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

March 17, 2015
10:00 a.m. – 12:00 p.m.

Conference Call-In Number: 888-494-4032
Access Code: 1731617433

Agenda

I. Call to Order

II. Introductions

III. Review of January 6, 2015 Meeting Minutes

IV. Department Budget and Managed Care Expansion Updates

V. Evaluating Quality Metrics Presentations (Homelessness and Social Determinants):
   i. Sharon Post, HMPRG
   ii. Scott Nance, Access Living

VI. Open to Subcommittee

VII. Future 2015 Subcommittee Meeting Dates (June 9, September 15, December 8)

VIII. Adjournment

Illinois Department of Healthcare and Family Services
Care Coordination Subcommittee Meeting
January 6, 2015

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

Members Present
Edward Pont, Chair, ICAAP
Kathy Chan, CCHHS
Kelly Carter, IPHCA
Alvia Siddiqi, IHC
Art Jones, LCHC

Members Absent
Diana Knaebe, Heritage BHC
Mike O'Donnell, ECLAAA, Inc.
Josh Evans, IARF

HFS Staff Present
Julie Hamos, Director
Dr. Arvind Goyal
James Parker
Molly Siegel
Kai Tao
Patrick Lindstrom
Lauren Polite

Interested Parties Present
Philippe Largent, Consultant
Paula A. Dillon, Illinois Hospital Assoc.
Keith Kudla, FHN
Alicia Siani, Ever Thrive IL
Ann Cahill, Illinicare Health
Scott Nance, Access Living
Franchella Holland, Advocate ACE
Deb Matthews, UIC-SCC
Chris Haen, Lurie Children's Hospital
Mary Hayes, ICAAP
Kathryn Shelton, LAF
Mikal Sutton, Cigna-HealthSpring
Dr. David Sand, Harmony-WellCare
Marvin Hazelwood, Consultant
Jill Hayden, BCBS IL
Gary Thurnauer, Pfizer
Dawn Lease, J&J
Erin Weir, Age Options
Luvia Quinones, ICIRR
Laura Minzer, Cigna-HealthSpring
Luceno Gomez, Cigna-HealthSpring
Dr. W. Daniel Perez, Pediatrician
Nadine Israel Ever Thrive IL
Sharon Post, HMPRG
Gwendolyn Odom, NextLevel Health CCE
Amy Sagen, UI Health Plus ACE
Andrea Kovach, Shriver Center
Tom Wilson, Access Living
Jeanine Solinski, University of Chicago
Samantha Olds Frey, IAMHP
Jill Fraggos, Lurie Children's Hospital
Alexa Herzog, Ever Thrive IL
John Jansa, Molina
Justin Hayford, AIDS Legal Counsel
Mary Kaneaster, Lilly
Paul Frank, Harmony-WellCare
Phil Mertis, Gilead
Sally Szumlas FHN
James Kiamos, FHN
Karen Brach, BCBS IL
Eric Foster, IADDA
Alison Stevens, LAF
Sandy De Leon, The Ounce
Jennie Pinkwater, ICAAP
Dr. Ehrman, Will County (WCCHC)
Diane Montanez, Alivio

Illinois Department of Healthcare and Family Services
Care Coordination Subcommittee Meeting
January 6, 2015
401 S. Clinton, Chicago, Illinois
201 S. Grand Avenue East, Springfield

Andrew Fairgrieve, HMA
Anna Carvello, La Rabida
Lindsey Artola, IlliniCare
Winston Laverson, Gilead
Jessie Beebe, AFC
Wes Venteicher, Tribune
Renee Dubois, HMPRG

I. Call to Order

Chair, Dr. Edward Pont called the meeting to order at 10:10 am.

II. Introductions

The members of the Medicaid Advisory Committee Care Coordination Subcommittee and attendees in Chicago and Springfield and those participating via telephone were introduced.

III. Review of October 7, 2014 Meeting Minutes

After a brief discussion, the minutes from October 7, 2014 were reviewed by the Subcommittee and approved. One minor edit was made.

IV. FHN Health Plan Presentation

Family Health Network (FHN) provided the Subcommittee with a presentation on its quality care initiatives. The presentation included information about FHN's HEDIS scores, based on the plans own review, and the plans determination that there is a lack of data that is driving the quality concerns. In addition, the plan discussed what efforts are being put forth to improve their overall HEDIS scores and quality of care for their members.

