

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

August 19, 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

Josh Evans, IARF

Members Absent

Diana Knaebe, Heritage BHC

Mike O'Donnell, ECLAAA, Inc.

HFS Staff Present

Arvind Goyal

James Parker

Barbara Carlisle

Molly Siegel

Bridget Larson

Kai Tao

Jeffrey Todd

Mike Jones

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Interested Parties Present

Lindsey Artola, IlliniCare	Diane Montanez, Alivio Medical Center
Siddiqi Alvia Illinois Health Care	Karen Moredock DCFS
Graham Bateman Chicago Coalition for the Homeless	Phil Morts Gilead
John Bullard	Gwen O Dory NCHP
Karen Brach BCISS	Cheryl O'Donoghue VNA Health Care
Anna Cahill Illini Care Health	Sam Olds IAMHP
Kelly Carter IPHCA	Jennie Pinkwater, ICAAP
Anna Carvalho, La Rabida	Hetal Patel, IlliniCare
Wesley Epplin HMPRG	Patricia Reedy, DHS/DMH
Eric Foster, IADDA	Sam Robinson Canary Telehealth
Paul Frank, Harmony/Wellcare	Ken Ryan, ISMS
Susan Gaines IPHCA	Janis Sayer Chicago Dept of Public Health
Marcelvino Garcia CCHHS	Christy Serrano, Ounce of Prevention
Deb Gracey, HMA	Alicia Slani
Jill Hayden BCBS IL	Jeannine Solinski, University of Chicago Medicine
Ollie Idowu, Molina	Alison Stevens LAF
Nadeen Isreal Heartland Alliance	Rebecca Thompson, Progress Center
John Jansa	Jamie Van Wastenock ICIRR
	Matt Werner, IPHCA
Nicole Kazee, U of I Health System	
James Kiamos FHN	
Dave Koch VNA Health Care.	
Mindy Kolaz DSCC	
Theresa Larsen, Meridian Health Plan	
Dawn Lease Johnson & Johnson	
Susan Melczer, MCHC	

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I. Call to Order-

Chair, Dr. Edward Pont called the meeting to order at 10:00 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 May 13, 2014 and June 24' 2014 Meeting Minutes

After a brief discussion the minutes from both the May 13, 2014 and June 24, 2014 were approved by unanimous consent of the subcommittee.

IV. Quality Measures Additional Discussion.

Some members expressed there are too many quality measures to focus on with little alignment between them. After further discussion, the chair, Dr. Pont moved the following resolve which was seconded and unanimously passed:

"The Department shall investigate ways by which quality measures can be made to advance the goal of practice transformation. Specifically, the Department shall encourage the MCEs with which it contracts to prioritize various quality metrics, perhaps stratified by clinical category, for purposes of determining quality incentive payments."

V. Managed Care Expansion Update.

On behalf of HFS, Mr. James Parker informed the subcommittee of a 52% auto-assignment rate for the 62,000 clients who have thus far enrolled in the Metro East transition; however, the Chicago ICP has a 75% active choice rate.

VI. Open to Committee

- 1.** The subcommittee members raised the issue of continuity of patient care in the event of contract termination-for cause or without a cause-by Managed Care Entities (MCEs) with PCPs, other specialists and staff. The MCEs have an obligation to report to IDFPR when a licensed professional is disciplined with restriction of privileges. However, further exploration of this issue will be necessary.
- 2.** The issue of timely credentialing of PCPs and other staff by the MCEs and subsequent delayed notification to the CEB was of concern to some subcommittee members, especially since non-credentialed providers are unable to bill the HFS for services they deliver. After discussion, the subcommittee urged the HFS staff to expeditiously resolve the credentialing bottleneck which could interfere with a smooth transition.

VII. Next Meeting

The next meeting for the MAC Care Coordination Sub Committee was tentatively scheduled for November 18th 2014

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VIII. Adjournment

The meeting was adjourned at 12:00 PM.

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Supplement to the August 19, 2014 meeting minutes

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

August 19th, 2014

Dr. Pont called the meeting to order. After quorum was established, the May and June minutes were passed with minor modifications. Dr. Pont did point out a contradiction between the answer to question #189 from the June 30th webinar and an answer given by Mr. Parker to the CC subcommittee regarding providers' ability to add patients if their panels are officially closed. Mr. Parker replied that the answer recorded in the webinar Q&A seemed to be inaccurate. He will report back to the subcommittee.

Mr. Parker also requested a further conversation regarding panel size, suggesting the Department would find it a technical challenge to regulate this across multiple payors. He did agree that the rules concerning panel size and regulation should be uniform throughout the MCE spectrum.

Discussion of termination of contracts and maintenance of continuity of care

Dr. Jones led a discussion regarding an update on the subcommittee's action item from the June meeting regarding the Department's role in termination of contracts. He questioned whether the Department could intervene in order to maintain a patient's ability to remain with a PCP in the event of a contract termination. Mr. Parker replied that a special exception to facilitate this already exists should a patient wish to remain with a PCP, but he agreed a more affirmative approach for larger dislocations would be desirable. There are technical issues that would have to be resolved; he also noted nothing prevents a provider from contacting patients themselves, though Dr. Pont noted they were prohibited from calling per the June 30 Q&A document. The Director committed to HFS staff considering this issue further. Ms. Olds noted that the conversation should not be restricted only to PCPs; there are other providers of care (i.e., behavior specialists, care coordinators, etc.) to consider when a plan is terminated.

Dr. Jones also asked about providers terminated for cause. Mr. Parker was unsure if there was any process in place, but Dr. Goyal did note that the plan was required to inform IDPR, at which point the Department would be alerted.

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Provider panels and credentialing issues

Mr. Parker stated that HFS is asking MCEs for panels that include non-credentialed providers, noting a credentialing bottleneck that the Department did not wish to interfere with the transition. Several attendees replied that this bottleneck needed to be resolved quickly as non-credentialed providers cannot bill for HFS client services as they do not have an identification number.

Dr. Pont asked whether a process could be created for PCPs to affirmatively inform the CEB they have signed a contract, and Mr. Parker replied the Department would consider this further. Ms. Olds noted the provider files are updated weekly.

Utilization of quality measures

After further discussion (see June report) with representatives of the insurance industry and consumer advocacy organizations, the subcommittee unanimously passed the following action item:

"The Department shall investigate ways by which quality measures can be made to advance the goal of practice transformation. Specifically, the Department shall encourage the MCEs with which it contracts to prioritize various quality metrics, perhaps stratified by clinical category, for purposes of determining quality incentive payments."

Metro East Transition

Mr. Parker reported that so far there is a 52% autoassignment rate for the 62,000 clients who have enrolled in the Metro East transition. He also noted that for the Chicago ICP there is a 75% active choice rate. In response to a question from Dr. Pont, Mr. Parker replied he was unsure what percentage of previously active Medicaid providers had signed up with an MCO, but he would try to find out.