

201 South Grand Avenue East
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MEMORANDUM

DATE: March 18, 2008

TO: Members of the Medicaid Advisory Committee

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

RE: Medicaid Advisory Committee (MAC) Meeting

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The next meeting of the Medicaid Advisory Committee is scheduled for March 21, 2008. 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 21, 2008 meeting, the draft minutes and attachments from the January 18, 2008 and November 16, 2007 meetings. It is anticipated that a quorum will be present at the meeting in order for the committee to act on the outstanding minutes.

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 in Springfield.

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 21, 2008
10 a.m. - 12 p.m.

AGENDA

- I. Call to Order
- II. Introductions
- III. Review of November 16, 2007 and
January 18, 2008 Meeting Minutes
- IV. Administrator's Report
 - 2008 Legislative Session Update
 - Illinois Covered
- V. Old Business
 - All Kids and FamilyCare Update
 - PCCM Update
 - DM Update
 - Medicare Part D Update
 - Veterans Care Update
 - Access to Benefits and Services Task Force Update
- VI. New Business
 - Open to Committee
- VII. Subcommittee Reports
 - Long Term Care (LTC) Subcommittee – No Report
 - Dental Policy Review (DPR) Committee – No Report
 - Public Education Subcommittee – No Report
 - Pharmacy Subcommittee – No Report
- VIII. Adjournment

**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

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

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

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

capacity for over five million patients and, currently about 1.7 million eligible persons are enrolled.

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.

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

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

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

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.

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

- 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.

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.

Medicaid Advisory Committee
January 18, 2008
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 |
| 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 |
| TOTAL | 1,950,559 | 1,962,617 | 1,975,900 | 1,982,374 | 1,978,358 | 1,989,727 | 1,996,936 | 1,997,772 |

| 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 |
| 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 |
| Total | 1,950,559 | 1,962,617 | 1,975,900 | 1,982,374 | 1,978,358 | 1,989,727 | 1,996,936 | 1,997,772 |

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
November 16, 2007**

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

Members Present

Eli Pick, Chairman
Nancy Crossman, DHS
Jill Fraggos for Susan Hayes Gordon
Richard Perry, D.D.S
John Schlofrock, Barton Mgt.
Robyn Gabel, IMCHC
David Carvalho - IDPH

Members Absent

Robert Anselmo, R.Ph.
Pedro A. Poma, M.D.
Diane Coleman, PCIL
Kim Mitroka – Christopher Rural Health
Neil Winston, M.D.
Myrtis Sullivan, DHS
Debra Kinsey –DCFS

HFS Staff

James Parker
Jacquetta Ellinger
Lynne Thomas
Stephen Saunders, M.D.
Sinead Madigan
Kelly Cunningham
Aundrea Hendricks
James Monk

Interested Parties

Mary Driscoll – DPH
Kevin McFadden –Astra Zeneca
Dennis Penning - Hemophilia Foundation of Illinois
Roy Pura – GlaxoSmithKline
Citseko Staples – Harmony HMO
Esther Morales – Harmony HMO
George Hovanec-Consultant
Gerri Clark – DSCC
Marsha Hurn - CBDC

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
November 16, 2007**

I. Call to Order

Chairman Pick called the meeting to order at 10:12 a.m.

II. Introductions

Attendees in Chicago and Springfield introduced themselves.

III. Review of the Minutes

The September 2007 minutes were approved.

IV. Administrator's Report

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

- 1) The Illinois Breast and Cervical Cancer Program has expanded to provide free mammograms, breast exams, pelvic exams and Pap tests for all uninsured women in Illinois. We have 800 persons actively enrolled. Public Health (IDPH) continues to work to expand the number of screening sites. Primarily public health sites do screening with payment from HFS.

Women interested in screenings may be referred to the Illinois Women's Health Line (888-522-1282) or website www.cancerscreening.illinois.gov/. In Cook County, interested parties may call Access Community Health Network or Mercy Hospital and Medical Center.

Robyn Gabel asked if DPH and HFS are monitoring the program. Mary Driscoll shared that DPH has certain parameters to monitor such as getting the screening within 60 days and getting reports back. There are two ways in which applications may be initiated. When a public health contractor does the screening and follow up is needed, the contractor will assist with the application to HFS. For women already determined to need follow up, then a referral is made from the medical provider to the screening agent that ensures an application is completed.

The program doesn't cover treatment of uterine cancer. Only, if the cancer metastasized from the cervix or breast to another site, may we cover treatment.

