

201 South Grand Avenue East
Springfield, Illinois 62763-0002

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

MEMORANDUM

DATE: March 13, 2007

TO: Members of the Medicaid Advisory Committee

FROM: Theresa Eagleson Wyatt
Acting Administrator
Division of Medical Programs

RE: Medicaid Advisory Committee (MAC) Meeting

=====

The next meeting of the Medicaid Advisory Committee is scheduled for March 16, 2007. The meeting will be held via videoconference from 10 a.m. to 1 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 March 16, 2007 meeting, a copy of the resolution creating the Access to Benefits and Services Task Force, the draft minutes and attachments from the January 19, 2007 meeting and the approved minutes from the November 17, 2006 meeting.

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 in Springfield.

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

March 16, 2007
10 a.m. - 1 p.m.

AGENDA

- I. Call to Order
- II. Introductions
- III. Review of January 19, 2007 Meeting Minutes
- IV. Administrator's Report
 - 2008 Budget Overview
 - Illinois Covered
- V. Old Business
 - All Kids and FamilyCare Update
 - PCCM Update
 - DM Update
 - Medicare Part D Update
 - Veterans Care Update
- VI. New Business
 - Access to Benefits and Services Task Force
- VII. Subcommittee Reports
 - Long Term Care (LTC) Subcommittee
 - Dental Policy Review (DPR) Committee
 - Public Education Subcommittee
 - Pharmacy Subcommittee
- VIII. Adjournment



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30

SENATE RESOLUTION

WHEREAS, The General Assembly has created a number of programs that provide benefits and services to low-income people and families designed to encourage, support, and sustain their efforts to improve their economic status through employment, including cash assistance, food stamps, and medical assistance; and

WHEREAS, These programs are administered by either the Department of Human Services or the Department of Healthcare and Family Services; and

WHEREAS, A significant number of low-income people and families who are eligible for these benefits and services are served by both the Department of Human Services and the Department of Healthcare and Family Services; and

WHEREAS, Many eligible people and families may not access these benefits and services in a timely way because of disparate federal requirements, complex program rules, agency staffing challenges, and other administrative infrastructure issues; therefore, be it

RESOLVED, BY THE SENATE OF THE NINETY-FOURTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that there is hereby established a Task Force on Access to Benefits and Services to thoroughly review and analyze policies and procedures concerning applications and determinations of eligibility for cash assistance, food stamps, and medical assistance provided under the Illinois Public Aid Code and the Children's Health Insurance Program Act; and be it further

RESOLVED, That the Task Force shall be jointly appointed and convened by the Secretary of Human Services and the Director of Healthcare and Family Services no later than

1 October, 1, 2005, shall meet at least 4 times during each State
2 fiscal year, and may be comprised of members of existing
3 advisory bodies and other appropriate individuals; and be it
4 further

5 RESOLVED, That at a minimum, the review and analysis
6 conducted by the Task Force shall encompass (1) barriers
7 encountered by applicants, (2) requirements for face-to-face
8 interviews, (3) locations where applications may be made, (4)
9 locations where open cases may be maintained, (5) methodologies
10 for counting income, (6) requirements for documenting or
11 otherwise verifying eligibility criteria, (7) establishing the
12 earliest possible date of application, (8) coordination of
13 redeterminations of eligibility, including the frequency of
14 redeterminations, and (9) acceptable methods for submitting
15 information and required documentation whether in person or by
16 phone, facsimile, or electronic transmission; and be it further

17 RESOLVED, That (i) the Task Force and the departments,
18 based on the review and analysis, shall collaboratively develop
19 recommendations for appropriate changes in law, rules, policy,
20 or process that will simplify, make uniform, or otherwise ease
21 the processes by which potentially eligible persons may apply
22 for and be found eligible for benefits and services and (ii)
23 such recommendations shall include proposed timelines and
24 priorities for implementation; and be it further

