

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

**Telephone:** (217) 782-1200  
**TTY:** (800) 526-5812

## MEMORANDUM

DATE: March 18, 2009

TO: Members of the Medicaid Advisory Committee

FROM: Theresa A. Eagleson, Administrator  
Division of Medical Programs

RE: Medicaid Advisory Committee (MAC) Meeting

=====

The next meeting of the Medicaid Advisory Committee is scheduled for March 20, 2009. The meeting will be held via videoconference from 10 a.m. to 12 p.m. Those attending in Springfield will meet at 201 South Grand Avenue East, 3rd floor Video-conference Room B. Those attending in Chicago will meet at 401 South Clinton, 7th floor Video-conference Room.

The following meeting material has been posted to the department's Web site: the agenda for the March 20, 2009 meeting; a copy of the response received from Congresswoman Janice Schakowsky on increased FMAP for Illinois, and; the draft minutes/attachments from the September 19, 2008, November 21, 2008 and January 16, 2009 meetings.

The current meeting material has been sent to the committee members electronically. Interested parties can access the meeting information by going to: <http://www.hfs.illinois.gov/mac/> or <http://www.hfs.illinois.gov/mac/news/index.html>

In order to receive information on future MAC meetings, you will need to register to receive e-mail notification when information is posted to the MAC Web page. To register to receive the MAC e-mail notifications go to: <http://www.hfs.illinois.gov/mac/notify.html>

If you have any questions, or need to be reached during the meeting, please call 217-782-2570.

## **MEDICAID ADVISORY COMMITTEE**

401 S. Clinton  
7th Floor Video-conference Room  
Chicago, Illinois  
and  
201 South Grand Avenue East  
3rd Floor Video-conference Room  
Springfield, Illinois

March 20, 2009  
10 a.m. - 12 p.m.

### **AGENDA**

- I. Call to Order
- II. Introductions
- III. Review of September 19, 2008, November 21, 2008  
and January 16, 2009 Meeting Minutes
- IV. Administrator's Report
  - 2009 Legislative Session Update
- V. Old Business
  - All Kids Update
  - PCCM Update
  - DM Update
  - Medicare Part D Update
  - Response on Request for Support of FMAP Increase
- VI. New Business
  - Report on Utilization of Dental Care
  - Open to Committee
- VII. Subcommittee Reports
  - Long Term Care (LTC) Subcommittee – Report
  - Public Education Subcommittee – No report
  - Pharmacy Subcommittee – No Report
- VIII. Adjournment

JANICE D. SCHAKOWSKY  
9TH DISTRICT, ILLINOIS

COMMITTEE ON ENERGY AND COMMERCE

HOUSE PERMANENT SELECT  
COMMITTEE ON INTELLIGENCE

CHIEF DEPUTY WHIP

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-1309**  
January 6, 2009

2367 RAYBURN HOUSE OFFICE BUILDING  
Telephone: 202-225-2111  
Fax: 202-226-6890  
TTY: 202-225-1904

5533 N. BROADWAY, SUITE 2  
CHICAGO, IL 60640  
Telephone: 773-506-7100  
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820 DAVIS STREET, SUITE 105  
EVANSTON, IL 60201  
Telephone: 847-328-3409  
Fax: 847-328-3425

Mr. Eli Pick  
201 South Grand Ave. East  
Springfield, Illinois 62763-0002

Dear Mr. Pick:

Thank you so much for contacting me to ask for my support for providing a temporary increase in federal Medicaid payments in the economic recovery package. I appreciate hearing from you, and I strongly agree with you.

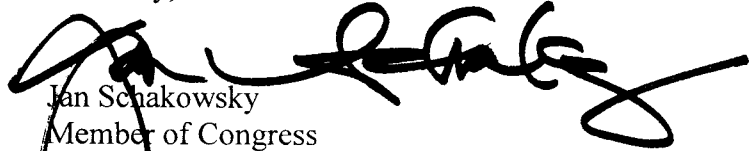
As you know, the downward spiral of our economy coupled with the rapid decline in employer-based coverage makes Medicaid coverage more important than ever in meeting the health and long-term care needs of children, pregnant women, persons with disabilities and senior citizens. I share your view that the federal government must step forward to help Illinois and other states meet those health care needs. Increased Medicaid spending is also important for the economy. As you may know, recent studies show that \$1 invested in Medicaid provides \$3 in economic stimulus. My colleagues and I are working hard to ensure that any economic stimulus legislation that we pass includes a substantial Medicaid assistance to the states, and I am confident that we will be successful in that effort.

I have been a long-time supporter of permanently increasing the Federal Medical Assistance Percentage (FMAP) for Illinois from 50 percent to 55 percent. I hope that the economy will get back on track soon but, without comprehensive reform to make health care affordable, it is almost certain that more workers and businesses will be unable to afford private insurance coverage, increasing the burdens on Medicaid. Without more federal aid, Illinois and other states may be forced to limit eligibility, reduce benefits, or cut payments to providers. Please be assured that I will do whatever I can to provide more federal resources for Medicaid beneficiaries and providers in Illinois.

Mr. Eli Pick  
January 6, 2009  
Page 2

Again, thank you for taking the time to get in touch on this critical issue. Please let me know whenever I may be of any help to you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jan Schakowsky', written over the printed name and title.