V. Harmony Presentation

Dr. Sand also provided the Subcommittee with a presentation about Harmony's steps for a quality health plan. Dr. Sand discussed many different ways in which Harmony has made efforts to provide higher quality care to its members and improve HEDIS scores. He stated that 58% of the measures had shown improvements based on the steps Harmony is taking to improve overall quality for its members.

VI. Expansion Update

The Bureau of Managed Care provided the Subcommittee with updates on the agencies managed care expansion efforts. At this time, the Department is still mailing initial enrollment packets to Family Health Plan populations and ACA Adults primarily in Cook County. It is estimated that all initial enrollment packets will be mailed by the end of January 2015. In addition, of the individuals enrolled in a managed care plan under expansion (FHP, ACA and CSN), approximately 54% of the enrollments are due to auto assignment rate and 46% are due to voluntary choice. Currently the Client Enrollment Services call center continues to have periodic spikes in call volumes and talk times for each call have remained fairly consistent.

Jim Parker clarified that are this time the Department has enrolled 1.4 million individuals into a managed care plan, and there are 1.7 million additional Medicaid individuals in other plans or in fee-for-service, totaling an estimated 3.1 million individuals currently participating in Medicaid. Jim Parker also clarified the process the Department has implemented to handle "for cause" switch requests outside of a clients 90-day switch period and open enrollment period, such as letting clients switch health plans because their PCP is not in the current network they were assigned. This is a manual process and will require a case-by-case review by Department staff before allowing the for cause switch.

A Subcommittee member requested choice and auto-assignment rates for Cook County for the expansion populations. As the expansion efforts are on-going in Cook County at this time, Jim Parker confirmed the Department would provide choice and auto-assignment rates by Region to the Subcommittee and also post the information on the HFS web site once expansion has been completed and the data is available.

VII. Active Provider Discussion

Dr. Pont lead a discussion on ACE'S. He expressed concern that he is losing 30 to 40% of his patients due to issues with ACE'S, including the concern that clients cannot select a health plan and PCP if the client does not reside in the area of service that the health plan is contracted to operated within for care coordination services.

Open to Sub-Committee

Additional discussion occurred during this time regarding the Medicaid enrollment estimates.

In addition a Subcommittee member requested an update on the Illinois Health Connect Bonus program for 2013. Jim Parker confirmed that the Bonus Program was pending additional funding and that it was anticipated that Bonus checks would be issued to PCPs sometime in January 2015.

VIII. Adjournment

The meeting was adjourned at 12:05 PM.

Health & Medicine
POLICY RESEARCH GROUP

Summary of Risk Adjustment Policy Brief, March 2015 MAC Care Coordination Subcommittee

Why are we talking about risk adjustment?

At the November 13, 2014 Medicaid Advisory Committee meeting, HFS announced the suspension of auto-enrollment in two Medicaid health plans because they each had unacceptably low quality scores. Several members of the MAC expressed concern about the auto-enrollment suspensions. Some members worried that these kinds of penalties could harm plans that take on a disproportionate number sicker, poorer, less educated, or otherwise disadvantaged members, creating an incentive for plans to avoid those individuals and potentially diverting resources from safety net providers. The question arose, should HFS quality measures take into account differences in socio-demographic characteristics of each health plan?

What is risk adjustment?

Risk adjustment refers to a variety of statistical methods to account for differences in patient characteristics when computing quality measures. Risk adjustment can make comparisons more meaningful by "leveling the playing field" upon which plans and providers are judged, facilitating better choices and more effective payment reform. The chart below outlines some of the dangers and benefits of using risk adjustment to account for differences in socio-demographic characteristics:

Goal	Danger	Benefit
Provide usable information	• Make quality scores misleading, resulting in poor decisions • Mask disparities in quality from view and reduce incentive to improve care for disadvantaged individuals	• Make quality scores more meaningful and actionable, aiding effective decision-making • Facilitate assessment and improvement of pilots and policies
Create accountability	• Create a lower standard for populations in certain socio-demographic categories • Establish perverse or ineffective incentives	• Establish effective incentives that drive change for all populations • Make penalties more fair

What about risk stratification?

