Illinois Department of Public Aid
Medicaid Advisory Committee

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

March 17, 2006

Members Present
Eli Pick, Chairman
Kim Mitroka – Christopher Rural Health
Ralph Schubert, DHS
Neil Winston, M.D.
Robert Anselmo, R.Ph.
Debra Kinsey, DCFS
John Shlofrock, Barton Mgt.

Members Absent
Pedro A. Poma, M.D.
Richard Perry, D.D.S
Alvin Holley
Nancy Crossman, DHS
Laura Leon for Robin Gabel, IMCHC
Susan Hayes Gordon
Diane Coleman, PCIL

HFS Staff
Anne Marie Murphy, Ph.D.
James Parker
Lynne Thomas
Carla Lawson
Aundrea Hendricks
James Monk

Interested Parties
Mark Mlynarczyk, Med Immune
Robin Scott, CDPH
A. George Hovanec
Phyllis J Handelman, Handelman Consulting
Peggy Powers, IADDA
Gerri Clark, DSCC
John Peller, AIDS Foundation of Chicago
Brad Kupferberg, CMH-Faculty Practice Plan
Ester Morales, Harmony / WellCare
Bonnie Schaafsma, IL Assoc. of Public Health Administrators
Tanya Hawkins, IHA

Medicaid Advisory Committee (MAC)
Meeting Minutes

March 17, 2006

I. Call to Order

Chairman Eli Pick called the meeting to order at 10:08 a.m.

II. Introductions

Attendees in Chicago and Springfield introduced themselves.

III. Review of the Minutes

January minutes were reviewed. Ralph Schubert requested a correction showing his department as DHS not DPH. The minutes could not be approved, as there was not a member quorum.

IV. Administrator's Report

Dr. Anne Marie Murphy provided an update on 1) All Kids; 2) vendor selection for Disease Management (DM) and Primary Care Case Management (PCCM); and 3) the Springfield legislative session.

1) All Kids
Planning and implementation of the All Kids program is moving along on schedule. Much work has been done with development of outreach materials, pre-registration of children and on-going development of the All Kids web based application. A lot of public relations work has occurred with lots of All Kids outreach events.

We are working with a broad range of community partners. This includes FQHCs and hospital staff who interact directly with patients doing All Kids pre-registration and enrollments. We are working with medical providers from the discharge planners to the CEOs. We are working with provider groups to encourage enrollment. We have developed All Kids posters and have shared with interested parties to promote the program in doctor's offices and clinics.

We continue to look for new strategies to get the word out about All Kids. We are getting many new citizens that complete the pre-registration form but are actually eligible now.

Our marketing campaign vendor, GMMB, has worked with the Robert Woods Johnson Foundation and is nationally recognized for promotion of child safety and promotion of SCHIP. GMMB is doing focus groups with persons currently eligible but not enrolled and with higher income groups.

Our tasks to ensure a smooth start up are inter-related. We need to ensure that all systems are in place so that when the ads are aired, the telephone lines work.

There is a lot of computer work to be done for intake processing of new applicants. We are revising the application to make the process as straight forward as possible. In respect to the anti-crowd-out provision, some extra questions have been added to determine the reasons for children being without insurance. We will cover all children without insurance before January 1 2006. There is a strong interest in not having people drop insurance or employers to drop kids from insurance. There are some exceptions like providing coverage if parents lost job and health insurance, covering newborns and covering families that earned their way out of KidCare. At redetermination, we will assess if there is affordable employer insurance. Only 6% of our cases are related to TANF (Temporary Assistance for Needy Families) and 94% of the children are in working families.

- Ralph Schubert asked whom school based clinics should talk to about participating in outreach events.

- Also, is the state using pharmacies, pediatrician offices and schools for outreach?

Dr. Murphy suggested he call Gretchen Grieser or Michelle Piel for outreach participation. She added that the outreach section has been working with doctors' offices and schools, but pharmacies have been preoccupied with Medicare Part D start up.

2) Disease Management (DM) and Primary Care Case Management (PCCM)
Dr. Murphy stated that the RFPs are out and bids have been received for both contracts. Choosing a disease management vendor is close to completion while the PCCM bid and selection process is about a month different so the decision will come later.

Vendors, when chosen, will work with community partners, physician groups and other stakeholders to develop standards. We have worked with groups in the past such as the American College of Obstetrics and Gynecology (ACOG).