Jan Schakowsky  
Member of Congress

P.S. I've created an **Email Newsletter** to provide periodic updates on a variety of issues. You can sign up for it by going to my website at <http://www.house.gov/schakowsky>.

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
January 16, 2009**

401 S. Clinton Street, Chicago, Illinois  
201 S. Grand Avenue East, Springfield, Illinois

**Members Present**

Mary Driscoll, DPH  
Robyn Gabel, IMCHC  
Jill Fraggos for Susan Hayes Gordon

**Members Absent**

Pedro A. Poma, M.D.  
Kim Mitroka, Christopher Rural Health  
Neil Winston, M.D.  
Myrtis Sullivan, DHS  
Eli Pick, Chairman  
John Shlofrock, Barton Mgt.  
Debra Kinsey, DCFS  
Richard Perry, D.D.S.  
Robert Anselmo, R.Ph.

**HFS Staff**

James Parker  
Lynne Thomas  
Kelly Cunningham  
Amy Wallace  
Jamie Tripp  
James Monk

**Interested Parties**

Mandy Ungrittanon, Quest Diagnostic  
Kathy Bovid, Bristol Myers Squibb  
Judy King  
Theresa Jolivette, Astra Zeneca  
Dana Goheen, Legal Assistance Foundation  
Sherry Weingart, UIC School of Public Health  
Robin Scott, Chicago Dept of Public Health  
Joseph Winalski, Biogen Idec  
Nancy Wilson, Genzyme  
Karen Moredock, DCFS  
Citseko Staples, Harmony Health Plan

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
January 16, 2009**

**I. Call to Order**

MAC member, Mary Driscoll called the meeting to order at 10:15 a.m.

**II. Introductions**

Attendees in Chicago and Springfield introduced themselves.

**III. Review of the Minutes**

The September 2008 and November 2008 minutes were not approved for lack of a quorum.

**IV. Administrator's Report**

James Parker, Deputy Administrator for Operations, provided the report.

**2008 Legislative Session Update**

- 1) Mr. Parker stated short-term borrowing of \$1.4 billion was completed in December. Out of that amount, about \$1 billion in medical bills were paid. The Comptroller's Office is currently paying bills pretty quickly.

The backlog was caused by cash flow problems at the Comptroller's Office. The reason for the backlog is either no cash or no appropriation to pay providers. Some providers with appropriation issues in particular long-term care providers; will soon see their appropriation expended for this fiscal year.

Appropriation wise, physician payments should be OK. Other providers will fall somewhere in between. The department may use transfer authority to move resources from one line item to another to even out the differences.

- 2) All regulatory pieces are in place for the Hospital Assessment program. However, the department still needs cash to make these payments. Payments would be \$128 million per month and retroactive to July 1, 2008. The department is working with the comptroller to get the cash to jump-start the program.
- 3) The FamilyCare lawsuit had tied up payment on claims for enrolled parents. This family health plan program for adults has gone through an injunction and stay order leaving about some claims on hold.

This week the legislature passed Senate Bill 1415 that reauthorizes coverage for families up to 185 % of the federal Poverty Level (FPL). This creates clear legislative authority to cover persons previously covered under the federal waiver.

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
January 16, 2009**

The department has been denying FamilyCare coverage if income is over 133% of the FPL, but will begin to authorize coverage for adults up to 185% of the FPL when legislation is signed.

- 4) Mr. Parker reviewed the handout on physician rate increases effective for dates of service February 1, 2009 and after (Attachment 4). He advised that the increases are for specialty care provided to children. The increases will not impact or change clinic encounter rate payments or payments for community mental health services.

Rate increases are based on a percentage of the locality rate amount. The fiscal impact of the February 1<sup>st</sup> rate increases is estimated to be \$8.5 million. In June, these rates will be applied to services rendered to adults with a fiscal impact estimated at an additional \$7 to \$7.5 million. The department hopes that additional rate increases will be available in the future.

Sherry Weingart asked if the rate increases would lead to an increase in enrolled physicians and if HFS would track this to see impact of the rate increases.

Mr. Parker stated there are a variety of things the department would track, including which codes are being billed, number of doctors billing and average utilization.

On the outreach side, Automated Health Systems' (AHS) provider representatives will publicize the increases as they have the responsibility to increase the provider network.

Jill Fraggos added that Children's Memorial Hospital applauds the increase in payment, as it should lead to increased services to special needs children.

Mr. Parker stated that the department had gotten off the physician payment schedule but now we are back on schedule. The department knows that we lost some good faith with delayed payments and hope by getting back on schedule with increased rates, we can maintain and increase patient access.

**V. Old Business**

- 1) **All Kids and FamilyCare update.** Enrollment statistics through November 30, 2008 were provided (Attachments 1 and 2). Lynne Thomas, Chief of the Bureau of All Kids, stated that application processing is at 8 days. The holidays are a slow time for receipt of applications, but volume is expected to increase.

It was asked if the department anticipates an increase in applications with the poor economy.

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
January 16, 2009**

Ms. Thomas stated while it is difficult to determine the impact, the department's outreach unit works with the Illinois Department of Employment Security by going out to plant closings and providing information about the family health plans.

Robyn Gabel added that IMCHC has been working with chambers of commerce in promoting the health plans.

Some discussion followed on reporting the uninsured rate in Illinois. Ms. Thomas stated that that the department would be looking at the uninsured rate for the annual report to be prepared in the spring.

