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MEMORANDUM

DATE: July 11, 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 July 18, 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 July 18, 2008 meeting, the draft minutes/attachments from the March 21, 2008 and the May 16, 2008 meetings and the April 2008 Illinois Health Connect Provider Profile Summary Table.

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

July 18, 2008
10 a.m. - 12 p.m.

AGENDA

- I. Call to Order
- II. Introductions
- III. Review of March 21, 2008 and May 16, 2008 Meeting Minutes
- IV. Administrator's Report
 - 2008 Legislative Session Update
- 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 – Report
 - Dental Policy Review (DPR) Committee – Report
 - Public Education Subcommittee – No Report
 - Pharmacy Subcommittee – No Report
- VIII. Adjournment

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 16, 2008**

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

Members Present

Robyn Gabel, IMCHC
Jill Fraggos for Susan Hayes Gordon
John Schlofrock, Barton Mgt.

Members Absent

Eli Pick, Chairman
David Carvalho, IDPH
Pedro A. Poma, M.D.
Kim Mitroka, Christopher Rural Health
Neil Winston, M.D.
Myrtis Sullivan, DHS
Richard Perry, D.D.S.
Diane Coleman, PCIL
Robert Anselmo, R.Ph.
Debra Kinsey, DCFS

HFS Staff

Theresa Eagleson
James Parker
Lynne Thomas
Steve Saunders
Lisa Voils
Mike Jones
James Monk

Interested Parties

Mary Capetillo, Lilly
Roy Pura, Glaxo Smith Kline
Mandy Ungrittanon, Quest Diagnostics
Miriam Cabrera, Quest Diagnostics
Kenzy Vandebroek, CDPH
Robin Scott, CDPH
Aimee Krampe-Rizk, Hemophilia Foundation of Illinois
Nelson Soltman, Legal Assistance Foundation
Kathy Bovid, Bristol Myers Squibb
Gerri Clark, DSCC
Judy King
Joe Winalski, Biogen Idec
Marvin Hazelwood, Consultant
George Hovanec, Consultant
Karen Moredock, DCFS
Michael Lafond, Abbott

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 16, 2008**

I. Call to Order

The meeting was called to order at 10:16 a.m. Robyn Gabel chaired the meeting.

II. Introductions

Attendees in Chicago and Springfield introduced themselves. John Schlofrock participated via teleconference call.

III. Review of the Minutes

The March minutes were not reviewed, as there was not a quorum present.

IV. Administrator's Report

Theresa Eagleson, Medicaid Director, provided the report.

- 1) **2008 Budget update.** The legislature is in session. The department has participated in House and Senate budget meetings and is working closely with providers with additional requests. We currently average a 70-day payment cycle. This average reflects expedited and non-expedited services and the average for all providers.

HFS wishes to maintain the current funding and payment cycle. There are elements of our modified Illinois Covered program still outstanding such as covering single uninsured adults below 100% of the federal poverty level. No substantive piece of legislation has been passed for funding.

- 2) We are working on a hospital assessment bill that, as of yesterday, had not been introduced.
- 3) The department has announced savings as a result of the disease management program, Your Healthcare Plus. After paying contractual costs, the department has saved about \$34 million. The savings is greater than the \$22.8 million spent on the All Kids expansion. There were savings in all five diseases management areas. For example, hospitalization costs are down 18-20%. The department is very pleased with the outcome.

There was a press release issued regarding the savings, but no formal report has been released.

- 4) Medical bills for services to FamilyCare recipients in households with countable income greater than 133% of the federal poverty level are not being paid. This covers a period from November 7 through March 10, 2008. Currently the department is

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holding all claims. It is difficult to say when these claims will be paid as they are tied to 3 separate court actions.

There is no policy statement as yet on how we will handle the FamilyCare redeterminations.

V. Old Business

1) All Kids and FamilyCare update. Enrollment statistics through March 31, 2008 were provided. Lynne Thomas, chief of the Bureau of All Kids, stated that complete applications are being processed within two weeks.

