

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

**Telephone:** (217) 782-1200  
**TTY:** (800) 526-5812

**MEMORANDUM**

DATE: January 14, 2009

TO: Members of the Medicaid Advisory Committee

FROM: Theresa A. Eagleson, Administrator  
Division of Medical Programs

RE: Medicaid Advisory Committee (MAC) Meeting

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The next meeting of the Medicaid Advisory Committee is scheduled for January 16, 2009. The meeting will be held via videoconference from 10 a.m. to 12 p.m. Those attending in Springfield will meet at 201 South Grand Avenue East, 3rd floor Video-conference Room B. Those attending in Chicago will meet at 401 South Clinton, 7th floor Video-conference Room.

The following meeting material has been posted to the department's Web site: the agenda for the January 16, 2009 meeting; a copy of the December 8, 2008 letter sent to Congress requesting support for an increase in Illinois' FMAP, and; the draft minutes/attachments from the September 19, 2008 and the November 21, 2008 meetings.

The current meeting material has been sent to the committee members electronically. Interested parties can access the meeting information by going to: <http://www.hfs.illinois.gov/mac/> or <http://www.hfs.illinois.gov/mac/news/index.html>

In order to receive information on future MAC meetings, you will need to register to receive e-mail notification when information is posted to the MAC Web page. To register to receive the MAC e-mail notifications go to: <http://www.hfs.illinois.gov/mac/notify.html>

If you have any questions, or need to be reached during the meeting, please call 217-782-2570.

## **MEDICAID ADVISORY COMMITTEE**

401 S. Clinton  
7th Floor Video-conference Room  
Chicago, Illinois  
and  
201 South Grand Avenue East  
3rd Floor Video-conference Room  
Springfield, Illinois

January 16, 2009  
10 a.m. - 12 p.m.

### **AGENDA**

- I. Call to Order
- II. Introductions
- III. Review of September 19, 2008 and November 21, 2008 Meeting Minutes
- IV. Administrator's Report
  - 2008 Legislative Session Update
- V. Old Business
  - All Kids Update
  - PCCM Update
  - DM Update
  - Medicare Part D Update
  - Federal Medicaid Assistance Percentage (FMAP) Increase
- VI. New Business
  - Open to Committee
- VII. Subcommittee Reports
  - Long Term Care (LTC) Subcommittee – Report
  - Public Education Subcommittee – No Report
  - Pharmacy Subcommittee – No Report
- VIII. Adjournment

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

**Telephone:** (217) 782-1200  
**TTY:** (800) 526-5812

December 8, 2008

Dear:

On behalf of the Illinois Medicaid Advisory Committee, I request your support for the inclusion of a temporary increase to the federal medical assistance percentage (FMAP) in any economic stimulus package considered by Congress. Such action would be uniquely beneficial in providing immediate financial assistance to states, allowing them to aid those impacted by the worsening economy while avoiding cuts to basic services.

The Illinois Medicaid Advisory Committee (MAC) is established under the provisions of 42 CFR 431.12. MAC membership includes representatives of medical providers and consumers and has direct experience of the operation and value of the Illinois Medicaid program.

In an economic downturn, states are forced to offset declining revenues by cutting essential programs or raising taxes, either of which has the effect of further eroding the economy. At a time when Medicaid rolls are expected to rise, states have limited policy options for dealing with the increases. By having the federal government contribute a larger share of the Medicaid costs through a temporary FMAP increase, states will be in a better position to maintain Medicaid services when people most need their help.

Illinois is particularly vulnerable to a continued economic downturn, as the state has historically received the lowest FMAP rate allowable, 50 percent. Despite the perceived wealth that creates such a low FMAP rate, the Illinois Medicaid and State Children's Health Insurance programs fund over 50 percent of all births in the State, and 20 percent of Illinois children live in poverty. In addition, Illinois is home to 4.1 percent of the nation's Medicaid population, yet receives only 3.1 percent of federal Medicaid funding. An increase in the FMAP rate of four percentage points would produce an additional \$480 million in revenue to Illinois. Such assistance will be vital in addressing the many demands placed upon the state by the slowing economy.

Finally, I would like to note that there is historical precedence for providing a temporary FMAP increase. Earlier in this decade, Congress approved a temporary increase of 2.95 percent. The increased FMAP rate helped states meet Medicaid spending increases, forestalled additional reductions in Medicaid, and helped to preserve Medicaid eligibility. It is with this prior success in mind that I urge you to support the inclusion of a temporary FMAP increase in any forthcoming economic stimulus package considered by Congress.

