

Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
September 16, 2011

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

Members Present

Susan Hayes Gordon, Children's Memorial
Kathy Chan, IMCHC
Judy King
Jan Costello, IL Home Care & Hospice Council
Linda Diamond-Shapiro, ACHN
Andrea Kovach, Shriver Center
Karen Moredock, DCFS
Edward Pont, ICAAP
Sue Vega, Alivio Medical Center *via telephone*

Members Absent

Renee Poole, IAFP
John Shlofrock, Barton Mgt.
Melissa Vargas, AAPD Head Start DHI
Mary Driscoll, DPH
Alice Foss, IL Rural Health Assn.
Glendean Sisk, DHS
Myrtis Sullivan, DHS
Eli Pick, Chairman

HFS Staff

Julie Hamos
Theresa Eagleson
Jacqui Ellinger
Lora McCurdy
Sally Becherer
Ann Lattig
James Monk

Interested Parties

Mary Ellen Baker, MedImmune
Brittan Bolin, Vertex
Nick Boyer, Astra Zeneca
Kathy Bovid, ISMS
John Bullard, Amgen
Chris Burnett, IARF
Christine Cazeau, IHC
Carrie Chapman, LAF
Gerri Clark, DSCC
Mike Coli, iCare
Bob Currie, Aetna Better Health
Gary Fitzgerald, Harmony
Eric Foster, IADDA
Barbara Hay, FHN
Marvin Hazelwood, Consultant
George Hovanec, Consultant
Nadeen Israel, Heartland Alliance

Interested Parties

Tim Hennessey, Moline Health Care
George Hovanec, CMH
Paul Jagunich, United Healthcare
Margaret Kirkegaard, IHC
Keith Kudla, FHN
Michael Lafond, Abbott
Azmina Lakhani, SGA
Dawn Lease, J & J
Joy Mahurin, Comprehensive Bleeding Disorders
Susan Melczer, MCHC
Sharon Moloney, Meridian
Diane Montañez, Alivio Medical Center
John Peller, AIDS FDN of Chicago
Mary Reis, DCFS
Tobin Shelton, UIC
Jo Ann Spoor, IHA

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I. Call to Order

Susan Gordon called the meeting to order at 10:05 a.m.

II. Introductions

Attendees in Chicago and Springfield introduced themselves.

III. Review of the Minutes

Dr. Pont asked to add a statement on page 4, VI. Care Coordination Subcommittee report. He requested to add that Chairman Pick noted that the charge was so vast that the group uses it as a guide, but the subcommittee's focus should be on the first point which states the subcommittee will study ways to enhance the current PCCM program, Illinois Health Connect, to comply with the requirements of Illinois Medicaid reform law [P.A. 96-1501]. The minutes were approved with one abstention and this addition.

IV. Director's Report

Director Hamos stated that HFS is struggling through a tough budget year with a serious shortfall of \$1.7 billion. HFS has developed the *Medical Assistance Budget Management Policies* document, dated August 3, 2011, (Attachment 1) that shows current strategies to address the budget shortfall.

Today, HFS will be meeting with the House Budget Appropriations Committee. The legislature wants HFS to use delayed payment cycles as a way to manage through the shortfall. HFS is trying to keep payments going to expedited providers who depend on those Medicaid payments, as well as payments to non-expedited providers. But, the comptroller is trying to pay off \$5 billion in unpaid medical bills and has placed the department on a sort of "cash diet" — so HFS can't send all of the expedited bills at one time.

HFS is also releasing today a document titled *Medical Programs reforms, Efficiencies and Improvements Progress Report*, dated September 15, 2011 (Attachment 2) prepared for the House Appropriations Committee that shows 49 actions the department must implement pursuant to state law and federal policy. Director Hamos reviewed the chart layout. The department has created a Project Management Office (PMO), to be headed by Mark House. Mr. House will work with the progress report to turn the actions into deliverables. Our goal is to create the discipline to look at the time tables, accountabilities, responsibilities, and the different challenges and obstacles, so we can get things done, on time and on budget.

HFS is moving forward with the Care Coordination Innovations Project with the good work of the MAC's Care Coordination Subcommittee and Susan Greene. Ms. Greene is walking the department through a series of questions and complicated issues raised in the HFS white paper. Our goal is to launch the Innovations Project this year to incent community partners in creating some very innovative projects for care coordination.