The disease management program is relatively straightforward. The PCCM program has the goal of promoting continuity of care. Our intent is to roll PCCM out gradually across the state. We have received good advice on access standards from stakeholder groups. We will "turn on the switch" when we are ready to go with the PCCM implementation.

The DM and PCCM programs give the opportunity for data sharing regarding service provided such as immunizations and other services related to the HEDIS standards. The model will improve our ability to measure that preventative screenings occur. We are working with encounter rate clinics to determine if a child was treated but the data had not been entered and to improve the quality of encounter data.

- When will the department announce contract awards?

James Parker, Deputy Administrator for Operations, stated the DM contract should be done pretty soon and the PCCM contract should be done about mid May.

- George Hovanec asked about criticism that the department is moving too slowly with implementation

Dr. Murphy stated that some legislators believe that we said that All Kids would be fully operational by July 1. We didn't say this. Some critics say we are moving too quickly. We believe we are on track as planned.

3) Legislative session
DHS and HFS are developing a community-based waiver for children with disabilities. We are working with all relevant parties and an agreement is made. We hope to have the waiver ready by the fall veto session.

We are working with HIV/AIDS group to add prescriptions to the Illinois Care Rx formulary. The addition of these drugs should have a modest fiscal impact.

Some bills that have been proposed do have a greater fiscal impact. We may not be for them based on their fiscal impact, as there is a need to have a balanced budget.

There is support of the Veterans Health Care bill. It is a priority of the Lieutenant Governor. Nationally, there are 1.2 million veterans that are without health care.

V. Old Business

KidCare/FamilyCare. Lynne Thomas, Chief of the Bureau of All Kids, provided the committee with an update on the KidCare/FamilyCare program. She states that the All Kids Unit has added 2000 parents or caretaker relatives using the higher FamilyCare standard. Enrollment statistics through January 31, 2006 were provided.

Dr. Murphy stated that the All Kids Unit is receiving a lot more of the web applications, however, a lot are not approved as necessary documents are not faxed or mailed.

- How will we know how many new All Kids children are enrolled?

Ms. Thomas stated that a separate line would be added for All Kids to report as separate data. It was noted that there are a number of plans in All Kids and separating out the different plans is needed at the back end for claiming federal matching funds.

Dr. Murphy noted that universality, offering benefits to all children, helps overall enrollment. All children will be in All Kids and so we will measure success by the increase in total enrollment of children.

Chairman Pick noted that 60% of web applications come from the community, while only 40% come from All Kids Application Agents.

Dr Murphy referred to the Pennsylvania experience. At first enrollments were low at only about 2% of applications. But now there is more usage of the web applications.

Medicare Part D. Mr. Parker stated that things are going more smoothly with much of the claims processing issues resolved. However, there are still some data match issues with the federal CMS and PDPs (Prescription Drug Plans).

May 15 is the current deadline for enrollment with Medicare Part D. There are other persons age 65 with a special enrollment period. In Illinois, we have a limited number of PDPs for those needing the coordinating plan.

We want CMS to get the special enrollment period information to the coordinating plans so members can be enrolled. We believe that CMS can do this with a rule change. We are in discussions with CMS as we anticipate problems after May 1.

April 1 is the end of the 90-day federal rule that states every patient has a right to a transitional pill for a non-formulary drug at regular copayments. Beginning April 1, there can be rejects of non-formulary drug requests. The patient has to either switch drugs or go through the PDP exception process.

Chairman Pick stated that clients admitted into long tem care facilities in the middle of the month could have a problem in obtaining pharmacy services. Having the prescription filled by the facility's pharmacy is problematic. It is hard to do if the client is not at the facility during contact.

Mr. Parker clarified that we are speaking of dual-eligibles admitted to a skilled nursing facility (SNF). When the patient is Medicaid before getting drugs through the PDP, HFS can cover the prescription under the "Refill-to- Soon" program. Mr. Parker reviewed the procedure.

Mr. Parker stated that there have been a number of questions from Omnicare on long term care issues. We may have as many as 15 policies and 15 different PDPs involved with these issues.

Chairman Pick observed that he anticipates even more calls after May 1.

Mr. Parker advised that like QMB and SLIB, we are working through a manual process currently but plan for an electronic process in the future.

VI. New Business

No new business for this period.

VII. Subcommittee Reports

Long Term Care (LTC). Eli Pick reported that 44 new Supportive Living Facilities (SLF) projects have been awarded. These along with the 26 existing SLF, bring the total number to 70. Three of the new facilities are for special needs individuals, including for sight impaired, hearing impaired and mental health.

