Medicaid Advisory Committee
Meeting Minutes – March 16, 2007

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

Members Present
Eli Pick, Chairman
Robyn Gabel, IMCHC
Diane Coleman, PCIL
John Schlofrock, Barton Mgt.
Susan Hayes Gordon
Debra Kinsey, DCFS
Nancy Crossman, DHS

Members Absent
Pedro A. Poma, M.D.
Richard Perry, D.D.S
Robert Anselmo, R.Ph.
Kim Mitroka – Christopher Rural Health
Neil Winston, M.D.
Myrtis Sullivan, IDHS

HFS Staff
Jacquetta Ellinger
James Parker
Steve Saunders
Lynne Thomas
Sinead Madigan
Carla Lawson
Aundrea Hendricks
James Monk
Mike Jones

Interested Parties
Victoria Bigelow, Access to Care
Kathy Bovid, Bristol-Myers, Squibb
Patrick Gallagher, ISMS
Alice Holden, CMS (HHS)
Kenzy Vandebroek, CDPH
Sharon Dyer-Nelson, IDHS-HCD
George Hovanec - Consultant
Deb Matthews - DSCC
Mary Davis - Comprehensive Bleeding Disorder Center
Marsha Hurn - Comprehensive Bleeding Disorder Center
Mike Patton - Illinois Pharmacy Association
Bonnie Schaafsma - Illinois Association Public Health Administrators

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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 January minutes were reviewed and approved.

IV. Administrator's Report

James Parker, Deputy Administrator for Operations, provided the administrator's report. He stated that comments are due to the federal CMS for the proposed IGT (Intergovernmental Transfer) change. This rule has a dramatic effect on federal funding of governmental health care providers like Cook County. Comments are due by Monday. We do have dot points on the proposal and they are available electronically if persons wish to comment no later than Monday.

Mr. Parker advised that HFS has not yet issued the FY07 payments financed by the hospital assessment. The FY07 payments are due shortly; however, we must delay until the department receives the supplemental appropriation.

The Governor has announced the "Illinois Covered" health plan. He has proposed a new revenue stream to finance expanded health coverage. We are anxious for all interested parties to learn more and support the Governor's proposal.

The coverage provided will be a combination of a standardized commercial coverage with stop loss protection for insurers, premium assistance for persons with income under 400 percent of poverty and expansion of public healthcare programs including FamilyCare and benefits anyone with income under 100 percent of poverty. The bill is being worked on. Language on the tax to support the bill is also being worked on.

Robyn Gabel asked if a small business with less than $1 million in gross receipts and fewer than 25 employees that are insured, could drop their company insurance and buy in to the Illinois Covered choice.

Mr. Parker believed there would be no barrier to participate and the gross receipts amount was not relevant. He stated that one way or another; employees will get relief whether through premium assistance or the Illinois Covered Choice product.

The 25 or fewer employees provision is relevant to purchasing group coverage at cheaper prices. Consideration of companies with 10 employees is relevant for the tax. There is a substantial subsidizing by the state available to small employers or individuals.

Ms. Ellinger emphasized the importance of Illinois Covered. She stated that this is a huge and fundamental shift in the responsibility of the state in providing health coverage. It will require revenue restructuring to support it. It will be tough to get it passed and we need your help. Information about Illinois Covered is posted on the website at <www.illinoiscovered.com>. Ms. Gabel added that the Illinois Maternal & Child Health Coalition is also organizing around this issue.

George Hovanec looked for clarification on a budget book item. He asked if "shared services" implies that all contractual and detail work will come under this provision.

Mr. Parker advised that he didn't know but could look into it. Ms. Ellinger thought that the provision did not include contract monitoring.

Mr. Hovanec believed that the Hospital Assessment plan would happen later in the year. He believed it might not happen until the end of the legislative session. He asked if there was any hope that it will happen sooner.

