



January 8, 2021

**Illinois General Assembly: Senate Executive Committee  
Submission of Written Testimony by the Illinois Association of Medicaid Health Plans**

Chairwoman and committee members, thank you for the opportunity to speak today on this important piece of legislation.

I want to start by saying that IAMHP and our member plans share many goals within this legislation. We are all working to serve vulnerable Illinoisans, to improve healthcare access, and to close racial disparity gaps within the Medicaid program.

To that end, there are many provisions that IAMHP is supportive of within the bill.

First, IAMHP worked with Chairman Welch on implicit bias training legislation in the beginning of 2020 and before the pandemic it was the association's top priority in our legislative agenda. IAMHP pursued implicit bias legislation because evidence from other states made clear that without addressing implicit bias clinical interventions improved outcomes for white patients but didn't benefit patients of color proportionately. If we are to improve the quality of care within the Medicaid program, we need to improve it for all members, and we believe strongly that implicit bias training is necessary to achieve that goal.

Beyond pursuing legislation to address implicit bias within health care the plans worked to address social determinants of health. In 2020 Medicaid managed care organizations invested nearly \$100 million in social determinants of health and community-based providers to ensure they were able to meet the needs of Medicaid members with the majority of funding going to disproportionately impacted areas across the state. In 2021 we are set to invest an additional \$60-\$70 million to continue to provide support to vulnerable communities impacted by the pandemic.

Further, this legislation recognizes the importance of demographic data and the role it plays in improving public policy, tracking outcomes, and having a purposeful plan to address healthcare disparities. We would recommend addressing in this legislation or in policy, improving the collection of demographic data within the Medicaid program so that collectively we can track and improve healthcare outcomes in a purposeful and meaningful manner. Currently, the information we have is either incomplete or at times appears as though it may be inaccurate. One best practice we have identified is stating on the Medicaid application the reason the demographic data is being collected. Studies have shown that when the benefit of providing that information is explained that the completion rate is higher.

Additionally, Health plans have seen the effectiveness of doulas in other states and believe that they can serve as an important community-based resource that can address healthcare disparities and improve outcomes. While there is a budgetary impact to this provision, IAMHP believes this is the type of community-based investment in the Medicaid program that is needed to improve outcomes.

While there are many provisions the health plans agree with and support there are also several provisions that cause significant disruption to the very population and providers this legislation intends to serve.



Today there are over 2 million people who rely on Medicaid managed care organizations for their healthcare, there is nearly \$2 billion within the state budget that is a direct result of the MCO assessment, and the health plans have provided a stable partnership to the state through years of budget crisis minimizing its effects on smaller providers.

This legislation would disrupt the delivery of healthcare to millions of vulnerable Illinoisans during an already chaotic time period and jeopardize the ability to further transform the healthcare system to address social determinants of health.

Additionally, there are many provisions in this bill that could unintentionally impact federal matching funds and exacerbate existing budgetary concerns. As we saw in past budget crises, unstable funding impacts vulnerable communities and providers disproportionately.

It is for these reasons that we oppose this legislation as drafted. However, we are committed to working with you to develop policies that will help Illinois address disparities in healthcare outcomes.

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**Chief Executive Officer**  
**IAMHP**



## Medicaid Health Plan Investments in the Medicaid Program during the Pandemic

The economic impacts of Covid-19 have put extreme pressure on the already limited publicly available community-based services. Health Plans and the Department of Healthcare and Family Services recognized that providers and community organizations were hit especially hard both from decreased utilization and increased community needs. In order to assist with this, health plans invested more than **\$56 million** of their 2020 quality payment with providers and community organizations. Of that \$56 million, \$27.6 million, nearly 50% of the total, was spent in disproportionately impacted area zip codes across the state of Illinois. It is important to note that Health Plans continue to invest in our communities and will continue to support our members, providers, and business partners. For health plans, the lens of this investment has been equity and the greatest impact for organizations and providers that were not receiving other support.