Stratification is not a method of risk adjustment, but an alternative to adjusting quality measures. Rather than changing scores, stratification breaks down aggregate quality measures to show how outcomes differ for patients with certain characteristics (patients who are sicker, poorer, or of a particular race, for example). Ashish Jha has summarized the appropriate use of risk adjustment and stratification for socio-economic status:

Goal of Performance Measurement	How to Handle Socio-economic Status
Inform patient choice	Stratify data. Consider risk adjustment if you can't stratify
Motivate, target quality improvement	Use unadjusted data. Add stratified as a drill-down
Link performance to payment incentives	Use risk adjusted data

For more on this topic please see HMPRG's full policy brief at hmprg.org/Blog+Posts/PolicyBriefRiskAdjustment, or contact Sharon Post, Director of the Center for Long-Term Care Reform at HMPRG: spost@hmprg.org
See also, the National Quality Forum's report, "Risk Adjustment for Socioeconomic or Other Sociodemographic Factors," August 2014 and Ashish Jha's blog "An Ounce of Evidence," https://blogs.sph.harvard.edu/ashish-jha/changing-my-mind-on-ses-risk-adjustment

Hospital risk adjustment example from Ashish Jha's "Changing my mind on SES Risk Adjustment"

	Hospital A **Safety-Net: 50% poor**		Hospital B **Non-Safety-Net: 5% poor**		National Average 20% poor
	Readmission Rate by SES	Overall Readmission Rate	Readmission Rate by SES	Overall Readmission Rate	Readmission Rate by SES
Scenario 1	Poor: 30% Non-Poor: 30%	30%	Poor: 20% Non-Poor: 20%	20%	Poor: 20% Non-Poor: 20%
Scenario 2	Poor: 30% Non-Poor: 20%	25%	Poor: 20% Non-Poor: 20%	20%	Poor: 20% Non-Poor: 20%
Scenario 3	Poor 30% Non-Poor: 20%	25%	Poor: 30% Non-Poor: 20%	20.5%	Poor: 30% Non-Poor: 20%

	"Unadjusted" Gap	**"Adjusted" Gap**
Scenario 1	10%	10%
Scenario 2	5%	5%
Scenario 3	4.5%	0%

In scenario 1 and 2, let's assume that patients are readmitted 20% of the time on average, whether or not they're poor. In scenario 1, Hospital A (a safety-net hospital) has higher readmission rates for everyone. They may have more poor patients, but their readmission rate is high for both poor and non-poor patients. So, compared to Hospital B, they look worse in unadjusted and adjusted scores. Adjustment doesn't help.

In scenario 2, Hospital A has higher readmission rates for its poor patients and therefore has an overall readmission rate of 25%. Hospital B doesn't suffer from readmitting its poor patients too often – hence its readmission rate is 20%. In this case, safety-net hospitals look worse than Hospital B in both unadjusted and adjusted analyses. Again, adjustment doesn't help.

In scenario 3, Hospital A and B both struggle with readmissions for their poor patients – as does the rest of the country. The only thing that differentiates Hospital A from Hospital B is the proportion of poor patients in the hospital. In this case, adjustment makes a big difference. By adjusting, we account for the different proportions of poor patients between Hospital A and B. Adjustment ensures that organizations are judged by how well they care for their patients, not by how many poor patients they have.

Read the whole post here: http://blogs.sph.harvard.edu/ahsish-jha/changing-my-mind-on-ses-risk-adjustment

Community Organizing at Access Living

At Access Living, we take pride in supporting our grassroots leaders with disabilities. Our Chicago disability advocacy community is vibrant and diverse. We believe in the capacity of ordinary folks with disabilities to speak truth to power and win social change. We also believe advocacy liberates the human spirit. For more than thirty years, Chicago grassroots disability advocates have truly lived the South African saying "Nothing About Us Without Us!"

The Advocacy Department's Community Organizing Team currently supports nine grassroots groups led by consumers:

Advance Youth Leadership Power (AYLP): young people with disabilities ages 16-24 organize and educate on youth-related issues.
Staff contact: **Candace Coleman**, (312) 640-2128 or ccoleman@accessliving.org.

Cambiando Vidas (Changing Lives): Latinos with disabilities organize for community supports and disability education in the Latino community.
Staff contact: **Michelle Garcia**, (312) 640-2194 or mgarcia@accessliving.org (Bi-lingual Español).