Ms. Gabel shared that advocacy groups have asked her if revenue from the GRT (Gross Receipts Tax) is in the HFS budget. The concern is that something like a provider rate increase doesn't happen unless GRT is passed. Both Mr. Parker and Ms. Ellinger stated that certain increases are tied to the package.

Mr. Hovanec referred to the budget book, Table 1A that shows amounts of $300 and $390 million, although not sure of what it represents specifically.
He noted that the full amount of the GRT was not going to HFS.

V. Old Business

1) **All Kids and FamilyCare Update.** Enrollment statistics from April 2006 through January 31, 2007 were provided. Lynne Thomas, Chief of the Bureau of All Kids, stated that program enrollment has continued to grow. We are processing at 31 days. There is an increased need for customer service (case maintenance) staff.

   Ms. Gabel asked how the hotline was going. Mr. Parker advised that there were five new employees trained last week and added.

He advised that the All Kids hotline gets fewer calls than the general hotline. With PCCM letters going out, we are looking to see if the volume of calls increases.

2) **Primary Care Case Management (PCCM) Update.** Mr. Parker reported that for Illinois Health Connect, we are sending about 22,000 letters per day in Cook and the collar counties. Our vendor's (AHS) staff are going out and explaining the program. We have received increased calls at HFS. It is a struggle keeping up with the call volume and we are looking at ways to shift more resources.

   Mr. Parker stated that there have also been some training issues. We are monitoring at the central office in Schaumburg on a regular basis. There are some growing pains but people are getting through and choosing their PCP (Primary Care Provider). There are a small number of persons that say they do not want to participate. But most say they will sign up. Sometimes the enrollee's doctor has not yet signed up but we have had some success in signing up new providers. Having patients receive the enrollment letter has caused some doctors to call up and enroll as a PCP.

   We will next be moving recruitment to the Northwest part of the state. A recent success was Christie Clinic stating they will join as a PCP and increase capacity from six to ten thousand enrollees. We hope we can do as well with enrollment downstate. We are getting close to having the network in place. When the call volume goes down for Cook and the collar counties, we will move to the next region

   Ms. Gabel asked if the second letter has gone yet. Mr. Parker advised that the second letters had not gone out. We planned to get the first letter out to all in about 30 days, so by starting in mid-February, we are just finishing up the first mailing.

   Ms. Gabel stated that she believed the call center would get swamped when the second mandatory assignment letter goes out. She asked if we had a breakdown on how persons were choosing, e.g., how many choosing Harmony, FHN and Illinois Health Connect. Mr. Parker stated that he has requested this data and hoped to have it later in the day.

   Ms. Gabel shared that it was her understanding that the All Kids hotline could do a three-way call with the HMO to complete an enrollment. She asked if the All Kids Application Agents could do this as well. Mr. Parker advised, yes.

   Chairman Pick asked how many providers were in the Network.

Mr. Parker stated about 2,400 doctors enrolled as PCPs. Of these about 1,850 signed up on their own and another 500-600 came through an FQHC.

Chairman Pick noted that if there are 2,400 PCPs for 800,000 patients, there is a high number of patients for each provider.

Mr. Parker stated that many networks use 3,000 as the maximum number of patients assigned. We are using 1,800 as a maximum with the ability to expand with nurse practitioner staff. If each PCP had 1,000 patients we would have capacity for 2,400,000. While the number of providers may look small, if you look more closely we should have coverage. HFS Medical Director, Dr. Stephen Saunders, added that we believe that we have excess capacity.

Chairman Pick asked if we have adequate geographic distribution of PCPs.

Mr. Parker replied that some zip code areas do not have enough PCPs at present. We changed how we mailed the enrollment letters. In Cook, we mailed letters to zip code areas where we had less capacity. This allowed participants more time to search for a PCP.

3) **Disease Management (DM) Update.** Dr. Stephen Saunders provided the update. He stated that our disease management vendor, McKesson, has staff out in the field with around 160 staff made up of nurses, social workers, behavioral health specialists and pharmacists. About 10,000 of the 110,000 DM target population are in long-term care.