**2) Primary Care Case Management (PCCM) activity. (Attachment 3)**

Judy King stated that the Illinois State Board of Education website has a report on dental care for students, however, Chicago Public Schools (CPS) has under-reported this data. She advised that CPS shows data on only 20% of students compared to data on 80% of students statewide. She noted that school districts are required by law to report on the numbers of students that have had dental appointments at kindergarten, second grade and sixth grade. She asked if the MAC would contact CPS to inquire about the missing data.

Mary Driscoll advised that she is not sure if the MAC is the group to write a letter to press CPS for this data. She added that she would check to see if the Illinois Department of Public Health might be able to provide some data on children's dental utilization.

Mr. Parker responded that the department would try to get some data on utilization of dental care and the impact of rules for reporting utilization for public school students. He advised that he would ask Debbie Saunders, Chief, Bureau of Maternal & Child Health Promotion, to attend the next MAC meeting and give an update on the dental program.

**3) Disease Management (DM).** Mr. Parker advised nothing new to report for this period.

Judy King asked if individuals diagnosed with mental illness are receiving primary care. She stated that some experts talk about persons with mental illness having shorter life spans and added that mental health research is looking at whether these patients have access to primary care providers (PCP).

Mr. Parker stated that if we have persons enrolled in Disease Management, we want them to have a PCP. The department is in the midst of negotiations with the Disease Management vendor, McKesson Health Solutions, to add new populations including persons enrolled in one of the HCBS (Home and Community Based Services) waiver programs. HCBS enrollees are currently excluded from DM enrollment. HFS and



**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
January 16, 2009**

McKesson are interested in looking at coordination of care for this population to provide better services.

The department is not currently looking at including pregnant women in the Disease Management program. There is a concern with coordinating the services pregnant women receive in the Family Case Management program.

The department is not planning on hiring a medical advisor to replace Dr. Saunders, who left the department effective January 1<sup>st</sup>. The plan is to move the Disease Management program coordination under the Bureau of Managed Care that currently administers the PCCM.

Robyn Gabel and Mary Driscoll shared that they think the department should have a doctor on staff as a medical advisor.

- 4) **Medicare Part D.** Mr. Parker provided the update. He stated with the beginning of the new coverage year there are customer service issues, although not the chaos of the 2006 start-up year. Some of the issues include people needing to choose a new plan, PDP reconfiguration, people forgetting to sign up for a plan and some changes in plan formularies. There are also some new smaller plans adapting to the program. The department continues to work with enrollees and providers to resolve the customer service issues.
- 5) **Federal Medicaid Assistance Percentage (FMAP) increase.** Mr. Parker provided the report. He stated there are encouraging signs from house discussions that there will be a 4.8% increase in FMAP for fiscal year 2010. The discussions also include other Medicaid provisions such as money for FQHCs, pharmacy and records technology.

The state currently receives FMAP of just over 50%. We anticipate that with the increase our FMAP will be about 55%. This should translate into an additional \$500 million for Illinois. The increase would be over 2-years, so the department can plan for it to carry into fiscal year 2011. This may allow us to plan for provider rate increases.

Jill Fraggos acknowledged the letter supporting an increase in FMAP that was sent by the MAC committee to Illinois delegates. A draft of the letter was included in the meeting handouts.

## **VI. New Business**

Robyn Gabel asked if any of today's meeting participants had seen the new Healthy Illinois newsletter. She shared a copy with the group. The newsletter was included

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
January 16, 2009**

as an insert with the September monthly medical card mailings and is a Governor's initiative to provide families with health tips and medical program information.

**VII. Subcommittee Reports**

**Long Term Care (LTC)** Kelly Cunningham, Chief of the Bureau of Long Term Care, gave the report.

The subcommittee last met on December 19<sup>th</sup>. There was a summary of activities of other agencies as well as reports on standing topics.

- HFS, the Department on Aging and Department on Human Services (DHS) are involved in a rapid project spearheaded by the Governor's Office and DHS to assist persons discharged from a long term care facility to reintegrate into the community. Pilots are planned for a few counties and will focus on short-term stay residents.
- The "Money Follows the Person (MFP)" federal demonstration project continues to go forward based on premises contained in the state's operational protocol approved June 30, 2008. The goal of the program is to transition approximately 3,500 eligible persons currently residing in a long term care facility for 6 or more months to home and community-based living. This is a 5-year program, with Illinois eligible to receive enhanced federal match for transition services provided to MFP participants for one year post-transition.
- HFS' Supportive Living Program currently administers 107 supportive living facilities operating around the state, with another 40 to open in the next 2 years. In August, the department announced it would be soliciting applications for new facilities (both senior and for persons with physical disabilities) in specific geographic areas of the state. The application deadline has been extended to March 2, 2009.
- The subcommittee discussed issues related to the Minimum Data Set (MDS), an assessment and care-planning instrument used in nursing facilities. Federal CMS has announced that a new version of the MDS (MDS 3.0) will roll out in October 2009. HFS will need to make changes in its rate methodology and rate review process as a result of this change.
- There was a presentation on Project 2020. The project, sponsored by the National Association of State Units on Aging and the National Association of Agencies on Aging, will examine and foster alternatives to long-term care placement that allow persons to stay in the community. The project also looks at central entry points to access information about programs and to encourage the dissemination of

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
January 16, 2009**

information about disease prevention, nutrition and exercise. The project will also focus on nursing home diversion.

- The subcommittee's next meeting is scheduled for February 20, 2009.