Disability Rights Action Coalition for Housing (DRACH): DRACH fights for housing rights for people with disabilities, especially those in public housing.
Staff contact: **Brock Grosso**, (312) 640- 2148 or bgrosso@accessliving.org.

Disabled Americans Want Work Now (DAWWN): DAWWN fights for employment rights related to vocational rehabilitation and other employment programs.
Staff contact: **Rene Luna**, (312) 640-2108 or rluna@accessliving.org (Bi-lingual Español).

Empowered Fe Fes: Girls and women with disabilities campaign on disability issues through a gender perspective.
Staff contact: **Fulani Thrasher**, (312) 640-2190 or fthrasher@accessliving.org.

Disability Justice Mentoring Collective (DJMC): Teens with disabilities are paired with adult mentors to develop disability pride and self-advocacy skills.
Staff contact: **Carrie Kaufman**, (312) 640-2131 or ckaufman@accessliving.org.

Task Force on Attendant Services (TFAS, pronounced "tough ass"): Users of attendant services and personal attendants mobilize together for the right to home and community based services.
Staff contact: **Tom Wilson**, (312) 640-2125 or twilson@accessliving.org.

Independent Voices: A group for people who have transitioned out of nursing homes or other institutions, people in nursing homes who want to live in the community and allies. It focuses on helping people learn there are alternatives to the nursing home.
Staff contact: **Tom Wilson**, (312) 640-2125 or twilson@accessliving.org.

Power to the People (PTP): Grassroots leaders from the above groups also meet regularly for leadership development and to build our community's power.
Staff contact: **Adam Ballard**, (312) 640-2195 or aballard@accessliving.org.

Community Services at Access Living

The Service Department's Community Supports and De-Institutional Team currently supports eight groups led by consumers:

Stepping Stones: People with disabilities living in institutional settings or recently transitioned to community living from an institutional setting learn skills to increase and maintain their independence.
Staff contact: **Mary Delgado**, (312) 640-2118 or mdelgado@accessliving.org
Or: **Katie Blank**, (312) 640-2103 or kblank@accessliving.org.

De-Institutionalization: People with disabilities living in institutional settings who want to live in the community can transition through the Colbert Class. Institutions refer to MCOs who in turn refer to Access Living, Heartland Alliance, or Feather Fist.
Staff contact: **Sheri Blakely**, (312) 640-2129 or sblakely@accessliving.org.

Financial Literacy: People with disabilities learn to maximize their funds, their financial rights and understanding of banking.
Staff contact: **Carleda Johnson**, (312) 640-2159 or cjohnson@accessliving.org.

Cross Disability Support Group: People with disabilities across all disability types gather to discuss issues in our community. Topics have a wide range and include peer support and an opportunity to learn our collective barriers and successes.
Staff contact: **Carleda Johnson**, (312) 640-2159 or cjohnson@accessliving.org.

Staff Associate Program: People with disabilities gain access to employment opportunities and skills development in a professional environment right here at Access Living. Desired outcome of the program is simply employment in the community.
Staff contact: **Mary Lee Ahern**, (312) 640-2119 or mahern@accessliving.org.

