

**Medicaid Advisory Committee
Care Coordination Subcommittee**

401 S. Clinton
7th Floor Video Conference Room
Chicago, Illinois

And

201 South Grand Avenue East
3rd Floor Video Conference Room
Springfield, Illinois

February 4, 2014
10 a.m. – 12 p.m.

Agenda

- I. Call to Order**
- II. Introductions**
- III. Review of December 17, 2013 Meeting Minutes**
- IV. Update on Care Coordination Projects**
 - a. ACE's**
 - b. Dual Medicare/Medicaid Care Integration Financial Model Project**
 - c. ICP/CCE Expansion in Cook County**
- V. ICEB Updates**
 - a. Additional discussion on topics from December 17, 2013 Meeting**
 - i. Listing plans by provider, change suggestion order on enrollment materials**
 - ii. Provider Panels - Global caps versus individual plan panels**
 - iii. Communication with Provider Community**
 - iv. Geoaccess Maps**
- VI. 2014 Meeting schedule**
- VII. Open to Subcommittee**
- VIII. Adjournment**

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**Illinois Department of Healthcare and Family Services
Care Coordination Subcommittee Meeting
December 17, 2013**

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

Members Present

Edward Pont, Chairperson, IL Chapter AAP
Kelly Carter, IPHCA
Kathy Chan, CCHHS
Art Jones, LCHC & HMA
Diana Knaebe, Heritage BHC
Emily Miller for Josh Evans, IARF
Alvia Siddiqi, IHC, Vista

Members Absent

Mike O'Donnell, ECLAAA, Inc.

HFS Staff Present

Julie Hamos
Michelle Maher
Amy Harris-Roberts
Pam Bunch
James Monk

Interested Parties Present

Lindsey Artola, IlliniCare
Laura Ashpole, Popovits & Robinson
John Bullard, Amgen
Gerri Clark, DSCC
Carol Dall, Independent Living Systems
Chris Dunn, Conlon and Dunn
Tom Erickson, BMS
Paul Frank, WellCare
Pat Gallagher, IHA
Jan Gambach, MHCCI
Susan Gordon, Lurie Children's Hospital
Jill Hayden, HealthSpring
Bobby Hilliard, Harmony
Nadeen Israel, Heartland Alliance
Mary Kaneaster, Lilly
Andrea Kovach, Shriver
Mike Lafond, Abbott
Theresa Larsen, Meridian Health Plan
Marilyn Martin, Access Living
Kevin McFadden, AstraZeneca
Susan Melczer, MCHC
Diane Montanez, Alivio Medical Center
Michael Murphy, Meridian
Jonathan Mthombeni, Byram HealthCare
Carole Ouimt, WellCare Harmony
Shelly Paveza, Byram HealthCare
Dana Popish, BCBS/IL
Sharon Post, SEIU HCII
Sam Robinson, Canary Telehealth
Ken Ryan, ISMS
Lora Thomas, NAMI
Gary Thurnauer, Pfizer
Katie Tuten, Catholic Charities
Kathy Waligora, EverThrive Illinois
Timothy Wall, Pediatric Health Assoc.
Matt Werner, Consultant
Bob White, Forest
Erika Wicks, HMA
Brenda Wolf, La Rabida Children's Hospital
Joy Wykowski, CCHHS
Laura Zeiger, IlliniCare

**Illinois Department of Healthcare and Family Services
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December 17, 2013**

I. Call to Order

Chair Pont called the meeting to order at 10:05 p.m.

II. Introductions & Roll Call

Participants and HFS staff in Chicago and Springfield introduced themselves.

III. Review of October 8, 2013 Meeting Minutes

The minutes were approved as written.

