

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
July 18, 2008**

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

Members Present

Eli Pick, Chairman
Robyn Gabel, IMCHC
Susan Hayes Gordon
John Schlofrock, Barton Mgt.
Richard Perry, D.D.S.
Debra Kinsey, DCFS

Members Absent

Pedro A. Poma, M.D.
Kim Mitroka, Christopher Rural Health
Neil Winston, M.D.
Myrtis Sullivan, DHS
Mary Driscoll, DPH
Diane Coleman, PCIL
Robert Anselmo, R.Ph.

HFS Staff

James Parker
Lynne Thomas
Kelly Cunningham
Barb Ginder
Mike Jones
Patti Kimmel
Jon Scott
Andrea Hendricks
James Monk

Interested Parties

Mary Capetillo, Lilly
Roy Pura, Glaxo Smith Kline
Mandy Ungrittanon, Quest Diagnostics
Becky Ramsey, IDHS/UIC student
Kenzy Vandebroek, CDPH
Citseko Staples, Harmony/Wellcare
Glendean Sisk, IDHS
Kathy Bovid, Bristol Myers Squibb
Gerri Clark, DSCC
Judy King
Tom Sak, Bio Scrip Specialty Pharmacy
Marvin Hazelwood, Consultant
George Hovanec, Consultant
Michael Lafond, Abbott

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I. Call to Order

Chairman Pick called the meeting to order at 10:06 a.m.

II. Introductions

Attendees in Chicago and Springfield introduced themselves.

III. Review of the Minutes

The March and May minutes were approved.

IV. Administrator's Report

James Parker, Deputy Administrator for Operations, provided the report.

2008 Budget update. The 2009 budget has gone into effect with the line-item veto. The Healthcare and Family Services budget drops \$500 million on the hospital; pharmacy and long term care budget lines. The state House of Representatives has overridden the two items. Our best information is that the Senate doesn't plan to come back to override, so reductions will stand.

The department anticipates a payment cycle extension for hospital and long term care services in the neighborhood of 150 days. The physician line has not been cut; therefore the physician payment cycle is not affected. FQHC and other practitioners would also not be affected. In response to a question from Mr. Hovanec on physician claims, Mr. Parker explained that claims are being sent to the comptroller faster than previous practice and were therefore sitting at the comptroller longer than in the past, but that in the aggregate, the physician cycle remained within 30/60 day standard.

The department doesn't expect expedited bills to be treated differently than in the past. . The Comptroller's office has worked with us to ensure that expedited bills get paid as fast as possible.

In response to a question about possible relief on the long payment cycle later in the year, Mr. Parker added that a supplemental appropriation would be needed and that such an appropriation would probably require a new revenue source.

With regard to the State Plan Amendment for the new Hospital Assessment Tax, Mr. Parker indicated that the federal CMS sent formal questions on June 20. This stopped their clock and started ours for the response. We have informally discussed our response with CMS. When we submit our formal response the clock would start again for them. The department remains optimistic.

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V. Old Business

1) All Kids and FamilyCare update. Enrollment statistics through May 31, 2008 were provided. Lynne Thomas, chief of the Bureau of All Kids, stated that complete applications continue to be processed at around two weeks.

She noted that over 1.5 million children are now enrolled. She advised that, without ongoing study, the department does not have a good estimate of how many children remain uninsured. With new births and families moving in and out of state, the number is changing all the time.

Ms. Thomas added that we continue to get a large number of on-line applications.

2) Primary Care Case Management (PCCM) activity. Mr. Parker provided the update. He advised that there is not much change since the last MAC meeting. The PCCM program is up and running with patient claims history available on-line. The department has established performance incentives for primary care providers and the first patient profiles are going out to doctors.

By this fall, the department should have edits in place to enforce the medical home. Mr. Parker emphasized that this is not a specialty referral system edit.

The department continues to develop the specialist network and access for patients to specialty care.

Robyn Gabel expressed the concern of school-based clinics of not being paid for services when a child is enrolled with an FQHC as their PCP.

Mr. Parker believed that coding is in place that would treat services provided by a school-based clinic as a direct service and by-pass the edit to stop payment.

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

4) Medicare Part D. Mr. Parker provided the update.

In September, the federal CMS will announce new benchmark rates. In August, the department will put out an RFP for drug plans to coordinate with Illinois Cares Rx. Some plans make changes to their benefits, so the department will need to map these out.

