



WORKING GROUP
TREATMENT & COVERAGE OF SUBSTANCE ABUSE DISORDERS & MENTAL ILLNESS
MEETING MINUTES

Illinois Department of Insurance
 Meeting Minutes of House Bill 1, [Public Act 099-0480](#)
 Working Group Regarding Treatment and Coverage of Substance Abuse Disorders and Mental Illness
 Open Meeting
 Tuesday, July 31, 2018
 3:00 p.m. to 5:00 p.m. CST

Video Conference location: Illinois Department of Public Health Video Conference Room at 69 W. Washington Street, 35th Floor, Chicago, Illinois 60601.

Video Conference location: Illinois Department of Public Health Video Conference Room at 535 W. Jefferson Street, 5th floor, Springfield, Illinois 62767.

Working Group Members		Present Y/N	CHI/SPI
Director Jennifer Hammer	Illinois Department of Insurance	N	
Secretary James Dimas	Illinois Department of Human Services	N	
Director Felicia Norwood	Illinois Department of Healthcare and Family Services	N	
Director Nirav D. Shah	Illinois Department of Public Health	Y	CHI
Vern Rowen	Aetna	N	
Laura Minzer	Executive Director, Blue Cross and Blue Shield of IL	Y	CHI
Jill Wolowitz	Blue Cross Blue Shield	N	
Kim Maisch	CIGNA	Y	CHI
Marvin Lindsey	CEO, Community Behavioral Healthcare Association of IL	N	
Mark Loafman	Cook County Health and Hospitals System	N	
Stephanie Place	Erie Foster Avenue Health Center	N	
Dr. Thomas Britton	CEO, Gateway Foundation	N	
Harmony Harrington	Humana	N	
Vincent Keenan	Illinois Academy of Family Physicians	N	
Sara Howe	CEO, Illinois Association for Behavioral Health <i>(formerly the Illinois Alcoholism and Drug Dependence Association)</i>	N	
Eric Foster	Illinois Association for Behavioral Health <i>(formerly the Illinois Alcoholism and Drug Dependence Association)</i>	Y	SPI
Sam Gillespie	Illinois Department of Children and Family Services	N	
Susan Fonfa	Illinois Department of Healthcare and Family Services	N	
Dan Wasmer	Illinois Department of Human Services	N	
Maria Bruni	Illinois Department of Human Services/Division of Alcoholism and Substance Abuse	N	
Paulette Dove	Illinois Department of Insurance	N	
Representative Lou Lang	Illinois General Assembly	N	
Rajesh Parikh	Illinois Primary Health Care Association	N	
Meryl Sosa	Illinois Psychiatric Society	N	
Dr. Fahmy Abdel	Illinois Society of Addiction Medicine	N	
Scott Reimers	Illinois State Medical Society	N	
Renée Popovits	Popovits & Robinson	N	

Working Group Members		Present Y/N	CHI/SPI
Kelly O'Brien	The Kennedy Forum	N	
David Lloyd	Director of Policy and Programs, The Kennedy Forum	Y	CHI
Heather O'Donnell	Senior VP of Advocacy and Public Policy at Thresholds	N	
Catherine Bresler	Vice President Counsel Government Relations at Trustmark Insurance Company	N	
Brendan Hostetler	United HealthCare	N	

Illinois Department of Insurance Staff Present	
Michael Batkins	Illinois Department of Insurance
Karen Woods	Illinois Department of Insurance
Carol West	Illinois Department of Insurance
Michael Rohan	Illinois Department of Insurance
Brian Gorman	Illinois Department of Insurance

Interested Parties in Attendance		CHI/SPI
Catherin Dimou	CIGNA	CHI
Carol Trocinski	UnitedHealth	CHI
Kim Perry	UnitedHealth	CHI
Shelly Schuman	Supervising Insurance Examiner – INS Companies	CHI
Andrew Smith	Depression Bipolar Support Alliance	CHI
Cheryl Potts	Kennedy Forum	CHI
Lia Daniels	IHA	CHI
Abdi Tinwalla	IlliniCare	CHI
Hector Barendt	IlliniCare	CHI
Nicole Wemhoff	Popovits Law Group	CHI
Steve Sproat	IlliniCare	CHI
Tom Allen	BCBS	CHI
Neli Vazquez Rowland	A Safe Haven	CHI
Tere Garate	Gateway Foundation	CHI
Kaisha Young	Northwestern University Graduate Student	CHI
Linda Laugges	Aetna	SPI
Dan Klopfenstein	Health Alliance	SPI
Brian Smolich	Health Alliance	SPI
John Beck	Health Alliance	SPI
Eric Foster	IABH	SPI

