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

May 13, 2014
10 a.m. – 12 p.m.

Agenda

I. Call to Order

II. Introductions

III. Review of Feb 4, 2014 Meeting Minutes

IV. Quality Measures – What do we want them to accomplish?

V. Continuity of Care
   i. ICP Update – Dr. Heller, UIC
   ii. Expansion/Family Transition Update (Addendum)

VI. Open to Subcommittee

VII. Next Meeting (August 12, 2014)

VIII. Adjournment

Illinois Department of Healthcare and Family Services
Care Coordination Subcommittee Meeting
February 4, 2014

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
James Parker
Michelle Maher
Amy Harris-Roberts
Lauren Polite
Molly Siegel
Jamie Tripp
Michelle Clark
James Monk

Interested Parties Present
Lindsey Artola, IlliniCare
Sherie Arriazola, TASC
Chris Beal, Otsuka
Karen Brach, BCBSIL
Elizabeth Brunsvold, Astra Zeneca
Mary Button, HCCI
Ann Cahill, IlliniCare
Anna Carvalho, La Rabida
Carrie Chapman, LAF
Gerri Clark, DSCC
Sheri Cohen, CDPH
Marsha Conroy, Aunt Martha's
Rick Cornell, HA
Carol Dall, Independent Living Systems
Maggie Domaradzki, Cigna-HealthSpring
Tom Erickson, BMS
Eric Foster, IADDA
Jill Fraggos, Lurie Children's Hospital
Lucero Gomez, Cigna-HealthSpring
Jill Hayden, HealthSpring
Marvin Hazelwood, Consultant

Interested Parties Present
Ollie Idowa, Molina Health
Thomas Jerkovitz, UIC-DSCC
Andrea Kovach, Shriver
Ronald Lampert, Thresholds
Phillip Largent, LGS
Theresa Larsen, Meridian Health Plan
Helena Lefkow, MCHC
Divya Little, EverThrive IL
Marilyn Martin, Access Living
Laura Minzer, Cigna
Diane Montanez, Alivio Medical Center
Damian Nelson, Illinois Partners
Jennie Pinkwater, ICAAP
Sharon Post, HMPRG
Patricia Reedy, DHS/DMH
Lori Reimers, BCBS
Amy Sagen UI Health System
Elaine Schmidt, DCFS – Health Services
Christy Serrano, Ounce of Prevention Fund
Tim Smith, MPAG
Jeannine Solinski, University of Chicago
Katie Tuten, Catholic Charities
Kathy Waligora, EverThrive Illinois
Bob White, Forest
Erika Wicks, HMA
Brenda Wolf, La Rabida Children's Hospital

Illinois Department of Healthcare and Family Services
Care Coordination Subcommittee Meeting
February 4, 2014

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 December 17, 2013 Meeting Minutes

Sharon Post asked that her agency affiliation name be corrected. With this change, the minutes were approved as written.

IV. Update on Care Coordination Projects

James Parker, Deputy Director of Operations provided the update with the help of Amy Harris-Roberts, Michelle Maher and Lauren Polite.

Accountable Care Entities (ACEs): Eleven (11) Accountable Care Entity (ACE) proposals were received. Last week, HFS staff met with members of each team. ACEs are targeted to start enrollment in July 2014.

Dual Medicare/Medicaid Care Integration Financial Model Project (MMAI): Passive enrollment letters began to be sent last week. The first applications have been processed. Passive enrollment refers to the assignment of a client to an MCE without making a plan assignment request. The client may opt out the plan assignment at any time and enroll in a plan at a later date.

In some counties in the Greater Chicago area there are plans that are going live but being monitored for one provider type with limited access. Network adequacy is determined by federal CMS standards. For example, the MMAI network needs to offer chiropractic services. If the network doesn't have these services, it may not go forward. If there is limited access, the plan may go forward but HFS will monitor.

In the Central Illinois region, three counties: McLean, Sangamon and Macon, have only one plan option. There will be no passive enrollment in these counties until each can offer two plan options.

Complex Children CCE: The Department has begun discussion with the three awardees.

ICP/CCE Expansion in Cook County: HFS is continuing ICP expansion enrollment. CCE enrollment letters are going out and do show the plan choices for each county. The three CCEs in Cook County are Be Well Partners, EntireCare and Together4Health.

In response to questions, Mr. Parker advised that: 1) persons may not be enrolled in both an ACE and CCE and 2) HFS will update the Care Coordination Roll-Out Chart to reflect current available choices.

Alvia Siddiqi noted that call volume at Illinois Health Connect (IHC) is up. Mr. Parker advised that IHC will continue to play an important role in the enrollment process and is the underpinning for enrollment with Care Coordination entities (CCEs).

Chair Pont suggested that the committee review the IHC enrollment process as a meeting topic.

Newly Eligible ACA Adults: The Cook County managed care choices are either CountyCare or Fee for Service (FFS). Persons may enroll in CountyCare through a CountyCare site. HFS does not send a letter to newly eligible adults identifying CountyCare as a managed care choice. The MEDI system will show if a

person is enrolled with CountyCare. Letters have been sent to CountyCare enrollees stating they may change to FFS. Mandatory managed care enrollment for this group will not begin until July 1.

Carrie Chapman advised that LAF staff have found ACA adults identified as needing to pick a Primary Care Provider (PCP) and asked if this is correct procedure. Mr. Parker advised that ACA adults are asked to pick a PCP on a voluntary basis.

Outside of Cook County, a person may choose a PCP through IHC. Mandatory enrollment will begin downstate at a later that has not yet been determined.