She stated that on average over 8,000 applications are received each month. About 45% of applications are received from All Kids Application Agents and the remaining 55% of the applications are received from the community. This mix is the result of getting a large number of on-line applications from the community with a 50/50 split on receipt of hardcopy and web applications.

Robyn Gabel shared that about a week and half ago her organization received an unexpected increase in calls stating that participants could not get through on the All Kids helpline.

Ms. Thomas advised that the helpline did get an increase in calls but the volume is now back down. She stated that the increase in calls might have been a result of persons looking for new medical cards at the end of the month and concern about the FamilyCare expansion lawsuit. Ms. Thomas added that a new phone line has been added to the switchboard.

2) Primary Care Case Management (PCCM) activity. James Parker, Deputy Administrator for Operations, provided the update with assistance from Dr. Stephen Saunders, Medical Advisor. Mr. Parker reported that the bulk of the phase two implementations are now coming online. The two main enhancements are patient histories and performance incentives for primary care providers (PCPs).

A) Patient claims history are available on-line. The claims history, which includes information on such things as drug utilization, refills and immunizations, is up and running on MEDI.

The department is getting positive feedback from providers as well as ideas for improvements. The department will make some modifications to make information easier to pull up.

**Illinois Department of Healthcare and Family Services
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May 16, 2008**

The claims history screen shows a caveat message that some information is not listed based on confidentiality. There is a bill pending for a narrow exception that allows the department to post psychotropic drug claims and allow physicians to see them.

B) The department is on the verge of establishing performance incentives for PCPs whose patient histories exceed established health indicators. A detailed document was sent to physicians explaining the benchmarks. HFS is committed to pay physicians \$20 per patient exceeding the national benchmark level. For example the combo 3 immunizations is one of the indicators. The national immunization rate is 62.5%. The department will pay \$20 for each patient that exceeds this benchmark level. Other indicators are:

- Number of developmental screenings
- Control of persistent asthma
- Hemoglobin A1c tests for diabetics
- Mammography for age appropriate women

The information sent to physicians lays out how the indicators are measured, the amount of payment and which patients qualify.

The department is looking at similar payments for prenatal and postpartum care.

C) The referral system is coming. The first step is to keep patients from going from PCP to PCP. This will probably be implemented in late summer. A referral for patients requiring a specialist will come later and will be tied to the rate increase for specialist billing.

The department has promised to turn on an informational edit where a claim is flagged with a message that a PCP referral will be required in the future. The edit only applies to PCP referrals.

Dr. Saunders shared that the first round of patient profiles are going out with indicators over and above the 5 identified by Mr. Parker. He stated that the profiles would go out in June on a pilot basis to all Federally Qualified Health Centers. The profiles would be distributed statewide in the fall. The profiles will have 10 additional indicators, such as well child visits and annual PAP smears.

He advised that a list of the indicators would be sent to MAC members next week.

Dr. Saunders stated that the department is working on a baseline for performance measures, stating that some but not, all have been established. He added that the department is working with our Quality Improvement Organization to assure that the department's definitions are consistent with the Healthcare Effectiveness Data and

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Medicaid Advisory Committee
May 16, 2008**

Information Set (HEDIS) definitions. The department plans to report back to providers over time to document improvement.

Judy King asked if the report would only aggregate data statewide or also show demographic data that is segregated by the location where providers practice or race/ethnicity of the group served?

Dr. Saunders advised that we have not thought about this. He stated that we do need to look at how we measure data. He added that part of the issue is if providers are reporting patient services by ethnicity.

3) Disease Management (DM). Dr. Stephen Saunders, Medical Advisor, provided the report.

He stated that about 220,000 persons were eligible for disease management services. Participants fall into 1 of 3 major groups:

- A) Disabled adults – about 110,000
- B) Family Health Plan members (All Kids and FamilyCare) – about 70,000
- C) Frequent Emergency Room users – about 35,000

The program has led to reductions in hospital admissions and cost. The program works with 21 long-term care facilities. The department has given patient profiles to a number of providers in the disease management group.

4) Medicare Part D. HFS Medical Programs staff, Ms. Lisa Voils, provided the update on Medicare Part D and Illinois Cares Rx.

