ILLINOIS DEPARTMENT OF
Healthcare and Family Services

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Medicaid Advisory Committee

401 S. Clinton
1st Floor Video Conference Room
Chicago, Illinois

And

201 South Grand Avenue East
1st Floor Video Conference Room
Springfield, Illinois

Friday, October 9, 2015
10 a.m. - 12 p.m.

Agenda

I.   Call to Order

II.   Introductions

III.   New Business
- a. Legislative updates
- b. Budget updates
- c. ACE/CCE transition update
- d. HFS Quality Strategy

IV.   Old Business
- a. Health Disparity plan

V.   Subcommittee Reports
- a. Public Education Subcommittee Report
- b. Quality Care Subcommittee Report

VI.   Approval of August, 2015 Meeting Minutes

VII.   Other Business

VIII.   Adjournment

Overall Summary of Recommended HEDIS® Quality Metrics

ILLINOIS DEPARTMENT OF
Healthcare and
Family Services

Abbr.	Measure Description	Data Collection Method	QTA Framework	FHP / ACA	ICP	Adult Core Set	Child Core Set	Rationale for Selection
CIS	Childhood Immunization Status (All Combos)	Hybrid	Q,T	Y			Y	Examines prevention and screening. Child Core Set measure, and Medicaid staple. Prevention of potential harmful diseases. FHP HEDIS 2014 rates: CIS2 - 70-85%; CIS3-66-83%
W15	Well-Child Visits in the First 15 Months of Life	Hybrid	Q,T	Y			Y	Examines utilization of services. Child Core Set measure, and Medicaid staple. FHP HEDIS 2014 rates - 50%-90%
W34	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Hybrid	Q,T	Y			Y	Examines utilization of services. Child Core Set measure, and Medicaid staple.
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Hybrid	Q	Y			BMI	Examines prevention and screening, and also a Child Core Set measure. FHP HEDIS 2014 rates -35-65%
HPV	Human Papillomavirus Vaccine for Female Adolescents	Hybrid	Q	Y			Y	Examines prevention and screening, and also a Child Core Set measure. FHP HEDIS 2014 rates -15-48%
BCS	Breast Cancer Screening	Admin	Q	Y	Y	Y		Examines prevention and screening for women. Adult Core Set allows separate reporting by age group: 50-64 & 65-74. ICP HEDIS 2014 rates - below 50%
CCS	Cervical Cancer Screening	Hybrid	Q	Y	Y	Y		Examines prevention and screening for women. ICP HEDIS 2014 rates - below 50%
CHL	Chlamydia Screening in Women	Admin	Q	Y	Y	Y	Y	Examines prevention and screening for women, and a Child Core Set measure. FHP HEDIS 2014 rates - below 65%
COA	Care for Older Adults	Hybrid	Q,T					Examines prevention and screening for older adults.

Overall Summary of Recommended HEDIS® Quality Metrics

Abbr.	Measure Description	Data Collection Method	QTA Framework	FHP / ACA	ICP	Adult Core Set	Child Core Set	Rationale for Selection
CBP	Controlling High Blood Pressure	Hybrid Required	Q	Y	Y	Y - (See Rationale)		Examines prevention and screening for chronic disease. FHP HEDIS 2014 rates - 42%-78%. This measure <u>requires</u> medical record review. The plans will be able to report this measure using the medical record, but HFS cannot currently report this measure since there is no administrative method. HFS did not report this as an Adult Core Set measure to CMS.
PPC	Prenatal and Postpartum Care (Timeliness of Prenatal Care and Postpartum Care)	Hybrid		Y	Y	Postpartum Care	Timeliness	Measures timely access to network providers. Medicaid staple and a Child Core Set measure for Timeliness and Adult Core Set measure for Postpartum Care. FHP HEDIS 2014 rates - Timeliness - 50-95%; Postpartum - 44-78%
CDC	Comprehensive Diabetes Care	Hybrid	Q	Y	Y	HbA1c Test & Poor Control		Examines prevention and screening for chronic disease. Utilizes all main data sources (i.e., enrollment, claims, provider, vision, lab, and pharmacy). Adult Core Set measure.
SPD	Statin Therapy for Patients With Diabetes	Admin	Q	Y	Y			Examines prevention, screening and medication management for chronic disease.
ABA	Adult BMI Assessment	Hybrid	Q	Y	Y	Y		Examines prevention and screening. Adult Core Set allows separate reporting by age group: 10-64 & 65-74. ICP HEDIS 2014 rates - below 75%, FHP HEDIS 2014 rates - 71-84%