   We are working on putting nurse practitioners in these facilities. This is an important population because of the high utilization.

   In the second month, we will be communicating with physicians and look at prescribing practices on psychotropic drugs. We will look at multiple prescribers and any potential contra-indications. This is an educational approach. Providers can use the reports if they want. We are pleased with our success to date and hope we are making an impact in the lives of persons enrolled with the disease management program.

   Chairman Pick asked about the response by the long-term care facilities with nurse practitioners working with doctors. Dr. Saunders stated the response has been good as we are looking to augment not interfere with services.

   Kenzy Vandebroek asked if the reports are by adult or prescriber of drugs. Dr. Saunders advised that reports are by the patient and would be sent to as many providers as are prescribing to the patient.

4) **Medicare Part D Update**. Sinead Madigan, Chief of the Bureau of Pharmacy Services, provided the update. She advised that a recent change

was an increase in the income standard due to a rule amendment allowing a disregard on the SSA COLA (Cost of Living Adjustment). The disregard is for Illinois Cares Rx drug coverage only and not for other Circuit Breaker benefits.

Another issue is that many Illinois Cares Rx individuals have failed to reapply. About 50,000 enrollees' benefits were terminated. These enrollees have been notified that the subsidy will not be received. We had 70,000 individuals file for benefits on-line for the new year.

Another Part D issue is that many Medicare recipients have lost eligibility for the Extra Help subsidy. The person doesn't realize this until purchasing medications and being charged high copays. The federal CMS allowed an extended period of coverage to reapply.

4) **Veterans Care Update.** Ms. Ellinger provided the update. She stated that we have filed the final rule changes and increased the maximum threshold 50 percent FPL added to the means tested amount for the county of the residence effective March 1st. This is still a narrow income band. We continue to enroll and now are up to 52 veterans covered. There are two premium levels, $40 and $70 per month. In larger counties, this may cover above 400 percent FPL. We are still working to increase enrollment.

VI. New Business

Access to Benefits and Services Task Force. Chairman Pick stated that he and Robyn Gabel are working with this task force and asked that the MAC be updated on the group's activities.

Ms. Ellinger advised that the meeting handouts included the resolution that created the task force. She stated that HFS and DHS have made appointments to the task force that include more than twenty persons. She shared that the task force grew out of concern that it is too hard for persons that need benefits to get those benefits. The workgroup charge has a "family based" or "TANF based" focus.

There are nine areas for review and analysis. These include:

1) Barriers encountered by applicants
2) Requirements for face-to-face interviews
3) Locations where applications may be made
4) Locations where open cases may be maintained
5) Methodologies for counting income
6) Requirements for documenting or otherwise verifying eligibility criteria
7) Establishing the earliest possible date of application

8) Coordination of redeterminations
9) Acceptable methods for submitting information and required documentation

Ms. Ellinger stated the task force met in October of 2006 and again in January of 2007. Work groups were established and are meeting separately.

Chairman Pick and Ms. Gabel advised that their groups did meet. Ms. Gabel stated that the next meeting is Monday, March 19th. Ms. Ellinger added that chairman Pick is a unique member representing the long- term care perspective.

VII. Subcommittee Reports

Long Term Care (LTC). No one that attended the last meeting was present to report. Diane Coleman asked if the department could report on long-term care issues. Ms. Ellinger reported that two new home and community-based waivers have been submitted. DHS will operate these waivers that will serve children with developmental disabilities.

There is some disagreement among advocates concerning the focus of one of the waivers. Advocates for children with autism would like it to be more restricted to serving children with autism spectrum disorders. Other advocates, along with DHS and HFS, have argued that it must serve children with a broad range of needs and to deliver services in a fair and safe way. This is our intended action.

Our waiver for medically fragile and technologically dependent children is due for renewal. It is our intention to move toward more objective screening of the level of each child's medical need. We are working with ORS (Office of Rehabilitative Services) to move toward objective assessments that are more standardized and adequate to keep children in their home and that will make it easier for families to transition to services received under the ORS waivers when their children reach age 21.

