

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee**

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

November 17, 2006

Members Present

Eli Pick, Chairman
Robert Anselmo, R.Ph
Neil Winston, MD.
John Schlofrock, Barton Mgt.
Susan Hayes Gordon
Mike Jones, IDPH
Debra Kinsey, DCFS

Members Absent

Pedro A. Poma, M.D.
Richard Perry, D.D.S
Alvin Holley
Kim Mitroka, Christopher Rural Health
Ralph Schubert, DHS
Robyn Gabel, IMCHC
Nancy Crossman, DHS
Diane Coleman, PCIL

HFS Staff

James Parker
Jacquetta Ellinger
Stephen Saunders, M.D.
Lynne Thomas
Carla Lawson
Victoria Nodal
James Monk

Interested Parties

Tammaji Kulkarni, M.D, Harmony Health Plan
Gerri Clark, DSCC
Julie Watson, M.D. Children's Memorial Hospital UIC
School of Public Health
Alice Holden, CMS
Kenzy Vandebroek, CDPH
Jenny Purdy, Hemophilia Center, Peoria

Medicaid Advisory Committee (MAC)
Draft Meeting Minutes

November 17, 2006

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 July and September minutes were reviewed and approved.

IV. Administrator's Report

James Parker, Deputy Administrator for Operations, provided an update on Primary Care Case Management (PCCM) activity. Special Assistant, Dr. Stephen Saunders, provided an update on the Disease Management (DM) program.

1) Primary Care Case Management (PCCM) activity

This December, letters will go out to northern Illinois beneficiaries advising of the need to choose a Primary Care Physician (PCP). The mailing includes an education packet with information comparing PCCM and Medicaid Managed Care and how to choose a PCP and enroll. Participants will need to choose a PCP within 60 days or have a default PCP assignment.

Mr. Parker stated that the primary focus at present is the recruitment of PCPs and building a primary care network. We are always looking for ways to outreach to providers and we are open to ideas and help in recruitment. We are getting more comfortable that we have an adequate network. Hospital administrators have been helpful with PCP enrollment.

Although the network may now be adequate, we are concerned that some doctors who have been rendering primary care to our patients may not have signed up to be PCPs in the PCCM program. The result will be that their patients will be assigned to another provider, causing an interruption in continuity of care and the provider's revenue stream.

We have our *PCCM/DM* subcommittee structure in place and continue to receive feedback on rules for the referral process, a primary concern for physicians and hospitals. Providers want direct access services defined and clarification of how the referral system works. The committee process is open to providers and

advocates that want to give input on the referral process or other aspects of the program.

Susan Hayes Gordon stated that she appreciated the time allowed to develop the referral process.

Mr. Parker stated that the amendment to rules was filed yesterday and included input from Children's Memorial hospital, the Illinois Hospital Association (IHA) and Illinois Primary Health Care Association (IPHCA). The new set of rules will be out for comment on December 12 and published in the *Illinois Register*. The rules address mandatory enrollment and PCP panel size.

2) Disease Management (DM)

Dr. Saunders reported that the disease management component contracted to vendor, McKesson Health Solutions, has been underway since July 1. McKesson has assigned about 160 staff, composed primarily of nurses and social workers. Working in 24 catchment areas, these staff locate members with high-risk conditions to provide health education and referral services. There are about 180,000 participants eligible for DM services, mostly AABD (Aid to Aged, Blind, Disabled) adults. The strategy is to stratify members by level of risk and to provide services first to the top 2-3 percent, then working to the next group most at risk. This approach should have the greatest impact.

As part of the program, the department is reviewing potential inappropriate utilization. We found that when the DM target group was stratified, 40 percent had a primary or secondary mental health condition. Starting in November, McKesson will be mailing physicians information on their patients with mental illness. This feedback will allow providers to assess their patients' psychotropic medication utilization. At a later date, we will look at non-psychotropic drugs.

We are finalizing a baseline database on the care of these patients. The baseline is FY06 data that will allow us to see where we are starting and where the problems are. In partnership with McKesson, we will work on improving these metrics.