- 2) Mr. Parker reported that the Governor expanded FamilyCare income eligibility to include families up to 400% FPL by filing an emergency rule.
- 3) Jacquetta Ellinger, Deputy Administrator for Policy Coordination, provided an update on efforts to reauthorize the SCHIP (State Children's Health Insurance Program) and Illinois' waiver that allows for coverage of adults under the FamilyCare program.

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Medicaid Advisory Committee
November 16, 2007**

The FamilyCare waiver ended on September 30th. Despite our work with the federal CMS, we did not receive an extension of the waiver.

For the last federal fiscal year, Illinois' allotment under SCHIP was about \$210 million. In fiscal year 2007, Illinois drew in \$450 million. Additional money came from the special shortfall appropriation by Congress and from redistribution of funds from other states that didn't use their allotment. The federal CMS never agreed to let us draft a waiver renewal budget for over \$210 million.

The outlook for SCHIP reauthorization is uncertain. Services to 185% FPL parents are not federally reimbursable under SCHIP as of October 1st. We may pursue Medicaid for FamilyCare through a state plan amendment. We can go back to October 1st if we file by December 31st. Under Medicaid we will receive \$60 - \$70 million less in federal match. With no amendment, we would be down \$200 million in federal matching funds. Although the waiver has ended, FamilyCare recipients continue to receive coverage.

A question was raised regarding the 2008 budget and rate increases for Long Term Care (LTC). If the budget had not been signed by November 15th, is it true that the new LTC rates would not go into effect on January 1, 2008? Mr. Parker stated that there is a 30-day time frame for notification required by the feds, and then it becomes a match issue.

V. Old Business

1) All Kids and FamilyCare update. Enrollment statistics through September 30, 2007 were provided. Lynne Thomas, Bureau of All Kids Chief, stated that about 1.4 million children and over 500,000 adults are covered. The numbers continue to grow. The central All Kids Unit is processing at less than two weeks. We have been moving resources to process application renewals.

Ms. Thomas stated that about half of the applications are received from families and about half are from All Kids Application Agents (AKAA). She added that about half the applications are received via mail and about half via the web-based application.

2) Primary Care Case Management (PCCM) activity Mr. Parker reported on the Illinois Health Connect program. The statewide rollout is done with about 1.7 million eligible persons enrolled. We have notified all mandatory participants although the number in the program is a little less as new enrollees have 60 days to make a decision. The 60-day period for downstate enrollees is over and the auto-assignments are done. Next week we should have the number of enrollees that were auto-assigned.

**Illinois Department of Healthcare and Family Services
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November 16, 2007**

The provider network has adequate capacity with most counties having twice the capacity needed. The exception is Massac County on the border with Kentucky. We have 21 counties with 100 to 200% capacity and 80 counties with greater than 200% capacity.

Now begins the hard work of ensuring that care is given in these medical homes. We will monitor the number of well child visits, preventive screenings and immunizations. We want to achieve the goals set forth for PCCM.

Mr. Parker advised that we are not currently rejecting claims if a person goes to a location other than the assigned medical home. We won't begin the required referral process until early in 2008. Some providers are trying to reinforce that patients come only with a referral and if a patient wishes, they may change to a new PCP. Looking at Cook county data, 70% of physician services are received from the assigned PCP. We take this as a good sign.

3) Disease Management (DM). Dr. Stephen Saunders, Division of Medical Programs Medical Advisor, provided the report. He stated that about 18,000 patients are actively engaged in DM. These are high-risk patients. We are working with persons with mental health diagnoses to better coordinate mental health and non-mental health services. The goal is to ensure coordination of care for those at highest risk.

Chairman Pick asked how many of the 18,000 are in Long Term Care (LTC). Dr. Saunders stated about 4%, or 700; of the 18,000 actively engaged patients are targeted LTC participants. He added that McKesson, the DM contractor, has about 4,000 patients in LTC.

4) Medicare Part D. Sinead Madigan, Chief of the Bureau of Pharmacy Services, provided the update on Medicare Part D and Illinois Cares Rx. She advised that on November 15th and through the end of the year, people may choose a new Part D provider. This is leading into the third year of the Part D program and we expect about 28% of persons to move to a new prescription drug plan.

The federal average premium benchmark for a coordinating Medicare drug plan is \$30.26. If the cost is \$1.00 over, Medicare will move the enrollee to another plan in the company or to a new plan. Illinois has 2 plans above the benchmark. These are United Healthcare - AARP and the WellCare Signature plan. The state will pay the difference to allowed persons to remain enrolled in these health plans.

