Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee - July 12, 2013

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

Members Present
Susan Hayes Gordon, Chairperson
Kathy Chan, IMCHC
Jan Grimes, IHHC
Judy King
Andrea Kovach, Shriver Center
Karen Moredock, DCFS
Eli Pick, Post Acute Innovations
John Shlofrock, Barton Mgt.
Sue Vega, Alivio Medical Center

HFS Staff
Julie Hamos
James Parker
Jacqui Ellinger
Arvind Goyal
Debra Clemons
Mike Jones
Katie Eckles
Amy Wallace
Sally Becherer
James Monk

Interested Parties
Greg Alexander, CCAI
Paula Bausman, IDPH/LTC
Chris Beal, Otsuka
Scott Benham, Software AG
Victoria Bigelow, Access to Care
Libby Brunsvold, MedImmune
John Bullard, Amgen
Ann Cahill, IlliniCare
Kelly Carter, IPHCA
Gerri Clark, DSCC
Shen Cohen, CDPH
Dan Coleman, Merck
Carol Dall, Humana/ILS
Mark Davis, Vertex Pharmaceuticals
Andrew Fairgrieve, HMA
Osbaldo Flores, Progress Center
Ramon Gardunhir, Aid Foundation
Lisa Gee, Voices for IL Children
Kate Greenfield, Harmony
Dean Groth, Pfizer
Barbara Haller, IHA
Jill Hayden, HealthSpring
Marvin Hazelwood, Consultant

Members Absent
Mary Driscoll, DPH
Edward Pont, ICAAP
Renee Poole, IAFP
Linda Shapiro, ACHN
Glendean Sisk, DHS

Interested Parties continued
George Hovanec, Consultant
Nadeen Israel, Heartland Alliance
Fashir Khan, ICIRR
Mary Kennelly, LAF
Marissa Kirby, IARF
Michael LaFond, Abbott
David Livingston, Meridian Health
Shelby Marks, Government Navigation Group
Mona Martin, PHRMA
JoAnn Mason, Meijer
Peter Matuszak, The Civic Federation
Sanjoy Musunur, Aetna Better Care
Diane Montanez, Alivio
Jewell Oates, CBHA
John Peller, Aids Foundation
Jennie Pinkwater, ICAAP
Dana Popish, BCBSIL
Katherine Pyde, ILS/Humana
Sam Robinson, Canary Telehealth
Phyllis Russell, ACMHAI
Dee Ann Ryan, Vermillion County MHB
Amy Sagen, UI Hospital & HS System
Heather Scalia, Humana
Lynn Seermon, Consultant
Alvia Siddiqi, IHC Medical Director
Sam Smothers, MedImmune
Deana Spencer, ICAAP
Tom Wilson, Access Living
Gary Thurnauer, Pfizer
Erin Vaughan, Astra Zeneca
Can Vonderhaar, AHS
Ericka Wicks, HMA

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I. Call to Order

Chairman Gordon called the meeting to order at 10:04 a.m.

II. Introductions

Participants in Chicago and Springfield introduced themselves.

III. Approval of May 10, 2013 Meeting Minutes

Judy King requested that a statement be added on page 11 reflecting the Director's willingness to address network adequacy with the MAC. Susan Vega asked for clarity on a question on page 4 revised to read: Where would an Accountable Care Organization (ACO) model fit in? The minutes were approved with these revisions.

IV. Director's Report

Director Hamos reported on the status of both new and ongoing initiatives within the Department's medical programs. She took questions and comments from the group as she went through her report. HFS staff assisted in responding to questions.

The hospital association asked legislators and the Department if they could give another managed care model a chance to enroll and manage a big population made up of three groups that includes about 1.5 million Medicaid eligible children, their parents /caretakers and the new Affordable Care Act (ACA) adults. As a result, language was inserted into SB26 to have a new solicitation for provider organized Accountable Care Entities (ACEs) to care manage these three population groups.

