

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee - November 7, 2013**

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

**Members Present**

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

**Members Absent**

Jan Grimes, IHHC  
Karen Moredock, DCFS  
Linda Shapiro, CCHHS  
Glendean Sisk, DHS

**HFS Staff Present**

Julie Hamos  
Theresa Eagleson  
James Parker  
Arvind Goyal  
Jeffrey Todd  
Amy Wallace  
Sally Becherer  
James Monk

**Office of the Governor**

Lorrie Rickman Jones

**Interested Parties Present**

Greg Alexander, CCAI  
Mary Ellen Baker, MEDI Advocacy  
Chris Beal, Otsuka  
Libby Brunsvold, MedImmune  
John Bullard, Amgen  
Lee Burstein, Thorek Hospital  
Carrie Chapman, LAF  
Gerri Clark, DSCC  
Laurie Cohen, Civic Federation  
Sheri Cohen, CDPH  
Dan Coleman, Merck  
Rick Cornell, Health Alliance  
Carol Dall, ILS/Humana  
Mark Davis, Vertex Pharmaceuticals  
Palak Desai, WellCare

**Interested Parties-Continued**

Tom Erickson, BMS  
Eric Foster, IADDA  
Roberta Frank-Bohm, ILS  
Paul Frank, WellCare  
Lisa Gee, Voices for IL Children  
Judith Gethner, IPHS  
Kate Greenfield, WellCare  
Dean Groth, Pfizer  
Marvin Hazelwood, Consultant  
Lee Hennigan, GSK  
Alexa Herzog, LAF  
Jeff Himmelberg  
Kiernan Keating, Takeda  
Mike Krug, Sunovion  
Keith Kudla, FHN  
Theresa Larsen, Meridian  
Brigid Leahy, Planned Parenthood  
Janine Lewis, EverThrive, Illinois  
Marvin Lindsey, CBHA  
Mora Martin, PHRMA  
JoAnn Mason, Meijer  
Emily Miller, IARF  
Kevin McFadden, Astra Zeneca  
Steven McRae, Sequena  
Diane Montanez, Alivio  
Heather O'Donnell  
Samantha Olds, IAMHP  
Cari Outman, AHS  
John Peller, Aids Foundation  
Dana Popish, BCBSIL  
Katherine Pyde, ILS/Humana  
Sam Robinson, Canary Telehealth  
B. Robinson, IHC  
Phyllis Russell, ACMHAI  
Ken Ryan, ISMS  
Bonnie Saban, Independent Living Systems  
Amy Sagen, UI Health System  
Alvia Siddiqi, IHC  
Gary Thurnauer, Pfizer  
Sam Tuttle, Heartland Alliance  
Matt Werner, Consultant  
Bob White, Forest Pharmacy  
Ericka Wicks, HMA  
Tom Wilson, Access Living  
Joy Wykowski, CCHHS

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**I. Call to Order**

Chair Gordon called the meeting to order at 10:05 a.m.

**II. Introductions**

Participants in Chicago and Springfield introduced themselves.

**III. Approval of July 12 and September 12, 2013 Meeting Minutes**

Committee member, Judy King had submitted a red-line version of additions to the July 12 draft MAC meeting minutes to all committee members prior to the November meeting. The committee approved the July 12 minutes with Dr. King's additions as well as the changes requested at the September MAC meeting.

The committee approved the September 12 meeting minutes with 7 approving and 1 opposed. Ms. Gordon stated that the September minutes were more consistent with Robert's Rules. In discussion the committee agreed that the format be in accordance with Roberts Rules of Order and its recommended procedures. Andrea Kovach noted the use of Robert's Rules is required in the MAC by-laws. Dr. King opposed approval of the minutes stating that because she disagreed with the change in format, believed it unnecessary and not requested by the committee, eliminates the voices of the people, gives voice only to the committee chairs and HFS speakers. There is a right of the public to speak at meetings and many public bodies at least list the name of the public members that came to speak.

