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MEMORANDUM

DATE: September 13, 2007

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 September 21, 2007. 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 September 21, 2007 meeting, the draft minutes and attachments from the March 16, 2007, May 18, 2007 and July 20, 2007 meetings. It is anticipated that a quorum will be present at the meeting in order for the committee to act on the outstanding minutes.

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

September 21, 2007
10 a.m. – 12:00 p.m.

AGENDA

- I. Call to Order
- II. Introductions
- III. Review of March 16, 2007, May 18, 2007 and July 20, 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
 - Access to Benefits and Services Task Force Update
- VI. New Business
 - Open to Committee
- VII. Subcommittee Reports
 - Long Term Care (LTC) Subcommittee – Report.
 - Dental Policy Review (DPR) Committee – Report.
 - Public Education Subcommittee – No report.
 - Pharmacy Subcommittee – No report.

VIII. Adjournment

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
July 20, 2007**

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

Members Present

Eli Pick, Chairman
Nancy Crossman, DHS
Jill Fraggos for Susan Hayes Gordon
Marilyn Peebles for Debra Kinsey, DCFS

Members Absent

Pedro A. Poma, M.D.
Richard Perry, D.D.S
Diane Coleman, PCIL
John Schlofrock, Barton Mgt.
Kim Mitroka, Christopher Rural Health
Neil Winston, M.D.
Myrtis Sullivan, IDHS
Robyn Gabel, IMCHC
Robert Anselmo, R.Ph.

HFS Staff

James Parker
Kelly Cunningham
Mike Jones
Lynne Thomas
Stephen Saunders
Sinead Madigan
Carla Lawson
Aundrea Hendricks
James Monk

Interested Parties

Michael Lafond, Abbott Labs
Miriam Cabrera, Quest Diagnostics
Mandy Ungrihanon, Quest Diagnostics
Sharon Dyer-Nelson, IDHS-HCD
Sandra Benen, GlaxoSmithKline
Patrick Gallager, Illinois State Medical Society
Citseko Staples, Harmony HMO
Esther Morales, Harmony HMO
George Hovanec, Consultant
Gerri Clark, DSCC
Kathy Chan, IMCHC

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
July 20, 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 March and May minutes were not approved, as there was not a quorum present.

IV. Administrator's Report

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

- 1) The 2008 State budget is still under discussion and has not yet been passed. The department is working under a temporary budget and maintaining all payment cycles under the temporary budget that runs through July 31.
- 2) The Governor remains committed to the Illinois Covered health coverage expansions.
- 3) Under the Federal Deficit Reduction Act, beginning October 1, all Medicaid prescriptions must be written on a tamper resistant prescription pad. There has been no guidance from the federal CMS as yet. The time frame for implementation seems too short and even the federal CMS seems to be caught off guard.

State Medicaid directors have questions and wonder if there will be a phased implementation. The rules do not define tamper resistant pad. Electronic prescriptions do not count; so one question is what if providers convert to electronic from paper.

There is an amendment that would limit the use of the tamper resistant pad to controlled substances.

The department plans to meet with interested parties to discuss the rule change and we hope to get notices out as soon as we learn more.

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V. Old Business

1) All Kids and FamilyCare update. Updated enrollment statistics through May 31, 2007 were provided [Attachment 1 and Attachment 2]. Lynne Thomas, Bureau of All Kids Chief, stated that the All Kids Bureau is piloting a new document imaging system to move toward electronic case records.

The All Kids Bureau continues to process applications quickly. With the community based “Back to School” events scheduled around the state, Ms. Thomas anticipates an increase in new applications. She added that the budget stalemate has had no effect on new enrollments.

2) Primary Care Case Management (PCCM) activity. Mr. Parker reported on the Illinois Health Connect program. Implementation in Cook and the collar counties is almost complete. Today is the last day to make a voluntary assignment or be auto-assigned.

The department is currently enrolling participants in the Northwest region. This region covers the area north of Peoria, excluding Cook and the collar counties. The initial mailings are complete. The next step is to send the auto-assignment letters.

We have excellent PCP (primary care provider) participation with over 5,000 doctors. The panel size for the PCPs is such that we have about triple the needed capacity.

The focus on downstate is to get the smaller practice doctors enrolled. We expect to begin mailings in central and southern Illinois in August. The individual doctors in the southern rural areas are spread out, so that the geography makes it much harder for AHS representatives to reach and enroll these doctors as PCP.

We have about 300,000 persons to enroll in the areas south of Peoria, with the highest concentration being in central Illinois and the southwest metro areas. The eastern part of southern Illinois is the most sparsely populated area in this region.

We expect to have the referral system up by September 1. Claims won't reject if there isn't a referral, but providers will be able to use the system for registration and specialty referral. We are developing a database of capacity to take specialists.

Today begins the enhanced security to enter MEDI. Patient claims history will be available from MEDI through the AHS site. We are looking at what data we have

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to stop based on confidentiality statutes in providing information regarding substance abuse, mental health and HIV/AIDS.