Thank you for your consideration of this important request.

Sincerely,

/s/

Eli Pick, Chairman  
Illinois Medicaid Advisory Committee

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
November 21, 2008**

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

**Members Present**

Robert Anselmo, R.Ph.  
Susan Hayes Gordon  
Debra Kinsey, DCFS  
Richard Perry, D.D.S.

**Members Absent**

Pedro A. Poma, M.D.  
Kim Mitroka, Christopher Rural Health  
Neil Winston, M.D.  
Myrtis Sullivan, DHS  
Eli Pick, Chairman  
John Shlofrock, Barton Mgt.  
Mary Driscoll, DPH  
Robyn Gabel, IMCHC

**HFS Staff**

James Parker  
Jacquetta Ellinger  
Lynne Thomas  
Steve Saunders  
Amy Wallace  
James Monk

**Interested Parties**

Marsha Hurn, Comprehensive Bleeding Disorder Center  
(CBDC)  
Miriam Cabrera, Quest Diagnostics  
Mandy Ungrittanon, Quest Diagnostics  
Kenzy Vandebroek, CDPH  
Kathy Bovid, Bristol Myers Squibb  
Judy King  
Michael Lafond, Abbott  
Kelly Dingle, Medimmune  
Joseph Winalski, Biogen Idec  
Jason Verbrugge  
Gerri Clark, DSCC  
George Hovanec, Consultant  
Tom Sak, BioScrip  
Jeanna Guthrie, EMD Serono  
Laura Pancratz, HFI

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
November 21, 2008**

**I. Call to Order**

MAC member, Debra Kinsey called the meeting to order at 10:11 a.m.

**II. Introductions**

Attendees in Chicago and Springfield introduced themselves.

**III. Review of the Minutes**

The September 2008 minutes were not approved for lack of a quorum.

**IV. Administrator's Report**

James Parker, Deputy Administrator for Operations, and Jacquetta Ellinger, Deputy Administrator for Policy Coordination, provided the report.

**2008 Legislative Session Update.** Mr. Parker stated that the state comptroller's office is having significant cash flow problems. The department has seen significant delays in payments to providers. There are about \$3 billion in payment requests with the comptroller and about \$600 to 700 million in Medicaid billing. The Comptroller's office is paying out on a "first in first out" basis and last working on August 13, 2008.

The payout is not that far behind for HFS. Some billing may go back to September 2008. On the expedited schedule, there is some delay with last expedited bills paid last night. The state is also off the physician schedule to pay bills in 30 to 60 days. We recognize the burden on providers.

The state is looking for solutions for the budget shortfall and is considering short-term borrowing. The comptroller expects revenues to be better in December than November. Since the end of October until now, the billing backlog has grown significantly. The situation does reflect the national situation. The department will continue as best we can to help providers in dire circumstances but it is extremely difficult to do this now.

The status of FamilyCare was reviewed. The family health plan program for adults has gone through an injunction, a stay, and we are now sending FamilyCare bills to the comptroller for payment.

Regarding processing time frames, Lynne Thomas stated that the amount of applications and the processing time is about the same as last year.

George Hovanec asked several questions including 1) the likelihood that the department will institute rate cuts; 2) about the mechanism for borrowing, and; 3) if at the federal level, we may see an increase in FMAP (federal medical assistance percentage).

Mr. Parker stated that there has been no discussion of rate cuts, to date. He advised that he had limited knowledge on short-term borrowing. Mr. Parker added that there has been discussion of an FMAP increase and Part D claw back.

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Jacquetta Ellinger, Deputy Administrator for Policy Coordination, stated that there is a strong belief that the new Congress will reauthorize SCHIP (State Children's Health Insurance Program). To the extent that states may claim for parents at a 65% match and if the income ceiling is raised to 300% of the FPL for children, reauthorization could bring much more revenue to the state.

Ms. Ellinger stated that the department has not prepared a SCHIP fact sheet as yet. Ms. Hayes Gordon commented that a fact sheet would be helpful to tell interested parties about what SCHIP can do for Illinois.

