

Illinois Department of Healthcare and Family Services Medicaid Advisory Committee August 17, 2017

MAC Members Present

Karen Brach, Meridian/IAMHP
Kathy Chan, Cook County Health and Hospitals System
Thomas Huggett, Lawndale Christian Health Center
Howard Peters, HAP Inc. Consulting
David Vinkler, Molina

MAC Members Absent

Janine Hill, EverThrive Illinois
Tyler McHaley, Consumer Advocate
Verletta Saxon, Centerstone
Glendean Sisk, Department of Human Services
Neli Vazquez-Rowland, A Safe Haven

Ex-Officio Members Present

Karen Moredock

HFS Staff Present

Felicia F. Norwood, Director
Mike Casey
Jacqui Ellinger
Arvind K. Goyal
Catina Latham

Sylvia Riperton-Lewis
Shawn McGady
Robert Mendonsa
Hector Villagrana
Cheryl Easton

Interested Parties

Renaé Alvarez, Health & Medicine Policy
Research Group
Sherie Arriazola, TASC
Lindsey Arto, Sage Health Strategy
Gayle Biggins, Takeda
Chris Beal, Otsuka
Stephani Becker, Shriver Center
Judy Bowlby, Liberty Dental Plan
Nick Boyer, Otsuka
Libby Brunsvold, Takeda
Blanca Campus, CBHA
Anna Carvalho, LaRabida
Laurie Cohen, Civic Federation
Marsha Conroy, Aunt Martha's
Simone Cook, Blue Cross
Marla Coquillette, Barton Management
Pam Cuffle, ISDS
Anna Deatherage, HDIS

Alicia Donegan, AgeOptions
Grace Hong Duffin, Kenneth Young Center
Eric Faster, IABH
Dave Fries, Catholic Charities
Susan Gaines, IPHCA
M. Gerges, UIC
Emily Gibellina, UI Health
Chris Haen, Lurie Children's Hospital
Jill Hayden, Meridian Health Plan
Talya Hellman, ACCESS
Christie Hines, Shield Healthcare
David Hurter, Presence Health Partners
Ollie Idowu, Harmony Wellcare
John Jansa, Health Disability Advocates
Robin L. Jones, Wellcare/Harmony
Nicole Kazee, Erie Family Health
Amber Kirchhoff, Thresholds
Don Klink, VNA Healthcare
Lauren Kuever, Catholic Charities

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Michael LaFond, Abbvie
Philippe Largent, Consultant
Carol Leonard, DentaQuest
Danielle Leonard, Johnson & Johnson
Marvin Lindsey, CBHA
Amy Lulich, UI Health
Patrick Maguire, MHN
**Kate Maley, Sgt. Shriver Nat'l Ctr on Poverty
Law**
Faye Manaster, Family Voices of IL
Chris Manion, ISDS
Lanece McGee, Fresenius Kidney Care
Phil Mortis, Gilead
Julie Nelson, CSH
Heather O'Donnell, Thresholds
P. Patel, GEFCC
Livier Pelayo, BCBS
Chris Perry, Lurie Children's
Jessica Pickens, NextLevel Health
Jennie Pinkwater, IL Chapter, AAP
Sam Robinson, Canary Telehealth
Ralph Schubert, University of Illinois at Chicago
Sharon Sidell, Be Well Partners In Health
Elizabeth Simpkin, Medical Home Network
**Katie Shaffer, University of Illinois at
Chicago/DSCC**
Linda Diamond Shapiro, Conlon and Dunn
Meryl Sosa, IL Psychiatric Society
Suzanne Strassberger, JUF/Jewish Federation
Mikal Sutton, BCBSIL
Katie Tuten, Catholic Charities
Mara Vankanegan, Heartland Health Outreach
Cheryl Whitaker, Nextlevel Health
Ross Westredelt, Humana
Cyrus Winnett, IAMHP
Lisa Wiseman, Humana

