ILLINOIS DEPARTMENT OF Healthcare and Family Services

Pat Quinn, Governor
Julie Hamos, Director

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Springfield, Illinois 62763-0002

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Memorandum

DATE: November 10, 2010

TO: Members of the Medicaid Advisory Committee

FROM: Julie Hamos
Director

RE: Medicaid Advisory Committee (MAC) Meeting

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The next meeting of the Medicaid Advisory Committee is scheduled for November 19, 2010. 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 is attached: the agenda and handouts for the November 19, 2010 meeting; the corrected draft minutes from the June 18, 2010 meeting and the draft minutes from the September 17, 2010 meeting. As part of the Department's ongoing efforts to reduce administrative cost, copies of the material will not be available at the meeting. Participants should plan on bringing their own copies.

The material has also been posted to the Department's Web site at:
http://www.hfs.illinois.gov/mac/news/index.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

November 19, 2010
10 a.m. - 12 p.m.

Agenda

I. Call to Order

II. Introductions

III. Review of Minutes

- June 18, 2010 (*Handout #1*)

- September 17, 2010 (*Handout #2)*

IV. Director's Report

V. Old Business

- Provider contact information added to Integrated Care Fact Sheet

- Program Enrollment Report by County

- Quality Measures
  Illinois Health Connect Quality Indicators (*Handout #3*)
  Illinois Health Connect Provider Profile (*Handout #4*)
  Your Healthcare Plus Clinical Measures (*Handout #5*)

- October 2010 External Quality Review Technical Report
  Child/Adoles. Care & Adults' Access to Preventive/Ambul. Care *(Handout #6)*
  Preventive Screening Women & Maternity-Related Measures *(Handout #7)*
  Chronic Conditions/Disease Management Measures *(Handout #8)*

  Note: In process of posting full report on HFS' Web site on the Managed Care Page

- 2011 Meeting Dates (*Handout #9*)

VI. New Business

- 2010 Ethics Training

- Public Education Subcommittee Report

- Open to Committee

VII. Adjournment

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Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
June 18, 2010

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

Members Present
Eli Pick, Chairman
Susan Hayes Gordon, Children's Memorial Hospital
John Shlofrock, Barton Mgt.
Jessica Ledesma for Mary Driscoll, DPH
Karen Moredock, DCFS
Kathy Chan for Robyn Gabel, IMCHC

Members Absent
Robert Anselmo, R.Ph.
Pedro A. Poma, M.D.
Kim Mitroka, Christopher Rural Health
Neil Winston, M.D.
Richard Perry, D.D.S.
Myrtis Sullivan, DHS

HFS Staff
Julie Hamos
Theresa Eagleson
Jacquetta Ellinger
Angie Lobo
Amy Harris
Mary Miller
Jamie Tripp
Katey Staley
Sharon Pittman
Stephanie Hoover
Kelly Cunningham
Barb Ginder
James Monk

Interested Parties
Chester Stroyny, APS Healthcare
Mandy Ungrittanon, Quest Diagnostics
Robin Scott, Chicago DPH
Mary Capetillo, Lilly
Mike Lafond, Abbott
Kathy Bovid, Bristol Myers Squibb
Andrea Kovach, Shriver Nat'l. Center on Poverty Law
Judy King
Vince Keenan, IL Academy of Family Physicians
Cher Beilfus, Genentech
Deila Davis, ACHN
Roy Pura, GSK
Glenn Johnston, GSK
Marvin Hazelwood, Consultant
Eva Kraemer, Hemophilia Foundation of Illinois
Jo Ann Spoor, IL Hospital Association
Citseko Staples, Harmony/Wellcare
Jan Costello, Illinois Home Care & Hospice Council
George Hovanec, Children's Memorial
Deb Matthews, DSCC
Lora McCurdy, IARF
Georgia Winson, TAP
Martha Wright, Compreh. Bleeding Disorders Center
Mary Reis, DCFS

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Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
June 18, 2010

I. Call to Order

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

II. Introductions

Attendees in Chicago and Springfield introduced themselves.

III. Review of the Minutes

The March minutes were approved with a change to add one attendee.

IV. Director's Report

Julie Hamos was introduced as the new HFS director. Director Hamos provided the report.

Health Care Reform: The handout, *Summary of Federal Health Care Changes Related to Medicaid* was provided (Attachment 1). The enhanced federal match has been an important revenue source for states but is due to expire on November 30, 2010. There has been a big push to extend the enhanced rates through June 30, 2011. However, to date, Congress has rejected this request.

FY11 budget: The impact of not extending the enhanced FMAP for Illinois is a revenue reduction of $750 million. The state is struggling with a tough budget that the Governor inherited. There is a big commitment to Medicaid, especially in light of the 63% federal match.

Nursing home reform: The department is excited about nursing home reform. New legislation will create opportunities for important changes in nursing homes. Healthcare and Family Services will convene work groups all summer and present recommendations to legislators to add reforms. Theresa Eagleson, Administrator for the Division of Medical Programs, indicated that the first workgroup meeting is confirmed for July 7th, from 11 a.m. to 1 p.m. at a location in Chicago and Springfield. The workgroup will include long-term care researcher and University of Michigan professor, Dr. Brant Fries. Dr. Fries is the originator of the concept of Resource Utilization Groups (RUG-III), a case-mix system for nursing home residents, used as a tool to pay nursing homes.

Integrated Care RFP Update: The department received five responses that are currently being evaluated. Integrated Care is a new model to deliver services and a major department initiative. This initiative will fit as a model with national health care reform and with the new emphasis on prevention and wellness through primary care.

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Illinois Department of Healthcare and Family Services
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Citseko Staples asked what efforts have been made to compel passage of the extended FMAP. Director Hamos stated that state government has played an active role, but not aware of any grassroots efforts as yet. Several participants advised that their organizations have been encouraging legislative support. Chairman Pick stated that there had been significant efforts to request legislative leaders to extend FMAP and be aware of the devastating financial effect of losing the enhanced match including loss of staff.