Overall Summary of Recommended HEDIS® Quality Metrics

Abbr.	Measure Description	Data Collection Method	QTA Framework	FHP / ACA	ICP	Adult Core Set	Child Core Set	Rationale for Selection
FUH	Follow-Up After Hospitalization for Mental Illness	Admin	Q,T	Y	Y	Y	Y	Examines behavioral health care. Child Core Set allows reporting age 6-20. Adult Core Set allows separate reporting by age group: 21-64 & 65+. ICP 30 day FU - below 60%; 7-day - below 40%, FHP 30 day - 60-70%; 7-day - 41-61%
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Admin	Q	Y				Examines prevention and screening for children with mental illness.
MPM	Annual Monitoring for Patients on Persistent Medications	Admin	Q	Y	Y	Y		Examines medication management. Adult Core Set allows separate reporting by age group: 18-64 & 65+
MMA	Medication Management for People With Asthma	Admin	Q	Y	Y		Y	Examines medication management, and a Child Core Set measure. FHP HEDIS 2014 rates - 44-94%
DAE	Use of High-Risk Medications in the Elderly	Admin	Q					Examines medication management.
AAP	Adults' Access to Preventive/Ambulatory Health Services	Admin	A	Y	Y			Examines access to care. HEDIS rates are reported in 3 age groups (20-44, 45-64, and 65+) and a total rate.
IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Admin	Q,T,A	Y	Y	Y		Examines access to care. HEDIS rates are reported in 2 age groups (13-17, 18+ years) and a total rate. ICP HEDIS 2014 rates - Initiation below 50%; Engagement below 10%
AMB	Ambulatory Care	Admin	A	Y	Y		ED Visits	Examines utilization rates and is also a Child Core Set measure for ED Visits. Reducing ED visits, while improving ambulatory care visits helps to contain costs and provide better care.

Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee August 14, 2015

MAC Members Present

Kelly Carter, Illinois Primary Health Care Association
Kathy Chan, Chair, Cook County Health and Hospitals System
Mary Driscoll, Illinois Department of Public Health (ex-officio)
Jan Grimes, Illinois Home and Hospice Council
Thomas Huggett, Lawndale Christian Health Center
Nadeen Israel, EverThrive Illinois for Janine Lewis, EverThrive Illinois
Karen Moredock, Illinois Department of Children and Family Services, ex-officio (interim)
Samantha Olds Frey, Illinois Association of Medicaid Health Plans for Karen Brach, Blue Cross Blue Shield of Illinois
Howard Peters
Verletta Saxon, Centerstone
David Vinkler, Molina

MAC Members Absent

Arnold Kanter, Barton Management
Tyler McHaley
Glendean Sisk, Illinois Department of Human Services, ex-officio

HFS Staff Present

Mike Casey
John Hoffman
Teresa Hursey
Shawn McGady
Ray Marchiori
Christine Mitts
Director Felicia F. Norwood
Bridgett Stone

Interested Parties

Sherie Arriazola, TASC, Inc.
Tiffany Askew,
Jeanette Badrov, ISAA
Chris Beal, Otsuka
Matthew Berkley, Advocate
Eric Boklage, Medical Home Network
Judy Bowlby, Liberty Dental
Nick Boyer, Otsuka
Christine Breitzman, FHN-CCAI
Kim Burke, Lake County Health Department
Grant Cale, Bristol-Myers Squibb
Eric Campbell, Aetna
Anna Carvalho, LaRabida
Joe Cini, IHC
Laurie Cohan, Civic Federation
Sheri Cohen, Chicago Department of Public Health

Dan Coleman, Merck
Nora Collins-Mandeville, ICOY
Scott Crawford, HPH
Denise Cushancy, Xerox
Brian Dacy, LifeTech
Anna Deatherage, HDIS
Sandy DeLeon, Ounce of Prevention
Paula Dillon, Illinois Hospital Association
John Eckert, Department on Aging
Andrew Fairgrieve, HMA
Paul Frank, Harmony/Well Care
Paul Gazze, Doubck Medical Supply
Susan Gordon, Lurie Childrens
Cathy Harvey, Molina
Jill Hayden, BCBSIL
Marvin Hazelwood,
Franchella Holland, Advocate

Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee August 14, 2015

Bill Jensen, iCare
Sara Jones, Meridian
V Keenan, IAFP
James Kiamos, FHN
Elyse Kienilz, Together4Health
Margaret Kirkegaard, HMA
Jennifer Koehler, UIC
Mike Krug, Sunovian
Keith Kudla, FHN-CCAI
Brianna Lantz,
David Large, Supernus Pharmaceuticals
Robin Lavender, Enroll DuPage
Dawn Lease, Johnson and Johnson
Carol Leonard, DentaQuest
Karen Malamut, Merck
Mona Martin, PhRMA
Sarita Massey, HealthCura
Deb Matthews, UIC-SCC
Joe McLauren, Planned Parenthood
Jim McNamara, ViiV Healthcare
Deanne Medina, LAF
Susan Melczer, MCHC
Emily Miller, IARF
Jill Misra, Together4Health
Diane L. Montanez,
Phil Mortis, Gilead
Lucky Mosqueda, Together4Health
Robert Nocon, University of Chicago
Heather O'Donnell, Thresholds