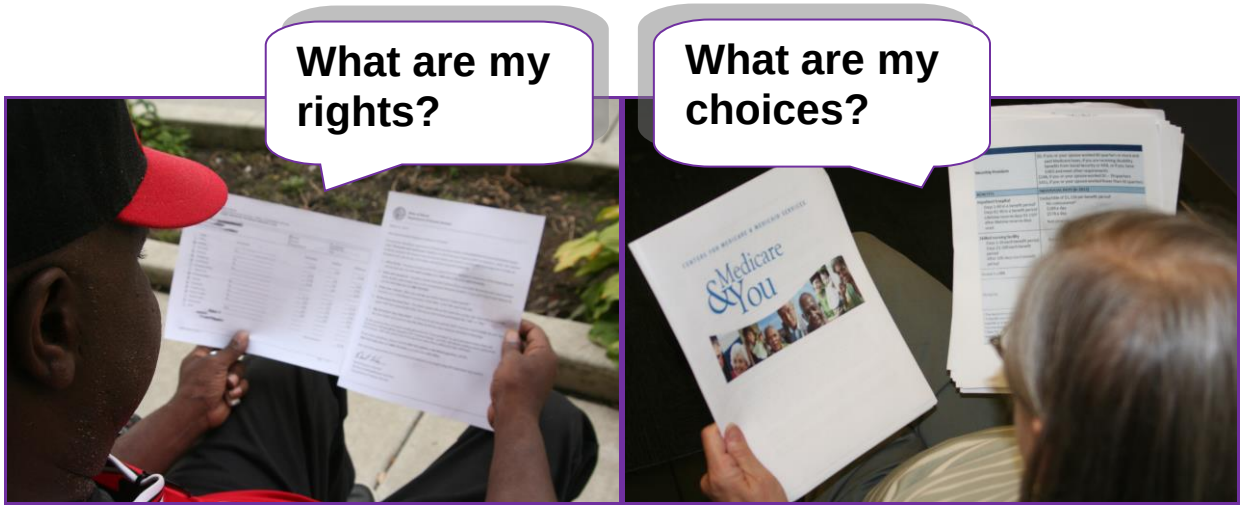
Personal Assistant Management Training: People with disabilities new to managing Individual Providers or at risk of agency referral can complete a training steeped in self-determination and increased knowledge of rights and responsibilities of being an employer using the Home Service Program.
Staff contact: **Kristina Reis**, (312) 640-2193 or kreis@accessliving.org.

M&M Roll Model Program: Women with disabilities connect with girls with disabilities ages 13-19 to break down social isolation, develop self-expression and positive identity while confronting and resolving disability prejudice.
Staff contact: **Evelyn Rodriguez**, (312) 640-2144 or erodriguez@accessliving.org.

Housing Assistance: People with disabilities seeking affordable, accessible and integrated housing learn how to successfully pass background checks, repair poor credit and attain as well as maintain housing in the least restrictive setting. Call the Housing Hotline at (312) 640-2121
Staff contact: **Larry Hamilton**, (312) 640-2153 or lhamilton@accessliving.org.

Home and Community Ombudsman Program

Through a federal grant, Illinois Department on Aging's Long-term Care Ombudsman Program services expanded into the community. Ombudsmen are "citizen representatives" or "personal advocates" who provide information and assistance to help you resolve your concerns. In Chicago, Home and Community Ombudsman Program services are provided by Access Living, which can provide advocacy services when rights of eligible individuals are being violated. Free legal services may also be available. For more information contact Access Living.



Are you a **person with a disability or a senior** who relies on **Medicaid** Home Services in Chicago?

Are you having **problems** with **Managed Care** Counselors, Providers or other people in your home?

Are you an **adult with a disability** age 18 – 59 or a **senior** age 60+ living at home experiencing **discrimination**?

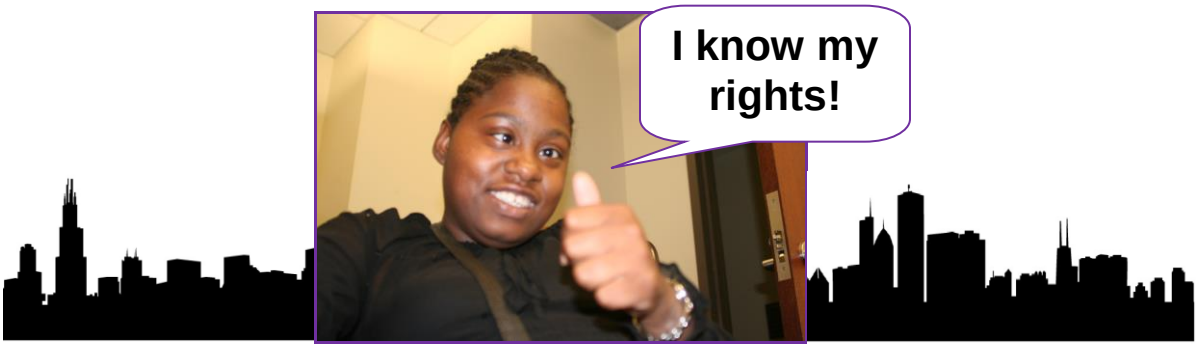
Contact your **Home and Community Ombudsman** today!

Call 312 640 2152

Monday – Friday 8:30 A.M. – 5:00 P.M.

