

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
Meeting Minutes - January 19, 2007**

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

**Members Present**

Eli Pick, Ballard Healthcare, MAC Chairman  
Neil Winston, M.D.  
John Schlofrock, Barton Mgt.  
Jill Fraggos for Susan Hayes Gordon, CMH  
Mike Jones, DPH  
Myrtis Sullivan, DHS  
Debra Kinsey, DCFS  
Laura Leon for Robyn Gabel, IMCHC

**Members Absent**

Pedro A. Poma, M.D.  
Richard Perry, D.D.S.  
Robert Anselmo, R.Ph.  
Kim Mitroka – Christopher Rural Health  
Robyn Gabel, IMCHC  
Susan Hayes Gordon, CMH  
Nancy Crossman, DHS  
Diane Coleman, PCIL

**HFS Staff**

Theresa Eagleson Wyatt  
James Parker  
Mary Miller  
Lynne Thomas  
Sinead Madigan  
Carla Lawson  
Kathy Chan  
James Monk

**Interested Parties**

Kathy Bovid, Bristol-Myers, Squibb  
Mandy Ungrittanou, Quest Diagnostics  
Nelson Soltman, Legal Assistance Foundation  
Gerri Clark, DSCC  
Robin Scott, CDPH  
Joy Mahurin, CBDC Hemo Center - Peoria

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**I. Call to Order**

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

**II. Introductions**

Attendees in Chicago and Springfield introduced themselves.

**III. Review of the Minutes**

The November minutes were reviewed and approved.

**IV. Administrator's Report**

Theresa Eagleson Wyatt, Acting Division Administrator for Medical Programs began with announcements. Dr. Anne Marie Murphy, Administrator for Medical Programs, has moved from HealthCare and Family Services to work on healthcare issues for the Governor. Cristal Thomas, Assistant Director for Healthcare and Family Services, has accepted a position as the Ohio Medicaid Director.

Ms. Eagleson Wyatt provided updates on several HFS activities. She reported that 40,000 clients have voluntarily enrolled with Illinois Health Connect.

She stated that SCHIP (State Children's Health Insurance Program) was up for reauthorization. The department sent a letter to members of the Illinois congressional delegation to bring funding again based on our success in enrolling parents and children.

The Hospital Assessment Plan has been approved and will secure \$1.8 billion in funding to strengthen the health care system in Illinois and help hospitals to recruit doctors and better serve vulnerable patients.

The Illinois Care Rx program had 60,000 persons that did not choose a coordinating plan. Letters have gone out to these individuals. While there were some problems with correct copay charges for new enrollees, this year's open enrollment was smoother than last year.

Laura Leon stated that she felt the SCHIP will be reauthorized but the program needs added funding. The Illinois Maternal and Child Health Coalition (IMCHC) wants Illinois to be rewarded not punished for expanding coverage and increasing enrollment. IMCHC is drafting a letter for coalition members to send to congress members in support of increased funding.

Chairman Pick commented that there is a need to continue to reinforce that dual eligibles need to apply for both Illinois Care Rx and choose a coordinating Medicare Part D prescription drug plan.

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**1) Primary Care Case Management (PCCM) activity** James Parker, Deputy Administrator for Operations, reported that there is a new time frame for the PCCM rollout. He is confident the mandatory enrollment letters in Cook and the collar counties will begin going out toward the end of January.

We have plugged in data for where recipients live and PCP panel slots. We have prepared a map and done some analysis. In most counties we have more than enough slots to cover enrollees.

In our analysis, we are looking at two things. One is the geographic aspect of coverage to ensure we do not have coverage “holes”. We are also looking at claims data to see if there are providers in the areas for retargeting by AHS to enroll as PCPs (Primary Care Physicians) and ensure coverage.

We are looking at doctors that may service as PCPs, but have not yet signed up. It can be problematic if the doctor is waiting for the letters to go out before enrolling. We do expect as the letters go out, more doctors will call to sign up.

We will start mailing letters to 400,000 plus families by sending about 22,000 letters per day. We are putting letters to weaker coverage areas toward the end of the mailing to give us a chance to continue to develop the provider network.

The order of enrollment areas is Cook and collar counties, northwest counties, and then downstate. There will be corresponding delays as the time frame has been pushed back. We want to promote continuity of care so starting too soon has the opposite effect. We want the provider network in place before mailing enrollment letters.