3) Disease Management (DM). Dr. Stephen Saunders, Medical Advisor to the Division of Medical Programs, reviewed the Baseline Clinical Measures report [see attachment] for the Disease Management Program, Your Healthcare Plus. He advised that the baseline markers are standard and many are HEDIS based measures. He noted that some of the measures are not where we want them to be, but can be used as a reference starting point. We want to see improvement and there are financial incentives for the vendor to show improvement.

This month, the baseline report will be sent to an initial group of providers that include Federally Qualified Health Centers and physician groups that serve this population. The report will also be sent to a second tier of providers that have a high volume number of patients in the disease categories.

The reports will provide summary data on the patients served by the provider as well as the statewide baseline data for comparison. For example, under the indicators for diabetes, the report provides the hemoglobin-testing rate for the provider's diabetic patients for comparison to the baseline data. We are confident that we have appropriate measures for the types of diseases shown in the baseline.

Dr. Saunders explained that the "self-reported" measures, as shown for each disease type, reflect what the patient reported when contacted by the vendor. He noted that there might be noticeable differences between the claims-based measures and the self-reported measures. For example, one of the weaker claims-based measures is the occurrence of payment for an annual influenza vaccine. The percentage is relatively low. However, patients may receive the vaccine for free or nominal cost from a drug store or clinic and there is no Medicaid billing, so the self-reported percentage is higher.

Dr. Saunders added that Your Healthcare Plus is working actively with about 14,000 patients so this is the primary base for self-reporting.

We are in the process of rolling out enhanced services for disabled, institutionalized patients. The disease management vendor, McKesson, has placed nurse practitioners in four long-term care facility sites. This will eventually expanded to 25 institutions where staff will be assisting in better care coordination. The staff will work with and not replace the institution's staff.

4) Medicare Part D. Sinead Madigan, with the Bureau of Pharmacy Services, provided the update on Medicare Part D and Illinois Cares Rx. She advised that the federal CMS is requesting files for the deeming process for dual-eligible

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participants. We are working to make sure our reports are accurate and cover these participants for the rest of this calendar year and into 2008. If the dual-eligible person is not on file, they will lose the SSA Extra Help as of December 31, 2007.

We are sending out post cards to 80,000 participants reminding them to reapply for Extra Help before December 31 or they will lose their coverage.

The first week the post cards went out, we received 5,000 responses or about triple what we usually receive. We will reevaluate our efforts in August. The department will work with the local Department on Aging sites. We have about 200,000 persons enrolled in Illinois Cares Rx.

There is now continuous enrollment for persons approved for Extra Help.

We are working with the federal CMS, issuing an RFP to drug plans to coordinate with Illinois Cares Rx. This will increase the options for participants in choosing a coordinating plan

5) Veterans Care. There is nothing new to report for this period.

6) Access to Benefits and Services Task Force. Chairman Pick reported that the task force has not met since the last MAC meeting. He did state the task force is in the process of collecting data and will review data at the next meeting.

VI. New Business

None for this period

VII. Subcommittee Reports

Long Term Care (LTC).

Kelly Cunningham, Chief of the Bureau of Long Term Care, reported that the subcommittee met on June 15. The group has several standing discussion topics that include: 1) Medicare Part D; 2) Department on Aging updates; and 3) Supportive Living Programs.

The Department on Aging reported on several new programmatic initiatives, including Comprehensive Care Coordination, Flexible Senior Services, Emergency Home Response and Enhanced Transition.

The department's Supportive Living Program has 79 Supportive Living Facilities (SLFs) operational around the state with some 6,000 units. The department

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anticipates 68 new facilities opening within the next several years. The Supportive Living Program waiver was renewed for five years effective July 1, 2007.

The BLTC worked with the Nursing Home Association in a time management study program called STRIVE. Iowa Foundation for Medical Care (IFMC) was the project manager. The study looked at the time spent on certain facility tasks. We can share the finding with the MAC. The time study will be used to set Medicare rates.

In May, Illinois received word from the federal CMS about the approval of our “Money Follows the Person” demonstration project proposal. We anticipate an award of \$55 million in matching funds over the course of five years. The project is for persons who have been in a nursing home for at least six months and are now able to return to the community. The project will target assistance to enable persons with developmental disabilities, mental illness, physical disabilities and the elderly to live successfully in the community.

There are two new “Home and Community Based Services” waivers for children covering in-home support and residential services. Still under review is the renewal of waivers for persons with brain injuries and for adults with disabilities.

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

Pharmacy Subcommittee Charge. Mr. Parker reported that the group discussed the tamper resistant prescription pad requirement.

The group also had extensive discussion on the Deficit Reduction Act requirement for new federal upper limits for drug payments. There was concern in the pharmacy community that the change would cause a substantial reduction in payments to pharmacies for generic drugs.

The department is fairly confident that its relatively aggressive generic drug program will stand well in holding pharmacies harmless.

Public Education Subcommittee. No report for this period.