**Public Education Subcommittee.** No report for this period.

**Pharmacy Subcommittee.** No report for this period.

**VIII.** The meeting was adjourned at 11:40 a.m. The next MAC meeting is scheduled for March 20, 2009.

**Medicaid Advisory Committee**  
**January 16, 2009**  
**All Kids Report**

**Enrollment**

- Enrollment data is attached. Enrollment data as of 11/30/08:
  - a. 1,411,336 All Kids Assist (Up to 133% of FPL)
  - b. 73,351 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
  - c. 69,408 All Kids expansion children

**Web-based application capability**

We implemented our web-based application statewide on August 11, 2005. Since then, we have received a total 175,717 web apps: 117,876 from the general public and 57,841 from AKAA's.

	8/31/2008		9/30/2008		10/31/2008	11/30/2008
	Previous	Current	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
<b>Pre-expansion children</b>	1,293,692	1,296,315	1,296,663	1,301,381	1,304,346	1,302,877
<b>All Kids Phase I</b>	103,415	103,644	104,568	105,030	106,808	108,459
<b>All Kids Phase II</b>	65,804	65,794	65,531	65,445	64,666	64,453
<b>All Kids Phase III</b>	8,054	8,054	8,269	8,265	8,632	8,898
<b>All Kids Expansion</b>	67,628	67,695	68,258	68,432	68,901	69,408
<b>TOTAL</b>	<b>1,538,593</b>	<b>1,541,502</b>	<b>1,543,289</b>	<b>1,548,553</b>	<b>1,553,353</b>	<b>1,554,095</b>
<b>All Kids Assist</b>	1,397,107	1,399,959	1,401,231	1,406,411	1,411,154	1,411,336
<b>All Kids Rebate, Share, Premium Level 1</b>	73,858	73,848	73,800	73,710	73,298	73,351
<b>All Kids Expansion</b>	67,628	67,695	68,258	68,432	68,901	69,408
<b>Total</b>	<b>1,538,593</b>	<b>1,541,502</b>	<b>1,543,289</b>	<b>1,548,553</b>	<b>1,553,353</b>	<b>1,554,095</b>

**Statewide Medical Homes and Client Enrollments  
for December 11, 2008**

<b>Number of Medical Homes*</b>	<b>Panel Size</b>	<b>Eligible Client Count</b>	<b>Clients Enrolled in IHC</b>	<b>Clients Enrolled in MCO</b>	<b>Total Clients with a Medical Home</b>
<b>5,359</b>	<b>5,307,389</b>	<b>1,846,333</b>	<b>1,586,665</b>	<b>181,677</b>	<b>1,768,342</b>

\* FQHC/RHC/ERC Sites are counted as 1 Medical Home

**Physician Rate Increases - Dates of Service >= 2/1/2009**

<b>Code</b>	<b>Description</b>	<b>New Base Rate</b>	<b>Old Rate</b>	<b>Increase</b>
99471	Inpatient Pediatric, Critical Care, Initial	\$ 510.67	\$ 497.21	\$ 13.46
99472	Inpatient Pediatric Critical Care, Subsequent	\$ 249.51	\$ 245.39	\$ 4.12
99468	Neonatal Critical Care, Initial	\$ 586.70	\$ 416.90	\$ 169.80
99469	Neonatal Critical Care, Subsequent	\$ 251.67	\$ 206.90	\$ 44.77
99478	Subsequent Intensive Care (<1500g)	\$ 88.85	\$ 86.56	\$ 2.29
99480	Subsequent Intensive Care (2501-5000g)	\$ 79.04	\$ 75.88	\$ 3.16
99477	Initial Hospital Care of Neonate	\$ 220.73	\$ 189.20	\$ 31.53
			<b>&lt; 21 only</b>	
<b>Code</b>	<b>Description</b>	<b>Base</b>	<b>Add-on</b>	<b>Total</b>
90801	PSYCHIATRIC DIAG INTERVIEW EXAM	\$ 67.50	\$ 52.11	\$ 119.61
95951	Cerebral seizure monitoring, with EEG, Video Monitoring and Interpretation	\$ 355.90	\$ 51.66	\$ 407.56
99241	CONSULT NEW/EST PT OFFICE	\$ 32.15	\$ 7.04	\$ 39.19
99242	CONSULT NEW/EST PT OFFICE	\$ 40.20	\$ 32.71	\$ 72.91
99243	CONSULT NEW/EST PT OFFICE	\$ 51.30	\$ 48.56	\$ 99.86
99244	CONSULT NEW/EST PT OFFICE	\$ 71.40	\$ 75.84	\$ 147.24
99245	CONSULT NEW/EST PT OFFICE	\$ 92.80	\$ 90.02	\$ 182.82
99291	Critical Care (30-74 minutes)	\$ 84.90	\$ 55.20	\$ 140.10

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
November 21, 2008**

401 S. Clinton Street, Chicago, Illinois  
201 S. Grand Avenue East, Springfield, Illinois

**Members Present**

Robert Anselmo, R.Ph.  
Susan Hayes Gordon  
Debra Kinsey, DCFS  
Richard Perry, D.D.S.