Ms. Voils stated that Illinois Cares Rx has seen an increase in enrollment to about 193,000 members

She stated that HFS is focusing on getting members to apply for the federal Low Income Subsidy (LIS). Current membership shows 23% of participants have LIS.

5) Veterans Care. No report for this period.

6) Access to Benefits and Services Task Force. Robyn Gabel reported that the task force members did complete a final report and did get comments back from the HFS. She stated that the department comments could be characterized as “good ideas but no money”.

VI. New Business. Mr. Parker stated that ethics training packets have been sent to members. MAC members have been asked to read the document, sign the Acknowledgment of

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May 16, 2008**

Participation and return the signature page to the department. The document review should be completed by the end of the month.

Robyn Gabel added that the MAC members need only meet the requirements as an advisory board and may still be registered lobbyists.

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. No report for this period.

VIII. The meeting was adjourned at 11:05 a.m. The next MAC meeting is scheduled for July 18, 2008.

Medicaid Advisory Committee
May 16, 2008
All Kids/FamilyCare Report

Enrollment

- Enrollment data is attached. Enrollment data as of 03/31/08:
 - a. 1,355,908 All Kids Assist (Up to 133% of FPL)
 - b. 71,023 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 63,963 All Kids expansion children
 - d. 6,331 Moms and babies expansion (133% to 200% of FPL)
 - e. 385,211 Pre-expansion parents (up to approx. 35% of FPL)
 - f. 162,921 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 139,457 web apps: 92,514 from the general public and 46,943 from AKAA's.

	9/30/2007		10/31/2007		11/30/2007		12/31/2007		1/31/2008		2/29/2008	3/31/2008
	Previous	Current	Current	Current								
	Numbers											
Pre-expansion children	1,221,195	1,227,100	1,229,902	1,233,123	1,230,389	1,236,269	1,236,461	1,239,654	1,241,135	1,247,095	1,250,431	1,252,099
All Kids Phase I	94,643	95,155	96,569	96,842	97,569	98,012	99,128	99,379	100,705	101,238	102,557	103,809
All Kids Phase II	62,759	62,694	63,036	63,052	62,938	62,897	63,296	63,297	63,157	63,086	63,057	62,851
All Kids Phase III	7,309	7,298	7,496	7,486	7,631	7,611	7,610	7,604	7,842	7,822	8,076	8,172
All Kids Expansion	59,029	59,029	60,655	60,677	61,388	61,456	62,094	62,184	62,980	63,211	63,761	63,963
Moms and Babies Exp	5,890	6,029	6,155	6,249	6,168	6,323	6,330	6,407	6,345	6,505	6,469	6,331
Pre-expansion parents	370,628	374,565	374,633	376,678	373,832	377,633	377,085	379,387	379,722	384,171	384,616	385,211
FamilyCase Phase I	36,817	36,965	36,784	36,860	36,417	36,558	36,586	36,679	36,219	36,413	36,389	36,858
FamilyCare Phase II	39,641	39,942	39,758	39,930	39,425	39,728	39,481	39,694	39,236	39,601	39,646	39,719
FamilyCare Phase III	60,673	61,167	61,797	62,111	61,849	62,322	62,839	62,990	62,855	63,394	63,838	64,511
FamilyCare Phase IV	19,774	19,783	20,151	20,159	20,166	20,163	20,573	20,626	20,811	20,864	21,360	21,833
TOTAL	1,978,358	1,989,727	1,996,936	2,003,167	1,997,772	2,008,972	2,011,483	2,017,901	2,021,007	2,033,400	2,040,200	2,045,357