VIII. The meeting was adjourned at 10:53 a.m. The next MAC meeting is scheduled for September 21, 2007.

The Your Healthcare Plus[™] program provides chronic care management support to help improve health outcomes for some of the highest risk Medicaid patients in Illinois, including disabled adults with chronic or complex health issues and patients with persistent asthma. The impact of the Your Healthcare Plus program will be evaluated annually against baseline data for each of the key clinical performance metrics listed below. The baseline data is based on two sources:

- Healthcare claims paid by the state of Illinois from July 1, 2005 through June 30, 2006 (6 months run out), and
- Patient-reported information collected during initial patient assessments that were completed during the first 9 months of the program.

Disabled Adults Patient Population

Coronary Artery Disease (CAD) - 14,548 eligible patients

Claims-based Measures:

Beta Blocker Usage Post MI (30 days)	29.97%
Cholesterol Testing Rate	62.13%
Statin Therapy	54.06%
*Pneumococcal Vaccine (3 years claims data)	5.28%
*Annual Influenza Vaccine	9.03%
ASA/Other Antiplatelet or Anticoagulant	52.54%
ACE Inhibitor/Angiotensin Receptor Blocker	57.91%

Self-reported Measures:

ASA, Other Antiplatelet or Anticoagulant	67%
Pneumococcal Vaccine	33%
Annual Influenza Vaccine	40%

Congestive Heart Failure (CHF) - 13,784 eligible patients

Claims-based Measures:

ACE Inhibitor/Angiotensin Receptor Blocker/Hydralazine + Isosorbide	61.74%
Beta Blocker	49.54%
Diuretics	60.85%
*Pneumococcal Vaccine (3 years claims data)	4.68%
*Annual Influenza Vaccine	7.83%
ASA, Other Antiplatelet or Anticoagulant	45.30%

Self-reported Measures:

ASA, Other Antiplatelet or Anticoagulant	71%
Pneumococcal Vaccine	37%
Annual Influenza Vaccine	42%

Diabetes - 23,376 eligible patients

Claims-based Measures:

HbA1C Testing Rate	70.14%
Retinal Exams	26.38%
Annual Microalbuminuria Testing	55.49%
Cholesterol Testing Rate	66.26%
*Annual Influenza Vaccine	9.87%
ASA, Other Antiplatelet or Anticoagulant	36.91%

Self-reported Measures:

ASA, Other Antiplatelet or Anticoagulant	41%
Blood Pressures Control (<130/80)	53%
Foot Exams	65%
Annual Influenza Vaccine	35%

Chronic Obstructive Pulmonary Disease (COPD) - 19,866 eligible patients

Claims-based Measures:

Treated Corticosteroid for Acute COPD Exacerbation	63.62%
History of Hospitalization for COPD Fills Prescription for Bronchodilator Medications	87.42%
*Spirometry Testing at Least Once in Last 3 Years	20.14%
*Pneumococcal Vaccine (3 years claims data)	5.41%
*Annual Influenza Vaccine	8.59%

Self-reported Measures:

Not a Current Smoker	36%
Pneumococcal Vaccine	42%
Annual Influenza Vaccine	42%

Asthma - 16,086 eligible patients

Claims-based Measures:

Uncontrolled Asthma and has 1 Dispensed Prescription Inhaled Corticosteroid within 30 Days	54.06%
At Least 1 Prescription for 1 of the Following Medications: Inhaled Corticosteroid; Nedocromil or Cromolyn; Leukotriene Modifiers; Formoterol or Salmeterol; or Methylxanthines	63.89%
*Annual Influenza Vaccine	8.19%

Self-reported Measures:

Has and Knows How to Use Symptom-based Action Plan of Care	11%
Not a Current Smoker	63%
Annual Influenza Vaccine	37%

Family Health Persistent Asthma Patient Population

Persistent Asthma - 155,611 eligible patients

Claims-based Measures:

Uncontrolled Asthma and has 1 Dispensed Prescription Inhaled Corticosteroid within 30 Days	39.93%
At Least 1 Prescription for 1 of the Following Medications: Inhaled Corticosteroid; Nedocromil or Cromolyn; Leukotriene Modifiers; Formoterol or Salmeterol; or Methylxanthines	53.80%
*Annual Influenza Vaccine	10.69%

Self-reported Measures:

Has and Knows How to Use Symptom-based Action Plan of Care	25%
Not a Current Smoker	67%
Annual Influenza Vaccine	40%

**Medicaid Advisory Committee
July 20, 2007
All Kids/FamilyCare Report**

Enrollment

- Enrollment data is attached. Enrollment data as of 05/31/07:
 - a. 1,281,258 All Kids Assist (Up to 133% of FPL)
 - b. 67,306 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 52,185 All Kids expansion children
 - d. 5,518 Moms and babies expansion (133% to 200% of FPL)
 - e. 363,162 Pre-expansion parents (up to approx. 35% of FPL)
 - f. 151,451 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 95,142 web apps: 63,531 from the general public and 31,611 from AKAA's.

