

**Medicaid Advisory Committee
Care Coordination Subcommittee**

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

And

201 South Grand Avenue East
3rd Floor Video Conference Room
Springfield, Illinois

June 9, 2015
10 a.m. - 12 p.m.

Conference Call-In Number: 888-494-4032
Access Code: 5589848112

Agenda

- I. Call to Order
- II. Introductions
- III. Review of March 17, 2015 Meeting Minutes
- IV. Managed Care Expansion Updates
- V. IMPACT Updates
- VI. Discussion of proposed charge update
- VII. Open to Subcommittee
- VIII. Adjournment

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

March 17, 2015

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

Members Present

Edward Pont, Chair, ICAAP
Kelly Carter, IPHCA
Art Jones, LCHC

Members Absent

Kathy Chan, CCHHS
Diana Knaebe, Heritage BHC
Mike O'Donnell, ECLAAA, Inc.
Alvia Siddiqi, IHC
Josh Evans, IARF

HFS Staff Present

Pam Bunch
Dr. Arvind Goyal
Amy Harris
Bridget Larson
James Parker
Molly Siegel
Bridgett Stone
Mike Taylor

Interested Parties Present

Lindsey Artola, IlliniCare Health
Tiffany Askew, LAF
Jeanette Badrov, Superior Ambulance
Daray Benedict, Presence Health
Anna Carvalho, LaRabida
Clarissa Charles, LAF
Paula R. Dillon, Illinois Hospital Association
Maura Flanary, Shield HealthCare
Dionne Haney, ISDS
Ida Hess, MHCC
Nadine Israel, Ever Thrive
Art Jones, MHN
Frank Kisner, ILHIE
Keith Kudla, FHN
Carol Leonard, DentaQuest
Ann Lundy, HealthCura
Sarita Massey, HealthCura
Deb Matthews, UIC SCC
Andrea McGlynn, For Kathy Chan, CCHHS
Emily Miller, IARF
Jill Misra, Together4Health
Karen Moredock, DCFS

Scott Nance, Access Living
Sergio Obregon, CPS
Dean Olsen, State-Journal Register
Hetal Patel, Illinicare
Sharon Post, HMPRG
Amy Sagen, UI Health
Enrique Salgado, Harmony
Mary K. Schou, Cigna Health Spring
Kathryn Shelton, LAF
Jeanine Solinski, University of Chicago Medicine
Felicia Spivack, BCBSIL
Anita Stewart, BCBSIL
Carla Vassilos, Cigna Health Spring
Brittany Ward, Primo
Gail Warner, Lurie Children's
Krista Woods, Harmony

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I. Call to Order

Dr. Edward Pont called the meeting to order at 10:11 am.

II. Introductions

The Medicaid Advisory Committee Care Coordination Subcommittee members and attendees in Chicago, Springfield and via telephone were introduced. Dr. Pont recognized Mr. Parker's upcoming departure from HFS and acknowledged his efforts in medical Programs.

III. Review of January 6, 2015 Meeting Minutes

Minutes from the January 6, 2015 were reviewed by the Subcommittee. Mr. Jones moved to approve the minutes, and this was seconded by another committee member.

IV. Department Budget and Managed Care Expansion Updates

Amy Harris discussed updates to the managed care expansion. Currently 1.6 million customers are enrolled in a managed care program, with 50% assigned to a plan via auto-assignment and 50% choosing a plan. We are entering the final 3 weeks of expansion, with open enrollment closing in mid-late April. Call center wait time have been decreasing, though wait times tend to spike mid-late afternoon.

Jim Parker briefly discussed the FY16 budget, no updates have been made. Mr. Parker noted that HFS has been working with IHA to discuss strategies to work with hospital fee cuts. HFS has also been in contact with contracted ACEs and CCEs to discuss plans to move toward greater risk. A subcommittee member inquired about the pharmacy rate cuts; however Mr. Parker did not have any specifics to report on this issue. Mr. Parker noted that a budget for the remainder of FY15 is expected to be approved within the week.

V. Evaluating Quality Metrics Presentations

- i. Sharon Post from HMPRG provided information on quality metrics, risk stratification and risk adjustment. Ms. Post noted that risk adjustments are made to take socioeconomic disparities into account when making quality measurements for health plans. Risk adjustments are meant to provide usable information and create accountability by changing the score utilized in quality assessment. Ms. Post discussed the benefits and challenges of risk adjustment. A subcommittee member raised the question of the types of data used in risk stratification based on socioeconomic factors, and the importance of utilizing good data. Ms. Post noted that currently only medical risk is utilized in managed care, not socioeconomic risk.
- ii. Scott Nance from Access Living and Clarissa Charles and Tiffany Askew from LAF discussed the Home and Community Ombudsman Program. The mission of the ombudsman program is to investigate and assist in the resolution of managed care

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client issues. This program has been in place for over 30 years to support seniors in long term care. In August 2013, the program was approved to expand to serve people with disabilities, and in September of 2014 the ombudsman program began serving this population. Currently those enrolled in an MMAI or waiver program who live at home are eligible to receive services from the ombudsman program. Additionally, ombudsmen help to empower clients to establish relationships with their providers and self advocate. They work to resolve issues one on one, but also attempt to address systemic issues and report these to the Department of Aging. Dr. Pont suggested establishing a direct relationship with HFS to report systemic issues. Several MCO representatives in attendance offered their assistance in resolving client issues. Mr. Parker noted that HFS would welcome any reports the Home and Community Ombudsman Program could generate regarding systemic problems.

VI. Open to Sub-Committee

A subcommittee member inquired about the status of the health homes initiatives. Mr. Parker confirmed that the initiative is moving forward and solutions are being explored for those not enrolled in managed care

A subcommittee member inquired about the quality metrics in place for pay for performance. Mr. Parker announced that plans in the 75 percentile for HEDIS scores will be eligible for bonus.

VII. Adjournment

The meeting was adjourned at 11:48 AM.

Subcommittee Quality Care

The Quality Care Subcommittee is established to advise the Medicaid Advisory Committee concerning strategies for improving the Medicaid health care delivery system to improve patient outcomes and deliver services in a cost effective, efficient manner.

This subcommittee will:

1. Review and compare quality metrics, as well as other measures reported by Medicaid providers and Managed Care Entities, such as medical home assignment, timely access to care, member satisfaction, and experience of care and coverage;
2. Review service delivery in the Primary Care Case Management Programs and among Managed Care Entities, including but not limited to provider participation and network adequacy;
3. Review evidence-based practices and programs that address social determinants of health that can lead to improved patient care and outcomes;
4. Make necessary recommendations to the Medicaid Advisory Committee.

DRAFT