charge was broader than enhancement of the current PCCM model. Director Hamos asked that the committee consider whether the subcommittee's charge should be

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broadly defined or primarily focused on the PCCM program. The following summarizes the group's discussion on the subcommittee's charge.

The charge should include common principles that may be applied to different medical practices, as there are likely overarching goals that apply to all populations. And, although there are different sets of issues that must be considered when focusing on specific populations, such as children, disabled persons or seniors, there will be principles that cut across all populations. The charge should include consideration of the needs of all the different populations served under HFS' medical programs. In addition, the subcommittee's charge should include looking at the health disparities that exist.

Director Hamos added that the department is changing its focus from providers to the needs of the people being served. And, that the State's new "budget of outcomes" reflects this change in mindset.

Chairman Pick asked that the department recruit members for the subcommittee and to include elements discussed on the subcommittee charge. The charge may be reviewed once the subcommittee has met.

**VII. Terms of Officers**

Theresa Eagleson, Division of Medical Programs Administrator, stated that the extension the MAC officers' term would end soon. She recommended that the committee maintain the current membership and consider extending the offices through the end of the year, at which time the committee would elect new officers as laid out in the bylaws.

It was clarified that the extension through June 30, 2011 had been passed by the MAC previously at the September 2010 meeting.

Ms. Hayes Gordon made a motion that the terms of the current officers be extended through next year. This motion was passed unanimously.

**VIII. Open to Committee**

Ms. King indicated that she would like to learn more about pharmacy and prescription drugs access including what drugs are on the formulary and the process for drug utilization review. She is interested in learning how medications are placed on the preferred drug list. Chairman Pick suggested that the committee could review the process at the next meeting.

Ms. King requested that the department provide enrollment data, either quarterly or monthly, broken down like the committee use to get. Ms. Eagleson stated that the department now has enrollment data available online. Ms. King said she is interested in program outcomes and that the department doesn't show enrollment data for Illinois Care Rx or the Illinois Breast and Cervical Cancer program. Ms. Jacqui Ellinger indicated that the enrollment data the department use to provide to the MAC was for children and families only and that the current on-line reports show the four major populations. Ms. King noted that the on-line reports cannot be downloaded in order to make comparisons of zip codes or counties. To ensure that the department understands all Ms. King's concerns, Director Hamos requested that she submit them in writing.

NOTE: At this point the Chicago meeting room lost the audio/video connection with the Springfield group. Chairman Pick suggested that members email any other requests to the Springfield office.

**IX. Adjournment**

The meeting was adjourned at 12:10 p.m. The next MAC meeting is scheduled for June 17, 2011.

**Illinois Health Insurance  
Exchange (HIX) -  
Eligibility, Verification and  
Enrollment System  
Medicaid Advisory Committee Meeting  
May 6, 2011**

**Today's Agenda**

Illinois HIX Needs Assessment Team

Illinois HIX Needs Assessment Project

Eligibility, Verification and Enrollment – Federal System Requirements

Eligibility, Verification and Enrollment - Discussion

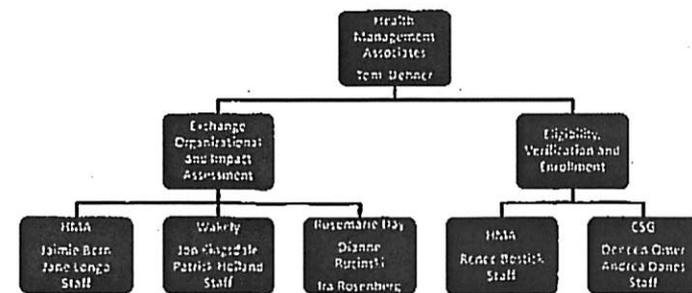
HEALTH MANAGEMENT ASSOCIATES

**Project Team**

- **Health Management Associates** - Tom Dehner, Jane Longo, M. Reneé Bostick, Jaimie Bern, Matt Powers, Rick Hamilton
- **Wakely Consulting** – Jon Kingsdale, Patrick Holland, Kathle Mazza, Ann Hwang
- **CSG Government Solutions** – Andrea Danes, Deneen Omer, Sherri Butler
- **Independent Consultants** – Rosemarie Day, Ira Rosenberg, Dianne Rucinski

HEALTH MANAGEMENT ASSOCIATES

**Illinois Exchange Planning Project  
The HMA Team**



HEALTH MANAGEMENT ASSOCIATES

## Today's Agenda

- Illinois HIX Needs Assessment Team
- Illinois HIX Needs Assessment Project
- Eligibility, Verification and Enrollment – Federal System Requirements
- Eligibility, Verification and Enrollment - Discussion

