

201 South Grand Avenue East
Springfield, Illinois 62763-0002

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

MEMORANDUM

DATE: July 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 July 17, 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 July 17, 2009 meeting; a copy of an Open Meetings Act Inquiry to the Office of the Attorney General and HFS' response, a copy of the Form CMS-416 report for federal fiscal year 2008 and the draft minutes/attachments from the March 20, 2009 and May 15, 2009 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

July 17, 2009
10 a.m. - 12 p.m.

AGENDA

- I. Call to Order
- II. Introductions
- III. Review of March 20, 2009 and May 15, 2009 Meeting Minutes
- IV. Administrator's Report
 - 2009 Legislative Session Update
 - ARRA Update
- V. Old Business
 - All Kids Update
 - PCCM Update
 - DM Update
 - Medicare Part D Update
- VI. New Business
 - Open Meetings Act Inquiry
 - FFY2008 Form CMS-416 — Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Report
 - Open to Committee
- VII. Subcommittee Reports
 - Long Term Care (LTC) Subcommittee – No Report
 - Public Education Subcommittee – Report
 - Pharmacy Subcommittee – No Report
- VIII. Adjournment



RECEIVED

JUN 10 2009

DIVISION OF
MEDICAL PROGRAMS

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

Lisa Madigan
ATTORNEY GENERAL

June 1, 2009

Medicaid Advisory Committee
Mr. Eli Pick, Chair
Ms. Robyn Gabel, Vice-Chair
201 S. Grand Ave. East
Springfield, IL 62763

Re: *Open Meetings Act inquiry*
2009 OMA 79

Dear Mr. Pick and Ms. Gabel:

The Office of Illinois Attorney General Lisa Madigan has recently received an inquiry in relation to the Medicaid Advisory Committee and its compliance with the Illinois Open Meetings Act, 5 ILCS 120/1 *et seq.* The materials received by this Office raise a question as to whether the Committee has been generally posting notices and agendas for its meetings in accordance with the requirements of the Act and, in particular, with regard to its May 15, 2009 meeting. Specifically, it has been alleged that the Committee does not physically post its regular meeting schedule, special meeting notices and meeting agendas at either its office or the location of the meeting.

The Illinois Open Meetings Act requires that a public body create and post a schedule of regular meetings at the beginning of each calendar year. The Act also requires a public body to post an agenda at least 48 hours in advance of each regular or special meeting of the body. When a public body is to hold a special meeting that is not part of the regular meeting calendar, notice of that special meeting must also be posted at least 48 hours in advance of the meeting. These items must be posted at the principal office of the public body or, if no such office exists, at the location where the meeting is to be held.

In order to ensure full compliance with the Illinois Open Meetings Act, the Office of the Illinois Attorney General is asking that the Committee, or an attorney on behalf of the Committee, provide a written response to address these allegations. In particular, please explain the Committee's practices for posting notices and agendas of meetings and include any other information the Committee feels is relevant to the Open Meetings Act concerns raised.

Mr. Eli Pick, Chair
Ms. Robyn Gabel, Vice-Chair
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June 1, 2009

Please provide the requested information to this Office, Springfield address, within 30 days from the date of this letter.

If you have any questions about this or other Open Meetings Act issues, please feel free to contact me.

Sincerely,



Amanda M. Lundeen
Assistant Public Access Counselor
Assistant Attorney General

201 South Grand Avenue East
Springfield, Illinois 62763-0002

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

June 22, 2009

Amanda M. Lundeen
Assistant Attorney General
Assistant Public Access Counselor
500 South Second Street
Springfield, IL 62706

Re: *Open Meetings Act Inquiry*
2009 OMA 79

Dear Ms. Lundeen:

Specifically, in response to your letter of June 1, 2009, Healthcare and Family Services (HFS) was made aware of an Open Meetings Act issue with the May 15, 2009 Medicaid Advisory committee (MAC) Meeting on May 13, 2009 when the following email from Judy King was cc'd to the HFS Webmaster:

"Date: May 13, 2009

To: Ms. Lisa Madigan, Attorney General and Ms. Anita Alvarez, Cook County State's Attorney
Re: Illinois Open Meetings Act Complaint

The Illinois Medicaid Advisory Committee ("MAC") is a public body under the Illinois Open Meetings Act ("OMA"). A regular meeting of the MAC is scheduled for 10:00 a.m. on the Friday, May 15, 2009. As of this hour, the meeting agenda for the May 15, 2009, meeting has not been posted on the MAC website. This is not the first time the MAC agenda has not been posted online in a timely manner. This afternoon I went to one of the MAC meeting locations: 401 S. Clinton, Chicago, Illinois. There was no agenda for this meeting posted at this location. Neither attendant at the front desk could locate any meeting agenda for the meeting scheduled for this Friday. I have never before found a MAC agenda posted for the public at the Clinton address for meetings held in the past.

It would seem to be a violation of the OMA for the MAC to hold its regular meeting on this Friday, May 15, 2009. The meeting should be rescheduled until proper notice can be provided to the public.

Thank you for your assistance and attention,

Judy King"

Upon verifying that the Agenda had not been posted for this regular meeting, the Department determined that cancelling the meeting would also violate OMA as time did not permit ten days

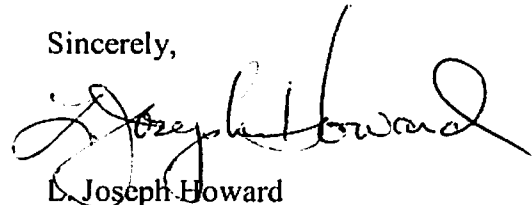
notice of cancellation. (The MAC serves in an advisory capacity to the Director of HFS and receives staff support from HFS.) Consequently, the Department determined the best course of action was to proceed with the meeting but to advise the committee it could take no formal action. At the meeting, Jacquetta Ellinger, HFS Deputy Administrator for Policy Coordination, explained the situation to the attending MAC members and participants including Ms. King. Ms. Ellinger stated that the Department would ensure timely posting of the agenda for future meetings.

