

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
November 20, 2009**

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

**Members Present**

Myrtis Sullivan, DHS  
Kathy Chan for Robyn Gabel, IMCHC  
Karen Moredock, DCFS

**Members Absent**

Eli Pick, Chairman  
Susan Hayes Gordon, Children's Memorial Hospital  
Robert Anselmo, R.Ph.  
John Shlofrock, Barton Management  
Pedro A. Poma, M.D.  
Kim Mitroka, Christopher Rural Health  
Neil Winston, M.D.  
Richard Perry, D.D.S.  
Mary Driscoll, DPH

**HFS Staff**

James Parker  
Tracy Keen  
Eric Watson  
Jamie Tripp  
Gina Swehla  
Amy Wallace  
James Monk

**Interested Parties**

Andy Kane  
Marvin Hazelwood  
Andrea Kovach and Carrie Gilbert, Sargent Shriver  
Lora McCurdy, Illinois Assoc. for Rehab. Facilities  
Mike Lafond, Abbott  
Mandy Ungrittanon, Quest Diagnostics  
Robin Scott, Chicago DPH  
Vince Champagne, DCFS  
Deb Mathews, DSCC  
Judy King  
Mary Capetillo, Lilly

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
November 20, 2009**

**I. Call to Order**

Myrtis Sullivan called the meeting to order at 10:10 a.m.

**II. Introductions**

Attendees in Chicago and Springfield introduced themselves.

**III. Review of the Minutes**

The March, May, July and September minutes were not reviewed for lack of a quorum.

**IV. Administrator's Report**

James Parker, Deputy Administrator, Division of Medical Programs, provided the report.

Mr. Parker advised the committee that HFS posted an intent to issue a Request for Proposals on the procurement bulletin board to procure two HMOs (Health Maintenance Organizations) to provide an integrated care delivery system for a select geographic area in Northern Illinois. The target population under the RFP will be elderly or disabled adults that are not Medicare/Medicaid dual-eligible living in Lake, Du Page, Kane, Will and Kankakee counties and in Cook County outside the City of Chicago. The disabled population is defined as adults whom are categorically eligible for Aid to the Disabled with a category 93 case and are not eligible for Medicare as well. This group may include persons receiving mental health services, enrolled with the Department of Rehabilitation Services and adults covered under the State's Home and Community Based Services waiver programs.

The Federal CMS requires that two HMOs be offered to potential enrollees. The department has decided on geographic boundaries that allow for targeting 40,000 potential enrollees, with the anticipation that each HMO would cover about 20,000 persons. There would be a mandatory enrollment process similar to the process used under PCCM program. The HMOs will be responsible for managing all patient care services. The department is not advocating for any carve-out services, although there have been some discussions to carve out pharmacy services. However, the department believes that a healthcare bill will be passed by Congress and the bill would have prescription drugs included in the available services. If this happens there will be no "carve-out" for HMO pharmacy services

Mr. Parker stated that the State is seeing tough revenue times. Provider payment requests sent by HFS to the Comptroller's office go back as far as August 4, 2009. Without adequate funds, HFS requests may be held at the Comptroller's office for 90 days or more.

The State legislature passed SB1265, creating the Healthcare Provider Relief Fund, and although no funds are available as yet, we are hopeful this will have a positive impact on our providers. The department is also pursuing Federal match for medical services provided under the FamilyCare coverage. The department believes the State plan amendment for the Title XIX match for these services will be approved for an estimated service cost of about \$200 million. The department hopes to receive these matching funds in January or February 2010.

It was asked if there is a plan for payment for DD/MH (Developmental Disabilities/Mental Health) providers who had been forced to borrow from banks to continue services. Mr. Parker stated that he is not aware of any new borrowing plan to pay these providers.

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
November 20, 2009**

It was asked if there is any truth to rumors about budget cuts for the second half of FY10. Mr. Parker stated that all agencies received a letter from the Governor asking each to identify potential cuts. HFS identified cutting 3% of contractual payments. HFS reserving funds means paying slower. Mr. Parker added that reductions in the Drug Rebate Fund are on the table.