MAC 07/20/07

	11/30/2006		12/31/2006		1/31/2007		2/28/2007		3/31/2007		4/30/2007	5/31/2007
	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Current	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
All Kids Assist	1,217,450	1,235,666	1,239,796	1,245,468	1,244,429	1,256,942	1,261,225	1,265,126	1,266,867	1,273,847	1,278,307	1,281,258
All Kids Rebate, Share, Premium Level 1	56,853	56,807	58,482	58,528	59,646	59,563	60,705	60,680	62,357	62,286	65,485	67,306
All Kids Expansion	35,854	35,854	39,617	39,617	43,253	43,253	45,887	45,887	48,713	48,719	49,887	52,185
Moms and Babies Expansion	5,419	5,783	5,736	5,853	5,708	5,953	5,886	5,975	5,864	6,021	5,519	5,518
Pre-expansion Parents	357,488	363,675	360,868	363,950	359,160	365,146	363,134	365,378	361,728	365,863	365,129	363,162
FamilyCare Parent Expansion	134,824	136,654	138,368	139,281	140,361	142,106	143,720	144,366	146,215	147,340	149,579	151,451
Total	1,807,888	1,834,439	1,842,867	1,852,697	1,852,557	1,872,963	1,880,557	1,887,412	1,891,744	1,904,076	1,913,906	1,920,880

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
Meeting Minutes – March 16, 2007**

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

Members Present

Eli Pick, Chairman
Robyn Gabel, IMCHC
Diane Coleman, PCIL
John Schlofrock, Barton Mgt.
Susan Hayes Gordon
Debra Kinsey, DCFS
Nancy Crossman, DHS

Members Absent

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

HFS Staff

Jacquetta Ellinger
James Parker
Steve Saunders
Lynne Thomas
Sinead Madigan
Carla Lawson
Aundrea Hendricks
James Monk
Mike Jones

Interested Parties

Victoria Bigelow, Access to Care
Kathy Bovid, Bristol-Myers, Squibb
Patrick Gallagher, ISMS
Alice Holden, CMS (HHS)
Kenzy Vandebroek, CDPH
Sharon Dyer-Nelson, IDHS-HCD
George Hovanec - Consultant
Deb Matthews - DSCC
Mary Davis - Comprehensive Bleeding Disorder Center
Marsha Hurn - Comprehensive Bleeding Disorder Center
Mike Patton - Illinois Pharmacy Association
Bonnie Schaafsma - Illinois Association Public Health
Administrators

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
Meeting Minutes – March 16, 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 January minutes were reviewed and approved.

IV. Administrator's Report

James Parker, Deputy Administrator for Operations, provided the administrator's report. He stated that comments are due to the federal CMS for the proposed IGT (Intergovernmental Transfer) change. This rule has a dramatic effect on federal funding of governmental health care providers like Cook County. Comments are due by Monday. We do have dot points on the proposal and they are available electronically if persons wish to comment no later than Monday.

Mr. Parker advised that HFS has not yet issued the FY07 payments financed by the hospital assessment. The FY07 payments are due shortly; however, we must delay until the department receives the supplemental appropriation.

The Governor has announced the "Illinois Covered" health plan. He has proposed a new revenue stream to finance expanded health coverage. We are anxious for all interested parties to learn more and support the Governor's proposal.

The coverage provided will be a combination of a standardized commercial coverage with stop loss protection for insurers, premium assistance for persons with income under 400 percent of poverty and expansion of public healthcare programs including FamilyCare and benefits anyone with income under 100 percent of poverty. The bill is being worked on. Language on the tax to support the bill is also being worked on.

Robyn Gabel asked if a small business with less than \$1 million in gross receipts and fewer than 25 employees that are insured, could drop their company insurance and buy in to the Illinois Covered choice.

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Mr. Parker believed there would be no barrier to participate and the gross receipts amount was not relevant. He stated that one way or another; employees will get relief whether through premium assistance or the Illinois Covered Choice product.

The 25 or fewer employees provision is relevant to purchasing group coverage at cheaper prices. Consideration of companies with 10 employees is relevant for the tax. There is a substantial subsidizing by the state available to small employers or individuals.

Ms. Ellinger emphasized the importance of Illinois Covered. She stated that this is a huge and fundamental shift in the responsibility of the state in providing health coverage. It will require revenue restructuring to support it. It will be tough to get it passed and we need your help. Information about Illinois Covered is posted on the website at <www.illinoiscovered.com>. Ms. Gabel added that the Illinois Maternal & Child Health Coalition is also organizing around this issue.

George Hovanec looked for clarification on a budget book item. He asked if “shared services” implies that all contractual and detail work will come under this provision.

Mr. Parker advised that he didn’t know but could look into it. Ms. Ellinger thought that the provision did not include contract monitoring.

Mr. Hovanec believed that the Hospital Assessment plan would happen later in the year. He believed it might not happen until the end of the legislative session. He asked if there was any hope that it will happen sooner.