**Members Absent**

Pedro A. Poma, M.D.  
Kim Mitroka, Christopher Rural Health  
Neil Winston, M.D.  
Myrtis Sullivan, DHS  
Eli Pick, Chairman  
John Shlofrock, Barton Mgt.  
Mary Driscoll, DPH  
Robyn Gabel, IMCHC

**HFS Staff**

James Parker  
Jacquetta Ellinger  
Lynne Thomas  
Steve Saunders  
Amy Wallace  
James Monk

**Interested Parties**

Marsha Hurn, Comprehensive Bleeding Disorder Center  
(CBDC)  
Miriam Cabrera, Quest Diagnostics  
Mandy Ungrittanon, Quest Diagnostics  
Kenzy Vandebroek, CDPH  
Kathy Bovid, Bristol Myers Squibb  
Judy King  
Michael Lafond, Abbott  
Kelly Dingle, Medimmune  
Joseph Winalski, Biogen Idec  
Jason Verbrugghe  
Gerri Clark, DSCC  
George Hovanec, Consultant  
Tom Sak, BioScrip  
Jeanna Guthrie, EMD Serono  
Laura Pancratz, HFI



**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
November 21, 2008**

**I. Call to Order**

MAC member, Debra Kinsey called the meeting to order at 10:11 a.m.

**II. Introductions**

Attendees in Chicago and Springfield introduced themselves.

**III. Review of the Minutes**

The September 2008 minutes were not approved for lack of a quorum.

**IV. Administrator's Report**

James Parker, Deputy Administrator for Operations, and Jacquetta Ellinger, Deputy Administrator for Policy Coordination, provided the report.

**2008 Legislative Session Update.** Mr. Parker stated that the state comptroller's office is having significant cash flow problems. The department has seen significant delays in payments to providers. There are about \$3 billion in payment requests with the comptroller and about \$600 to 700 million in Medicaid billing. The Comptroller's office is paying out on a "first in first out" basis and last working on August 13, 2008.

The payout is not that far behind for HFS. Some billing may go back to September 2008. On the expedited schedule, there is some delay with last expedited bills paid last night. The state is also off the physician schedule to pay bills in 30 to 60 days. We recognize the burden on providers.

The state is looking for solutions for the budget shortfall and is considering short-term borrowing. The comptroller expects revenues to be better in December than November. Since the end of October until now, the billing backlog has grown significantly. The situation does reflect the national situation. The department will continue as best we can to help providers in dire circumstances but it is extremely difficult to do this now.

The status of FamilyCare was reviewed. The family health plan program for adults has gone through an injunction, a stay, and we are now sending FamilyCare bills to the comptroller for payment.

Regarding processing time frames, Lynne Thomas stated that the amount of applications and the processing time is about the same as last year.

George Hovanec asked several questions including 1) the likelihood that the department will institute rate cuts; 2) about the mechanism for borrowing, and; 3) if at the federal level, we may see an increase in FMAP (federal medical assistance percentage).

Mr. Parker stated that there has been no discussion of rate cuts, to date. He advised that he had limited knowledge on short-term borrowing. Mr. Parker added that there has been discussion of an FMAP increase and Part D claw back.

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
November 21, 2008**

Jacquetta Ellinger, Deputy Administrator for Policy Coordination, stated that there is a strong belief that the new Congress will reauthorize SCHIP (State Children's Health Insurance Program). To the extent that states may claim for parents at a 65% match and if the income ceiling is raised to 300% of the FPL for children, reauthorization could bring much more revenue to the state.

Ms. Ellinger stated that the department has not prepared a SCHIP fact sheet as yet. Ms. Hayes Gordon commented that a fact sheet would be helpful to tell interested parties about what SCHIP can do for Illinois.

**V. Old Business**

**1) All Kids and FamilyCare update.** Enrollment statistics through September 30, 2008 were provided. Lynne Thomas, chief of the Bureau of All Kids, stated that application processing is at 18 days. She stated that about 58% of applications come directly from families and 42% from AKAA (All Kids Application Agents). About 70% of the applications from families are done on-line. She expects the popularity of families using the on-line application to increase. She added the majority of AKAA applications are submitted through the mail and only about 25% of AKAA applications are done on-line.

**2) Primary Care Case Management (PCCM) activity.** Mr. Parker provided the update. He advised that the comptroller has paid the PCCM capitation so PCPs (primary care physicians) have received their monthly management fee. He stated that the department is concerned about the reaction of providers to slowed down payments.

The department expects to see good quarterly numbers on the HEDIS (Healthcare Effectiveness Data and Information Set) measures. There is also tracking of childhood immunizations using a new reporting system, ICARE. The department is working with providers to make sure they put the information into the ICARE registry to get a full accounting of services provided.

**3) Disease Management (DM).** Dr. Stephen Saunders, Medical Advisor, provided the report. He stated that there is not much new to report with enrollment numbers about the same. A lot of the focus has been in expanding the efforts in the Long Term Care (LTC) area. There are about 11,000 persons enrolled. There are nurse practitioners in 25 facilities. The department is giving patient metrics to providers including information on pharmacy use. He noted that pharmacy use in LTC facilities shows many patients with multiple prescriptions.

Dr. Saunders reported that the department is starting the year 2 reconciliation report in January. The department will document savings realized from the program in year 2 and expects to have the report out in Spring.

**4) Medicare Part D.** Mr. Parker provided the update. He stated there is currently open enrollment for participants and lots of letters have been sent out by the plans. The department has the same coordinating plans with some minor changes. Participants will receive notices regarding changes. Dual-eligibles may get a letter that their premiums are above the benchmark and so be assigned to another pharmacy plan.