**V. Old Business**

**All Kids and FamilyCare update.** Enrollment statistics through September 30, 2009 were provided (Attachment 1 and 2). Tracy Keen, Manager, Central All Kids Unit, stated that application processing is at 32 days. Enrollment continues to grow. About 65% of applications come from families and about 35% from All Kids Application Agents (AKAAs).

Kathy Chan asked if numbers would be included for FamilyCare enrollment. Mr. Parker answered that there is some difficulty in defining enrollment under the HIPPA waiver and also the issue of defining and formatting the FamilyCare numbers. He stated that the department wants to get the numbers out but there is not a release date as yet.

**Primary Care Case Management (PCCM) activity.** Mr. Parker provided the update. Meeting participants received a handout (Attachment 3) showing the number of medical homes and client enrollments statewide as of November 14, 2009. There were no questions on the handout.

Mr. Parker advised that the rollout of the Primary Care Provider (PCP) edit has been activated in the Northwest region. The region was defined as North and West of Peoria to the state line. The edit affects only PCPs who see a patient that is not on their or their practices' panel. The claim will reject unless the PCP refers the patient. Billing from a specialist is not affected. The goal is to improve patient care management by having care directed through the PCP. The edit is scheduled to be activated for the Cook collar counties in December 2009, with Cook County following in February 2010 and the rest of the State in April 2010.

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

**Medicare Part D.** Eric Watson, a manager with the Illinois Cares Rx program, provided the report.

For the most part, the same coordinating Health Plan Providers participating in 2009 will again be participating in 2010. There will be changes in some plan offerings and some plans will no longer be coordinating. The biggest change is that Illinois Cares Rx (ICRx) members enrolled in AARP Medicare Rx Preferred and United Health Rx Basic will be moved to AARP Medicare Rx Saver for 2010. This will happen automatically and those members affected will not be required to do anything. Also, the Humana PDP Standard plan will no longer be offered and enrollees will automatically be transferred to Humana Value for 2010.

The last date for members to apply on-line for ICRx to begin in January 2010 is December 4, 2009. After this date there could be a break in coverage and a start date in February 2010.

Mr. Watson advised that effective January 1, 2010; all Medicare-eligible ICRx members would receive the comprehensive ICRx Plus benefit. Current Medicare-eligible ICRx Basic members

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
November 20, 2009**

will automatically be enrolled for the Plus benefit. This will affect about 20,000 enrollees. For members not eligible for Medicare, ICRx will continue to be divided into ICRx Plus and ICRx Basic. Members will be advised of this change in a mailing schedule to go out next week.

Co-payments for Medicare – eligible members in 2010 include \$2.50 for generic drugs; \$6.30 for preferred brand name drugs; and \$15 for non-preferred and specialty drugs.

**Follow-up on Ethics Training.** Staff from the Office of the HFS General Counsel was not available. Gina Swehla with the Bureau of Maternal and Child Health Promotion reported that the MAC Ethics Officer would be the HFS Chief Legal Counsel, Jeanette Badrov. Ms. Swehla advised that MAC members were to read the Ethics Training packet, sign and complete the last page “Acknowledgement of Participation” and send the signed page to the office of Mike Stehlin, Chief, Bureau of Training, no later than December 23, 2009.

**VI. New Business**

**Dental Policy Meeting Update.** Ms. Swehla provided the update. She advised that Deborah Saunders, Chief of the Bureau of Maternal & Child Health Promotion, was unable to attend today but wanted her to follow up on the request from the previous meeting for data on Early Periodic Screening, Diagnosis and Treatment (EPSDT) for children’s dental services. Meeting participants were provided two handouts that included a 2008 Annual EPSDT Participation Ratio Comparison of Illinois and Chicago (Attachment 4) and a Chicago Annual EPSDT Participation report (Attachment 5). The Chicago report was prepared using the CMS 416 format.