The Department wants to get a solicitation out by August 1 and anticipates SB26 being signed by the Governor in the next 2 weeks. The Department is creating an ACE website that will include the ACE solicitation, Letter of Intent and Data Sharing Agreement. There will be five months for applicants to put together networks with a due date of January 2. The network's adequacy will be important. To serve a large population the network must be robust in providing primary care, specialty care, hospital care and behavioral health care.

The ACEs would be working side by side with Managed Care Organizations, Coordinated Care Entities and Managed Care Community Networks and would work primarily in the mandatory managed care regions. HFS likely will allow ACEs to also enroll persons in a non-mandatory region probably as voluntary enrollments. What is important about the Accountable Care Entity model is that it represents both delivery reform and payment reform. It will entail a 3 year glide path to absorbing full risk.

The timeline for beginning mandatory enrollment in Chicago right now for children and parents is July 2014. The mix of health plans/providers will be whatever ACEs we have then and managed care companies that currently have contracts for that region whether those are MMAI contracts, ICP contracts or voluntary managed care contracts. This includes the 8 companies in Northern Illinois - FHN, Harmony, BCBS, Humana, HealthSpring, Meridian, IlliniCare and Aetna-Centene. There are 2 companies downstate – Health Alliance and Molina.

The Department will give enrollees a choice of at least 2 different entities in the 5 mandatory managed care regions which would incorporate about 2 million of the 3 million Medicaid clients. There will be about 1 million clients in the rural areas that will not see mandatory managed care in the short term. For the children, families and new ACA adults, HFS expects there will be a choice between the ACEs and managed care organizations. All clients will have a choice. Each of the 5 populations will have a choice

from one of the 4 different models. Over the course of a year the Department expects to see interest, capacity building and network building for the ACEs to be ready for July 2014.

Sue Vega noted that often the adults in the family are part of one network and children are in another. There should be flexibility and choice in network selection.

Some of the CCEs, in particular Macon County and Precedence, will begin to come online this August. HFS expects 3 of 5 CCEs to be going by September. Between now and next July, the Department expects to see the first round of Innovations project (CCEs and MCCNs), the awardees for children with complex needs, to be building a network and being up and operational, and the MMAI, (federal dual-eligibles) project will be up in January. This roll-out meets the Departments goals of learning about and providing coordinated care for children and adults with complex needs.

The CCE model is not an integrated model assuming full risk so they won't receive enrollments in the same way as the ACEs and MCOs. On the other hand, the CCE s may work with the children and family members of the Seniors and Persons with Disabilities (SPDs) they are serving. Another thing to keep in mind is that the state has about 40,000 applicants per month not counting the new ACA adults. This is not a static process. Over time there will be opportunities for entities to serve more populations.

Each entity's offering, the care model, and provider payment scheme should be transparent.

Under the Affordable Care Act, some parents will not be eligible for Medicaid and will shop for insurance on the Marketplace. Some of the plans offering coverage under Medicaid will offer coverage through the Marketplace. Over time there will be more consistency between Medicaid plans and Marketplace plans.

The federal government is still making decisions about the ACA. On July 5, the federal government issued guidance to Illinois about the alternative benefit plan for the new Medicaid ACA adults. Illinois had decided to use the FamilyCare benefit package for the new ACA adults. The federal government may have a different idea about this. HFS staff will review this guidance and, if necessary may make changes.

Jacqui Ellinger, Deputy Director of Policy, noted that the alternative benefit plan and the essential health benefits are the federal legal definition of what the new adult eligible group qualify for. Those requirements are different than the basic Medicaid requirements. The essential health benefits standard is also used on the Marketplace. The benefits for the new adult eligibles and benefits offered on the exchange must be parallel. This is the first comparison that the Department will need to work out.

Director Hamos stated that HFS is moving forward with its sister agencies to create the Integrated Eligibility System (IES) that will be up and running in October. As we move forward, there will be a whole set of navigators and in-person counselors to be announced in July. There will be training and certification for them. There will be a major marketing campaign run by a firm that will be selected soon. HFS wants community help in encouraging people to apply online rather than go into the DHS offices.

