

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

**Members Present**

Susan Hayes Gordon, Lurie Children's Hospital,  
MAC Chair  
Kathy Chan, IMCHC, MAC Vice-Chair  
Mary Driscoll, DPH  
Judy King  
Andrea Kovach, Shriver Center  
Edward Pont, ICAAP  
Linda Shapiro, CCHHS  
John Shlofrock, Barton Mgt.  
Sue Vega, Alivio Medical Center

**Members Absent**

Jan Grimes, IHHC  
Karen Moredock, DCFS  
Renee Poole, IAFP  
Glendean Sisk, DHS

**HFS Staff Present**

Julie Hamos  
Theresa Eagleson  
James Parker  
Arvind Goyal  
Jeffrey Todd  
Debra Clemons  
Sameena Aghi  
Jennifer Partlow  
Sally Becherer  
James Monk

**Interested Parties Present**

Chris Beal, Otsuka  
Victoria Bigelow, Access to Care  
Graham Bowman, Chicago Coalition for  
Homeless  
John Bullard, Amgen  
Kelly Carter, IPHCA  
Carrie Chapman, LAF  
Gerri Clark, DSCC  
Laurie Cohen, Civic Federation,  
Sheri Cohen, CDPH  
Rick Cornell, Health Alliance

**Interested Parties-Continued**

Mark Davis, Vertex Pharmaceuticals  
Palak Desai, WellCare  
Tiffany Elkina, GNG  
Tom Erickson, BMS  
Eric Foster, IADDA  
Paul Frank, WellCare  
Lisa Gee, Voices for IL Children  
Chris Gillette, Pfizer  
Dean Groth, Pfizer  
Barbara Haller, IHA  
Marvin Hazelwood, Consultant  
M. Katz, HealthSpring  
Vince Keenan, IAFP  
Margaret Kirkegaard, HMA/Alliance  
Mike Krug, Sunovion  
Keith Kudla, FHN  
Theresa Larsen, Meridian  
Marvin Lindsey, CBHA  
David Livingston, Meridian Health  
Marilyn Martin, Access Living  
Mora Martin, PHRMA  
JoAnn Mason, Meijer  
Nancy McKee, Sunovion  
Sanjoy Musunuri, Aetna  
Diane Montanez, Alivio  
Carole Ouint, WellCare  
John Peller, Aids Foundation  
Dana Popish, BCBSIL  
Gloria Pruzan, LAF  
Katherine Pyde, ILS/Humana  
Joe Richmond, UMS  
Sam Robinson, Canary Telehealth  
Phyllis Russell, ACMHAI  
Bonaee Saban, Independent Living Systems  
Amy Sagen, UI Health System  
Shana Scott, LAF  
Alvia Siddiqi, IHC  
Brian Stratta, Harmony/WellCare  
Gary Thurnauer, Pfizer  
Erin Weir, Age Options  
Ericka Wicks, HMA  
Joy Wykowski, CCHHS

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**I. Call to Order**

Chair Gordon called the meeting to order at 10:00 a.m.

**II. Introductions**

Participants in Chicago and Springfield introduced themselves.

**III. Memorial to Eli Pick**

Director Julie Hamos memorialized Mr. Eli Pick with his passing on July 30, 2013. The Director read a resolution on behalf of staff, stakeholders and beneficiaries reviewing his professional career as a long term care administrator and recognizing his years of volunteer service to the MAC and dedication to improving medical programs for seniors and persons with disabilities in the State of Illinois. She presented a copy of the resolution to Eli Pick's wife, Gloria Pruzan and son, David Pick.

**IV. Approval of July 12, 2013 Meeting Minutes**

The following requests for revisions were made by committee members:

1. On page 6, Section VIII, rewrite the first two sentences to read, "Andrea Kovach stated that she has heard from some mental health providers who were unable to get certified as providers under the Rule132 certification process.
2. On page 6, Section IX, 5th bullet point, revise the first sentence to read, "Ms. Chan announced that the Illinois Maternal Child & Health Coalition has received a large federal grant to do trainings in Cook and the Collar Counties." Also delete the second and third sentence.
3. On page 5, Section VII, Correct the Access subcommittee's last meeting date to show June 17.
4. Committee member, Judy King requested and MAC members agreed to table approval of the July 12 minutes to allow for substantial corrections to be submitted by her in a red-line version to all committee members prior to the next MAC meeting of November 7. A primary issue was discussion about whether minutes should be a transcript of everything that was said or rather a summary of the content of actions and in accordance with Roberts Rules of Order and its recommended procedures.

**V. Director's Report**

Director Hamos reported on the status of the following initiatives within the Department's medical programs.

