

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 16, 2008**

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

Members Present

Robyn Gabel, IMCHC
Jill Fraggos for Susan Hayes Gordon
John Schlofrock, Barton Mgt.

Members Absent

Eli Pick, Chairman
David Carvalho, IDPH
Pedro A. Poma, M.D.
Kim Mitroka, Christopher Rural Health
Neil Winston, M.D.
Myrtis Sullivan, DHS
Richard Perry, D.D.S.
Diane Coleman, PCIL
Robert Anselmo, R.Ph.
Debra Kinsey, DCFS

HFS Staff

Theresa Eagleson
James Parker
Lynne Thomas
Steve Saunders
Lisa Voils
Mike Jones
James Monk

Interested Parties

Mary Capetillo, Lilly
Roy Pura, Glaxo Smith Kline
Mandy Ungrittanon, Quest Diagnostics
Miriam Cabrera, Quest Diagnostics
Kenzy Vandebroek, CDPH
Robin Scott, CDPH
Aimee Krampe-Rizk, Hemophilia Foundation of Illinois
Nelson Soltman, Legal Assistance Foundation
Kathy Bovid, Bristol Myers Squibb
Gerri Clark, DSCC
Judy King
Joe Winalski, Biogen Idec
Marvin Hazelwood, Consultant
George Hovanec, Consultant
Karen Moredock, DCFS
Michael Lafond, Abbott

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 16, 2008**

I. Call to Order

The meeting was called to order at 10:16 a.m. Robyn Gabel chaired the meeting.

II. Introductions

Attendees in Chicago and Springfield introduced themselves. John Schlofrock participated via teleconference call.

III. Review of the Minutes

The March minutes were not reviewed, as there was not a quorum present.

IV. Administrator's Report

Theresa Eagleson, Medicaid Director, provided the report.

- 1) **2008 Budget update.** The legislature is in session. The department has participated in House and Senate budget meetings and is working closely with providers with additional requests. We currently average a 70-day payment cycle. This average reflects expedited and non-expedited services and the average for all providers.

HFS wishes to maintain the current funding and payment cycle. There are elements of our modified Illinois Covered program still outstanding such as covering single uninsured adults below 100% of the federal poverty level. No substantive piece of legislation has been passed for funding.

- 2) We are working on a hospital assessment bill that, as of yesterday, had not been introduced.
- 3) The department has announced savings as a result of the disease management program, Your Healthcare Plus. After paying contractual costs, the department has saved about \$34 million. The savings is greater than the \$22.8 million spent on the All Kids expansion. There were savings in all five diseases management areas. For example, hospitalization costs are down 18-20%. The department is very pleased with the outcome.

There was a press release issued regarding the savings, but no formal report has been released.

- 4) Medical bills for services to FamilyCare recipients in households with countable income greater than 133% of the federal poverty level are not being paid. This covers a period from November 7 through March 10, 2008. Currently the department is

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 16, 2008**

holding all claims. It is difficult to say when these claims will be paid as they are tied to 3 separate court actions.

There is no policy statement as yet on how we will handle the FamilyCare redeterminations.

V. Old Business

1) All Kids and FamilyCare update. Enrollment statistics through March 31, 2008 were provided. Lynne Thomas, chief of the Bureau of All Kids, stated that complete applications are being processed within two weeks.

She stated that on average over 8,000 applications are received each month. About 45% of applications are received from All Kids Application Agents and the remaining 55% of the applications are received from the community. This mix is the result of getting a large number of on-line applications from the community with a 50/50 split on receipt of hardcopy and web applications.

Robyn Gabel shared that about a week and half ago her organization received an unexpected increase in calls stating that participants could not get through on the All Kids helpline.

Ms. Thomas advised that the helpline did get an increase in calls but the volume is now back down. She stated that the increase in calls might have been a result of persons looking for new medical cards at the end of the month and concern about the FamilyCare expansion lawsuit. Ms. Thomas added that a new phone line has been added to the switchboard.

2) Primary Care Case Management (PCCM) activity. James Parker, Deputy Administrator for Operations, provided the update with assistance from Dr. Stephen Saunders, Medical Advisor. Mr. Parker reported that the bulk of the phase two implementations are now coming online. The two main enhancements are patient histories and performance incentives for primary care providers (PCPs).