Ms. Ellinger added that DHS is planning to do a special mailing to identify SNAP households that are highly likely to be eligible as the new adult group. There are about 100,000 single adult households and it should be easy to let them know they may be eligible. The mailing should go out before October to allow the person to fill out and return a simple form that essentially says yes I am interested in medical benefits. This should reduce walk-ins to the local DHS offices and help get the individuals benefits in January.

Chairman Gordon asked about rules for talking to patients about enrollment choices. She stated that it was important for all stakeholders and providers to know the legal way to reach out and to do enrollment.

Ms. Ellinger stated that she thought this had more to do with the Marketplace and what navigators can do. She noted in the rules just published it states that insurance plans cannot be unpaid certified application counselors, but the rules were silent on medical providers. Director Hamos advised that the Department would respond to her concern. Ms. Ellinger stated that HFS could also pass her concern on to the leadership in the marketplace team. The state does have a communication plan to roll out IES and ACA that including informing Medicaid providers about what they can do and when.

Kathy Chan shared that her understanding is there are no restrictions in talking about new opportunities for coverage under Medicaid and eventually the Marketplace. The restrictions of concern are if you are getting a grant as a navigator or in-person counselor and are saying that one plan is better than another when it comes to the Marketplace.

V. Update on Care Coordination Initiatives

James Parker, Deputy Director of Operations, provided the updates. He and HFS staff took questions and there was some discussion on the different initiatives.

Innovations Project:

- HFS hopes to get some of the Care Coordination Entities (CCEs) up and running fairly soon.
- HFS will make the complex children CCE awards later and hopes to have them up by January.
- The mailings have gone out in Rockford and are going out now for central Illinois for the Integrated Care Program (ICP) expansion to cover mandatory managed care, Medicaid only, for seniors and persons with disabilities (SPD). Quad Cities and Metro East will follow and by fall, ICP will be in all those regions. The Chicago region will then follow sometime in 2014.

Dual Medicare/Medicaid Care Integration Financial Model Project

- This is a program where the state and federal government are contracting with HMOs to cover individuals that dually eligible for Medicare and Medicaid.
- This initiative is going forward in the greater Chicago region and the central Illinois region, however, the Department has delayed this a little further by moving voluntary enrollment to January. Passive enrollment, which is basically an auto-assignment to a health plan, will occur in April.
- The plans have received the Medicare rates. The Medicaid portion of the rates should be out soon.
- The Department is working with CMS and their contractors on the enrollment process.

Accountable Care Entities (ACEs)

HFS had wished to post a draft ACE solicitation to allow for comment in particular in the area of network adequacy for PCP, OB and hospital capacity standards. About 25% of the HFS population is women of childbearing years: the birth rate per 1000 women is about 130. A CCE in Cook County would expect to see 1300 births in a year.

- HFS has a statutory obligation to post the solicitation by August 1, so comment time is very short. HFS has received input from the IHA.
- HFS will use the same measures for a population across the different types of delivery systems. The measures for an HMO will be the same as for IHC. There is a baseline for these measures but HFS will consider changes. Please submit comment to HFS.ACE@illinois.gov. as soon as possible.
- Director Hamos stated that the Department could share from the existing HMO contracts and the IHC contract some of the quality and performance measures by posting these on the website for comment.
- Mr. Parker stated that HFS would try to get those posted right away. He stated that some measures are required across the board and some are pay for performance (P4P). The P4P will likely be tied to shared-savings for the ACEs.

CountyCare

The committee was interested in getting an update on the CountyCare experience and how enrollments were going. Eli Pick noted that there had been a CountyCare presentation at the last MAC Access committee meeting.

Director Hamos stated that the current enrollment is about 25,000 to 30,000. There are many adults enrolling with a lot of health needs. There is a backlog of eligibility requests, but CountyCare eligibility will be backdated to the date of application. The Departments have experienced that when a whole new group comes forward it creates problems for our systems. The state is committed to help CountyCare enroll 115,000 individuals between now and the end of the year.

More information about CountyCare is found online at http://countycare.com/default.aspx .
People enrolled now will be transitioned into the new ACA Medicaid eligibility adults. HFS is still working with the feds concerning the details. After Jan 1, 2014 the new ACA adult enrollees in the Cook County will have choices of other plans besides CountyCare. But the ACEs and managed care entities will not be on board yet, January 1, and so in the short term the ACA adults will be enrolled in fee-for-service systems.