**IV. Behavioral Health Policy**

Lorrie Rickman Jones, Senior Policy Advisor for Behavioral Health in the Office of the Governor gave a PowerPoint presentation titled "Behavioral Health Policy in Illinois: Major Policy Initiatives in 2013 and Beyond". Afterward Ms. Rickman Jones took questions from participants. The presentation is available online at: <http://www2.illinois.gov/hfs/SiteCollectionDocuments/MACBehavioralHealthPresentation.pdf>

In response to questions, Dr. Jones advised that there is not a moratorium on new provider certifications and the State looks to expand the number of providers, however, the State has not looked at changes in payment rates. She advised that all managed care enrollees would have access to Rule 132 services. She advised that there are pilot projects to support bi-directional integration of services at primary care provider locations. She noted that the State is interested in geo-access and is aware of some places in Chicago in need of services and working to expand services in those areas. She advised that participants may contact her with questions on her presentation at [LorrieRickman.Jones@illinois.gov](mailto:LorrieRickman.Jones@illinois.gov)

**V. Director's Report**

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

- 1) Dual Medicare/Medicaid Care Integration Financial Model Project (MMAI): The Department now has contracts with the MMAI providers to serve dual-eligible Medicare/Medicaid clients. These are the same Managed Care Organizations (MCOs) working to expand the Integrated Care Program (ICP) in mandatory counties. There is an updated Care Coordination Roll-Out by Health Plan chart online at: <http://www2.illinois.gov/hfs/SiteCollectionDocuments/CCRollOutPlan.pdf>. HFS has added a rollout plan summary online at: <http://www2.illinois.gov/hfs/SiteCollectionDocuments/CareCoorPlan.pdf>. HFS is open to feedback on the summary.
- 2) Accountable Care Entities (ACEs) solicitation: The Department has received 25 Letters of Intent (LOI) from potential ACEs. The ACEs will serve the Children/Families population and are posted online at: <http://www2.illinois.gov/hfs/PublicInvolvement/cc/ACE/Pages/AccountableCareEntityLettersofIntent.a>

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[spx](#) . The name and contact information of potential ACEs are posted with the hope of spawning collaboration with other providers. The ACE proposals are due by January 3, 2014.

- 3) Alternative Benefit Plan: The MAC Access Subcommittee will meet on November 13 from 2 pm to 4 pm to discuss the Alternative Benefit Plan for the newly eligible ACA adults. The federal government is now requiring some provision that is unique for people who are deemed “medically frail”. The federal “medically frail” definition includes adults with severe mental illness (SMI), substance use disorders and other disabilities. Federal law requires that “medically frail” adults have the option to enroll in Medicaid effectively making access to Long Term Supports and Services (LTSS) an entitlement. The Department will need to design an assessment process and an effective service package for these individuals.
- 4) Alliance for Health and 1115 waiver: Illinois is proceeding with its Path to Transformation Medicaid Waiver under the federal CMS waiver authority, Section 1115 of the Social Security Act. There will be a concept paper posted and a meeting on November 14 at the Thompson Center (JRTC). Illinois is using the services of Health Management Associates (HMA) for the waiver project. The waiver will work across programs to improve services and allow more flexibility in using program funding. Staff are reviewing the budget looking for costs that are not otherwise budgetable and finding ways to cover programs with more flexibility. Illinois has finalized the State Healthcare Innovations Plan under the Alliance for Health group. The 1115 waiver seems like the vehicle to use to implement the plan and experts are saying the time is right to move forward. Director Hamos encouraged stakeholders to download the concept paper and to make comments. The concept paper can be found online at: <http://www2.illinois.gov/gov/healthcarereform/Pages/1115Waiver.aspx>

## **VI. Family Planning**

Dr Arvind Goyal HFS Medical Director gave a PowerPoint presentation titled “HFS’ Family Planning and Reproductive Health Care Policy”. The presentation is available on the Department’s website at: <http://www2.illinois.gov/hfs/SiteCollectionDocuments/MACFamilyPlanningPresentation.pdf>

Dr. Goyal provided answers to the family planning questions that had been submitted to him prior to the meeting. In the follow-up discussion there was a request for a definition of “Non-normal” birth outcomes. Dr. Goyal stated that he would provide a definition for the committee at the next MAC meeting.

