

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
July 20, 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  
Marilyn Peebles for Debra Kinsey, DCFS

**Members Absent**

Pedro A. Poma, M.D.  
Richard Perry, D.D.S  
Diane Coleman, PCIL  
John Schlofrock, Barton Mgt.  
Kim Mitroka, Christopher Rural Health  
Neil Winston, M.D.  
Myrtis Sullivan, IDHS  
Robyn Gabel, IMCHC  
Robert Anselmo, R.Ph.

**HFS Staff**

James Parker  
Kelly Cunningham  
Mike Jones  
Lynne Thomas  
Stephen Saunders  
Sinead Madigan  
Carla Lawson  
Aundrea Hendricks  
James Monk

**Interested Parties**

Michael Lafond, Abbott Labs  
Miriam Cabrera, Quest Diagnostics  
Mandy Ungrihanon, Quest Diagnostics  
Sharon Dyer-Nelson, IDHS-HCD  
Sandra Benen, GlaxoSmithKline  
Patrick Gallagher, Illinois State Medical Society  
Citseko Staples, Harmony HMO  
Esther Morales, Harmony HMO  
George Hovanec, Consultant  
Gerri Clark, DSCC  
Kathy Chan, IMCHC

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
July 20, 2007**

**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 March and May minutes were not approved, as there was not a quorum present.

**IV. Administrator's Report**

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

- 1) The 2008 State budget is still under discussion and has not yet been passed. The department is working under a temporary budget and maintaining all payment cycles under the temporary budget that runs through July 31.
- 2) The Governor remains committed to the Illinois Covered health coverage expansions.
- 3) Under the Federal Deficit Reduction Act, beginning October 1, all Medicaid prescriptions must be written on a tamper resistant prescription pad. There has been no guidance from the federal CMS as yet. The time frame for implementation seems too short and even the federal CMS seems to be caught off guard.

State Medicaid directors have questions and wonder if there will be a phased implementation. The rules do not define tamper resistant pad. Electronic prescriptions do not count; so one question is what if providers convert to electronic from paper.

There is an amendment that would limit the use of the tamper resistant pad to controlled substances.

The department plans to meet with interested parties to discuss the rule change and we hope to get notices out as soon as we learn more.

**V. Old Business**

- 1) **All Kids and FamilyCare update.** Updated enrollment statistics through May 31, 2007 were provided [Attachment 1 and Attachment 2]. Lynne Thomas,

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
July 20, 2007**

Bureau of All Kids Chief, stated that the All Kids Bureau is piloting a new document imaging system to move toward electronic case records.

The All Kids Bureau continues to process applications quickly. With the community based "Back to School" events scheduled around the state, Ms. Thomas anticipates an increase in new applications. She added that the budget stalemate has had no effect on new enrollments.

**2) Primary Care Case Management (PCCM) activity.** Mr. Parker reported on the Illinois Health Connect program. Implementation in Cook and the collar counties is almost complete. Today is the last day to make a voluntary assignment or be auto-assigned.

The department is currently enrolling participants in the Northwest region. This region covers the area north of Peoria, excluding Cook and the collar counties. The initial mailings are complete. The next step is to send the auto-assignment letters.

We have excellent PCP (primary care provider) participation with over 5,000 doctors. The panel size for the PCPs is such that we have about triple the needed capacity.

The focus on downstate is to get the smaller practice doctors enrolled. We expect to begin mailings in central and southern Illinois in August. The individual doctors in the southern rural areas are spread out, so that the geography makes it much harder for AHS representatives to reach and enroll these doctors as PCP.

We have about 300,000 persons to enroll in the areas south of Peoria, with the highest concentration being in central Illinois and the southwest metro areas. The eastern part of southern Illinois is the most sparsely populated area in this region.

We expect to have the referral system up by September 1. Claims won't reject if there isn't a referral, but providers will be able to use the system for registration and specialty referral. We are developing a database of capacity to take specialists.

Today begins the enhanced security to enter MEDI. Patient claims history will be available from MEDI through the AHS site. We are looking at what data we have to stop based on confidentiality statutes in providing information regarding substance abuse, mental health and HIV/AIDS.