IV. Continuity of Care

Resolution on Continuity of Care

Chair Pont introduced the resolution that requests the Department initiate and maintain a robust program to guarantee, to the extent possible, that continuity of care is preserved during the upcoming transition. He read the resolution that was also provided to committee members and participants. The resolution as read is online at: <http://www2.illinois.gov/hfs/SiteCollectionDocuments/121713Agenda.pdf>

Committee members and participants discussed the resolution and two amendments were made. The changes were in paragraph 3 from “a multi-payor model” to “a public multi-plan model”; and dot point 3 to add after the words the provider community, “and the enrollee communities.” The resolution was passed 6 to 0 with one abstention by Kathy Chan.

CEB update

Michelle Maher and Amy Roberts from the Bureau of Managed Care provided the update. HFS is starting the MMAI enrollment and continuing ICP expansion enrollment with announcement letters beginning to go out at the end of December and into January. While announcement letters will be sent in January, enrollment packets will be sent out in a staggered mailing. Clients may enroll in January but coverage will not begin until February 2014.

HFS will send a notice to providers informing them of the health plans available in their area. Providers will not be able to tell when enrollment letter are sent to their patients. The Client Enrollment Broker (CEB) will be able to tell when the letter has been sent.

The CEB will assist clients with managed care enrollment. Enrollment letters will be sent to clients identifying potential entity choices. Clients will have 60 days to make a choice. If no choice is made, the client is auto-assigned to one of the MCOs. There is an algorithm to assist in assigning clients to a plan that includes a provider whom the client has seen before. All clients will have a 90 day period where they make request a change in enrollment.

The client enrollment broker telephone number is 1-877-912-8880.

The HFS enrollment services website is <http://enrollhfs.illinois.gov>

A sample enrollment letter and other enrollment packet materials can be found online at:

<http://enrollhfs.illinois.gov/program-materials#ICP>

The packet includes a “Tips to help you choose” sheet that encourages the client to find out if their doctor or clinic works with one of the plans by calling the Client Enrollment Services call center (1-877-912-8880). The call center can also provide information on health plan affiliated hospitals and types of specialty care.

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Some committee members and participants expressed concern about ensuring continuity of care for clients. One behavioral health provider stated it is difficult to bill for services. Behavioral health clients move a lot and may not receive an enrollment letter. It was suggested that the Department maintain a list of the behavioral health providers so the CEB may facilitate linking a client to their provider. It was also suggested that providers can facilitate enrollment by asking patients if they had received the enrollment letter and if not, refer them to the call center.

Dr. Jones would like to see clients notified of the available plans in their area. Chair Pont suggested that HFS direct clients to contact their PCP and ask what health plan the PCP may be affiliated with. Director Hamos asked Ms. Maher to look at the possibility of telling clients which health plans their PCP is affiliated with.

If clients report a change in address or phone number to the CEB, the information will be recorded in the CEB database but the database showing case information will not be updated unless reported to Department staff via telephone or mail or in-person or online. Clients may contact DHS or HFS to assist with changes in contact information.

The DHS helpline telephone number is 1-800-843-6154

The DHS website for customer service is <http://www.dhs.state.il.us/page.aspx?item=27894>

The HFS telephone hotline is 1-866-255-5437.

ICP update

HFS will expand the ICP program at the end of December including into the city of Chicago. Plans offered will include Aetna Better, IlliniCare, Meridian, HealthSpring, Humana and Blue Cross/Blue Shield. Enrollment letters will be sent out in 3 mailings based on zip codes for greater Chicago collar counties and for the city of Chicago.

There was group discussion on how the Department auto-assigns clients into a managed care plan.

Ms. Roberts explained that the Department will stop auto-assignment when a provider reaches 90% of their panel limit. For example, there is a limit of 2000 members for a PCCM panel. Auto-assignment will stop at 1800 members. If a panel member has a newborn, that child can be added to the same health plan.

Dr Jones was concerned that patients wanting a particular provider and under a particular plan would not be able to do so if the desired health plan was already at the provider's capacity limit. He gave the example of having an approved panel size of 600 and agreements with two health plans for 300 patients each. In his example, plan A had 100 of his patients and plan B had 300 of his patients. He questioned the cap limit policy that would dictate that the patient either enroll in plan A to keep him as the provider or choose another provider that had cap room under plan B.