We will double the number of state coordinating plans to 6 from 3. The new stand-alone plans are Humana PDP Standard, SilverScript and First Health Part D Premium. There are also 3 new Medicare Advantage plans. These are Essence Healthcare, Humana and PersonalCare.

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
November 16, 2007**

There are about 210,000 members in Illinois Cares Rx and 99% of them are in a Medicare plan.

5) Veterans Care. Ms. Ellinger reported that the enrollment numbers are fairly stable at about 80 veterans. She noted that the income threshold is pretty high at 300 to 400% poverty and that the specific amount varies by county. We continue to work with the Department of Veteran Affairs to determine eligibility and promote the program.

In July, the Governor announced a program to screen Illinois Veterans for traumatic brain injury (TBI) and Post Traumatic Stress Disorder (PTSD). HFS is working with DVA on that initiative.

6) Access to Benefits and Services Task Force. Nancy Cross shared that a draft report had been completed. The next step is for state agencies to respond to the report and a final report would be issued to the state legislature. The recommendations primarily relate to DHS.

Ms. Crossman suggested that DHS and HFS will share the agency responses with the task force before releasing the report to the legislature and Governor.

VI. New Business

No new business for this period.

VII. Subcommittee Reports

Long Term Care (LTC). Kelly Cunningham with the Bureau of Long Term Care provided the report. She stated the subcommittee has standing topics for discussion.

- The Supportive Living Program has 84 operational sites and another 63 applications for sites to approve.
- Illinois Care Rx discussed as reviewed earlier.
- The disease management program, “Your Healthcare Plus” is working with long term care facilities and have nurse practitioners at 12 sites in the Chicago area. We hope to expand to suburban areas.
- Illinois has 9 Home and Community Based Services (HCBS) Medicaid Waiver Programs. This includes 2 new waivers for children.
- The Dept on Aging reported on the Cash and Counseling demonstration project, available in four areas in the state that allows clients to manage their budget and services.
- The “Money Follows the Person” demonstration project was awarded to Illinois in May 2007 for a five-year grant period. The program transitions person to an appropriate community setting. The eligibility criteria require that a person be in long term care for a minimum of 6 months. The community setting may be a

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
November 16, 2007**

home or residential setting of 4 or more beds. This is not a grant program but an opportunity to get 75% federal match up to a year following the transition. The project is geared to system rebalancing with issues of nursing home diversion, conversion, closure of beds and better screening of patients.

The next meeting is December 21st.

Dental Policy Review (DPR). Dr. Richard Perry provided the report. The subcommittee met on November 7th.

The Dentist Office Reference Manual was updated. The workgroup focused on a review of the changes.

Dr. Perry reported that the number of Illinois dental providers enrolled in the Medicaid program has gone up slightly to about 1900. The increases were seen in the southern and central parts of the state. He added that Doral Dental has people enrolling new dentists.

The next meeting is March 12th.

Pharmacy Subcommittee Charge. No report for this period

Public Education Subcommittee Ms. Ellinger reported that there has not been much interest in this subcommittee. There was a staff person who has left and the staffing has not been reassigned.

Robyn Gabel asked if the subcommittee would ever meet again. Ms. Ellinger stated that if Ms. Gabel would help with developing the agenda, we could bring people together in person or via a conference call.

Ms. Ellinger advised that she would include the charge of the subcommittee with the mailing for the next MAC meeting.

VIII. The meeting was adjourned at 11:20 a.m. The next MAC meeting is scheduled for January 18, 2008. The Department will provide the annual meeting schedule at the next meeting.

Medicaid Advisory Committee
November 16, 2007
All Kids/FamilyCare Report

Enrollment

- Enrollment data is attached. Enrollment data as of 09/30/07:
 - a. 1,315,838 All Kids Assist (Up to 133% of FPL)
 - b. 70,068 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 59,029 All Kids expansion children
 - d. 5,890 Moms and babies expansion (133% to 200% of FPL)
 - e. 370,628 Pre-expansion parents (up to approx. 35% of FPL)
 - f. 156,905 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 112,849 web apps: 74,898 from the general public and 37,951 from AKAA's.