These dollars were paid out in a myriad of ways. To date, health plans have made investments in critical services and taken the following steps to help Medicaid members and providers during this pandemic:

- \$13.8M spent to increase reimbursement rates for Illinois Behavioral Health and Mental Health Providers based off of claims received thus far. Between March and June of 2020, Medicaid Health Plans increased reimbursement rates by 20% to ensure providers had adequate resources to continue serving Medicaid members in need of behavioral health and mental health services.
- \$4.6M invested to expand telehealth capabilities and infrastructure. This investment in telehealth services will benefit the Medicaid well – beyond Covid-19 and supports all Illinois residents.
- \$4M spent with BEP vendors and community-based organizations to increase community engagement in African American and Latinx communities which were the hardest hit by the pandemic
- Partnered with community organizations to provide food and other PPE supplies to communities most impacted by Covid-19 including over \$750K invested in PPE, cleaning and disinfectant supplies for members. Health plans also hosted drive-thru food events and provided home meal delivery service, while one health plan offered low-income families laundry service during the crisis.
- Provided technology assistance for families to ensure members could meet their schooling and health-related needs. By connecting families with computers and technology assistance children are able to participate in online schooling and will be given encouragement to engage in their education.
- Over \$2.7M invested in housing support to extend housing benefits for Medicaid members to ensure that members in the maintain their current services and allow members to remain in the community where they feel most comfortable. Recent expenditures by plans have increased housing support investments to over \$6 million that will be captured in future reports.



- Over \$800K in P4P grants to fund a school-based health centers, parenting and vaccine programs. The funding will be used to develop health food and lifestyle program target members with chronic illnesses and a program to incentivize members to complete mammograms and other important screenings. The parenting program ensure underserved mothers & babies are given more reliable care in an effort to reduce maternal mortality.

Medicaid Health Plans are committed to this state, their members, and their provider partners and are prepared to help solve the unprecedented challenges before us all.

State of Illinois Department of Healthcare and Family Services P4P Summary Analysis by Initiative Type and Initiative Detail Payments through September 30, 2020							
Initiative Detail	Behavioral Health	BEP Vendor	Community-Based Org	FQHC	Other Provider Type	Other	Total
Increased Rates, Expedited Pmts	\$ 13,854,705	\$ 0	\$ 282,000	\$ 184,345	\$ 2,187,322	\$ 0	\$ 16,508,372
Care coordination	-	49,476	-	-	11,146,431	-	11,195,907
Telemedicine Health	4,568,960	672,848	1,470,657	1,671,763	-	-	8,384,228
Peer Support Program/Employees	584,960	-	-	6,968,300	-	-	7,553,260
Community Engagement	93,750	1,718,446	2,219,766	-	-	-	4,031,962
Housing Support Services / Homelessness	17,247	-	2,708,793	-	-	-	2,726,040
Transportation	-	-	-	-	2,534,792	-	2,534,792
Maternal Care	-	-	-	19,312	982,547	-	1,001,859
PPE, Cleaning, Disinfectant Supplies	589,969	-	105,000	-	65,878	-	760,847
SDOH Services	58,269	529,636	-	-	-	-	587,905
Quality Incentive	10,000	-	5,000	-	528,005	-	543,005
Food Pantry	-	-	229,668	-	-	-	229,668
Other	-	-	-	10,000	84,942	125,450	220,392
Utilization Management	96,503	2,684	-	-	-	-	99,187
<b>Total Expense</b>	<b>\$ 19,874,363</b>	<b>\$ 2,973,090</b>	<b>\$ 7,020,885</b>	<b>\$ 8,853,721</b>	<b>\$ 17,529,916</b>	<b>\$ 125,450</b>	<b>\$ 56,377,424</b>
<b>Total Expense in DIA zip codes</b>							<b>\$ 27,600,000</b>
Percentage of Reinvestment Attributable to DIA zip codes							49%

Note: One MCO report is based on reported amounts as of 7/31/2020



## **Health Plan Reinvestment Spotlights:**

### **BCBSIL:**

#### **BCBSIL Telemedicine expansion program**

BCBSIL supports increased access to behavioral health and substance use services by expanding the telemedicine infrastructure and capabilities of BCBSIL's contracted Community of Mental Health Centers and Substance Use Recovery Providers. BCBSIL awarded \$2 million dollars to 58 providers for 1,000+ computers and tablets for clinicians to conduct visits, 75+ printers and scanners, 400+ phones/headsets to increase communication efficiency with clinicians and patients, 480+ HIPAA compliant telecommunication software licenses for 25+ organizations, HER software upgrades for 15+ organizations, Wifi and cellular network expansions for 29+ organizations.