V. Old Business

1) **All Kids and FamilyCare update.** Theresa Eagleson provided the report. The All Kids Unit (AKU) is making an extra effort to stay current on processing renewals. The AKU has shifted some of the initial eligibility staff to process renewals. A handout, *All Kids Enrollment*, was provided and the statistics were discussed (Attachment 2). More program statistics are being made available on the department's Web site at Program Enrollment

   Lora McCurdy asked if there is data on kids who need follow-up on EPSDT (Early and Periodic Screen for Diagnosis and Treatment of Children) services. Jacquetta Ellinger, Deputy Administrator for Policy Coordination, stated that this is difficult to measure. The department has a CHIPRA grant and is working in partnership with the state of Florida and other groups to develop quality measures and making a stronger connection with the medical home concept.

   Director Hamos stated that participants might have heard of the State Inspector General's audit report of the All Kids program. The department is taking a hard look at how we enroll and re-enroll. Once the data is compiled, it will be shared with the MAC and other stakeholders.

   Andrea Kovach stated that she understood that HFS was being audited every year and asked the director if she knew the cost. Director Hamos did not have information on cost, but did say a new audit begins next week.

   Judy King asked about a report completed by OIG and HHS on EPSDT. She believed the report covered nine states including Illinois and is interested in what the findings were. Ms. Ellinger stated that an audit had been completed by the U.S. DHHS Office of Inspector General in 2007. Since then, the department has seen gains in EPSDT participation. The emphasis on medical homes has helped strengthen systems. The department has seen the benefit of PCCM taking hold. She stated that the department could include a reference to the report and have a presentation on the CHIPRA Quality Grant activity.

Ms. McCurdy remarked that she had read in the HFS handbook about screening for autism. She stated that it would be helpful to have data on this screening.

2) **Primary Care Case Management (PCCM) activity.** Amy Harris, with the Division of Medical Programs, provided the update. She advised that the department has completed the rollout of the edit that restricts enrollees to going to their own Primary Care Provider (PCP). She reviewed a handout, *Illinois Health Connect Referral Summary*, which showed 8,287 referrals made in the period from October 1, 2009 through May 31, 2010 (Attachment 3).

PCP Referral System: Ms. Harris stated that the PCP may submit a referral for their enrollees via the provider portal, fax or by phone to IHC (Illinois Health Connect). She noted that providers were notified when a PCP referral was needed. She referred to the handout, *Illinois Health Connect Medical Edit Report by Region* (Attachment 4). There were 100,000 edits completed during the period and that HFS had staff to assist in re-billing. There were messages sent to each provider saying if no referral, no payment next time.

Vince Keenan noted that the chart shows exceptions and that the number is much lower than expected. He stated that with good education and rollout, there have been little or no complaints or worries with the process. He added that the chart doesn't show the millions of successful referrals. Ms. Eagleson added that the department receives about 2.5 million claims per month.

Specialty Care: Ms. Harris stated that last February, the department wanted to broaden access to specialty care for participants and increased payment rates for some specific procedure codes. She reviewed a handout, *Specialty Care*, showing increased utilization for specific consultation and initial evaluation for youth and elderly patient preventive service codes (Attachment 5). The department found that the rate increases drove more services to be provided/billed. Mary Miller, from the Division of Medical Programs, stated that there was a connection between the increased payment rate with a reduction in requests for acute and emergency room services, but that it is difficult to establish a correlation or cause/effect relationship. For example, more frequent doctor visits may result in higher emergency service rates. She noted that there are about 25,000 members that use emergency room services regardless of what we do.

Chairman Pick asked if the overall effect is we spend more as a result of consuming more services, what benefits do we see? For example, is there savings as a result of seeing the patient in the doctor's office rather than the emergency room? Ms. Miller stated that the department does see increases in doctor's visits and pharmacy utilization.

This is positive. The department also found that inpatient admissions are down 5 percent. This shows cost avoidance and likely better health outcomes. Hospitalization represents the absolute highest costs to the department. Chairman Pick stated that maintaining patient function and preventing function loss is an important dynamic to capture. Susan Gordon Hayes stated that providers are happy to see these increases but added that there is still a whole host of codes for which providers want increased rates. She added that providers are eager to work on improving patient access.

Quality Initiatives: Ms. Harris provided a PowerPoint handout, *Illinois Health Connect Quality Efforts* (Attachment 6). Illinois Health Connect (IHC) outreach efforts to clients and providers were discussed. Ms. Hayes Gordon asked if a question about referral to specialty care could be added to the provider satisfaction survey. It was also noted that the survey completion is anonymous so that it is not possible to follow up when a survey participant is dissatisfied.

There was group discussion on the developmental screening metric. Ms. Kovach stated the increase in the clinical metric examples was good, but it appeared that developmental screenings were a low percentage. Ms. King also found the metric to be a low percentage and asked if there could be more of a geographic breakdown. Group members were interested in learning the national benchmark for developmental screening and strategies to move to improved services. Ms. McCurdy encouraged coordination with Early Intervention programs. It was also suggested to work more closely with the ICAAP (Illinois Chapter of the American Academy of Pediatrics) and link developmental screening with screening for autism. In addition, regarding another screening, Ms. King expressed concerns about both the level of breast cancer screenings and low rates.

Bonus Payments: Ms. Harris reviewed several handouts including: *2009 Illinois Health Connect Bonus Payment for High Performance Program Summary* (Attachment 7)*; Illinois Health Connect 2010 Bonus Payment for High Performance* (Attachment 8); and the handout, *2008, 2009 and 2010 Bonus Program Benchmarks by Measurement* (Attachment 9). This last handout showed an increasing percentage of bonuses in each measurement category over time.

Ms. Harris reviewed how the HEDIS 50th percentile is the benchmark and that we have increased the benchmark for receiving the bonus payments each year. Ms. Eagleson clarified that while 88 percent of providers have received a bonus, it may be for only one of the bonus measurements. Director Hamos noted increased interest in rolling out electronic medical records and getting providers up to speed to get additional bonuses through healthcare reform. Our experience with the PCCM bonus system is a good base for training providers.

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Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
June 18, 2010

3) **Your Healthcare Plus (YHP) Disease Management Quality Initiatives:** Ms. Miller reviewed the handout, *Your Healthcare Plus PY3 Clinical Metrics* (Attachment 10). She stated that HFS has a risk-based contract for disease management (DM) with a vendor, McKesson Health Solutions, and 20 percent of the contract is for clinical measures. There are 265,000 persons covered with about half being disabled adults in either the community or long-term care. McKesson provides case management services on a voluntary basis. YHP uses a risk stratification system focusing services to those most at risk. YHP provides information on clinical measures to providers. The measures are based on established standards of professional groups.

