

IAMHP QUARTERLY

Illinois Association of Medicaid Health Plans Newsletter



A Message from the CEO

Welcome to the Spring issue! We are excited to let you know about some of the things we've been working on so far this year. We provide you with an update on how CMS is working to improve patient access to their health information with the implementation of the Interoperability and Patient Access Final Rule. As we continue to deal with the pandemic, learn how health plans have been responding to the needs of communities most impacted by COVID and hear the latest news about the vaccine from IDPH.

In March, we are celebrating Women's History Month with a 4-part podcast series called Women in STEM. Be sure to check out our [PodBean channel](#) for more information.

Samantha Olds Frey
CEO, IAMHP

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Latest Industry News

Stay up to date on Illinois Medicaid news.

CMS Interoperability and Patient Access Final Rule

On July 1, 2021, all managed care organizations (MCOs), including Medicaid and Children's Health Insurance Program (CHIP) MCOs in all 50 states will join the movement towards improving patient access to their own health information, also known as *Interoperability*. The Centers for Medicare & Medicaid Services (CMS) took a hands-on approach to improving Interoperability by requiring all Medicaid and CHIP MCOs to use open application programming interfaces (APIs) and to develop a program similar to CMS's own [Blue Button 2.0](#).

The CMS Interoperability and Patient Access Final Rule is a departure from decades of CMS efforts to influence quality and cost by focusing on payment reforms designed to influence the way providers deliver care. By shifting its focus to patients, CMS has recognized that, armed with the right information, patients, providers and payers can be more effective at making the right health care decisions at the right time.

In addition to the CMS Interoperability and Patient Access Final Rule, CMS also issued [Price Transparency Rules for Hospitals and Health Plans](#). The CMS Office of the National Coordinator for Health IT issued the Transparency Rule to discourage Information Blocking. At the same time, the Office for Civil Rights proposed modifications to HIPAA that move the needle beyond the adoption of Health IT and the digitization of health information to encourage information sharing that will make for a more competitive healthcare market and drive innovation. Under their various authorities to regulate health care organizations and stakeholders, the 21st Century Cures Act (2016) and Executive Order 13813 to Promote Healthcare Choice and Competition Across the United States, the Department of Health & Human Services has coordinated all of these rulemaking efforts to support the common goals of improving outcomes, lowering provider burden and reducing costs.

The Interoperability and Patient Access Final Rule is CMS's first step in what the agency has described as a phased approach to introducing new policies to encourage interoperability that have been dubbed the **Patient Access API** (API means application programming interfaces) and (2) the **Provider Directory API**. Under the CMS initiative, all Medicaid and CHIP MCOs will be required to publish standardized application programming interfaces (APIs) that will support a system where patients have immediate access to usable health information that will help them navigate their health journey. These APIs will make it possible for Medicaid and CHIP beneficiaries to have access to their health data on their internet-enabled devices (such as smartphones) and will facilitate public access to accurate and up-to-date information about the beneficiaries' managed care providers including whether providers are in-network or accepting new patients, as well as current contact information. Additional Interoperability requirements for Medicaid and CHIP MCOs, include, the **Payer-to-Payer Data Exchange** that will take effect on January 1, 2022. Payer-to-Payer Data Exchange will enable a beneficiary to request to have their health data transferred when a beneficiary changes plans or programs, (e.g., when a beneficiary ages into Medicare). This new policy has been designed to streamline transitions by reducing the need for letters of medical necessity, prior authorization requests and calls or faxes to pharmacies or health plans when a beneficiary changes plans.

Interoperability for patients, providers and payers will make useful information available to not only contribute to better informed decision making and help inform the patient of choices of coverage options and care providers but also to more effectively manage their own health, care, and costs.

Because Interoperability imposes implementation deadlines and requirements on Medicaid managed care plans, Epstein Becker Green will provide a webinar presentation entitled "Interoperability and Medicaid Managed Care Plans: Let's Understand the Requirements" in April 2021.