Ms. Gabel shared that advocacy groups have asked her if revenue from the GRT (Gross Receipts Tax) is in the HFS budget. The concern is that something like a provider rate increase doesn’t happen unless GRT is passed. Both Mr. Parker and Ms. Ellinger stated that certain increases are tied to the package.

Mr. Hovanec referred to the budget book, Table 1A that shows amounts of \$300 and \$390 million, although not sure of what it represents specifically. He noted that the full amount of the GRT was not going to HFS.

V. Old Business

- 1) All Kids and FamilyCare Update.** Enrollment statistics from April 2006 through January 31, 2007 were provided. Lynne Thomas, Chief of the Bureau of All Kids, stated that program enrollment has continued to grow. We are processing at 31 days. There is an increased need for customer service (case maintenance) staff.

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Ms. Gabel asked how the hotline was going. Mr. Parker advised that there were five new employees trained last week and added.

He advised that the All Kids hotline gets fewer calls than the general hotline. With PCCM letters going out, we are looking to see if the volume of calls increases.

- 2) Primary Care Case Management (PCCM) Update.** Mr. Parker reported that for Illinois Health Connect, we are sending about 22,000 letters per day in Cook and the collar counties. Our vendor's (AHS) staff are going out and explaining the program. We have received increased calls at HFS. It is a struggle keeping up with the call volume and we are looking at ways to shift more resources.

Mr. Parker stated that there have also been some training issues. We are monitoring at the central office in Schaumburg on a regular basis. There are some growing pains but people are getting through and choosing their PCP (Primary Care Provider). There are a small number of persons that say they do not want to participate. But most say they will sign up. Sometimes the enrollee's doctor has not yet signed up but we have had some success in signing up new providers. Having patients receive the enrollment letter has caused some doctors to call up and enroll as a PCP.

We will next be moving recruitment to the Northwest part of the state. A recent success was Christie Clinic stating they will join as a PCP and increase capacity from six to ten thousand enrollees. We hope we can do as well with enrollment downstate. We are getting close to having the network in place. When the call volume goes down for Cook and the collar counties, we will move to the next region

Ms. Gabel asked if the second letter has gone yet. Mr. Parker advised that the second letters had not gone out. We planned to get the first letter out to all in about 30 days, so by starting in mid-February, we are just finishing up the first mailing.

Ms. Gabel stated that she believed the call center would get swamped when the second mandatory assignment letter goes out. She asked if we had a breakdown on how persons were choosing, e.g., how many choosing Harmony, FHN and Illinois Health Connect. Mr. Parker stated that he has requested this data and hoped to have it later in the day.

Ms. Gabel shared that it was her understanding that the All Kids hotline could do a three-way call with the HMO to complete an enrollment. She asked if

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Meeting Minutes – March 16, 2007**

the All Kids Application Agents could do this as well. Mr. Parker advised, yes.

Chairman Pick asked how many providers were in the Network.

Mr. Parker stated about 2,400 doctors enrolled as PCPs. Of these about 1,850 signed up on their own and another 500-600 came through an FQHC.

Chairman Pick noted that if there are 2,400 PCPs for 800,000 patients, there is a high number of patients for each provider.

Mr. Parker stated that many networks use 3,000 as the maximum number of patients assigned. We are using 1,800 as a maximum with the ability to expand with nurse practitioner staff. If each PCP had 1,000 patients we would have capacity for 2,400,000. While the number of providers may look small, if you look more closely we should have coverage. HFS Medical Director, Dr. Stephen Saunders, added that we believe that we have excess capacity.

Chairman Pick asked if we have adequate geographic distribution of PCPs.

Mr. Parker replied that some zip code areas do not have enough PCPs at present. We changed how we mailed the enrollment letters. In Cook, we mailed letters to zip code areas where we had less capacity. This allowed participants more time to search for a PCP.

- 3) Disease Management (DM) Update.** Dr. Stephen Saunders provided the update. He stated that our disease management vendor, McKesson, has staff out in the field with around 160 staff made up of nurses, social workers, behavioral health specialists and pharmacists. About 10,000 of the 110,000 DM target population are in long-term care.

We are working on putting nurse practitioners in these facilities. This is an important population because of the high utilization.

In the second month, we will be communicating with physicians and look at prescribing practices on psychotropic drugs. We will look at multiple prescribers and any potential contra-indications. This is an educational approach. Providers can use the reports if they want. We are pleased with our success to date and hope we are making an impact in the lives of persons enrolled with the disease management program.

Chairman Pick asked about the response by the long-term care facilities with nurse practitioners working with doctors. Dr. Saunders stated the response has been good as we are looking to augment not interfere with services.

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Kenzy Vandebroek asked if the reports are by adult or prescriber of drugs. Dr. Saunders advised that reports are by the patient and would be sent to as many providers as are prescribing to the patient.