Children	1,444,935	1,451,276	1,457,658	1,461,180	1,459,915	1,466,245	1,468,589	1,472,118	1,475,819	1,482,452	1,487,882	1,490,894
Parents	533,423	538,451	539,278	541,987	537,857	542,727	542,894	545,783	545,188	550,948	552,318	554,463
All Kids Assist	1,315,838	1,322,255	1,326,471	1,329,965	1,327,958	1,334,281	1,335,589	1,339,033	1,341,840	1,348,333	1,352,988	1,355,908
All Kids Rebate, Share, Premium Level 1	70,068	69,992	70,532	70,538	70,569	70,508	70,906	70,901	70,999	70,908	71,133	71,023
All Kids Expansion	59,029	59,029	60,655	60,677	61,388	61,456	62,094	62,184	62,980	63,211	63,761	63,963
Moms and Babies Expansion	5,890	6,029	6,155	6,249	6,168	6,323	6,330	6,407	6,345	6,505	6,469	6,331
Pre-expansion Parents	370,628	374,565	374,633	376,678	373,832	377,633	377,085	379,387	379,722	384,171	384,616	385,211
FamilyCare Parent Expansion	156,905	157,857	158,490	159,060	157,857	158,771	159,479	159,989	159,121	160,272	161,233	162,921
Total	1,978,358	1,989,727	1,996,936	2,003,167	1,997,772	2,008,972	2,011,483	2,017,901	2,021,007	2,033,400	2,040,200	2,045,357

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

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

Members Present

Jill Fraggos for Susan Hayes Gordon
Robyn Gabel, IMCHC
Diane Coleman, PCIL
Robert Anselmo, R.Ph.
Debra Kinsey, DCFS
Gerri Clark, DSCC

Members Absent

Eli Pick, Chairman
John Schlofrock, Barton Mgt.
David Carvalho, IDPH
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
Lynne Thomas
Barbara Ginder
Amy Wallace
Aundrea Hendricks
James Monk

Interested Parties

Michael Lafond, Abbott
Mandy Ungrittanon, Quest Diagnostics
Robin Scott, CDPH
Robert Robinson, Hemophilia Foundation of Illinois
Kathy Bovid, Bristol Myers Squibb
Gregory Warren, Astra Zeneca
Charlene Guldbrandsen, Grow in Illinois

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

I. Call to Order

The meeting was called to order at 10:17 a.m. Robyn Gabel chaired the meeting.

II. Introductions

Attendees in Chicago and Springfield introduced themselves. Diane Coleman participated via teleconference call.

III. Review of the Minutes

The November 2007 and January 2008 minutes were approved.

IV. Administrator's Report

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

- 1) **2008 Budget update.** During this legislative session, the Governor introduced his fiscal year 2009 budget. For Medicaid, this is a maintenance budget in that it doesn't include any new program expansions. It does include the FamilyCare expansion that was effective December 1, 2007.

There are separate proposals submitted asking for medical benefit expansion such as the Illinois Covered Assist program. There are also bills asking for a variety of things, such as rate increases for pediatric specialists, dental services, and ambulance services, among other issues.

- 2) A hospital assessment supplemental bill that authorizes a third payment from the current (FY08) plan is very close to passage.
- 3) Based on federal law, effective April 1st, providers are to use tamper-resistant prescription pads. The department is prepared to comply with this law.

V. Old Business

- 1) **All Kids and FamilyCare update.** Enrollment statistics through January 31, 2008 were provided. Lynne Thomas, chief of the Bureau of All Kids, stated that enrollment activities are running smoothly with applications being process at about 18 days.

Ms. Thomas stated that the volume of applications is increasing. The All Kids Unit receives about 54% from the community and 46% of applications from AKAA (All Kids Application Agents). This mix is the result of getting a large number of web applications from the community. There is about a 50/50 split on receipt of hardcopy and web applications.

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

2) Primary Care Case Management (PCCM) activity. Mr. Parker reported that the contractor, Automated Health Systems (AHS) must make patient histories available to providers via an electronic site. The patient history will include diagnosis, treatment and prescription information.

The department is seeking an amendment to allow for the display of all psychotropic prescriptions on the patient histories. Currently, HFS is not allowed to post medical information regarding substance abuse, HIV services or mental health prescriptions. There are about 3.7 million psychotropic prescriptions that are not shown in the system. As a reference point, our patient histories show 2.9 million prescriptions for heart drugs.

