Medicaid Advisory Committee
Quality Care Subcommittee

September 29, 2015
10 a.m. - 12 p.m.
401 S. Clinton
7th Floor Video Conference Room
Chicago, Illinois

And

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

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

Agenda

I. Call to Order
II. Introductions
III. Approval of March and June 2015 Meeting Minutes
IV. Review of subcommittee charge
V. Current Status Overview – Quality management
VI. Direction of Subcommittee
VII. Other Business
VIII. Adjournment
Members Present
Kelly Carter, IPHCA
Art Jones, LCHC
Andrea McGlynn, For Kathy Chan, CCHHS
Edward Pont, Chair, ICAAP

Members Absent
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
Frank Kisner, ILHIE
Keith Kudla, FHN
Carol Leonard, DentaQuest
Ann Lundy, HealthCura
Sarita Massey, HealthCura
Deb Matthews, UIC SCC
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
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. Posted 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
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.
Illinois Department of Healthcare and Family Services
Care Coordination Subcommittee June 9, 2015

Care Coordination Members Present
Diana Knaebe, Heritage BHC
Edward Pont, Chair, Illinois Chapter American Academy of Pediatrics

Care Coordination Members Absent
Kelly Carter, Illinois Primary Health Care Association
Kathy Chan, Cook County Health and Hospitals System
Joshua Evans, Illinois Association of Rehabilitation Facilities
Art Jones, Lawndale Christian Health Center
Mike O’Donnell, East Central Illinois Area Agency on Aging, Inc.
Alvia Siddiqui, Illinois Health Connect

HFS Staff Present
Arvind Goyal
Amy Harris
Bridget Larson
Robert Mendonsa
Bridgett Stone

Interested Parties
Paula R. Dillon, Illinois Hospital Association
Andrew Fairgrieve, Health Management Associates
Eric Foster, IADDA
Marybeth Fox-Grimm, Progress Center for Independent Living
Paul Frank, Harmony
Wayne Franklin, Cofactors
Ramon Gardenhire, AIDS Foundation of Chicago
Jacob Ginsburg, HMPRG
Rachel Hanley, Shriver Center
Jill Hayden, BCBSIL
Philippe Largent, Largent Government Solutions, LLC
Dawn Lease, J&J
Carol Leonard, DentaQuest
Faye Manaster, Family Voices of Illinois
Karen Moredock, DCFS
Brian O’Sullivan, MHCC

Hetal Patel, Illinicare
Jennie Pinkwater, ICAAP
Edward Pont, ICAAP
Sharon Post, HMPRG
Patricia Reedy, DHS/ MH
Ken Ryan, ISMS
Amy Sagen, UI Health
Ralph Schubert, IPHA
Rachel Self, OAPI
Daad Sharfi, Primo Center
Jeanine Solinski, University of Chicago Medicine
Alison Stevens, LAF
Anita Stewart, BCBSIL
Mikal Sutton, Cigna - Health Spring
Victoria Thompson, LaRabida
David Vinkler, Molina
Brittany Ward, Primo
Tom Wilson, Access Living
Illinois Department of Healthcare and Family Services  
Care Coordination Subcommittee June 9, 2015

Meeting Minutes

I. Call to Order: The regular bi-monthly meeting of the Medicaid Advisory Committee Care Coordination Subcommittee was called to order June 9, 2015 at 10:06 a.m. by chair Dr. Edward Pont. A quorum was not established.

II. Introductions: Care coordination subcommittee members and HFS staff were introduced in Chicago and Springfield.

III. Review of March 17, 2015 Meeting Minutes: Dr. Pont led a discussion on the March 17 minutes of the Care Coordination subcommittee. No opposition was found, but as a quorum was not established, a vote on the minutes could not be made. This item will be tabled to the September meeting.

IV. Managed Care Expansion Updates: Amy Harris-Roberts presented the Managed care enrollment updates. April marked the end of the FHP and ACA expansion. Currently there are over 1.8 million clients enrolled in a managed care plan with 1.4 million individuals enrolled with an MCO or MCCN and 465,000 enrolled with an ACE or CCE. Plan selection is 53% auto assignment, and 47% choice. Open enrollment began in April in the Metro East area, and will begin in July for Central Illinois. Client Enrollment Services (CES) is experiencing an average of 6,000-7,000 calls daily with wait times hovering around 30 seconds to 1min.

V. IMPACT Updates: Mashelle Rose and Anita Corey reported on the current status of the IMPACT provider enrollment system. Ms. Rose noted that paper provider applications were suspended May 29, to allow for conversion to the online system. July 2 is the target date to have all current provider data converted to the new system. The new online provider application portal will become active on August 3. Current providers will need to access the system to verify their information, and new provider applications will be accepted beginning August 3, and may be back dated up to 6 months. Notices were sent to existing providers the week of June 8th and will be sent in July as well.

A committee member expressed concern over the extended time frame which new providers will be unable to submit an application. Ms. Rose and Ms. Corey noted that the new process will be replacing a 7 step current process which can average 4 weeks to 6 months, and the new system will significantly speed up this current process.
Discussion of proposed charge update: Dr. Pont let a discussion on the proposed charge update, there was no opposition, however a vote could not be made as a quorum was not present.

Open to Subcommittee: A member of the public requested updated information on the current status of ACEs and CCEs. Robert Mendonsa reported that HFS is working individually with each ACE and CCE to develop a plan going forward HFS is committed to the provider-led model, and is working to ensure the least disruption to current ACE and CCE members.

Adjournment: The meeting was adjourned at 11:08 a.m.
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.