Illinois Department of Public Aid
Medicaid Advisory Committee

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

September 15, 2006

Members Present
Neil Winston, M.D.
Diane Coleman, PCIL
Mike Jones, IDPH
Ralph Schubert, DHS
Debra Kinsey - DCFS
George Hovanec for Susan Hayes Gordon

Members Absent
Pedro A. Poma, M..D.
Richard Perry, D.D.S.
Alvin Holley
Kim Mitroka – Christopher Rural Health
Eli Pick, Chairman
John Schlofrock, Barton Mgt.
Robert Anselmo, R.Ph.
Robyn Gabel, IMCHC
Nancy Crossman, DHS

HFS Staff
James Parker
Sinead Madigan
Carla Lawson
Lynne Thomas
Pat Curtis
James Monk

Interested Parties
Kenzy Vandebroek, CDPH
Gerri Clark, DSCC
Marianne Brennan, Health & Medical Policy Research Group
Esther Morales, Harmony/Wellcare
Itseko Staples, Harmony/Wellcare
John Peller, ASDS FDN of Chicago
Mary Davis - Comprehensive Bleeding Disorder Center
Joy Mahurin - Comprehensive Bleeding Disorder Center
Bonnie Schaatsma - Kankakee Co. Health Dept.

Medicaid Advisory Committee (MAC)
Draft Meeting Minutes

September 15, 2006

I. Call to Order

Jim Parker called the meeting to order at 10:15 a.m.

II. Introductions

Attendees in Chicago and Springfield introduced themselves.

III. Review of the Minutes

Diane Coleman requested corrections to the July minutes. There was not a quorum, so approval of the minutes was deferred until the next meeting.

IV. Administrator's Report

James Parker, Deputy Administrator for Operations, provided an update on: 1) Medicaid/All Kids payment cycle and 2) Disease Management (DM) and Primary Care Case Management (PCCM) activity.

1) Medicaid/All Kids Payment Cycle
The payment cycle for doctors moved to 30 days for children's services beginning in July. The department has paid down virtually all claims from last year.

Claims are being pulled on a weekly cycle for services to children defined as person under age 19. The comptroller is paying on a weekly basis. One complaint has been received form a provider who was paid in 32 days.

In August, a letter was sent to doctors who treat Medicaid patients notifying them that HFS is going to pay their claims in 60 days. The department has sent out more than $24 million and essentially paid down the backlog.

Every claim 50 days or older was pulled to pay. Physicians should be receiving the money. Some claims require a prepay review and will take a little longer. Some claims are still pending. We want to hear from physicians if claims older than 60 days have not been paid.

Bonnie Schaatsma stated that the Kankakee Health Department has doctors providing well child services and the services are billed under the health department. She advised that the payments are 90 days behind with bills going back to April with some $50, 000 in outstanding payments. She asked when these bills would be paid.

Mr. Parker advised that at this point we are using only the provider type 10 that covers payment to physicians. RHC (Rural Health Centers) have been on a 30-day payment schedule for 3-4 weeks now and should be seeing some weekly checks. This will be the payment cycle all fiscal year and is similar to the expedited payment schedule. There has been coordination with the Comptroller's office.

The department is moving toward adding FQHC (Federally Qualified Health Centers) to a 30-day payment cycle for services to rendered to children and 60 days for services rendered to adults. We will also look to add other provider types, with the plan to eventually be at an average of 57 days for all provider types.

Mr. Parker advised that he couldn't give specifics for the FQHC payment cycle. But he will ask staff to review.

A goal particular to PCP (primary care providers) is timely payment. Mr. Parker noted that PCPs are eligible for enhanced payment rates. For example payment rates for office visits in some cases have doubled.

We are working with FQHC patients to sign up with a PCP. Under the voluntary program that began July 1, we have had 5,000 beneficiaries choose an FQHC as their PCP. We have another couple of thousand persons with a pending PCP enrollment.

This November letters will go out to northern Illinois beneficiaries advising of the need to choose a PCP. Within 60 days, a default PCP assignment letter will go out.

Dr Winston stated that he would take in good faith that the 60-day cycle is being achieved. He has heard concerns from health department professionals in Springfield and in discussions with inter-city colleagues that the cycle is not there.

Dr Winston stated that if the goal is to sign up more providers, a more effective approach to knocking on doors is to show a demonstrable, sustained success in making payments to providers. He shared that next week, HFS' Medical Advisor, Dr. Steve Saunders, will participate in a panel meeting with 180 physician leaders from throughout the state. HFS should provide him with hard data to demonstrate progress in making timely payments from a year ago to now. If leaders hear positive data, it will be the most effective "door knocking."

