

Illinois Department of Healthcare and Family Services

Medicaid Advisory Committee November 1, 2019

MAC Members Present:

Andrea Danes, Consumer Representative
Alejandro Clavier, VIDA Pediatrics
Alyssa Sianghio (sitting in for Thomas Huggett, Lawndale Christian Health Center)
Arnold Kanter, Barton Healthcare
Marvin Lindsey, Community Behavioral Healthcare Assn.
Ann Lundy, ACCESS Community Health Network
Howard Peters, HAP Inc. Consulting
Amber Smock, Access Living
Kai Tao, Alliance Chicago
Neli Vazquez-Rowland, A Safe Haven
Cheryl Whitaker, Next Level Health

MAC Members Absent:

Sameer Vohra, SIUU, SOM

HFS Staff Present:

Maria Bruni	Shawn McGady
Kelly Cunningham	Robert Mendonsa
Cheryl Easton	Elizabeth Nelson
Doug Elwell	Lynne Thomas
Arvind K. Goyal	Qiana Shelton Brown
Kristine Herman	Sharice Bradford
Jane Longo	Angelique Momon

Interested Parties:

A. Claire - VIDA	Doug Johnson - Sobi
Akesha Coleman - Janssen Infectious Diseases	Edsel Campbell - Grand Prairie Services
Amber Kirchhoff - Thresholds	Erica Brumleve - GSK
Anthony Keough - Patient Ping	Felica Spivack - Meridian
Anton Zavour - ABCOS	George Hovners - Consultant
Audrey Pennington - Aunt Martha's	Gilbert Lichsterd - IHPA
Brittani Provost - DSCC	Grant Cale - Blues
Carol Leonard - Avesis	Gustavo Saberbein - Help At Home
Carrie Muehlbauer - ICOY	Heather O'Donnell - Thresholds
Chris Hener - Lurie Children's	Heather Eagleson - Viiv
Christine Hener - Shield Healthcare	Janelle Hamilton - IL Cancer Care
Christine Bugozoi - TASC	Jason Carey - Greater Elgin Family Care Center
Cyrus Winnett - IPHCA	Jen Koehler - Loyola Medicine
Dan Rabbitt - Heartland Alliance	Jennie Pinkwater - AAP IL
Dan Coleman - Merck	Jessica Pickens - NextLevel Health
David Hurter - AMITA	Jessica Grabowski - Coordinated Care Alliance
Diana Hasamear - IL Cancer Care	Jessica Chatman - County Care
Dina Vonarsdale - Patient Ping	Jessica Bullock - Apex
	Jill Misra - Impact Solutions

Jill Hayden - Meridian
Joe Cini - Automated Health Systems
Joel Kurzman - NACDS
John Sellers - Bending The Curve
Juan Flores
Julie Nelson - CSH
Karen Moredock - DCSF
Kate Thierry - Blue Cross/Blue Shield IL
Ken Ryan
Kim Burke - Lake County Health Dept.
Kulva Wilburn - Wilburn Strategic Solutions
Laurie Cohen - Civic Federation
Leticia Galvez - Care Advisors
Liliana Carrasco - Avesis
Lisel Wiseman
Liz Weber - County Care
Lucy Mayhugh - LaRabida
Margaret Kubegaard - HMA
Maria Bell - Aresis
Mark Mroz - Mado Healthcare
Martha Jarmuz - Choices
Mary Kaneaster - Gilead
Meg Cooch - The Arc of Illinois
Meghan Carter - Legal Council for Health Justice
Michael Grice - Access Living
Michael LaFond - Abbvie
Michael Barghart - Social Services
Michael Gelder
Michael Gerges - UIC
Mikel Sutton - Blue Cross/Blue Shield IL
Mona Martin - Pharma
Nadeen Israel - AIDS Foundation of Chicago
Nadia Khalid - IHA
Nicole Kazee - Erie Family
Nicole Wernhoff - Paporits Law Group
Nina Bolden - Apex/Cook County
Nina MISRA - EverThrive IL
Patrick McGuire - Medical Home Network
Patrick Hastert - House Dem Staff
Paula Campbell - IPHCA
Raul Garza - Aunt Martha's
Ryan McGraw - Access Living
Sam Robinson - Canary Telehealth
Sandy DeLeon - Ounce of Prevention
Sergio Obigan - CPS
Sharon Sidell - Norwegian American Assn

Sheri Cohen - Ounce of Prevention
Srinivas Ravanam - 7 Hills Healthcare
Stella Van Den Eden - ICOY
Susan Doig - Trilogy