5) Veterans Care. No report for this period.

In response to a question from Ms. Vandebroek, Mr. Parker advised that he believed that Veterans Care enrollees are covered for the regular full Medicaid formulary.

6) Access to Benefits and Services Task Force. Eli Pick reported that the task force members did complete a final report and that the report recommends significant

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changes in how information is collected and where the data collection may be automated.

MAC members asked if the report is available on-line and asked the department to forward copies of the report to them.

VI. New Business. Robyn Gabel asked if the department could provide hard copy reports similar to the All Kids report on enrollment and activity of the PCCM and DM programs.

VII. Subcommittee Reports

Long Term Care (LTC).

Kelly Cunningham, Chief of the Bureau of Long Term Care, gave the report.

The committee met on June 20. There was a summary of activities of other agencies as well as reports on standing topics.

- The Department on Aging will implement a rate increase for workers of \$1.33 per hour.
- The Elderly waiver is up for renewal next year.
- The Cash and Counseling program has 192 participants.
- DHS reported that the Division of Developmental Disabilities is working on home-based support waiver amendments.
- HFS reported on the status of supportive living facilities. There are 98 facilities with about 7,600 participants. There are another 46 facilities coming with capacity for another 4,300 participants.
- Dr. Stephen Saunders did a Disease Management presentation that focused on long-term care. He provided an update on the ECI (Enhanced Care Initiatives) program now at 25 long-term care facilities. The program targets nursing home facilities with higher costs that could be better managed with nurse practitioners embedded in the facility. This program looks at systemic issues to be more supportive of residents. Ms. Cunningham noted that this is not a regulatory program but voluntary.
- The “Money Follows the Person” demonstration project had good news with operational protocols approved on June 30. The goal of the program is to transition persons who have lived in a long-term care facility for 6 or more months to living in a community setting. The department is looking at transitioning 7,500 residents over the next 5 years.

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Dental Policy Review (DPR).

Dr. Richard Perry reported that the committee met on July 16. The dental program continues with 3 current grants. These include a 2-year grant with the Southern Seven health department and Aunt Martha's at Danville in Vermillion County.

There were requests for more information from 9 agencies. Two agencies have pending grant requests. These are the Elgin Public Health Center and the DeWitt/Piatt county health department located in Clinton, Illinois.

Dr. Perry advised that there is minimal participation of dentists in the Medicaid program. As of March 31, of about 8,000 dentists licensed and living in Illinois, there are only 2,168 active as Medicaid providers.

He suggested that the reason for the low participation rate is found in a recent study that found that a dentist needs a 64% payment level to support an office. The state reimbursement rate is only about 46%.

Susan Hayes Gordon commented that with access issues for dental or pediatric care; the reality is that it is not possible to do volume of care without adequate reimbursement of cost. Current pay rates may be a disincentive to practice in Illinois.

Patti Kimmel with the Bureau of Maternal & Child Health Promotion advised that the department recognizes the need to build infrastructure and this is why the Bureau is focusing on dental clinic start-up grants and working with the public sector. She stated that specialty care is a primary concern.

The Bureau is operating a quality assurance program with school-based clinics by asking for a rating on the dental needs of children. Those children with dental needs are referred to Doral Dental to find follow-up services. The department needs to look at where services are received and the available transportation support.

The Bureau, working with Doral Dental, has created the Dental Champions program. The program is active in the seven dental regions. Dentists enrolled in the program encourage colleagues to expand their practices by accepting new Medicaid patients.

There is also a Beneficiary Outreach initiative that targets children that have been enrolled in All Kids for two years or more and have not seen a dentist within the last year. Families are contacted through mail and telephone to encourage participation.

The Dental Office Reference Manual is now under revision. The manual is available at http://www.hfs.illinois.gov/assets/012406_dental.pdf

Dr. Perry advised that there is a new dental school. Midwestern University College of Dentistry plans to accept its first class of 125 students at the Downers Grove Campus in 2011.

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Robyn Gabel asked about the status of the Bridge to Healthy Smiles programs that would establish new public dental clinics in various parts of the state and allow dentists to apply for loan forgiveness in exchange for working in areas that are underserved.

Mr. Parker stated that technically the legislation is still alive but hasn't been passed by both houses.

Pharmacy Subcommittee. No report for this period.