25 RESOLVED, That in making recommendations, the Task Force
26 and the departments shall take into account and balance the
27 following factors: (1) the need to comply with federal law and
28 regulations to maximize federal financial participation; (2)
29 the need to minimize administrative tasks for applicants,
30 recipients, employees, medical providers, and authorized
31 agents of the departments while maintaining program integrity;
32 (3) the costs and potential savings associated with proposed
33 changes; (4) the preservation of existing benefit levels for

1 the substantial majority of recipients; and (5) the
2 appropriateness and feasibility of obtaining waivers of
3 federal law and regulations to maximize the goals of
4 simplification and uniformity without the loss of federal
5 financial participation; and be it further

6 RESOLVED, That the departments shall work in good faith to
7 implement the recommendations to the extent they are
8 appropriate and feasible given available time and resources;
9 and be it further

10 RESOLVED, That the departments (i) shall jointly prepare a
11 written report of the review, analysis, and recommendations of
12 the Task Force and the departments and any administrative
13 changes developed by the departments as a result of the work of
14 the Task Force, (ii) shall make a draft of the report available
15 to the Task Force for review and comment, and (iii) shall
16 prepare a final report to be submitted jointly by the
17 departments to the General Assembly and to the Governor no
18 later than January 1, 2007; and be it further

19 RESOLVED, That a copy of this Resolution shall be delivered
20 to the Secretary of Human Services and the Director of
21 Healthcare and Family Services.

**Illinois Department of Public Aid
Medicaid Advisory Committee**

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

January 19, 2007

Members Present

Eli Pick, Ballard Healthcare, MAC Chairman
Neil Winston, M.D.
John Schlofrock, Barton Mgt.
Jill Fraggos for Susan Hayes Gordon, CMH
Mike Jones, DPH
Myrtis Sullivan, DHS
Debra Kinsey, DCFS
Laura Leon for Robyn Gabel, IMCHC

Members Absent

Pedro A. Poma, M.D.
Richard Perry, D.D.S.
Robert Anselmo, R.Ph.
Kim Mitroka – Christopher Rural Health
Robyn Gabel, IMCHC
Susan Hayes Gordon, CMH
Nancy Crossman, DHS
Diane Coleman, PCIL

HFS Staff

Theresa Eagleson Wyatt
James Parker
Mary Miller
Lynne Thomas
Sinead Madigan
Carla Lawson
Kathy Chan
James Monk

Interested Parties

Kathy Bovid, Bristol-Myers, Squibb
Mandy Ungrittanou, Quest Diagnostics
Nelson Soltman, Legal Assistance Foundation
Gerri Clark, DSCC
Robin Scott, CDPH
Joy Mahurin, CBDC Hemo Center - Peoria

Medicaid Advisory Committee (MAC)
Draft Meeting Minutes

January 19, 2007

I. Call to Order

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

II. Introductions

Attendees in Chicago and Springfield introduced themselves.

III. Review of the Minutes

The November minutes were reviewed and approved.

IV. Administrator's Report

Theresa Eagleson Wyatt, Acting Division Administrator for Medical Programs began with announcements. Dr. Anne Marie Murphy, Administrator for Medical Programs, has moved from HealthCare and Family Services to work on healthcare issues for the Governor. Cristal Thomas, Assistant Director for Healthcare and Family Services, has accepted a position as the Ohio Medicaid Director.

Ms. Eagleson Wyatt provided updates on several HFS activities. She reported that 40,000 clients have voluntarily enrolled with Illinois Health Connect.

She stated that SCHIP (State Children's Health Insurance Program) was up for reauthorization. The department sent a letter to members of the Illinois congressional delegation to bring funding again based on our success in enrolling parents and children.

The Hospital Assessment Plan has been approved and will secure \$1.8 billion in funding to strengthen the health care system in Illinois and help hospitals to recruit doctors and better serve vulnerable patients.

The Illinois Care Rx program had 60,000 persons that did not choose a coordinating plan. Letters have gone out to these individuals. While there were some problems with correct copay charges for new enrollees, this year's open enrollment was smoother than last year.