   In addition to these, YHP also does pharmacy reviews and compares usage to algorithms, results of which are shared with providers. Messages are sent to about 25,000 providers serving 6,000 to 7,000 patients. Part of the messaging shows any contraindication of medications for patients with nine or more prescriptions. This covers several thousand patients.

   Mr. Keenan stated that these programs have saved the state about $500 million over the last two fiscal years (2008 and 2009). He would like to see a fiscal review of Illinois Health Connect to ensure a positive recognition for these programs. Highlighting these programs is good not only to change the Medicaid market but the whole medical market in Illinois.

   In response to a question about measuring needed specialty care, Ms. Miller stated that the department looks at pharmacy usage that reflects receiving specialty care. She advised that measuring receipt of needed care is very complex. Persons may have four core chronic health conditions. The department knows that about 25 percent of the DM population has mental health needs. McKesson helps to ensure that patients make the connection to specialty care. The DM program also assists with connections to other service needs like medical transportation and housing. The department looks at case studies as part of the analysis.

   Illinois is a paper access system. With Electronic Medical Records (EMR) coming as part of healthcare reform, the department plans to do more with a flat screen system to upload patient specific data electronically. Director Hamos stated that the department's antiquated technology is a challenge. The federal government is incentivizing to update technology. This will help the department.

   Ms. Harris noted that providers may use the HFS MEDI system to access data for both Illinois Health Connect and Your Healthcare Plus. Ms. Miller stated that the department is beginning to work with high volume FQHCs (Federally Qualified Health Care

Centers) using data in aggregate form to assist with quality assurance and outreach to their sites.

Delia Davis asked if there is any data to show the impact of the FQHCs and their role in carrying out health care reform initiatives. Ms. Miller stated that the department does trending reports and looks at any program doing similar work. This includes other large providers. The department looks at ER utilization, hospital admissions and readmissions and partners with the Illinois Primary Health Care Association.

Mental Illness/Medical Homes: Ms. Miller reviewed the handout, *PCCM Clients with a Mental Health Diagnosis FY09* (Attachment 11). She advised that the chart is for PCCM enrolled patients only. She noted that two-thirds of patients with mental health needs are receiving care from a PCP and about one-third from a psychiatrist.

VI. New Business

1) **Data on Eye Exams for Children:** Ms. Eagleson reviewed the handout *HFS Billed Eye Exams Between 9-1-08 and 10-15-09 for Children 5 Years Old* (Attachment 12). There is approximately 91,000 children age 5 years old receiving medical coverage. This includes about 45,000 children in Cook County and about 46,000 children downstate. There was billing for eye care services for 31 percent of children in Cook County and 45 percent of children downstate.

   Ms. King noted that we had seen data at the last meeting for Chicago Public Schools (CPS) that showed only 5 percent of children received eye care services. She stated that CPS has not reported data for several years. She added that advocates would need complete data to develop strategies to improve conditions. Ms. Eagleson stated there had been some discussions with CPS and they acknowledge that data is limited and some data has not yet been reported.

   Director Hamos shared that department staff have met with members of the advocacy group, "Prevent Blindness America" and that nationally there is a bigger focus on preschool children getting services.

2) **Open to Committee**

- Director Hamos stated that the department is moving away from the monthly medical card to a more durable medical identification card. She added that teaching providers to use the MEDI system to check eligibility goes along with this.

- Ms. Winson suggested that the department focus on better use of EPSDT data.

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Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
June 18, 2010

- Ms. King asked for the next meeting to review the 416 EPSDT report.

VII. Subcommittee Reports

Long Term Care (LTC): Kelly Cunningham, Chief of the Bureau of Long Term Care, provided the report. The subcommittee met on June 11, 2010 and discussed a number of important LTC related changes. The "Money Follows the Person" program will be extended to 2016. The time frame to move from LTC to the community and become eligible for services has been decreased from 6 months to 90 days. There are also new income eligibility standards for waiver services. The subcommittee discussed the Nursing Home Task Force report and Senate Bill 326. The final report of the Nursing Home Safety Task Force was presented to the Governor in February. Three major areas are emphasized. There is a need for more intense effort to screen residents for level of care and criminal history. The report encourages nursing homes to increase their staffing levels. The report recommends establishing certifications for mental illness or behavioral risk. HFS is starting a workgroup to recommend changes. The committee will complete their report on November 1, 2010.

The next LTC subcommittee meeting is September 10, 2010.

Public Education Subcommittee: Ms. Ellinger reported that the next workgroup meeting is scheduled for June 25, 2010. The meeting notice has been posted and agenda items include the All Kids survey and change to a permanent medical ID card. She asked that individuals let Carolyn Eddleton or her know if they are not getting the meeting notices.

Pharmacy Subcommittee: No report for this period.

VIII. The meeting was adjourned at 12:19 p.m. The next MAC meeting is scheduled for September 17, 2010.

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Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
September 17, 2010

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

Members Present
Eli Pick, Chairman
Susan Hayes Gordon
Kathy Chan
John Shlofrock
Mary Driscoll
Melissa Vargas
Judy King
Linda Diamond-Shapiro
Andrea Kovach
Karen Moredock
Jan Costello

Members Absent
Robert Anselmo, R.Ph.
Myrtis Sullivan
Alice Foss
Pam Harris
Edward Pont, M.D.
Renee Poole, M.D.
Sue Vega

HFS Staff
Julie Hamos
Theresa Eagleson
Jacqui Ellinger
Jim Parker
Barb Ginder
Amy Harris
Stephanie Hoover
Ann Lattig
Lynne Thomas
Robyn Nardone
James Monk

Interested Parties
Elaine Schmidt, DCFS
Martha Wright, Comprehensive Bleeding Disorders, Peoria
Bonnie Schaafsma, IL Assn of Public Health Administration, Kankakee County Health Dept.
George Hovanec, Consultant
Diane Rucinski, UIC
Roy Pura, Glaxo Smith Kline
Teresa Hursey, IHA
Joe Ourth, Arnsteia & Lehr
Kendig Berstressen, Abraxis Bioscience
Joseph Turner, DHS DDD
Gary Fitzgerald, Harmony Health Plan
Robin Scott, Chicago DPH
Elizabeth Brunsvold, Med Immune
Mary Capetillo, Lilly
Mike Lafond, Abbott
Kathy Bovid, Bristol Myers Squibb
Martin Mathews, Merck & Co
Victoria Bigelow, Access to Care
John Bullard, Amgen
Gerri Clark, DSCC
Lora McCurdy, IARF

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Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
September 17, 2010

I. Call to Order

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

II. Introductions

Attendees in Chicago and Springfield introduced themselves. Kathy Chan, Melissa Vargas, Judy King, Andrea Kovach, Jan Costello and Linda Diamond-Shapiro were introduced as new MAC members.