Ms. Swehla reviewed the reports. She stated that the under age one population is exclude from the analysis based on the American Academy of Pediatric Dentistry recommendation that dental services should begin at age one. Also on the second report, the abbreviations “CN” and “MN” stand for Categorically Needy and Medically Needy, respectively.

Ms. Swehla advised that the department has seen an increase in provider participation and access to services. As an example, she cited the Fluoride Varnish Program that trains pediatricians in Cook collar counties and Federal Qualified Health Centers (FQHCs) around the State to apply the varnish for younger children.

Vince Champagne asked if the State has done a study to see where the dental specialists are located. Ms. Swehla responded that the department does have data; however, getting specialists to enroll is hard. HFS has found that working with specialty groups like the Illinois Society of Orthodontia has been productive. She advised that the department continues to work with the Dental Champions Program in which Medicaid enrolled dentists encourage their peers to enroll as providers.

A meeting participant advised that she has heard that it is getting harder for developmentally disabled (DD) patients to reach a dentist and in one case a patient was brought from Vandalia to Chicago for service. Ms. Swehla advised that the department doesn’t pay for adult preventive dental services, but that Hope School in Springfield plans to expand and partner with Sangamon County Health Department to provide more DD dental services. She also noted that it is no longer true that dentists are not paid in a timely manner.

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
November 20, 2009**

Judy King stated that she was disappointed with HFS as review of the CMS form 416 report is not on the meeting agenda. She advised that she has come to several meetings when the report has not been discussed. Mr. Parker advised that the report may be discussed further at the next meeting.

Andrea Kovach asked if there was any feedback or upcoming changes discussed at the orthodontia meeting. Ms. Swehla stated there was discussion on the Salzman Index as a standard for authorizing orthodontia services. At the current required index rating of 42, not many children qualify. Also, children under the DCFS children have different criteria and are eligible regardless of the Salzman score.

**Open to Committee**

Mr. Champagne stated that he had recently seen a journal article from Columbia University that showed favorable data on the EPSDT participation rate for adolescents in Illinois compared to other states. Federal CMS data showed Illinois' participation rate at 67% compared to a national participation rate of 39%. The report may be found on the Internet at <http://www.teenscreen.org/policy-center>

Ms. Kovach asked if the PCCM subcommittee is still meeting, and if yes, what the next meeting date is. Ms. King asked if it possible to put subcommittee meeting schedule on the web? Mr. Parker recommended that Ms. Kovach contact Michelle Maher and believed the next meeting is December 3, 2009 at 10 am in the videoconference room. He advised that it should be possible to put the meeting schedule on the HFS website.

Mary Capetillo is interested in links about the Disease Management program outcomes and questioned if the information may be shared with the committee. Mr. Parker advised that the best resource is the Your HealthCare Plus website at <http://www.yhplus.com>. HFS also has information at <http://www.hfs.illinois.gov/dm>

Mr. Parker advised that HFS is considering a change in the MAC meeting schedule from every other month to once a quarter. It is hoped this change would improve member participation and is allowable under the MAC by-laws. The plan is to get a schedule out to MAC members and solicit feedback on the proposed change. Mr. Parker also stated that the Department would like to build the MAC membership, as members are lost through attrition and the by-laws limits the term of service. HFS is now looking for nominations for new members and would consider nominations from the meeting participants.

**VII. Subcommittee Reports**

**Long Term Care (LTC)** Mr. Parker advised that there was no one present to report on the last meeting but he would ask Kelly Cunningham to submit a report to be included in the minutes.

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

**Pharmacy Subcommittee.** No report for this period.

**VIII.** The meeting was adjourned at 11:45 a.m. The next meeting date to be announced.

**Medicaid Advisory Committee**  
**November 20, 2009**  
**All Kids Report**

**Enrollment**

- Enrollment data is attached. Enrollment data as of 09/30/09:
  - a. 1,531,118 All Kids Assist (Up to 133% of FPL)
  - b. 74,545 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
  - c. 72,333 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 226,219 web apps: 154,314 from the general public and 71,905 from AKAA's.