Laura Leon stated that she felt the SCHIP will be reauthorized but the program needs added funding. The Illinois Maternal and Child Health Coalition (IMCHC) wants Illinois to be rewarded not punished for expanding coverage and increasing enrollment. IMCHC is drafting a letter for coalition members to send to congress members in support of increased funding.

Chairman Pick commented that there is a need to continue to reinforce that dual eligibles need to apply for both Illinois Care Rx and choose a coordinating Medicare Part D prescription drug plan.

1) Primary Care Case Management (PCCM) activity James Parker, Deputy Administrator for Operations, reported that there is a new time frame for the PCCM rollout. He is confident the mandatory enrollment letters in Cook and the collar counties will begin going out toward the end of January.

We have plugged in data for where recipients live and PCP panel slots. We have prepared a map and done some analysis. In most counties we have more than enough slots to cover enrollees.

In our analysis, we are looking at two things. One is the geographic aspect of coverage to ensure we do not have coverage “holes”. We are also looking at claims data to see if there are providers in the areas for retargeting by AHS to enroll as PCPs (Primary Care Physicians) and ensure coverage.

We are looking at doctors that may service as PCPs, but have not yet signed up. It can be problematic if the doctor is waiting for the letters to go out before enrolling. We do expect as the letters go out, more doctors will call to sign up.

We will start mailing letters to 400,000 plus families by sending about 22,000 letters per day. We are putting letters to weaker coverage areas toward the end of the mailing to give us a chance to continue to develop the provider network.

The order of enrollment areas is Cook and collar counties, northwest counties, and then downstate. There will be corresponding delays as the time frame has been pushed back. We want to promote continuity of care so starting too soon has the opposite effect. We want the provider network in place before mailing enrollment letters.

2) Disease Management (DM). Mary Miller of the Bureau of Healthcare Quality Improvement provided the update and review of the DM baseline data. Ms. Miller stated that there are about 200,000 clients in the DM program. About 100,000 to 110,000 are AABD clients. Approximately 70,000 clients have persistent asthma and about 16,000 clients chronically use the emergency room in non-emergency situations.

Ms Miller reviewed DM baseline data for six chronic condition groupings that included:

- Disabled adults with Diabetes
- Disabled adults with Coronary Artery Disease
- Disable adults with Heart Failure
- Disabled adults with Asthma
- Persistent Asthmatics from Family Health Population
- Disabled adults with Chronic Obstructive Pulmonary Disease

Ms. Miller stated that our vendor, McKesson Health Solutions, has assigned about 140 staff working in 24 catchment areas. The staff are composed of nurses, social workers, behavioral health specialists and pharmacists. About 2 percent of the highest risk clients are being contacted in person or by phone.

McKesson also has the baseline report for review and will analyze the data. We have agreed that indicators will be used for five disease areas. McKesson's contract calls for relative improvement in the indicators in the range of 6 to 10 percent. The baseline data is a draft. We will come to agreement on values then move forward on improvements.

Mike Jones asked if HEDIS measures were used. Ms. Miller advised that all were HEDIS measures.

Mr. Jones asked if smoking cessation would be added as a measure. Ms. Miller stated that it would come up with diabetes, as well as many of the other populations, as an effective disease management strategy.

A next step is to work with PCCM to generate useful provider profile information. We will use HEDIS indicators where available. Profiles will start for the DM population and later with the PCCM population with the rollout.

Chairman Pick noted that often there are conditions with co-morbidity. He asked how persons with multiple conditions would be assigned.

Ms. Miller stated that McKesson would establish a hierarchy using claims data and clinical information. For example, a patient may have both diabetes and congestive heart failure. The assignment will be to the area with most treatment for the condition.

V Old Business

All Kids and FamilyCare update. Enrollment statistics from April 2006 through November 30, 2006 were provided [Attachment 1 and Attachment 2 to minutes]. Lynne Thomas, Bureau of All Kids Chief, stated that program enrollment and staffing has continued to grow. All Kids customer service staff have moved to a new location to accommodate the growth.