**V. Old Business**

**1) All Kids and FamilyCare update.** Enrollment statistics through September 30, 2008 were provided. Lynne Thomas, chief of the Bureau of All Kids, stated that application processing is at 18 days. She stated that about 58% of applications come directly from families and 42% from AKAA (All Kids Application Agents). About 70% of the applications from families are done on-line. She expects the popularity of families using the on-line application to increase. She added the majority of AKAA applications are submitted through the mail and only about 25% of AKAA applications are done on-line.

**2) Primary Care Case Management (PCCM) activity.** Mr. Parker provided the update. He advised that the comptroller has paid the PCCM capitation so PCPs (primary care physicians) have received their monthly management fee. He stated that the department is concerned about the reaction of providers to slowed down payments.

The department expects to see good quarterly numbers on the HEDIS (Healthcare Effectiveness Data and Information Set) measures. There is also tracking of childhood immunizations using a new reporting system, ICARE. The department is working with providers to make sure they put the information into the ICARE registry to get a full accounting of services provided.

**3) Disease Management (DM).** Dr. Stephen Saunders, Medical Advisor, provided the report. He stated that there is not much new to report with enrollment numbers about the same. A lot of the focus has been in expanding the efforts in the Long Term Care (LTC) area. There are about 11,000 persons enrolled. There are nurse practitioners in 25 facilities. The department is giving patient metrics to providers including information on pharmacy use. He noted that pharmacy use in LTC facilities shows many patients with multiple prescriptions.

Dr. Saunders reported that the department is starting the year 2 reconciliation report in January. The department will document savings realized from the program in year 2 and expects to have the report out in Spring.

**4) Medicare Part D.** Mr. Parker provided the update. He stated there is currently open enrollment for participants and lots of letters have been sent out by the plans. The department has the same coordinating plans with some minor changes. Participants will receive notices regarding changes. Dual-eligibles may get a letter that their premiums are above the benchmark and so be assigned to another pharmacy plan.

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- 5) **Dental Policy Review (DPR) Committee.** Dr. Richard Perry provided the report. The committee met on November 12 and tentatively plans to meet next on March 11, 2009.

The Illinois State Dental Society reported that they are continuing to promote the Bridge to Healthy Smiles Campaign in the spring legislative session. The campaign includes promoting increased Medicaid rates for dental services, expanding grants to local health departments for dental clinics and increased funding for loan repayment program for dentists.

There will be an article in the DCFS December newsletter to foster and adoptive parents asking for their assistance to recruit dental practitioners who would like to enroll in the HFS dental program.

The Division of Specialized Care for Children (DSCC) reported that there are Care Coordinators in 13 statewide offices that ensure parents and guardians know about dental services, safety net clinics and where to access dental care for children.

HFS discussed the Fluoride Varnish program targeting children at age 3 at the physician's office because dental providers often don't want to see children before age 3.

Efforts to increase access to dental care was discussed, including expanding dental clinics in local health departments and FQHCs.

Illinois Children's Healthcare Foundation announced their 2009 oral health grants of \$3 million to 18 organizations – 6 in Cook County, 1 in Northern Illinois, 7 in Central Illinois and 3 in Southern Illinois.

IDPH, IFLOSS Coalition and the Illinois Primary Health Care Association hosted a meeting of statewide agencies and organizations. The meeting topic was Early Childhood Caries (ECC) and disease management.

Doral provided the Dental Champions report. Doral staff participated in several provider outreach activities and recruitment activities are ongoing. Staffs are working on updates to the dental office reference manual.

**VI. New Business**

A list of proposed dates for 2009 MAC meetings was provided. Ms. Ellinger advised that the dates reflect the established schedule for meetings but committee members could change dates if they wish. She advised that the meeting dates would be posted on the department's web site.

**VII. Subcommittee Reports**

**Long Term Care (LTC).** No report for this period.

**Public Education Subcommittee.** Ms. Ellinger provided the report. The meeting focused on MCO (managed care organization) choices. The meeting was well attended and there were good comments. The meeting was called at MAC member, Robyn Gabel's request. Ms. Ellinger



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advised that if other MAC members have a topic of interest, the subcommittee could organize a meeting around it.

Ms. Ellinger stated that the department had applied for a Robert Wood Johnson foundation grant focusing on children enrollment and maximum retention in state health insurance plans. The grant provides up to \$250,000 per year over the 4-year life of the grant. In the proposal, the department named the public education group as stakeholders for the grant. Stakeholders review department materials and comment on how the department communicates to families to enroll and keep enrolled.

**Pharmacy Subcommittee.** No report for this period.

- VIII.** The meeting was adjourned at 10:52 a.m. The next MAC meeting is scheduled for January 16, 2009.