Authors: Clifford Barnes, Karen Mandelbaum and Elizabeth Scarola
Special thanks to IAMHP Trusted Partners Epstein Becker Green

Health Plans Respond to Community Needs Amid the Pandemic

Black and Latinx populations, people living in under-resourced communities, and lower-income individuals have been disproportionately impacted by the pandemic. Mandatory school closures have adversely affected nutrition and educational outcomes, and food insecurity has tripled among households with children. Massive layoffs have caused financial instability and limited access to quality health care services. Further, COVID-19 mitigation strategies have compounded mental health issues, grief, and bereavement in vulnerable populations at the intersections of age, income, employment, race, and ethnicity.

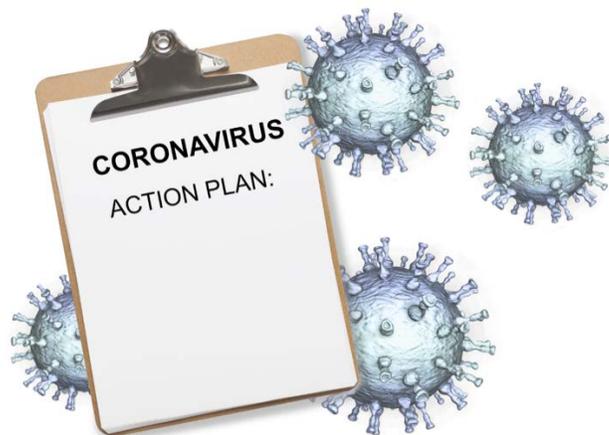
The economic impacts of COVID-19 have put extreme pressure on already limited publicly available community-based services. In 2020 Medicaid managed care organizations invested their 2020 quality payments with providers and community organizations resulting in an investment of nearly \$100 million in disproportionately impacted areas across Illinois.

Health plans provided a variety of services for low-income families during the crisis:

- hosted drive-thru food events
- provided home meal delivery service
- offered laundry service



provided technology assistance to ensure members could meet their schooling and health-related needs



Health Plans invest almost \$100M in disproportionately impacted areas

\$13.5M to increase reimbursement rates for Illinois Behavioral Health and Mental Health Providers ensuring providers had adequate resources to continue serving Medicaid members.

\$4.6M to expand telehealth capabilities and infrastructure which will benefit Medicaid members well beyond COVID-19.

\$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.

\$2.7M+ in housing support to extend housing benefits for Medicaid members to ensure that members maintain their current services and to allow members to remain in the community where they feel most comfortable.

\$800K+ in P4P grants to fund school-based health centers, parenting and vaccine programs including health food/lifestyle programs for members with chronic illnesses, a program to incentivize members to complete important screenings and a parenting program to ensure underserved mothers & babies have reliable care.

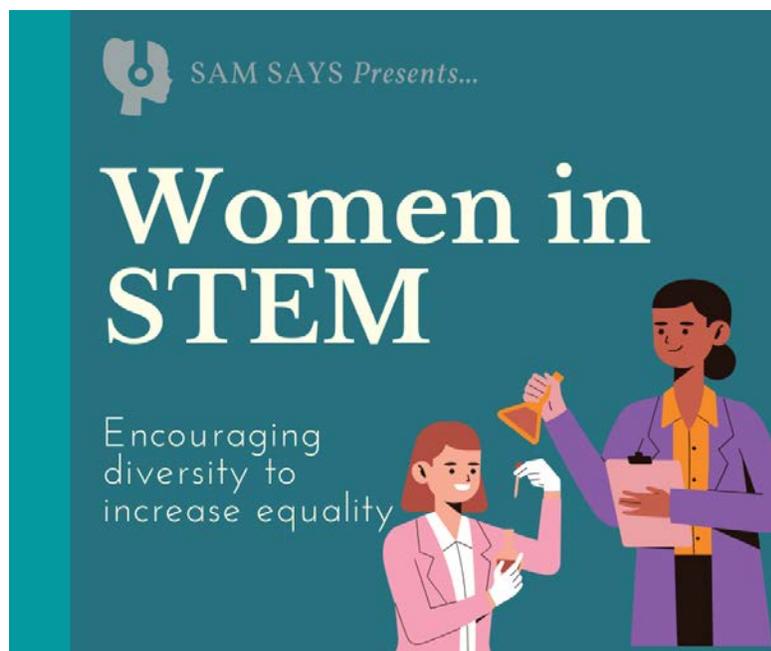
\$750K invested in PPE, cleaning and disinfectant supplies for members in communities most impacted by COVID-19

Celebrating Women's History Month!