HEALTH MANAGEMENT ASSOCIATES

## Organizational & Impact Assessment

2:	Assess Potential Impacts of Reinsurance Options on the Insurance Market - Identify (make call) issues, concerns, or feedback related to each issue; assess impacts on insured, employers, health care providers, the State, the insured and the uninsured	Webby
4:	Estimate Impact on Other State Programs - estimate State costs related to increased Medicaid and other health program; identify options to address churning; estimate impact on public employee Group Insurance; identify other policy issues and options	HMA

HEALTH MANAGEMENT ASSOCIATES

## Eligibility, Verification & Enrollment

2:	Submit Federal Requirements and Requirements to FICA	HMA
4:	Develop/Review/Implement Eligibility and Enrollment System	CSG
6:	Provide Ongoing Training/Support to	HMA & CSG

HEALTH MANAGEMENT ASSOCIATES

## HIX Needs Assessment Schedule

	2/11	3/11	4/11	5/11	6/11	7/11	8/11	9/11	10/11	11/11	12/11
8.1.1 EXCHANGE ORGANIZATION											
EMERGY ASSESSMENT											
Project Launch: Project Management											
Mid Term Oral Report											
Final Oral Report											
Final Report											
Civil Presentations											
8.2.1 ELIGIBILITY, VERIFICATION AND ENROLLMENT											
EMERGY ASSESSMENT											
Project Launch: Project Management											
Mid Term Oral Report											
Final Oral Report											
Final Report											
Civil Presentations											

HEALTH MANAGEMENT ASSOCIATES

## Today's Agenda

Illinois HIX Needs Assessment Team

Illinois HIX Needs Assessment Project

Eligibility, Verification and Enrollment - Federal System Requirements

Eligibility, Verification and Enrollment - Discussion

HEALTH MANAGEMENT ASSOCIATES

## Functions of New EVE System

- Current Medicaid eligibility functions w/ACA changes
  - Modified Adjusted Gross Income
  - No asset tests or income disregards
  - Track "newly eligible"
- Exchange functions
  - Determine eligibility for subsidies
  - Administer subsidies
  - Enroll individuals & businesses
  - Plan choice

HEALTH MANAGEMENT ASSOCIATES

## Federal EVE System Requirements

- Efficient, economical & effective
- Accurate & timely determinations and communications with providers and enrollees
- Useful in program evaluation and improvement - data & reports
- Seamlessly integrates Medicaid/CHIP & HIX processes
- Based on single Medicaid/CHIP & HIX application
- Accessible online, in person, by phone, on paper

HEALTH MANAGEMENT ASSOCIATES

## Today's Agenda

Illinois HIX Needs Assessment Team

Illinois HIX Needs Assessment Project

Eligibility, Verification and Enrollment - Federal System Requirements

Eligibility, Verification and Enrollment - Discussion

HEALTH MANAGEMENT ASSOCIATES

## EVE Discussion Topics

- Characteristics of current Medicaid/CHIP/AllKids EVE system & processes to keep? To change?
- New characteristics to include in EVE system & processes for: Medicaid/CHIP/AllKids; Health Insurance Exchange; TANF; Food Stamps; WIC
- What other EVE factors should we consider?

HEALTH MANAGEMENT ASSOCIATES

	<b>Current PCCM</b>	<b>Proposed change to PCCM</b>	<b>Operational changes proposed</b>	
<b>Principles of Care Coordination</b> Comprehensive services linked by an "integrator." Payments reflect patient complexity	PCP office serves as care coordinator	Diminution or elimination of the care coordination fee for patients who do not receive comprehensive care	VFC participation; 24 hour coverage; extended hours; assessment of well care rates	Enhanced care coordination fee for medically complex patients
<b>Initial intake assessment</b>	No formal policy	Encourage providers to perform comprehensive intake assessment	Modifier on new code for enhanced reimbursement	MN example, AAP Bright Futures
<b>Provide care across multiple settings and providers</b>	No formal policy	Enhance communication between PCP and other providers of health care	Utilization of the IHC portal to facilitate communication between the PCP and specialist	"Who's my PCP" function to enhance communication between ER and PCP
<b>Electronic Health records &amp; quality assessment</b>	Periodic physician reports with statewide comparisons	Encourage utilization of electronic health records	Utilize "meaningful use" criteria, consider augmenting federal incentives	
<b>Risk-based payment systems</b>	P4P and well care bonuses based on HEDIS metrics	Regional or systemwide risk pool linked to improved nonurgent ER and hospital utilization		