Xenia Okalibe, Smartplan Choice
Priti Patel, VNA Health Care
Hetal Patel, Illinicare Health
J. Michael Patton, IPHA
Jennie Pinkwater, Illinois Chapter, AAP
Sharon Post, HMPRG
Luvia Quinones, ICIRR
Dan Rabbitt, Heartland Alliance
Garth Reynolds, IPHA
Rachel Sacks, Leading Healthy Futures
Amy Sagen, UI Health
Ralph Schubert, IL Public Health Association
Lynn Seermon,
Alvia Siddiqi, Advocate ACE/MCCN
Jacquelyn Smith, NextLevel Health
Nelson Soltman,
Felicia Spivak, BCBSIL
Margaret Stapleton, Shriver Center
Chet Stroyny, 3M HIS
Mikal Sutton, Cigna-Health Spring
Kai Tao, CDPH
Gary Thurnauer, Pfizer
Laura Torres, MCHC
Polly Uner, Johnson and Johnson
Brittany Ward, Primo Center
Matt Werner, M Werner Consulting
Karen Williams, VNA Health Care
Linnea Windel, VNA HealthCare

Meeting Minutes

I. **Call to Order:** The regular bi-monthly meeting of the Medicaid Advisory Committee was called to order August 14, 2015 at 10:06 a.m. by chair Kathy Chan. A quorum was established.

II. **Introductions:** MAC members and HFS staff were introduced in Chicago and Springfield. Director Norwood acknowledged Teresa Hursey as Acting Administrator of the Division of Medical Programs.

III. **New Business**

   a. **Legislative Update:** Shawn McGady, Office of Legislative Affairs, discussed bills which are expected to have an have an impact on HFS.   HB1 is a comprehensive heroin

prevention/treatment bill with significant cost impact on HFS. Governor Rauner currently reviewing and receiving input from departments impacted by this legislation. SB661 requires providers to offer Hepatitis C testing to certain populations. This bill requires the test to be offered, not necessarily administered, and is expected to have a fiscal impact on HFS.

HB4096, an initiative of Rep. Feigenholtz, would move individual care grants from DHS to HFS. Mr. McGady noted that HFS is neutral on the bill. A committee member inquired about the possibility of posting bills impactful to HFS online, Mr. McGady noted that OLA is working with the John Hoffman and the communications team on the website redesign and will identify if this is a possibility.

b. **Budget Update:** Mike Casey, Director of the Division of Finance for HFS presented on the current status of the budget. It is unknown when budget impasse will be resolved. HFS is currently working to pay FY15 bills. For FY16 payment, as there is no current budget in place, HFS does not have authority to pay FY16 bills; however, recent court actions have directed HFS to make payments and the Governor announced last week that HFS would be processing all Medicaid payments received statewide. HFS expects to begin sending payments to the Comptroller in the third week of August, however it is uncertain when payments will be processed by the Comptroller and sent to providers. HFS will work to process payments timely moving forward. A committee member inquired whether other state agencies which cover matching Medicaid services will begin making payments; Mr. Casey noted that DHS is expected to begin making payments, but to refer to individual departments for further information. A committee member inquired that absent a state budget, what budget assumptions is HFS working from? Mr. Casey noted that HFS is working off of a maintenance budget, using $19.2B as the total agency budget, with $8.2B from the General Revenue Fund and are paying providers rates in effect on April 30, 2015, not taking into account the reductions that were applied for June and July as those reductions were only for FY15.

c. **Website Update:** John Hoffman, Director of Communications for HFS gave an update on the comprehensive update of the HFS website. The communications team is working to implement suggestions made in the last MAC meeting. Mr. Hoffman encouraged all present to complete the survey available online with their suggestions, and to forward

on the survey to colleagues and clients. An inquiry was made about posting more provider notices online, particularly in relation to payment updates. Mr. Hoffman noted that he will work to coordinate with Medical Programs. Director Norwood noted that website updates and notices are not made until information is ensured to be 100% correct.

d. **IMPACT-Provider Enrollment Update:** Teresa Hursey, Acting Administrator of the Division of Medical Programs, reported on the progress of the IMPACT provider enrollment transition. The IMPACT online enrollment system opened beginning on August 3, and HFS has seen a strong response thus far. In the 5 days since the online system has been open, 650 new provider applications have been received, averaging a 5 day turnaround for application approval, in comparison to the previous 6-8 week timeframe for processing paper applications. Call center wait time averages less than 30 seconds. All existing Medicaid providers must validate their data in order to continue participating in the Medicaid program, the deadline is December 31, 2015. Providers who do not validate by the deadline will be required to complete a new application. HFS has training opportunities and technical assistance available. This interested may contact Teresa.Hursey@illinois.gov. Status updates will be provided as the process continues.

e. **Health Disparity Discussion:** Director Norwood would like the MAC to identify what can be done to improve health outcomes and reduce disparities. Medicaid enrollment data was shared with members of the MAC to begin this discussion. HFS has established 22 quality metrics, and will share these measures in order for the MAC to identify what measures represent the best opportunities for improvement. Members of the public made several suggestions and made offers to assist the MAC with this project. Those interested in volunteering to help, please contact Bridgett.Stone@illinois.gov

f. **Topics for October Meeting:** Kathy Chan suggested revisiting Health Disparities for the October meeting.