Mr. Parker stated that he appreciated Dr. Winston's comments and understood the skepticism regarding the payment cycle. He planned to bring the hard data for this meeting that will show the progress made since last June.

Mr. Parker had been in talks with Rural Health Centers (RHC) last week. They have started to see the payments but want to know that there will be sustained commitment to stick with 60 and 30-day payments including working with the Comptroller and do everything possible to dispel the skepticism.

Ralph Schubert asked Ms. Schaatsma what portion of the health department's billing is for children's services.

Ms. Schaatsma was not sure of the portion but stated that there is $50,000 in unpaid bills from last November through this June. Although it sounds like a small amount, many of the bills are for EPSDT (Early Periodic Screening and Diagnosis Treatment or Healthy Kids) services. The health department is paying the physicians in good faith that it will receive reimbursement from the state. Ms. Schaatsma indicated that their OB services are not being paid. Our staff has spoke with BCHS Bureau Chief, Steve Bradley. She added that prior to last November, they received payment on a 6-week cycle.

Mr. Parker advised that the department would review the payment schedule for children's services to other provider types. He added that it is important there is steadiness in payment from week to week.

2) Disease Management (DM) and Primary Care Case Management (PCCM)
Mr. Parker stated that the issue of "referral after the date of service" was raised at the stakeholder meeting, as well as other forums. A decision has been made that there would be a 14-day period to transmit the information to AHS (Automated Health Systems) for approval. Urgent care standards were also a concern. Mr. Parker advised that the department would use the 14-day standard for all services.

V. Old Business

All Kids and FamilyCare update. Enrollment statistics from May 2005 through May 31, 2006 were provided. Lynne Thomas, Bureau of All Kids Chief, explained that in response to the committee's suggestion, the reporting categories have been compressed to Assist, Rebate, Share and Premium Level 1 and the new expansion groups. The expansion groups continue to grow and enrollment numbers are up substantially.

Medicare Part D. Sinead Madigan, Bureau of Pharmacy Chief, gave a Medicare Part D update. She stated that "Part D open enrollment" begins on November 15 and continues through December 31. In anticipation, the department has issued invitations to all existing plans and is encouraging new plans to participate. Ms. Madigan advised that the department is also working with 6 Advantage plans.

Ms. Madigan advised the committee that the department was informed by the federal CMS that the average premium is $29.66. She stated that the department

would use this amount for Illinois Cares Rx. The national rate has gone down from $32 to $27.35.

This year CMS will pay fewer plans. Last year there were 40 plans [i.e., Blue Cross/Blue Shield had 4 plans].

Having fewer plans will make it easier to administer. About 70 percent of enrolled participants will pay higher premiums. About 30 percent in low income plans will need to change plans. Nationally about 6,000 participants will be affected.

The department expects to know the plans that will be coordinating with I-Care Rx by the end of the month. We want to give members the opportunity to see which plans are available and to do this before November 15th.

Last year we had 2 "stand alone" and 6 advantage plans. We are not going to disrupt the 185,000 that chose. During open enrollment a person may choose a new plan, including ones not covered by the state.

VI. New Business

Pat Curtis, Bureau of Health Benefits for Workers with Disabilities Chief, reported on Illinois' new Veterans Care health insurance program. The program is designed primarily for veterans that were previously receiving benefits, but effective 2003 lost coverage. The program offers full medical benefits. Ms. Curtis stated that this is not an entitlement program. HFS has the authority to suspend applications or make other programmatic changes to ensure that program expenses do not exceed the funds appropriated for the program.

The Illinois Department of Veterans Affairs does all the marketing and is responsible for taking applications. The applications must be done in conjunction with a Department of Veterans Affairs office. The application is not available on the Internet.

The program covers veterans that are Illinois residents and 19-64 years of age. Some of the eligibility requirements are:

Individual cannot be eligible for federal VA healthcare.
Individual cannot have a dishonorable discharge.
Individual must have at least 6 months active duty.
Individual cannot qualify for other Illinois healthcare programs.

In addition, the veteran must have been without health insurance for at least 6 months. Health insurance is defined as minimally covering physician and inpatient hospital services.

Income is also an eligibility factor and varies by county, which is consistent with the Veteran Administration's procedure of establishing income standards by county. Each Illinois county has specific income standards. The Veterans Care program is using the geographic means test by county, plus 25 percent of the federal poverty level. While family size is considered, the program only provides insurance coverage for the veteran.

The financial determination for the Veterans Care program is different from the Veteran Administration, which looks at both assets and income. For Veterans Care, we look only at income of the veteran and spouse. We do not consider assets.

The premium level is $40 per month and the first 2 months of premium payment is waived. The co-payment structure for the Veterans Care program is the same as the All Kids Level 3.

