

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
January 18, 2008**

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

**Members Present**

Susan Hayes Gordon  
John Schlofrock, Barton Mgt.  
Mary Driscoll for David Carvalho -  
IDPH  
Kathy Chan for Robyn Gabel, IMCHC  
Diane Coleman, PCIL  
Robert Anselmo, R.Ph.

**Members Absent**

Pedro A. Poma, M.D.  
Kim Mitroka – Christopher Rural Health  
Neil Winston, M.D.  
Myrtis Sullivan, DHS  
Debra Kinsey –DCFS  
Eli Pick, Chairman  
Richard Perry, D.D.S.

**HFS Staff**

James Parker  
Lynne Thomas  
Stephen Saunders, M.D.  
Kelly Cunningham  
Mike Jones  
Pam Bunch  
Aundrea Hendricks  
James Monk

**Interested Parties**

Twana Brown - CMS Chicago region  
Maria Chickering - CMS Chicago region  
Katie Anselment - Astra Zeneca  
Robert Robinson - Hemophilia Foundation of Illinois  
Roy Pura – GlaxoSmithKline  
George Hovanec-Consultant  
Gerri Clark – DSCC  
Marsha Hurn – CBDC  
Kathy Bovid - Bristol Myers Squibb  
Matthew Werner, Consultant  
Bonnie Schaafsma, IAPHA Rep., Kankakee County  
Health Department  
Marvin Hazelwood, Consultant

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**I. Call to Order**

The meeting was called to order at 10:09 a.m. John Schlofrock chaired the meeting.

**II. Introductions**

Attendees in Chicago and Springfield introduced themselves. Susan Hayes Gordon, Diane Coleman and Robert Anselmo participated via teleconference call.

**III. Review of the Minutes**

The November 2007 minutes were not approved for lack of a quorum.

**IV. Administrator's Report**

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

- 1) **2008 Budget update.** The amendatory veto has been accepted so some rate increases are retroactive to January 1, 2008. The support cost and MDS cost increase is effective January 1. The IMD and other Long Term Care-DD increases are effective for March 1. The later effective date is because of the 45-day notice requirement.

HFS is working on a supplemental for the third payment for the hospital assessment, as well as working with parties to discuss a new hospital assessment proposal. Several proposals have been discussed and consideration is being given to developing our own plan using ideas from the various proposals. Once a plan is determined, we would work to build consensus on a bill.

- 2) **Illinois Covered.** The department is moving forward with implementing the FamilyCare expansion. The department has the authority and the funding for this expansion.

**V. Old Business**

- 1) **All Kids and FamilyCare update.** Enrollment statistics through November 30, 2007 were provided. Lynne Thomas, chief of the Bureau of All Kids, stated that the central All Kids Unit is processing at less than two weeks. Enrollment activities are running smoothly.

- 2) **Primary Care Case Management (PCCM) activity.** Mr. Parker reported that the statewide rollout is completed. The program now has over 5,200 medical homes. He explained that one doctor counts as one medical home. One FQHC (Federally Qualified Health Center) that may have ten doctors also counts as one medical home. There is capacity for over five million patients and, currently about 1.7 million eligible persons are enrolled.

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Several counties, including Cook County, have Medicaid managed care programs and about 171,000 enrollees have chosen this MCO option.

Most medical homes have less than 300 patients. This means that enrollees are spread out and integrated into the existing health care system for primary care.

The next step is to develop patient histories that would be available to doctors. The histories would provide information on drug claims, hospitalizations and doctor services. A doctor may see if scripts have been written and filled. The history will show if the doctor or another PCP filled the script. The information will even be available to the emergency room doctor.

The department plans to implement additional pay for performance measures that will reward doctors for meeting benchmarks for preventive care and quality of care. We are also looking at integrating specialty care into our quality of care measures.

**3) Disease Management (DM).** Dr. Stephen Saunders, Medical Advisor, provided the report. He stated that patient profiles will be sent in March that will include a broader set of metrics for providers.

Our DM contractor, McKesson, has expanded the number of patients actively engaged in disease management to 21,000 members managed by nurses. Other enrolled patients receive health education materials. About 20,000 of the actively enrolled patients reside in the community and have either AABD adult coverage or coverage under a FamilyCare plan. There are about 600 to 700 patients in long-term care.

Data from the first year of disease management will be available soon. Once finalized, we can look at quality of care for chronic conditions such as diabetes and use of the ER and hospitalization.

We also continue to expand DM services in long term care facilities.

**4) Medicare Part D.** Pam Bunch, from the Bureau of Pharmacy Services, provided the update on Medicare Part D and Illinois Cares Rx. She advised that Medicare Part D enrollment period closed on December 31 and that the department is assisting members in solving any problems encountered. The telephone calls received indicate that enrollment is going more smoothly than in past years. The number of coordinating plans has doubled this year and we are working with these new plans.

**5) Veterans Care.** No report for this period.

**6) Access to Benefits and Services Task Force.** No report for this period.

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**VI. New Business**

John Schlofrock asked if the department expects any delays in the payment cycle for this fiscal year. As an example he referred to September payments only recently being received.

Mr. Parker advised that the average payment cycle is 70 days. This includes both expedited and non-expedited payments. Non-expedited payments have a longer than average payment cycle. Expedited payments are about one month ahead of the non-expedited. The October expedited payments have gone out.