The director mentioned that she had been invited by Congressman Danny Davis to Washington D.C. to appear before a U.S. congressional subcommittee, with 3 members of the Heritage Foundation, to talk about Medicaid. And, that at noon on the same day there will be a rally to save Medicaid.

Theresa Eagleson announced that HFS is moving forward with a "first glimpse" of the Innovations Project by holding a public meeting to be held on October 13, 2011, from 10:00 a.m. to 1:00 p.m., at the JRTC auditorium. She encouraged interested persons to attend. She advised the meeting participants that information on the meeting was posted on the HFS website.

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Ms. Eagleson provided an update on the Integrated Care Program (ICP). Currently, almost 34,000 persons are enrolled in the ICP. The enrollment is almost equally divided between the two plans and the provider network continues to grow for both plans.

Ms. Eagleson reported that, as required under the Medicaid Reform law, the department is working at a technical level on hospital rate reform. The rates and payment methodology used to pay hospitals is critical to how we go forward with implementing care coordination. In addition, recommendations from the Governor's Nursing Home Safety Task Force, requires the department to look at an evidenced based way to pay nursing homes using the new federal assessment tool. Both are significant projects that HFS is working very closely with its provider groups to achieve.

Sue Vega asked if there is an updated list on the number of hospitals working with the ICP.

Ms. Eagleson advised that she didn't have a list, but knew there were about 50 hospitals with Aetna and 44 hospitals in IlliniCare. HFS will distribute/post updates periodically.

Andrea Kovach asked if the department has heard anything from CMS on their decision to allow active renewal in October of this year. Director Hamos advised that the department had not heard anything from CMS, but that Senator Durbin had written a letter to the CMMS director asking that he look favorably on the annual renewal plan and that it doesn't violate the Maintenance of Effort requirement. If CMS approves, it will be a challenge to implement the change by October 1, 2011.

Judy King advised of an ongoing concern about having outcome data available to the public. This would include who is being served, what services are provided and what the outcomes are. A lot of the talk is around care coordination and what HFS is going to do. How does the department know what it will do to respond to the problem? The MAC rarely talks much about health outcomes. So, if HFS is going to put out the Innovations RFP, is that something the department is going to share? What is the level of care that people are receiving and how do people plan to fix that? Over the years have been plans to fix, but the outcomes remain the same. This body and the department doesn't provide much information on age, race, language, other issues and certainly very little information or effort on who's getting care and what kind of care. This should be a priority action. Looking at the recent specialty care report was very painful, as HFS knows that kind of thing is going on.

Ms. King stated it was a shame that five years after Memisovski we wait for the report and this is reprehensible. There are a lot of things that are just being ignored. When she first raised concern about the dental services for children on Medicaid, and in particular the school system, children were not getting their services. The school system was supposed to report every year to the state board to show that children in kindergarten, second and sixth grades are having a comprehensive dental exam. That legislation came as a result of the expansion of Medicaid and put forth because of the idea that all children would have insurance so now we can require them all to have a dental exam. The state board sent up a system to track how many children are getting these exams and whether the barrier to get these exams is because they didn't have All Kids. You have a huge district like Chicago not reporting year after year. The data she has been able to get show only about 20% of those children were getting the exam. This year compliance has gone up. She sees a pattern where we don't look at the data and 5-10 years later there is a report and people say it is terrible that kids in Chicago are not getting their dental care. There are headlines and we see that things haven't changed. She asked HFS to report some of the outcomes publicly.

Director Hamos responded that there are still many problems that are yet to be fixed. The specialty care report which HFS cooperated with, and funded, didn't surprise any of us. Susan Hayes Gordon is an excellent advocate. A year after Memisovski, Ms. Gordon was telling legislators that we need to fund specialty care better. It came down to funding; and how you get specialist into Medicaid is better funding. It is not that anyone is ignoring it, but we recognize that it's a big funding gap and not easily solved.

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The director went on to say, that the department is taking data very seriously. She advised the group that a second person she has hired is an expert in data and research analytics. HFS is working to create an RFP that we can lay on top of our data warehouse, a new data analytics feature so we can have more timely data and fresher claims data. HFS went to the foundation community, who want to participate in care coordination and the Affordable Care Act, and asked for help in putting data together for provider groups, care coordination entities, MCOs and whoever else wants it to analyze it. Internally, we need to focus on the data you want and that really makes a difference. Our goal moving forward is to use data and data analytics to create a set of consistent reports that would allow us to track across providers to show what is really going on with our clients. HFS isn't doing a very good job at that, as yet, and we don't really have the capacity yet. If this advisory committee wants reporting on some things we do already have some things. The department needs some focus on what data the group wants. From a process standpoint, we want to provide this advisory group with data that is requested. The director shared that she was happy that Ms. King is at the table and reading the reports.

