

# Illinois Department of Healthcare and Family Services

## Medicaid Advisory Committee November 3, 2017

### MAC Members Present

Karen Brach, Meridian/IAMHP  
Kathy Chan, Cook County Health and Hospitals System  
Arnold Kanter, Barton Management  
Janine Hill, Soar Strategies, Inc.  
Thomas Huggett, Lawndale Christian Health Center  
Ann Lundy, ACCESS Community Health Network  
Howard Peters, HAP Inc. Consulting  
Neli Vazquez-Rowland, A Safe Haven  
David Vinkler, Molina Healthcare

### MAC Members Absent

Tyler McHaley  
Verletta Saxon, Centerstone  
Glendean Sisk, Department of Human Services (ex-officio)

### Ex-Officio Members

Bill Dart

### HFS Staff Present

Mike Casey  
Kelly Cunningham  
Cheryl Easton  
Arvind K. Goyal  
Teresa Hursey

Shawn McGady  
Robert Mendonsa  
Sylvia Riperton-Lewis  
Gretchen Vermeulen  
Hector Villagrana

### Interested Parties

Sherie Arriazola, TASC  
Jessie Beebe, AFC  
Kelly Boedeker, Carematix  
Eric Boklage, Chicago Family Health Center  
Nick Boyer, Otsuka  
Molly Brown, Fresenius Medical Care  
Kim Burke, Lake Co., Health Dept.  
Grant Cale, BMS  
Terry Carmichael, CBHA  
Anna Carvalho, LaRabida  
Carrie Chapman, LAF  
Mike Chavers, Indian Oaks, Nexus  
Joe Cini, AHS  
Gerri Clark, DSCC  
Sheri Cohen, Chicago Dept. of Public Health  
Laurie Cohen, Civic Federation  
Marsha Conroy, Aunt Martha's  
Alison Coogan, LAF  
Sandy DeLeon, Ounce of Prevention  
Magda Derisma, Shriver Center

Andrew Fairgrieve, Health Management Assn.  
Eric Foster, IADDA  
Jill Fraggos, Lurie Childrens  
Paul Frank, Harmony Wellcare  
Vivian Gonzalez, Illinois Health Connect  
Jill Hayden, BCBSIL  
Franchella Holland, Advocate  
David Hurter, Presence Health Partners  
Ollie Idowu, Harmony Wellcare  
Nadeen Israel, EverThrive IL  
Lorrie Jones, NextLevel Healthcare  
Nicole Kazee, Give Family Health  
Jeanette Kebisekj, eMed Apps  
Sukhwant Khanuja, Carematix  
Michael LaFond, Abbvie  
Ronald Lampert, Thresholds  
Brianna Lantz, PCMA/ISDS  
Dawn Lease, Johnson & Johnson  
Helena Leftkow, IHA  
Carol Leonard, DentaQuest  
Danielle Leonard, Janssen  
Mona Martin, PhRMA

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Deb McCarrel, ICOY  
Jill Misra, Impact Solutions, Inc.  
Diane L. Montonez, North Shore University  
Phil Mortis, Gilead  
Roberta Neuwirth, Glaxo Smith Kline  
Heather O'Donnell, Thresholds  
Charles Owen, FHN/CCAI  
John Peller, AIDS Foundation of Chicago  
Jessica Pickens, NextLevel Healthcare  
David Porter, ISMS  
Sharon Post, HMPRG  
Dan Rabbitt, Heartland Alliance  
Lori Reimers, PCMA  
Jessica Rhoades, Legal Council for Health  
Justice  
Sam Robinson, Canary Telehealth  
Rachel Sacks, Leading Healthy Futures  
Heather Scalia, Humana  
Ralph Schubert, UIC/Division of Specialized  
Care for Children  
Lynn Seermon, Kaizen Health  
Rachel Self, Otsuka  
Alvia Siddiqi, Advocate  
Tim Smith, MPAG  
Renee Smith, Otonomy  
Nelson Soltman, Attorney  
Mackenzie Speer, Shriver Center  
Felicia Spivack, BCBSIL  
Alison Stevens, IL Hunger Coalition  
Anita Stuart, BCBSIL  
Jennie Sutcliffe, Shriver Center  
Sally Szumlas, FHN  
Gary Thurnauer, Pfizer  
Michael Toscano, BMS  
Mona Vankanegan, IDPH  
Brittany Ward, Primo Center  
Mike Welton, Meridian Health Plan  
Cheryl Whitaker, Nextlevel Health  
Sarah White, Abbott  
Tom Wilson, Access Living  
Linnea Windel, VNA Healthcare