Our research shows that about 14% of patients taking psychotropic drugs are getting multiple prescriptions from 2 or more providers. Posting the prescription information should help providers to better serve patients.

The patient histories will essentially be in real time. The provider will be able to see if there are duplicate prescriptions from different providers. They may see patient compliance in having prescriptions filled. For example, a prescription for hypertension may be filled once and then stopped or perhaps the patient never has the prescription filled.

Robert Anselmo asked if the department had plans to allow pharmacies to bill for immunizations.

Mr. Parker stated that pharmacies can bill for influenza and pneumonia immunizations and an administrative fee is paid. Pharmacies may not bill for standard childhood vaccines.

The department is on the verge of establishing performance incentives for primary care providers whose patient histories exceed established health indicators. We have been working closely with the PCCM/DM stakeholder group on these indicators. The department has proposed funding in the FY09 budget to reward doctors for meeting benchmarks for preventive care and quality of care. There are 5 indicators, 4 of which are HEDIS standards. These indicators are:

- Number of developmental screenings
- Control of persistent asthma
- Hemoglobin A1c tests for diabetics
- Mammography for age appropriate women

Bonus payment will be based on the number of patients that exceed the 50th percentile of the national average. The payment will likely be a minimum of \$20 per patient exceeding the benchmark.

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Medicaid Advisory Committee
March 21, 2008**

Robyn Gabel shared that Access Community Health Network uses an incentive system and that the department may want to look at their experience.

Jill Fraggos asked when the Illinois Health Connect PCP referral requirement would be rolled out.

Mr. Parker stated that he did not see the department doing this in the next couple of months. He shared that there is not yet a consensus on how the referral edit will work. One group wants the referral edit on the front end and another group wants it at the back end. He added that we anticipate several months of editing before the department turns on the referral system and rejects non-referred billing.

3) Disease Management (DM). No report for this period.

4) Medicare Part D. Mr. Parker provided the update on Medicare Part D and Illinois Cares Rx. He stated that Illinois Cares Rx has about 180,000 members. Of these, 98% have Medicare.

The department is looking at persons that were covered last year but not this year. We are reaching out to them and are able to apply on their behalf for LIS (Low Income Subsidy).

Robert Anselmo complimented the department on the wraparound procedure that gives a new recipient number (RIN) for billing when the submitted number does not process. The procedure saves time, as it is not necessary for the pharmacist to call for the new RIN.

5) Veterans Care. No report for this period.

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

VI. New Business. None for this period.

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. No report for this period.

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

VIII. The meeting was adjourned at 10:54 a.m. The next MAC meeting is scheduled for May 16, 2008.

Medicaid Advisory Committee
March 21, 2008
All Kids/FamilyCare Report

Enrollment

- Enrollment data is attached. Enrollment data as of 01/31/08:
 - a. 1,341,840 All Kids Assist (Up to 133% of FPL)
 - b. 70,999 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 62,980 All Kids expansion children
 - d. 6,345 Moms and babies expansion (133% to 200% of FPL)
 - e. 379,722 Pre-expansion parents (up to approx. 35% of FPL)
 - f. 159,121 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 130,390 web apps: 86,306 from the general public and 44,084 from AKAA's.

	7/31/2007		8/31/2007		9/30/2007		10/31/2007		11/30/2007		12/31/2007	1/31/2008
	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	1,233,123	1,230,389	1,236,269	1,236,461	1,241,135
All Kids Phase I	91,449	92,004	93,485	93,785	94,643	95,155	96,569	96,842	97,569	98,012	99,128	100,705
All Kids Phase II	62,740	62,680	62,682	62,655	62,759	62,694	63,036	63,052	62,938	62,897	63,296	63,157
All Kids Phase III	6,963	6,946	7,061	7,044	7,309	7,298	7,496	7,486	7,631	7,611	7,610	7,842
All Kids Expansion	56,262	56,653	58,015	58,015	59,029	59,029	60,655	60,677	61,388	61,456	62,094	62,980
Moms and Babies Exp	5,693	5,835	5,924	6,004	5,890	6,029	6,155	6,249	6,168	6,323	6,330	6,345
Pre-expansion parents	366,648	370,447	371,580	373,640	370,628	374,565	374,633	376,678	373,832	377,633	377,085	379,722
FamilyCase Phase I	36,561	36,714	36,956	37,049	36,817	36,965	36,784	36,860	36,417	36,558	36,586	36,219
FamilyCare Phase II	39,285	39,584	39,986	40,181	39,641	39,942	39,758	39,930	39,425	39,728	39,481	39,236
FamilyCare Phase III	59,326	59,850	60,613	60,899	60,673	61,167	61,797	62,111	61,849	62,322	62,839	62,855
FamilyCare Phase IV	19,438	19,459	19,607	19,619	19,774	19,783	20,151	20,159	20,166	20,163	20,573	20,811
TOTAL	1,950,559	1,962,617	1,975,900	1,982,374	1,978,358	1,989,727	1,996,936	2,003,167	1,997,772	2,008,972	2,011,483	2,021,007

