OASAC Managed Long-Term Services and Supports (MLTSS) Workgroup Meeting Minutes
Monday January 7th, 2013 2:00-3:30pm

Location:
Chicago: IDOA Conference Room, 160 N. LaSalle, 7th floor
Springfield: IDOA office located at One Natural Resources Way, Rock River Room, 2nd floor
Teleconference: 888-494-4032 (Access Code 8944358662#)

Upcoming Meetings:
Wednesday January 30th 10am-12pm (via phone)
Monday, February 11th, 10am-12pm (in person)
Monday, February 25th, 10am-12pm (in person and the full OASAC meeting is later this day)

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1. Welcome

a. This is a workgroup of OASAC, chaired by Health & Medicine Policy Research Group (HMPRG). This is not a DOA project, although DOA will be a participant and at times a liaison to other State Departments as needed. HMPRG will be leading and coordinating the workgroup activities and progress

2. Introductions

a. Attendees in Person:
   i. Sandy Alexander (DOA)
   ii. Cathy Weightman Moore
   iii. Phyllis Mitzen
   iv. Kristen Pavle
   v. Hillary Bray (HMPRG intern)
   vi. Patrick McGuire (DOA Intern)

b. Attendees via Phone:
   i. Darby Anderson
   ii. Sharon Post
   iii. Stephanie Altman
   iv. Carol Aronson
   v. Rob Kilbry (DRS)
   vi. Jon Lavin
   vii. Jim Parker (HFS)
   viii. Eli Pick
   ix. Dave Vinkler

3. Question about information sent out before meeting

a. The Consumer Protections Report by SEIU and HMPRG is a reference piece that we want taken up at a larger level by more entities; the research in this document can inform the workgroup's focus.

4. Workgroup Process

a. The workgroup is charged with three main tasks:
   i. Provide research and report on identified states experience with implementing managed care, including how State Departments serving older adults and persons with disabilities have been involved in MLTSS initiatives. Also, how Illinois can learn from these experiences.
   i. Provide actionable recommendations to DOA, HFS, DPH, DHS re: the transition to Medicaid managed care system. Recommendations will be focused on ensuring consumer protections and quality assurances in Managed LTSS programs that support older adults.
   ii. Reprioritizing the existing OASAC 9 goals in alignment with the state's transition to managed care.
      4. This agenda item will be discussed in more detail at the end of February, beginning of March

4. Workgroup Process, continued

b. The group will work in collaboration with each entity bringing unique expertise to the table:
   i. State agencies feeding information to workgroup about state-level progress and updates
   ii. Workgroup members lending their expertise
   iii. Facilitators doing outside research to inform and guide progress of workgroup as identified by members

c. Main deliverables due end of March 2013.

5. Managed Care 101 and Updates- Sandy Alexander, Department of Aging

a. Presentation about Illinois Managed Care Initiatives (PowerPoint presentation)

b. Updates
   i. Town hall meeting January 24th, 2013 (12-3pm at the Thompson Center)
      4. Integrated Care Program managed care organizations: Aetna and Illinicare to explain philosophies/models of care
   ii. Quality Assurance Measures in development ICP Phase II (see discussion below on Quality and Performance Measures)
   iii. Questions and Clarifications
      4. Department on Aging B.E.A.M. (stands for Benefits, Eligibility, Assistance, Monitoring) is a dedicated phone number which serves as a communication hub for older adults, especially as it relates to the Community Care Program for both fee-for-service and managed care enrollees
      5. Dual Alignment Initiative: September 1, 2013 is the tentative start date
         a. 14,000 CCP participants will be eligible
         b. Passive enrollment with option to opt-out
      6. Innovations Project aiming for spring 2013 start date

6. Discussion on Quality Issues and Performance Measures

a. HFS monitoring quality through ICP contracts with the MCOs through encounter data (claims)

b. Medical Loss Ratio must equal 88% of funds for direct services

c. 30 quality measures (across all programs) [see attachment to email for a document containing these 30 measures]
   i. Largely HEDIS, utilization, process, maintaining in community
   ii. 14 of these quality measures are (P4P)
   iii. There are measures on the HFS website via care coordination (attached to ICP contracts)
   http://www2.illinois.gov/hfs/ManagedCare/Pages/IntegratedCarePlans.aspx

6. Discussion on Quality Issues and Performance Measures continued

d. There are separate quality measures for LTSS waiver programs; all waiver programs oversight and monitoring will be through DOA for aging and DHS/DRS for disability
    i. DOA / DRS are setting own quality standards for MCOs

e. MCOs can add to standards, creating a preferred provider list
    i. Initially, MCOs required to contract with Any Willing and Qualified (AWAQ)
    ii. Qualification for LTSS providers determined through DOA/DRS offices through waiver programs

f. Must pay waiver rate (no more or no less, unless extra services provided)

g. MCOs are allowed to provide additional LTSS beyond the traditional waiver services

7. Discussion on how to measure Quality of Life within LTSS framework (current uses nationally)

a. IL already uses select QoL survey tools
    i. DOA to add clause to contracts re: quality data collection

b. Desire to find concrete measures beyond medical and processes data

c. Desire to look beyond utilization to health outcomes (working with IL Office of Health Information Technology to get outcomes through provider records)

8. Identifying Other States for Further Research and Comparison

a. States that have been identified by AARP as having managed LTSS experience lessons learned to share:
    i. Arizona: long-term experience with managed care; larger/corporate MCOs
    ii. Massachusetts
    iii. Minnesota: only nonprofit MCOs allowed
    iv. New Mexico
    v. New York
    vi. Tennessee: IL has good relationship with IL in terms of discussing managed care experience; larger/corporate MCOs
    vii. Texas: long-term experience with managed care; larger/corporate MCOs
    viii. Wisconsin: largely homegrown MCOs
    ix. Washington: largely homegrown MCOs
    x. Ohio- moving in the same direction / pace as IL; IL in discussions with Ohio

9. Identified Influence Areas for the Workgroup

a. Quality of Life Indicators and Survey Tools

b. Coordinating Agencies and increasing inter-agency communication
    i. HFS, DOA, DHS
    ii. Oversight Structure

9. Identified Influence Areas for the Workgroup, continued

c. Monitoring and Oversight of Data (process and outcomes)
   i. HEDIS
   ii. How to use additional data:
      1. MCO performance
      2. Health outcomes in the community
      3. Being more nimble in use of data, "real time" or just shorter time frame
      4. Desire for an IT, data-analytic tool

d. Other issues:
   iii. Eligibility and service perspective:
      1. Don't want to just look at aging because of age cutoffs
      2. Plans will have all ages, all services
   iv. Incentive to increase HCBS
      1. Built into rate structure
      2. 14 Pay for Performance measures

10. Closing Comments

a. Proposed that this discussion is not limited to just older adults even though we're doing this through OASAC; someone with disability expertise under 65 with practical service delivery via DRS should be on the workgroup
   i. Sandy Alexander (DOA) will follow-up with Ann Ford (Center for Independent Living)