

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
September 19, 2008**

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

Members Present

Eli Pick, Chairman
Robert Anselmo, R.Ph.
Mary Driscoll, DPH
Kathy Chan for Robyn Gabel, IMCHC
Jill Fraggos for Susan Hayes Gordon
John Schlofrock, Barton Mgt.
Debra Kinsey, DCFS

Members Absent

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
Jacquetta Ellinger
Lynne Thomas
Mike Jones
Gina Swehla
James Monk

Interested Parties

Thomas Holder, Valeant Pharmaceutical
Marsha Hurn, Comprehensive Bleeding Disorder Center
(CBDC)
Mary Capetillo, Lilly
Mandy Ungrittanon, Quest Diagnostics
Deb Mathews, DSCC
Robin Scott, CDPH
Kathy Bovid, Bristol Myers Squibb
Judy King
Michael Lafond, Abbott
Kelly Dingle, Medimmune
Joseph Winalski, Biogen Idec

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I. Call to Order

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

II. Introductions

Attendees in Chicago and Springfield introduced themselves. Mike Jones announced the passing of Leon Schlofrock and recognized his exemplary community service.

III. Review of the Minutes

The July minutes were approved.

IV. Administrator's Report

James Parker, Deputy Administrator for Operations, and Jacquetta Ellinger, Deputy Administrator for Policy Coordination, provided the report.

2008 Legislative session update. Ms. Ellinger reviewed that the budget submitted for FY09 did not have adequate revenues and the governor was forced to make cuts to balance the budget. There has been interest on the part of legislators in restoring the budget cuts.

Mr. Parker stated that members might be aware that the state has experienced some serious cash flow problems. The state has had some poor revenue months recently so the comptroller has been slower to pay bills. The department has had some payment requests at the comptroller's office for 2 months that have not been paid. The department hopes with cyclical change that revenues will get better and payment would be timelier.

Jill Fraggos added that she was in Washington DC and there was discussion of an increase with FMAP. Congress is talking about another stimulus package. She urged the MAC to weigh in with the Illinois delegation to support increased funding. She could share the letter drafted by Children's Memorial supporting increased funding.

Mr. Parker stated that he had heard of a request for an increased federal match to 55 %. There was some discussion about the level of federal match that is 50% for Medicaid but may be as much as 90% with some programs.

MAC members agreed to send a letter of support for an increased federal match.

Mr. Parker stated that a provider notice had gone out on changes in the laboratory reimbursement rate effective for dates of service beginning October 1. The department has heard from some providers regarding the merits of the changes and the discussion is ongoing.

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Ms. Ellinger reported that DHS has increased the TANF payment by 9% across the board. She noted that while TANF and medical benefits are de-linked, TANF eligible persons receive medical benefits. The department will need to make an adjustment as the increase will make a marginally small level of persons eligible in that category.

Ms. Ellinger stated that disability advocates have been concerned about two programs. One of these is the spend-down pay-in program that should begin on November 1. The department will be inviting persons in spend-down status to satisfy the obligation by spending money equal to the spend-down amount. This will apply only to persons who are seniors, disabled or blind. It will especially affect persons that need prescription drugs. Allowing prepayment of the spend-down obligation will simplify authorization for split bill days.

V. Old Business

1) All Kids update. Enrollment statistics through July 31, 2008 were provided (Attachment 1 and Attachment 2). Lynne Thomas, chief of the Bureau of All Kids, stated that over 1.5 million children are enrolled. She advised that application processing is now at 22 days - slower as it is a busy time of year with increased back to school enrollments. She stated that about half of the applications come through the website and less than half of the applications are submitted by AKAAs (All Kids Application Agents).

2) Primary Care Case Management (PCCM) activity. Mr. Parker provided the update. He advised that the department continues to focus on measurement, sending provider profiles and will use the measure to establish provider bonus payments.

The department expects to see good quarterly numbers on the HEDIS (Healthcare Effectiveness Data and Information Set) measures. There is also tracking of childhood immunizations using a new reporting system, ICARE. The department is working with providers to make sure they put the information into the ICARE registry to get a full accounting of services provided.

Mary Driscoll asked if the new system replaces TOTS (Tracking Our Toddler's Shots) and if data on TOTS would now automatically be placed on ICARE?

Mr. Parker stated the ICARE system covers a broader range of data than TOTS and should be easier to use. He didn't know if TOTS data would automatically be transferred to ICARE. He added that there would be a demonstration of the ICARE system at IDPH next week.

Robert Anselmo stated that pharmacies are only allowed to provide immunizations to persons 15 years of age or older. He asked if it would be possible to amend the Pharmacy Practice Act to allow for a pharmacy to administer immunizations for children age 10 or older.

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Some discussion followed on how data may be captured when a pharmacy provides a vaccination.