Jacqui Ellinger added that data is not necessarily information. It not only must be reported, it must also be manipulated and analyzed. There is no easy way to manage millions of records and make sure that they are correct. A lot of the work is going into making the reporting and the use of that data valid. If something is reported wrong, because of how the data is recorded, it doesn't help anyone. Ensuring the validity of the data is something the research director is working on.

Ms. King stated that she is having a hard time accepting what HFS is saying. There are some routine reports that the department makes to the federal government like the CMS 416, EPSDT report and the TIP annual report. These are standard reports and Ms. King is not sure why these are not posted on the Website. The provider profile reports from Illinois Health Connect are not available to the general public on the Website. She has yet to see a state summary of outcomes in a report with the state HEDIS measures. For example, provide data on the number of adolescents with a well child visit.

Ms. Eagleson stated the provider profiles are made available to individual physicians, but the department has to be careful as we can't disclose individual medical data. HFS is working on a data-book that would eventually be put on the Website. However, it is difficult to "mine through" all the data and make sure that we don't have any errors. For example, we had data that showed 3.6 % of the children had cancer and that just didn't seem right. Upon further analysis, it was discovered that there was a problem in data coding translation for an immunization code that is just one digit off from the cancer code. HFS must ensure accuracy of the data given to the public. We are happy to put out the federally mandated reports and to go beyond that and get more data out there by provider type and outcome measures. Ms. King was concerned that even under Freedom of Information Act (FOIA) requests; she has been unable to get county level data on race and ethnicity. She would like this on the next MAC agenda.

The group discussed prioritizing specific primary data needs such as HEDIS indicator outcomes and children's outcome data and that the foundation community might help with funding the data reports. Suggestions of who could assist in prioritizing data included the Public Education or Care Coordination subcommittees. Ms. Eagleson stated there may be more about the foundation community assisting made available at the Innovations Project meeting on October 13th, as well as an update at the next MAC meeting.

There was a motion to talk about data in the Care Coordination Subcommittee. The members approved to move discussion of data needs to the subcommittee with five approving, one opposing and two abstentions.

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V. Appoint Nominating Committee to Select Officer Candidates

Ms. Gordon advised that the department has recommended three persons to appoint as a nominating committee to select MAC officer candidates. The nominating committee recommendations are Jan Costello, John Shlofrock and Andrea Kovach. The department is asking for the MAC members present to approve the slate. The nominating committee would work with HFS to name candidates and provide these names to MAC members before the November meeting to vote on. There was a motion to approve the slate. The motion carried with one abstention.

VI. Subcommittee Reports

Care Coordination Subcommittee Report

Dr. Pont provided the report. Participants were provided a handout, *Recommendations for Modification of the PCCM to comply with the Illinois Medicaid Reform Law* (Attachment 3). Dr. Pont walked through the following four subcommittee recommendations:

1. *Stratification of the monthly care coordination fee based on various clinical criteria.* The Department investigates other options to stratify the CCF based on practices' degree of adherence to the medical home concept.
2. *Improve Communication Between PCPs and Specialty Physicians.* The department encourages utilization of the MEDI portal and reimburses specialists for utilizing this portal. The state considers Cook County's IRIS program as an example of this type of functionality.
3. *Development of regional at-risk pools.* HFS establishes regional risk pools to distribute additional care coordination funds based on performance measures, i.e., ER utilization, hospital readmission, etc.
4. *Enhance utilization of current PCCM capabilities to optimize care across multiple settings.* HFS develops strategies to enhance utilization of: ER coordination utilizing the "Whose My PCP?" function; ICARE for immunization tracking; and the IHC appointment reminder function.

Ms. Gordon asked what the next steps are for the subcommittee. Dr. Pont advised that a next meeting date has not been scheduled as yet. He hopes to give an update at the November MAC meeting. Sue Vega asked if she could obtain a copy of the persons that attended the Tuesday Care Coordination meeting. Dr. Pont advised that yes.