The new Accountable Care Entities (ACEs) solicitation was posted on the Department's website on August 1 at <http://www2.illinois.gov/hfs/PublicInvolvement/cc/ACE/Pages/default.aspx>. Since then, the Department held a webinar on this topic. All the questions and answers that were raised will be posted on the website. HFS is now waiting for potential ACEs to submit letters of intent and data use agreements to get the data needed to prepare their proposals which are due January 3, 2014.

The Affordable Care Act enrollment period to get private health insurance coverage on January 1, 2014 starts on October 1 and ends December 15. Enrollment will extend until the end of March and be done by assisters and Navigators. The new Integrated Eligibility

System, ABE or Applications for Benefits Eligibility will be up by October 1. HFS encourages online enrollment which will improve customer service.

Beginning in January, those applying outside of the mandatory managed care counties will initially be enrolled in Illinois Health Connect (IHC). The IHC's role in transitioning to CCEs and ACEs will begin in July, 2014. Enrollment for ACEs in the first 18 months and for CCEs is built on top of the IHC structure. The Department will use the PCP assignment process to assign persons to an ACE or CCE. There will be a lock-in that is achieved by limiting a beneficiary's PCP choice to those participating in that ACE or CCE.

HFS had hoped to have all managed care ready for January 1 but with the addition of the ACEs, the date was pushed back 6 months. HFS will have a better idea of the roll-out schedule once it sees the ACE proposals. Mandatory enrollment for July is driven by the state law to have 50% of beneficiaries enrolled in managed care by January 2015.

The Alternative Benefit Plan that the newly enrolled will receive may now be the same benefit package as the Family Care program. The federal government moved away from that option and the key differences are that the Department: Must cover habilitation and has to have some provision that is unique for people who are deemed "medically frail". The Department welcomes comments on these areas. The federal "medically frail" definition includes adults with severe mental illness. HFS' assumption is that the services that are available in the existing benefit package including the Rule 132 services would be included in the alternative benefit plan. If needed services are not covered, then there would be a process to identify a person as "medically frail" and inform him/her of alternative services. The Department will pursue community input on the Alternative Benefit Plan through some stakeholder conversations, then organize a meeting and offer a more formal approach to submit comments.

The Medicaid Management Information System (MMIS) is being revamped through a collaborative effort with the state of Michigan. Currently 100 million medical claims are processed each year via MMIS. The new system will allow a more efficient way to process claims, enroll new providers, as well as other business functions of MMIS. The Director provided some background on how the decision was made to adopt the Michigan MMIS system. In response to a Chicago Tribune article that questioned the integrity of the vendor used in Michigan which was under fire as part of the procurement process in Louisiana, the Director added: a) Michigan received certification by the federal government for its state of the art, stand-alone system; b) The Department spent 8 to 9 months of due diligence and determined the system would be a good fit for Illinois; c) The chief procurement officer determined that an intergovernmental agreement was appropriate; and, d) The federal government found the idea to be an efficient and cost effective way to replace the Illinois MMIS system.

## **VI. Update on Care Coordination Initiatives**

James Parker, Deputy Director of Operations, provided the updates and took questions. A handout chart, Care Coordination Roll-Out by Health Plans, dated 9/12/13 was distributed to participants. It can be found online at:

<http://www2.illinois.gov/hfs/SiteCollectionDocuments/CCRollOutPlan.pdf>. Mr.

Parker reviewed the chart organization and planned roll-out dates for different beneficiary populations. A suggestion was made to improve the layout of the chart and that committee members and providers be notified when chart updates are made.

1) Medical Home Network (MHN) is up and running on Chicago's south-side. MHN operates in the structure of a CCE receiving a care coordination fee and fee-for-service payment. MHN has 135,000 enrollees with some of the SPD population but the bulk of their enrollment is children and parents. They are an early example of care coordination. MHN has an interesting technological tool that allows for real-time communication between emergency departments and PCPs.

2) Innovations Project:

The Macon County CCE has a signed contract and secured significant enrollments for the month of September. Together4Health has signed a contract for the Chicago area and should start taking enrollments in November. HFS is hoping to begin enrollments in the Precedence CCE in the Quad Cities in November. Complex children CCE awards should be announced next week. HFS hopes to have them up early next year. Negotiations are ongoing on enrollment numbers and fees. The MCCN, Community Care Alliance of Illinois (CCAI) roll-out began in July in the Rockford area and will begin in the Chicago area in February 2014 or later. Cook County Health & Hospital System has voted to become an MCCN effective January 1.

3) Dual Medicare/Medicaid Care Integration Financial Model Project:

The Department is targeting early October to have signed contracts for the MMAI (federal dual-eligible project) and has given draft rates to the plans. The federal CMS is currently reviewing their marketing materials. Most if not all plans have had their on-site readiness reviews in the last couple of weeks. Voluntary enrollment is scheduled to begin on January 1, and passive enrollment would start on April 1 and continue over a 6 month period.

