

Illinois Department of Healthcare and Family Services Medicaid Advisory Committee August 7, 2020

MAC Members Present:

Alejandro Clavier, VIDA Pediatrics
Andrea Danes, Consumer Representative
Thomas Huggett, Lawndale Christian Health Center
Marvin Lindsey, Community Behavioral Healthcare Assn.
Ann Lundy, ACCESS Community Health Network
Howard Peters, HAP Inc. Consulting
Amber Smock, Access Living
Kai Tao, Alliance Chicago
Neli Vazquez-Rowland, A Safe Haven
Sameer Vohra, SIU SOM
Cheryl Whitaker, Next Level Health

MAC Members Absent:

Arnold Kanter, Barton Healthcare

HFS Staff Present:

Kelly Cunningham
Theresa Eagleson
Cheryl Easton
Arvind Goyal

Jane Longo
Kim McCullough
Robert Mendonsa
Lauren Phelan

- I. **Call to Order** The regular quarterly meeting of the Medicaid Advisory Committee was called to order via Zoom web platform (Replacing an in-person meeting due to COVID-19 pandemic emergency) on August 7, 2020, at 10:05 a.m., by Chair Dr. Cheryl Whitaker. A quorum was established.
- II. **Roll Call** of Committee members and HFS staff in Chicago and Springfield. Attendance by members of the public was not recorded.
- III. **Review and approval of the minutes** - The minutes from the last MAC meeting were approved unanimously.
- IV. **Medicaid Advisory Committee's Charter** – The Medicaid Advisory Committee is created to advise this department, Healthcare & Family Services, which is designated as the single state Medicaid agency to our federal partners. The Committee exists to advise HFS regarding healthcare policy and medical services under the Medicaid program. It is required under federal regulation. There is a set of bylaws that the Committee approved at its meeting in November 2019.
- V. **Public Comments** – Public comments on recoupment of payments previously made to providers by MCOs, and enhancing access and assuring equity were discussed.
 - Rate issue – As part of the hospital assessment that passed; the agency would put in general fund money from budget. Additionally,
 - The hospitals increased their assessments
 - We are now raising all physician's rates to a minimum of 60 percent of Medicare, a permanent increase to physician rates.
- VI. **Healthcare & Family Services Executive Report** – Director Eagleson gave the executive report on behalf of the department and thanked all dedicated personnel, providers, advocates and managed care entities for stepping up to make an effort to serve our 3 million Medicaid members.
 - The Department has submitted several requests for federal waivers, and multiple state plan amendments have been requested.
 - The Department has requested emergency authorities for our 1915c waiver population – those are all targeted for long term care and other facility-based services.
 - We have changed eligibility procedures and have implemented emergency telehealth rules. A second notice to implement those rules on a permanent basis.
 - Issued numerous policy changes, billing guidance and new code(s).

In addition to the public health emergency our state and our country have been dealing with issues around racism, inequities within the health industry along with our justice system. These conversations are a long time coming and we really have a lot to accomplish.

Internally we have appointed an ad hoc health equity task force in the department to focus on the following:

- Racial equity issues – we are working together in two group to make recommendations that we should take as an agency both externally and internally.
- The team gave a presentation to the Legislative Medicaid Working group regarding Healthcare Transformation

The Department has recently worked on, or, is currently working on the following:

- Telehealth Emergency Rule – for the pandemic and beyond
 - Appendix K for the 1915c Waiver population
 - A partially approved emergency 1115 Waiver
 - A Disaster State Plan Amendment for Medicaid and C
 - Eligibility changes
 - Postponing Redeterminations
 - Significant improvement from the backlog of applications
 - Long Term Care admissions
 - COVID-19 testing for uninsured population
 - Implementing a new Medicaid-like program for low-income immigrant seniors over the age of 65.
 - We have been making remote patient monitoring and pandemic health worker programs available statewide.
 - Worked with the General Assembly to pass the Hospital Assessment legislation that was approved federally.
 - Working on a process to facilitate true healthcare transformation.
 - Engaged in conversation with the nursing home industry around quality, staffing and nursing home rate reform.
 - Recently secured a vendor to assist with the Care Act monies out to impacted providers
 - We are returning pay-for-performance dollars to the Medicaid health plans so that they can use the funds for providers; particularly behavioral health providers during the pandemic.
 - Stability Funding to other providers.
 - Postpartum waiver coverage extending the 3 months to 12 months is pending with our federal partner
 - Youth Care program to be rolled out September 1, 2020
 - Continuing to work on integrated health homes.
- a. COVID-19 Response, Federal Waivers, State Plan Amendments, and other related matters: To date the Department has submitted several requests for:
- Federal waivers
 - Multiple State Plan Amendment requests
 - Emergency authorities for our 1915c waiver population (targeted for long term care and other facilities).