To be eligible for assistance, you must have either of the following:

- Receive services under the Illinois Department on Aging Community Care Program; or from a Illinois Department of Human Services - Division of Rehabilitation Services Medicaid Waiver: Person with Disabilities, Brain Injury, or HIV/AIDS
- Qualify for both Medicaid and Medicare and receive Managed Care



Illinois Department on Aging

Access Living
115 West Chicago Ave
Chicago, IL 60654
(312) 640 2152
ombudsman@accessliving.org

ACCESS LIVING

LAF
Home Care Ombudsman Project

And

Access Living
Home and Community Ombudsman Program

THE HOME AND COMMUNITY OMBUDSMAN PROGRAM

OVERVIEW

August 2013, the state amended a section of the Illinois Act on Aging to expand the Long Term Care Ombudsman Program to cover seniors and adults with disabilities living in the community. Previously, only seniors living in nursing homes were covered.

“**Ombudsman**” is Swedish for “**Citizen Representative**” or “Personal Advocate”.

An Ombudsman is a person officially certified by the State of Illinois to investigate individuals' complaints against maladministration, especially that of public authorities.

The Home and Community Ombudsmen will provide information to and investigate complaints by eligible seniors and people with disabilities.

Your Rights

- **Treated with Dignity and Respect**
- **Understand Your Rights (with Assistance if needed)**
- **Free From Abuse, Neglect and Financial Exploitation**
- **Support with Appeals or Grievances**
- **Protected from Discrimination**
- **Full Participation in Every Decision Impacting Your Life**
- **Privacy and Copies of Medical Records**
- **Protection from Retaliation**
- **Knowing Who to Contact**

ELIGIBILITY FOR SERVICES

In order for someone to be eligible for services, a Participant would have to be enrolled in any one of the following:

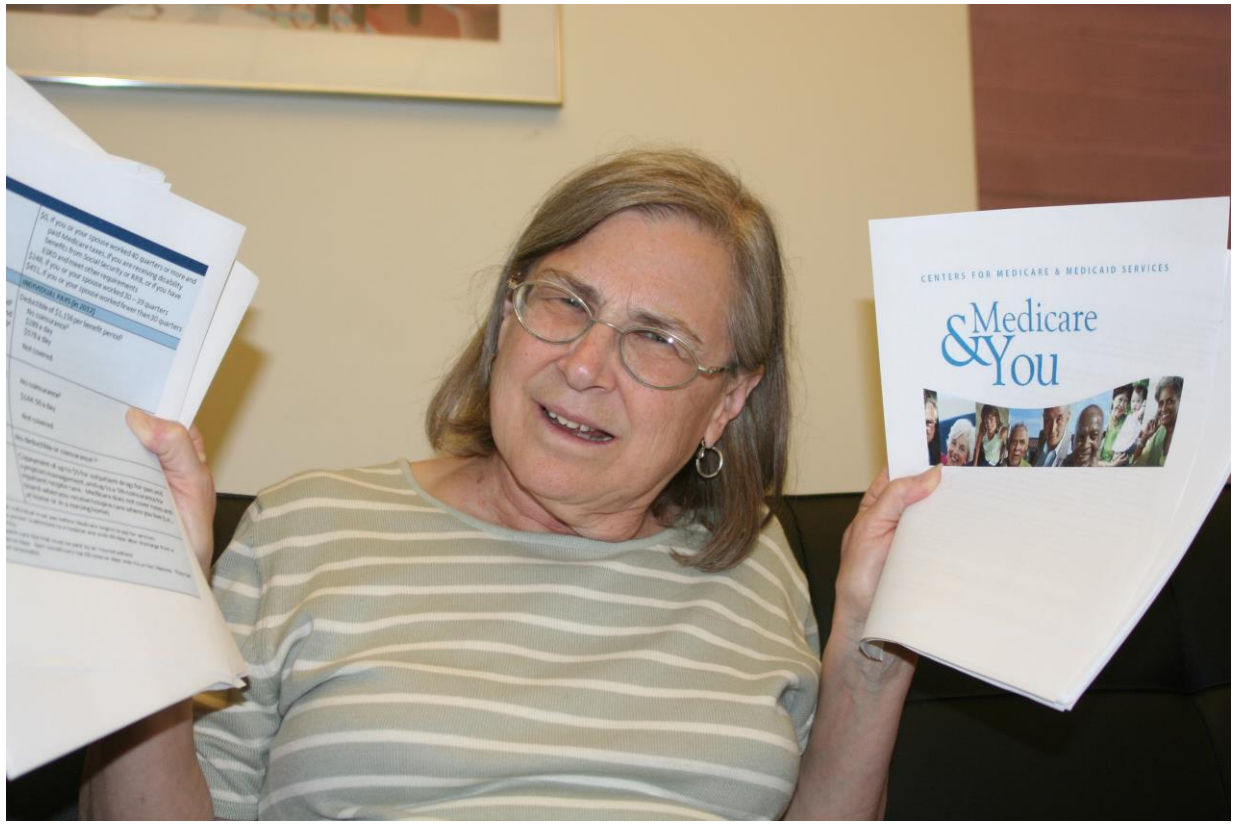
- **Medicaid and Medicare Alignment Initiative (MMAI)**
- **Medicaid Waiver Programs**