V. ICEB Updates – additional discussion on topics from December 17, 2013 meeting

Mr. Parker provided enrollment data as of January 27, 2014. CountyCare has 74,000 persons enrolled with 14,000 applications pending. Their approval rate is 85%. The SNAP/Express project accounts for 36,000 new enrollments. There have been 41,000 enrollments via the Applications for Benefits Eligibility (ABE) system. There are currently 217,000 Medicaid applications pending an eligibility determination. About 20% of these will be newly eligible ACA adults. The approval rate through ABE is about 78%. These enrollment numbers have not been posted online as yet.

Mr. Parker didn't know how many applications the Department has received through the Federally Facilitated Marketplace (FFM). Ms. Polite advised that initially HFS asked persons to apply through ABE but as the marketplace processing time improved, HFS has been encouraging persons to apply through the FFM at: http://getcoveredillinois.gov/explore-coverage-options/?utm_source=bing&utm_medium=cpc&utm_campaign=branded

In response to a question, Ms. Polite advised that the Department is working on adding presumptive eligibility (PE) for hospitalization to the ABE system. HFS is not presuming eligibility for newly eligible ACA adults. She added that if there are questions regarding medical emergency coverage, to contact her at: lauren.polite@illinois.gov .

Kelly Carter asked what is being done to improve the timely processing of pending Medicaid applications. Mr. Parker shared that his understanding is that the Department of Human Services is adding hundreds of new caseworkers to meet the need. Ms. Polite added that medical-only applications may be processed by HFS and applications requesting medical and cash or SNAP would be sent to a DHS Family Community Resource Center (FCRC).

Listing plans by provider, change suggestion order on enrollment materials: Mr. Parker advised that HFS could talk with Maximus regarding an enhancement to show available health plans on the individualized letters sent to potential enrollees. Regarding the online tips to help clients choose a health plan or PCP, Chair Pont would like to see Tip #4 moved up to be Tip #1. HFS has agreed to make this suggested change but has not done so as yet. Program materials are on-line at: http://enrollhfs.illinois.gov/sites/default/files/content-docs/VMC_Tips_CookCounty.pdf

Provider Panels – Global caps versus individual plan panels: At the last meeting, the committee passed a motion recommending 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.

Mr. Parker stated that providers could talk to the ACEs to change the panel size as HFS doesn't see itself as making panel changes established by the plan and provider. Art Jones asked how providers would know when they are close to the panel cap. Mr. Parker suggested that more discussion is needed to determine the

panel size number for PCPs and how to track the enrollments across entities. He suggested that the committee could take up this topic.

Communication with Provider Community: Alvia Siddiqi suggested that the Department host more webinars about changes to enrollment. This would help to facilitate communication with the provider community.

Geoaccess Maps: Mr. Parker stated that Client Enrollment Brokers may share specific names of hospitals, PCPs, physicians, specialists and mental health providers with persons needing to make a plan choice. HFS could create a chart on the website for ACEs and CCEs to show high level information similar to what is shown for the ICP and MMAI programs for to show number of providers by type in a geographic area.
http://enrollhfs.illinois.gov/sites/default/files/content-docs/ICPchart_I02_EN_06-04-2013.pdf
http://enrollhfs.illinois.gov/sites/default/files/content-docs/ICES_MMAI_CompCharts_M01.pdf

Mr. Parker noted that it would very difficult to list all the actual names of all the plan affiliated providers.

VI. 2014 Meeting schedule

Members were provided a list of meeting dates for 2014. The meeting dates shown were May 13, August 12 and November 18. These are Tuesdays with meeting times from 10 a.m. to 12 p.m. No members expressed a conflict with these meeting dates.

VII. Open to Subcommittee

Dr. Jones would like the Department to decrease the number of parameters used as Pay for Performance (P4P) under the Integrated Care Program (ICP). He stated that the ICP has 21 different incentivized parameters. His concern is that if a plan had a negative change of 1% or more on 3 indicators, the plan may receive no P4P money at all. He noted that a change of 1% could be a result of a random sampling error. He suggested that the Department could still monitor the 21 performance measures but should incentivize fewer measures to get better targeted outcomes. He suggested that the quality measures used for P4P be reviewed by the committee as an agenda topic.

VIII. Adjournment

The meeting was adjourned at 12:00 p.m. The next meeting is May 13.

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May 13, 2014
Expansion/Family Transition Update Addendum

What is the status of the primary care and specialty provider networks the MCEs are obligated to establish for the upcoming children/family transition to occur?

- When does the Department envision that all the state's geographic areas will have adequate provider networks?
- What is the Department's plan for geographic areas currently without adequate provider networks? Will the PCCM undergird the transition in these challenging areas?
- What options are there for PCPs who do not join an MCE? Would the Department consider a reduced FFS fee schedule for these providers?

What initial rate of auto-assignment does the Department expect during the upcoming children/family transition?

- Will the auto-assignment process give preference to any particular model; i.e., will patients be auto-assigned to ACEs before MCOs?
- Will the Department allow out-of-network claims during the transition, and for what period of time?
- If the Department will not allow out-of-network claims, is there an auto-assignment level above which the Department will consider allowing them?

How will the Department inform providers to which MCEs their patients have been assigned?

- If providers would like to inquire which MCE is going to be assigned their patients, which bureau within the Department should they contact?
- Can an ACE insist that *all* a provider's patients—HFS as well as commercial—join its organization?
- Will providers be alerted when patients in their county or zip code receive their enrollment packet mailing?
- Can providers view a sample enrollment packet? Could one be provided to the MAC?

For patients who do not actively make a plan selection, is it the Department's intent to transfer a provider's panel to the same MCE? If a PCP belongs only to an ACE, will existing patients be auto-assigned to the PCP's affiliated ACE?

Upon termination of a contractual relationship between a MCE and a PCP, what mechanism is in place to allow the affected beneficiary to choose another MCE during the lock-in period if the beneficiary wishes to retain his current PCP?