- b. Enrollment, Eligibility & Redetermination: – Jane Longo provided an update.
- Backlog of applications down to 17,000 at the end of July; down from a high of 174,000 at the end of January 2019.
 - During the emergency for COVID-19 we prohibited from taking any adverse action regarding redeterminations.
 - Eligible recipients would be extended out for 12 months; if not eligible they will not be cancelled and cannot lose their coverage.
 - The agency has about 122,000 redeterminations; holding those unless they happened to be connected to SNAP as the agency is not taking adverse action.
 - Implemented a new Health benefits for immigrant seniors – HB357
 - Seniors who are ineligible due to immigration status can be covered at age 65 or older.
 - Income at 100 percent of the poverty level or below (\$13,000 a year for one person).
 - State funded program modeled after the Medicaid program.
 - Benefits will be the same as Medicaid with the exception of nursing facility care.
 - No cost sharing premiums or co-payments.
 - Three months of retroactive coverage
 - The system will be ready on December 1, 2020.

c. Telehealth Status Update: Kelly Cunningham and Kim McCullough provided an update regarding telehealth. The state of Illinois and other state Medicaid agencies have taken advantage of the telehealth by using it as a delivery mechanism for our services. The agency has made a lot of advance regarding telehealth through rules that we were able to put into place at the Department level.

- Providers are still able to deliver services to our customers.
- HFS Virtual Care Program
 - Available in all 102 counties– free program to all Illinoisans.
 - Provides virtual training for COVID-19 along with tools to practice safe care during the pandemic; which include remote patient monitoring.

d. Integrated Health Homes: Update given by Kelly Cunningham regarding the work that we have been doing. Over the past we have focused a lot on some of the federal regulations and requirements and tried to tailor our program accordingly with respect to integrated health homes and what we have lacked until very recently, a really clear vision for this program.

In light of the public health emergency and many other factors the department is re-examining some components of integrated health homes. With a renewed focus on addressing health disparities that have been magnified by the pandemic. We want to make sure that the integrated health home initiative purposefully

addresses within its design and within our strategy ways to more effectively address unmet social and environmental needs.

- Addressing chronic conditions that many adults suffer
- We are also looking ways to refine our care management model to tailor services to complex individuals.
- Develop a more effective message and communication plan for what we are trying to get done
- How to instill our vision in our MCOs and integrated health home partners as they come on board.
- Appendix K Waiver
- Virtual Care Program and coordination between HFS and IDPH

VII. Medicaid Managed Care Program Highlights

- a. Current State – Transfer of membership of NextLevel to Meridian. This was not an acquisition, so NextLevel will be responsible for paying claims for all services rendered through June 30, 2020; and will remain in operation to service providers.
 - Membership to move over to Meridian effective July 1, 2020; and Meridian will be responsible for all of the members.
- b. Youth in Care – HFS is adding valuable care coordination services; Currently, families are on their own to connect with providers. Under Youth Care they will have the following:
 - Personal Care Coordinator to reach out to providers for them and schedule appointments.
 - More Providers
 - HFS working with parents and stakeholders
 - September 1, 2020 – launch date
 - Rollout of MMAI state-wide next year – July 1st

VIII. Subcommittee Reports

- a. Public Education Subcommittee – Chair Kathy Chan provided an update; the committee has met three times since the in person convening of the MAC, in April, June and on yesterday August 6th. Meeting minutes can be found at <https://www.illinois.gov/hfs/About/BoardsandCommisions/MAC/publiced/Pages/schedule.aspx>.
- b. Quality Care Subcommittee – Ann Lundy provided an update. Last meeting was held February 26, 2020. The next meeting is scheduled for August 26th and will be held virtually. Meeting minutes can be found at <https://www.illinois.gov/hfs/About/BoardsandCommisions/MAC/publiced/Pages/schedule.aspx>.