| | 4/30/2007 | | 5/31/2007 | | 6/30/2007 | | 7/31/2007 | | 8/31/2007 | 9/30/2007 |
|------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | Previous | Current | Previous | Current | Previous | Current | Previous | Current | Current | Current |
| | Numbers |
| Pre-expansion children | 1,191,757 | 1,194,980 | 1,193,440 | 1,199,518 | 1,202,947 | 1,206,321 | 1,206,194 | 1,212,445 | 1,219,991 | 1,221,195 |
| All Kids Phase I | 86,550 | 86,847 | 87,818 | 88,388 | 90,024 | 90,332 | 91,449 | 92,004 | 93,485 | 94,643 |
| All Kids Phase II | 59,792 | 59,798 | 61,108 | 61,073 | 62,124 | 62,124 | 62,740 | 62,680 | 62,682 | 62,759 |
| All Kids Phase III | 5,693 | 5,688 | 6,198 | 6,191 | 6,623 | 6,619 | 6,963 | 6,946 | 7,061 | 7,309 |
| All Kids Expansion | 49,887 | 50,083 | 52,185 | 52,615 | 54,928 | 55,118 | 56,262 | 56,653 | 58,015 | 59,029 |
| Moms and Babies Exp | 5,519 | 5,596 | 5,518 | 5,657 | 5,653 | 5,723 | 5,693 | 5,835 | 5,924 | 5,890 |
| Pre-expansion parents | 365,129 | 367,160 | 363,162 | 367,193 | 366,618 | 368,609 | 366,648 | 370,447 | 371,580 | 370,628 |
| FamilyCase Phase I | 36,507 | 36,601 | 36,551 | 36,702 | 36,769 | 36,864 | 36,561 | 36,714 | 36,956 | 36,817 |
| FamilyCare Phase II | 38,898 | 39,079 | 39,065 | 39,378 | 39,425 | 39,603 | 39,285 | 39,584 | 39,986 | 39,641 |
| FamilyCare Phase III | 56,712 | 56,997 | 57,609 | 58,114 | 59,008 | 59,297 | 59,326 | 59,850 | 60,613 | 60,673 |
| FamilyCare Phase IV | 17,462 | 17,471 | 18,226 | 18,244 | 19,003 | 19,027 | 19,438 | 19,459 | 19,607 | 19,774 |
| TOTAL | 1,913,906 | 1,920,300 | 1,920,880 | 1,933,073 | 1,943,122 | 1,949,637 | 1,950,559 | 1,962,617 | 1,975,900 | 1,978,358 |

| | | | | | | | | | | |
|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Children | 1,393,679 | 1,397,396 | 1,400,749 | 1,407,785 | 1,416,646 | 1,420,514 | 1,423,608 | 1,430,728 | 1,441,234 | 1,444,935 |
| Parents | 520,227 | 522,904 | 520,131 | 525,288 | 526,476 | 529,123 | 526,951 | 531,889 | 534,666 | 533,423 |

| | 4/30/2007 | | 5/31/2007 | | 6/30/2007 | | 7/31/2007 | | 8/31/2007 | 9/30/2007 |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | Previous | Current | Previous | Current | Previous | Current | Previous | Current | Current | Current |
| | Numbers |
| All Kids Assist | 1,278,307 | 1,281,827 | 1,281,258 | 1,287,906 | 1,292,971 | 1,296,653 | 1,297,643 | 1,304,449 | 1,313,476 | 1,315,838 |
| All Kids Rebate, Share, Premium Level 1 | 65,485 | 65,486 | 67,306 | 67,264 | 68,747 | 68,743 | 69,703 | 69,626 | 69,743 | 70,068 |
| All Kids Expansion | 49,887 | 50,083 | 52,185 | 52,615 | 54,928 | 55,118 | 56,262 | 56,653 | 58,015 | 59,029 |
| Moms and Babies Expansion | 5,519 | 5,596 | 5,518 | 5,657 | 5,653 | 5,723 | 5,693 | 5,835 | 5,924 | 5,890 |
| Pre-expansion Parents | 365,129 | 367,160 | 363,162 | 367,193 | 366,618 | 368,609 | 366,648 | 370,447 | 371,580 | 370,628 |
| FamilyCare Parent Expansion | 149,579 | 150,148 | 151,451 | 152,438 | 154,205 | 154,791 | 154,610 | 155,607 | 157,162 | 156,905 |
| Total | 1,913,906 | 1,920,300 | 1,920,880 | 1,933,073 | 1,943,122 | 1,949,637 | 1,950,559 | 1,962,617 | 1,975,900 | 1,978,358 |