#### **BCBSIL Top Box Food Partnership**

BCBSIL supports Social Determinants of Health by addressing food insecurity due to COVID-19 and economic hardships to individuals at an increased risk of having or developing diabetes. Through a partnership with the American Diabetes Association and Top Box Foods, BCBSIL will provide over 2,000 boxes for fresh produce and lean meats accompanied by recipes and nutrition tips to some of our communities' hardest hit by the pandemic and home to our most vulnerable individuals. BCBSIL, ADA, and Top Box Foods worked together to locate communities with the highest need and have set up distribution events within the city and various locations throughout the state. These events will continue through the end of the year.

### **CountyCare:**

#### **The Cook County Flexible Housing Pool (FHP):**

The FHP, a partnership of Cook County Health and several housing community based organizations, connects individuals who have been homeless with high behavioral health and physical health needs who are frequently using crisis systems (e.g. emergency rooms, shelters or jail) to supportive housing and the services necessary to stabilize them. CountyCare is making a significant investment in the Flexible Housing Pool to provide housing, tenancy supports, and care coordination to CountyCare members. The cost of housing and tenancy support per CountyCare member is \$24,500 per year. CountyCare has allocated \$5M to the Flexible Housing Pool. As each referral is a three-year commitment, the funds allocated will provide supportive housing for up to 66 CountyCare members for three years, with initial placements for individuals beginning later this year.

#### **Medical Respite Center (Formerly the South Side Y Alternate Shelter):**

On May 1, Cook County Health, CountyCare, and the Chicago Department of Public Health opened a new shelter at the South Side YMCA to provide temporary housing and supportive services to COVID-19 positive persons experiencing homelessness. In its one month of operation, the SSY provided safe quarantine and shelter to 51 Cook County residents. As well as helping patients access medical and behavioral health tele-health services, a dedicated CountyCare staff member linked CountyCare members with their care coordinator and supported uninsured patients to enroll in Medicaid and SNAP benefits. In partnership with a housing community-based



organization, the South Side Y was a short term emergency program and will be reopening in a new location (Oak Park) under a Medical Respite Center model over the next month. The medical respite center will provide medical respite to persons experiencing homelessness during the COVID-19 pandemic, and include 16 units (18 beds), and one room will be used as a community center. After completing the medical respite stay, residents will be discharged to interim housing until they can secure permanent housing. This is a joint investment across County agencies and is also an investment of Cook County Economic Development. CountyCare expects to invest over \$500,000 in the Medical Respite Center.

### Humana:

While Humana's efforts are not included in the chart above, it is worth noting the efforts they have made to support their members and provider partners. Humana distributed over 170k reusable masks within Illinois to our members, providers, and community groups in need.

Along with reducing administrative burdens for our provider partners, Humana also offered provider advances to our Federally Qualified Health Centers in an effort to provide financial relief during this emergency.

With a focus on addressing food insecurity Humana offered additional Home Delivered Meals while also helping the community at large by providing significant financial support to community programs focused on delivering meals to those in need during this emergency.

### IlliniCare:

#### **School based services and Vaccine Programs with Aunt Martha's**

IlliniCare furnished Aunt Martha's with a \$300,000 P4P grant in the second quarter of 2020 and a \$250,000 grant in the third quarter, which were used for investment in several programs. With the second quarter grant, Aunt Martha's purchased **three vaccine refrigerators** (1 permanent, 2 mobile) with inventory and automatic documentation systems. Additionally, Aunt Martha's developed a **Healthy Food and Lifestyle program** targeting members with chronic illnesses such as diabetes and heart failure. Some grant resources were also used to fund a program **incentivizing members** to complete PAP, mammogram, and colorectal screenings. Finally, the provider introduced a backpack giveaway program for school-age children. Aunt Martha's has used the third quarter grant to fund a **BH integrated care coordination model of care** through 2020. The provider serves a plurality of **IlliniCare Youth in Care** members (40+) and has advanced capabilities in serving youth with complex BH and physical health needs. IlliniCare provided Aunt Martha's with an additional \$32,000 grant in the third quarter to fund two School-Based Health Centers.