# **Illinois Department of Healthcare and Family Services Medicaid Advisory Committee November 3, 2017**

## **Meeting Minutes**

- I. **Call to Order:** The regular quarterly meeting of the Medicaid Advisory Committee was called to order November 3, 2017, at 10:00 a.m., by Chair Kathy Chan. A quorum was established.
- II. **Introductions:** MAC members and HFS staff were introduced in Chicago and Springfield.
- III. **Appointment of Nominating Committee:** Kathy Chan, Janine Hill, Neli Vazquez-Rowland were nominated to the Nominating Committee and each accepted their nomination and will meet before the next MAC meeting on February 2, 2017 to propose slate for Chair and Vice chair.
- IV. **Old Business**
  - a. **Behavioral Health Transformation Update**
    - i. **1115 Waiver & Related State Plan Amendments – State Plan Amendments** have been submitted. Discussions ongoing, Theresa and the Director will be in DC next week to meet with CMS.
    - ii. **Integrated Health Homes – Have been submitted.**

**Q: Does HFS intend to continue to wait for the simultaneous approval of the waiver and SPAs?**  
**A: Yes, linkages between the two are very important.**

**Q: Is there a timeline?**

**A: Wants to be sure that whatever is done sets the BH and PH integration set up for success. Definitely not in January. Any providers that want to become IHHs will have plenty of education and TA in advance. No implementation date at this time.**

**Q: Have other states had their waivers approved?**

**A: Some, but none with full terms and conditions approved.**

**Q: CMS put out specific guidance concerning the IMD waiver. Is HFS looking at this?**

**A: The IMD changes were part of the waiver application.**

**Q: In negotiations with CMS, can you share any concerns or questions that they've had about our waiver?**

**A: Continuing to work with CMS. HFS has not made any revisions or changes nor has CMS asked for any.**

**Q: There are elements of the contract that relate back to the 1115 waiver. What is the expectation for the plans?**

**A: There are elements of the waiver and elements of the SPA in the contracts. IMCANS is an SPA and will move forward in the contracts if the SPA is approved. IHH funding is included in waiver, but actual infrastructure is in SPA, but HFS has not decided to move the IHHs forward at this time.**

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**Q: What is the plan for IHH if the waiver is delayed or denied? Is there a target date to make this decision?**

**A: Will consider.**

**Q: Can the draft SPAs be shared?**

**A: The SPAs are draft working papers and never published until they are approved.**

### **b. HealthChoice Illinois Update**

#### **Phase I**

- Transition of 1.9M members currently in MCOs, started October 31.
- Provider notices went out last Friday.
- Of 1.9M members, 75% will be assigned to current MCOs, other 25% reassigned to another MCO. Every member will have 90 days from January 1 to choose a new plan, if they so wish.
- Early transition of FHN members in Cook County to CountyCare, effective November 1, 2017
- Anniversary dates for the members will “reset” with the Medicaid reboot, which means that those who do not choose a new health plan will have anniversary date of January 1 moving forward provided that their Medicaid stays active
- All MCO contracts with HFS have been signed.

#### **Phase II – Non-Mandatory Counties**

- About 650,000 individuals not currently in managed care
- Mailings start January 8 and will conclude mid-February, effective April 1 – into one of the five statewide plans
- Everyone will be given a 90 day switch period starting April 1
- Auto-assignment will be based on PCP, through information from Illinois Health Connect

#### **Phase III**

- DCFS and children with special health needs
- Effective July 1, 2018
- About 35,000-50,000 individuals affected statewide
- DCFS goes to IlliniCare; CSHN may choose from any of the plans available

**Q: How is HFS determining readiness review for SUD? In Southern Illinois there are only two detox facilities – only one is contracted with plans and the other is not even Medicaid certified.**

**A: HSAG is the external quality review entity conducts readiness reviews. HFS is not sure about how detailed the review goes. SUD may be general. HFS does get files from the plans about what the plan network looks like. Will take a closer look.**

**Q: Single credentialing effective January 1, 2018? If a specific provider is not loaded or does not show up on CES, who should the provider call?**

