

**Illinois Department of Healthcare and Family Services**  
**Hospital Transformation Review Committee**  
**September 12, 2018**

**Members Present:**

Senator Aquino – (via phone)  
Director Patti Bellock  
Representative Tom Demmer  
Representative Robyn Gabel  
Representative Greg Harris  
Acting Administrator Teresa Hursey  
Representative Sheri Jesiel  
Representative Camille Lilly (via phone)  
Representative Ryan Spain (via phone)  
Senator Heather Steans (via phone)  
Senator Dave Syverson (via phone)

**Other Members:**

Representative Feigenholtz

**HFS Staff:**

Jodi Carr	Cindy Bushur-Hallam
Chris Kantas	Shawn McGady
Kim McCullough-Starks	Kim Schultz
Daniel Suess	Hector Villagrana

**Caucus Staff:**

Patrick Besler, House Republican Staff  
Ellen Ross, House Democrat Staff  
Justin Sinner, Senate Republican Staff

**Interested Parties:**

Letitia Dewith-Anderson – IlliniCare	John Bomher - IHA
Angela Grover – Presence	Ann Guild – HFSRB
George Hovanec – Lurie Children’s	Joe Holler, IHA
Sean Kirby – Health News	Mona Martin, Martin Consulting
Jeannie Mitchell – HFSRB	Julie Nelson – CSH
Jim Parker - HMA	Crystal Olsen – Advocate Health
Will Snyder – AMITA Health	Mikel Sutton – BCBS
Nelson Vasquez – Jackson Park Hospital	Matt Werner – M. Werner Consulting

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**Meeting  
Minutes**

**Welcome & Introductions:** The bi-weekly meeting of the Hospital Transformation Review Committee (HTRC) was called to order on September 12, 2018, at 10:30 am by Chairman Harris.

**Roll Call:** Chairman Harris took a roll call of members present. There were a total of 11 members present, 6 in-person and 5 by phone, and Chairman Harris noted that there was a quorum.

**Old Business:** Chairman Harris stated that the Department will continue to work on a way for the public to listen to the committee's meetings, but the members of the committee would not be able to use the call-in number they used in past meetings. Chairman Harris advised the members that if they chose to participate remotely, they would have to use a new system.

**New Business:** Chairman Harris stated that Teresa Hursey, Acting Medical Director for Healthcare and Family Services, reached out to Federal CMS inviting them to attend a Hospital Transformation Review Committee meeting in the future. She was told that they would discuss it with the higher ups and let her know.

Amita Health presented first to the Committee. Angela Grover, System Director, and Will Snyder, Chief Advocacy Officer of AMITA Health discussed community data and transformation efforts. Amita noted that this was a follow up presentation to the committee that addressed some of the committee's questions.

First, Amita addressed hospital assessment and transformation funding. They suggested criteria for transformation that considers the goals of Medicaid including behavioral health, integration of behavioral and physical health, managing chronic conditions, and access to care. The system should also focus on providing the right care at the right time and place to improve patient outcomes, driving down the cost of Medicaid. Amita stated the need for a two-factor transformation that includes service delivery and reimbursement reform, as well as support for bricks and mortar reconfiguration.

Amita then touched on the utilization of data to create criteria. They pointed to four key points: a Community Needs Score, derived from the Community Health Needs Assessment (CHNAs), Claims Data, gathered from MCOs, IHA, and the Department, the percentage of Medicaid or Medicaid volume served, from the Department, and an ability/willingness to transform and meet milestones.

Next, Amita provided more information regarding the CHNAs. They stated that the ACA mandates all non-profit hospitals and health systems to complete them every three years and they must include a Community Health Improvement Plan with measurable outcomes. CHNAs use multiple data sources that include local public health data, IDPH reports,

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hospital utilization, and the American Community Survey, among others. Data sets gathered are compiled and analyzed in order to prioritize the needs in a hospital's service area. In Illinois the major community-identified health needs throughout Illinois are: behavioral health and substance abuse, chronic disease prevention and management, social determinants, and access to care.

Amita then showed several visualizations of data comparing the service needs and available providers throughout the entire state and in the Chicagoland area. The visualizations touched on behavioral health, chronic disease, social determinants, and access to care.

Amita closed by addressing Medicaid service delivery and that the transformation should support patients having access to the right care for them, identify opportunities to repurpose existing facilities, incentivize service delivery and align reimbursement models, address community needs with accountability.

The members then asked questions that touched on various topics of the presentation including the Community Hospital Needs Assessment, chronic disease prevention, the data used, behavioral health, aligning payments, and funding in phase two of the transformation among other items.

Next, John Bomher, Senior Vice President and Counsel, Government Relations for the Illinois Health and Hospital Association (IHA) provided an update on their transformation task force. Mr. Bomher said they are evaluating introduced legislation at the federal level for possible applications in the hospital transformation.

Mr. Bomher spoke about how rural hospitals act as vital hubs of their communities and because these hospitals often care for older, sicker patients more dependent on government programs, many rural hospitals face financial challenges. He stated that the Rural Emergency Medical Center Act of 2018 (H.R. 5678) has been introduced in the House of Representatives to alleviate these concerns by creating a new rural facility designation in federal Medicare - the Rural Emergency Medicare Center (REMC).

Specifically, the act would allow REMC's with 50 inpatient beds or fewer to convert to 24/7 emergency department care and outpatient services in rural areas. The facilities would also receive enhanced reimbursement rates for these services. REMC's would have to stop providing inpatient services, transport patients to an inpatient hospital if needed, would be classified as an "originating site" for telehealth services, and could provide post-acute care in a separately licensed skilled nursing facility.

There was a brief discussion following Mr. Bomher's presentation.

**Public Comment:** Chairman Harris opened the floor for public comment, but there was no comment.

**Adjournment:** Chairman Harris adjourned at 12:20 pm.

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**Next meeting: October 3, 2018.**