**3) Disease Management (DM).** Dr. Stephen Saunders, Medical Advisor to the Division of Medical Programs, reviewed the Baseline Clinical Measures report [see attachment] for the Disease Management Program, Your Healthcare Plus.

**Illinois Department of Healthcare and Family Services**  
**Medicaid Advisory Committee**  
**July 20, 2007**

He advised that the baseline markers are standard and many are HEDIS based measures. He noted that some of the measures are not where we want them to be, but can be used as a reference starting point. We want to see improvement and there are financial incentives for the vendor to show improvement.

This month, the baseline report will be sent to an initial group of providers that include Federally Qualified Health Centers and physician groups that serve this population. The report will also be sent to a second tier of providers that have a high volume number of patients in the disease categories.

The reports will provide summary data on the patients served by the provider as well as the statewide baseline data for comparison. For example, under the indicators for diabetes, the report provides the hemoglobin-testing rate for the provider's diabetic patients for comparison to the baseline data. We are confident that we have appropriate measures for the types of diseases shown in the baseline.

Dr. Saunders explained that the "self-reported" measures, as shown for each disease type, reflect what the patient reported when contacted by the vendor. He noted that there might be noticeable differences between the claims-based measures and the self-reported measures. For example, one of the weaker claims-based measures is the occurrence of payment for an annual influenza vaccine. The percentage is relatively low. However, patients may receive the vaccine for free or nominal cost from a drug store or clinic and there is no Medicaid billing, so the self-reported percentage is higher.

Dr. Saunders added that Your Healthcare Plus is working actively with about 14,000 patients so this is the primary base for self-reporting.

We are in the process of rolling out enhanced services for disabled, institutionalized patients. The disease management vendor, McKesson, has placed nurse practitioners in four long-term care facility sites. This will eventually expanded to 25 institutions where staff will be assisting in better care coordination. The staff will work with and not replace the institution's staff.

**4) Medicare Part D.** Sinead Madigan, with the Bureau of Pharmacy Services, provided the update on Medicare Part D and Illinois Cares Rx. She advised that the federal CMS is requesting files for the deeming process for dual-eligible participants. We are working to make sure our reports are accurate and cover these participants for the rest of this calendar year and into 2008. If the dual-eligible person is not on file, they will lose the SSA Extra Help as of December 31, 2007.

We are sending out post cards to 80,000 participants reminding them to reapply for Extra Help before December 31 or they will lose their coverage.

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
July 20, 2007**

The first week the post cards went out, we received 5,000 responses or about triple what we usually receive. We will reevaluate our efforts in August. The department will work with the local Department on Aging sites. We have about 200,000 persons enrolled in Illinois Cares Rx.

There is now continuous enrollment for persons approved for Extra Help.

We are working with the federal CMS, issuing an RFP to drug plans to coordinate with Illinois Cares Rx. This will increase the options for participants in choosing a coordinating plan

**5) Veterans Care.** There is nothing new to report for this period.

**6) Access to Benefits and Services Task Force.** Chairman Pick reported that the task force has not met since the last MAC meeting. He did state the task force is in the process of collecting data and will review data at the next meeting.

**VI. New Business**

None for this period

**VII. Subcommittee Reports**

**Long Term Care (LTC).**

Kelly Cunningham, Chief of the Bureau of Long Term Care, reported that the subcommittee met on June 15. The group has several standing discussion topics that include: 1) Medicare Part D; 2) Department on Aging updates; and 3) Supportive Living Programs.

The Department on Aging reported on several new programmatic initiatives, including Comprehensive Care Coordination, Flexible Senior Services, Emergency Home Response and Enhanced Transition.

The department's Supportive Living Program has 79 Supportive Living Facilities (SLFs) operational around the state with some 6,000 units. The department

anticipates 68 new facilities opening within the next several years. The Supportive Living Program waiver was renewed for five years effective July 1, 2007.