III. Review of the Minutes

The June minutes were not approved so that information regarding DM savings could be checked. Revised minutes will be reviewed at the next meeting.

IV. Director's Report

HFS director, Julie Hamos, provided the report.

Health Care Reform

Extension of FMAP
Congress extended the enhanced FMAP from January 2011 through June 2011. The reimbursement rate will be phased down from 62% beginning in January 2011. The department expects to receive about $500 to $550 million and anticipates a shortfall of $200 to $250 million.

Illinois Health Reform Implementation Council
The Illinois Health Reform Implementation Council, created by Governor Quinn under Executive Order 10-12, will have an informational outreach meeting on September 22nd at 6:00 pm in the auditorium at the JRTC building. The council will set up workgroups according to interests expressed at the meeting.

Medicaid and Health Reform
Director Hamos provided the committee with an overview of the presentation on *Medicaid and Health Reform* (Attachment 1) that she had given to the Human Services Commission on September 14, 2010.

There was some discussion that in the development of new quality standards, we may see movement to the development of national standards.

Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
September 17, 2010

Melissa Vargas asked if dentistry fits in with delivery reform; and specifically will reform include routine dental care for adults. Deputy Administrator, Jim Parker, advised that dentistry does fit in and that outcome measures will be requested from the vendor.

Robin Scott asked if there would be time to talk about the Medicaid expansion. Director Hamos advised that there would be more hearings on the expansion.

Judy King stated that mental health providers have expressed concern about how they would be impacted and asked if individuals be required to enroll with an integrated care organization and if mental health providers will be connected. Director Hamos responded that the community mental health services will be integrated. She stated that the system is too fragmented and there is a need for better care integration.

Other Updates

Integrated Care (IC) Program
Last week the department announced that Aetna and Centene-IlliniCare had been awarded contracts through the RFP process for the Integrated Care Program. The IC program starts a new era of case management that will keep people healthy through more coordinated better care, thereby saving avoidable, unnecessary healthcare costs. Phase 1 of the program will include the traditional Medicaid services. Phases 2 and 3 will expand the program to include other services, including long term care and home and community based waiver services. The care integration focus of the IC Program was set in place beginning in July 2010 by engaging stakeholders to identify quality of care and quality of life measurements. The time table for implementation is to finalize the contracts this fall, with the vendors beginning to enroll participants in January. Hopefully, Phase 2 will begin within one year.

Mary Capetillo asked if pharmacy benefits are included. Theresa Eagleson, Administrator of the Division of Medical Programs, stated that although it wasn't included in the original RFP, it was added later as an optional service for which the contractors may choose to cover.

Jan Costello asked if there will be an effect on skilled homes and hospitals. Ms. Eagleson stated some effect but it will involve only a small number of participants.

Director Hamos stated that the department will encourage providers to reach out to the contractors. Chairman Pick recommended that the department list contractor contact information on its' Web site.

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Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
September 17, 2010

V. Old Business

1) **All Kids and FamilyCare update.** Theresa Eagleson indicated that the department is moving to a new total enrollment report format that will ultimately be available on the HFS Web site. She suggested that, if the committee preferred, a paper report could be provided as part of the meeting material, rather than a verbal report being given at the meeting. The suggestion was accepted.

   Lynne Thomas, Chief of the Bureau of All Kids, reported that the application processing time is creeping up and currently at 36 days. This is a little higher than this time last time and is a result of increased volume.

   Ms. King stated that she was interested in Medicaid enrollment for adults and had some concern for adult enrollment processing time across programs. Ms. Thomas noted that the processing time for FamilyCare adults is the same as the processing time for All Kids. Deputy Administrator, Jacqui Ellinger, stated that the department could explore creating a combined DHS/HFS report sheet.

2) **Primary Care Case Management (PCCM).** Amy Harris, with the Division of Medical Programs, provided the update. She reviewed the handout showing the number of medical homes and client enrollment numbers (Attachment 2). She advised that the department normally receives about 70,000 to 75,000 phone contacts per month. In August approximately 85,000 calls for connecting with a PCP were received, with the increase primarily being related to back to school medical needs.

   The handout "2009 Illinois Health Connect Bonus Payment for High Performance program Summary" was reviewed (Attachment 3). Ms. Harris advised that bonuses went out only to providers that met the department's benchmarks and noted that there was an increase in bonuses over last year.

   Jim Parker noted that the medical home numbers were relatively stable. He proposed that the handout be provided without a verbal report. He stated that annually the department would review the report as there would be new summary data.

   Ms. King would like to have handouts sooner before the MAC meeting. Mr. Parker stated that he would prefer that handouts would go out before the meeting and be posted on the Internet. The plan would be to not reprint old handouts but have more copies of new handouts available before the meeting. Jacqui Ellinger noted that the Open Meetings Act requires that the meeting agenda be posted at least 48 hours prior to the meeting and that the department tries to send the agenda out a week ahead of time.

Ms. King asked what measures are being taken to increase compliance for breast cancer screening. Director Hamos responded that the department was pulling an action plan together for October, 2010 which is Breast Cancer Awareness month.

Ms. King noted that only HEDIS indicators for developmental screening and breast cancer were shown at the last meeting. She would like to see all HEDIS measurement used by the department.

Chairman Pick would like an inventory of all measurements so that the committee may then do an assessment of these and make a determination if the list is comprehensive. Director Hamos agreed that it would be important to assess the PCCM and DM indicators as these program contracts will soon expire.

Disease Management (DM): There was no new update for today. Director Hamos advised that the DM contract expires in eight months. Chairman Pick recommended that the committee review what the DM program has achieved over the lifetime of the project and determine where the department would like to go from there.

Ms. King asked if there is a new quality review (EQRO) report available. Deborah Saunders, Chief of the Bureau of Maternal & Child Health Promotion, stated the report is in final review and should be available soon.

