

**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

October 7, 2014
10 a.m. – 12 p.m.

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

Agenda

- I. Call to Order
- II. Introductions
- III. Review of August 19, 2014 Meeting Minutes
- IV. Managed Care Expansion Updates
 - i. Overview of expansion efforts (HFS and Maximus)
- V. Quality Measures – Additional Discussion
- VI. Open to Subcommittee
- VII. Next Meeting
- VIII. Adjournment

**Illinois Department of Healthcare and Family Services
Care Coordination Subcommittee Meeting**

August 19, 2014

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

DRAFT

Members Present

Edward Pont, Chair, ICAAP

Kathy Chan, CCHHS

Kelly Carter, IPHCA

Alvia Siddiqi, IHC

Art Jones, LCHC

Members Absent

Diana Knaebe, Heritage BHC

Josh Evans, IARF

Mike O'Donnell, ECLAAA, Inc.

HFS Staff Present

Arvind Goyal

James Parker

Barbara Carlisle

Molly Siegel

Bridget Larson

Kai Tao

Jeffrey Todd

Mike Jones

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Interested Parties Present

Lindsey Artola, IlliniCare	Diane Montanez, Alivio Medical Center
Siddiqi Alvia Illinois Health Care	Karen Moredock DCFS
Graham Bateman Chicago Coalition for the Homeless	Phil Morts Gilead
John Bullard	Gwen O Dory NCHP
Karen Brach BCISS	Cheryl O'Donoghue VNA Health Care
Anna Cahill Illini Care Health	Sam Olds IAMHP
Kelly Carter IPHCA	Jennie Pinkwater, ICAAP
Anna Carvalho, La Rabida	Hetal Patel, IlliniCare
Wesley Epplin HMPRG	Patricia Reedy, DHS/DMH
Eric Foster, IADDA	Sam Robinson Canary Telehealth
Paul Frank, Harmony/Wellcare	Ken Ryan, ISMS
Susan Gaines IPHCA	Janis Sayer Chicago Dept of Public Health
Marcelvino Garcia CCHHS	Christy Serrano, Ounce of Prevention
Deb Gracey, HMA	Alicia Slani
Jill Hayden BCBS IL	Jeannine Solinski, University of Chicago Medicine
Ollie Idowu, Molina	Alison Stevens LAF
Nadeen Isreal Heartland Alliance	Rebecca Thompson, Progress Center
John Jansa	Jamie Van Wastenock ICIRR
	Matt Werner, IPHCA
Nicole Kazee, U of I Health System	
James Kiamos FHN	
Dave Koch VNA Health Care.	
Mindy Kolaz DSCC	
Theresa Larsen, Meridian Health Plan	
Dawn Lease Johnson & Johnson	
Susan Melczer, MCHC	

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I. Call to Order-

Chair, Dr. Edward Pont called the meeting to order at 10:00 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 May 13, 2014 and June 24' 2014 Meeting Minutes

After a brief discussion the minutes from both the May 13, 2014 and June 24, 2014 were approved by unanimous consent of the subcommittee.

IV. Quality Measures Additional Discussion.

Some members expressed there are too many quality measures to focus on with little alignment between them. After further discussion, the chair, Dr. Pont moved the following resolve which was seconded and unanimously passed:

"The Department shall investigate ways by which quality measures can be made to advance the goal of practice transformation. Specifically, the Department shall encourage the MCEs with which it contracts to prioritize various quality metrics, perhaps stratified by clinical category, for purposes of determining quality incentive payments."

V. Managed Care Expansion Update.

On behalf of HFS, Mr. James Parker informed the subcommittee of a 52% auto-assignment rate for the 62,000 clients who have thus far enrolled in the Metro East transition; however, the Chicago ICP has a 75% active choice rate.

VI. Open to Committee

- 1.** The subcommittee members raised the issue of continuity of patient care in the event of contract termination-for cause or without a cause-by Managed Care Entities (MCEs) with PCPs, other specialists and staff. The MCEs have an obligation to report to IDFPR when a licensed professional is disciplined with restriction of privileges. However, further exploration of this issue will be necessary.
- 2.** The issue of timely credentialing of PCPs and other staff by the MCEs and subsequent delayed notification to the CEB was of concern to some subcommittee members, especially since non-credentialed providers are unable to bill the HFS for services they deliver. After discussion, the subcommittee urged the HFS staff to expeditiously resolve the credentialing bottleneck which could interfere with a smooth transition.

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VII. Next Meeting

The next meeting for the MAC Care Coordination Sub Committee was tentatively scheduled for November 18th 2014

VIII. Adjournment

The meeting was adjourned at 12:00 PM.

