

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

October 7, 2014

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

Arvind Goyal

James Parker

Molly Siegel

Jeffrey Todd

Amy Harris

Bridget Larson

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Interested Parties Present

Philippe Largent	Sharon Post, HMPRG
Paula Dillon, Illinois Hospital Assoc.	Gwendolyn Odom, NextLevel
George Hovanec	Kuliva Wilburn, HMA
John Bullard, AMGEN	Sheri Cohen, Chgo Dept of Public Health
Sherie Arriazola, TASC	Molly McAndrew, AFC
Ben Lazare	Jeannine Solinski, University of Chicago Medicine
Marybeth Fox-Grimm, Progress Center for Independent Living	Diane Montanez, Alivio Medical Center
Susan Gordon, Lurie Children's	Karen Moredock DCFS
Deb Matthews, UIC-SCC	Karen Brach, BCBS
Amy Sagen, UI Health Plus	
Tom Erickson, BMS John Jansa	
M. Martin, PHARMA	
Mikal Sutton, Cigna-HealthSpring	
Ramon Gardenhire, SEIU Healthcare	
Luvia Quinones, 1C1RR	
Gary Thurnauer, Pfizer	
Jill Hayden BCBS	
Erin Weir, Age Options	
Russell Brown, Maximus	
Beth Hersey, Maximus	
Laura Ashpole, Popovits & Robinson	

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I. Call to Order

Chair, Dr. Edward Pont called the meeting to order at 10:06 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 August 19, 2014 Meeting Minutes

After a brief discussion the minutes from August 19, 2014 were approved by unanimous consent of the subcommittee. One edit was made to the list of participants.

IV. Managed Care Expansion Updates/Presentation

Mr. Parker and Ms. Harris provided the subcommittee with brief updates regarding expansion enrollment efforts. Expansion enrollment in the Metro East and Central IL regions has been largely completed. Expansion enrollment in Quad Cities and Rockford Regions is nearing completion. Mailing initial enrollment packets for expansion started in late August and early September 2014 in the Cook and Collar counties and will continue through the end of the year.

Representatives from Maximus, Illinois' Client Enrollment Services (CES) vendor, Mr. Russell Brown and Ms. Beth Hersey also participated in expansion discussion and provided the subcommittee with a presentation about enrollment practices, operations and staffing (presentation is available on the HFS website at the following link: http://www2.illinois.gov/hfs/SiteCollectionDocuments/100714_mac_ccagenda.pdf). Mr. Brown and Ms. Hersey presented information about enrollment to the subcommittee members and other meeting attendees that addressed CES call center staffing and training methods/modules, call scripts, call monitoring, quality assurance efforts, performance standards, various avenues for enrollment based on program (call center, web portal, mail, auto-assignment) and current status of expansion. During the presentation the subcommittee members and other attendees participating in discussion through sharing of questions for clarification and concerns with the CES and HFS staff in attendance. This discussion included questions regarding the Customer Service Reps approach to educating clients, handling of enrollments in FQHCs, identification of programs and health plans in available as a choice in a specific area of service, mandatory versus voluntary county enrollments, enrollment assistance for non-English speaking clients, how three-way calls and conference calls are handled, authorized rep forms,

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enrollment portal, auto-assignment criteria and the importance of updated provider files from the various health plans. In addition questions regarding challenges with enrollment and concerns with enrollment were addressed in discussion between the CES staff, subcommittee members and other meeting attendees.

V. Adjournment

The meeting was adjourned at 12:05 PM.

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Supplement to the October 7, 2014 meeting minutes

Report of the Subcommittee on Care Coordination provided by Dr. Pont

Dr. Pont called the meeting to order and determined via roll call that a quorum was present. The meeting minutes from August were passed unanimously with one minor change involving the attendance roll.

The remainder of the meeting focused on the Client Enrollment Broker. Mr. Russell Brown and Ms. Beth Hersey from Maximus gave a brief presentation (posted on the HFS website) and answered questions from subcommittee members and other meeting attendees.