Dr. King recommended HFS consider making Plan B accessible to women under 17 with HFS insurance but without a prescription similar to current availability for HFS insured women 17 and older. Race/ethnicity, geography, other demographics are essential in examining birth outcomes; it important to show that HFS is paying attention to what is going on in various communities, that HFS demonstrate that it is caring about black women, rural women, all women, and the data has to be part of the conversation. Data is available from Title X, Public Health, and the population that chooses to self-report. Ms. Gordon noted that it's hard to know how you're doing without looking at the data analytically.

## **VII. Election of Officers**

Chair Gordon advised that her term and vice chair, Kathy Chan’s term of office will end December 31, 2013. She reminded that she took year two of Eli Pick’s term. She asked MAC members to recommend persons to participate in a nominating committee that would make recommendations for new officers and report back at the next MAC meeting. Committee members who agreed to participate were: Mary Driscoll, Judy King, Andrea Kovach, John Shlofrock and Susan Vega.

## **VIII. 2014 Calendar of MAC Meetings**

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Chair Gordon proposed the following meeting dates for the MAC in the new calendar year: January 10, March 7, May 9, July 11, September 12 and November 14, 2014. The meetings are all on Fridays and the meeting time would be from 10 am to 12 pm. The MAC members approved these meeting dates.

**IX. Subcommittee Reports**

Access Subcommittee: Chair Gordon advised that John Bouman has agreed to be the new committee chair. The next meeting is November 13, 2013 at 2 pm at 401 Clinton in Chicago and at the Bloom building in Springfield. The subcommittee will discuss the Alternative Benefit Plan (ABP) and services for the “medically frail” population.

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

Public Education Subcommittee: Chair, Kathy Chan reported that the committee met on October 10 and received updates on the new DHS call center, rollout of the new Application for Benefits Eligibility (ABE) and the Illinois Medicaid Redetermination Project (IMRP). She mentioned a few highlights:

- The DHS call center offers services that include answering questions about case status, benefits, services and replacing medical cards. The center has staff available 8:00 am to 5:30 pm from Monday through Friday at 1-800-843-6154. An automated response is available after hours.
- The ABE system is taking 1500 to 2000 applications per day. Lauren Polite with the Office of the Director advised that persons may ask questions by email at [abe.questions@illinois.gov](mailto:abe.questions@illinois.gov)
- There is a year to date summary report generated weekly on IMPR activity. 40% of cases cancelled have had no action with Medicaid within the last 6 months. Some clients come back on Medicaid in a percentage range from the high teens to the low twenties.
- Follow up was requested on the reasons for the rates of redetermination code "CE COVERAGE CONTINUES FOR CHILD."

Care Coordination Subcommittee: Chair, Edward Pont reported on the October 8 meeting. There was an interesting presentation on newly eligible adults leaving Illinois jails and prisons that described the target population and the 6 month experience with taking applications at Cook County jail.

Dr. Pont stated that there would be some changes in the membership of the committee to improve attendance. The next meeting tentatively set for December 10.

**X. Glossary**

An updated draft glossary was provided as part of the meeting materials. There was not sufficient time to discuss the updated glossary during the meeting.

**XI. Open to Committee**

The Maximus contract had been challenged in court by the employee union, AFSCME. Department lawyers believe that the State will lose the case and the contract will end. The Department is looking at a hybrid approach to keep 3 components of the contract: 1) Mail room capacity; 2) Call center capacity; and 3) Software to do tracking and monitoring.

Regarding IMRP, there was some interest in knowing what programs applicants were approved for after being cancelled for Medicaid and reapplying.

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There was discussion on the relation between ABE and applying for CountyCare and that a person denied for ABE would still need to apply through CountyCare if interested in that program. Person approved for Medicaid need to speak with a Client Enrollment Broker to choose a medical home.

**XII. Adjournment**

The meeting was adjourned at 12:08 p.m. The next meeting is scheduled for January 10, 2014.