Health Alliance
CONNECT
MMAI
Member Name:
Member ID:
Health Plan:
Medicaid ID:
PCP Name:
PCP #:
H0773-001
MedicareRx
RxBin: 015574
RxPCN: ASPROD1
RxGRP: HAI04

ELIGIBILITY FOR SERVICES

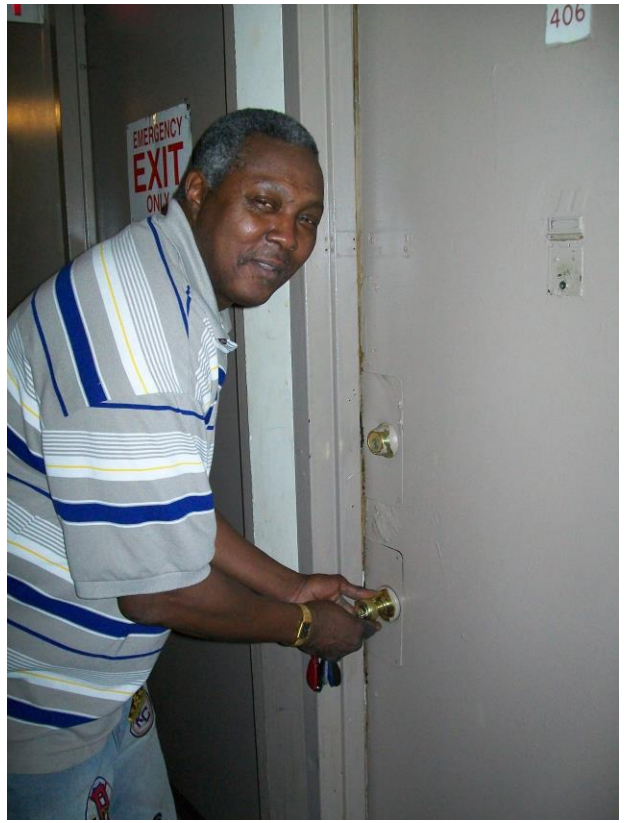
Eligible Medicaid Waivers:
(Age 18-59)

- **Persons with a Disability,**
- **HIV/AIDS,**
- **Brain Injuries**
- **Or age 60 and better in Community Care.**



ELIGIBILITY FOR SERVICES

- **Participants must live in their own home.**
- **Participants must reside in the City of Chicago, suburban Lake County, or suburban Cook County with the exception of Evanston.**