**Medicaid Advisory Committee**  
**November 21, 2008**  
**All Kids Report**

**Enrollment**

- Enrollment data is attached. Enrollment data as of 09/30/08:
  - a. 1,401,231 All Kids Assist (Up to 133% of FPL)
  - b. 73,800 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
  - c. 68,258 All Kids expansion children

**Web-based application capability**

We implemented our web-based application statewide on August 11, 2005. Since then, we have received a total 166,381 web apps: 111,192 from the general public and 55,189 from AKAAs.

MAC 11/21/08

	5/31/2008		6/30/2008		7/31/2008		8/31/2008	9/30/2008
	Previous	Current	Previous	Current	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
Pre-expansion children	1,266,974	1,273,485	1,276,742	1,281,226	1,279,479	1,286,939	1,293,692	1,296,663
All Kids Phase I	98,203	98,752	100,041	100,458	100,905	101,698	103,415	104,568
All Kids Phase II	66,855	66,751	66,542	66,500	66,316	66,202	65,804	65,531
All Kids Phase III	6,918	6,916	7,395	7,395	7,700	7,687	8,054	8,269
All Kids Expansion	64,716	64,997	65,942	66,081	66,692	66,963	67,628	68,258
<b>TOTAL</b>	<b>1,503,666</b>	<b>1,510,901</b>	<b>1,516,662</b>	<b>1,521,660</b>	<b>1,521,092</b>	<b>1,529,489</b>	<b>1,538,593</b>	<b>1,543,289</b>
All Kids Assist	1,365,177	1,372,237	1,376,783	1,381,684	1,380,384	1,388,637	1,397,107	1,401,231
All Kids Rebate, Share, Premium Level 1	73,773	73,667	73,937	73,895	74,016	73,889	73,858	73,800
All Kids Expansion	64,716	64,997	65,942	66,081	66,692	66,963	67,628	68,258
<b>Total</b>	<b>1,503,666</b>	<b>1,510,901</b>	<b>1,516,662</b>	<b>1,521,660</b>	<b>1,521,092</b>	<b>1,529,489</b>	<b>1,538,593</b>	<b>1,543,289</b>

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
September 19, 2008**

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

**Members Present**

Eli Pick, Chairman  
Robert Anselmo, R.Ph.  
Mary Driscoll, DPH  
Kathy Chan for Robyn Gabel, IMCHC  
Jill Fraggos for Susan Hayes Gordon  
John Schlofrock, Barton Mgt.  
Debra Kinsey, DCFS

**Members Absent**

Pedro A. Poma, M.D.  
Kim Mitroka, Christopher Rural Health  
Neil Winston, M.D.  
Myrtis Sullivan, DHS  
Richard Perry, D.D.S.

**HFS Staff**

James Parker  
Jacquetta Ellinger  
Lynne Thomas  
Mike Jones  
Gina Swehla  
James Monk

**Interested Parties**

Thomas Holder, Valeant Pharmaceutical  
Marsha Hurn, Comprehensive Bleeding Disorder Center  
(CBDC)  
Mary Capetillo, Lilly  
Mandy Ungrittanon, Quest Diagnostics  
Deb Mathews, DSCC  
Robin Scott, CDPH  
Kathy Bovid, Bristol Myers Squibb  
Judy King  
Michael Lafond, Abbott  
Kelly Dingle, Medimmune  
Joseph Winalski, Biogen Idec

**Illinois Department of Healthcare and Family Services  
Medicaid Advisory Committee  
September 19, 2008**

**I. Call to Order**

Chairman Pick called the meeting to order at 10:05 a.m.

**II. Introductions**

Attendees in Chicago and Springfield introduced themselves. Mike Jones announced the passing of Leon Schlofrock and recognized his exemplary community service.

**III. Review of the Minutes**

The July minutes were approved.

**IV. Administrator's Report**

James Parker, Deputy Administrator for Operations, and Jacquetta Ellinger, Deputy Administrator for Policy Coordination, provided the report.

**2008 Legislative session update.** Ms. Ellinger reviewed that the budget submitted for FY09 did not have adequate revenues and the governor was forced to make cuts to balance the budget. There has been interest on the part of legislators in restoring the budget cuts.