VI. New Business

1) **Children's Healthcare Quality Initiatives.** Ms. Saunders reviewed a PowerPoint handout "Quality Improvement – Child Health" prepared for the MAC meeting (Attachment 4). The handout, "CHIPRA Measures – Illinois" and the brochure, "Illinois DocAssist" were also provided and discussed.

2) **Review of By-Laws**
Participants were provided a copy of the MAC by-laws (Attachment 5). Director Hamos suggested that the committee extend the offices of Eli Pick as Chair and Susan Hayes Gordon as Vice-Chair through the end of the current fiscal year, June 30, 2011. A motion to extend the two offices was made and passed by the committee.

3) **2011 Meeting Dates**
Director Hamos stated that the department would like the MAC to continue to meet quarterly and on the third Friday of the month. She stated that the new meeting dates for 2011 would be posted on the MAC Website. No objection to keeping this schedule was raised.

Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
September 17, 2010

4) Open to Committee

Ms. King would like to look at what the committee will be doing and the direction the committee would be going. She advised that it would be helpful to discuss what topics go on the agenda and what the agenda categories should be. She suggested a special meeting to discuss what the committee wants to know and how to proceed. The committee should not just be reacting to the department agenda.

Vice-Chair Gordon stated that the MAC is an advisory committee serving at the request of the director. She added that maybe the committee could rearticulate goals and have more time to review items to be a better sounding board. Mary Driscoll added that it would be a good idea to reiterate the purpose for the committee to advise the director and to determine the best way to serve.

Chairman Pick advised that he was not in favor of more subcommittees. He acknowledged that much of the committee agenda is legislatively driven and a reactive process. He suggested that perhaps the committee could identify gaps that are of interest to members' constituents.

Andrea Kovach expressed interest in getting documents as far in advance as possible for better discussion.

It was summarized that the committee would like to see handouts in advance of the meeting and to see inventory of the quality measures for the PCCM and DM programs.

VII. Subcommittee Reports

Long Term Care (LTC)

Deputy Administrator, Barb Ginder, provided the report. She stated that the subcommittee met on September 10, 2010. Topics discussed included:

- Overview of Proposed Long Term Care Eligibility Rule Changes
- Impact of Extension of Enhanced FMAP on HFS FY11 Budget
- MDS 3.0 Implementation and Impact
- Implementation of Nursing Home Safety Legislation (P.A 96-1372)
- Money Follows the Person (MFP)
- Supportive Living Facility (SLF) Solicitation Dementia Care Pilot and 22-64 with Physical Disabilities Status Report
- Integrated Care RFP

The next LTC subcommittee meeting is scheduled for December 17, 2010.

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Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
September 17, 2010

Public Education Subcommittee
Jacqui Ellinger reported that the next workgroup meeting is September 30, 2010. Agenda items include following up on the American Community survey, MaxEnroll project and change to a permanent medical ID card.

Pharmacy Subcommittee
No report for this period.

VIII. A**djournment**
The meeting was adjourned at 12:20 p.m. The next MAC meeting is scheduled for November 19, 2010.

Illinois Health Connect
Quality Indicators
(Primary Care Case Management)

	Data Source	Indicator	Definition
1a	Claims, Cornerstone, TOTS and Global	Childhood immunizations	Percentage of 2 year olds with combo 2 immunizations (combo 2 = 4 DTaP/DT, 3 IPV, 1 MMR, 3 HIB, 3 HepB, 1 VZV)
1b	Claims, Cornerstone, TOTS and Global		Percentage of 2 year olds with combo 3 immunizations (combo 3 = 4 DTaP/DT, 3 IPV, 1 MMR, 3 HIB, 3 HepB, 1 VZV, 4 pnuemococcal conjugate vaccinations)
2a	Claims and IDPH Childhood Lead Poisoning Prevention Program	Childhood lead toxicity testing	Percentage of children who received at least one capillary or venous blood test on or before their second birthday.
2b	Claims and IDPH Childhood Lead Poisoning Prevention Program		Percentage of children who received at least two capillary or venous blood tests on or before their second birthday, one of which occurs on or before the first birthday and one of which occurs after the first and on or before the second birthday. (Count as one test, blood lead tests administered within three months of each other.)
3a	Claims	Developmental Screening	Percentage of children with one developmental screenings by the age of 12 months.
3b	Claims		Percentage of children with one developmental screening between the ages of 12 and 24 months.
3c	Claims		Percentage of children with one developmental screening between the ages of 24 and 36 months.
4a	Claims	Appropriate Medications for People with Asthma	Percentage of members 5 – 56 years of age with persistent asthma who were appropriately prescribed medication (inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or methylxanthines)
4b	Claims		Percentage of members 5 – 9 years of age with persistent asthma who were appropriately prescribed medication (inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or methylxanthines)
4c	Claims		Percentage of members 10 – 17 years of age with persistent asthma who were appropriately prescribed medication (inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or methylxanthines)

Illinois Health Connect
Quality Indicators
(Primary Care Case Management)

	Data Source	Indicator	Definition
4d	Claims		Percentage of members 18 - 56 years of age with persistent asthma who were appropriately prescribed medication (inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or methylxanthines)
5	Claims	Diabetes	Percentage of diabetic patients age 18 – 75 years, who have had one HbA1c in the last 12 months
6a	Claims	Well baby visits in the first 15 months of life	Percentage of children with 0 well baby visits in the first 15 months of life
6b	Claims		Percentage of children with 1 well baby visits in the first 15 months of life
6c	Claims		Percentage of children with 2 well baby visits in the first 15 months of life
6d	Claims		Percentage of children with 3 well baby visits in the first 15 months of life
6e	Claims		Percentage of children with 4 well baby visits in the first 15 months of life
6f	Claims		Percentage of children with 5 well baby visits in the first 15 months of life
6g	Claims		Percentage of children with 6 well baby visits in the first 15 months of life
7	Claims	Well child visits in the Third, Fourth, Fifth and Sixth years of Life	Percentage of members who were three, four, five or six years of age who received one or more well-child visits with a primary care practitioner during the measurement year.
8a	Claims	Vision screening	Percentage of 3 year olds with 1 vision screening during the measurement year
8b	Claims		Percentage of 4 year olds with 1 vision screening during the measurement year
8c	Claims		Percentage of 5 year olds with 1 vision screening during the measurement year
8d	Claims		Percentage of 6 year olds with 1 vision screening during the measurement year
9	Claims	Cervical Cancer Screening	Percentage of women 21 – 64 years of age who received one or more Pap tests to screen for cervical cancer during the measurement year