IV. **Old Business**

a. **Phone Participation:** Bridgett Stone reported on phone capability. HFS is able to provide a listen-only phone line with toned for exit and entry muted. Howard Peters

recommended this item be tabled until video conference technology issues can be resolved.

V. **Subcommittee Reports**

    a. **Public Education Subcommittee Report:** Kathy Chan reported on the most recent meeting of the Public Education subcommittee, which she chaired.

VI. **Approval of June, 2015 Meeting Minutes:** David Vinkler made a motion to approve the June minutes; the motion was duly seconded by with all committee members voting to approve the minutes.

VII. **Other Business:** An interested party reported concerns which the DuPage Health Department has regarding the decent decision of DuPage medical group to no longer see Medicaid enrollees. The DuPage Health Department has major concerns related to access. Director Norwood recommended that issues such as these be brought to the department directly so they may be addressed in a timely manner.

Dr. Huggett followed-up on concerns with redetermination and auto-assignment which were discussed at the June meeting. HFS reported on the redetermination appeals process. Dr. Huggett noted that he had discussed with HFS the possibility of sending redetermination letters to the physician on record, as well as the client. A committee member suggested possibly sending the redetermination lists to providers. Director Norwood discussed that she will coordinate with John Spears.

HFS discussed the auto assignment algorithm. If a member does not make a Health Plan or PCP choice within the 60 day voluntary enrollment period, the algorithm finds a best-fit plan for the member by first identifying the member's plan history for a current plan or provider relationship. Next the algorithm reviews HFS claims history for the member. The algorithm then identifies family members, particularly the plan or Provider of the family member closest in age, and them finally moves to geomapping to find the closest provider to the member with a max of 30 miles in Chicago and 60 miles in the remainder of the state.

A member of the public brought a concern regarding FY16 payments, and inquired if there is a process to expedite payments passed on provider need, and many providers are being faced with closing and layoffs. Mike Casey discussed the HFS will be working as closely with the comptroller for FY16 payments.

Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee August 14, 2015

VIII. **Adjournment:** David Vinkler made a motion to adjourn the meeting, which was duly seconded and passed without objection by the committee. The meeting was adjourned at 11:48 a.m.

Department of Healthcare and Family Services Comprehensive Medicaid Quality Strategy
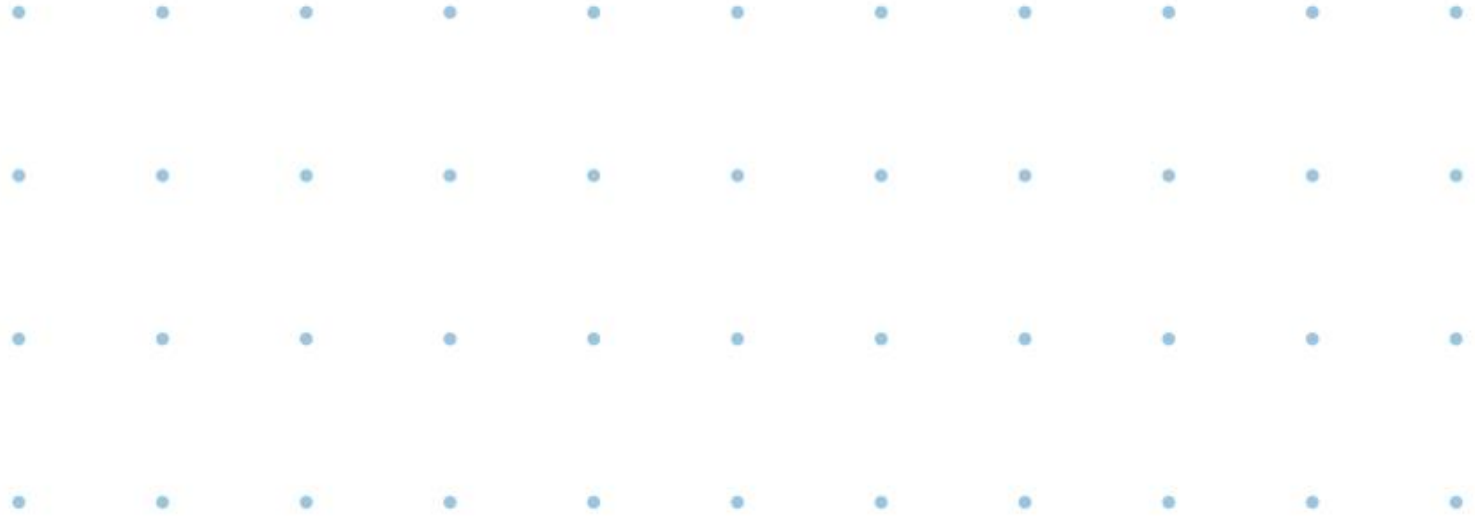
Presenter: Robert Mendonsa