#### **Centering Parenting Program with Loyola University Medical Center**

IlliniCare furnished Loyola University Medical Center with a \$100,800 P4P grant to fund a Centering Parenting Program that will help to ensure that **underserved mothers and babies** are being given the opportunity for more consistent and reliable care. The provider's goals are to **reduce maternal mortality**, reduce the risk of **preterm birth and lessen disparities in preterm birth** rates, reduce the risk of NICU admission, and reduce



triage visits through individualized, patient-centered care that provides a time for families to ask questions. LUMC will achieve these goals by engaging in prenatal and early life care with their families, focusing specifically on families with limited available support during pregnancy and those with significant financial need. The provider will also engage with their pediatric department in implementing Centering Parenting with their resident clinics. As the program expands, LUMC plans to incorporate high risk pregnancies into Centering groups, specifically insulin dependent gestational diabetes and pregnant women with opioid use disorders.

### **Meridian:**

#### **Nutritional Disparities with SIHF**

Meridian has invested grant funding to Southern Illinois Healthcare Foundation “SIHF” for interventions to address disparities with low birth weight and maternal health. The investment includes deployment of 2 FTE clinical therapists to provide counseling to African American women during pregnancy and one year following birth. 6 local Community Health Workers also serve as liaisons to address social determinant needs. This initiative also includes 1 FTE dietician and weekly meal kits that can be delivered to the women and their families during nutritional check-ins. SIHF has partnered with Sweet Potato Patch, a BEP certified business, to provide the healthy meals. Sweet Potato Patch uses its technology based food business to support delivery of healthy farm to table food options directly to residents to address food insecurity and promote access where it is needed most.

#### **Behavioral Health Quality Program**

Meridian Health invested grant funding to Loretto Hospital to support its Behavioral Health Quality Program. Loretto Hospital operates in the Austin neighborhood of Chicago and serves communities most negatively impacted by the pandemic. The program supports start-up and expansion of include telepsychiatry capabilities and provider support, allowing treatment to those who were waiting and in need of follow up care and COVID 19 training to address and support high risk adults with behavioral health needs. The program supports Loretto’s Opioid Treatment and overdose prevention and establishes a pilot program for mental health counselling services directed towards adolescents and youth impacted by COVID-19.

### **Molina:**

#### **Molina Laundry Events**

Low income communities across the state were faced with a multitude of challenges in getting the support they needed and doing so safely. Through community partnerships and dedication our Outreach team has continued to provide support through events that get needed services to the community and have the precautions to do it safely. Specifically, many low-income families rely on laundromats in their communities and while in the public health crisis they were unable to utilize their services safely. Through these events Molina has donated funds to laundromats to provide free laundry services to people in communities across the state. These events have



used a drive-through and drop off approach when necessary to minimize physical contact to prevent the spread of the corona virus.

### **Micro Pantries**

Molina targeted reinvestment dollars to both meeting the needs of the communities we serve both with the needs they have day to day but also the needs that have emerged due to the challenges brought on by COVID-19. That is why, in partnership with My Block My Hood My City and Neighbor to Neighbor Literacy Project, Molina has opened up micro pantries across the City of Chicago. The micro pantries are targeted to address food insecurity in neighborhoods without access to a local market. They offer an opportunity donate and receive nonperishable food items in communities that need it.