Public Education Subcommittee. No report for this period.

Robyn Gabel asked that the Public Education Subcommittee be scheduled to meet.

Mr. Parker stated that he would speak with Jacquetta Ellinger to try and set up a meeting.

VIII. The meeting was adjourned at 11:08 a.m. The next MAC meeting is scheduled for September 19, 2008.

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All Kids/FamilyCare Report

Enrollment

- Enrollment data is attached. Enrollment data as of 05/31/08:
 - a. 1,365,177 All Kids Assist (Up to 133% of FPL)
 - b. 73,773 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 64,716 All Kids expansion children
 - d. 5,978 Moms and babies expansion (133% to 200% of FPL)
 - e. 388,664 Pre-expansion parents (up to approx. 35% of FPL)
 - f. 168,239 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 147,587 web apps: 97,975 from the general public and 49,612 from AKAA's.

	11/30/2007		12/31/2007		1/31/2008		2/29/2008		3/31/2008		4/30/2008	5/31/2008
	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	1,230,389	1,236,269	1,236,461	1,239,654	1,241,135	1,247,095	1,250,431	1,253,777	1,252,099	1,257,637	1,268,117	1,266,974
All Kids Phase I	97,569	98,012	99,128	99,379	100,705	101,238	102,557	102,811	103,809	104,224	97,592	98,203
All Kids Phase II	62,938	62,897	63,296	63,297	63,157	63,086	63,057	63,055	62,851	62,883	66,328	66,855
All Kids Phase III	7,631	7,611	7,610	7,604	7,842	7,822	8,076	8,063	8,172	8,157	6,313	6,918
All Kids Expansion	61,388	61,456	62,094	62,184	62,980	63,211	63,761	63,858	63,963	64,189	63,893	64,716
Moms and Babies Exp	6,168	6,323	6,330	6,407	6,345	6,505	6,469	6,542	6,331	6,481	6,114	5,978
Pre-expansion parents	373,832	377,633	377,085	379,387	379,722	384,171	384,616	386,895	385,211	389,129	389,801	388,664
FamilyCase Phase I	36,417	36,558	36,586	36,679	36,219	36,413	36,389	36,497	36,858	37,033	38,765	38,765
FamilyCare Phase II	39,425	39,728	39,481	39,694	39,236	39,601	39,646	39,832	39,719	40,028	42,275	42,274
FamilyCare Phase III	61,849	62,322	62,839	62,990	62,855	63,394	63,838	64,139	64,511	65,021	62,910	63,622
FamilyCare Phase IV	20,166	20,163	20,573	20,626	20,811	20,864	21,360	21,380	21,833	21,856	22,632	23,578
TOTAL	1,997,772	2,008,972	2,011,483	2,017,901	2,021,007	2,033,400	2,040,200	2,046,849	2,045,357	2,056,638	2,064,740	2,066,547
Children	1,459,915	1,466,245	1,468,589	1,472,118	1,475,819	1,482,452	1,487,882	1,491,564	1,490,894	1,497,090	1,502,243	1,503,666
Parents	537,857	542,727	542,894	545,783	545,188	550,948	552,318	555,285	554,463	559,548	562,497	562,881
All Kids Assist	1,327,958	1,334,281	1,335,589	1,339,033	1,341,840	1,348,333	1,352,988	1,356,588	1,355,908	1,361,861	1,365,709	1,365,177
All Kids Rebate, Share, Premium Level 1	70,569	70,508	70,906	70,901	70,999	70,908	71,133	71,118	71,023	71,040	72,641	73,773
All Kids Expansion	61,388	61,456	62,094	62,184	62,980	63,211	63,761	63,858	63,963	64,189	63,893	64,716
Moms and Babies Expansion	6,168	6,323	6,330	6,407	6,345	6,505	6,469	6,542	6,331	6,481	6,114	5,978
Pre-expansion Parents	373,832	377,633	377,085	379,387	379,722	384,171	384,616	386,895	385,211	389,129	389,801	388,664
FamilyCare Parent Expansion	157,857	158,771	159,479	159,989	159,121	160,272	161,233	161,848	162,921	163,938	166,582	168,239
Total	1,997,772	2,008,972	2,011,483	2,017,901	2,021,007	2,033,400	2,040,200	2,046,849	2,045,357	2,056,638	2,064,740	2,066,547