**A: They should contact health plan.**

**It was clarified that credentialing by HFS does not equal loading into a health plan's network. Steps are still required to ensure that providers are properly loaded. Two items that HFS has asked provides to provide to plans: office hours and hospital affiliations. Not only for credentialing but also for provider directory updates.**

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**Q: If there is a discrepancy on the CEB website, who should be contacted? And how often are files from the plan given to CEB?**

**A: Providers are transferred on a weekly basis from plans to CEB.**

**Q: We do own credentialing for dental plan – who do we talk to get more clarification about what the IMPACT use means?**

**A: Work with Christine at HFS.**

**Q: Can you share more information about the auditor hired by HFS?**

**A: Went through RFP process and awarded to Myers and Stouffer. Alerted plans about what info they will need to provide. Resolve issues in deferences between what providers think they are owed and what plans think they owe providers. HFS wanted to use an external auditor to minimize number of outstanding liabilities with the impending close out of the plans on December 31, 2017.**

**Q: Can you clarify which providers will be selected for the audit?**

**A: More details will be shared with plans soon. It will be for all plans that have contracts through 2017, not just those that will not be participating in 2018. However, expectation is that plans and providers are working through these issues today, but in some cases will be a need for an objective**

**Q: How does a specific provider engage in this audit process?**

**A: The provider complaint portal is for individual providers. The auditing process is for a sample of claims.**

**Q: Will there be a provider notice shared to let them know about the auditing process taking place?**

**A: Will consider a provider notice.**

### **c. Legislative Update – Shawn McGady**

- Two outstanding vetos by the Governor that HFS is watching during next week's veto session
- SB1446 – would prevent HFS from moving forward with contracts that were not procured through procurement code
- SB 321 – requires Auditor General to audit requirements of managed care program

### **d. Budget Update – Mike Casey**

- Update on payment process and backlog of bills
- Continues to send bills to Comptroller on regular basis, cash flow continues to be a challenge
- As of last night, about \$5B in backlog hold
- Of this \$4B owed to MCOs, next largest is to hospitals \$910M, some claims since March 2017
- Expedited providers are generally being paid timely on FFS side
- Expectation is that \$6B in borrowing proceeds will be available the following week; Medicaid is expected to see significant “buy down” over next 2-3 weeks
- Initial will be the FY17 bills per the borrowing authorizing legislation

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- Additional payouts will be resulting from leveraging of federal match, through a handful of waves
  - What happens after the initial buydown? TBD with Governor and Comptroller's office
- e. **IES Phase II Update – Jacqui Ellinger**
- Launched on October 24, 2017
  - So far successful with some recurring issues – system slowness which is being addressed with vendor; learning curve for staff to learn new system functionality; at any given time, about 3500 staff using the system
  - Manage My Case – new ABE functionality also launched and HFS is pleased; as of yesterday, 5000 clients who have created these accounts
    - This week started issuing notices – as soon as they are sent to printshop, also loaded to MMC account, notices that have gone out have been primarily related to SNAP
  - Seen increases in number of actions processed by staff – combination of system performance and staff capacity

**Q: Does the IES Phase II allow new solution to address redes such as batch reports that can be downloaded by providers?**

**A: Maximus sent their last set of redes notices in October while IES Phase II is getting phased in. When the notices from IES Phase II starts to generate rede in November, those notices will also be in Manage My Case. Promoting MMC and setting up this function and/or encouraging clients to sign up and possibly designate a medical provider or someone else.**

**Q: On the rede file that MCOs receive, not all of the individuals appear to be coming through on the file. Does IES Phase 2 resolve this?**

**A: We will look into this. Encourage to also take up with Robert and Amy.**

**Q: MMC requires identity proofing through Experian credit history questions. Some clients may have significant challenges answering these questions.**

**A: No one has to do ID proofing in order to apply. Identity proofing is required as part of enhanced security measured and is offered during the initial enrollment as an opportunity to make it easier for MMC. Some individuals may never be able to get into MMC. Undocumented individuals may be very tough.**

**Q: Questions about spenddown and whether MMC is available to these individuals.**

**A: Will bring someone to public education to speak to these issues. Bring case examples.**

**V. Minutes from November 3, 2017 meeting were approved.**

**VII. Adjournment: Next MAC meeting is scheduled for February 2, 2018.**