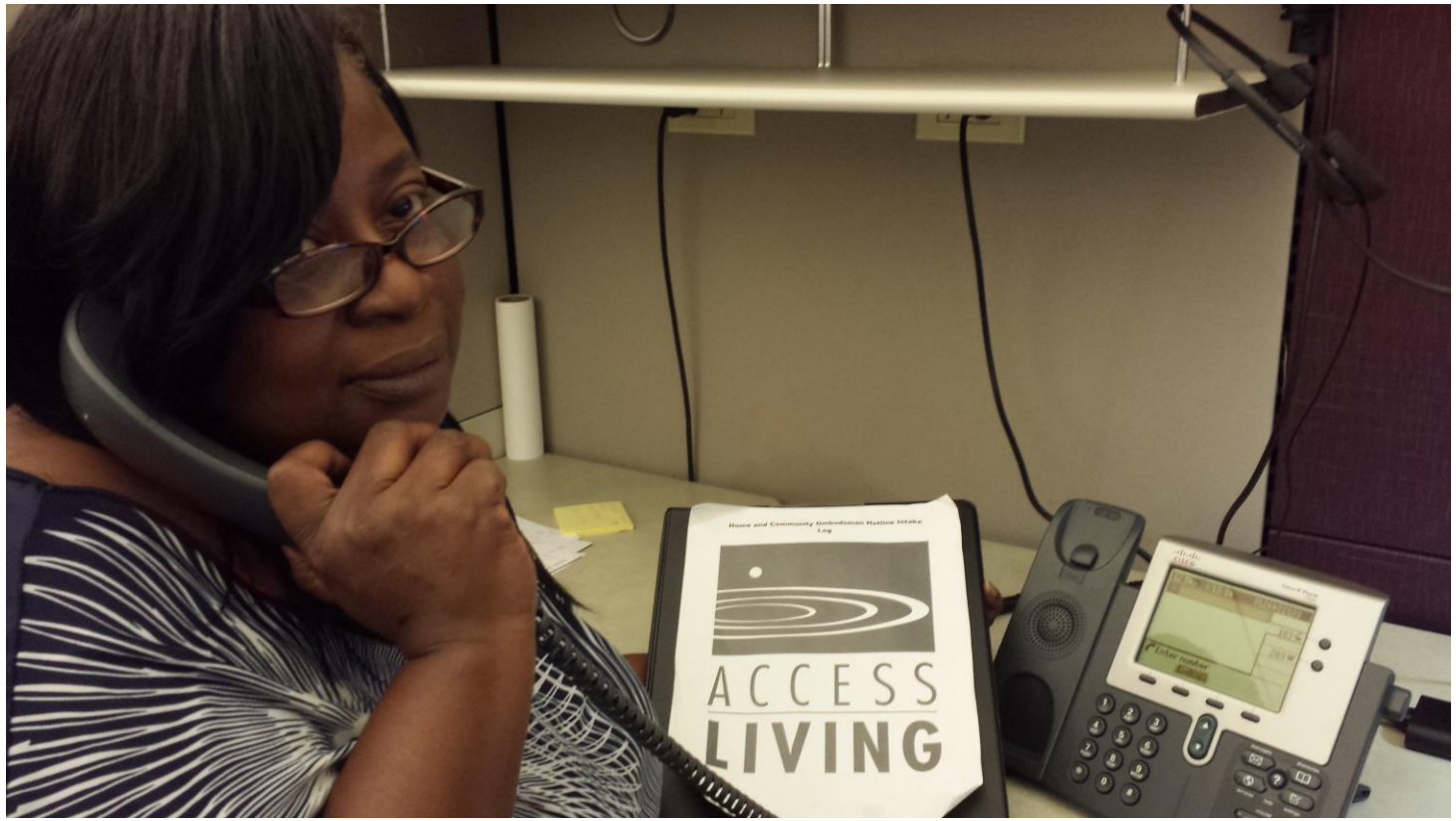


THE OMBUDSMAN'S ROLE

- **Address concerns related to home services, managed care plans and health insurance plans**
- **Provide resources and assist with transportation, denial or termination of services, and home service needs**

THE OMBUDSMAN'S ROLE

- **Clarify areas of concerns and coach the Participant on how to address service providers and offer guidance and support to get solutions**
- **Act as a representative on behalf of the participant by conducting a formal investigation related to a complaint of services**



THE OMBUDSMAN'S ROLE

- **Educate and build relationships with community and service providers**
- **Identify larger systemic issues so matters can be addressed through the legislative/policy process**

CASE EXAMPLE(S)

A PERSON IS HAVING ISSUES WITH THEIR LANDLORD

A PERSON COMPLAINS ABOUT HOURS ON THEIR SERVICE PLAN BEING CUT

A PERSON COMPLAINS ABOUT BEING STUCK AT HOME BECAUSE THEIR WHEELCHAIR IS BROKEN

CONTACT US

Senior Help Line: (800) 252-8966

Access Living

(City of Chicago)

- (312) 640-2152
- 115 W. Chicago Ave. Chicago, IL
- ombudsman@accessliving.org

LAF

(Suburban Lake & Cook County, not Evanston)

- (888) 401-8200
- 120 S. LaSalle St. Suite 900, Chicago, IL

QUESTIONS?