- 4) **Medicare Part D Update.** Sinead Madigan, Chief of the Bureau of Pharmacy Services, provided the update. She advised that a recent change was an increase in the income standard due to a rule amendment allowing a disregard on the SSA COLA (Cost of Living Adjustment). The disregard is for Illinois Cares Rx drug coverage only and not for other Circuit Breaker benefits.

Another issue is that many Illinois Cares Rx individuals have failed to reapply. About 50,000 enrollees' benefits were terminated. These enrollees have been notified that the subsidy will not be received. We had 70,000 individuals file for benefits on-line for the new year.

Another Part D issue is that many Medicare recipients have lost eligibility for the Extra Help subsidy. The person doesn't realize this until purchasing medications and being charged high copays. The federal CMS allowed an extended period of coverage to reapply.

- 4) **Veterans Care Update.** Ms. Ellinger provided the update. She stated that we have filed the final rule changes and increased the maximum threshold 50 percent FPL added to the means tested amount for the county of the residence effective March 1st. This is still a narrow income band. We continue to enroll and now are up to 52 veterans covered. There are two premium levels, \$40 and \$70 per month. In larger counties, this may cover above 400 percent FPL. We are still working to increase enrollment.

VI. New Business

Access to Benefits and Services Task Force. Chairman Pick stated that he and Robyn Gabel are working with this task force and asked that the MAC be updated on the group's activities.

Ms. Ellinger advised that the meeting handouts included the resolution that created the task force. She stated that HFS and DHS have made appointments to the task force that include more than twenty persons. She shared that the task force grew out of concern that it is too hard for persons that need benefits to get those benefits. The workgroup charge has a "family based" or "TANF based" focus.

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
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There are nine areas for review and analysis. These include:

- 1) Barriers encountered by applicants
- 2) Requirements for face-to-face interviews
- 3) Locations where applications may be made
- 4) Locations where open cases may be maintained
- 5) Methodologies for counting income
- 6) Requirements for documenting or otherwise verifying eligibility criteria
- 7) Establishing the earliest possible date of application
- 8) Coordination of redeterminations
- 9) Acceptable methods for submitting information and required documentation

Ms. Ellinger stated the task force met in October of 2006 and again in January of 2007. Work groups were established and are meeting separately.

Chairman Pick and Ms. Gabel advised that their groups did meet. Ms. Gabel stated that the next meeting is Monday, March 19th. Ms. Ellinger added that chairman Pick is a unique member representing the long- term care perspective.

VII. Subcommittee Reports

Long Term Care (LTC). No one that attended the last meeting was present to report. Diane Coleman asked if the department could report on long-term care issues. Ms. Ellinger reported that two new home and community-based waivers have been submitted. DHS will operate these waivers that will serve children with developmental disabilities.

There is some disagreement among advocates concerning the focus of one of the waivers. Advocates for children with autism would like it to be more restricted to serving children with autism spectrum disorders. Other advocates, along with DHS and HFS, have argued that it must serve children with a broad range of needs and to deliver services in a fair and safe way. This is our intended action.

Our waiver for medically fragile and technologically dependent children is due for renewal. It is our intention to move toward more objective screening of the level of each child's medical need. We are working with ORS (Office of Rehabilitative Services) to move toward objective assessments that are more standardized and adequate to keep children in their home and that will make it easier for families to transition to services received under the ORS waivers when their children reach age 21.

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Ms. Coleman stated that she would like to reduce the over medicalization of services. She pointed out that we want to support access to services, for example for someone on a ventilator that needs the care but she has a concern that it makes some services unavailable. She added that HFS might want some community input.

Ms. Coleman wanted to mention that the “Money Follows the Person” demonstration project proposal has been resubmitted to the federal CMS after being one of twenty states not initially approved. She added that we are awaiting the outcome that would include enhanced federal match.

She also noted that for community reintegration, the “Home Again” program is important. The program would allow a more than doubling of community reintegration.

Ms. Coleman also asked that she receive notice of the Long Term Care meetings. Ms. Ellinger advised that we would do this.

Ms. Dyer-Nelson asked if IDHS was represented on the Long Term Care subcommittee. Ms. Ellinger stated that she thought persons from DD (Developmental Disabilities) do attend. We can look at this for IDHS as well.

Dental Policy Review (DPR). No report for this period but the committee is scheduled to meet next week.

Pharmacy Subcommittee Charge. No report for this period.

Public Education Subcommittee. Ms. Ellinger provided the report. She stated that the committee has been asked to comment on materials and that Ms. Vandebroek had provided valuable comments. The last packet sent was on citizenship. We are sending out another participant notice that will be more strongly worded to get the citizenship proof.

Ms. Vandebroek advised that it is important to look at the ease of reading. She stated that one document came through at a 9th grade reading level. She noted that this is way too high to make sense for some participants.

Ms. Ellinger responded that we would continue to work on appropriate reading level for notices.

VIII. Adjournment

The meeting was adjourned at 11:17 a.m. The next MAC meeting is scheduled for May 18, 2007.