## **VII. Old Business**

No old business was identified.

## **VIII. Subcommittee Reports**

Access Subcommittee: There had been no meeting since the last MAC. Chair Gordon advised that there is a need to find a new chairperson.

Long Term Care Subcommittee: There was no report for this period.

Public Education Subcommittee: Chair, Kathy Chan, reported that the committee met on August 8 and received updates for care coordination and the Innovations project. She mentioned a few highlights:

- Navigators and counselors will help people enroll in Medicaid or a Marketplace private health insurance and provide information about plans without any personal preferences. The Client Enrollment Broker (CEB) explains plan options for those going into Medicaid.
- After being determined eligible, an individual could learn more and choose a plan at: <http://enrollhfs.illinois.gov/>
- In October, one could apply at: <http://www.abe.illinois.gov/>
- Illinois HealthConnect has a website <https://www.illinoishealthconnect.com/clients/pcpsearch.aspx>

- HFS prefers that clients call the 800 number and make a choice through the CEB.
- The All Kids application will be offline as of September 15 because ABE is ready to go on October 1. A notice regarding that was sent to providers advising them of the need to submit paper applications to the local DHS office.
- In mid-September, a comprehensive marketing campaign roll out will include an Internet landing page unique to Illinois that will ask a person for basic information and then redirect them to either ABE or the Marketplace.
- The SMART Act last year eliminated adult dental care except for emergencies. Data comparing calendar 2012 to 2011 did not show an increase in ER utilization for dental emergencies.

Care Coordination Subcommittee: Chair, Edward Pont reported on July 9 meeting. There was discussion on the plan for an ACE solicitation, the Care Coordination Roll-Out timeline chart and the Medicare Medicaid Alignment Initiative. The subcommittee was concerned about continuity of care, but was encouraged by the Director's comment that care continuity is one of the most important principals as we transition 1.4 million persons into a whole new system of care.

Mary McGinnis gave a presentation on the Health Information Exchange. She provided an agency overview and explained how they were working with various provider groups on e-prescribing and ultimately sharing medical data across different medical "silos". There was also some discussion about price and availability.

**IX. Alliance for Health (CMMI Grant)**

Margaret Kirkegaard representing Alliance for Health provided a one page handout, "Provider-Plan-Payer-Population Alliance for Health: Illinois' State Innovation Model" which summarized the planning process over the last 6 months. Alliance for Health is sponsored by a grant from the Center for Medicare & Medicaid Innovations (CMMI) and provides additional resources to states to bolster innovative processes that are going on in Medicaid, the commercial insurance market and the Health Information Exchange (HIE). Over the last 6 months, the Alliance has worked to harness these innovations and create a cohesive 5-year plan for the future of Illinois.

Dr. Kirkegaard stated that there is a proposed idea to continue the Alliance for Health as an ongoing governing council that would be an integrated governing structure with multiple state agency representation.

She added that the Alliance has planned 3 public events to try and get feedback about the process.

Additional information and the opportunity to RSVP to the public events are available on the Alliance website at:

<http://www2.illinois.gov/gov/healthcarereform/Pages/Alliance.aspx>. The written draft 5-year innovation plan should be posted for public comment next week.

**X. Glossary**

Ms. Eagleson, HFS Division of Medical Programs Administrator, provided a draft glossary to committee members. She advised that the Department's annual report includes a glossary of terms but that the HFS had never done a comprehensive glossary with definitions for all the acronyms that are used. She advised that the Department would electronically send out the draft to members for comment.

**XI. Family Planning**

The family planning report requested by a committee member was deferred due to time constraints at this meeting. Medical Director, Arvind Goyal will give his report at the next meeting.

Director Hamos reported that she expects the states' family planning waiver, Illinois Healthy Women (IHW) to be extended by the federal government until the end of 2014. All IHW enrollees will be sent a letter telling them they may sign up for the new Medicaid or for private health insurance through the Marketplace.

**XII. Open to Committee**

Andrea Kovach requested that Lorrie Rickman Jones be invited to a future MAC meeting to talk about mental health treatment for the newly eligible population.

Chair Gordon suggested that the family planning and the mental health treatment for the newly eligible population be discussed early in the agenda at the next meeting.

Ms. Chan requested that HFS provide an update on the restoration of some adult dental services for pregnant women made in the Medicaid expansion bill. She asked for the services restored and the effective date.

**XIII. Adjournment**

The meeting was adjourned at 12:05 p.m. The next meeting is scheduled for November 7, 2013.