Illinois Health Connect
Quality Indicators
(Primary Care Case Management)

	Data Source	Indicator	Definition
10	Claims	Adolescent Well-Care Visits (AWC)	Percentage of enrolled members who were 12 – 21 years of age and who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year
11a	Claims	Frequency of Ongoing Prenatal Care (FPC)	Percentage of women with deliveries who had an unduplicated count of < 21 percent of the number of expected prenatal visits, adjusted for the month of pregnancy at time of enrollment into the program and gestational age
11b	Claims		Percentage of women with deliveries who had an unduplicated count of 21 – 40 percent of the number of expected prenatal visits, adjusted for the month of pregnancy at time of enrollment into the program and gestational age
11c	Claims		Percentage of women with deliveries who had an unduplicated count of 41 – 60 percent of the number of expected prenatal visits, adjusted for the month of pregnancy at time of enrollment into the program and gestational age
11d	Claims		Percentage of women with deliveries who had an unduplicated count of 61 – 80 percent of the number of expected prenatal visits, adjusted for the month of pregnancy at time of enrollment into the program and gestational age
11e	Claims		Percentage of women with deliveries who had an unduplicated count of ≥ 81 percent of the number of expected prenatal visits, adjusted for the month of pregnancy at time of enrollment into the program and gestational age
12	Claims	Prenatal Timeliness	Percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment
13	Claims	Postpartum Care	Percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery
14	Claims	Prenatal and Postpartum screening for depression	Percentage of women screened for depression during a prenatal visit or postpartum visit (up to 1 year postpartum) or during a well child visit or other health care visit

Illinois Health Connect
Quality Indicators
(Primary Care Case Management)

	Data Source	Indicator	Definition
15	Claims	Appropriate treatment for children with Upper Respiratory Infection (URI)	Percentage of children 3 months – 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode date
16	Claims	Antidepressant Medication Management (AMM) – acute phase treatment	Percentage of members 18 years of age and older diagnosed with a new episode of depression, who were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day (12-week) acute treatment phase
17a	Claims	Adults' Access to Preventive/Ambulatory Health Services (AAP)	Percentage of members 20 -44 years of age who had an ambulatory or preventive care visit during the measurement year
17b	Claims	Adults' Access to Preventive/Ambulatory Health Services (AAP)	Percentage of members 45 - 64 years of age who had an ambulatory or preventive care visit during the measurement year
17c	Claims	Adults' Access to Preventive/Ambulatory Health Services (AAP)	Percentage of members 65 years and older who had an ambulatory or preventive care visit during the measurement year
18	Claims	ER visits per 1000 Enrollees	Percentage of members with a visit to the Emergency Room (without a subsequent inpatient admission)
19	Claims	Ambulatory care sensitive hospital visits for enrollees with HF, CAD, Diabetes, Asthma, COPD, Bacterial Pneumonia and Cellulitis	Number per 1000 enrollees who required an inpatient hospitalization due to one of the following conditions: HF, CAD, Diabetes, Asthma, COPD, Bacterial Pneumonia and Cellulitis
19a	Claims	Ambulatory care sensitive hospital visits: • HF	Number per 1000 enrollees with HF who require an inpatient hospitalization
19b	Claims	Ambulatory care sensitive hospital visits: • CAD	Number per 1000 enrollees with CAD who require an inpatient hospitalization
19c	Claims	Ambulatory care sensitive hospital visits: • Diabetes	Number per 1000 enrollees with Diabetes who require an inpatient hospitalization
19d	Claims	Ambulatory care sensitive hospital visits: • Asthma	Number per 1000 enrollees with Asthma who require an inpatient hospitalization
19e	Claims	Ambulatory care sensitive hospital visits: • COPD	Number per 1000 enrollees with COPD who require an inpatient hospitalization

Illinois Health Connect
Quality Indicators
(Primary Care Case Management)

	Data Source	Indicator	Definition
19f	Claims	Ambulatory care sensitive hospital visits: • Bacterial Pneumonia	Number per 1000 enrollees with Bacterial Pnemonia who require an inpatient hospitalization
19g	Claims	Ambulatory care sensitive hospital visits: • Cellulitis	Number per 1000 enrollees with Cellulitis who require an inpatient hospitalization

Illinois Health Connect
Provider Profile
Report Created Fall 2010
for dates of service from 04/01/2009 through 03/31/2010

PCP:
(Provider Number)
(Provider Name)

Total # of Enrollees Served: 87

Quality of Care Indicators

Indicator		# Eligible Enrollees	# Eligible Events	Current Rate	Prior Rate	IHC State Rate (2009)	Comparison to All IHC PCPs	Bonus Payment Benchmarks
1a.	Immunization status for 2 year olds - Combination 2	1	1	100%	67%	69%	H	NA
1b.	Immunization status for 2 year olds - Combination 3	1	1	100%	67%	63%	H	72%
2a.	Lead toxicity testing: At least one by age 2	1	0	0%		69%	L	NA
2b.	Lead toxicity testing: At least two by age 2	1	0	0%		18%		NA
3a.	Developmental screening by age 12 months	3	0	0%	0%	53%	L	65%
3b.	Developmental screening between age 12 and 24 months	1	0	0%	0%	38%	L	55%
3c.	Developmental screening between age 24 and 36 months	6	4	67%	60%	27%	H	50%
4d.	Appropriate asthma medications for patients age 18 to 56 years	2	1	50%	100%	82%	L	86%
5.	Diabetic HbA1c testing for patients age 18 to 65 years	1	1	100%	0%	76%	H	81%
6a.	Zero well baby visits in the first 15 months of life	3	0	0%	0%	1%		NA
6g.	Six well baby visits in the first 15 months of life	3	1	33%	50%	72%		NA
7.	Well child visit in the 3rd, 4th, 5th and 6th years of life	15	6	40%	43%	69%	L	NA
8a.	Vision screening in the 3rd year of life	2	0	0%	0%	12%	L	NA