The subcommittee is looking at how to expand criteria for more special needs persons to access alternatives to institutional care. Using home-based community waivers, we are looking for funds and providing mental health services support for seniors in the community.

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

Public Education Subcommittee. No report for this period.

Pharmacy Subcommittee Charge. Robert Anselmo provided the report. This was the subcommittee's first meeting so members were not sure of department expectations. Tom Rousonelos, R.Ph., was elected as the subcommittee chair.

At the meeting, James Parker provided an update on Medicare Part D. The subcommittee discussed how Medicare part D is changing daily and the impact of the end of the 90-day transitional pill program that Mr. Parker had mentioned earlier.

VIII. Adjournment

Chair Eli Pick adjourned the meeting at 10:55 a.m. The next MAC meeting is scheduled for May 19, 2006.

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

Enrollment

- Enrollment data is attached. Enrollment data as of 01/31/06:

  a. 1,064,545 pre-expansion children (up to 100% of FPL)
  b. 358,108 pre-expansion parents (up to approx. 35% of FPL)
  c. 6,205 Moms and babies expansion (133% to 200% of FPL)
  d. 76,792 Phase I (100% to 133%) and 38,452 Phase II expansions (133% - 185% of FPL)
  e. 4,892 Phase III (over 185% - 200% of FPL)
  f. 30,745 FamilyCare Phase I (38% - 49% of FPL)
  g. 31,018 FamilyCare Phase II (49% - 90% of FPL)
  h. 48,807 FamilyCare Phase III (90% to 133% of FPL)
  i. 2,312 FamilyCare Phase IV (133% to 185% of FPL)

FamilyCare Expansion

We expanded FamilyCare to 185% of poverty January 1, 2006. This is the first report to reflect that change.

Web-based application capability

We implemented our web-based application statewide on August 11. Since then, we have received a total 18,006 web apps: 10,894 from the general public and 7,112 from AKAA's.

Attachment 2
MAC - 03/17/06 Minutes

	5/31/2005		6/30/2005		7/31/2005		8/31/2005		9/30/2005		10/31/2005		11/30/2005		12/31/2005	1/31/2006
	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current numbers	Previous Numbers	Current Numbers	Current Numbers	Current Numbers
Pre-expansion children	1,046,355	1,046,568	1,049,594	1,050,007	1,050,518	1,052,041	1,056,358	1,060,165	1,058,172	1,064,356	1,063,879	1,067,249	1,060,718	1,066,289	1,063,472	1,064,545
KidCare Phase I	66,490	66,499	67,647	67,669	68,804	68,904	69,825	70,158	70,569	71,155	72,522	72,817	73,620	74,051	75,329	76,792
KidCare Phase II	38,085	38,088	38,340	38,344	38,607	38,612	38,210	38,196	37,903	37,865	38,184	38,151	38,375	38,038	38,424	38,452
KidCare Phase III	3,531	3,531	3,710	3,710	3,865	3,864	3,991	3,984	4,179	4,176	4,342	4,336	4,584	4,572	4,719	4,892
Moms and Babies Exp	6,180	6,190	6,234	6,245	6,218	6,246	6,206	6,281	6,133	6,268	6,242	6,318	6,205	6,339	6,215	6,205
Pre-expansion parents	349,762	349,899	349,586	349,839	350,119	351,050	351,359	354,003	351,035	355,644	355,346	358,239	354,164	358,783	357,938	358,108
FamilyCase Phase I	30,513	30,512	30,790	30,795	30,958	30,969	30,993	31,023	31,020	31,050	30,960	30,964	30,788	30,804	30,786	30,745
FamilyCare Phase II	30,887	30,888	31,131	31,135	31,166	31,197	31,581	31,639	31,840	31,936	31,837	31,832	31,427	31,439	31,208	31,018
FamilyCare Phase III	40,795	40,795	42,402	42,409	43,752	43,795	45,046	45,127	45,996	46,153	47,102	47,127	47,656	47,692	48,265	48,807
FamilyCare Phase IV																2,312
TOTAL	**1,612,598**	**1,612,970**	**1,619,434**	**1,620,153**	**1,624,007**	**1,626,678**	**1,633,569**	**1,640,576**	**1,636,847**	**1,648,603**	**1,650,414**	**1,657,033**	**1,647,537**	**1,658,007**	**1,656,356**	**1,661,876**