Your letter indicates that the inquiry you received also questioned whether the MAC had been posting its regular meeting schedule and special meeting notices at either its office or the location of the meeting. Subsequent to the May 15th meeting, the Department has revisited, and where necessary, instituted new procedures to ensure that all required notices of meetings for each MAC meeting and MAC subcommittee meeting will be posted in full compliance with OMA requirements, and especially that the agenda for each meeting will be posted at least 48 hours in advance of the meeting at the location where the meeting is to be held. (A new bulletin board has already been installed at 401 South Clinton to facilitate these postings.) Postings will show the regular meeting schedules and any special meeting notices and meeting agendas. If a regular meeting were to be cancelled, a notice would be posted at least ten days in advance of the meeting to be cancelled.

The Department also posts the regular MAC meeting schedule and meeting agenda on the Internet at: <http://www.hfs.illinois.gov/mac/schedule.html>. Subcommittee meetings will also be posted at this site.

The Department and the MAC understand the importance of proper meeting notification and will work diligently to ensure ongoing compliance.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Joseph Howard". The signature is fluid and cursive, with a large initial "D" and "H".

D. Joseph Howard
Assistant General Counsel

201 South Grand Avenue East
Springfield, Illinois 62763-0002

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

June 1, 2009

Ms. Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601- 5519

Dear Ms. Johnson:

Pursuant to the requirements of Section 1902(a)(43)(D) of the Social Security Act, and in compliance with the Form CMS-416 instructions for reporting Early Periodic, Screening, Diagnosis and Treatment (EPSDT) services, attached is the Illinois Department of Healthcare and Family Services' submission of Form CMS-416 for FFY 2008.


We utilized the following reporting guidelines:

- Only those children who were Medicaid-eligible for thirty days or more were counted. Similarly, EPSDT services for only those children in Line 1 were counted.
- Irrespective of the presence of the "V" diagnosis code, the comprehensive office visit Current Procedural Terminology (CPT) codes 99202-99205 and 99213-99215 were counted as screenings in the report. Comprehensive prenatal care visits by pregnant teenagers were also counted as screenings, as was a postpartum visit (CPT 59430).
- Based on guidance from CMS, Illinois has limited the maximum number of screenings based on the State's periodicity schedule (Line 2A), irrespective of the additional number of screenings that a child may have received. By doing so, a more accurate reflection of the annual screening ratio is reported.

Since the CMS-416 report is based on adjudicated date, and providers in Illinois have one year to file their claims, we reserve the right to re-submit our CMS-416 report for FFY 2008. This allows us time to capture those claims data and, therefore, provide an EPSDT Participation Rate derived from a more complete set of adjudicated data.

Should you need additional information, please contact me. I can be reached at 217-782-2570. You may also contact Deborah Saunders, of my staff, at 217-557-5438.

Sincerely,


Theresa A. Eagleson, Administrator
Division of Medical Programs

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



<u>State Code</u>	<u>Fiscal Year</u>		Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
IL	2008	Totals							
1. Total individuals eligible for EPSDT	CN:	1,461,492	83,984	201,164	258,312	297,785	315,501	233,356	71,390
	MN:	10,529	68	969	2,081	2,712	2,884	1,705	110
	Total:	1,472,021	84,052	202,133	260,393	300,497	318,385	235,061	71,500
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN:	15,822,121	518,993	2,251,001	2,922,495	3,373,807	3,565,953	2,595,818	594,054
	MN:	95,135	303	8,043	18,997	24,917	26,445	15,727	703
	Total:	15,917,256	519,296	2,259,044	2,941,492	3,398,724	3,592,398	2,611,545	594,757
3b. Average Period of Eligibility	CN:	0.90	0.51	0.93	0.94	0.94	0.94	0.93	0.69
	MN:	0.75	0.37	0.69	0.76	0.77	0.76	0.77	0.53
	Total:	0.90	0.51	0.93	0.94	0.94	0.94	0.93	0.69
4. Expected Number of Screenings per Eligible	CN:		3.06	1.86	0.94	0.47	0.56	0.47	0.35
	MN:		2.22	1.38	0.76	0.39	0.46	0.39	0.27
	Total:		3.06	1.86	0.94	0.47	0.56	0.47	0.35
5. Expected Number of Screenings	CN:	1,325,273	256,991	374,165	242,813	139,959	176,681	109,677	24,987
	MN:	6,150	151	1,337	1,582	1,058	1,327	665	30
	Total:	1,331,423	257,142	375,502	244,395	141,017	178,008	110,342	25,017
6. Total Screens Received	CN:	1,193,112	400,684	273,186	199,939	89,434	131,657	83,272	14,940
	MN:	3,688	306	854	1,007	421	801	298	1
	Total:	1,196,800	400,990	274,040	200,946	89,855	132,458	83,570	14,941
7. SCREENING Ratio	CN:	0.90	1.00	0.73	0.82	0.64	0.75	0.76	0.60
	MN:	0.60	1.00	0.64	0.64	0.40	0.60	0.45	0.03
	Total:	0.90	1.00	0.73	0.82	0.64	0.74	0.76	0.60