Children	1,423,608	1,430,728	1,441,234	1,444,982	1,444,935	1,451,276	1,457,658	1,461,180	1,459,915	1,466,245	1,468,589	1,475,819
Parents	526,951	531,889	534,666	537,392	533,423	538,451	539,278	541,987	537,857	542,727	542,894	545,188

	7/31/2007		8/31/2007		9/30/2007		10/31/2007		11/30/2007		12/31/2007	1/31/2008
	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	1,329,965	1,327,958	1,334,281	1,335,589	1,341,840
All Kids Rebate, Share, Premium Level 1	69,703	69,626	69,743	69,699	70,068	69,992	70,532	70,538	70,569	70,508	70,906	70,999
All Kids Expansion	56,262	56,653	58,015	58,015	59,029	59,029	60,655	60,677	61,388	61,456	62,094	62,980
Moms and Babies Expansion	5,693	5,835	5,924	6,004	5,890	6,029	6,155	6,249	6,168	6,323	6,330	6,345
Pre-expansion Parents	366,648	370,447	371,580	373,640	370,628	374,565	374,633	376,678	373,832	377,633	377,085	379,722
FamilyCare Parent Expansion	154,610	155,607	157,162	157,748	156,905	157,857	158,490	159,060	157,857	158,771	159,479	159,121
Total	1,950,559	1,962,617	1,975,900	1,982,374	1,978,358	1,989,727	1,996,936	2,003,167	1,997,772	2,008,972	2,011,483	2,021,007



Provider Profile Summary Table
(updated 4-18-08)



Quality Indicator	2007 NCQA 50 th Percentile	CPT codes	References
Immunization Combo 2: Percentage of 2 year olds with immunizations 4 DTaP/DT, 3 IPV, 1 MMR, 3 HIB, 2 HepB, 1 VZV (includes only 2 HepB because 1 st vaccine is often given in hospital and billed to Mother's RIN)	75.2%	See Immunization Codes Table	http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm http://www.cdc.gov/vaccines/ http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200
Immunization Combo 3: Percentage of 2 year olds with immunizations 4 DTaP/DT, 3 IPV, 1 MMR, 3 HIB, 2 HepB, 1 VZV, 4 pneumococcal conjugate vaccinations (includes only 2 HepB because 1 st vaccine is often given in hospital and billed to Mother's RIN)	62.6%	See Immunization Codes Table	http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm http://www.cdc.gov/vaccines/ http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200
Lead Toxicity: Percentage of children who received at least one capillary or venous blood test on or before their second birthday.	2008 HEDIS indicator (To be included in 2 nd year of Provider Profiles)	36415 U1 (venous draw), 83655 lead analysis, 36416 U1 (capillary draw), 83655 QW CLIA waived office analysis	http://www.leadsafeillinois.org/healthcare/ http://www.idph.state.il.us/envhealth/lead.htm http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200