Title: Deputy Administrator

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♦ History of Illinois Medicaid

♦ Quality Strategy Focus

Quality Strategy Goals

Quality Strategy

- Federal regulations required states to develop a written strategy for assessing and improving the quality of managed care services.

  – Intended to serve as a blueprint or road map for states and their contracted health plans in assessing the quality of care that clients receive, as well as for setting forth measurable goals and targets for improvement.

  – States must obtain input from clients and other key stakeholders in the development of the quality strategy and make the quality strategy available for public comment.

Quality Strategy

- Ensures the delivery of the highest quality and most cost-effective services.

- Establishes a framework for ongoing assessment and identification of potential opportunities for health care coordination and improvement.

Quality Strategy-Goals

Goal 1: Ensure adequate access to care and services for Illinois Medicaid clients that is appropriate, cost effective, safe, and timely.

Goal 2: Ensure the quality of care and services delivered to Illinois Medicaid clients.

Goal 3: Integrated Care Delivery—the right care, right time, right setting, right provider.

Quality Strategy-Goals

Goal 4: Ensure consumer safety, satisfaction, access to, and quality of care and services delivered to Illinois Medicaid clients in Managed Care Programs.

Goal 5: Ensure efficient and effective administration of Illinois Medicaid Managed Care Programs.
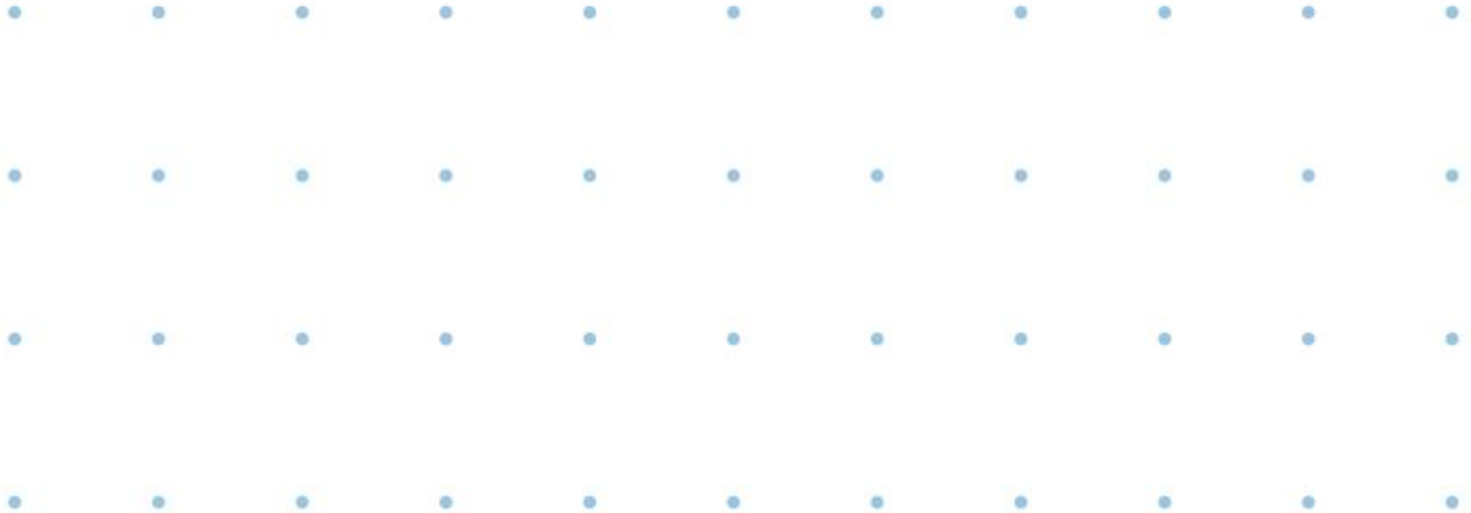
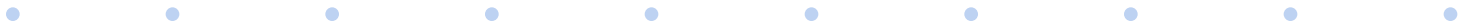# History of Illinois Medicaid