Ms. King is concerned with the statement, "By any reasonable standard the PCCM has performed admirably." She stated that HFS or the committee needs to substantiate that with data showing successful outcomes. Dr. Pont responded that the charge of the subcommittee was not to evaluate PCCM, but to see if PCCM could be enhanced to meet the criteria to include it in the 50% requirement as a coordinated care entity. He stated that he could modify the wording or replace with supporting statistics, but to keep in mind that the MAC created the subcommittee with the assumption that the PCCM was worthwhile.

The discussion was closed with Ms. Eagleson commending Dr. Pont personally, as well as the work of the Care Coordination subcommittee. The department recognizes their efforts and would like the committee to continue. She appreciated Dr. Pont's comment on the MAC minutes clarifying that the first charge of the subcommittee was to make recommendations on how the PCCM might fit into the care coordination standard. But, the charge of the committee is broader as well and the department would like the opportunity to come back at the November MAC meeting with some more concrete items for the committee to look at in its' broader mission. For instance, some things that are related to outcome data like: What sort of populations might benefit most from care coordination? What should the department measure across different systems of care coordination? How to risk adjust for a population and performance across plans?

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Public Education Subcommittee Report

Kathy Chan and Andrea Kovach reported. The last meeting was in August. There was discussion about the CMS denial for changes in income and residency verification. The subcommittee also talked about other procedural and program changes, such as, the All Kids hotline doing address changes for callers with case files at local FCRC locations. While this may seem small, many of the application agents were very happy to hear about this as it helps get accurate information into a client's file.

There was discussion about the eligibility system for healthcare reform. It is taking place at the same time as the Health Benefits Exchange and the Legislative study committee providing recommendations for the fall veto session. A report is due to the general assembly by September 30, 2011. There have been three meetings so far and the next meeting is October 20, 2011. It will have a packed agenda including the items just mentioned. We also hope to get an update on the durable medical card.

The Public Education Subcommittee now has an established schedule and will be meeting every other month. The schedule is posted online. Anyone is welcome to attend these meetings. Ms. Kovach added that HFS envisions the EVE system will also at some point integrate other public benefit programs such as SNAP and possibly TANF. She recommended looking at the attachments from the last meeting.

VII. Open to Committee

Ms. King asked to hear from HFS about what is happening with mental health services since mental health providers are now billing through HFS. The department may have information about the level of services and kind of services that people are receiving. She also wanted to review whether or not persons with mental illness were getting primary care services. She noted that MAC members had received this data before but didn't have a chance to talk about it.

Ms. Eagleson stated that since the beginning of fiscal year 2012, the bills from community mental health providers are being submitted to HFS. However, the department is still working with the Division of Mental Health (DMH) and its' contracted value provider options to try to test that system. HFS is holding claims, but is working daily and diligently with DMH and its' billing agent to turn the system on. DMH has been sending out some advance payments and providers are receiving payments for FY11 claims, as the lapse period continues through December. The money doesn't actually shift to HFS' budget. It remains with DMH in the DHS budget and HFS is simply the claims processor. It will help us to coordinate the data better.

Ms. Eagleson asked if MAC members have a consensus that there be a presentation by the three sister agencies on program initiatives in mental health services. The group expressed interest in such a presentation.

Ms. King suggested that HFS add adolescent care measures like immunizations such as, Meningococcal, HPV and DTaP vaccines, as an option within health insurance plan measures. Ms. Gordon commended Ms. King on her good ideas and suggested that she summarize them in writing for the Care Coordination Subcommittee.

Ms. Chan asked if the committee could get an update from the department's perspective on the health benefits exchange. If not today, she would like it included in the director's report at the next MAC meeting.

Jan Costello complimented the department for the series of stakeholder meetings regarding the Integrated Care Program. It was very helpful for stakeholders to hear Aetna and IlliniCare representatives to learn how the program was structured, would be rolled out, and how to contact providers. The initial meetings have led to productive follow-up meetings with providers at regional sites.

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Andrea Kovach asked if questions about the care coordination recommendations document should be brought up at the next MAC meeting or would the MAC vote on recommendations at the next meeting. Dr. Pont stated that he was not sure there would be a vote. He had envisioned that the MAC would take a few months to look it over and then have a final discussion. The recommendation could become an addendum to the minutes and any MAC member could call it for a vote; so there is more time to discuss recommendations. Gary Fitzgerald asked about the budgetary implications of some of the recommendations. He would like to know if the care coordination fee and stratification is a zero-sum game or is there additional money to be expended along with the specialty portal referral fee and the performance dollars.

VIII. Adjournment

The meeting was adjourned at 11:30 a.m. The next meeting is scheduled for November 18, 2011.