During the month of March, IAMHP is celebrating the Women in STEM on the Sam Says Podcast series.

This four-part series, encouraging diversity to increase equality, will highlight female Chief Medical Officers at Managed Care Organizations in Illinois and discuss how they are working to improve health outcomes and access to care for Medicaid members.

New episodes will be published weekly. Listen at iamhp.podbean.com



IN CASE YOU MISSED IT

aetna
Aetna Better Health of Illinois
Aetna Better Health of Illinois Plan

IAMHP
ILLINOIS ASSOCIATION OF
MANAGED CARE HEALTH PLANS

Children's Behavioral Health: Connected Through Care

"I want to thank Aetna Better Health of Illinois for thinking outside the box and partnering with providers, like us, to care for members' needs in a more holistic fashion."

Bernadette May
Executive Director of Family Service Association of Elgin

Visit IAMHP Video Library to view the presentation

RECORDED WEBINAR

On February 24th, Aetna Better Health & IAMHP presented *Children's Behavioral Health: Connected Through Care*.

Now available on the [IAMHP video library](http://iamhp.podbean.com).

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Podcast Series

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Developmental Disabilities
w/ Station MD

EP. 25
Illinois State
Budget Address
w/ Kareem Kenyatta

EP. 26
Meeting Healthcare
Needs in Rural Areas
w/ Illinois Critical Access
Hospital Network

EP. 27
Responding to
Community Needs
Amid the Pandemic
w/ Molina Health of Illinois

NEW PODCAST EPISODES

For the latest news and hot topics related to Illinois Medicaid Managed Care subscribe to our Sam Says Podcast Series

Listen now at iamhp.podbean.com

IDPH issued the following press release:

With Vaccine Allocations Increasing, Illinois Launches Call Center to Bridge Digital Divide and Assist with Vaccine Appointments

Friday, March 12, 2021

SPRINGFIELD - The Illinois Department of Public Health (IDPH) today launched the Vaccine Appointment Call Center to assist people who do not have access to or who have difficulty navigating online services in making appointments to receive the COVID-19 vaccine. As Illinois begins to receive significantly more vaccine from the federal government and appointments become more widely available, this call center will be critical in bridging the digital divide and ensuring the vaccine reaches all communities.

"We want to make sure our most vulnerable populations, such as our seniors and individuals in heavily impacted communities who may not have access to online services, are able to make appointments to receive the COVID-19 vaccine," said IDPH Director Dr. Ngozi Ezike. "While vaccine is still limited, our allocations are increasing significantly, and we want all Illinoisans to have access as quickly and easily as possible."

Currently, the call center is open seven days a week from 6 am to midnight. There are approximately 500 agents answering calls with the ability to expand during peak periods. The call center has English and Spanish speaking call agents with the availability for translation into other languages.

Call agents will help individuals who do not have access to online services navigate the various registration sites. However, if the individual does not have access to online services or is unable to navigate the site, the agent will make an appointment on their behalf. Individuals will need to provide the agent with their name, address, email (if available), mobile phone number, date of birth, and eligibility. The agent WILL NOT ask for any financial information and the call center WILL NOT share information with the U.S. Immigration and Customs Enforcement agency.

During heavy calling periods, callers could experience wait times before speaking with a call agent. In the coming week, the call center will offer the option for callers to leave a message and be called back when an agent is available.

The toll-free Vaccine Appointment Call Center phone number is 833-621-1284 and can take TTY calls. For general questions about COVID-19 and Illinois' guidance, call 800-889-3931 or email DPH.SICK@illinois.gov.