MAC members discussed concerns about client/agency communications, network adequacy, and barriers to enrollment for clients and providers.

Ms. Vega noted the work to change the message that people have heard for so long that Medicaid was not for children once they reached age 19 years or for adults outside of persons with disabilities or seniors. Once the application is approved, it's been a life changer for people.

Ms. Kovach asked whether HFS had identified difficulties in access to medical homes or mental health services. Dr. Alvia Siddigi, a CCHHS provider, noted that there are some limitations with capacity in the CCHHS in the Northwest suburbs and with referrals for preventive care. They have received, however, additional social work and psychologist services within the area clinics. There is no agreement yet with the local community hospital and problems with mammography services. They are still to referring clients to Stroger for ancillary services.

Ms. Vega reported that FQHCs are working to strengthen their behavioral health service capacity.

Judy King stated that the CountyCare behavioral health network managed by PsycHealth is not transparent. Unlike commercial insurance plans, there is no way for potential enrollees or the public to know whether there is access in all areas or what kind of access. DHS certified community mental health providers have reported problems getting PsycHealth contracts. At a recent behavioral health meeting the head of PsycHealth indicated that she would make the provider list available if asked.

Director Hamos: As we move forward to give people choices we will need to see the providers all listed out on some kind of website.

Judy King told a story about a person who was terminated from Medicaid or Illinois Healthy Women and later as told by CountyCare that she was eligible for regular Medicaid but then CountyCare didn't process her application. She was concerned that CountyCare (Stroger FRC/IDHS) was not processing applications for regular Medicaid.

Director Hamos wondered whether the person was above the limit for CountyCare which she said was 138% of FPL. Medicaid clients cannot go to an individual plan and apply for Medicaid. No plan will be expected to give them the eligibility rules. The standard that will be developed with the Marketplace will

include instructions for eligibility determinations for Medicaid via ABE. Going directly to plan will be wrong in every case.

Ms. Ellinger said that she did not know whether under the terms of the waiver CountyCare assisters were not taking applications for Medicaid. After October there will be one system. She will look into it.

Judy King said she believed that a person should be enrolled or have her application accepted for Medicaid programs no matter where she submitted her application – CountyCare or Stroger/Cook County Family Resource Center.

Director Hamos noted that once the Applications Benefits Eligibility (ABE) system is up with IES, the Department would promote applying online. The expectation is that the Client Enrollment Broker can assist by explaining options.

Judy King said that the IMRP should be referring people to CountyCare if they are not already doing so. People are in need of health care now and shouldn't have to wait until October 1. Ms. Gordon asked whether there was an 800 number for people to get help with their questions and suggested staff could think about how people can get help between now and October.

VI. Old Business

The MAC had requested a report on the reasons that cases were canceled under the Illinois Medicaid Re-Determination Project (IMRP). Director Hamos explained that DHS staff didn't mark down the reason for cancellation for 75% of the cases canceled. In response, a systems edit has been added so that prospectively cases will not be canceled without entering a reason. The Department intends to provide a report on this as the data becomes available.

The other issue related to the SMART Act and a concern about changing client access to services without federal approval or an assessment of any impact on access to care. Dr. King has sent an email to MAC members with examples from the state of California where changes in the 340 program pricing and cutting adult dental and other optional services provided by FQHCs were enjoined. Director Hamos advised that she had read the email, followed the links.

VII. Subcommittee Reports

Access Subcommittee: Mr. Pick reported that the committee met on June 13. There was a report on the CountyCare application process, services in the network and some lessons learned. There was discussion about inclusion of Provident Hospital and their clinics and services in Wheeling where there are few clients but a need, particularly for behavioral health. Ena Pierce with HealthSpring, reported on quality improvement and measuring access. Max Fletcher, Market Place representative with the Governor's Office, discussed satisfying commitments for the exchange. There is no next Access subcommittee meeting scheduled as yet.