Mr. Brown first noted the increased staffing of the CEB call center that he expected to be maintained through January. There are now 207 call service representatives (CSRs); if a call comes in after hours, clients can leave a voicemail which will be answered the next day. He also discussed training and the call center supervisory hierarchy, as well as HFS's involvement in quality monitoring.

In response to a concern voiced by Kelly Carter of IPHCA, Mr. Brown acknowledged that the FQHC enrollment is complex and presents many challenges. Ms. Carter emphasized her concern that these system issues be resolved as 35% of all HFS clients get their medical care from an FQHC. Several FQHC representatives raised similar concerns, and also clarified that all FQHC providers have a Medicaid number.

In response to a concern regarding transfer of provider files from the ACEs to Illinois Health Connect (IHC), Mr. Brown stated that Illinois Health Connect (IHC) collects the information from the ACEs and then passes that onto the CEB. Maximus passes all concerns they receive back to IHC staff. Amy Harris also added that there are weekly meetings between HFS, IHC and Maximus on provider enrollment issues.

In response to a question from MAC chair Susan Gordon, Mr. Parker again stated that HFS was working to determine what proportion of previously active PCPs have executed contracts with an MCE; at this point, however, he does not see a trend in the data. He agreed this is an important metric for the state to be following, as PCPs who do not enroll with an MCE will not be assigned patients. In response to another question from Ms. Gordon, Mr. Brown confirmed that enrollment packets for children with special health care needs should be completed within the week. Ms. Hersey also noted that if a CCE was

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not operational in the client's county, the client would not be eligible to enroll in that CCE even if this severs prior clinical relationships. [Ms. Harris added in an email that a plan's providers may have offices outside the plan's zip codes or counties that clients may choose, provided their panels are open. She also noted that all providers will remain in IHC, so patients who live outside mandatory areas may still see any provider.]

Mr. Brown and Ms. Hersey also discussed the importance of accurate provider files, as well as challenges going forward regarding the lack of uniformity of data (i.e., names, office sites, etc); several attendees agreed with the importance of this issue and suggested using a unique Medicaid ID number to group providers in the database.

Amy Harris requests all questions regarding the enrollment process be directed to her (as opposed to the CEB). Her email is: amy.harris-roberts@illinois.gov She also noted that providers should also speak to their plans regarding enrollment issues.

Several questions were asked regarding rules pertaining to representation of clients during interactions with the CEB (i.e., language lines, advocacy organizations calling on behalf of a client, etc). The correct forms and procedures will be posted on the HFS website, and Amy Harris noted that Maximus can access any authorization forms sent to HFS.

Several concerns were voiced regarding the restrictions placed on physician sites and FQHCs to aid clients in choosing a plan. Kelly Carter noted that this stands in contrast to the ACA marketplace, where providers may guide their patients through the entire process. Diane Montanez also noted there was a trust issue involved, as patients had historically looked to FQC staff to help them navigate the program. Both noted that the patient population still does not understand the changes to the program, nor what their responsibilities are.

Mr. Parker replied that, even though there is no law in Illinois, HFS believes it is a clear conflict of interest to have providers assist clients in the plan selection process. Ms. Harris also referred to the guidance posted on the Department's website.

In response to a question from Patrick Gallagher and others, Mr. Parker replied that the Department is open to conversations about global panel limits but had no plans at this time; he also noted the technical difficulties in achieving this. Dr. Goyal added that there is no evidence that larger panels translate into to substandard care.

Mr. Brown discussed the enrollment process thus far. He first noted that 21% of the eligible MMAI population has opted out of the program (see presentation, page 15), 64% are being auto-enrolled. He

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also noted the rollout schedule for mandatory managed care and commented that currently in Metro East approximately $\frac{2}{3}$ of enrollees had been auto-enrolled.