MAC 11/20/09

	6/30/2009		7/31/2009		8/31/2009	9/30/2009
	Previous	Current	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
Pre-expansion children	1,397,500	1,401,288	1,402,789	1,409,260	1,415,528	1,419,100
All Kids Phase I	106,434	106,873	107,890	108,647	110,501	112,018
All Kids Phase II	67,578	67,590	67,402	67,340	66,812	66,334
All Kids Phase III	7,630	7,629	7,838	7,838	8,072	8,211
All Kids Expansion	71,367	71,432	71,752	71,862	72,209	72,333
<b>TOTAL</b>	<b>1,650,509</b>	<b>1,654,812</b>	<b>1,657,671</b>	<b>1,664,947</b>	<b>1,673,122</b>	<b>1,677,996</b>
All Kids Assist	1,503,934	1,508,161	1,510,679	1,517,907	1,526,029	1,531,118
All Kids Rebate, Share, Premium Level 1	75,208	75,219	75,240	75,178	74,884	74,545
All Kids Expansion	71,367	71,432	71,752	71,862	72,209	72,333
<b>Total</b>	<b>1,650,509</b>	<b>1,654,812</b>	<b>1,657,671</b>	<b>1,664,947</b>	<b>1,673,122</b>	<b>1,677,996</b>

**Statewide Medical Homes and Client Enrollments  
for November 14, 2009**

<b>Number of Medical Homes*</b>	<b>Panel Size</b>	<b>Eligible Client Count</b>	<b>Clients Enrolled in IHC</b>	<b>Clients Enrolled in MCO</b>	<b>Total Clients with a Medical Home</b>
<b>5,551</b>	<b>5,283,520</b>	<b>1,985,054</b>	<b>1,715,595</b>	<b>195,544</b>	<b>1,911,139</b>

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

**Healthcare and Family Services  
FFY 2008 CMS-416 Format for Illinois and Chicago  
Dental Services**

**Illinois**

<b>Line Reference: FFY 2008 Illinois CMS-416 Annual Report</b>	Totals*	Ages 1 through 20 Total Eligible	Eligibility Ratio Ages 1 through 20	Ages 3 through 20 Total Eligible	Eligibility Ratio Ages 3 through 20	Ages 6 through 20 Total Eligible	Eligibility Ratio Ages 6 through 20
<b>1. Total individuals eligible for EPSDT</b>	1,472,021	1,387,969	94.29%	1,185,836	80.56%	925,443	62.87%

<b>Line References: FFY 2008 Illinois CMS-416 Annual Report</b>	Ages 1 through 20 Receiving Services	Ages 1 through 20 Total Eligible	Participation Ratio Ages 1 through 20	Ages 3 through 20 Receiving Services	Ages 3 through 20 Total Eligible	Participation Ratio Ages 3 through 20	Ages 6 through 20 Receiving Services	Ages 6 through 20 Total Eligible	Participation Ratio Ages 6 through 20
<b>12a. Total Eligibles Receiving Any Dental Services</b>	564,191	1,387,969	40.65%	530,983	1,185,836	44.78%	392,180	925,443	42.38%
12b. Total Eligibles Receiving Preventive Dental Services	521,076	1,387,969	37.54%	493,275	1,185,836	41.60%	364,623	925,443	39.40%
12c. Total Eligibles Receiving Dental Treatment Services	216,308	1,387,969	15.58%	212,616	1,185,836	17.93%	170,313	925,443	18.40%

\* Totals are from the 2008 Illinois CMS-416 annual report, Line 1 "Total" column

**Chicago**

<b>Line Reference: FFY 2008 Chicago Annual EPSDT Participation Report</b>	Chicago Totals**	Ages 1 through 20 Total Eligible	Eligibility Ratio Ages 1 through 20	Ages 3 through 20 Total Eligible	Eligibility Ratio Ages 3 through 20	Ages 6 through 20 Total Eligible	Eligibility Ratio Ages 6 through 20
<b>1. Total individuals eligible for EPSDT</b>	530,905	501,330	94.43%	436,890	82.29%	349,447	65.82%