History-Timeline

Voluntary Managed Care

Care Coordination Innovations Project

Primary Care Case Management

Medicare Medicaid Alignment Initiative

| 1976 | 2007 | 2011 | 2014 |

Integrated Care Program

Family Health Plan (FHP)/Affordable Care Act (ACA)
(Replaced Voluntary Managed Care)
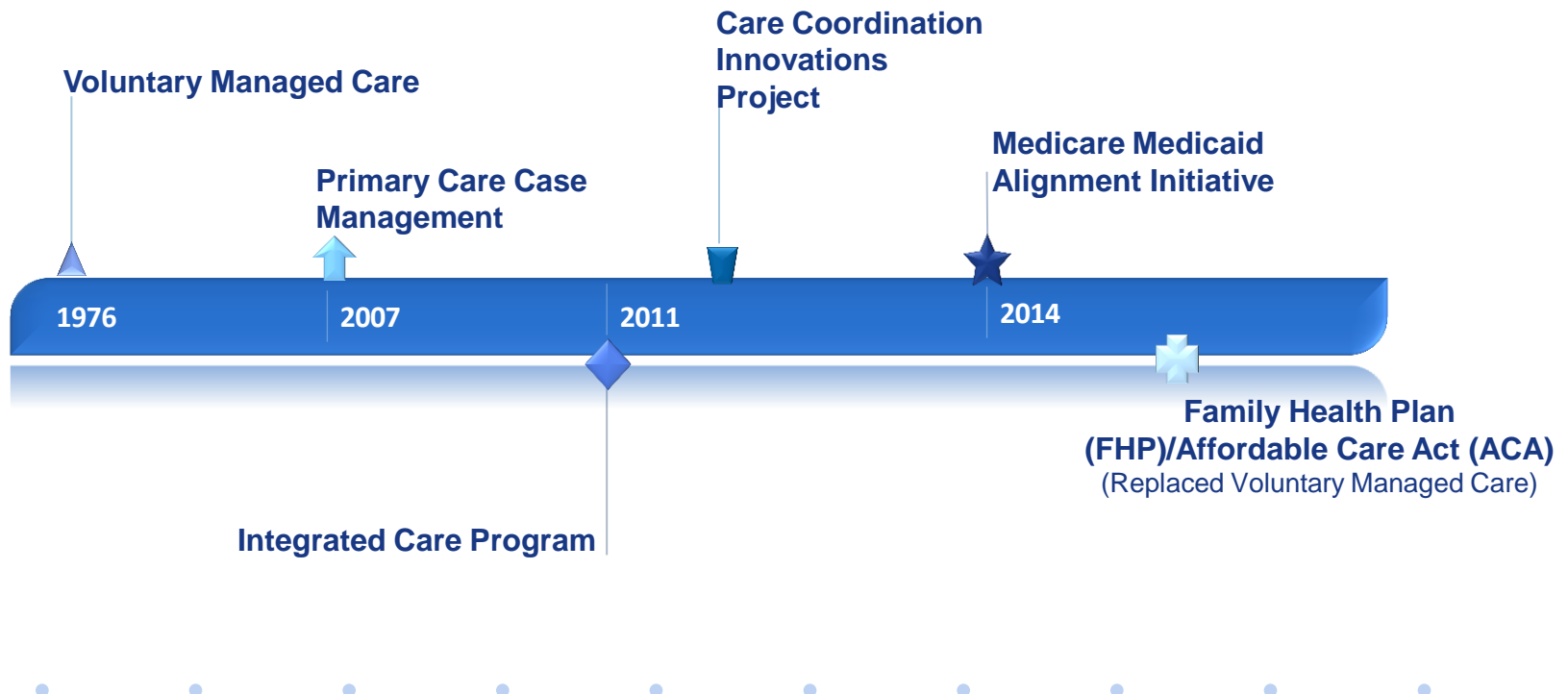
History-Care Coordination Expansion

Illinois Department of Healthcare and Family Services
Care Coordination Expansion
October 1, 2015
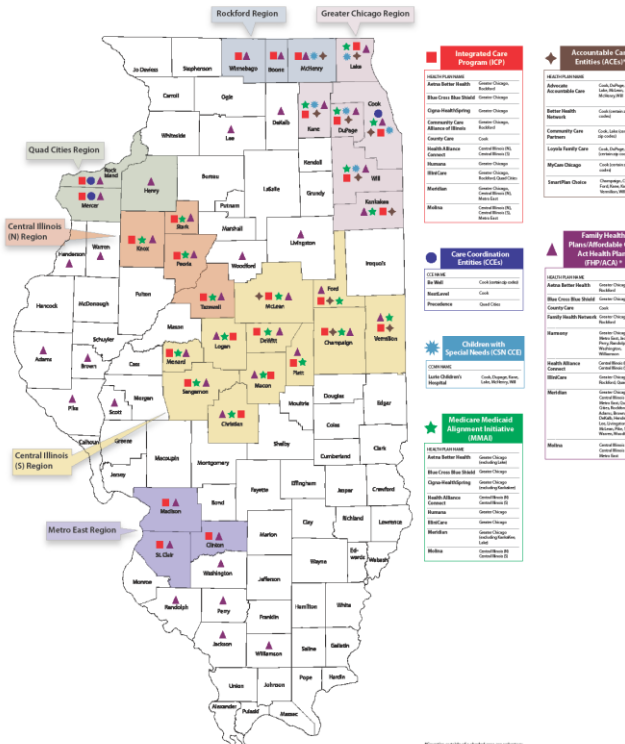
Double click on map to enlarge.