**2) Disease Management (DM).** Mary Miller of the Bureau of Healthcare Quality Improvement provided the update and review of the DM baseline data. Ms. Miller stated that there are about 200,000 clients in the DM program. About 100,000 to 110,000 are AABD clients. Approximately 70,000 clients have persistent asthma and about 16,000 clients chronically use the emergency room in non-emergency situations.

Ms Miller reviewed DM baseline data for six chronic condition groupings that included:

- Disabled adults with Diabetes
- Disabled adults with Coronary Artery Disease
- Disable adults with Heart Failure
- Disabled adults with Asthma
- Persistent Asthmatics from Family Health Population
- Disabled adults with Chronic Obstructive Pulmonary Disease

Ms. Miller stated that our vendor, McKesson Health Solutions, has assigned about 140 staff working in 24 catchment areas. The staff are composed of nurses, social

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workers, behavioral health specialists and pharmacists. About 2 percent of the highest risk clients are being contacted in person or by phone.

McKesson also has the baseline report for review and will analyze the data. We have agreed that indicators will be used for five disease areas. McKesson's contract calls for relative improvement in the indicators in the range of 6 to 10 percent. The baseline data is a draft. We will come to agreement on values then move forward on improvements.

Mike Jones asked if HEDIS measures were used. Ms. Miller advised that all were HEDIS measures.

Mr. Jones asked if smoking cessation would be added as a measure. Ms. Miller stated that it would come up with diabetes, as well as many of the other populations, as an effective disease management strategy.

A next step is to work with PCCM to generate useful provider profile information. We will use HEDIS indicators where available. Profiles will start for the DM population and later with the PCCM population with the rollout.

Chairman Pick noted that often there are conditions with co-morbidity. He asked how persons with multiple conditions would be assigned.

Ms. Miller stated that McKesson would establish a hierarchy using claims data and clinical information. For example, a patient may have both diabetes and congestive heart failure. The assignment will be to the area with most treatment for the condition.

**V Old Business**

**All Kids and FamilyCare update.** Enrollment statistics from April 2006 through November 30, 2006 were provided [Attachment 1 and Attachment 2 to minutes]. Lynne Thomas, Bureau of All Kids Chief, stated that program enrollment and staffing has continued to grow. All Kids customer service staff have moved to a new location to accommodate the growth.

**Medicare Part D.** Sinead Madigan, with the Bureau of Pharmacy Services, provided the update. For the first 19 days this year, there were some complaints, but things are going smoother than last year. Some persons are saying their copays are higher than before December 31st. This was the biggest issue last year. We need to ensure that the new Medicare recipients are applying for Extra Help. We are working with people that lost dual eligibility status. We are also working with the Area on Aging offices to help ensure that new Medicare beneficiaries know about Extra Help, Illinois Care Rx, and that they need to choose a coordinating plan.

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Ms. Madigan stated that there was a change in the copays showing a slight increase. She advised that our copays increase as the Part D copays increase.

**Veterans Care.** No new information to report for this period

**VI. New Business**

**Ethics Training** All members have complied with the training requirement.

**VII. Subcommittee Reports**

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

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

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

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

Chairman Pick shared that a workgroup had been formed with coordination by DHS and HFS to examine how people get benefits. He stated that Jacquetta Ellinger, Deputy Administrator for Policy Coordination, had asked some of the MAC members to participate in the workgroup. The next meeting is scheduled for Monday, January 22 and would include a progress report. Ms. Ellinger and MAC member, Robyn Gabel, are participating in the workgroup. An area of interest is in simplifying the renewal process and making the process more effective.

Chairman Pick announced that Joanna Sullivan had passed away last week and would be missed.

Robin Scott asked if there was information available on the new inter-governmental transfer rules.

Ms. Eagleson Wyatt stated that the department had not analyzed the draft regulation as yet but can share the draft with the committee and bring back recommendations and comments for the next meeting.

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VIII. **The meeting was adjourned at 10:45 a.m. The next MAC meeting is scheduled for March 16, 2007.**

**Medicaid Advisory Committee  
January 19, 2007  
All Kids/FamilyCare Report**

Enrollment

- Enrollment data is attached. Enrollment data as of 11/30/06:
  - a. 1,217,450 All Kids Assist (Up to 133% of FPL)
  - b. 56,853 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
  - c. 34,348 All Kids expansion children
  - d. 5,419 Moms and babies expansion (133% to 200% of FPL)
  - e. 357,488 pre-expansion parents (up to approx. 35% of FPL)
  - f. 134,824 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 66,018 web apps: 44,604 from the general public and 21,414 from AKAA's.