8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	979,265	83,984	201,164	242,813	139,959	176,681	109,677	24,987
	MN:	5,699	68	969	1,582	1,058	1,327	665	30
	Total:	984,964	84,052	202,133	244,395	141,017	178,008	110,342	25,017
9. Total Eligibles Receiving at One Initial or Periodic Screen	CN:	657,404	71,350	152,027	155,522	83,623	108,821	66,225	19,836
	MN:	2,826	41	501	856	405	704	313	6
	Total:	660,230	71,391	152,528	156,378	84,028	109,525	66,538	19,842
10. PARTICIPANT RATIO	CN:	0.67	0.85	0.76	0.64	0.60	0.62	0.60	0.79
	MN:	0.50	0.60	0.52	0.54	0.38	0.53	0.47	0.20
	Total:	0.67	0.85	0.75	0.64	0.60	0.62	0.60	0.79
11. Total Eligibles Referred for Corrective Treatment	CN:	216,456	33,462	31,585	43,211	35,871	50,102	19,064	3,161
	MN:	808	34	136	215	126	231	66	0
	Total:	217,264	33,496	31,721	43,426	35,997	50,333	19,130	3,161
12a. Total Eligibles Receiving Any Dental Services	CN:	561,898	1,015	33,102	138,130	172,689	145,225	65,177	6,560
	MN:	3,309	1	106	673	1,128	1,032	366	3
	Total:	565,207	1,016	33,208	138,803	173,817	146,257	65,543	6,563
12b. Total Eligibles Receiving Preventive Dental Services	CN:	518,658	635	27,725	128,047	163,987	137,280	56,754	4,230
	MN:	3,054	1	76	605	1,064	971	334	3
	Total:	521,712	636	27,801	128,652	165,051	138,251	57,088	4,233
12c. Total Eligibles Receiving Dental Treatment Services	CN:	214,995	31	3,683	42,100	72,607	57,777	34,843	3,954
	MN:	1,344	0	9	203	498	433	198	3
	Total:	216,339	31	3,692	42,303	73,105	58,210	35,041	3,957
13. Total Eligibles Enrolled in Managed Care	CN:	174,857	7,804	24,074	32,219	37,109	39,137	26,867	7,647
	MN:	153	1	5	22	30	55	36	4
	Total:	175,010	7,805	24,079	32,241	37,139	39,192	26,903	7,651
14. Total Number of Screening Blood Lead Tests	CN:	340,208	48,780	151,068	140,360				
	MN:	969	67	397	505				
	Total:	341,177	48,847	151,465	140,865				

EPSDT Periodicity Schedule

It is recommended that health screenings be provided to children, on a periodicity schedule based on acceptable medical practice standards, such as the schedule recommended by the American Academy of Pediatrics or the American Academy of Family Practitioners, or the following schedule provided by the Illinois Department of Healthcare and Family Services (HFS) as a minimum guideline.

Well Child Screening Examinations*:

Under Age One:

- During first 2 weeks
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months

Ages One to Three:

- 12 months
- 15 months
- 18 months
- 24 months/30 months

Ages Three to Six:

Annually

Ages Six to Twenty-one:

Every other year, at a minimum, or more often if medically recommended, or if following an acceptable medical practice standard for the periodicity schedule.

The Department of Children and Family Services requires that children in its legal custody between the ages of two years and 21 years receive, at a minimum, annual health screenings.

Vision*:

Ages Three through Six: Annually

Ages 8, 10, 12, 15 and 18

Hearing*:

Newborn (at birth)

Ages 9, 18, 24 and 30 months

***May be more frequent, as medically necessary**

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
March 20, 2009**

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
Susan Hayes Gordon
John Shlofrock, Barton Mgt.
Karen Moredock, 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
Deborah Saunders
Kelly Cunningham
Barb Ginder
Gina Swehla
Amy Wallace
Jamie Tripp
James Monk

Interested Parties

Michael Lafond, Abbott
Mara Siler-Price, CMS
Kate Tallent, Hemophilia Foundation of Illinois
Mandy Ungrittanon, Quest Diagnostics
Donna Malus, Quest Diagnostics
Roy Pura, Glaxo Smith Kline
Joe Winalski, Biogen Idec
Robin Scott, Chicago Dept of Public Health
Iris Carey, Chicago Dept of Public Health
Joseph Winalski, Biogen Idec
Judy King
Victoria Bigelow, Access to Care
Jennifer Vance, Legal Assistance Foundation
Dana Goheen, Legal Assistance Foundation
Hannah Doherty, Legal Assistance Foundation
Mary Capetillo, Lilly
Mary Davis, Comprehensive Bleeding Disorders Center
Marsha Hurn, Comprehensive Bleeding Disorders Center
Deb Matthews, DSCC
Kathy Bovid, Bristol Myers Squibb
George Hovanec, Consultant
Jason Verbrugghe, Allergan
Kelly Dingle, MedImmune

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
March 20, 2009**

I. Call to Order

Chairman Pick called the meeting to order at 10:02 a.m.

II. Introductions

Attendees in Chicago and Springfield introduced themselves.

III. Review of the Minutes

The September 2008, November 2008 and January 2009 minutes were approved.

IV. Administrator's Report

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

2009 Legislative Session Update

- 1) Mr. Parker stated that the Governor's budget for FY10 has no significant increases or decreases in rates. For FY09 the department has requested a supplemental appropriation. The extra funds will allow the department to pay providers on a 30-day payment cycle through the end of the fiscal year ending on June 30, 2009. The request will require legislative action to approve the supplemental appropriation and short-term borrowing to have enough cash.
- 2) The American Recovery and Reinvestment Act of 2009 (ARRA) requires that the department pay certain providers including hospitals, nursing homes and practitioners 90% of claims within 30 days. This requirement is effective for practitioners February 19, 2009; the date the bill was signed into law and 6/1/09 for nursing homes and hospitals. The department is already paying practitioners within 30 days.

The federal CMS will measure compliance on a daily basis. The department will meet with CMS to discuss the methodology to do this. If a state is out of compliance, it will lose the federal match for that day.

The department's first priority is to pay down outstanding claims to hospitals and nursing homes. The desire then will be to pay the rest of the providers. This may require short-term borrowing to pay claims and in turn draw the matching funds. One of the plans is short-term borrowing to refinance the \$1.4 billion borrowed in December 2008.

Everyone appears to be on board to not lose the federal matching funds. The department has experienced great cooperation from the Comptroller's office.

Mr. Parker reviewed the rate increases for specialty care provided to children that were effective February 2009. In June 2009 these rates will also be applied to services rendered to adults. The department's hope for the long term is to raise as much revenue as needed to fix the reimbursement system. The department is interested in feedback from providers as to where targeted rate increases should go.

**Illinois Department of Healthcare and Family Services
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March 20, 2009**

George Hovanec asked what providers are expected to do in light of the fact that increased provider payments are dependent on increases in tax revenue, borrowing and state pension give-backs. Mr. Parker responded that support from providers for the revenue increases needs to be there.