Long Term Care Subcommittee: Katie Eckles reported that the committee met on June 14 and discussed progress on SB26. There was also discussion on the "No wrong door" initiative as part of a new Balancing Initiatives Program ((BIP). A benchmark was created on the mix of clients receiving services in nursing homes versus in the community. With federal support [estimated to receive $90M for period from July 2013 through Sept 2015], the plan is to move more persons into less restrictive community settings. Article 12 in SB26 established the standard for enrollment. Workplan due September 30, 2013 and may convene stakeholder's group; more info on Pathways to Community Living website.

The Department has been exploring a framework with DHS. So much of the eligibility system is part of the new Integrated Eligibility System (IES). The framework is an enterprise initiative of 7 state agencies that will be integrated into IES.

Director Hamos stated that "No wrong door" is a larger concept than just eligibility. If you have an elderly adult and wanting to find services in a given area, the goal is to find as many community supports as possible.

Public Education Subcommittee: Nadeen Israel reported that the committee met on June 13 and discussed progress on SB26. There were also reports on the "No wrong door" initiative, Illinois Medicaid Re-Determination Project and the Applications Benefits Eligibility (ABE) system.

Historically about 20 to 30 percent of people that have disenrolled from Medicaid come back and apply within three months. The committee will look at whether the IMRP has impacted that. Half the people disenrolled had no Medicaid use in the last 6 months.

Jacqui Ellinger stated that DHS is committed to hiring staff for eligibility work.

At the June meeting, Dr. Margaret Kirkegaard reported the Alliance for Health had asked for input from consumers as part of the model design grant that Illinois received from the federal government. This is anticipated to be a 6 month process bringing together innovations across Illinois to create a cohesive, integrated, healthcare delivery plan and includes system delivery and system payment reform. So far there have been 6 to 8 focus groups and one town hall meeting.

Ms. Ellinger added that the Illinois Public Health Institute is discussing creation of a "landing page" as a place to go to find how to apply for benefits. The landing page is being handled by the Marketplace team. The page will be done by vendor selection. The next Public Education subcommittee meeting is August 8.

Care Coordination Subcommittee: No report for this period.

VIII. Mental Health Treatment for Newly Eligible Population

Andrea Kovach stated that she has heard from some providers that persons could be certified as providers under the Rule 132 certification process. Some mental providers have expressed interest in being certified but unable to enroll. Ms. Kovach suggested that someone from DMH/DD do a presentation for the MAC on how many persons have applied for or approved for certification and if there is an alternative to the Rule 132 certification process. She asked whether there had been any assessment of the potential unmet mental health needs of the newly eligible Medicaid population and suggested that it would be helpful to have an assessment of the need for mental health services in current and future Medicaid populations.

Director Hamos stated that the MAC should invite Lorrie Jones to discuss. There is a lot of interest in making changes and reforming the Rule 132 process.

IX. Open to Committee

- Suggestion for HFS to follow up on requesting a presentation on the Rule 132 certification process for mental health providers.
- Discussion on network adequacy is needed with community mental health boards, DHS, HFS and others. For mental health services in Vermillion County, there are now 750 clients, however the city just closed a mental health clinic so there is only capacity for 400 clients.
- Announcement that Danville is working with DHS, HFS and DPH to develop a network for 4 counties to serve children with behavioral health needs.
- At some point, Dr. King would like a discussion at MAC on women's reproductive healthcare.
- Ms. Chan announced that the Illinois Maternal Child & Health Coalition has a demonstration project starting on mental health services for children. IMCHC will get a large federal grant to do training in Cook and the Collar Counties. The next planning meeting is September 12. IMCHC will host 14 training sessions about existing healthcare opportunities existing and upcoming through the Affordable Care Act.

- Phyllis Russell stated that ACMHAI feel that many communities do not yet understand what the impacts of changes coming will be at the community level. ACMHAI will be working on a report to its members on the impact of Medicaid Managed Care, Medicaid expansion and the Affordable Care Act on community systems of care and providers over the next 12 months as these major changes roll out. We will be looking for assistance from state partners to help put this together.

X. Adjournment

The meeting was adjourned at 12:05 p.m. The next meeting is scheduled for September 12, 2013.