Healthcare and Family Services  
Disease Management Program Performance Measures  
FY 2006 *PRELIMINARY DATA*  
DOS in FY06, adjudicated through October 31, 2006  
DIABETES

***DISABLED ADULTS WITH DIABETES:***  
***24,320***

<b><u>MEASURES</u></b>	<b><u>% OF CLIENTS</u></b>
HbA1C TESTING RATE:	<b>68.59%</b>
RETINAL EXAMS:	<b>25.77%</b>
ANNUAL MICROALBUMINARIA TESTING:	<b>54.13%</b>
CHOLESTEROL TESTING RATE:	<b>64.79%</b>
*INFLUENZA VACCINE:	<b>9.76%</b>
ASA, OTHER ANTIPLATELET OR ANTICOAGULANT:	<b>36.75%</b>

\*This metric maybe under reported as some patients may have received vaccine without a claim having been sent to HFS.

Healthcare and Family Services  
Disease Management Program Performance Measures  
FY 2006 *PRELIMINARY DATA*  
DOS in FY06, adjudicated through October 31, 2006  
CORONARY ARTERY DISEASE

**DISABLED ADULTS WITH CORONARY  
ARTERY DISEASE: 15,449**

<b><u>MEASURES</u></b>	<b><u>% OF CLIENTS</u></b>
ACE INHIBITOR / ANGIOTENSIN RECEPTOR BLOCKER:	<b>57.18%</b>
BETA - BLOCKER USAGE:	<b>53.61%</b>
CHOLESTEROL TESTING RATE:	<b>60.31%</b>
STATIN THERAPY:	<b>53.63%</b>
*PNEUMOCOCCAL VACCINE:	<b>5.18%</b>
**INFLUENZA VACCINE:	<b>8.85%</b>
ASA, OTHER ANTIPLATELET OR ANTICOAGULANT:	<b>51.84%</b>

\*This metric maybe under reported as some patients may have received vaccine without a claim having been sent to HFS or claim maybe greater than three years old.

\*\*This metric maybe under reported as some patients may have received vaccine without a claim having been sent to HFS.



Healthcare and Family Services  
Disease Management Program Performance Measures  
FY 2006 **PRELIMINARY DATA**  
DOS in FY06, adjudicated through October 31, 2006  
HEART FAILURE

**DISABLED ADULTS WITH HEART  
FAILURE: 14,477**

<u><b>MEASURES</b></u>	<u><b>% OF CLIENTS</b></u>
ACE INHIBITOR / ANGIOTENSIN RECEPTOR BLOCKER / HYDRALAZINE + ISOSORBIDE	<b>61.21%</b>
BETA BLOCKER:	<b>49.62%</b>
DIURETICS:	<b>60.34%</b>
*PNEUMOCOCCAL VACCINE:	<b>4.71%</b>
**INFLUENZA VACCINE:	<b>7.82%</b>
ASA, OTHER ANTIPLATELET OR ANTICOAGULANT:	<b>44.91%</b>

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Healthcare and Family Services  
Disease Management Program Performance Measures  
FY 2006 **PRELIMINARY DATA**  
DOS in FY06, adjudicated through October 31, 2006  
DISABLED ADULTS WITH ASTHMA

**DISABLED ADULTS WITH  
ASTHMA:18,518**

<u>MEASURES</u>	<u>% OF CLIENTS</u>
MEMBER WITH UNCONTROLLED ASTHMA HAS ONE DISPENSED PRESCRIPTION INHALED CORTICOSTEROID WITHIN THIRTY (30) DAYS	<b>46.99%</b>
NUMBER OF MEMBERS WITH ASTHMA WHO HAVE AT LEAST ONE PRESCRIPTION FOR ONE OF THE FOLLOWING MEDICATIONS: INHALED CORTICOSTEROID NEDOCROMIL OR CROMOLYN LEUKOTRIENE MODIFIERS FORMOTEROL OR SALMETEROL METHYLXANTHINES	<b>61.31%</b>
*ANNUAL INFLUENZA VACCINE:	<b>8.12%</b>

\*This metric maybe under reported as some patients may have received vaccine without a claim having been sent to HFS.