Medicare Part D. Sinead Madigan, with the Bureau of Pharmacy Services, provided the update. For the first 19 days this year, there were some complaints, but things are going smoother than last year. Some persons are saying their copays are higher than before December 31st. This was the biggest issue last year. We need to ensure that the new Medicare recipients are applying for Extra Help. We are working with people that lost dual eligibility status. We are also working with the Area on Aging offices to help ensure that new Medicare beneficiaries know about Extra Help, Illinois Care Rx, and that they need to choose a coordinating plan.

Ms. Madigan stated that there was a change in the copays showing a slight increase. She advised that our copays increase as the Part D copays increase.

Veterans Care. No new information to report for this period

VI. New Business

Ethics Training All members have complied with the training requirement.

VII. Subcommittee Reports

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

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

Pharmacy Subcommittee Charge. No report for this period

Public Education Subcommittee. No report for this period

Chairman Pick shared that a workgroup had been formed with coordination by DHS and HFS to examine how people get benefits. He stated that Jacquetta Ellinger, Deputy Administrator for Policy Coordination, had asked some of the MAC members to participate in the workgroup. The next meeting is scheduled for Monday, January 22 and would include a progress report. Ms. Ellinger and MAC member, Robyn Gabel, are participating in the workgroup. An area of interest is in simplifying the renewal process and making the process more effective.

Chairman Pick announced that Joanna Sullivan had passed away last week and would be missed.

Robin Scott asked if there was information available on the new inter-governmental transfer rules.

Ms. Eagleson Wyatt stated that the department had not analyzed the draft regulation as yet but can share the draft with the committee and bring back recommendations and comments for the next meeting.

VIII. The meeting was adjourned at 10:45 a.m. The next MAC meeting is scheduled for March 16, 2007.

Medicaid Advisory Committee
January 19, 2007
All Kids/FamilyCare Report

Enrollment

- Enrollment data is attached. Enrollment data as of 11/30/06:
 - a. 1,217,450 All Kids Assist (Up to 133% of FPL)
 - b. 56,853 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 34,348 All Kids expansion children
 - d. 5,419 Moms and babies expansion (133% to 200% of FPL)
 - e. 357,488 pre-expansion parents (up to approx. 35% of FPL)
 - f. 134,824 FamilyCare expansion parents

Web-based application capability

We implemented our web-based application statewide on August 11, 2005. Since then, we have received a total 66,018 web apps: 44,604 from the general public and 21,414 from AKAA's.

	4/30/2006		5/31/2006		6/30/2006		7/31/2006		8/31/2006		9/30/2006		10/31/2006	11/30/2006
	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
All Kids Assist	1,151,808	1,156,943	1,147,874	1,160,163	1,162,190	1,168,143	1,164,498	1,185,241	1,196,854	1,205,718	1,195,928	1,215,073	1,219,875	1,217,450
All Kids Rebate, Share, Premium Level 1	44,135	44,181	46,048	46,082	47,223	47,292	49,916	49,946	51,564	51,592	53,338	53,324	54,978	56,853
All Kids Expansion							7,755	13,736	18,644	20,226	22,015	25,834	30,856	34,348
Moms and Babies Expansion	5,738	5,861	5,553	5,801	5,586	5,586	5,341	5,615	5,590	5,763	5,377	5,662	5,600	5,419
Pre-expansion Parents	364,708	367,666	359,272	364,486	360,116	360,116	354,567	360,635	358,085	361,523	354,833	360,546	359,135	357,488
FamilyCare Parent Expansion	119,605	120,431	121,414	123,094	125,408	126,455	126,190	128,224	130,482	131,625	131,255	133,259	134,864	134,824
Total	1,685,994	1,695,082	1,680,161	1,699,626	1,700,523	1,707,592	1,708,267	1,743,397	1,761,219	1,776,447	1,762,746	1,793,698	1,805,308	1,806,382