Ms. Coleman stated that she would like to reduce the over medicalization of services. She pointed out that we want to support access to services, for example for someone on a ventilator that needs the care but she has a concern that it makes some services unavailable. She added that HFS might want some community input.

Ms. Coleman wanted to mention that the "Money Follows the Person" demonstration project proposal has been resubmitted to the federal CMS after being one of twenty states not initially approved. She added that we are awaiting the outcome that would include enhanced federal match.

She also noted that for community reintegration, the "Home Again" program is important. The program would allow a more than doubling of community reintegration.

Ms. Coleman also asked that she receive notice of the Long Term Care meetings. Ms. Ellinger advised that we would do this.

Ms. Dyer-Nelson asked if IDHS was represented on the Long Term Care subcommittee. Ms. Ellinger stated that she thought persons from DD (Developmental Disabilities) do attend. We can look at this for IDHS as well.

Dental Policy Review (DPR). No report for this period but the committee is scheduled to meet next week.

Pharmacy Subcommittee Charge. No report for this period.

Public Education Subcommittee. Ms. Ellinger provided the report. She stated that the committee has been asked to comment on materials and that Ms. Vandebroek had provided valuable comments. The last packet sent was on citizenship. We are sending out another participant notice that will be more strongly worded to get the citizenship proof.

Ms. Vandebroek advised that it is important to look at the ease of reading. She stated that one document came through at a 9th grade reading level. She noted that this is way too high to make sense for some participants.

Ms. Ellinger responded that we would continue to work on appropriate reading level for notices.

VIII. Adjournment

The meeting was adjourned at 11:17 a.m. The next MAC meeting is scheduled for May 18, 2007.

Medicaid Advisory Committee
March 16, 2007
All Kids/FamilyCare Report

Enrollment

- Enrollment data is attached. Enrollment data as of 01/31/07:

  a. 1,244,429 All Kids Assist (Up to 133% of FPL)
  b. 59,646 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
  c. 45,758 All Kids expansion children
  d. 5,708 Moms and babies expansion (133% to 200% of FPL)
  e. 359,160 pre-expansion parents (up to approx. 35% of FPL)
  f. 140,361 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 75,571 web apps: 50,927 from the general public and 24,644 from AKAA's.

MAC 03/16/07

	4/30/2006		5/31/2006		6/30/2006		7/31/2006		8/31/2006	
	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	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	1,205,718
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	51,592
All Kids Expansion							7,755	13,736	18,644	20,226
Moms and Babies Expansion	5,738	5,861	5,553	5,801	5,586	5,586	5,341	5,615	5,590	5,763
Pre-expansion Parents	364,708	367,666	359,272	364,486	360,116	360,116	354,567	360,635	358,085	361,523
FamilyCare Parent Expansion	119,605	120,431	121,414	123,094	125,408	126,455	126,190	128,224	130,482	131,625
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**	**1,776,447**

MAC 03/16/07

	9/30/2006		10/31/2006		11/30/2006		12/31/2006	1/31/2007
	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Current Numbers	Current Numbers
All Kids Assist	1,195,928	1,215,073	1,219,875	1,229,519	1,217,450	1,235,666	1,239,796	1,244,429
All Kids Rebate, Share, Premium Level 1	53,338	53,324	54,978	55,020	56,853	56,807	58,482	59,646
All Kids Expansion	22,015	25,834	30,856	33,743	34,348	38,204	42,493	45,758
Moms and Babies Expansion	5,377	5,662	5,600	5,815	5,419	5,783	5,736	5,708
Pre-expansion Parents	354,833	360,546	359,135	362,879	357,488	363,675	360,868	359,160
FamilyCare Parent Expansion	131,255	133,259	134,864	135,926	134,824	136,654	138,368	140,361
Total	**1,762,746**	**1,793,698**	**1,805,308**	**1,822,902**	**1,806,382**	**1,836,789**	**1,845,743**	**1,855,062**