- I. **Call to Order** – The regular quarterly meeting of the Medicaid Advisory Committee was called to order on November 1, 2019 at 10:06 a.m., by Chair Howard Peters. A quorum was established.
- II. **Introduction** of Committee Members and staff in Chicago and Springfield.
- III. **Approval of meeting minutes** – The minutes from the August 2, 2019 meeting were approved unanimously.
- IV. **Managed Care Update – Robert Mendonsa provided an updated**
 - a. **Health Choice Illinois**
 - September 17, 2019 the agency submitted a request to CMS to expand the Medicare-Medicaid Alignment Initiative (MMAI) demonstrations state-wide by January 1, 2021 - letter has been posted on our website.
 - On October 3, 2019, CMS sent a letter to all of the MMAI and HealthChoice Illinois Health Plans; (1) to confirm that they were working with HFS on a state-wide extension effective January 2021; and (2) to provide the plans with a Medicare Advantage application timeline they would have to follow.
 - Go through the Medicare Advantage approval process (the CMS Medicare process); and
 - Health plan providing Medicaid Managed Care in Illinois would be allowed to participate, it needs to be state-wide.
 - No changes within MMAI in 2020.
 - Managed Long Term Support Services (MLTSS) Medicaid and Medicare) – Renewal submitted for a five year extension which will extend the program through December 31, 2024.
 - b. **Special Needs/DCFS Children**

Special Needs

 - Implementation has been pushed back to February 1st to allow for general education and network development.
 - The Department is working with the MCOs on a communications plan with the various stakeholders via webinars and townhall meetings.
 - Out of the 38,000 special needs children; 16,000 participate voluntarily with the MCOs.
 - There will be 22,000 who will be moving into Managed Care effective February 1st.
 - They will be assigned like all other children; they will receive a letter in the mail stating what plan they will be assigned to; if they do not choose, they will be auto assigned on February 1st.

- Webinar(s) of townhall(s) will be posted to our website for those who cannot attend in person.

DCFS Children

- Full implementation has been pushed back to February 1st for the same reasons as the special needs children.
- YouthCare is rolling out care coordination effective today (November 1, 2019) for the youth in care;
 - Care coordinators are provided through Illinicare.
- There is a 180-Day transition period for all populations.
- Former youth in care enrollees will be auto assigned to Illinicare.
- Assigned care coordinators will be reaching out to former youth in care enrollees.
- There is a 90-day option to choose another plan.
- There is a 6-month window in terms of network; parents can keep going to the same doctors while the transition is in place; so, there is time to connect with the plan.

V. Integrated Health Homes – Doug Elwell updates.

(a) Administrator's Report

- Integrated Health Homes: April 1st start date.
- The agency continues to work with the state of Oklahoma
- Agency received a federal grant.
 - 18-month planning grant for substance abuse disorder capacity.
- Not in compliance with hospital billing edits; and have been out of compliance since 2014 and we are working to get back into compliance.
- OTP – (Opioid Treatment Plan) The agency has to have knowledge of who the ordering, referring and prescribing physician is for services. Must be registered in our system as someone who is qualified to do such.
 - For an example, one would have to be in our IMPACT system in order to write a prescription. If there is not a match in the system, the claim will be denied. This includes all types of prescription drugs.

(b) Value Based Purchasing.

- Make value based purchasing a part of the auto enrollment process.
- Components of 1115 waiver
 - Extend postpartum coverage from 60 days to 12 months.
 - Allow reinstatements into MCOs if late Medicaid redetermination paperwork is submitted within 90 days.
 - Waive hospital presumptive eligibility.

- Is there any conversation going on about the criminal justice population? Earlier in discussions about the waiver there was going to be coverage in the last 30 or 60 days. There would be assessment so when they are released, they would already be assigned to a plan
 - Yes. The Department has been having conversations with CMS for the last 120 days; they continue to provide us with information on what other states are doing. There is continued dialogue with them.

(c) Redeterminations

- 78,878 medical assistance applications on hand for 45 days at the end of September, down from 120,000 early in 2019.
- 164,572 medical assistance renewals on hand at the end of September, down from about 200,000 early in 2019.
- DHS and HFS have increased staffing by 258 caseworkers – many more were hired to fill vacancies; the agencies plan to hire 100 additional caseworkers.
- Since the end of June 2019, coverage for 4,189 newborns was initiated by hospital personnel through the ABE provider portal.
- Manage My Case (MMC) statistics – since MMC began -
 - 877,000 accounts linked to MMC
 - 264,000 renewals submitted through MMC
 - 200,000 client changes reported through MMC
 - 2,200 manual identification proofing – forms processed by caseworker staff.