Medicaid Advisory Committee
March 16, 2007
All Kids/FamilyCare Report

Enrollment

- Enrollment data is attached. Enrollment data as of 01/31/07:
 - a. 1,244,429 All Kids Assist (Up to 133% of FPL)
 - b. 59,646 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 45,758 All Kids expansion children
 - d. 5,708 Moms and babies expansion (133% to 200% of FPL)
 - e. 359,160 pre-expansion parents (up to approx. 35% of FPL)
 - f. 140,361 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 75,571 web apps: 50,927 from the general public and 24,644 from AKAA's.

MAC 03/16/07

	4/30/2006		5/31/2006		6/30/2006		7/31/2006	
	Previous	Current	Previous	Current	Previous	Current	Previous	Current
	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
All Kids Rebate, Share, Premium Level 1	44,135	44,181	46,048	46,082	47,223	47,292	49,916	49,946
All Kids Expansion							7,755	13,736
Moms and Babies Expansion	5,738	5,861	5,553	5,801	5,586	5,586	5,341	5,615
Pre-expansion Parents	364,708	367,666	359,272	364,486	360,116	360,116	354,567	360,635
FamilyCare Parent Expansion	119,605	120,431	121,414	123,094	125,408	126,455	126,190	128,224
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

MAC 03/16/07

	8/31/2006		9/30/2006		10/31/2006		11/30/2006	
	Previous	Current	Previous	Current	Previous	Current	Previous	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
All Kids Assist	1,196,854	1,205,718	1,195,928	1,215,073	1,219,875	1,229,519	1,217,450	1,235,666
All Kids Rebate, Share, Premium Level 1	51,564	51,592	53,338	53,324	54,978	55,020	56,853	56,807
All Kids Expansion	18,644	20,226	22,015	25,834	30,856	33,743	34,348	38,204
Moms and Babies Expansion	5,590	5,763	5,377	5,662	5,600	5,815	5,419	5,783
Pre-expansion Parents	358,085	361,523	354,833	360,546	359,135	362,879	357,488	363,675
FamilyCare Parent Expansion	130,482	131,625	131,255	133,259	134,864	135,926	134,824	136,654
Total	1,761,219	1,776,447	1,762,746	1,793,698	1,805,308	1,822,902	1,806,382	1,836,789

MAC 03/16/07

	12/31/2006	1/31/2007
	Current	Current
	Numbers	Numbers
All Kids Assist	1,239,796	1,244,429
All Kids Rebate, Share, Premium Level 1	58,482	59,646
All Kids Expansion	42,493	45,758
Moms and Babies Expansion	5,736	5,708
Pre-expansion Parents	360,868	359,160
FamilyCare Parent Expansion	138,368	140,361
Total	1,845,743	1,855,062

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
Meeting Minutes – May 18, 2007**

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

Members Present

Eli Pick, Chairman
Robyn Gabel, IMCHC
Robert Anselmo, R.Ph.
Jill Fraggos for Susan Hayes Gordon

Members Absent

Pedro A. Poma, M.D.
Richard Perry, D.D.S.
Diane Coleman, PCIL
John Schlofrock, Barton Mgt.
Kim Mitroka – Christopher Rural Health
Neil Winston, M.D.
Myrtis Sullivan, IDHS Debra Kinsey – DCFS
Nancy Crossman, DHS

HFS Staff

Jacquetta Ellinger
James Parker
Amy Harris
Mary Miller
Dave Spinner
Mike Jones
Lynne Thomas
Deborah Saunders
Sinead Madigan
Carla Lawson
Aundrea Hendricks
James Monk

Interested Parties

Aaron Newell, Legal Assistance Foundation
Kathy Bovid, Bristol-Myers, Squibb
Alice Holden, CMS (HHS)
Alicia Swanson, CMS (HHS)
Kenzy Vandebroek, CDPH
Sharon Dyer-Nelson, IDHS-HCD
Mary Davis - Comprehensive Bleeding Disorder Center
Marsha Hurn - Comprehensive Bleeding Disorder Center

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
Meeting Minutes – May 18, 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 March minutes were not reviewed as there was not a quorum present.

IV. Administrator's Report

- 1) James Parker, Deputy Administrator for Operations, provided the report. He stated that the administration is working hard on the supplemental regarding the hospital assessment. He extended appreciation to everyone who was working with the department on this effort as well as Illinois Covered. The department is monitoring the legislative activity closely and is hoping the legislation will pass. Mr. Parker advised the committee that a press conference was held on May 17th on the expansion of the family planning waiver for Illinois Health Women. The change to the wavier was effective May 1st.
- 2) Jacquetta Ellinger, Deputy Administrator for Policy Coordination, provided more information on the family planning waiver. The current waiver allows the department to extend family planning services to women who become ineligible for regular benefits. Deborah Saunders, the chief of the Bureau of Maternal and Child Health Promotion, worked very hard to make changes to the waiver which would allow women to apply for coverage without having had prior coverage through Medicaid. It is anticipated that 45,000 women will apply, whereas the waiver currently covers about 35,000 women.