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
November 21, 2008**

- 5) **Dental Policy Review (DPR) Committee.** Dr. Richard Perry provided the report. The committee met on November 12 and tentatively plans to meet next on March 11, 2009.

The Illinois State Dental Society reported that they are continuing to promote the Bridge to Healthy Smiles Campaign in the spring legislative session. The campaign includes promoting increased Medicaid rates for dental services, expanding grants to local health departments for dental clinics and increased funding for loan repayment program for dentists.

There will be an article in the DCFS December newsletter to foster and adoptive parents asking for their assistance to recruit dental practitioners who would like to enroll in the HFS dental program.

The Division of Specialized Care for Children (DSCC) reported that there are Care Coordinators in 13 statewide offices that ensure parents and guardians know about dental services, safety net clinics and where to access dental care for children.

HFS discussed the Fluoride Varnish program targeting children at age 3 at the physician's office because dental providers often don't want to see children before age 3.

Efforts to increase access to dental care was discussed, including expanding dental clinics in local health departments and FQHCs.

Illinois Children's Healthcare Foundation announced their 2009 oral health grants of \$3 million to 18 organizations – 6 in Cook County, 1 in Northern Illinois, 7 in Central Illinois and 3 in Southern Illinois.

IDPH, IFLOSS Coalition and the Illinois Primary Health Care Association hosted a meeting of statewide agencies and organizations. The meeting topic was Early Childhood Caries (ECC) and disease management.

Doral provided the Dental Champions report. Doral staff participated in several provider outreach activities and recruitment activities are ongoing. Staffs are working on updates to the dental office reference manual.

**VI. New Business**

A list of proposed dates for 2009 MAC meetings was provided. Ms. Ellinger advised that the dates reflect the established schedule for meetings but committee members could change dates if they wish. She advised that the meeting dates would be posted on the department's web site.

**VII. Subcommittee Reports**

**Long Term Care (LTC).** No report for this period.

**Public Education Subcommittee.** Ms. Ellinger provided the report. The meeting focused on MCO (managed care organization) choices. The meeting was well attended and there were good comments. The meeting was called at MAC member, Robyn Gabel's request. Ms. Ellinger

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
November 21, 2008**

advised that if other MAC members have a topic of interest, the subcommittee could organize a meeting around it.

Ms. Ellinger stated that the department had applied for a Robert Wood Johnson foundation grant focusing on children enrollment and maximum retention in state health insurance plans. The grant provides up to \$250,000 per year over the 4-year life of the grant. In the proposal, the department named the public education group as stakeholders for the grant. Stakeholders review department materials and comment on how the department communicates to families to enroll and keep enrolled.

**Pharmacy Subcommittee.** No report for this period.

- VIII.** The meeting was adjourned at 10:52 a.m. The next MAC meeting is scheduled for January 16, 2009.

**Medicaid Advisory Committee**  
**November 21, 2008**  
**All Kids Report**

**Enrollment**

- Enrollment data is attached. Enrollment data as of 09/30/08:
  - a. 1,401,231 All Kids Assist (Up to 133% of FPL)
  - b. 73,800 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
  - c. 68,258 All Kids expansion children

**Web-based application capability**

We implemented our web-based application statewide on August 11, 2005. Since then, we have received a total 166,381 web apps: 111,192 from the general public and 55,189 from AKAAs.

MAC 11/21/08

	5/31/2008		6/30/2008		7/31/2008		8/31/2008	9/30/2008
	Previous	Current	Previous	Current	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
Pre-expansion children	1,266,974	1,273,485	1,276,742	1,281,226	1,279,479	1,286,939	1,293,692	1,296,663
All Kids Phase I	98,203	98,752	100,041	100,458	100,905	101,698	103,415	104,568
All Kids Phase II	66,855	66,751	66,542	66,500	66,316	66,202	65,804	65,531
All Kids Phase III	6,918	6,916	7,395	7,395	7,700	7,687	8,054	8,269
All Kids Expansion	64,716	64,997	65,942	66,081	66,692	66,963	67,628	68,258
<b>TOTAL</b>	<b>1,503,666</b>	<b>1,510,901</b>	<b>1,516,662</b>	<b>1,521,660</b>	<b>1,521,092</b>	<b>1,529,489</b>	<b>1,538,593</b>	<b>1,543,289</b>
All Kids Assist	1,365,177	1,372,237	1,376,783	1,381,684	1,380,384	1,388,637	1,397,107	1,401,231
All Kids Rebate, Share, Premium Level 1	73,773	73,667	73,937	73,895	74,016	73,889	73,858	73,800
All Kids Expansion	64,716	64,997	65,942	66,081	66,692	66,963	67,628	68,258
<b>Total</b>	<b>1,503,666</b>	<b>1,510,901</b>	<b>1,516,662</b>	<b>1,521,660</b>	<b>1,521,092</b>	<b>1,529,489</b>	<b>1,538,593</b>	<b>1,543,289</b>

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
September 19, 2008**

401 S. Clinton Street, Chicago, Illinois  
201 S. Grand Avenue East, Springfield, Illinois

**Members Present**

Eli Pick, Chairman  
Robert Anselmo, R.Ph.  
Mary Driscoll, DPH  
Kathy Chan for Robyn Gabel, IMCHC  
Jill Fraggos for Susan Hayes Gordon  
John Schlofrock, Barton Mgt.  
Debra Kinsey, DCFS

**Members Absent**

Pedro A. Poma, M.D.  
Kim Mitroka, Christopher Rural Health  
Neil Winston, M.D.  
Myrtis Sullivan, DHS  
Richard Perry, D.D.S.