<b>Line References: FFY 2008 Chicago Annual EPSDT Participation Report</b>	Ages 1 through 20 Receiving Services	Ages 1 through 20 Total Eligible	Participation Ratio Ages 1 through 20	Ages 3 through 20 Receiving Services	Ages 3 through 20 Total Eligible	Participation Ratio Ages 3 through 20	Ages 6 through 20 Receiving Services	Ages 6 through 20 Total Eligible	Participation Ratio Ages 6 through 20
<b>12a. Total Eligibles Receiving Any Dental Services</b>	229,798	501,330	45.84%	213,761	436,890	48.93%	159,640	349,447	45.68%
12b. Total Eligibles Receiving Preventive Dental Services	216,300	501,330	43.15%	201,679	436,890	46.16%	150,273	349,447	43.00%
12c. Total Eligibles Receiving Dental Treatment Services	177,408	501,330	35.39%	164,901	436,890	37.74%	123,715	349,447	35.40%

\*\* Totals are from the Chicago 2008 CMS-416 format report, Line 1 "Total" column

**ANNUAL EPSDT PARTICIPATION REPORT**

**CHICAGO FFY: 2008**

			Total	< 1 Year	01-02	03-05	06-09	10-14	15-18	19-20
1	Total Individuals Eligible for EPSDT	C N	482,778	25,590	62,658	82,715	97,278	108,510	82,154	23,873
1	Total Individuals Eligible for EPSDT	M N	48,127	3,985	1,782	4,728	9,052	14,704	11,304	2,572
Total	Total Individuals Eligible for EPSDT		530,905	29,575	64,440	87,443	106,330	123,214	93,458	26,445
2A	State Periodicity Table			6.	4.	3.	2.	3.	2.	1.
2B	Number of Years In Age Group			1.	2.	3.	4.	5.	4.	2.
2C	Annualized State Periodicity Schedule			6.	2.	1.	1.	1.	1.	1.
3A	Total Months of Eligibility	C N	5,355,686	159,484	712,816	956,293	1,127,477	1,255,494	940,222	203,900
3A	Total Months of Eligibility	M N	459,872	16,283	15,731	46,709	93,724	154,167	115,904	17,354
Total	Total Months of Eligibility		5,815,558	175,767	728,547	1,003,002	1,221,201	1,409,661	1,056,126	221,254
3B	Average Period of Eligibility	C N	0.924	0.519	0.948	0.963	0.966	0.964	0.954	0.712
3B	Average Period of Eligibility	M N	0.796	0.341	0.736	0.823	0.863	0.874	0.854	0.562
Total	Average Period of Eligibility		0.913	0.495	0.942	0.956	0.957	0.953	0.942	0.697

			Total	< 1 Year	01-02	03-05	06-09	10-14	15-18	19-20
4	Expected Number of Screenings Per Eligible	C N		3.116	1.896	0.963	0.483	0.579	0.477	0.356
4	Expected Number of Screenings Per Eligible	M N		2.043	1.471	0.823	0.431	0.524	0.427	0.281
Total	Expected Number of Screenings Per Eligible			2.972	1.884	0.956	0.479	0.572	0.471	0.349
5	Expected Number of Screenings	C N	1,742,642	318,968	475,211	318,764	187,913	251,099	156,704	33,983
5	Expected Number of Screenings	M N	248,586	64,330	20,770	30,731	30,163	59,396	37,400	5,796
Total	Expected Number of Screenings		2,458,709	471,181	617,405	433,079	268,959	380,978	238,109	48,998
6	Total Screens Received	C N	382,186	112,629	86,235	68,082	35,735	45,668	29,558	4,279
6	Total Screens Received	M N	36,144	10,715	2,502	4,548	4,320	8,244	4,973	842
Total	Total Screens Received		418,330	123,344	88,737	72,630	40,055	53,912	34,531	5,121
7	Screening Ratio	C N	0.219	0.353	0.181	0.214	0.190	0.182	0.189	0.126
7	Screening Ratio	M N	0.145	0.167	0.120	0.148	0.143	0.139	0.133	0.145
Total	Screening Ratio		0.170	0.262	0.144	0.168	0.149	0.142	0.145	0.105
8	Should Receive at Least 1 Screen	C N	325,364	25,590	62,658	79,691	46,978	62,775	39,176	8,496
8	Should Receive at Least 1 Screen	M N	26,824	3,985	1,782	3,892	3,905	7,708	4,829	723
Total	Should Receive at Least 1 Screen		352,188	29,575	64,440	83,583	50,883	70,483	44,005	9,219
9	<u>Total Eligibles With @ Least 1 Screen</u>	C N	212,294	20,299	45,936	48,677	31,607	36,059	23,700	6,016