History-Reform

- The Department of Healthcare and Family Services (HFS) is responsible for providing healthcare coverage for adults and children who qualify for Medicaid.

- In 2011, HFS began implementing:
  - The federal Patient Protection and Affordable Care Act (Pub. L. 111-148)
  - The Illinois Medicaid reform legislation (P.A. 096-1501)
    - Requires that 50% of Medicaid clients be enrolled in care coordination (managed care) programs by 2015.

History-Reform

- Goal of reform:
  - A redesigned healthcare delivery system that is more patient-centered, with focus on improved health outcomes and evidence-based treatments, enhanced patient access, and patient safety.

- Reform strategies:
  - Test and implement new models of care.

History-Delivery Models

- Integrated Care Program (ICP)
  - Integrate all of the individual's physical, behavioral, and social needs.
  - Improve enrollees' health outcomes and enhance their quality of life by providing the support necessary to live more independently.

- Care Coordination Innovations Project
  - Test innovative models that offer risk-based care coordination through provider-organized networks.
  - Form alternative models of delivering care around the needs of the most complex clients.

History-Delivery Models

- Medicare Medicaid Alignment Initiative (MMAI)
  – Result of a three-way contract between HFS, the federal Centers for Medicare & Medicaid Services (CMS), and health plans.
  – Impacts those who are dually eligible for full Medicaid & Medicare benefits.