Jacquetta Ellinger, Deputy Administrator for Policy Coordination, stated that cuts in one place often result in increased spending in other areas. She added that anything we can do to put the impact of not increasing revenues in human terms is needed. The department needs support from advocates and legislators to get the message out to support the Governor's budget.

Mr. Parker stated that budget information is on the state website. Comparing a line item from FY10 to FY09 makes it appear that there is a \$500 million drop in FY10. Actually the change reflects the FY09 payment cycle buy-down that is a one-time expense. Ms. Ellinger added another way to understand the difference in spending is that the department will pay 14 months of bills this year to get current but will be able to stay current next year with enough funding to pay 12 months worth of bills.

V. Old Business

- 1) All Kids and FamilyCare update.** Enrollment statistics through January 31, 2009 were provided (Attachments 1 and 2). Lynne Thomas, chief of the Bureau of All Kids, stated that enrollment continues to grow with applications received at about the same level as this time last year. About 65% of applications are received online. Application processing is at 18 days, well within the federal requirement.
- 2) Primary Care Case Management (PCCM) activity (Attachment 3).** Mr. Parker reported that in April, the department would look at how the primary care providers (PCP) did on the patient quality measures established for bonus payments. This information should be available for the next MAC meeting.

Mary Driscoll indicated that at the last meeting she had volunteered to look for available data on how many Chicago children are receiving Medicaid dental services. Ms. Driscoll advised that IDPH would run data on utilization for Chicago children that have had a dental exam and are enrolled in Medicaid. The data would be provided to Deborah Saunders, MAC members and MAC participant, Judy King who had requested the information. Ms. Ellinger was interested in knowing if dental care data for children other than those receiving Medicaid was also available.

- 3) Disease Management (DM).** Mr. Parker stated that the department was about done with the second year reconciliation report. The report documents department savings as a result of patient enrollment in the Disease Management program. Last year's savings were about \$4 million and the expectation is that this year the savings would be about 2½ times that amount.

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
March 20, 2009**

Mary Driscoll applauded the increased savings and suggested that the department publish a journal article to share the results with other states.

- 4) **Medicare Part D.** Mr. Parker provided the update. He stated that changes for the new coverage year went fairly smoothly. Also, there is a bill in the legislature to change to Illinois Cares Rx to simplify the program, making it easier for seniors to understand the program and annual change in rates. It looks likely the bill will be passed.

Federal Medicaid Assistance Percentage (FMAP) increase. Mr. Parker provided the report. He stated a letter supporting an increase in FMAP was sent by the MAC committee to Illinois delegates and a response letter from Congresswoman, Jan Schakowsky is included in the meeting handouts (Attachment 4). The FMAP is increased from its current 50.32% to 60.48% for nine federal fiscal quarters, dating back to October 1, 2008. There is a stimulus fact sheet available at <http://recovery.Illinois.gov/>

VI. New Business

Report on Utilization of Dental Care Deborah Saunders, Chief of the Bureau of Maternal & Child Health Promotion, provided the report. She identified that Gina Swehla of her bureau is the dental manager and has a broad background in public health. Ms. Swehla also works with Julie Jansen from the Illinois Department of Public Health.

Ms. Saunders stated that there is a direct correlation between good oral health and improved health outcomes. Ninety Illinois counties complete assessments at provider stations.

The department tries to stimulate the private infrastructure and thereby increase access for children. The department has noted an increase in the percent of children receiving oral exams from about 29% to about 40%. The department spends about \$190 million for dental services each year and has worked to increase the number of dental providers. In 1999, there were about 860 providers compared to 2,100 dental providers today.

The department funds school programs giving preventive health services. Part of the quality improvement strategy during oral exams is to score children for dental needs. The department has found that about 10% of children served have a severe treatment need. A letter is sent to parents identifying the dental needs.

A fluoride varnish treatment program is available to all children under the age of 3. There have been 498 physicians trained to apply varnish. There are 97 physicians providing the service including 13 federally qualified health centers (FQHC).

Doral Dental uses a brochure for targeted outreach. After outreach about 10% of the children come in for services. The department continues to push for increases in access,

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
March 20, 2009**

assessment and treatment. Ms. Saunders asked that meeting participants encourage dentists to enroll with the department.

Kathy Chan commented that IMCHC members have noticed improved access especially with Doral Dental and peer assessment and wished to thank Ms. Saunders.

Ms. Saunders added that outreach and recruitment of dentists is done under the Dental Champions program in each area of the state.

Judy King asked if the 2008 annual report, federal CMS form 416, is available.

Ms. Saunders advised that the report is not yet available and also that the form is changing. She added that the form provides data on dental utilization for children ages 2 through 21 years.

Open to Committee

Kathy Chan asked if the department plans to draw down any of the Health Information Exchange (HIE) money.

Mr. Parker advised that the department would be issuing HIE planning grants. He suggested that Ms. Chan contact Laura Zaremba for more information. He added that the department wants to maximize the federal funding available under ARRA 2009. More information is available on the department website at www.hfs.Illinois.gov/hie

Eli Pick commended the state for addressing the revenue gap and recognizing the need to expand the state income tax. He noted that while there are short-term gaps in revenue, HFS and DHS needed to find efficiencies and look for improvements in technology to reduce cost. He identified the electronic Recipient Eligibility Verification (REV) system as a way to reduce the cost in paperwork.

Ms. Ellinger shared that the Health Benefits for Workers with Disabilities (HBWD) program has implemented an expansion effective February 1, 2009. Income eligibility is now at 350% of the federal poverty level. The asset standard is raised to \$25,000 and retirement accounts and medical savings accounts are now considered as exempt assets.

Ms. Ellinger advised that Illinois is 1 of 8 states receiving a Robert Woods Johnson foundation grant to study what states can do to improve children's enrollment and retention in state health plans. The project is directed by the National Academy for State Health Policy (NASHP). Illinois should receive about \$1 million over a 4 year period. The first phase is to analyze current policy through an external assessment team. In the department's application, the MAC's Public Education subcommittee was identified to work through this. If persons are interested in participating, they should let Ms. Ellinger know.