Mr. Parker indicated that there had been a slow down in payments out of the GRF (general revenue fund). He added that this is a cash flow problem out of the comptroller's office and not an appropriation issue.

**VII. Subcommittee Reports**

**Long Term Care (LTC).** Kelly Cunningham, chief of the Bureau of Long Term Care, provided the report. She stated the subcommittee discussed the following topics.

- The "Money Follows the Person" demonstration project is underway. A Power point presentation was recently done for the Governor's Council on Aging. The project is a \$55 million initiative. This is not a true grant program, but an opportunity to get an enhanced federal match of 75% up to a year following the patient's transition from group care to the community. The federal CMS has specific criteria for eligibility. For example, a person must be in long term care for a minimum of 6 months to be considered eligible.

The department has targeted about 3,400 persons over the five-year demonstration. We are developing the required operational protocol that should be submitted in April 2008. This must be reviewed by the federal CMS. No patients can be transitioned until after the protocols are approved.

A stakeholder advisory committee has met that included providers of long term care. The "Money Follows the Person" demonstration project has two focuses. One is to transition persons from group care to an appropriate community setting. The second focus is a rebalancing of long term care systemic issues.

- The Supportive Living Program has 90 operational sites and another 57 applications for sites approved.

Mr. Schlofrock asked how many of the 57 sites approved are in the ground.

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Ms. Cunningham advised that the projects approved are at various different stages of development and construction may not have started as yet. She offered to provide Mr. Schlofrock with additional information.

- The disease management program, “Your Healthcare Plus” was reviewed during the subcommittee meeting. There are about 700 long-term care patients actively enrolled in 15 or 16 facilities. We would like to increase the number of facilities with patients actively enrolled.
  
- The next meeting is February 15th.

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

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

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

**VIII.** The meeting was adjourned at 11:07 a.m. The next MAC meeting is scheduled for March 21, 2008.

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**All Kids/FamilyCare Report**

**Enrollment**

- Enrollment data is attached. Enrollment data as of 11/30/07:
  - a. 1,327,958 All Kids Assist (Up to 133% of FPL)
  - b. 70,569 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
  - c. 61,388 All Kids expansion children
  - d. 6,168 Moms and babies expansion (133% to 200% of FPL)
  - e. 373,832 Pre-expansion parents (up to approx. 35% of FPL)
  - f. 157,857 FamilyCare expansion parents

**Web-based application capability**

We implemented our web-based application statewide on August 11, 2005. Since then, we have received a total 121,192 web apps: 80,270 from the general public and 40,922 from AKAA's.

	7/31/2007		8/31/2007		9/30/2007		10/31/2007	11/30/2007
	Previous	Current	Previous	Current	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
Pre-expansion children	1,206,194	1,212,445	1,219,991	1,223,483	1,221,195	1,227,100	1,229,902	1,230,389
All Kids Phase I	91,449	92,004	93,485	93,785	94,643	95,155	96,569	97,569
All Kids Phase II	62,740	62,680	62,682	62,655	62,759	62,694	63,036	62,938
All Kids Phase III	6,963	6,946	7,061	7,044	7,309	7,298	7,496	7,631
All Kids Expansion	56,262	56,653	58,015	58,015	59,029	59,029	60,655	61,388
Moms and Babies Exp	5,693	5,835	5,924	6,004	5,890	6,029	6,155	6,168
Pre-expansion parents	366,648	370,447	371,580	373,640	370,628	374,565	374,633	373,832
FamilyCase Phase I	36,561	36,714	36,956	37,049	36,817	36,965	36,784	36,417
FamilyCare Phase II	39,285	39,584	39,986	40,181	39,641	39,942	39,758	39,425
FamilyCare Phase III	59,326	59,850	60,613	60,899	60,673	61,167	61,797	61,849
FamilyCare Phase IV	19,438	19,459	19,607	19,619	19,774	19,783	20,151	20,166
<b>TOTAL</b>	<b>1,950,559</b>	<b>1,962,617</b>	<b>1,975,900</b>	<b>1,982,374</b>	<b>1,978,358</b>	<b>1,989,727</b>	<b>1,996,936</b>	<b>1,997,772</b>

Children	1,423,608	1,430,728	1,441,234	1,444,982	1,444,935	1,451,276	1,457,658	1,459,915
Parents	526,951	531,889	534,666	537,392	533,423	538,451	539,278	537,857
	7/31/2007		8/31/2007		9/30/2007		10/31/2007	11/30/2007
	Previous	Current	Previous	Current	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
All Kids Assist	1,297,643	1,304,449	1,313,476	1,317,268	1,315,838	1,322,255	1,326,471	1,327,958
All Kids Rebate, Share, Premium Level 1	69,703	69,626	69,743	69,699	70,068	69,992	70,532	70,569
All Kids Expansion	56,262	56,653	58,015	58,015	59,029	59,029	60,655	61,388
Moms and Babies Expansion	5,693	5,835	5,924	6,004	5,890	6,029	6,155	6,168
Pre-expansion Parents	366,648	370,447	371,580	373,640	370,628	374,565	374,633	373,832
FamilyCare Parent Expansion	154,610	155,607	157,162	157,748	156,905	157,857	158,490	157,857
<b>Total</b>	<b>1,950,559</b>	<b>1,962,617</b>	<b>1,975,900</b>	<b>1,982,374</b>	<b>1,978,358</b>	<b>1,989,727</b>	<b>1,996,936</b>	<b>1,997,772</b>