VI. Subcommittee Reports

- a. **Public Education Subcommittee Report** – Chair Kathy Chan gave a brief update from the October 3, 2019, meeting. The next meeting will be held on December 5, 2019. All meeting minutes can be found at <https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/publiced/Pages/schedule.aspx>.
- b. **Quality Care Subcommittee** - Chair Ann Lundy provided an update for the Quality Care Committee. The Quality Care Subcommittee did not meet in October 2019. Dawn Wells is the new Bureau Chief for the subcommittee. Meeting minutes can be found at <https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/publiced/Pages/schedule.aspx>.
- c. **Department's status on Opioid recommendations & Federal Grant** – Maria Bruni provided an update for the OUD Withdrawal Management Subcommittee which hasn't met since the summer.
 - In August the Department applied for an CMS grant through the Support Act that went out last October.
 - Department awarded grant.
 - Grand funded at the end of September 2019
 - There were 15 states that were selected or the Planning Phase; it was \$4.6 million award.
 - Partners on the grant include:

- Cook County Health
- Southern Illinois Healthcare
- University of IL Office of Medicaid Innovation
- At the end of the planning period the Department can apply for an implementation award which is a 36-month period.
- Regional Planning meetings
- Quantitative Needs Assessment
- Focus group interviews
- Listening Sessions – what are some of the barriers; gaps in care at the local level
- How can we improve the current services system that we have for people that have SUD & OUD in the Medicaid program?

Recommendations/Goals from the OUD Subcommittee

- Payment models
- The Department is working closely with DHS – the Division of Substance Abuse Prevention & Recovery.
- Administrative Rule 2060
- Looking at all drugs and not just opioids and other prescribed medications.
- Medicaid and CHIP payment access commission came out of this report, progress on utilization
- SAMSHA came out with an announcement this week in part saying that the SAMSHA treatment locator – has been revamped and created a new website and it's AClientTreatment.gov.
 - We are looking at utilization across of those levels of care; where people are getting access to care; how many people are in need of services that are not getting those services.
 - How many Medicaid members have a need for substance abuse services; is there any interest in expanding?
 - Where are the community based services state fit into the spectrum as where this particular grant... metrics are we considering?
 - How can we stay up to date on the regional planning meetings? And how can we understand where those are going to happen? We are working with the Partners.

VII. Old Business

a. Bylaws Modification and Recommendations

- The new changes were previously shared with the full MAC Committee. The changes are as follows:
 - Article II Section I - the current chair of the Medicaid Advisory Committee serves as an ex-officio member of the committee for a two-year term with a vote.

- Article II Section IV - states that if a member does not attend a MAC for three (3) continual meetings, meaning you don't attend three (3) MAC meeting in a year, then you are automatically considered resigned from the committee. However, a member may send a substitute after notifying the Chair in advance of the meeting and this does not count as an absence for the member.
 - All applicable Federal and State laws and MAC Bylaws take precedence over Robert's Rules of Order in that order.
- A motion to approve the Bylaws as recommended for change was put on the floor to add the word "Disability", to Article I, Section III of the MAC bylaws and to accept all changes to the bylaws. The motion was seconded and was approved unanimously by the Committee.

b. Report of the Nominating Committee and Elections

- At the last MAC meeting a Nominating Committee was formed. The Committee included Arnold Kanter, Andrea Danes and Howard Peters. Mr. Kanter read the report of the Nominating Committee which recommended Dr. Cheryl Whitaker be considered for Chair and Ann Lundy be considered for Vice chair.
- Chair Peters asked if there were any other nominations for Chair and Vice-Chair from the members present.
- A motion was put to the floor for approval for nominations for Dr. Cheryl Whitaker as Chair and Ann Lundy for Vice-Chair. The motion was seconded; none opposed, and the motion was passed.

Chair – Dr. Cheryl Whitaker; and Vice Chair – Ann Lundy both accepted their nominations.

VIII. Public Comments - Chair Whitaker took over the meeting at this point.

- We are having operational meetings with all of the Plans this month that specifically go over transitions issues such as prior authorization.
- ADA issues regarding space for wheelchair(s) and microphone(s) for the hearing impaired.
- The Department will review the score cards for the MCOs at a meeting this afternoon and the scores will be released in the next few weeks.
- There will be no changes in regard to the IHH program; the rates are being worked on and we expect those to be released upon completion of the review.
- Will all the pediatrics Integrated Health Homes need to be able to serve any class of children?
- The Department at some point will resume the Integrated Health homes planning meetings in pediatrics.

IX. Adjournment – the meeting was adjourned at 12:15 p.m.