### ILLINOIS 2012 FEE FOR SERVICE QUALITY COMPARISON TO 2018 MCO HEDIS MEASURES

Measure	IL FFS CY2012 Percentile	MCO 1 CY2018 Percentile	MCO 2 CY2018 Percentile	MCO 3 CY2018 Percentile	MCO 4 CY2018 Percentile	MCO 5 CY2018 Percentile
HPV – immunization	10 <sup>th</sup>	75 <sup>th</sup>	75 <sup>th</sup>	33.33 <sup>rd</sup>	50 <sup>th</sup>	>25 <sup>th</sup>
CIS - Combo 3 – childhood immunizations	10 <sup>th</sup>	50 <sup>th</sup>	33 <sup>rd</sup>	33.33 <sup>rd</sup>	66.67 <sup>th</sup>	<5 <sup>th</sup>
IMA - Combo 1 – Adolescent immunizations	<10 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	75 <sup>th</sup>	66.67 <sup>th</sup>	>33.33
PPC-Prenatal	<10 <sup>th</sup>	66.67 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	75 <sup>th</sup>	>25 <sup>th</sup>
W15 –Well Child Visit before 15mo	75 <sup>th</sup>	33.33 <sup>rd</sup> (6+ visits)	50 <sup>th</sup>	66.67 <sup>th</sup>	33.33 <sup>rd</sup>	33.33 <sup>rd</sup>
W34 – Well Child 4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup> years of life	25 <sup>th</sup>	75 <sup>th</sup>	33 <sup>rd</sup>	66.67 <sup>th</sup>	66.67 <sup>th</sup>	>33.33 <sup>th</sup>
AWC – Adolescent Well Care	25 <sup>th</sup>	50 <sup>th</sup>	50 <sup>th</sup>	75 <sup>th</sup>	NR	>50 <sup>th</sup>
FUH – 30 day	10 <sup>th</sup>	10 <sup>th</sup>	25 <sup>th</sup>	33.33 <sup>rd</sup>	<5 <sup>th</sup>	>10 <sup>th</sup>
BCS – Breast Cancer Screening	10 <sup>th</sup>	75 <sup>th</sup>	<5 <sup>th</sup>	50 <sup>th</sup>	25 <sup>th</sup>	25 <sup>th</sup>
Chlamydia Screening	25 <sup>th</sup>	75 <sup>th</sup>	50 <sup>th</sup>	33.33 <sup>rd</sup>	50 <sup>th</sup>	>50 <sup>th</sup>



## HEDIS Measures Definitions

**Human Papillomavirus Vaccine (HPV) – Immunization:** Teenagers who are 13 years old and got 2 or 3 human papillomavirus (HPV) vaccines before their 13th birthday

**Childhood Immunization Status (CIS) – Combo 3:** Children who are 2 years old and got the recommended series of childhood vaccines before their second birthday. The combo 3 series includes the following vaccines: Diphtheria, tetanus, and pertussis (DTaP), polio, measles, mumps and rubella (MMR), haemophilus influenza type B (HiB), Hepatitis B, chicken pox, and pneumococcal conjugate (PCV)

**Immunizations for Adolescents (IMA) – Combo 1:** Teenagers who are 13 years old and got the recommended series of adolescent vaccines before their 13th birthday. The combo 1 series includes the following vaccines: meningococcal, tetanus, diphtheria toxoids and pertussis (Tdap), and HPV

**Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Visit:** Pregnant women who gave birth and went to a prenatal visit during their first trimester

**Well-Child Visits in the First 15 Months of Life (W15)– 6+ Visits:** Children who are 15 months old and had at least 6 wellness checkups with their doctor before turning 15 months

**Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34):** Children ages 3-6 who had at least one wellness checkup with their doctor during the year

**Adolescent Well-Care Visits (AWC):** Adolescents ages 12-21 who had at least one wellness checkup with their doctor during the year

**Follow-Up After Hospitalization for Mental Illness (FUH) – 30 Day:** Members 6 years and older who were hospitalized for a mental illness and received follow-up care with a mental health provider within 30 days of being discharged

**Breast Cancer Screening (BCS):** Women ages 50-74 who had a mammogram to screen for breast cancer

**Chlamydia Screening in Women (CHL):** Women ages 16-24 who are sexually active and had at least one screening for chlamydia during the year