Quality Indicator	2007 NCQA 50 th Percentile	CPT codes	References
<p>Lead Toxicity: Percentage of children who received at least two capillary or venous blood tests on or before their second birthday, one of which occurs on or before the first birthday and one of which occurs after the first and on or before the second birthday.</p>	<p>Non-HEDIS indicator (To be included in 2nd year of Provider Profiles)</p>	<p>36415 U1 (venous draw), 83655 lead analysis, 36416 U1 (capillary draw), 83655 QW CLIA waived office analysis</p>	<p>http://www.lead-safe-illinois.org/healthcare/ http://www.idph.state.il.us/envhealth/lead/ http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200</p>
<p>Developmental Screening: Percentage of children with one developmental screenings by the age of 12 months.</p>	<p>Non-HEDIS indicator</p>	<p>96110, 96111</p>	<p>http://www.medicalhomeinfo.org/screening/DevProvider.html http://pediatrics.aappublications.org/cgi/content/full/118/1/405 http://www.edopc.org/ http://www.illinoisap.org/DevelopmentalScreening.htm http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200</p>
<p>Developmental Screening: Percentage of children with one developmental screening between the ages of 12 and 24 months.</p>	<p>Non-HEDIS indicator</p>	<p>96110, 96111</p>	<p>http://www.medicalhomeinfo.org/screening/DevProvider.html http://pediatrics.aappublications.org/cgi/content/full/118/1/405 http://www.edopc.org/ http://www.illinoisap.org/DevelopmentalScreening.htm http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200</p>

Quality Indicator	2007 NCQA 50 th Percentile	CPT codes	References
Developmental Screening: Percentage of children with one developmental screening between the ages of 24 and 36 months.	Non-HEDIS indicator	96110, 96111	http://www.medicalhomeinfo.org/screening/DevProvider.html http://pediatrics.aappublications.org/cgi/content/full/118/1/405 http://www.edopc.org/ http://www.illinoisap.org/DevelopmentalScreening.htm
Asthma Management: Percentage of members 5 – 9 years of age with persistent asthma who were appropriately prescribed medication (HEDIS definition of persistent asthma)	91.7%	Controller medications: inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or methylxanthines	http://www.nhlbi.nih.gov/guidelines/asthma/
Asthma Management: Percentage of members 10 – 17 years of age with persistent asthma who were appropriately prescribed medication (HEDIS definition of persistent asthma)	88.8%	Controller medications: inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or methylxanthines	http://www.nhlbi.nih.gov/guidelines/asthma/
Asthma Management: Percentage of members 18 – 56 years of age with persistent asthma who were appropriately prescribed medication (HEDIS definition of persistent asthma)	85.4%	Controller medications: inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or methylxanthine	http://www.nhlbi.nih.gov/guidelines/asthma/
Diabetes Management: Percentage of diabetic patients age 18 – 65 years, who have had one HbA1c in the last 12 months	79.3%	83036, 83037	http://care.diabetesjournals.org/content/vol31/Supplement_1/
Well Child Care: Percentage of children with 0 well baby visits in the first 15 months of life	1.4%	99381, 99382, 99391, 99392 OR 99202, 99203, 99204, 99205, 99213, 99214, 9915 in conjunction with ICD-9-CM V20.2 or v70.0, V70.3, V70.5, V70.6, V70.8, V70.9	http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/6/1376 *Website is accessible but does not give full pdf article. http://practice.aap.org/content.aspx?aid=1599 http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200

Quality Indicator	2007 NCQA 50 th Percentile	CPT codes	References
Well Child Care: Percentage of children with 3 well baby visits in the first 15 months of life	5.8%	99381, 99382, 99391, 99392 OR 99202, 99203, 99204, 99205, 99213, 99214, 99215 in conjunction with ICD-9-CM V20.2 or V70.0, V70.3, V70.5V70.6, v70.8, V70.9	http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/6/1376 *Website is accessible but does not give full pdf article. http://practice.aap.org/content.aspx?aid=1599 http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200
Well Child Care: Percentage of children with 6 well baby visits in the first 15 months of life	56.6%	99381, 99382, 99391, 99392 OR 99202, 99203, 99204, 99205, 99213, 99214, 99215 in conjunction with ICD-9-CM V20.2 or V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/6/1376 *Website is accessible but does not give full pdf article. http://practice.aap.org/content.aspx?aid=1599 http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200
Well Child Care: Percentage of members who were three, four, five or six years of age who received one or more well-child visits with a primary care practitioner during the measurement year.	67.5%	99382, 99383, 99392, 99393 OR 99202, 99203, 99204, 99204, 99205, 99213, 99214, 99215 in conjunction with ICD-9-CM V20.2 or V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/6/1376 *Website is accessible but does not give full pdf article. http://practice.aap.org/content.aspx?aid=1599 http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200
Vision Screening: Percentage of 3 year olds with 1 vision screening during the measurement year	Non-HEDIS indicator	99172, 99173	http://aappolicy.aappublications.org/cgi/content/full/pediatrics%3b111/4/902 http://www.ilga.gov/legislation/publicacts/fulltext.aspx?Name=095-0671&print=true&write=pa http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200