A) Patient claims history are available on-line. The claims history, which includes information on such things as drug utilization, refills and immunizations, is up and running on MEDI.

The department is getting positive feedback from providers as well as ideas for improvements. The department will make some modifications to make information easier to pull up.

Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 16, 2008

The claims history screen shows a caveat message that some information is not listed based on confidentiality. There is a bill pending for a narrow exception that allows the department to post psychotropic drug claims and allow physicians to see them.

B) The department is on the verge of establishing performance incentives for PCPs whose patient histories exceed established health indicators. A detailed document was sent to physicians explaining the benchmarks. HFS is committed to pay physicians \$20 per patient exceeding the national benchmark level. For example the combo 3 immunizations is one of the indicators. The national immunization rate is 62.5%. The department will pay \$20 for each patient that exceeds this benchmark level. Other indicators are:

- Number of developmental screenings
- Control of persistent asthma
- Hemoglobin A1c tests for diabetics
- Mammography for age appropriate women

The information sent to physicians lays out how the indicators are measured, the amount of payment and which patients qualify.

The department is looking at similar payments for prenatal and postpartum care.

C) The referral system is coming. The first step is to keep patients from going from PCP to PCP. This will probably be implemented in late summer. A referral for patients requiring a specialist will come later and will be tied to the rate increase for specialist billing.

The department has promised to turn on an informational edit where a claim is flagged with a message that a PCP referral will be required in the future. The edit only applies to PCP referrals.

Dr. Saunders shared that the first round of patient profiles are going out with indicators over and above the 5 identified by Mr. Parker. He stated that the profiles would go out in June on a pilot basis to all Federally Qualified Health Centers. The profiles would be distributed statewide in the fall. The profiles will have 10 additional indicators, such as well child visits and annual PAP smears.

He advised that a list of the indicators would be sent to MAC members next week.

Dr. Saunders stated that the department is working on a baseline for performance measures, stating that some but not, all have been established. He added that the department is working with our Quality Improvement Organization to assure that the department's definitions are consistent with the Healthcare Effectiveness Data and

Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 16, 2008

Information Set (HEDIS) definitions. The department plans to report back to providers over time to document improvement.

Judy King asked if the report would only aggregate data statewide or also show demographic data that is segregated by the location where providers practice or race/ethnicity of the group served?

Dr. Saunders advised that we have not thought about this. He stated that we do need to look at how we measure data. He added that part of the issue is if providers are reporting patient services by ethnicity.

3) Disease Management (DM). Dr. Stephen Saunders, Medical Advisor, provided the report.

He stated that about 220,000 persons were eligible for disease management services. Participants fall into 1 of 3 major groups:

- A) Disabled adults – about 110,000
- B) Family Health Plan members (All Kids and FamilyCare) – about 70,000
- C) Frequent Emergency Room users – about 35,000

The program has led to reductions in hospital admissions and cost. The program works with 21 long-term care facilities. The department has given patient profiles to a number of providers in the disease management group.

4) Medicare Part D. HFS Medical Programs staff, Ms. Lisa Voils, provided the update on Medicare Part D and Illinois Cares Rx.

Ms. Voils stated that Illinois Cares Rx has seen an increase in enrollment to about 193,000 members

She stated that HFS is focusing on getting members to apply for the federal Low Income Subsidy (LIS). Current membership shows 23% of participants have LIS.

5) Veterans Care. No report for this period.

6) Access to Benefits and Services Task Force. Robyn Gabel reported that the task force members did complete a final report and did get comments back from the HFS. She stated that the department comments could be characterized as “good ideas but no money”.

VI. New Business. Mr. Parker stated that ethics training packets have been sent to members. MAC members have been asked to read the document, sign the Acknowledgment of

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 16, 2008**

Participation and return the signature page to the department. The document review should be completed by the end of the month.

Robyn Gabel added that the MAC members need only meet the requirements as an advisory board and may still be registered lobbyists.

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. No report for this period.