Robert Anselmo asked if the baseline might be shared with MAC members.

Dr. Saunders advised that we would be happy to share the baseline data when ready and hope to have the data available for the next meeting.

It was noted that the DM baseline database should be put on the agenda for the next meeting if it is available by then.

V. Old Business

All Kids and FamilyCare update. Enrollment statistics from April 2006 through September 30, 2006 were provided. Lynne Thomas, Bureau of All Kids

Chief, stated the number of enrollments has continued to grow. She advised that the All Kids hotline has seen an increase in calls that corresponds with increased TV public service messages. She noted that as applications are approved, we find many children that would have been eligible under the pre All Kids expansion income standards.

Ms. Thomas stated that a letter has gone out to families where the children had coverage but not the parents as the parents may also be eligible.

Jacquetta Ellinger, Deputy Administrator for Policy Coordination, stated the All Kids expansion rules were finalized and filed in October. HFS adjusted the rules based on comments received during the review period. HFS has added an exception to the circumstances under which a child does not have to be uninsured during the past 12 months to qualify. Under the final rule, a child may be enrolled if a noncustodial parent provides their health insurance and for practical purposes the coverage is inaccessible to the child. HFS will next work to amend the All Kids rules.

Medicare Part D. Mr. Parker reported that the department has two new coordinating Part D Prescription Drug Plans. These are WellCare and Healthspring.

He stated that HIV drug copayments might now be covered under Medicare Part D.

The new Medicare Part D open enrollment period began on November 15 and continues through December 31.

Veterans Care. Ms. Ellinger provided an overview and update. Veterans Care started on September 1 and is a program administered in partnership with the Illinois Department of Veterans Affairs (IDVA). The IDVA does the outreach and certifies that an applicant has 180 days of military service and has not been dishonorably discharged. IDVA sends referrals to HFS which reviews for income and other eligibility.

The state has been criticized for a slow start. Enrollment has started conservatively but HFS anticipates growth. One offshoot of this program is finding veterans that were eligible for federal benefits but did not know it.

HFS filed an emergency rule to implement Veterans Care in September. Under the emergency rule, veterans must be uninsured for 6 months to qualify with no exception allowed. In the final rule, HFS intends to allow for some exceptions along the lines of what is permitted under All Kids.

VI. New Business

Ethics Training

Ms. Ellinger stated that ethics training materials are in the meeting packet. She asked that members complete the packet even if they have done this for another work group. The packets need to be completed before the end of the calendar year.

VII. Subcommittee Reports

Long Term Care (LTC).

Chairman Pick stated that the committee had looked at activity at both the Federal and State level. The State has filed for the MFP (Money Follows the Person) grant, which would change the reimbursement methodology for certain persons receiving in-home services. The State would receive a 75 percent match instead of the current 50 percent match. The state is waiting to hear a response on its application.

The Older Americans Act has passed at the Federal level and so the legislation is renewed.

At the State level, plaintiffs who were allegedly eligible for electric wheel chairs won a lawsuit. Clients have been notified of the decision.

The State is moving forward with implementation of the minimum data set (MDS) clinical tool for a portion of nursing home reimbursement by January 1, 2007.

The number of Supportive Living Facilities (SLF) slots has increased from 3500 to 6500. There is an additional 33 sites that include both new and modified buildings. Discussion continues on mental health and if the SLF program can be modified to include this population.

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

Pharmacy Subcommittee Charge. Robert Anselmo reported that the committee had met in October. Medicare Part D was reviewed. The committee asked HFS for a “cost of dispensing” study. Walmart’s \$4 prescription program was also discussed at the subcommittee meeting.

The new procedure for dispensing Plan B as an over-the-counter (OTC) product was also discussed. Mr. Anselmo stated that there will be issues regarding accessibility as pharmacists understand past procedure as they can’t bill over-the-counter items without a doctor’s prescription. He believes that a great number of pharmacists will ask for a prescription to issue this OTC drug and will err on the side of caution and not issue without the prescription. He stated that the

Department of Professional Regulation (DPR) and HFS must do more to educate providers about the Plan B change.