**HFS Staff**

James Parker  
Jacquetta Ellinger  
Lynne Thomas  
Mike Jones  
Gina Swehla  
James Monk

**Interested Parties**

Thomas Holder, Valeant Pharmaceutical  
Marsha Hurn, Comprehensive Bleeding Disorder Center  
(CBDC)  
Mary Capetillo, Lilly  
Mandy Ungrittanon, Quest Diagnostics  
Deb Mathews, DSCC  
Robin Scott, CDPH  
Kathy Bovid, Bristol Myers Squibb  
Judy King  
Michael Lafond, Abbott  
Kelly Dingle, Medimmune  
Joseph Winalski, Biogen Idec

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
September 19, 2008**

**I. Call to Order**

Chairman Pick called the meeting to order at 10:05 a.m.

**II. Introductions**

Attendees in Chicago and Springfield introduced themselves. Mike Jones announced the passing of Leon Schlofrock and recognized his exemplary community service.

**III. Review of the Minutes**

The July minutes were approved.

**IV. Administrator's Report**

James Parker, Deputy Administrator for Operations, and Jacquetta Ellinger, Deputy Administrator for Policy Coordination, provided the report.

**2008 Legislative session update.** Ms. Ellinger reviewed that the budget submitted for FY09 did not have adequate revenues and the governor was forced to make cuts to balance the budget. There has been interest on the part of legislators in restoring the budget cuts.

Mr. Parker stated that members might be aware that the state has experienced some serious cash flow problems. The state has had some poor revenue months recently so the comptroller has been slower to pay bills. The department has had some payment requests at the comptroller's office for 2 months that have not been paid. The department hopes with cyclical change that revenues will get better and payment would be timelier.

Jill Fraggos added that she was in Washington DC and there was discussion of an increase with FMAP. Congress is talking about another stimulus package. She urged the MAC to weigh in with the Illinois delegation to support increased funding. She could share the letter drafted by Children's Memorial supporting increased funding.

Mr. Parker stated that he had heard of a request for an increased federal match to 55 %. There was some discussion about the level of federal match that is 50% for Medicaid but may be as much as 90% with some programs.

MAC members agreed to send a letter of support for an increased federal match.

Mr. Parker stated that a provider notice had gone out on changes in the laboratory reimbursement rate effective for dates of service beginning October 1. The department has heard from some providers regarding the merits of the changes and the discussion is ongoing.



**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
September 19, 2008**

Ms. Ellinger reported that DHS has increased the TANF payment by 9% across the board. She noted that while TANF and medical benefits are de-linked, TANF eligible persons receive medical benefits. The department will need to make an adjustment as the increase will make a marginally small level of persons eligible in that category.

Ms. Ellinger stated that disability advocates have been concerned about two programs. One of these is the spend-down pay-in program that should begin on November 1. The department will be inviting persons in spend-down status to satisfy the obligation by spending money equal to the spend-down amount. This will apply only to persons who are seniors, disabled or blind. It will especially affect persons that need prescription drugs. Allowing prepayment of the spend-down obligation will simplify authorization for split bill days.

**V. Old Business**

1) **All Kids update.** Enrollment statistics through July 31, 2008 were provided (Attachment 1 and Attachment 2). Lynne Thomas, chief of the Bureau of All Kids, stated that over 1.5 million children are enrolled. She advised that application processing is now at 22 days - slower as it is a busy time of year with increased back to school enrollments. She stated that about half of the applications come through the website and less than half of the applications are submitted by AKAAs (All Kids Application Agents).

2) **Primary Care Case Management (PCCM) activity.** Mr. Parker provided the update. He advised that the department continues to focus on measurement, sending provider profiles and will use the measure to establish provider bonus payments.

The department expects to see good quarterly numbers on the HEDIS (Healthcare Effectiveness Data and Information Set) measures. There is also tracking of childhood immunizations using a new reporting system, ICARE. The department is working with providers to make sure they put the information into the ICARE registry to get a full accounting of services provided.

Mary Driscoll asked if the new system replaces TOTS (Tracking Our Toddler's Shots) and if data on TOTS would now automatically be placed on ICARE?

Mr. Parker stated the ICARE system covers a broader range of data than TOTS and should be easier to use. He didn't know if TOTS data would automatically be transferred to ICARE. He added that there would be a demonstration of the ICARE system at IDPH next week.

Robert Anselmo stated that pharmacies are only allowed to provide immunizations to persons 15 years of age or older. He asked if it would be possible to amend the

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
September 19, 2008**

Pharmacy Practice Act to allow for a pharmacy to administer immunizations for children age 10 or older.

Some discussion followed on how data may be captured when a pharmacy provides a vaccination.

- 3) Disease Management (DM).** No report for this period.
- 4) Medicare Part D.** Mr. Parker provided the update. He stated that every year the prescription drug plans resubmit their plans. The cost and formulary can change so developing plans that are actuarially sound and setting a benchmark rate is challenging. It is a challenge to ensure that Illinois Cares Rx enrollees are at the benchmark. If enrollees are over the benchmark, HFS will pay the premium and keep the person in the same plan.

The department expects there will be a few new coordinating plans and the plans already in place would continue.