			Total	< 1 Year	01-02	03-05	06-09	10-14	15-18	19-20
9	<u>Total Eligibles With @ Least 1 Screen</u>	M N	22,026	3,278	1,240	2,955	3,465	6,171	3,857	1,060
Total	<u>Total Eligibles With @ Least 1 Screen</u>		234,320	23,577	47,176	51,632	35,072	42,230	27,557	7,076
10	Participant Ratio	C N	0.652	0.793	0.733	0.611	0.673	0.574	0.605	0.708
10	Participant Ratio	M N	0.821	0.823	0.696	0.759	0.887	0.801	0.799	1.466
Total	Participant Ratio		0.665	0.797	0.732	0.618	0.689	0.599	0.626	0.768
11	Total Eligibles Referred for Corrective Treatment	C N	80,367	9,308	8,823	15,134	18,127	21,581	6,568	826
11	Total Eligibles Referred for Corrective Treatment	M N	5,858	894	225	827	1,170	1,918	711	113
Total	Total Eligibles Referred for Corrective Treatment		86,225	10,202	9,048	15,961	19,297	23,499	7,279	939
12A	Total Eligibles Receiving Any Dental Services	C N	205,918	556	15,548	50,847	59,545	53,075	23,754	2,593
12A	Total Eligibles Receiving Any Dental Services	M N	24,460	24	489	3,274	6,612	8,951	4,756	354
Total	Total Eligibles Receiving Any Dental Services		230,378	580	16,037	54,121	66,157	62,026	28,510	2,947
12B	Total Eligibles Receiving Preventive Dental Services	C N	193,906	428	14,177	48,323	57,186	50,763	21,164	1,865
12B	Total Eligibles Receiving Preventive Dental Services	M N	22,835	13	444	3,083	6,306	8,510	4,303	176
Total	Total Eligibles Receiving Preventive Dental Services		216,741	441	14,621	51,406	63,492	59,273	25,467	2,041
12C	Total Eligibles Receiving Dental Treatment Services	C N	157,283	370	12,122	38,554	43,193	39,155	21,472	2,417
12C	Total Eligibles Receiving Dental Treatment Services	M N	20,512	17	385	2,632	5,334	7,450	4,355	339

			Total	< 1 Year	01-02	03-05	06-09	10-14	15-18	19-20
Total	Total Eligibles Receiving Dental Treatment Services		177,795	387	12,507	41,186	48,527	46,605	25,827	2,756
13	Total Eligibles Enrolled in Managed Care	C N	123,278	5,741	17,221	22,550	26,001	27,271	18,914	5,580
13	Total Eligibles Enrolled in Managed Care	M N	5,855	274	164	514	1,167	1,970	1,471	295
Total	Total Eligibles Enrolled in Managed Care		129,133	6,015	17,385	23,064	27,168	29,241	20,385	5,875
14	Total Number of Screening Blood Lead Tests	C N	140,657	21,518	56,372	62,767				
14	Total Number of Screening Blood Lead Tests	M N	5,940	738	1,591	3,611				
Total	Total Number of Screening Blood Lead Tests		146,597	22,256	57,963	66,378				

Chicago