Quality Indicator	2007 NCQA 50 th Percentile	CPT codes	References
<p>Vision Screening: Percentage of 4 year olds with 1 vision screening during the measurement year</p>	<p>Non-HEDIS indicator</p>	<p>99172, 99173</p>	<p>http://aappolicy.aappublications.org/cgi/content/full/pediatrics%3b111/4/902</p> <p>http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=095-0671&print=true&write=pa</p> <p>http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200</p>
<p>Cervical Cancer Screening: Percentage of women 21 – 64 years of age who received one or more Pap tests to screen for cervical cancer during the measurement year</p>	<p>66.5%</p>	<p>88141, 88142, 88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174-88175 or ICD-9-CM codes V72.32, V76.2</p> <p>HCPCS- G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148 P3000, P3001</p> <p>88144 and 88145 are closed codes as of 2006.</p>	<p>http://www.cdc.gov/std/hpv/ScreeningTables.pdf</p>
<p>Adolescent Well Care: Percentage of enrolled members who were 12 – 21 years of age and who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year or the year prior to the measurement year</p>	<p>42.1%</p>	<p>99383-99385, 99393-99395 OR 99202,99203, 99204, 99205, 99213, 99214, 99215 in conjunction with ICD-9-CM V20.2 or V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 OR prenatal codes: 99202, 99203, 99204, 99205, 99213, 99214, 99215 in conjunction with V22, V23, or ICD-9 630xx to 659xx OR 0500F Initial prenatal visit or 0502F Subsequent prenatal visit</p>	<p>http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/6/1376</p> <p>*Website is accessible but does not give full pdf article.</p> <p>http://www.hfs.illinois.gov/handbooks/chapter200.html#hk200</p>

Quality Indicator	2007 NCQA 50 th Percentile	CPT codes	References
Breast Cancer Screening: The percentage of women 40 – 69 years of age who had a mammogram to screen for cancer in the measurement year or the year prior to the measurement year	49.2%	76083, 77055, 77056, 77057 ICD-9-CM Procedure - 87.36, 87.37, V76.11, V76.12 G0202 UB-92 Revenue - 0403 76083, 76090, 76091, 76092 are closed codes as of 01/01/2007	http://www.ahrq.gov/clinic/uspstf/uspsbrca.htm

Immunization Codes Table

Immunization	CPT	HCPCS	ICD-9-CM Diagnosis *	ICD-9-CM Procedure
DTaP	90700, 90721, 90723			99.39
DTaP-IPV	90696			
Diphtheria and tetanus	90702			
Diphtheria	90719		032, V02.4	99.36
Tetanus	90703		037	99.38
Pertussis			033	99.37
IPV	90713, 90723		045, 138, V12.02	99.41
MMR	90707, 90710			99.48
Measles and rubella	90708			
Measles	90705		055	99.45
Mumps	90704		072	99.46
Rubella	90706		056	99.47
HiB	90645-90648, 90721, 90748		038.41, 041.5, 320.0, 482.2	
Hepatitis B	90723, 90740, 90744, 90747, 90748	G0010, Q3021, Q3023	070.2, 070.3, V02.61	
VZV	90710, 90716		052, 053	
Pneumococcal conjugate	90669	G0009		