As background, Mr. Parker shared that the department has required a doctor's order to keep patients from stocking up on OTC medications. For billing, a pharmacist must have an Rx number and doctor's name.

HFS has released an official provider notice for Plan B stating that a doctor's order will not be required. The department has published a prescriber number and name for pharmacies to use when dispensing this OTC item.

Mr. Parker stated that we have consulted with the Department of Professional Regulation. We could put out a separate memo for pharmacists. Mr. Anselmo liked that idea. He stated pharmacists are hooked up with some 15,000 different drug plans. A letter may go out but not be read. Professional letters are good but another announcement is also needed to ensure that pharmacists both see and hear about the changes.

Mr. Parker stated that department staff will speak with DPR regarding plans to publish the rule.

Chairman Pick suggested that the pharmacist professional association must also be involved with getting the information out.

The group also discussed notifying doctors of the change and the need to review some of the FDA guidelines on patient pick-up.

Mr. Anselmo asked about the adjudication process, if there would be "instant adjudication" and the impact of posting claims overnight. He suggested that a patient might go to ten pharmacies in one day. The next day the first claim would be paid but not the other nine.

Mr. Park advised that this situation should be covered under the "Refill Too Soon" procedure and expected providers would be paid.

Mr. Anselmo asked if there would be any limit on dispensing Plan B. Mr. Parker responded that today there are no limits; however, we are having discussions at this time. In any case, the limitations would not be the responsibility of the pharmacist.

Public Education Subcommittee.

Ms. Ellinger reported that the committee has revved up during the last month or so. Documents related to PCCM have been reviewed.

The department has been working for a long time on a document to explain the relationship between taking government benefits and getting permanent resident status. The committee has reviewed a brochure explaining public charge.

Ms. Kenzy Vandebroek stated that she was pleased to be asked to look at PCCM documents being developed. She was pleased to see the level of health literacy was done carefully with clarity and consistency.

At Ms. Ellinger's request, Chairman Pick appointed Sue Vega to the committee.

VIII. Adjournment

The meeting was adjourned at 11:05 a.m. The next MAC meeting is scheduled for January 19, 2007.

Medicaid Advisory Committee
November 17, 2006
All Kids/FamilyCare Report

Enrollment

- Enrollment data is attached. Enrollment data as of 09/30/06:
 - a. 1,195,928 All Kids Assist (Up to 133% of FPL)
 - b. 53,338 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 22,015 All Kids expansion children
 - d. 5,377 Moms and babies expansion (133% to 200% of FPL)
 - e. 354,833 pre-expansion parents (up to approx. 35% of FPL)
 - f. 131,255 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 56,180 web apps: 38,001 from the general public and 18,179 from AKAAs.

	4/30/2006		5/31/2006		6/30/2006		7/31/2006		8/31/2006	9/30/2006
	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Current	Current
	Numbers									
All Kids Assist	1,151,808	1,156,943	1,147,874	1,160,163	1,162,190	1,168,143	1,164,498	1,185,241	1,196,854	1,195,928
All Kids Rebate, Share, Premium Level 1	44,135	44,181	46,048	46,082	47,223	47,292	49,916	49,946	51,564	53,338
All Kids Expansion							7,755	13,736	18,644	22,015
Moms and Babies Expansion	5,738	5,861	5,553	5,801	5,586	5,586	5,341	5,615	5,590	5,377
Pre-expansion Parents	364,708	367,666	359,272	364,486	360,116	360,116	354,567	360,635	358,085	354,833
FamilyCare Parent Expansion	119,605	120,431	121,414	123,094	125,408	126,455	126,190	128,224	130,482	131,255
Total	1,685,994	1,695,082	1,680,161	1,699,626	1,700,523	1,707,592	1,708,267	1,743,397	1,761,219	1,762,746