

February 21, 2020

Bureau of Program and Policy Coordination
Division of Medical Programs
Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001

RE: Integrated Health Homes (1/24/2020 – Public Notice)

Dear Bureau of Program and Policy Coordination:

On behalf of the Illinois Health and Hospital Association's (IHA) more than 200 member hospitals and nearly 40 health systems, I am writing to provide comments on the proposed changes in the methods and standards by which the Department of Healthcare and Family Services (HFS) will reimburse providers for Integrated Health Homes (IHHs) published on Jan. 24 via Public Notice, scheduled to begin on July 1, 2019.

The Integrated Health Home proposal has great potential to ensure patients receive physical and behavioral health services in a more streamlined and integrated manner. The enhanced rate structure proposed acknowledges the intensive care coordination required for Medicaid beneficiaries and is a valued improvement to the program. **Although we appreciate flexibility shown in allowing IHHs to get up to speed, IHA has serious concerns with the lack of standardization of program requirements that may be enforced by individual managed care organizations (MCOs).** We recommend HFS complete a model contract for MCOs to use with IHHs. Prior to IHH implementation, this model contract should be made available for public comment to provide greater opportunity for feedback, understanding and transparency around HFS' programmatic expectations for organizations interested in becoming IHHs.

Compliance with the program requirements, especially the need for IHHs to develop contractual and/or collaborative partnerships with a wide range of Medicaid managed care organizations and healthcare providers, will be critical for programmatic success. Following are other questions and recommendations IHA has identified concerning the proposed program, based on information that has been released:

- The following information would facilitate IHH plans for operational continuity prior to the July 1 implementation:
 - An actuarial model that demonstrates how Medicaid beneficiaries will be placed into each Tier;

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- An estimate of the Medicaid population within Beneficiary Tiers A-C1 by region;
 - A complete list of chronic conditions that would trigger eligibility standards.
- HFS has indicated it may fulfill its responsibilities for the IHH program through the use of MCOs or a designated contractor for fee-for-service (FFS) beneficiaries. Clarification is necessary to ensure how programmatic oversight will be maintained by HFS throughout the two-year pilot program.
- Healthcare providers should have real-time access to beneficiary IHH assignment through a centralized HFS portal.
- Outcomes-based payment eligibility appears to be established based on a series of nine IHH core measures required by the Centers for Medicare & Medicaid Services (CMS) and six state-incentivized key member outcomes. As the state-incentivized measures (e.g., child welfare system involvement, school attendance, employment) are not directly linked to the healthcare a beneficiary may have coordinated by an IHH and the correlation of any changes within only a one-year period would be weakly linked to IHH performance at best, we recommend limiting outcomes-based payment to the CMS core measures. Further, a decline in the six state-incentivized measures, including those noted above, may actually be linked to the well-being of the beneficiary when facing acute or chronic illness that requires taking time away from work or school for recovery, or if welfare intervention is necessary for child safety.
- Further details on outcomes-based payment should be provided more generally to indicate how much of an improvement must be made to each core measure in each annual period to meet outcome-based payment goals. Specific payment ranges should also be outlined in detail prior to IHH implementation.
- Youth in Care are scheduled for MCO enrollment on April 1. Clarification is necessary to distinguish whether Youth in Care and Special Needs Children will be included in the IHH program. Specific details on how the MCO will co-coordinate care for these populations with IHHs will be necessary to ensure beneficiary access is not prohibited, but enhanced.
- Although HFS guidance was appreciated in distinguishing that an IHH could serve either adults or children, clarification is necessary to distinguish whether IHHs can choose to serve high physical health Tiers or high behavioral health Tiers, or whether this will be determined solely by the MCO and the IHH FFS contractor. We recommend allowing flexibility to serve only high-need beneficiaries on the physical or behavioral health side to allow IHH participation of providers already effectively serving this role in their communities.
- Monthly in-person care coordination meetings should be flexible to take place via telehealth to accommodate beneficiary schedules.
- Clarification would be appreciated from HFS regarding the plan for program continuity after the two-year pilot program expires, as IHHs require a significant investment for programmatic operations and staff training.

Thank you for your commitment to expand Medicaid service eligibility for care coordination and further integrating medical and behavioral healthcare.

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Sincerely,

David Gross

Senior Vice President, Government Relations

cc: Kelly Cunningham, HFS
Robert Mendonsa, HFS
Lia Daniels, IHA