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
March 20, 2009**

VII. Subcommittee Reports

Long Term Care (LTC) Kelly Cunningham, Chief of the Bureau of Long Term Care, gave the report. The subcommittee last met on February 20, 2009. At this meeting:

- Jean Summerfield from the Office of the Director provided an update on the “Money Follows the Person” (MFP) federal demonstration project. The goal of the demonstration project is to encourage states to rebalance their long-term care systems as well as create a community transition program geared toward serving longer stay Medicaid residents of nursing facilities. There are new tracking and reporting requirements, as well as enhanced quality management and risk assessment activities, which the Department must comply. The department is working closely with the Illinois Department on Aging and the Illinois Department of Human services (DHS) on MFP implementation.
- Theresa Eagleson, Healthcare and Family Services Medical Director, provided an update on the American Recovery and Reinvestment Act of 2009 stimulus package.
- HFS’ Supportive Living Program currently has 113 supportive living facilities with 9,000 affordable apartments. There are 33 more facilities moving toward certification. The department has just finished soliciting additional facilities and has received 77 applications in targeted areas around the state.
- The next meeting of the Long Term Care Subcommittee is April 17, 2009.

Eli Pick shared that Ballard Healthcare is participating in a federal study looking at post acute care reform. The Post-Acute Care Payment Reform Demonstration includes Acute Care Hospitals and 4 Post Acute Care (PAC) settings. These include Long Term Care Hospitals, Inpatients Rehabilitation Facilities, Skilled Nursing Facilities and Home Health Agencies. The goal of the initiative is to standardize patient assessment information from acute PAC settings and to use the data to guide payment policy in the Medicare program. The project ends on April 30, 2009 and a report will be prepared for Congress. Mr. Pick expects that by 2011 the system for post acute care will see payment reforms initiated.

Public Education Subcommittee. No report for this period.

Pharmacy Subcommittee. No report for this period.

VIII. The meeting was adjourned at 11:05 a.m. The next MAC meeting is scheduled for May 15, 2009.

Medicaid Advisory Committee
March 20, 2009
All Kids Report

Enrollment

- Enrollment data is attached. Enrollment data as of 01/31/09:
 - a. 1,426,339 All Kids Assist (Up to 133% of FPL)
 - b. 74,156 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 71,331 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 185,546 web apps: 125,075 from the general public and 60,471 from AKAA's.

MAC 03/20/09

	9/30/2008		10/31/2008		11/30/2008		12/31/2008	1/31/2009
	Previous	Current	Previous	Current	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
Pre-expansion children	1,296,663	1,301,381	1,304,346	1,307,316	1,302,877	1,307,709	1,310,570	1,315,574
All Kids Phase I	104,568	105,030	106,808	107,041	108,459	108,847	109,750	110,825
All Kids Phase II	65,531	65,445	64,666	64,608	64,453	64,329	64,087	64,531
All Kids Phase III	8,269	8,265	8,632	8,627	8,898	8,884	9,141	9,625
All Kids Expansion	68,258	68,432	68,901	68,996	69,408	69,569	70,163	71,331
TOTAL	1,543,289	1,548,553	1,553,353	1,556,588	1,554,095	1,559,338	1,563,711	1,571,886
All Kids Assist	1,401,231	1,406,411	1,411,154	1,414,357	1,411,336	1,416,556	1,420,320	1,426,399
All Kids Rebate, Share, Premium Level 1	73,800	73,710	73,298	73,235	73,351	73,213	73,228	74,156
All Kids Expansion	68,258	68,432	68,901	68,996	69,408	69,569	70,163	71,331
Total	1,543,289	1,548,553	1,553,353	1,556,588	1,554,095	1,559,338	1,563,711	1,571,886

**Statewide Medical Homes and Client Enrollments
for March 1, 2009**

Number of Medical Homes*	Panel Size	Eligible Client Count	Clients Enrolled in IHC	Clients Enrolled in MCO	Total Clients with a Medical Home
5,423	5,352,272	1,865,899	1,611,002	181,422	1,792,424

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

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House of Representatives

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CHIEF DEPUTY WHIP

January 6, 2009

Mr. Eli Pick
201 South Grand Ave. East
Springfield, Illinois 62763-0002

Dear Mr. Pick:

Thank you so much for contacting me to ask for my support for providing a temporary increase in federal Medicaid payments in the economic recovery package. I appreciate hearing from you, and I strongly agree with you.

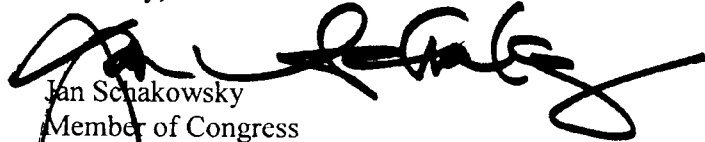
As you know, the downward spiral of our economy coupled with the rapid decline in employer-based coverage makes Medicaid coverage more important than ever in meeting the health and long-term care needs of children, pregnant women, persons with disabilities and senior citizens. I share your view that the federal government must step forward to help Illinois and other states meet those health care needs. Increased Medicaid spending is also important for the economy. As you may know, recent studies show that \$1 invested in Medicaid provides \$3 in economic stimulus. My colleagues and I are working hard to ensure that any economic stimulus legislation that we pass includes a substantial Medicaid assistance to the states, and I am confident that we will be successful in that effort.

I have been a long-time supporter of permanently increasing the Federal Medical Assistance Percentage (FMAP) for Illinois from 50 percent to 55 percent. I hope that the economy will get back on track soon but, without comprehensive reform to make health care affordable, it is almost certain that more workers and businesses will be unable to afford private insurance coverage, increasing the burdens on Medicaid. Without more federal aid, Illinois and other states may be forced to limit eligibility, reduce benefits, or cut payments to providers. Please be assured that I will do whatever I can to provide more federal resources for Medicaid beneficiaries and providers in Illinois.