The BLTC worked with the Nursing Home Association in a time management study program called STRIVE. Iowa Foundation for Medical Care (IFMC) was the project manager. The study looked at the time spent on certain facility tasks. We can share the finding with the MAC. The time study will be used to set Medicare rates.

**Illinois Department of Healthcare and Family Services**  
**Medicaid Advisory Committee**  
**July 20, 2007**

In May, Illinois received word from the federal CMS about the approval of our “Money Follows the Person” demonstration project proposal. We anticipate an award of \$55 million in matching funds over the course of five years. The project is for persons who have been in a nursing home for at least six months and are now able to return to the community. The project will target assistance to enable persons with developmental disabilities, mental illness, physical disabilities and the elderly to live successfully in the community.

There are two new “Home and Community Based Services” waivers for children covering in-home support and residential services. Still under review is the renewal of waivers for persons with brain injuries and for adults with disabilities.

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

**Pharmacy Subcommittee Charge.** Mr. Parker reported that the group discussed the tamper resistant prescription pad requirement.

The group also had extensive discussion on the Deficit Reduction Act requirement for new federal upper limits for drug payments. There was concern in the pharmacy community that the change would cause a substantial reduction in payments to pharmacies for generic drugs.

The department is fairly confident that its relatively aggressive generic drug program will stand well in holding pharmacies harmless.

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

**VIII.** The meeting was adjourned at 10:53 a.m. The next MAC meeting is scheduled for September 21, 2007.

The Your Healthcare Plus<sup>™</sup> program provides chronic care management support to help improve health outcomes for some of the highest risk Medicaid patients in Illinois, including disabled adults with chronic or complex health issues and patients with persistent asthma. The impact of the Your Healthcare Plus program will be evaluated annually against baseline data for each of the key clinical performance metrics listed below. The baseline data is based on two sources:

- Healthcare claims paid by the state of Illinois from July 1, 2005 through June 30, 2006 (6 months run out), and
- Patient-reported information collected during initial patient assessments that were completed during the first 9 months of the program.

## Disabled Adults Patient Population

### Coronary Artery Disease (CAD) - 14,548 eligible patients

#### Claims-based Measures:

Beta Blocker Usage Post MI (30 days)	29.97%
Cholesterol Testing Rate	62.13%
Statin Therapy	54.06%
*Pneumococcal Vaccine (3 years claims data)	5.28%
*Annual Influenza Vaccine	9.03%
ASA/Other Antiplatelet or Anticoagulant	52.54%
ACE Inhibitor/Angiotensin Receptor Blocker	57.91%

#### Self-reported Measures:

ASA, Other Antiplatelet or Anticoagulant	67%
Pneumococcal Vaccine	33%
Annual Influenza Vaccine	40%

### Congestive Heart Failure (CHF) - 13,784 eligible patients

#### Claims-based Measures:

ACE Inhibitor/Angiotensin Receptor Blocker/Hydralazine + Isosorbide	61.74%
Beta Blocker	49.54%
Diuretics	60.85%
*Pneumococcal Vaccine (3 years claims data)	4.68%
*Annual Influenza Vaccine	7.83%
ASA, Other Antiplatelet or Anticoagulant	45.30%

#### Self-reported Measures:

ASA, Other Antiplatelet or Anticoagulant	71%
Pneumococcal Vaccine	37%
Annual Influenza Vaccine	42%

### Diabetes - 23,376 eligible patients

#### Claims-based Measures:

HbA1C Testing Rate	70.14%
Retinal Exams	26.38%
Annual Microalbuminuria Testing	55.49%
Cholesterol Testing Rate	66.26%
*Annual Influenza Vaccine	9.87%
ASA, Other Antiplatelet or Anticoagulant	36.91%

#### Self-reported Measures:

ASA, Other Antiplatelet or Anticoagulant	41%
Blood Pressures Control (<130/80)	53%
Foot Exams	65%
Annual Influenza Vaccine	35%