- Family Health Plan (FHP)/Affordable Care Act (ACA)
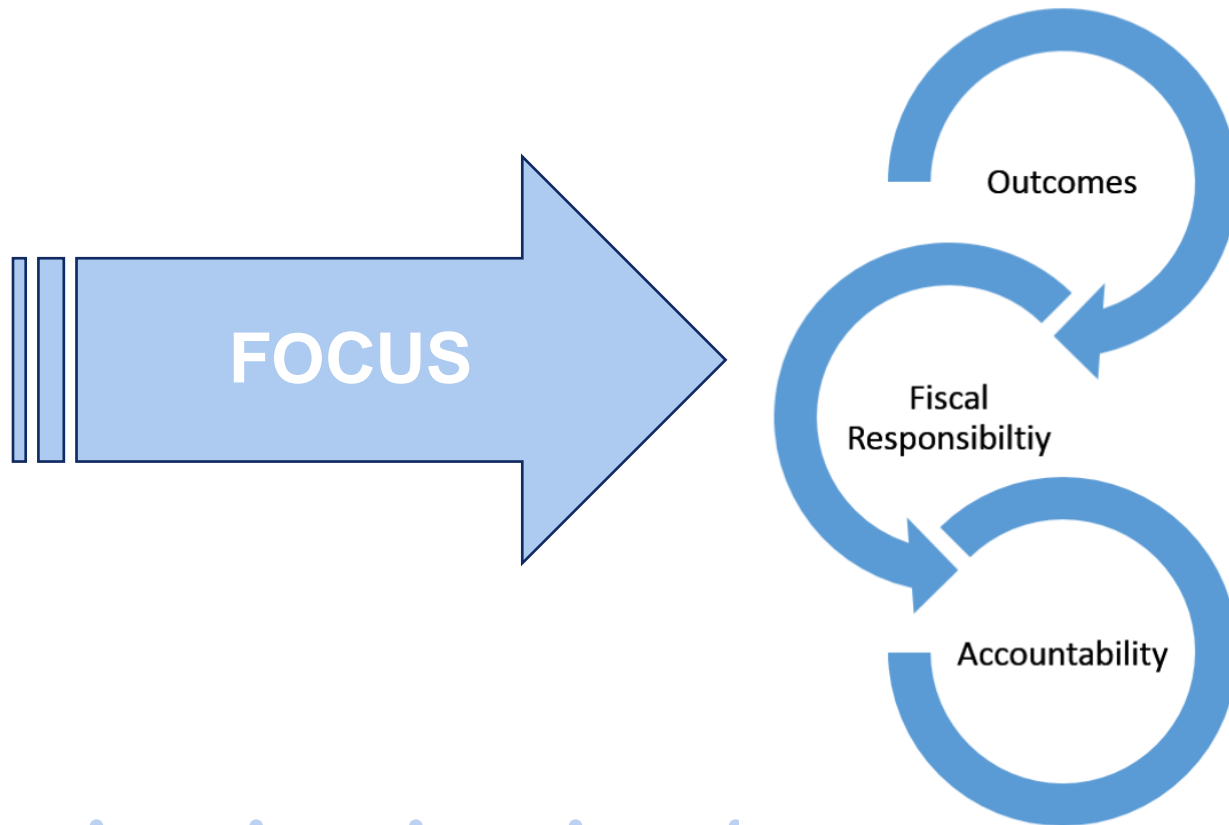 – Mandatory program for children and their families as well as the newly eligible ACA adults.
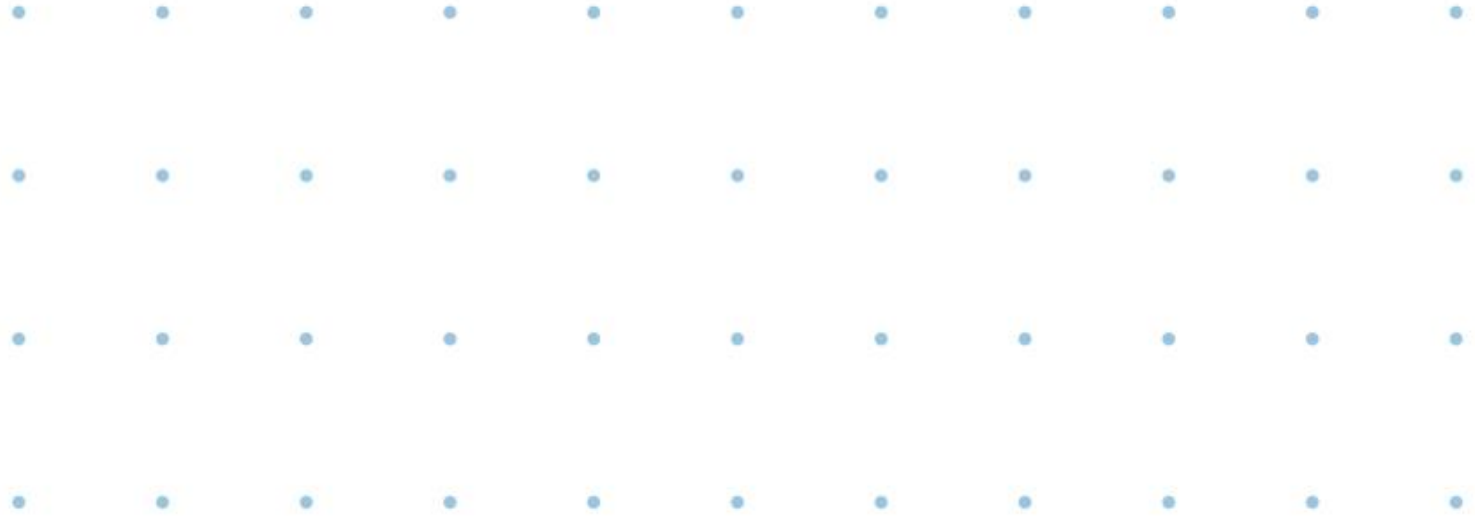
Quality Strategy Focus

HFS Focus

FOCUS

Outcomes

Fiscal Responsibiltiy

Accountability

Focus-Quality Metrics Alignment

- Established a set of quality metrics that are evidence-based across all programs (FHP/ACA, ICP, MMAI).

  - Analyzed measures used by other states as well as the CMS Adult and Child Core Set.

  - Selected HEDIS measures with available national benchmarks across multiple HEDIS domains to ensure representation of medical and behavioral health services.

  - Utilized multiple data sources to ensure all key areas are impacted.
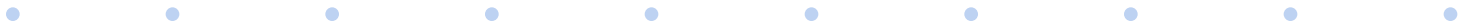
Focus-Quality Metrics Alignment

- Use quality metrics to:
  - Establish benchmarks across programs.
  - Compare health plan performance.
  - Draw national comparisons.

- Selected 20 total quality metrics with 10 across all programs.

Focus-Using Metrics to Improve Outcomes

- Utilize quality metrics to improve quality and performance as well as drive accountability.

- Utilize Encounter Data to:
  - Improve quality.
  - Monitor program integrity.
  - Develop capitation payment rates.

Focus-Using Metrics to Improve Outcomes

- Utilize standardized dashboard reports designed to allow HFS to:
  - Monitor key healthcare trends.
  - Provide feedback to health plans.
  - Perform side by side comparisons among health plans.
  - Produce ad hoc reports to augment standardized dashboard reports.
  - Evaluate encounter data.

Focus-Using Metrics to Improve Consumer Choice

- In the future, publish a Consumer Dashboard that shows how the health plans compare to each other in key performance areas.
  - Plan performance displayed in consumer-friendly dashboard interface.
  - Allows clients to choose a health plan during open enrollment based on how well the health plans provide care and services.

- Contact Information Here