Mr. Eli Pick
January 6, 2009
Page 2

Again, thank you for taking the time to get in touch on this critical issue. Please let me know whenever I may be of any help to you.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Schakowsky", written over the printed name and title.

Jan Schakowsky
Member of Congress

P.S. I've created an **Email Newsletter** to provide periodic updates on a variety of issues. You can sign up for it by going to my website at <http://www.house.gov/schakowsky>.

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 15, 2009**

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

Members Present

Robert Anselmo, R.Ph.
Robyn Gabel, IMCHC
Susan Hayes Gordon, Children's Memorial Hosp.

Members Absent

Eli Pick, Chairman
John Shlofrock, Barton Mgt.
Pedro A. Poma, M.D.
Kim Mitroka, Christopher Rural Health
Neil Winston, M.D.
Myrtis Sullivan, DHS
Richard Perry, D.D.S.
Mary Driscoll, DPH
Karen Moredock, DCFS

HFS Staff

James Parker
Jacquetta Ellinger
Lynne Thomas
Deborah Saunders
Kelly Cunningham
Mike Jones
Jamie Tripp
Stephanie Hoover
Barb Ginder
Amy Wallace
Jamie Tripp
James Monk

Interested Parties

Michael Lafond, Abbott
Mandy Ungrittanon, Quest Diagnostics
Robin Scott, Chicago Dept of Public Health
Judy King
Dana Goheen, Legal Assistance Foundation
Marsha Hurn, Comprehensive Bleeding
Disorders Center
Gerri Clark, DSCC
Kathy Bovid, Bristol Myers Squibb
George Hovanec, Consultant
Vince Champagne, DCFS
Marvin Hazelwood, Consultant
Citseko Staples, Harmony Health Plan

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 15, 2009**

I. Call to Order

Vice Chairperson, Gabel called the meeting to order at 10:05 a.m.

II. Introductions

Attendees in Chicago and Springfield introduced themselves.

Interested party, Judy King stated that under the Illinois Open Meetings Act (OMA) an agenda for the MAC (Medicaid Advisory Committee) meeting is required to be posted at the location where the meeting is to be held at least 48 hours in advance of the holding of the meeting. She stated that since there was no agenda for this meeting posted at this location, the meeting should be rescheduled until proper notice can be provided to the public.

Jacquetta Ellinger, Deputy Administrator for Policy Coordination, stated that the department had reviewed her request to reschedule and learned that OMA would require a meeting cancellation notice at least 10 days prior to the meeting date. The department determined the best course of action was to go forward with the meeting, but advise the committee to take no formal action. Ms. Ellinger stated that the department would ensure timely posting of the agenda for future meetings.

III. Review of the Minutes

The March minutes were not reviewed for lack of a quorum and in response to the complaint concerning the Open Meetings Act.

IV. Administrator's Report

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

2009 Legislative Session Update

- 1) Mr. Parker stated the department has requested a supplemental appropriation to pay a substantial amount of outstanding medical claims. The American Recovery and Reinvestment Act of 2009 (ARRA) requires that the department pay 90% of claims for practitioners, hospitals and nursing homes, within 30 days of receipt. The department has made good progress in making payments, but the state will still need to conduct short-term borrowing to obtain the additional money needed to meet the 30-day standard. By about May 22, 2009, the state plans to borrow \$1 to 1.2 billion. This money would be dedicated to paying medical bills.

In June 2009, the state may borrow an additional \$1.2 billion to pay down the remainder of the outstanding medical bills. Mr. Parker believed the second

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 15, 2009**

borrowing request would not come until June so that the state could determine if there would be revenues to pay back the loan. It is possible that if there were no new revenues, the second phase of borrowing would not occur.

- 2) The Governor has appointed a Taxpayer Action Board (TAB) to help identify the state's major fiscal and structural impediments and make recommendations to help solve these problems. This is essentially an advisory board. There is a subcommittee to examine the Medicaid program that is looking to see if changes could be made to make the program run more efficiently and to restrain the growth in liabilities. The subcommittee has looked at topics that include capitated managed care, moving persons from long term care to the community, pharmacy cost containment and reimbursement levels. There have been presentations to the subcommittee from a number of groups that include the Harmony Health Plan Illinois, Illinois Hospital Association, American Academy of Pediatrics and Shriver National Center on Poverty Law, as well as HFS.

Mr. Parker stated that there should still be time for additional recommendations before the final report is completed by the end of May. More information is available at www.budget.illinois.gov/TAB

The group discussed the department's role with the taxpayer action board. Mr. Parker stated that the department has worked with the subcommittee to help members understand the program.

Jacquetta Ellinger, Deputy Administrator for Policy Coordination, stated that when the governor announced creation of the advisory board, he indicated that recommendations to reduce eligibility were off the table. However, cutbacks could be considered as a possible course of action after the federal limitations on eligibility reductions under ARRA expire at the end of the federal fiscal year 2010.

Robert Anselmo asked if there would be information on disease management savings in the TAB report. He also referred to a recent medical business group study on health identifying savings in Chicago per diabetic patient of about \$1,500 per year.

Mr. Parker advised that department savings under the disease management program has been shared with the TAB subcommittee. The subcommittee looked primarily at capitated managed care but would also be looking at other components of managed care including disease management.

Ms. Ellinger stated that persons with diabetes might already be included in the department's disease management program. She added that the department would like to develop an inter-conception care management program to improve birth outcomes and quality of care.

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 15, 2009**

Susan Hayes Gordon asked if shell legislative bills are in place for implementing recommendations of the TAB. Robyn Gabel asked if the department knew of any plans to increase capitated managed care.

Mr. Parker advised that he was not aware of any shell bills to implement TAB recommendations, nor was he aware of any bill to expand capitated managed care.

Judy King asked if the department has submitted the 2008 annual report, federal CMS form 416. She asked if the department could provide the Cook County program evaluation data as outlined in the Memisovski v Maram consent decree. She advised that she had requested county specific data, however, her request was denied by the HPO (HIPAA Privacy Officer).