NA Not Available / Not Applicable
H PCP performance on this indicator is in the top 10 percentile of all IHC PCPs
L PCP performance on this indicator is in the bottom 10 percentile of all IHC PCPs

Illinois Health Connect
Provider Profile
Report Created Fall 2010
for dates of service from 04/01/2009 through 03/31/2010

PCP: (Provider Number)
(Provider Name)

Total # of Enrollees Served: 87

Quality of Care Indicators, continued

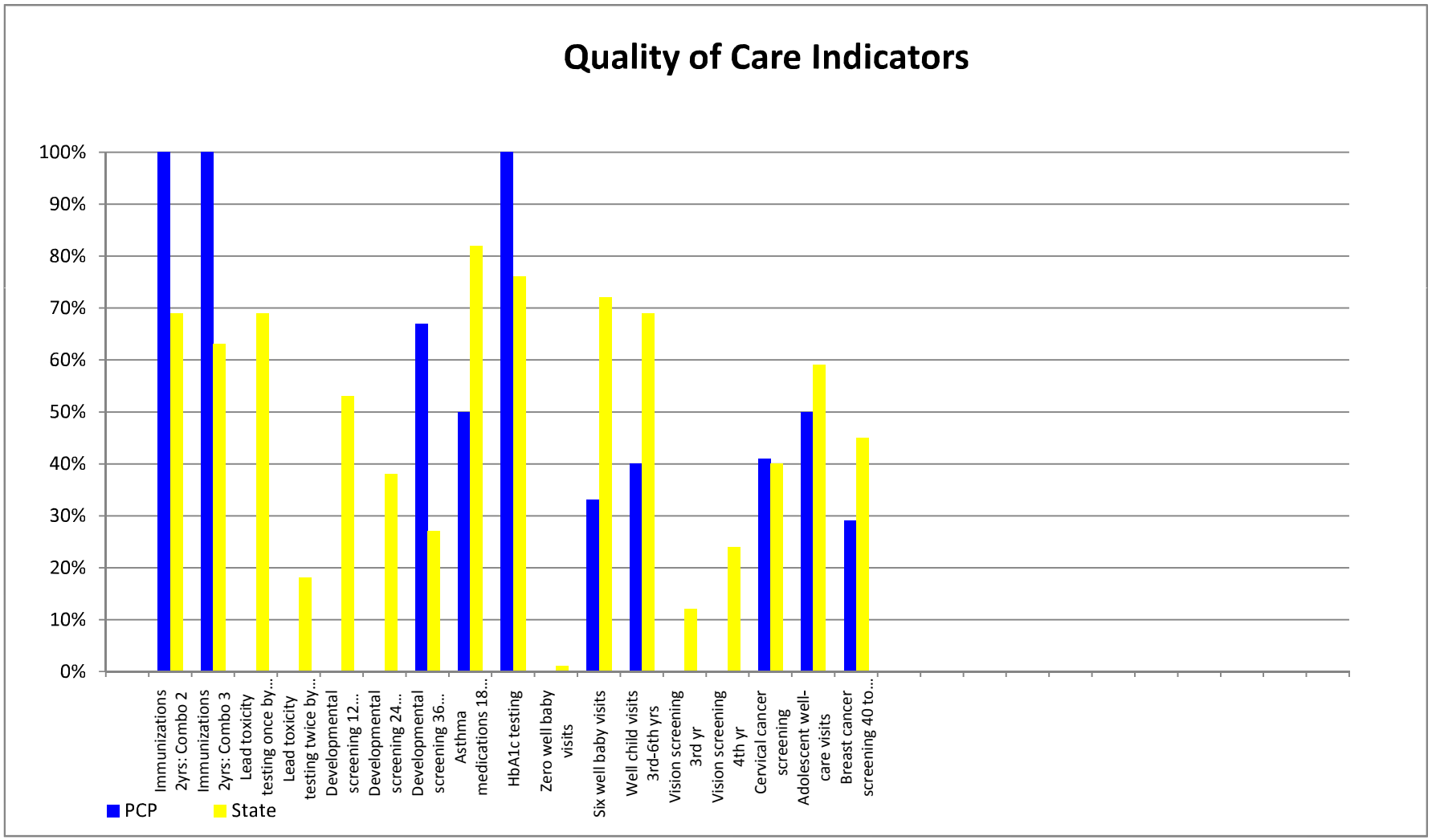
Indicator	# Eligible Enrollees	# Eligible Events	Current Rate	Prior Rate	IHC State Rate (2009)	Comparison to All IHC PCPs	Bonus Payment Benchmarks
8b. Vision screening in the 4th year of life	3	0	0%	20%	24%	L	NA
9. Cervical cancer screening for women age 21 to 64 years	22	9	41%	40%	40%		NA
10. Adolescent well-care visits for patients age 12 to 21 years	18	9	50%	50%	59%		NA
11c. Breast cancer screening for women age 40 to 69 years old	7	2	29%	33%	45%		51%

NA Not Available / Not Applicable
H PCP performance on this indicator is in the top 10 percentile of all IHC PCPs
L PCP performance on this indicator is in the bottom 10 percentile of all IHC PCPs

Illinois Health Connect
Provider Profile
Report Created Fall 2010
for dates of service from 04/01/2009 through 03/31/2010

PCP:
(Provider Number)
(Provider Name)

Total # of Enrollees Served: 87



Your Healthcare Plus - Disease Management Program
Clinical Measures for Elderly and Disabled Populations
July-2010

CHF	Ace inhibitor/ARB/H+I
	Beta blocker
	ASA, other antiplatelet or anticoagulant
	Diuretics
	Pneumococcal Vaccination
	Annual Flu Vaccination
COPD	Acute COPD exacerbation treated with corticosteroids
	Members with COPD hospitalization fills bronchodilator Rx
	At least one spirometry test in requisite period
	Pneumococcal Vaccination
	Annual Flu Vaccination
Diabetes	HbA1C Testing Rate
	Retinal Exams
	ASA, other antiplatelet or anticoagulant
	Annual Microalbuminuria Testing
	Cholesteral Testing Rate
	Annual Flu Vaccination
	Ace Inhibitor/ARB
	Statin Therapy
CAD	Ace Inhibitor/ARB
	Beta Blocker after MI
	ASA, other antiplatelet or anticoagulant
	Statin Therapy
	Cholesteral Testing Rate
	Pneumococcal Vaccination
	Annual Flu Vaccination
ABD-Asthma	Number who have at least one Asthma Controller Rx
	Member w/ uncontrolled Asthma who has one dispensed prescription of ICS w/i 30 days of an event
	Annual Flu Vaccination

Appendix B. HEDIS 2009 Medicaid Rates

CHILD AND ADOLESCENT CARE AND ADULTS' ACCESS TO PREVENTIVE/AMBULATORY CARE MEASURES

This appendix displays the Child and Adolescent Care and Adults' Access to Preventive/ Ambulatory Care measures for **FHN** and **Harmony** for HEDIS 2009 compared to the HEDIS 2008 50th and 90th percentiles.