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***Supplement to the August 19, 2014 meeting minutes
Report of the Subcommittee on Care Coordination provided by Dr. Pont***

August 19th, 2014

Dr. Pont called the meeting to order. After quorum was established, the May and June minutes were passed with minor modifications. Dr. Pont did point out a contradiction between the answer to question #189 from the June 30th webinar and an answer given by Mr. Parker to the CC subcommittee regarding providers' ability to add patients if their panels are officially closed. Mr. Parker replied that the answer recorded in the webinar Q&A seemed to be inaccurate. He will report back to the subcommittee.

Mr. Parker also requested a further conversation regarding panel size, suggesting the Department would find it a technical challenge to regulate this across multiple payors. He did agree that the rules concerning panel size and regulation should be uniform throughout the MCE spectrum.

Discussion of termination of contracts and maintenance of continuity of care

Dr. Jones led a discussion regarding an update on the subcommittee's action item from the June meeting regarding the Department's role in termination of contracts. He questioned whether the Department could intervene in order to maintain a patient's ability to remain with a PCP in the event of a contract termination. Mr. Parker replied that a special exception to facilitate this already exists should a patient wish to remain with a PCP, but he agreed a more affirmative approach for larger dislocations would be desirable. There are technical issues that would have to be resolved; he also noted nothing prevents a provider from contacting patients themselves, though Dr. Pont noted they were prohibited from calling per the June 30 Q&A document. The Director committed to HFS staff considering this issue further. Ms. Olds noted that the conversation should not be restricted only to PCPs; there are other providers of care (i.e., behavior specialists, care coordinators, etc.) to consider when a plan is terminated.

Dr. Jones also asked about providers terminated for cause. Mr. Parker was unsure if there was any process in place, but Dr. Goyal did note that the plan was required to inform IDPR, at which point the Department would be alerted.

Provider panels and credentialing issues

Mr. Parker stated that HFS is asking MCEs for panels that include non-credentialed providers, noting a credentialing bottleneck that the Department did not wish to interfere with the transition. Several attendees replied that this bottleneck needed to be resolved quickly as non-credentialed providers cannot bill for HFS client services as they do not have an identification number.

Dr. Pont asked whether a process could be created for PCPs to affirmatively inform the CEB they have signed a contract, and Mr. Parker replied the Department would consider this further. Ms. Olds noted the provider files are updated weekly.

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Utilization of quality measures

After further discussion (see June report) with representatives of the insurance industry and consumer advocacy organizations, the subcommittee unanimously passed the following action item:

"The Department shall investigate ways by which quality measures can be made to advance the goal of practice transformation. Specifically, the Department shall encourage the MCEs with which it contracts to prioritize various quality metrics, perhaps stratified by clinical category, for purposes of determining quality incentive payments."

Metro East Transition

Mr. Parker reported that so far there is a 52% autoassignment rate for the 62,000 clients who have enrolled in the Metro East transition. He also noted that for the Chicago ICP there is a 75% active choice rate. In response to a question from Dr. Pont, Mr. Parker replied he was unsure what percentage of previously active Medicaid providers had signed up with an MCO, but he would try to find out.



MAC Care Coordination Subcommittee Meeting

General Enrollment Information
October 7, 2014



Agenda

- ❖ IL CES Call Center operations and staffing
- ❖ Customer Service Rep training methods and modules
- ❖ Call Scripts
- ❖ Call Monitoring
- ❖ Call Quality Assurance
- ❖ Call Summary Stats
- ❖ Call Center Performance Standards
- ❖ Challenges with enrollment process
- ❖ Enrollment Summary
 - Channels by program
 - Enrollments by channel
 - Auto assignment criteria
- ❖ Expansion Statuses
- ❖ Questions

Call Center Operations

The IL CES Call Center is located in Chicago

Call Center is open: Monday- Friday 8:00 AM to 7:00 PM

Saturdays 9:00 AM to 3:00 PM

The Call Center has the capability to receive Voice Messages and returns calls daily

The Call Center is closed for the following holidays:

New Year's Day
Independence Day
Thanksgiving Day

Memorial Day
Labor Day
Christmas Day

Call Center Staffing

Position Title	May	Sept
Call Center Supervisors	4	11
Call Center Leads	5	10
CSRs	109	207

CSR Training Modules

- Professionalism
- Diversity
- Quality Assurance and Call Scripting
- Privacy and Confidentiality
- Customer Service Excellence
- Overview of Illinois Medicaid Program
- Call Center Technology
- Complaint Handling
- Programs offered (ICP, PCCM, PCCM-VMC, MMC, MMAI, ACA)