- 3) Disease Management (DM).** No report for this period.
- 4) Medicare Part D.** Mr. Parker provided the update. He stated that every year the prescription drug plans resubmit their plans. The cost and formulary can change so developing plans that are actuarially sound and setting a benchmark rate is challenging. It is a challenge to ensure that Illinois Cares Rx enrollees are at the benchmark. If enrollees are over the benchmark, HFS will pay the premium and keep the person in the same plan.

The department expects there will be a few new coordinating plans and the plans already in place would continue.

In response to a question from Robin Scott, Mr. Parker advised that the plans coordinate with Illinois Cares Rx. He stated that coordination for dual eligibles is a federal decision.

- 5) Veterans Care.** Ms. Ellinger gave the report. She stated that the authorizing statute ended January 1 and that the program has been operating under a continuing plan with the Illinois Department of Veteran Affairs.
- 6) Access to Benefits and Services Task Force.** Ms. Ellinger was aware that members had asked for a copy of the task force report and in response would request Ann Lattig to send the web site link to MAC members. She advised that the report's focus was DHS and their workload backing up. The problems were primarily technological and improved technology would make services better.

DHS and HFS are open and supportive of the recommendations but large system changes revolve around both cost and time.

The department is working with IT staff on the All Kids application process to allow applicants to find an easier way to transmit data. Rather than going to our home page, applicants could go through a web service. The department is hoping an improvement in data transmittal for the All Kids application could be used as a model for other applications.

Ms. Ellinger recommended that since the report is complete we should take it off the MAC agenda.

VI. New Business.

- A PCCM report was requested at the last MAC meeting. Mr. Parker reviewed the Statewide Medical Homes and Client Enrollments report (Attachment 3). He provided definitions for medical home and panel size and stated that the

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department is virtually at 100% enrollments with the exception of ongoing new enrollees that have yet to choose a medical home.

- Chairman Pick asked if services would be affected with recent flooding and declared disaster areas in Illinois. Does the state plan to secure additional funding for flood victims?

Ms. Ellinger reviewed that as part of the response to hurricane Katrina, persons were forced to relocate out of state. As a result, Illinois dropped some verification requirements to expedite authorizing coverage. The recent flooding in Illinois is not likely to affect eligibility except possibly reduced income for self-employed persons.

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. Ms. Ellinger provided the report. She advised that 2 lengthy documents were sent out for comment to subcommittee members and other interested parties. One document was a brochure that described all of the HFS programs. The other document was a brochure that explains the Spend-down program.

She has asked current subcommittee members if they wish to continue in the group. She recommends expanding the group and add new members. The subcommittee will meet on Friday, October 24 at 10 a.m. The group will be reviewing materials that MCO (Managed Care Organizations) are sharing with clients. Michelle Maher wants to bring PCCM materials as well. This is the principle agenda item.

VIII. The meeting was adjourned at 11:00 a.m. The next MAC meeting is scheduled for November 21, 2008.

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All Kids Report**

Enrollment

- Enrollment data is attached. Enrollment data as of 07/31/08:
 - a. 1,380,384 All Kids Assist (Up to 133% of FPL)
 - b. 74,016 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 66,692 All Kids expansion children

Web-based application capability

We implemented our web-based application statewide on August 11, 2005. Since then, we have received a total 156,575 web apps: 104,190 from the general public and 52,385 from AKAA's.

MAC 09/19/08

	3/31/2008		4/30/2008		5/31/2008		6/30/2008	7/31/2008
	Previous	Current	Previous	Current	Previous	Current	Current	Current
	Numbers							
Pre-expansion children	1,252,099	1,257,637	1,268,117	1,271,953	1,266,974	1,273,485	1,276,742	1,279,479
All Kids Phase I	103,809	104,224	97,592	97,928	98,203	98,752	100,041	100,905
All Kids Phase II	62,851	62,883	66,328	66,262	66,855	66,751	66,542	66,316
All Kids Phase III	8,172	8,157	6,313	6,309	6,918	6,916	7,395	7,700
All Kids Expansion	63,963	64,189	63,893	64,002	64,716	64,997	65,942	66,692
TOTAL	1,490,894	1,497,090	1,502,243	1,506,454	1,503,666	1,510,901	1,516,662	1,521,092
All Kids Assist	1,355,908	1,361,861	1,365,709	1,369,881	1,365,177	1,372,237	1,376,783	1,380,384
All Kids Rebate, Share, Premium Level 1	71,023	71,040	72,641	72,571	73,773	73,667	73,937	74,016
All Kids Expansion	63,963	64,189	63,893	64,002	64,716	64,997	65,942	66,692
Total	1,490,894	1,497,090	1,502,243	1,506,454	1,503,666	1,510,901	1,516,662	1,521,092

**Statewide Medical Homes and Client Enrollments
for September 15, 2008**

Number of Medical Homes*	Panel Size	Eligible Client Count	Clients Enrolled in IHC	Clients Enrolled in MCO	Total Clients with a Medical Home
5,290	5,355,187	1,813,351	1,559,600	177,902	1,737,502

* FQHC/RHC/ERC Sites are counted as 1 Medical Home