

**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**

**December 17, 2013
10 a.m. – 12 p.m.**

Agenda

- I. Call to Order**
- II. Introductions & Roll Call**
- III. Review of October 8, 2013 Meeting Minutes**
- IV. Continuity of Care**
 - a. Resolution on Continuity of Care (attached)**
 - b. CEB update**
 - c. ICP update (tentative)**
- V. Update on Care Coordination Projects**
 - a. Dual Medicare/Medicaid Care Integration Financial Model Project**
 - b. CCE's**
 - c. Complex Children**
 - d. CCMI**
 - e. ACE's**
- VI. Discussion on 2013 Ethics Training for Appointees (Shannon Stokes speaker) ***
- VII. 2014 Meeting Dates (Subject to Change)**
- VIII. Open to Subcommittee**
- IX. Adjournment**

*** Ms. Stokes will be attending the meeting on 12/17/13 to answer any questions you may have regarding the 2013 Ethics Training for Appointees and Boards.**

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WHEREAS, the medical home is paramount, the foundation upon which the benefits of care coordination are realized, and

WHEREAS, continuity of care is a basic requirement of the medical home, providing patients with a reliable source of care as well as a repository for important medical information, and

WHEREAS, the Department is implementing a significant change of payor source, transferring patients from a unified to a multi-payor model with the requisite risk of disruption of continuity,

THEREFORE, BE IT RESOLVED, that the Medicaid Advisory Committee Subcommittee on Care Coordination (MAC CC) requests the Department initiate and maintain a robust program to guarantee, to the extent possible, that continuity of care is preserved during the upcoming transition. This effort should include, at a minimum:

- Maintenance of a robust Client Enrollment Broker (CEB) that, at a minimum, insures that patients be assigned to managed care entities that their primary care providers (PCPs) have a contractual relationship with. This should be the first decision point in any default assignment algorithm.
- Contractual provisions with managed care entities to allow for out-of-network care, at least on a temporary basis, if the managed care entity does not have sufficient network capacity in a given geographic area.
- Timely communication with the provider community regarding changes in managed care networks.
- When feasible, member notification as to which of the various managed care networks the member's PCCM-assigned PCP belongs. This information would be included in any letter to the beneficiary informing them that they must choose a managed care option, as well as during any verbal counseling by the CEB during the selection process.

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**Illinois Department of Healthcare and Family Services
Care Coordination Subcommittee Meeting
October 8, 2013**

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

Members Present

Edward Pont, Chairperson, IL Chapter AAP
Kathy Chan, EverThrive Illinois
Art Jones, LCHC & HMA
Diana Knaebe, Heritage BHC

Members Absent

Kelly Carter, IPHCA
Ann Clancy, CCOHF
Vince Keenan, IAFP
Jerry Kruse, M.S.H.P., SIU SOM
Mike O'Donnell, ECLAAA, Inc.
Indru Punwani, Pediatric Dentistry
Janet Stover, IARF

HFS Staff

James Parker
Jacqui Ellinger
Arvind Goyal
Michelle Maher
Molly Siegel
Sue Biddle
James Monk

Interested Parties

John Bullard, Amgen
Tiffany Elkiner, GNG
Tom Erickson, BMS
Paul Frank, WellCare
Jill Fraggos, Lurie Children's Hospital
Barb Haller, IHA
Jill Hayden, HealthSpring
Marvin Hazelwood, Consultant
Nadeen Israel, Heartland Alliance
Mike Lafond, Abbott
Dawn Lease, Johnson & Johnson
Helena Lefkow, MCHC
Maureen McDonnell, TASC
Deb Mathews UIC DSCC
Kevin McFadden, AstraZeneca
Diane Montanez, Alivio Medical Center
Karen Moredock, DCFS
Carole Ouimt, WellCare Harmony
John Peller, Aids Foundation
Sharon Post, SEIU HCII
Carla Robinson, Canary Telehealth
Sam Robinson, Canary Telehealth
Pam Rodriguez, TASC
Ken Ryan, ISMS
Belinda Schultz, University of Chicago
Christy Serrano, Ounce of Prevention
Alvia Siddiqi, IHC, Vista
Brian Stretta, Harmony
Gary Thurnauer, Pfizer
Erika Wicks, HMA
Tom Wilson, Access Living
Brenda Wolf, La Rabida Children's Hospital

Illinois Department of Healthcare and Family Services
Care Coordination Subcommittee Meeting
October 8, 2013

I. Call to Order

Chair Pont called the meeting to order at 10:06 p.m.

II. Introductions

Participants and HFS staff in Chicago and Springfield introduced themselves.

III. Review of July 9, 2013 Meeting Minutes

The minutes were not approved for lack of a quorum.

IV. Update on Care Coordination Projects – James Parker, Deputy Administrator Operations

Mr. Parker provided the update and took questions from participants. There was discussion around the status of the different innovations, performance indicators that effect payment and their relationship to baseline data. All the projects except the ACEs should be up by mid-2014.

The County Care waiver ends January 1, 2014 and will then change into an ongoing health plan serving the newly eligible. County Care should begin this coverage in July 2014 with enrollees getting letters in late spring to make choice from CountyCare, HMOs and some ACEs.

Dual Medicare/Medicaid Care Integration Financial Model Project: HFS is still working on getting signed contracts. One reason for the delay is that some key federal CMS contacts are on furlough. There have been industry specific meetings with aging and substance abuse service providers. Contractor comments are due today. There should be follow up discussion with providers this week and the hope is to have signed contracts by the end of the week. The plan is to have MMAI network maps ready by November 18.