Scripts

- HFS reviews and approves script as an educational and enrollment guide.
- Script contains the following sections:
 - Greeting
 - Authentication
 - Identification of reason for the call
 - Information request
 - Enroll / Disenroll
 - Identification of appropriate program for eligible
 - Education on choices (Typically start the conversation with Client based on the PCP they are currently seeing or want to see for services)
 - Enrollment of eligibles in household or the individual calling
 - Recap the enrollment with caller
 - Request caller complete Health Assessment if applicable
 - Close the call

Call Monitoring and Quality Assurance

- Call Calibration Sessions
- Call Monitoring
- Focused call monitoring of new CSRs
- Minimum of 5 calls per CSR per month by a QA Specialist
- Additional calls of particular CSRs by Supervisor monthly
- HFS staff listens to recordings of calls as additional monitoring step

Call Monitoring and Quality Assurance Reports

- Monthly Call Monitoring report provided to HFS
- Number of calls monitored in previous month
- If the standard of 5 calls/CSR monitored was met
- Aggregate results of scores by measured category and question
- Number and percent of calls by score bands
- Patterns and training opportunities identified through monitoring and call calibration sessions

Call Scoring

Calls are divided into six (6) categories for scoring:

- Greeting (3 criteria)
- Accuracy (10 criteria)
- Variable Information (3 criteria)
- Customer Service Skills (7 criteria)
- Accuracy in following procedures (7 criteria)
- Call closure (3 criteria)

Calls are scored by a QA Specialist

Team scores and individual scores are shared with each Supervisor

Scores are reviewed with each CSR by their Supervisor weekly

Individual coaching and reinforcement plans are put into place

CSRs with scores falling below 90% are first coached by their Supervisor and if no improvement is seen within the timeframe determined by the CSR's Supervisor, corrective action begins.

Call Summary Statistics

All Calls

Month	Calls offered	Abandonment Rate Before Answer	Average Delay Before Abandonment	Calls Answered	Average Talk Time*
Sep-13	43,801	2.38%	00:43	42,758	07:00
Sep-14	120,926	1.71%	0:26	118,953	08:50

Call Center Performance Standards

- Staffed with English and Spanish speaking reps
- Provide language line for other languages
- Provide TDD/TTY service
- Return all voice mail messages the next business day
- Currently, average wait time is consistently 3 minutes or less

Enrollment Summary

Enrollment channels by program					
	Program	Auto Assigned	Mail	Phone	Web
	MMC/ACA	Yes	No	Yes	Yes
	ICP	Yes	No	Yes	Yes
	MMAI	Yes	Yes	Yes	No
	PCCM	Yes	Yes	Yes	Yes
	VMC	No	Yes	Yes	Yes
Enrollments (not including MMAI) by all channels					
		Auto Assigned	Mail	Phone	Web
		43%	6%	41%	10%

Auto Assignment Criteria

General FHP/ACA Algorithm Process

The ICEB uses an algorithm to determine the best fit Plan and PCP for members who do not make an active Plan and PCP choice during their 60 day voluntary enrollment period. The algorithm considers the following factors to determine the best-fit Plan and PCP for an individual:

The client's current VMCO or MCCN Plan and PCP relationship.

If the client is not enrolled with a VMCO or MCCN, their existing PCP relationship.

The client's claims history. This uses paid claims data provided by HFS, and identifies E&M claims and preventive medicine claims.

Family members – particularly the Plan and PCP of the family member that is closest in age to the client.

Geomapping – the residence address of the member, as a starting point to find closest available PCP.

Expansions

Program	Timeframe	Estimated Eligibles
ICP-Cook County	January 2014-June 2014	64,774
MMAI	January 2014-June 2014	118,881
FHP/ACA	June 2014-December 2014	1,670,605
MMAI LTC	October 2014-November 2014	48,858
CountyCare	January 2015-March 2015	97,456

Expansion Statuses

MMAI

Year-to-Date:

10/3/2014

Opt-Outs	21%
Vol.Enroll	15%
Pass.Enroll	64%

Start Week	Description	Auto Assignment	Choice
6/16/2014	Metro East	63.50%	36.50%
7/21/2014	Central IL 1	65.40%	34.60%
7/28/2014	Central IL 2	12.80%	87.20%
7/28/2014	Central IL 3		# in CI 2
8/4/2014	Quad Cities	0.20%	99.80%
8/11/2014	Central IL 4	4.90%	95.10%
8/11/2014	Rockford 1	6.70%	93.30%
8/18/2014	Collar 1		
8/25/2014	Collar 2		
9/1/2014	CCMN, Cook		
9/8/2014	Rockford 2		
9/8/2014	Collar and Cook 1		
9/15/2014	Collar and Cook 2		
9/29/2014	Collar and Cook 3		
10/6/2014	Cook		
1/12/2014	County Care, Cook		
3/2/2014	Voluntary Counties		

Questions & Discussion