Mr. Parker stated that members might be aware that the state has experienced some serious cash flow problems. The state has had some poor revenue months recently so the comptroller has been slower to pay bills. The department has had some payment requests at the comptroller's office for 2 months that have not been paid. The department hopes with cyclical change that revenues will get better and payment would be timelier.

Jill Fraggos added that she was in Washington DC and there was discussion of an increase with FMAP. Congress is talking about another stimulus package. She urged the MAC to weigh in with the Illinois delegation to support increased funding. She could share the letter drafted by Children's Memorial supporting increased funding.

Mr. Parker stated that he had heard of a request for an increased federal match to 55 %. There was some discussion about the level of federal match that is 50% for Medicaid but may be as much as 90% with some programs.

MAC members agreed to send a letter of support for an increased federal match.

Mr. Parker stated that a provider notice had gone out on changes in the laboratory reimbursement rate effective for dates of service beginning October 1. The department has heard from some providers regarding the merits of the changes and the discussion is ongoing.

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Ms. Ellinger reported that DHS has increased the TANF payment by 9% across the board. She noted that while TANF and medical benefits are de-linked, TANF eligible persons receive medical benefits. The department will need to make an adjustment as the increase will make a marginally small level of persons eligible in that category.

Ms. Ellinger stated that disability advocates have been concerned about two programs. One of these is the spend-down pay-in program that should begin on November 1. The department will be inviting persons in spend-down status to satisfy the obligation by spending money equal to the spend-down amount. This will apply only to persons who are seniors, disabled or blind. It will especially affect persons that need prescription drugs. Allowing prepayment of the spend-down obligation will simplify authorization for split bill days.

**V. Old Business**

1) **All Kids update.** Enrollment statistics through July 31, 2008 were provided (Attachment 1 and Attachment 2). Lynne Thomas, chief of the Bureau of All Kids, stated that over 1.5 million children are enrolled. She advised that application processing is now at 22 days - slower as it is a busy time of year with increased back to school enrollments. She stated that about half of the applications come through the website and less than half of the applications are submitted by AKAAs (All Kids Application Agents).

2) **Primary Care Case Management (PCCM) activity.** Mr. Parker provided the update. He advised that the department continues to focus on measurement, sending provider profiles and will use the measure to establish provider bonus payments.

The department expects to see good quarterly numbers on the HEDIS (Healthcare Effectiveness Data and Information Set) measures. There is also tracking of childhood immunizations using a new reporting system, ICARE. The department is working with providers to make sure they put the information into the ICARE registry to get a full accounting of services provided.

Mary Driscoll asked if the new system replaces TOTS (Tracking Our Toddler's Shots) and if data on TOTS would now automatically be placed on ICARE?

Mr. Parker stated the ICARE system covers a broader range of data than TOTS and should be easier to use. He didn't know if TOTS data would automatically be transferred to ICARE. He added that there would be a demonstration of the ICARE system at IDPH next week.

Robert Anselmo stated that pharmacies are only allowed to provide immunizations to persons 15 years of age or older. He asked if it would be possible to amend the

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Medicaid Advisory Committee  
September 19, 2008**

Pharmacy Practice Act to allow for a pharmacy to administer immunizations for children age 10 or older.

Some discussion followed on how data may be captured when a pharmacy provides a vaccination.

- 3) Disease Management (DM).** No report for this period.
- 4) Medicare Part D.** Mr. Parker provided the update. He stated that every year the prescription drug plans resubmit their plans. The cost and formulary can change so developing plans that are actuarially sound and setting a benchmark rate is challenging. It is a challenge to ensure that Illinois Cares Rx enrollees are at the benchmark. If enrollees are over the benchmark, HFS will pay the premium and keep the person in the same plan.

The department expects there will be a few new coordinating plans and the plans already in place would continue.

In response to a question from Robin Scott, Mr. Parker advised that the plans coordinate with Illinois Cares Rx. He stated that coordination for dual eligibles is a federal decision.

- 5) Veterans Care.** Ms. Ellinger gave the report. She stated that the authorizing statute ended January 1 and that the program has been operating under a continuing plan with the Illinois Department of Veteran Affairs.
- 6) Access to Benefits and Services Task Force.** Ms. Ellinger was aware that members had asked for a copy of the task force report and in response would request Ann Lattig to send the web site link to MAC members. She advised that the report's focus was DHS and their workload backing up. The problems were primarily technological and improved technology would make services better.

DHS and HFS are open and supportive of the recommendations but large system changes revolve around both cost and time.