Motion regarding client enrollment and provider panel capacity

Dr Jones made the following motion. The Care Coordination subcommittee recommends that the Department devise a system where a provider's assignment threshold be based on the total panel number rather than by total assignment under each plan. With the motion seconded and after discussion, the committee voted unanimously to approve the motion.

V. Update on Care Coordination Projects

Ms. Roberts and Ms. Maher provided the update.

Dual Medicare/Medicaid Care Integration Financial Model Project (MMAI): HFS now has all signed MMAI contracts and is currently reviewing network adequacy. Coverage under voluntary enrollment is set

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to begin in February 2014. Mandatory enrollment will be in May however, individuals may choose to opt out at any time. If an individual wants Long Term Supports and Services (LTSS), they must enroll in a health plan. Dual-eligible clients living in the community will be enrolled first. Group Care or Nursing home individuals will be enrolled beginning in June or July.

CCEs: The five CCE awardees now all have signed contracts. These include Be Well Partners, EntireCare and Together4Health in the Chicago area, and My Health Care Coordination and Precedence Care Coordination in the Downstate area.

Complex Children: The contract awardees are Lurie Children hospital, La Rabida Children's hospital and Children's hospital in Peoria. The plan is to roll-out this program next June or July.

CMMI: Art Jones reported that the Alliance for Health has about completed the model testing proposal and will submit the application to test the proposal to the federal CMS at the end of the month. The Center for Medicare Medicaid Innovations (CMMI) will issue the RFP in January.

Director Hamos noted that this is a statewide plan developed by Medicaid and private payors under Alliance for Health. The Governor will create an office to oversee the state effort. Part of this project is developing an 1115 waiver. Right now the waiver request is just a concept paper. The waiver application will reflect detailed input from providers.

ACEs: The Accountable Care Entities (ACEs) proposals are due by January 3, 2014. ACEs are targeted to start enrollment in July 2014.

VI. Discussion on 2013 Ethics Training for Appointees

Shannon Stokes with the HFS Office of the General Counsel explained the need for appointees to complete the ethics training and the process to report that the training was completed. Some committee members reported that they had not received an Ethics Training packet as yet. Ms. Stokes advised that HFS staff will resend the packets this week.

VII. 2014 Meeting schedule

Chair Pont stated that the next meeting is February 4. Other meeting dates for 2014 were not discussed.

VIII. Open to Subcommittee

Chair Pont opened discussion to the group.

Diane Montanez thanked the Department for adding a clause to the MMAI agreement that clarifies that staff may discuss health plan options with patients in order to educate patients rather than steer them to a particular plan. She advised that Alivio was still waiting for a solution regarding a request by an MCO that the provider must pay the settlement if there is a judgment against the MCO for a provider's patient.

Dr. Jones was concerned about network adequacy for behavioral health services. He noted that he had seen a study of six states that had rolled out the Affordable Care Act and that all had underestimated the Behavioral health network needs.

Dr. Jones stated that more providers need information/data so they can be a good MCO. He asked if there is a way to share data with interested providers.

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Director Hamos responded that HFS is providing data in a new way and that providers are intrigued to learn where people are going for care. Right now the Department's interest is that current entities have the data they need. HFS agrees with expanding sharing of data in concept but not able to do so as yet.

Timothy Wall stated that there has been an ongoing problem in finding pediatric specialty care and asked if the Department feels that people will be able to access pediatric specialists.

Director Hamos noted that MCEs are required to provide specialty care. She added that it is important for HFS to look at how ACEs describe their network to provide specialty care.

At Chair Pont request, Ms. Maher and Ms. Harris-Roberts agreed to come to the next committee meeting to share updates on the managed care roll-out.

IX. Adjournment

The meeting was adjourned at 12:00 p.m.