Illinois Department of Healthcare and Family Services

Medicaid Advisory Committee August 17, 2017

Meeting Minutes

- I. Call to Order: The regular quarterly meeting of the Medicaid Advisory Committee was called to order August 17, 2017 at 10:00 a.m. by chair Kathy Chan. A quorum was not established; no motions, actions or votes were taken.
- II. Introductions: MAC members and HFS staff were introduced in Chicago and Springfield.
- III. Appointment of Nominating Committee for
 - a. Selection of Chair: – Deferred to the next MAC meeting (no quorum).
 - b. Selection of Vice Chair: – Deferred to the next MAC meeting (no quorum).
- IV. Old Business
 - a. Behavioral Health Transformation Update
 1. 1115 Waiver & Related State Plan Amendments – Update given by Howard Peters
 - Two subcommittees were established. One subcommittee to look at Rule 132 – the rules that govern the Medicaid programs in terms of community providers; and will govern a portion of the services financed outside of the Medicaid program and deal with the certification of certain providers.
 - The other subcommittee will look at Rule 140 – which is a Healthcare & Family Services rule that governs the Medicaid finance behavioral health services by providers.
 - Telemedicine – This subcommittee is being established to look at telemedicine. A review and an update are needed on this rule, such as how it affects the delivery of behavioral health and physical health and how they are integrated. It is expected that this group will begin meeting within the next couple of weeks.
 - The waiver is currently waiting for a sign-off from CMS
 2. Integrated Health Homes – Update given by Director Norwood
 - We need to get the initial sign off from CMS and then CMS will walk through all of the issues on the Integrated Health Homes submission before the State Plan Amendment is submitted.
 - There will be final work around what responsibilities will belong to the Integrated Health Homes versus what will be done by the Managed Care Organizations and how those two pieces work together.
 - There is a very clear delineation of responsibilities around Integrated Health Homes, the Managed Care Organizations, and how we pay for services.
 - In order to execute by January 1, 2018, we need a decision from CMS by September 1, 2017. The September 1, 2017 date is very critical for us as we try to implement our Integrated Health Homes and our waiver in conjunction with our new Managed Care contracts.
 - If a decision is not made by January 1, 2018, we plan to go forward with our implementation of our Managed Care contracts and then get a date in which we can add Integrated Health Homes and the Waiver pieces in those contracts.
 - In our waiver there are some incentive payments that go along with our Integrated Health Homes, which are critical to all of this coming together.

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While the submission will give us 90:10 funding from the Federal government we asked for resources in 1115 Waiver to be able to support this.

b. Legislative Update given by Shaw McGady

- SB 42- Budget Implementation Bill included the following:
 - Increase rates \$0.75 per hour for staff in community-based provider organizations serving individuals with developmental disabilities.
 - Add on payment for dialysis providers.
 - SLF rate increase.
 - Increase in personal needs allowance.
 - Rate increase for SMHRFs.

c. Budget Update given by Mike Casey

- FY18 we have a full complement for appropriations for the Department
 - Department is still under payment requirements for the Medical Program
 - Bill backlog has improved since June 30th.
 - At June 30th we had \$4.2 – 4.3 billion in bills; it now down to \$3.5 billion.
 - We continue to work with the Comptroller's office to make sure the backlog stays under control.
 - As of this date there has been no reduction that will affect the Medicaid Program for FY18.

d. IES Phase II Update given by Jacqui Ellinger

- Replacing the old eligibility system that manages eligibility for:
 - Medical benefits
 - Cash assistance
 - SNAP
 - October 2017 launch date
 - Mobile App possibility
 - HelpHub – to assist low-income populations enroll due to language or communications barriers.
- ABE – the Application for Benefits Eligibility – Official website to apply for and manage medical, food and cash benefits:
 - Check the status of an application
 - See benefit details
 - View notices
 - Report changes: update address, change income and expenses; add a newborn or other people to the case.
 - Complete redetermination
 - Upload documents
 - File and manage an appeal in the ABE appeals portal connected through MMC.

V. Subcommittee Reports

- a. Public Education Subcommittee Report – Update given by Kathy Chan. Report attached to agenda.
- b. Quality Care Subcommittee Report – Update given by Ann Lundy. Report attached to agenda.

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VI. New Business: Managed Care-presented by Robert Mendonsa

- Five state-wide awards – Blue Cross Blue Shield of IL, Meridian Health, Harmony Health Plan, IlliniCare Health Plan, and Molina Healthcare of IL
- Cook County Only – CountyCare Health Plan
- DCFS Youth – IlliniCare Health Plan
- Still in the procurement period.
- Transitions – Two Phases
- Mailings will start in the beginning of October and will conclude in November. The letter will state either the following:
 - Individual with an awarded Plan; or
 - Individual must choose another Plan
- Participants will be able to choose another plan if their plan was not selected
- 90 – Day period to make another choice
- Phase II is scheduled for April 1st and that will include everyone else
 - All the people that are not currently in Managed Care
 - Additional counties
 - New populations
 - Special needs children
- Every current MCO contract will end December 31, 2017
- RFP is out for an auditing/ consulting firm to assist us in closing out existing contracts
- Readiness module for payments, prior authorization, ability to pay providers, and getting providers ready
- Soft launch will be done this fall on Uniform Credentialing - January 1, 2018
- Moving to a Uniform Formulary

VII. Approval of August 17, 2017 Minutes-Deferred to next meeting (no quorum)

VIII. Other Business: Questions from public regarding how people are being treated in hospital detox environments.

- Some patients that are being discharged from hospitals detox programs without any connection to ongoing outpatient care.
- Questionable quality about what's going on in inpatient settings.
- There is a need to examine what services Medicaid actually pays for in the inpatient detox setting and how that can be linked to quality and ongoing outpatient care for affected individuals.
- We will be working with the Quality Care committee going forward.

IX. Adjournment: The meeting was adjourned at 11:22 p.m.

X. Next Medicaid Advisory Committee meeting is November 3, 2017.