Healthcare and Family Services  
Disease Management Program Performance Measures  
FY 2006 *PRELIMINARY DATA*  
DOS in FY06, adjudicated through October 31, 2006  
PRESISTENT ASTHMATICS FAMILY HEALTH POPULATION

**PRESISTENT ASTHMATICS ELIGIBLE  
FOR MANAGEMENT FROM FAMILY  
HEALTH POPULATION: 133,392**

***UNCONTROLLED ASTHMATICS***

<b><u>MEASURES</u></b>	<b><u>% OF CLIENTS</u></b>
MEMBER WITH UNCONTROLLED ASTHMA HAS ONE DISPENSED PRESCRIPTION INHALED CORTICOSTEROID WITHIN THIRTY (30) DAYS	<b>34.55%</b>
NUMBER OF MEMBERS WITH ASTHMA WHO HAVE AT LEAST ONE PRESCRIPTION FOR ONE OF THE FOLLOWING MEDICATIONS: INHALED CORTICOSTEROID NEDOCROMIL OR CROMOLYN LEUKOTRIENE MODIFIERS FORMOTEROL OR SALMETEROL METHYLXANTHINES	<b>55.19%</b>
*ANNUAL INFLUENZA VACCINE:	<b>10.73%</b>

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Healthcare and Family Services  
Disease Management Program Performance Measures  
FY 2006 *PRELIMINARY DATA*  
DOS in FY06, adjudicated through October 31, 2006  
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

**DISABLED ADULTS WITH CHRONIC  
OBSTRUCTIVE PULMONARY DISEASE:  
20,859**

***ACUTE - CHRONIC OBSTRUCTIVE  
PULMONARY DISEASE EXACERBATION***

<b><u>MEASURES</u></b>	<b><u>% OF CLIENTS</u></b>
NUMBER OF MEMBERS WITH ACUTE CHRONIC OBSTRUCTIVE PULMONARY DISEASE EXACERBATION WHO ARE TREATED WITH CORTICOSTEROID (ICD-9 CODES 491.21)	<b>67.94%</b>
<i>MEMBERS WITH HISTORY OF HOSPITALIZATION FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE, FILLS PRESCRIPTION FOR BRONCHODILATOR MEDICATIONS</i>	<b>85.90%</b>
*SPIROMETRY TESTING AT LEAST ONCE	<b>20.34%</b>
*PNEUMOCOCCAL VACCINE:	<b>5.39%</b>
**INFLUENZA VACCINE:	<b>8.55%</b>

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**Healthcare and Family Services**  
**Disease Management Program Performance Measures**  
**FY 2006 *PRELIMINARY DATA***  
**DOS in FY06, adjudicated through October 31, 2006**  
**CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

**\*\***This metric maybe under reported as some patients may have received vaccine without a claim having been sent to HFS or claim maybe greater than three years old.

	4/30/2006		5/31/2006		6/30/2006		7/31/2006		8/31/2006	
	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Previous	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
<b>All Kids Assist</b>	1,151,808	1,156,943	1,147,874	1,160,163	1,162,190	1,168,143	1,164,498	1,185,241	1,196,854	1,205,718
<b>All Kids Rebate, Share, Premium Level 1</b>	44,135	44,181	46,048	46,082	47,223	47,292	49,916	49,946	51,564	51,592
<b>All Kids Expansion</b>							7,755	13,736	18,644	20,226
<b>Moms and Babies Expansion</b>	5,738	5,861	5,553	5,801	5,586	5,586	5,341	5,615	5,590	5,763
<b>Pre-expansion Parents</b>	364,708	367,666	359,272	364,486	360,116	360,116	354,567	360,635	358,085	361,523
<b>FamilyCare Parent Expansion</b>	119,605	120,431	121,414	123,094	125,408	126,455	126,190	128,224	130,482	131,625
<b>Total</b>	<b>1,685,994</b>	<b>1,695,082</b>	<b>1,680,161</b>	<b>1,699,626</b>	<b>1,700,523</b>	<b>1,707,592</b>	<b>1,708,267</b>	<b>1,743,397</b>	<b>1,761,219</b>	<b>1,776,447</b>

	9/30/2006		10/31/2006	11/30/2006
	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers
All Kids Assist	1,195,928	1,215,073	1,219,875	1,217,450
All Kids Rebate, Share, Premium Level 1	53,338	53,324	54,978	56,853
All Kids Expansion	22,015	25,834	30,856	34,348
Moms and Babies Expansion	5,377	5,662	5,600	5,419
Pre-expansion Parents	354,833	360,546	359,135	357,488
FamilyCare Parent Expansion	131,255	133,259	134,864	134,824
<b>Total</b>	<b>1,762,746</b>	<b>1,793,698</b>	<b>1,805,308</b>	<b>1,806,382</b>