MEETING MINUTES

- Call to Order.
Director Nirav D. Shah called the semiannual meeting of the Mental Health and Substance Use Disorder (MHSUD) Working Group to order at 3:07 p.m.
- Introductions.
Director Nirav D. Shah welcomed all attendees, clarified the structure of the meeting, and the importance to keep all presentations to their allotted time. Working Group members, interested parties and Illinois State Department staff introduced themselves in Chicago and Springfield.
- Approval of the November 28, 2017 MHSUD Working Group Meeting Minutes. From the Chicago location, a motion to approve the minutes was made and seconded. The minutes were approved and entered into the record.
- Director Nirav D. Shah introduced Karen Woods of the Illinois Department of Insurance/Get Covered Illinois.
 - Woods summarized what DOI is doing to combat the growing opioid crisis in Illinois
 - DOI revised its benchmark health plan for plan year 2020.
 - Working with professionals, researchers and analysts DOI used evidence-based statistics
 - DOI is currently awaiting federal CMS approval
- Linda Laugges of Aetna presented on what the company is doing to combat the opioid crisis in Illinois
 - They've taken a three-prong approach: Prevent, Intervene & Support
 - Prevention – they are seeing more non-opioid plan treatments. More plans are adding acupuncture
 - Intervention – The Aetna foundation focuses on donations of Narcan. They've also launched a guardian angel program that has between 300 and 400 Aetna members who go into an ER for opioids. So far, the program has a 40% success rate.
 - Support - Allow access to buprenorphine without any prior authorization requirements to reduce barriers to “medication assisted therapy” (MAT) on commercial formulary
 - Aetna Foundation awarded \$120k to Catholic Charities to expand their children's behavioral health services to include an adolescent substance abuse recovery and treatment component
- Dr. Tom Allen & Laura Minzer from Blue Cross Blue Shield presented on what the company is doing to combat the opioid crisis in Illinois
 - They've taken a three-prong approach: Identifying, Pharmacy Intervention, Working with policymakers
 - They've partnered with Walgreens for the National Take Back Program
 - They've removed prior authorization for things like methadone
 - To promote the safe prescribing of opioids, they've launched a new program August 1, 2018 called Appropriate use of Opioids Program
- Dr. Abdi Tinwalla and Hector Berant Hernandez from Centene presented on what the company is doing to combat the opioid crisis in Illinois
 - They've taken a three-prong approach: Prevention, Treatment Access & Ongoing Support
 - Their pharmacy Lock-in program which locks users in for one year if they've shopped for more than three physicians, pharmacies etc.
 - They screen for neonatal who are abusing opioids and refer them into treatment
 - They have eliminated barriers for treatment of users
 - They screen addiction pregnancy within their Mother and Newborn initiative to reduce opioid addiction

- Mr. Hernandez spoke on the creation of a program that addresses social determinacies of health, to care coordinate for the members
- They work with hospitals and predictive modeling to look at which members are at risk for opioid abuse
- The goal of the program called Care Partners is to stabilize and grow for the members
- Dr. Catherine Dimou from Cigna presented on what the company is doing to address the opioid crisis
 - The company has increased safeguards in the opioid prescribing process to initially limit dispensing 50 days now it's 70 for opioid naïve users
 - There is no more coverage for OxyContin and they've switched to Extampa that is more difficult to abuse
 - They collaborate with Doctors to identify through claims data. 65,000 physicians pledged to reduce opioid addictions and enhance support and counseling for patients
 - Pain Management Program has resulted in 47% fewer admissions and 40% fewer office visits
- Dr. John Beck and Brian Smolich from Health Alliance presented on what the company is doing to address the opioid crisis
 - Previous identification methodology (3x3x3)
 - Benefits – ease of pulling reports and analysis
 - Limitation – Low number of members identified for intervention, not addressing members who do not fit the pattern, false positives
 - The move to identification based on morphine equivalence (ME) created a crosswalk for pain medications to develop ME reporting
 - Developed the average daily morphine equivalent doses for each member
 - Stratified and worked up members in a top-down risk format
 - Efforts – Starting in 1Q17 pharmacists called providers to discuss member's risk
 - Members in hospice, oncology diagnosis or sickle cell were excluded from interventions
 - Provider communications
 - PA on MED over 100mg per day effective May 1, 2018
 - Findings - Some members started with MED over 1000mg per day
 - Providers were able to use our calls as engagement points with the patients
 - A population in need of multidisciplinary care
- Dr. Kim Perry from United HealthCare presented on what the company is doing to address the opioid crisis
 - They consider opioid addiction to be a chronic medical condition
 - They take three-prong approach: Prevent, Treat & Support
 - Their focus right now is on education (physicians, dentists etc.)
 - Screen for potentially dangerous behaviors, review pain treatment alternatives, and keep opioids in the right hands
 - Medication-Assisted Treatment (MAT) has a 60% rate of remission compared to 40% with detoxification or psychosocial treatment alone
 - Support long-term recovery – 3,000+ recovery and wellness resources plus 600+ self-care tools and programs
- Neli Vazquez Rowland from A Safe Haven presented on what they are doing to combat the opioid crisis
 - They established in 1994 based on a personal experience of SU and Alcoholism. They thought there needed to be a better approach. They felt what was needed was a delivery system that was compressive from healthcare to community based setting.
 - Fragmented healthcare system. They want to uncover root cause of this. They represent the super utilizers. Went over super-utilizers slide. 800,000 Medicaid members account