VIII. The meeting was adjourned at 11:05 a.m. The next MAC meeting is scheduled for July 18, 2008.

Medicaid Advisory Committee
May 16, 2008
All Kids/FamilyCare Report

Enrollment

- Enrollment data is attached. Enrollment data as of 03/31/08:
 - a. 1,355,908 All Kids Assist (Up to 133% of FPL)
 - b. 71,023 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 63,963 All Kids expansion children
 - d. 6,331 Moms and babies expansion (133% to 200% of FPL)
 - e. 385,211 Pre-expansion parents (up to approx. 35% of FPL)
 - f. 162,921 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 139,457 web apps: 92,514 from the general public and 46,943 from AKAA's.

	9/30/2007		10/31/2007		11/30/2007		12/31/2007		1/31/2008		2/29/2008	3/31/2008
	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
Pre-expansion children	1,221,195	1,227,100	1,229,902	1,233,123	1,230,389	1,236,269	1,236,461	1,239,654	1,241,135	1,247,095	1,250,431	1,252,099
All Kids Phase I	94,643	95,155	96,569	96,842	97,569	98,012	99,128	99,379	100,705	101,238	102,557	103,809
All Kids Phase II	62,759	62,694	63,036	63,052	62,938	62,897	63,296	63,297	63,157	63,086	63,057	62,851
All Kids Phase III	7,309	7,298	7,496	7,486	7,631	7,611	7,610	7,604	7,842	7,822	8,076	8,172
All Kids Expansion	59,029	59,029	60,655	60,677	61,388	61,456	62,094	62,184	62,980	63,211	63,761	63,963
Moms and Babies Exp	5,890	6,029	6,155	6,249	6,168	6,323	6,330	6,407	6,345	6,505	6,469	6,331
Pre-expansion parents	370,628	374,565	374,633	376,678	373,832	377,633	377,085	379,387	379,722	384,171	384,616	385,211
FamilyCase Phase I	36,817	36,965	36,784	36,860	36,417	36,558	36,586	36,679	36,219	36,413	36,389	36,858
FamilyCare Phase II	39,641	39,942	39,758	39,930	39,425	39,728	39,481	39,694	39,236	39,601	39,646	39,719
FamilyCare Phase III	60,673	61,167	61,797	62,111	61,849	62,322	62,839	62,990	62,855	63,394	63,838	64,511
FamilyCare Phase IV	19,774	19,783	20,151	20,159	20,166	20,163	20,573	20,626	20,811	20,864	21,360	21,833
TOTAL	1,978,358	1,989,727	1,996,936	2,003,167	1,997,772	2,008,972	2,011,483	2,017,901	2,021,007	2,033,400	2,040,200	2,045,357
Children	1,444,935	1,451,276	1,457,658	1,461,180	1,459,915	1,466,245	1,468,589	1,472,118	1,475,819	1,482,452	1,487,882	1,490,894
Parents	533,423	538,451	539,278	541,987	537,857	542,727	542,894	545,783	545,188	550,948	552,318	554,463
All Kids Assist	1,315,838	1,322,255	1,326,471	1,329,965	1,327,958	1,334,281	1,335,589	1,339,033	1,341,840	1,348,333	1,352,988	1,355,908
All Kids Rebate, Share, Premium Level 1	70,068	69,992	70,532	70,538	70,569	70,508	70,906	70,901	70,999	70,908	71,133	71,023
All Kids Expansion	59,029	59,029	60,655	60,677	61,388	61,456	62,094	62,184	62,980	63,211	63,761	63,963
Moms and Babies Expansion	5,890	6,029	6,155	6,249	6,168	6,323	6,330	6,407	6,345	6,505	6,469	6,331
Pre-expansion Parents	370,628	374,565	374,633	376,678	373,832	377,633	377,085	379,387	379,722	384,171	384,616	385,211
FamilyCare Parent Expansion	156,905	157,857	158,490	159,060	157,857	158,771	159,479	159,989	159,121	160,272	161,233	162,921
Total	1,978,358	1,989,727	1,996,936	2,003,167	1,997,772	2,008,972	2,011,483	2,017,901	2,021,007	2,033,400	2,040,200	2,045,357