Program coverage began September 1st. Prior to this applications were taken at the State Fair. The enabling legislation sunsets the program on January 1, 2008. Eligibility rules were filed by HFS on 9/15/06. Currently 11 applications have been filed and 3 veterans are enrolled.

It was asked who determines if there was previous insurance. Ms. Curtis indicated that the Veterans Administration verifies the type of military discharge and if there was coverage under federal veteran's insurance. HFS verifies if there was other insurance if there is any question.

Ms. Curtis stated that the identification card for Veterans Care looks like the MediPlan Plus card, but has Veterans Care printed on it.

VII. Subcommittee Reports

Long Term Care (LTC). Diane Coleman shared that the committee had met. She stated there were a couple of key points. Citizenship documentation requirement initiated by the federal CMS was discussed. Some providers expressed appreciation that the State previously announced that it does not intend to harm persons that do not provide the required proof, but HFS is ~~a~~ making a good faith effort to comply with the rule.

The committee also discussed the "Money Follows the Person" (MFP) demonstration project RFP. It was noted that the department has filed a letter of intent to apply.

Ms. Coleman stated that last month a consortium of advocacy agencies, that included Progress Centers for Independent Living, Arc of Illinois and Access Living, had attended a 2-day CMS sponsored seminar on the "Money Follows the Person" program. The seminar included national advocates who gave updates on efforts in other states.

She advised that since the last LTC committee meeting, consortium members met with Kelly Cunningham, Anne Marie Murphy and Theresa Wyatt to assist the department with its response to the RFP request. The consortium submitted a prospectus outlining proposed elements for an Illinois MFP program. She hoped this was helpful and encouraged Ms. Wyatt to include the consortium in the process of preparing the state's application.

Ms Coleman shared that currently the Illinois Department on Aging's "Cash and Counseling" program is looking for a fiscal management resource. The Department of Rehabilitation Services (DRS) does fiscal management, which Ms. Coleman believes could be relevant to the Cash and Counseling program

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

Public Education Subcommittee. No report for this period.
It was asked if the committee had met with AHS staff. At the last meeting there was discussion that AHS would work with the subcommittee. Ms. Kenzy Vandebroek stated that the committee has not met since the last MAC.

Mr. Parker advised that he would discuss with appropriate parties and get a meeting schedule.

Pharmacy Subcommittee Charge. No report for this period

VIII. Adjournment

The meeting was adjourned at 11:06 a.m. The next MAC meeting is scheduled for November 17, 2006.

Medicaid Advisory Committee
September 15, 2006
All Kids/FamilyCare Report

Enrollment

- Enrollment data is attached. Enrollment data as of 07/31/06:

  a. 1,164,498 All Kids Assist (Up to 133% of FPL)
  b. 49,916 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
  c. 7,755 All Kids expansion children
  d. 5,341 Moms and babies expansion (133% to 200% of FPL)
  e. 354,567 pre-expansion parents (up to approx. 35% of FPL)
  f. 126,190 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 43,360 web apps: 28,829 from the general public and 14,531 from AKAA's.

	6/30/2005		9/30/2005		12/31/2005		3/31/2006		4/30/2006		5/31/2006	
	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers
All Kids Assist	1,117,241	1,117,676	1,128,741	1,135,511	1,138,801	1,143,669	1,149,357	1,155,477	1,151,808	1,156,943	1,147,874	1,160,163
All Kids Rebate, Share, Premium Level 1	42,050	42,054	42,082	42,041	43,143	43,109	43,765	43,789	44,135	44,181	46,048	46,082
All Kids Expansion												
Moms and Babies Expansion	6,234	6,245	6,133	6,268	6,215	6,303	6,175	6,305	5,738	5,861	5,553	5,801
Pre-expansion Parents	349,586	349,839	351,035	355,644	357,938	361,098	362,659	366,421	364,708	367,666	359,272	364,486
FamilyCare Parent Expansion	104,323	104,339	108,856	109,139	110,259	110,279	115,832	116,449	119,605	120,431	121,414	123,094
Total	**1,619,434**	**1,620,153**	**1,636,847**	**1,648,603**	**1,656,356**	**1,664,458**	**1,677,788**	**1,688,441**	**1,685,994**	**1,695,082**	**1,680,161**	**1,699,626**

	6/30/2006 Current Numbers	7/31/2006 Current Numbers
All Kids Assist	1,162,190	1,164,498
All Kids Rebate, Share, Premium Level 1	47,223	49,916
All Kids Expansion		7,755
Moms and Babies Expansion	5,586	5,341
Pre-expansion Parents	360,116	354,567
FamilyCare Parent Expansion	125,408	126,190
Total	**1,700,523**	**1,708,267**