The enrollment schedule has been moved back another month. Voluntary enrollment will begin on February 1 and the passive enrollment, where people are assigned to plans will begin on May1.

CCEs: Macon County in central Illinois and Precedence in the Quad City area are up and running. Macon County has 700 enrollees. Together4Health now has a signed contract.

Complex Children: The Department expects to begin contract negotiations with Lurie Children hospital, La Rabida Children's hospital and Children's hospital in Peoria.

Jill Fraggos was concerned about the impact of the SMART act in serving children taking more than 4 prescription drugs a month and the required prior approval policy. Chair Pont encouraged a different and more flexible approach for these children.

Mr. Parker advised that a meeting could be set up with Lisa Arndt, Chief of the Bureau of Pharmacy Services after her return to work next week. Brenda Wolf advised that she would be interested in attending the meeting.

CMMI: Art Jones reported that the Illinois State Health Care Innovation Plan (SHCIP) is almost complete. The Alliance for Health is starting to write the model testing proposal now. CMS will release a revised solicitation in January.

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ACEs: These are targeted to start in July 2014.

Chair Pont wanted to know which specific entities would be offered in his medical practice area so he as well as other providers could maintain patients and ensure continuity of care. Mr. Parker advised that HFS has the network areas for the Integrated Care Program (ICP) and will provide more detail when enrollment for children begins. The networks may look differently but keep in mind there are no contracts as yet. The Department will need to discuss implementation issues with pediatricians and pediatric hospitals as we move forward.

Nadine Israel asked if Managed Care Entities (e.g. MCOs, MCCNs, ACEs, and CCEs) are reporting on the same metrics when it comes to the specific Medicaid subpopulations and where would we find those metrics for entities up and running right now, or that will be up and running by summer 2014? She commented that it would be helpful to know what the “Health and Quality of Life Performance Measures” are for Medicaid subpopulations that are not SPDs.

Mr. Parker stated that HFS wants the same metrics for all entities serving the same population. The measures for Seniors and Persons with Disabilities” are on the HFS’ website at <http://www2.illinois.gov/hfs/SiteCollectionDocuments/ICPHQLPM.pdf> All Managed Care Entities serving the SPD population have to report out on these same metrics. He advised that HFS did receive community input for the ICP. HFS has a draft Health and Quality of Life Performance Measures for Accountable Care Entities with about 30 indicators. The federal CMS has also listed some measures but these are more process indicators rather than outcome indicators like HEDIS. HFS was unable to include some outcome indicators as the Department was not able to capture the data.

Mr. Jones asked about pay-for-performance under ICP. His understanding is that an entity must meet all measures or they are not paid the incentive amounts. Mr. Parker clarified that under ICP entities are paid for improvement on individual indicators that are over the baseline, however, an entity can lose some money if they are below an individual minimum performance standard.

V. **Discussion of how prisoners will integrate into the new medical landscape in Illinois.**

Jacqui Ellinger, Deputy Administrator for Policy Coordination provided an introduction to the topic. There is a Governor’s task force focusing on the criminal justice system. There has been legislative action to allow newly eligible persons to apply for benefits while incarcerated as inmates of public institutions. Illinois is slowly turning the system around to make sure we cover the needs of this population, especially for the mental health and substance abuse population.

Pam Rodriguez, President/CEO of TASC, Inc and Maureen McDonnell, Director for Business & HealthCare Strategy Development of TASC, Inc. gave the presentation. TASC stands for Treatment Alternatives for Safe Communities.

Participants were provided a handout, “Newly Eligible Adults Leaving Illinois Jails and Prisons – Presented to MAC Care Coordination Committee October 2013”. The handout was a copy of 8 PowerPoint slides that described the target population and the 6 month experience with taking applications at Cook County jail. The PowerPoint will be made available on the Department’s website. Ms. McConnell and Ms. Rodriguez shared recommendations and led the discussion.

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Some key discussion points shown below.

- HFS would like a process that allows incarcerated persons to choose a health plan before release rather than waiting for 60-90 days.
- Section 2703 of the ACA gives states enhanced matching funds (90%) for health home services for 8 consecutive quarters. HFS plans to wait to apply under this section until all health homes are up as a way to maximize matching funds.
- Regarding access under Section 2703, some advocates would like to see incarceration added as an allowable risk factor which in combination with a chronic condition would allow individuals to qualify for case management services.
- There is a need to be creative in serving other groups like homeless adults and children and possibly use the social factors as a way to access Section 2703 funds for home health services.

VI. 2014 Meeting schedule

Chair Pont suggested the following dates for next year meetings: February 2; May 13; August 12 and November 18. He asked that meeting continue to be at 10 am on Tuesdays. The meeting dates were not approved as there was no quorum.

VII. Open to Subcommittee

Chair Pont asked the group for ideas on topics for upcoming meetings. He suggested learning more about the Client Enrollment Brokers activities.

Diane Montanez wanted to better understand how we preserve continuity of care as a covered person's needs change. For example, a single adult woman becomes pregnant. Mr. Parker advised that the Department would have an Alternative Benefit package that has coverage the same as Medicaid. The plan for the future is that a plan for one family will serve all family members.

Ms. Wolf commented that that as children age out of pediatrics, it is difficult to find providers to serve these young adults. How can this be addressed?

Diane Montanez stated that she believed there was a great need for more providers to serve persons needing substance abuse services.

Ms. McConnell noted that CountyCare has been successful in providing substance abuse services, in part, as FQHCs have a long history in working with this population.

Chair Pont suggested that the group could meet again on December 10, 2013. This will be discussed with Department staff offline.

VIII. Adjournment

The meeting was adjourned at 11:35 a.m.