In response to a question from Robin Scott, Mr. Parker advised that the plans coordinate with Illinois Cares Rx. He stated that coordination for dual eligibles is a federal decision.

- 5) Veterans Care.** Ms. Ellinger gave the report. She stated that the authorizing statute ended January 1 and that the program has been operating under a continuing plan with the Illinois Department of Veteran Affairs.
- 6) Access to Benefits and Services Task Force.** Ms. Ellinger was aware that members had asked for a copy of the task force report and in response would request Ann Lattig to send the web site link to MAC members. She advised that the report's focus was DHS and their workload backing up. The problems were primarily technological and improved technology would make services better.

DHS and HFS are open and supportive of the recommendations but large system changes revolve around both cost and time.

The department is working with IT staff on the All Kids application process to allow applicants to find an easier way to transmit data. Rather than going to our home page, applicants could go through a web service. The department is hoping an improvement in data transmittal for the All Kids application could be used as a model for other applications.

Ms. Ellinger recommended that since the report is complete we should take it off the MAC agenda.

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
September 19, 2008**

**VI. New Business.**

- A PCCM report was requested at the last MAC meeting. Mr. Parker reviewed the Statewide Medical Homes and Client Enrollments report (Attachment 3). He provided definitions for medical home and panel size and stated that the department is virtually at 100% enrollments with the exception of ongoing new enrollees that have yet to choose a medical home.
- Chairman Pick asked if services would be affected with recent flooding and declared disaster areas in Illinois. Does the state plan to secure additional funding for flood victims?

Ms. Ellinger reviewed that as part of the response to hurricane Katrina, persons were forced to relocate out of state. As a result, Illinois dropped some verification requirements to expedite authorizing coverage. The recent flooding in Illinois is not likely to affect eligibility except possibly reduced income for self-employed persons.

**VII. Subcommittee Reports**

**Long Term Care (LTC).** No report for this period.

**Dental Policy Review (DPR).** No report for this period.

**Pharmacy Subcommittee.** No report for this period.

**Public Education Subcommittee.** Ms. Ellinger provided the report. She advised that 2 lengthy documents were sent out for comment to subcommittee members and other interested parties. One document was a brochure that described all of the HFS programs. The other document was a brochure that explains the Spend-down program.

She has asked current subcommittee members if they wish to continue in the group. She recommends expanding the group and add new members. The subcommittee will meet on Friday, October 24 at 10 a.m. The group will be reviewing materials that MCO (Managed Care Organizations) are sharing with clients. Michelle Maher wants to bring PCCM materials as well. This is the principle agenda item.

**VIII.** The meeting was adjourned at 11:00 a.m. The next MAC meeting is scheduled for November 21, 2008.

**Medicaid Advisory Committee  
September 19, 2008  
All Kids Report**

**Enrollment**

- Enrollment data is attached. Enrollment data as of 07/31/08:
  - a. 1,380,384 All Kids Assist (Up to 133% of FPL)
  - b. 74,016 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
  - c. 66,692 All Kids expansion children

**Web-based application capability**

We implemented our web-based application statewide on August 11, 2005. Since then, we have received a total 156,575 web apps: 104,190 from the general public and 52,385 from AKAA's.

MAC 09/19/08

	3/31/2008		4/30/2008		5/31/2008		6/30/2008	7/31/2008
	Previous	Current	Previous	Current	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
Pre-expansion children	1,252,099	1,257,637	1,268,117	1,271,953	1,266,974	1,273,485	1,276,742	1,279,479
All Kids Phase I	103,809	104,224	97,592	97,928	98,203	98,752	100,041	100,905
All Kids Phase II	62,851	62,883	66,328	66,262	66,855	66,751	66,542	66,316
All Kids Phase III	8,172	8,157	6,313	6,309	6,918	6,916	7,395	7,700
All Kids Expansion	63,963	64,189	63,893	64,002	64,716	64,997	65,942	66,692
<b>TOTAL</b>	<b>1,490,894</b>	<b>1,497,090</b>	<b>1,502,243</b>	<b>1,506,454</b>	<b>1,503,666</b>	<b>1,510,901</b>	<b>1,516,662</b>	<b>1,521,092</b>
All Kids Assist	1,355,908	1,361,861	1,365,709	1,369,881	1,365,177	1,372,237	1,376,783	1,380,384
All Kids Rebate, Share, Premium Level 1	71,023	71,040	72,641	72,571	73,773	73,667	73,937	74,016
All Kids Expansion	63,963	64,189	63,893	64,002	64,716	64,997	65,942	66,692
<b>Total</b>	<b>1,490,894</b>	<b>1,497,090</b>	<b>1,502,243</b>	<b>1,506,454</b>	<b>1,503,666</b>	<b>1,510,901</b>	<b>1,516,662</b>	<b>1,521,092</b>

**Statewide Medical Homes and Client Enrollments  
for September 15, 2008**

<b>Number of Medical Homes*</b>	<b>Panel Size</b>	<b>Eligible Client Count</b>	<b>Clients Enrolled in IHC</b>	<b>Clients Enrolled in MCO</b>	<b>Total Clients with a Medical Home</b>
<b>5,290</b>	<b>5,355,187</b>	<b>1,813,351</b>	<b>1,559,600</b>	<b>177,902</b>	<b>1,737,502</b>

\* FQHC/RHC/ERC Sites are counted as 1 Medical Home