### Chronic Obstructive Pulmonary Disease (COPD) - 19,866 eligible patients

#### Claims-based Measures:

Treated Corticosteroid for Acute COPD Exacerbation	63.62%
History of Hospitalization for COPD Fills Prescription for Bronchodilator Medications	87.42%
*Spirometry Testing at Least Once in Last 3 Years	20.14%
*Pneumococcal Vaccine (3 years claims data)	5.41%
*Annual Influenza Vaccine	8.59%

#### Self-reported Measures:

Not a Current Smoker	36%
Pneumococcal Vaccine	42%
Annual Influenza Vaccine	42%

### Asthma - 16,086 eligible patients

#### Claims-based Measures:

Uncontrolled Asthma and has 1 Dispensed Prescription Inhaled Corticosteroid within 30 Days	54.06%
At Least 1 Prescription for 1 of the Following Medications: Inhaled Corticosteroid; Nedocromil or Cromolyn; Leukotriene Modifiers; Formoterol or Salmeterol; or Methylxanthines	63.89%
*Annual Influenza Vaccine	8.19%

#### Self-reported Measures:

Has and Knows How to Use Symptom-based Action Plan of Care	11%
Not a Current Smoker	63%
Annual Influenza Vaccine	37%

## Family Health Persistent Asthma Patient Population

### Persistent Asthma - 155,611 eligible patients

#### Claims-based Measures:

Uncontrolled Asthma and has 1 Dispensed Prescription Inhaled Corticosteroid within 30 Days	39.93%
At Least 1 Prescription for 1 of the Following Medications: Inhaled Corticosteroid; Nedocromil or Cromolyn; Leukotriene Modifiers; Formoterol or Salmeterol; or Methylxanthines	53.80%
*Annual Influenza Vaccine	10.69%

#### Self-reported Measures:

Has and Knows How to Use Symptom-based Action Plan of Care	25%
Not a Current Smoker	67%
Annual Influenza Vaccine	40%

**Medicaid Advisory Committee**  
**July 20, 2007**  
**All Kids/FamilyCare Report**

**Enrollment**

- Enrollment data is attached. Enrollment data as of 05/31/07:
  - a. 1,281,258 All Kids Assist (Up to 133% of FPL)
  - b. 67,306 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
  - c. 52,185 All Kids expansion children
  - d. 5,518 Moms and babies expansion (133% to 200% of FPL)
  - e. 363,162 Pre-expansion parents (up to approx. 35% of FPL)
  - f. 151,451 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 95,142 web apps: 63,531 from the general public and 31,611 from AKAA's.

MAC 07/20/07

	11/30/2006		12/31/2006		1/31/2007		2/28/2007		3/31/2007		4/30/2007	5/31/2007
	Previous	Current	Current	Current								
	Numbers											
<b>All Kids Assist</b>	1,217,450	1,235,666	1,239,796	1,245,468	1,244,429	1,256,942	1,261,225	1,265,126	1,266,867	1,273,847	1,278,307	1,281,258
<b>All Kids Rebate, Share, Premium Level 1</b>	56,853	56,807	58,482	58,528	59,646	59,563	60,705	60,680	62,357	62,286	65,485	67,306
<b>All Kids Expansion</b>	35,854	35,854	39,617	39,617	43,253	43,253	45,887	45,887	48,713	48,719	49,887	52,185
<b>Moms and Babies Expansion</b>	5,419	5,783	5,736	5,853	5,708	5,953	5,886	5,975	5,864	6,021	5,519	5,518
<b>Pre-expansion Parents</b>	357,488	363,675	360,868	363,950	359,160	365,146	363,134	365,378	361,728	365,863	365,129	363,162
<b>FamilyCare Parent Expansion</b>	134,824	136,654	138,368	139,281	140,361	142,106	143,720	144,366	146,215	147,340	149,579	151,451
<b>Total</b>	<b>1,807,888</b>	<b>1,834,439</b>	<b>1,842,867</b>	<b>1,852,697</b>	<b>1,852,557</b>	<b>1,872,963</b>	<b>1,880,557</b>	<b>1,887,412</b>	<b>1,891,744</b>	<b>1,904,076</b>	<b>1,913,906</b>	<b>1,920,880</b>