The department is working with IT staff on the All Kids application process to allow applicants to find an easier way to transmit data. Rather than going to our home page, applicants could go through a web service. The department is hoping an improvement in data transmittal for the All Kids application could be used as a model for other applications.

Ms. Ellinger recommended that since the report is complete we should take it off the MAC agenda.

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September 19, 2008**

**VI. New Business.**

- A PCCM report was requested at the last MAC meeting. Mr. Parker reviewed the Statewide Medical Homes and Client Enrollments report (Attachment 3). He provided definitions for medical home and panel size and stated that the department is virtually at 100% enrollments with the exception of ongoing new enrollees that have yet to choose a medical home.
- Chairman Pick asked if services would be affected with recent flooding and declared disaster areas in Illinois. Does the state plan to secure additional funding for flood victims?

Ms. Ellinger reviewed that as part of the response to hurricane Katrina, persons were forced to relocate out of state. As a result, Illinois dropped some verification requirements to expedite authorizing coverage. The recent flooding in Illinois is not likely to affect eligibility except possibly reduced income for self-employed persons.

**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.** Ms. Ellinger provided the report. She advised that 2 lengthy documents were sent out for comment to subcommittee members and other interested parties. One document was a brochure that described all of the HFS programs. The other document was a brochure that explains the Spend-down program.

She has asked current subcommittee members if they wish to continue in the group. She recommends expanding the group and add new members. The subcommittee will meet on Friday, October 24 at 10 a.m. The group will be reviewing materials that MCO (Managed Care Organizations) are sharing with clients. Michelle Maher wants to bring PCCM materials as well. This is the principle agenda item.

**VIII.** The meeting was adjourned at 11:00 a.m. The next MAC meeting is scheduled for November 21, 2008.



**Medicaid Advisory Committee  
September 19, 2008  
All Kids Report**

**Enrollment**

- Enrollment data is attached. Enrollment data as of 07/31/08:
  - a. 1,380,384 All Kids Assist (Up to 133% of FPL)
  - b. 74,016 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
  - c. 66,692 All Kids expansion children

**Web-based application capability**

We implemented our web-based application statewide on August 11, 2005. Since then, we have received a total 156,575 web apps: 104,190 from the general public and 52,385 from AKAA's.

MAC 09/19/08

	3/31/2008		4/30/2008		5/31/2008		6/30/2008	7/31/2008
	Previous	Current	Previous	Current	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
Pre-expansion children	1,252,099	1,257,637	1,268,117	1,271,953	1,266,974	1,273,485	1,276,742	1,279,479
All Kids Phase I	103,809	104,224	97,592	97,928	98,203	98,752	100,041	100,905
All Kids Phase II	62,851	62,883	66,328	66,262	66,855	66,751	66,542	66,316
All Kids Phase III	8,172	8,157	6,313	6,309	6,918	6,916	7,395	7,700
All Kids Expansion	63,963	64,189	63,893	64,002	64,716	64,997	65,942	66,692
<b>TOTAL</b>	<b>1,490,894</b>	<b>1,497,090</b>	<b>1,502,243</b>	<b>1,506,454</b>	<b>1,503,666</b>	<b>1,510,901</b>	<b>1,516,662</b>	<b>1,521,092</b>
All Kids Assist	1,355,908	1,361,861	1,365,709	1,369,881	1,365,177	1,372,237	1,376,783	1,380,384
All Kids Rebate, Share, Premium Level 1	71,023	71,040	72,641	72,571	73,773	73,667	73,937	74,016
All Kids Expansion	63,963	64,189	63,893	64,002	64,716	64,997	65,942	66,692
<b>Total</b>	<b>1,490,894</b>	<b>1,497,090</b>	<b>1,502,243</b>	<b>1,506,454</b>	<b>1,503,666</b>	<b>1,510,901</b>	<b>1,516,662</b>	<b>1,521,092</b>

**Statewide Medical Homes and Client Enrollments  
for September 15, 2008**

<b>Number of Medical Homes*</b>	<b>Panel Size</b>	<b>Eligible Client Count</b>	<b>Clients Enrolled in IHC</b>	<b>Clients Enrolled in MCO</b>	<b>Total Clients with a Medical Home</b>
<b>5,290</b>	<b>5,355,187</b>	<b>1,813,351</b>	<b>1,559,600</b>	<b>177,902</b>	<b>1,737,502</b>

\* FQHC/RHC/ERC Sites are counted as 1 Medical Home