Ms. Ellinger stated that the CMS 416 report is in draft form and should be available soon. She advised that the department would bring the report to the MAC as soon as it is completed. As for the other information, the department is bound by the decisions of its privacy officer.

Robyn Gabel noted that previously the public could receive county specific data and then the HPO stopped this practice. Ms. Gabel suggested that with a new governor, perhaps the request should be made again.

V. Old Business

- 1) All Kids and FamilyCare update-Attachments 1 and 2.** Enrollment statistics through March 31, 2009 were provided. Lynne Thomas, Chief of the Bureau of All Kids, stated that the department is continuing to see enrollment growth at a steady pace. About 65% of applications are received online. Application processing is at 17 days.

Ms. Ellinger reported that the department has submitted a Title XXI state plan amendment to obtain federal matching funds for some children currently funded with only state funds. Under CHIPRA (Children's Health Insurance Program Reauthorization Act of 2009), the law allows, in certain circumstances, for federal funding of children in families with higher income. The department may also have to seek a rule change regarding cost sharing for affected families to obtain the federal revenue.

Ms. Ellinger also noted that under CHIPRA, the department would be eligible for federal matching funds for immigrant children who are in the U.S. legally but who do not meet the requirement of being in that status for 5 years.

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 15, 2009**

Robyn Gabel asked if any news on CHIPRA outreach grants. She also asked why numbers for Moms & Babies and adult enrollment are not currently shown in the All Kids report.

Ms. Ellinger advised that the federal CMS has yet to provide details concerning distribution of CHIPRA outreach grants. She stated that the department should be able to resume reporting adult enrollment only after the FamilyCare expansion lawsuit is settled.

- 2) Primary Care Case Management (PCCM) activity-Attachment 3.** Mr. Parker reviewed a new summary report showing primary care provider/site (PCP) potential eligibility for bonus payments. Eligibility is based on the number of the provider's patients that exceed the 50th percentile of the national average for each indicator. The indicator categories for bonus measurements are asthma, breast cancer, developmental screening, diabetes and immunization.

The report shows that of 4,569 provider/sites, 4,123 will receive a bonus for one or more bonus measurements at one or more sites. The eligibility for bonuses is shown across all provider types from physicians to Encounter Rate Clinics (ERC), Rural Health Centers (RHC) and school based/linked health clinics. The department was pleased to see that physicians and FQHCs (Federally Qualified Health Centers) with large panels earned bonuses. The department will continue to look at incentives to ensure that positive outcomes continue. The department hopes to pay bonuses by the end of this fiscal year.

There was group discussion on whether or not the incentives result in improved outcomes for patients and if perhaps the bonus metrics are set too low.

Mr. Parker explained that the department used the 50th percentile on the HEDIS indicators thinking it would encourage most providers that their panels could show improvement. He added that the providers showed an increase in at least one bonus measurement but not in all measurement areas. The developmental screening indicator showed greater improvement than in other areas. The department intends to monitor the indicators over a 10-year period.

The group was satisfied with this explanation.

- 3) Disease Management (DM).** Mr. Parker stated that the second year report on savings as a result of the disease management program is completed. After payment of \$32 million to our disease management vendor, McKesson Health Solutions, the department realized savings of \$104 million. There were savings on services to disabled adults, parents and children with persistent asthma and in all populations that are frequent emergency room users. The potential for savings are greater in care management for persons with disabilities than for children as expenditures per person

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 15, 2009**

are greater for the latter population. The average cost to cover a child is about \$1,500 per year while the average annual cost to cover an adult with disabilities is about \$15,000. The department would like to expand disease management to make it available to some of the HCBS (Home and Community Based Services) waiver populations.

- 4) **Medicare Part D.** Mr. Parker provided the update. He stated that the department has begun some discussions with United HealthCare (UHC) about next year's prescription drug plans. UHC asked about what they would need to map out as benefits in plans change from year to year. They wanted some input before taking their revised plans to the federal CMS.
- 5) **Senator Durbin's Response FMAP increase – Attachment 4.** Mr. Parker pointed out that Senator Durbin's letter thanking the MAC members for their support of increased FMAP for Illinois is included in the meeting handouts. The Senator's letter was written in response to the MAC's letter to all members of the Illinois Congressional delegation.

VI. New Business

Open to Committee

- 1) Ms. Gabel advised that she had spoken with Mary Driscoll regarding dental service utilization at Chicago Public Schools (CPS). Ms. Driscoll has received some of the data she requested but needs assistance in understanding the data. She plans to share the report with MAC members and interested parties.
- 2) The Statewide Medical Homes and Client Enrollments report was provided. In response to questions, Mr. Parker advised that the "Total Clients with a Medical Home" includes pending enrollments and the "Eligible Client Count" does not. Because of this, the Eligible Client Count is about 100,000 less than the Total Client number. He stated that the number of clients enrolled with a MCO (Managed Care Organization) has remained fairly constant over time. He added that enrollment in the new MCO is about 1,000 clients and there is room to enroll more individuals. He stated that the enrollment cap is based on the capacity of the MCO's Primary Care Provider network.

Ms. Ellinger reported that the department is working on a survey project to better determine the number of uninsured children in Illinois. The primary researcher is Dianne Rucinski from the University of Illinois at Chicago. The department plans to add survey questions on having a medical home and access to specialty care.

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
May 15, 2009**

VII. Subcommittee Reports

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

Public Education Subcommittee. Ms. Ellinger reported that the Public Education subcommittee was asked to review a new Health Benefits for Workers with Disabilities (HBWD) brochure. The brochure shows that the HBWD income eligibility standard has increased to 350% of the FPL and the asset standard has increased to \$25,000.

The department has received a Robert Wood Johnson Foundation grant of about \$1 million over 4 years to improve children's enrollment and retention in state health plans. There is a role for the Public Education subcommittee to work on this project later as it develops.

Pharmacy Subcommittee. No report for this period.

VIII. The group dispersed at 11:15 a.m. The next MAC meeting is scheduled for July 17, 2009.

Medicaid Advisory Committee
May 15, 2009
All Kids Report

Enrollment

- Enrollment data is attached. Enrollment data as of 03/31/09:
 - a. 1,446,978 All Kids Assist (Up to 133% of FPL)
 - b. 72,861 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 70,923 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 196,838 web apps: 133,279 from the general public and 63,559 from AKAA's.