HEDIS Measures	FHN	HAR	Total for HFS MCOs	2008 HEDIS Percentiles	
				50th	90th
Child and Adolescent Care					
Childhood Immunizations—Combo 2	72.0	62.5	67.5	75.4	84.7
Childhood Immunizations—Combo 3	65.8	51.6	59.0	68.6	78.2
Lead Screening in Children	69.5	69.8	69.7	65.9	84.0
Children's Access to PCPs (12-24 Months)	81.8	83.3	82.8	95.8	98.4
Children's Access to PCPs (25 months – 6 Years)	68.9	70.1	69.8	86.5	92.0
Children's Access to PCPs (7 – 11 Years)	49.5	61.6	59.3	87.8	94.1
Adolescent's Access to PCPs (12-19 Years)	49.9	60.8	59.2	84.5	91.9
*Well-Child Visits in the First 15 Months (0 Visits)**	7.7	4.6	6.3	1.9	6.8
Well-Child Visits in the First 15 Months (6+ Visits)	43.5	40.4	42.0	57.5	73.7
Well-Child Visits (3–6 Years)	74.8	65.9	70.6	68.2	78.9
Adolescent Well-Care Visits	36.9	37.7	37.3	42.1	56.7
Adults' Access to Preventive/Ambulatory Care					
20–44 Years of Age	59.4	66.3	64.8	79.6	87.6
45–64 Years of Age	58.8	63.3	62.4	85.7	90.2

*** Lower rates indicate better performance for these measures.**

	HEDIS 2008 Percentile					
	<10	10-24	25-49	50-74	75-89	90-100
Color Code for Percentiles						

Appendix C. HEDIS 2009 Medicaid Rates

PREVENTIVE SCREENING FOR WOMEN AND MATERNITY-RELATED MEASURES

This appendix displays the Preventive Screening for Women and maternity-related measures for **FHN** and **Harmony** for HEDIS 2009 compared to the HEDIS 2008 50th and 90th percentiles.

HEDIS Measures	FHN	HAR	Total for HFS MCOs	2008 HEDIS Percentiles	
				50th	90th
Preventive Screening for Women					
Breast Cancer Screening (Combined Rate)	33.9	32.5	32.7	50.1	61.2
Cervical Cancer Screening	55.4	62.0	58.6	67.0	77.5
Chlamydia Screening (16–20 Years of Age)	53.6	44.5	45.7	48.8	65.3
Chlamydia Screening (21–25 Years of Age)	53.8	54.8	54.6	56.4	69.6
Chlamydia Screening (Combined Rate)	53.7	48.8	49.5	51.9	67.0
Maternity-Related Measures					
*Frequency of Ongoing Prenatal Care (<21 Visits)**	39.3	27.0	33.4	7.7	24.4
Frequency of Ongoing Prenatal Care (81–100 Visits)	25.6	33.6	29.4	61.5	80.7
Timeliness of Prenatal Care	49.4	56.4	52.8	84.1	91.4
Postpartum Care	32.9	40.1	36.3	60.8	70.6

*** Lower rates indicate better performance for these measures.**

	HEDIS 2008 Percentile					
	<10	10-24	25-49	50-74	75-89	90-100
Color Code for Percentiles						

Appendix D. HEDIS 2009 Medicaid Rates

Chronic Conditions/Disease Management Measures

This appendix displays the Chronic Conditions/Disease Management measures for **FHN** and **Harmony** for HEDIS 2009 compared to the HEDIS 2008 50th and 90th percentiles.

HEDIS Measures	FHN	HAR	Total for HFS MCOs	2008 HEDIS Percentiles	
				50th	90th
Chronic Conditions/Disease Management					
Controlling High Blood Pressure (Combined Rate)	54.6	39.7	43.3	55.4	65.0
Diabetes Care (HbA1C Testing)	66.9	68.1	67.8	79.6	88.8
*Diabetes Care (Poor HbA1c Control)**	65.5	67.3	67.0	46.0	69.8
Diabetes Care (Good HbA1c Control)	27.0	24.6	25.1	32.8	42.5
Diabetes Care (Eye Exam)	24.3	13.3	15.7	53.8	67.6
Diabetes Care (LDL-C Screening)	60.8	58.0	58.6	73.2	81.8
Diabetes Care (LDL-C Level <100 mg/Dl)	19.6	17.7	18.1	33.1	42.6
Diabetes Care (Nephropathy Monitoring)	79.7	69.9	72.0	76.1	85.4
Diabetes Care (BP < 140/90)	45.3	54.0	52.2	58.2	71.3
Diabetes Care (BP < 130/80)	27.0	27.4	27.3	29.7	41.2
Appropriate Medications for Asthma (5–9 Years)	92.2	86.7	87.8	91.8	96.1
Appropriate Medications for Asthma (10–17 Years)	80.6	88.1	87.2	89.5	93.3
Appropriate Medications for Asthma (18–56 Years)	79.6	84.9	84.3	85.8	90.7
Appropriate Medications for Asthma (Combined Rate)	85.0	86.6	86.4	88.7	91.9
Follow-up After Hospitalization for Mental Illness-7 Days	64.2	43.2	47.4	43.2	65.4
Follow-up After Hospitalization for Mental Illness-30 Days	76.5	55.6	59.8	65.9	80.3
*** Lower rates indicate better performance for these measures.**					

	HEDIS 2008 Percentile					
	<10	10-24	25-49	50-74	75-89	90-100
Color Code for Percentiles						

MEDICAID ADVISORY COMMITTEE

2011 MEETING DATES

March 18, 2011

June 17, 2011

September 16, 2011

November 18, 2011