- c. Department's Status on Opioid Recommendations & Federal Grants – The Department is currently in a transition status in terms of staffing expects to submit a report at a future MAC meeting.

IX. Medicaid Advisory Committee Recommendations

For the Department to give an update on status of recommendations put forth by the Opioid Committee.

Value Based Payment report – posted to our website on January 2020

SPA – for family planning

Telehealth and; budget cuts/federal money.

- X. 1135 Waiver Submission – Laura Phelan provided an update as follows: 1135 Waiver Submission was largely directed towards providers; and for that waiver we have been able to implement various pieces from different authorities. So, there were three different pathways.

The 1135 Waiver was a partial approval. This request was submitted March 19th and we received the partial approval on March 23rd. We have continued to tell providers to follow HFS provider notices. implementing them because we are not required to implement it in the way that CMS sent it back. We will be implementing them in the way in which we requested them.

On March 30, 2020, CMS began releasing blanket Medicare Waivers that they later qualified that also applied to Medicaid; which meant if a policy was in that blanket Medicare waiver:

- Allowing non-HIPPA compliance mode of communication for Telehealth. Like Skype or FaceTime.
- Providers payments for care in alternative settings
- Long term care nurse aid training and certification flexibility
- Awaiting CMS determinations on some items, such as billing flexibility for school-based health centers
- In discussions with CMS regarding submitting an amendment disaster SPA to get that authority through a different way.
- 1115 Waiver Submission: there was one item in our request that CMS determined that we did not need 1115 authority for and that was waiving the MCO's 30-day choice period.
- Medicaid beneficiaries still have their 90-day switch period once they are enrolled.
- The rest of our 1135 Waiver request: unfortunately, CMS has verbally informed us that they are not going to be approved at this time. The State will not receive a letter that formally denies them or formally makes any federal determination on them because technically they are still under review at CMS.
- For the Medicaid Disaster SPA as well as the CHIP Disaster SPA, many of the eligibility changes that we were making, including expanding the

frequency of the presumptive eligibility for children and pregnant women; giving the State presumptive eligibility authority that has really expedited enrollment.

- Suspending premiums and co-pays for program and then some rate increases to ICIFDD and then CDC facilities since the service providers are closed. Those were all approved by CMS and are posted on website.
- There is an MCO contract amendment that MCOs are currently implementing all of the policies and now, however, it is now going through the formal contract amendment execution process; which also includes a formal CMS review and sign-off.
- Modifications to the 2020 Pay for Performance Framework; adding the rate/risk corridor to address the impact of COVID-19 on the utilization of covered services.
- Formalizing the MCOs enrollment change and then also requiring MCOs to pay out of network providers as if they were in network for COVID-19 services.

XI. **Long Term Care** update was provided by Kelly Cunningham as follow: HFS is working closely with our partner agency, the Illinois Department of Public Health, who is the lead working with the Centers for Disease Control.

- On many of the policies that are governing how COVID-19 is handled and responded to in congregant and long-term care settings.
- We participate in a bi-weekly meeting with Public Health and all of the Long-Term Care Associations and some of the providers.
 - These meetings were specifically setup to discuss strategies and guidance issues by CDC that can impact long-term care facilities. We are a real active partner in those discussions.
 - We pulled in a lot for questions around payment. Payment and payment reform and how we are addressing issues that are similar to that. I can share that some long-term care providers, it really depends on if the provider class have received federal CARES Act money
 - HFS also received an allocation in the budget which passed the General Assembly back in May to pass through some additional CARES Act funding to long-term care providers, hospitals and Medicaid providers.
 - We are working on developing an allocation for each of those provider types now to get that money out.
 - We work closely with our partners at Public Health, and the Governor's Office on this as well.

XII. **Adjournment** – The meeting was adjourned at 12:17 p.m.