MAC 05/15/09

	10/31/2008		11/30/2008		12/31/2008		1/31/2009		2/28/2009	3/31/2009
	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
Pre-expansion children	1,304,346	1,307,316	1,302,877	1,307,709	1,310,570	1,315,035	1,315,574	1,323,369	1,328,680	1,333,282
All Kids Phase I	106,808	107,041	108,459	108,847	109,750	110,241	110,825	111,781	112,837	113,696
All Kids Phase II	64,666	64,608	64,453	64,329	64,087	64,049	64,531	64,307	63,306	62,993
All Kids Phase III	8,632	8,627	8,898	8,884	9,141	9,133	9,625	9,593	9,660	9,868
All Kids Expansion	68,901	68,996	69,408	69,569	70,163	70,222	71,331	71,424	70,816	70,923
TOTAL	1,553,353	1,556,588	1,554,095	1,559,338	1,563,711	1,568,680	1,571,886	1,580,474	1,585,299	1,590,762
All Kids Assist	1,411,154	1,414,357	1,411,336	1,416,556	1,420,320	1,425,276	1,426,399	1,435,150	1,441,517	1,446,978
All Kids Rebate, Share, Premium Level 1	73,298	73,235	73,351	73,213	73,228	73,182	74,156	73,900	72,966	72,861
All Kids Expansion	68,901	68,996	69,408	69,569	70,163	70,222	71,331	71,424	70,816	70,923
Total	1,553,353	1,556,588	1,554,095	1,559,338	1,563,711	1,568,680	1,571,886	1,580,474	1,585,299	1,590,762

Provider/Site Summary – Based on Test Data

*Of the 4,569 unique providers/sites that could qualify for a bonus, 4,123 qualified (will receive a bonus) for one or more bonus measurement at one or more sites, this means 90% of all eligible PCPs will receive a bonus for 2008. In total, 4,430 sites will receive a bonus.

Providers/Sites that Qualify for a Bonus in One or More Quality Indicators		
Provider Type	Provider Count	Site Count
010 – Physician	3,693	4,000
016 – Nurse Practitioners	22	22
030 – General Hospitals	3	3
040 – FQHC	195	195
043 – ERC	12	12
048 – RHC	193	193
056 – School Based / Linked Health Clinics	5	5
	4,123	4,430

*The top 25 qualifying providers / sites account for 12 FQHC sites, 3 RHCs, and 9 Physicians (PT 10) at 10 sites (one physician qualified in the top 25 at two sites)

- The top FQHC qualified with 1,129 eligible events.
- The top RHC qualified with 560 eligible events
- The top Physician, PT 10, qualified with 1,024 eligible events at one site.
(Overall this physician will receive a bonus at three sites for 1,258 eligible events combined)

Overall, HFS looked at 362,036 unique clients under all 5 bonus measurements. For these clients there were 196,949 eligible events. Of these eligible events, 115,778 qualify for a bonus.

Enrollee Summary – Based on Test Data

Qualified Providers /Sites (Earning a Bonus)						
Quality Indicator	Age Group	Eligible Enrollee Count	Qualified Enrollee Count (Hits)	Served Percent	Non-Qualified Enrollee Count	Non-Served Percent
Asthma	5-9 yrs	5,924	5,856	98.9%	68	1.1%
	10-17 yrs	6,180	6,053	97.9%	127	2.1%
	18-56 yrs	7,203	6,822	94.7%	381	5.3%
Breast Cancer	42-69 yrs	19,282	11,658	60.5%	7,624	39.5%
DevScreen	By 12 months	40,149	27,417	68.3%	12,732	31.7%
	Between 12 and 24 months	32,679	17,697	54.2%	14,982	45.8%
	Between 24 and 26 months	23,347	10,146	43.5%	13,201	56.5%
Diabetes	18-65 yrs	11,262	10,075	89.5%	1,187	10.5%
Immunization	By 24 months	27,332	20,054	73.4%	7,278	26.6%
Total Bonus Payment			115,778			

RICHARD J. DURBIN
ILLINOIS

COMMITTEE ON APPROPRIATIONS

COMMITTEE ON THE JUDICIARY

COMMITTEE ON RULES
AND ADMINISTRATION

ASSISTANT MAJORITY
LEADER

United States Senate
Washington, DC 20510-1504

March 16, 2009

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durbin.senate.gov

Eli Pick
Chairman
Illinois Medicaid Advisory Committee
201 South Grand Avenue East
Springfield, IL 62763-0002

Dear Eli Pick:

Thank you for contacting me about Medicaid funding in the economic stimulus bill. I appreciate hearing from you.

For many low-income Americans, Medicaid is the only source of health insurance. More than 50 million Americans, including 1.5 million in Illinois, rely on Medicaid for basic medical care, immunizations, prescription drugs, and necessary hospital care.

States are facing significant budget shortfalls. I have heard from many Illinois health care facilities that are struggling to provide care for Illinois' most vulnerable populations. I believe Medicaid hospitals are a vital part of our health care safety net. They deserve the assurance that they will be reimbursed promptly, fairly and adequately.

Congress took action to help states avoid or reduce Medicaid cuts in the economic stimulus bill that was passed in February 2009. The new law will bring \$2.9 billion, over two years, in additional Medicaid funding, to the state of Illinois.

Medicaid provides many valuable services to needy Americans, but many doctors, hospitals, and nursing homes are not reimbursed at rates that fully reflect the true cost of providing care. It is my hope that this federal action will help the state avoid further cuts or budget shortfalls will compromise the ability of health care providers, including hospitals and nursing homes, to continue to serve Medicaid beneficiaries.

I will continue to fight to protect funding for the Medicaid program so that it can keep providing care for the most vulnerable members of our society.

Thank you again for sharing your concerns. Please feel free to keep in touch.

Sincerely,



Richard J. Durbin
United States Senator