- for behavioral health issues. They sponsored the 1115 waiver. They measure physically, behaviorally, education, housing, employment and mentally
 - They provide job training and partner with community members for employment opportunities. The next phase is overcoming barriers to housing. 40 real estate developments that support affordable housing. Help populations from all walks of life. They established an efficient way to utilize funding
 - HUD came to A Safe Haven is the source of a demonstration project. 17 organizations around the country. Multi-interagency council that will provide funding for Substance Abuse etc. Allow them to be a one stop shop
- David Lloyd from Kennedy Forum spoke on parity as well as the opioid crisis
 - They think parity analysis is important. Non- quantitative limitations with parity laws. Three main categories. Financial requirements, quantitative limitations and non-quantitative limitations
 - In Illinois Medicaid plans the prior authorization plans are no longer allowed – hopeful that those apply to commercial side as well
 - They found in Illinois 2015 inpatient behavioral health treatment occurred out of network twice as often
 - Regulations slide – rule for limitations. Essentially says for each limitation, you must look at how it's designed and applied for both sides medical and behavioral.
 - Slide on NQTL Rule – six step guide. What plans must do to demonstrate compliance. How it's being designed and what are the thresholds to trigger certain limitations.
 - David went over some of the resources. Dept. of Labor issued a self-compliance tool for mental health and addiction equity act. David talked about parity issue in terms of how plans are designing the reimbursement criteria.
- Dr. Nirav Shah thank everyone for being here and opened the floor up for questioning and/or public comment
 - Dr. Perry of United Health to Neli from A Safe Haven: Are there insurance companies paying for these services? Neli responds – They're setting things up at the moment
 - Eric Foster with IL Association for Behavioral Health – asks network adequacy if IL network for MAT providers and Methadone providers is. Currently 149 providers of Methadone. Curious on what the distribution was. Answer - Nobody knows now, but they can get it. Eric wants to ensure access.
 - Dr. Shah talks about the data waiver process if it's a help or hindrance. Buprenorphine.
 - John from health alliance talks about what they're using the waiver = it's limited. It may look adequate. But patients' numbers are often low. The providers didn't want to make it public because they didn't want all the patients.
 - Dr. Shah talks about research and how that is of interest to IDPH (physicians who have gone through the process and either don't prescribe Buprenorphine or did and now stopped).
 - Karen Woods spoke about any insurers contacting us about providing the data.
 - Terry from Gateway Foundations talks about some of the staff being unaware, because the information doesn't make it down to the staff. Asking insurers about their staff working in, and how. Centene responded – they have huddles every day. Also had monthly meetings about all the programs, and all facilities.
 - Lia Daniels – IL Hospital Association. Talks about what the hospitals are doing about opioids. Been working with IDPH, they also run the state poison control center. Updating hospitals on IHA website. Opioid prescribing guidelines are now out. One to Two page version as well as extended version for physicians. Project Echo – Partnering with SIU mini rounding physicians together with opioid use disorder. Funding issues but

a success so far. Clinician Waiver Training as well. Health Southern Illinois Delta Network they work with the community.

- Dr. Shah asks if there are any more questions
- The next meeting date is Tuesday, November 27, 2018 from 3:00 p.m. to 5:00 p.m., Central Time, at the Conference Room of the State of Illinois, Department of Public Health Office, 69 W. Washington Street, 35th Floor, Chicago, Illinois 60602 and via video conference at the Conference Room of the State of Illinois, Department of Public Health Office, 535 W. Jefferson Street, Springfield, Illinois 62767 for the purpose of discussing issues related to the treatment and coverage of substance abuse disorders and mental illness pursuant to Public Act 99-0480.
- Adjourn at 4:54 p.m.