The waiver authorizes a narrow package of services that costs the department about \$280 a year per person. Some additional follow-up is authorized if STI (sexually transmitted infection) is diagnosed. Family planning services have a positive impact, as there are better birth outcomes if pregnancies are spaced 18 months or more apart. The waiver is 90% funded at the federal level.

The threshold for eligibility is 250% of the FPL (federal poverty level). The application is in English on the website www.illinoishealthywomen.com. A Spanish version of the application will be added soon.

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Promotional materials will be sent to our community partners and the materials can also be ordered on-line. Because this is an 1115 waiver demonstration project, we ask about past pregnancy as part of the research component. One intention of this project is to get women to apply for the Medicaid waiver and free-up Title X money for other women, e.g., undocumented women.

- 3) Mr. Parker reported that approval of the “Money Follows the Person” demonstration project proposal was announced this week. Details still need to be worked out. The project will allow for enhanced services for individuals in a nursing home to get back to a community setting.

V. Old Business

All Kids and FamilyCare update. Enrollment statistics from April 2006 through March 31, 2007 were provided. Lynne Thomas, chief of the Bureau of All Kids, stated that the All Kids Unit is processing at 10 days. Ms. Thomas shared that almost half of the All Kids applications are completed on-line. Increased staffing is the primary reason for faster processing. With faster processing time some staff have been redirected to customer service and case renewal due to increase caseloads in that area. The first redetermination of the All Kids expansion groups has started.

2) Primary Care Case Management (PCCM) activity Mr. Parker reported that the rollout into the collar counties is near completion. The second letter showing the mandatory assignment and auto-assignment has been completed for about 300,000 persons. Approximately twenty to thirty thousand cases are not yet assigned, meaning persons have not made a choice or been auto-assigned.

Next week, the second package to persons in Cook County will be mailed. The phased mailing will be about ten thousand letters per day. Work will also begin on the Northwest part of the state [basically Northwest of Peoria]. There will be an initial mailing of postcards, followed by the first choice letters.

HFS has had good success in getting doctors to enroll, including big practices downstate, such as, Southwest Memorial, Carle Clinic and Christy Clinic. Provider enrollment in the central region of the state is looking good.

Robyn Gabel asked if HMOs get to send letters to participants asking enrollees to choose them. Mr. Parker stated that many FQHCs were allowed to send mailings to encourage participants to choose them. Discussions have also occurred regarding follow-up letters from FQHCs. HFS is not aware of HMOs sending letters.

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Mr. Parker shared the following PCCM enrollment numbers:

Collar counties: 272,000 eligibles, 234,000 enrolled in IHC and 38,000 without auto-assignment.

Cook county: 852,000 eligibles, 277,000 enrolled in IHC, 131,000 enrolled in HMOs (mainly existing HMO) and 409,000 without auto assignment [48% or 4 of 9 enrollments].

Auto-assign is only to IHC (Illinois Health Connect). Participants are not assigned to an HMO, unless currently enrolled in an HMO. Of the 443,000 enrolled about 29% are enrolled in HMO.

3) Disease Management (DM). Mary Miller of the Bureau of Healthcare Quality Improvement gave the report. Your Healthcare Plus has about 225,000 eligible individuals and taking part about 114,000 in the AABD population. There are approximately 85,000 in the family health plans with persistent cough or asthma and about 35,000 in the frequent ER user population.

The department's disease management vendor, McKesson Health Solutions, has placed staff in 24 catchments that have begun to embed staff in the highest volume hospitals and clinics. About half of these are in the Chicago area. Jill Fraggos shared that McKesson has staff at Children's Memorial hospital. The work is going well with McKesson and clinic staff working as partners. Nurses, social workers, behavioral health specialists and pharmacists help with discharge planning and follow up appointments. Contacting families within 48 hours, these staff help ensure that prescriptions are filled and DME supplies made available as needed. Last week, nurse practitioners were assigned to 4 long-term care facility sites. This will eventually expand to 24 sites where staff will be assisting in better care coordination.

Comprehensive Neuroscience (CNS) is researching the high cost of psychotropic drugs. CNS completes mailings to 2500 providers per month. For psychotropic drugs, the highest cost represents usage of about 7,500 clients.

We are working on the follow-up mechanism to talk about the patient profile. Most proscibers are primary care providers reaching out to give help.

Health Systems of Illinois (HSI) is completing a quality improvement study using real time data on hospital admissions and discharges. The goal is to ensure that the PCP is contacted and, if needed, a follow-up visit is scheduled.

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There are a small number of patients, about 2-3%, that shift into high-risk cost or have subsequent hospitalizations. A letter will be sent to these patients to contact McKesson and receive a \$10 certificate. The department is getting about a 17-18% “hit rate” and will eventually roll out to the remaining population.

The Interactive Voice Response (IVR) program is the method that McKesson is using to attempt to reach Your Health Plus persons who are part of the persistent asthma and non-institutionalized disabled population. Using an automated phone call, the goal is to conduct a brief knowledge assessment with these eligible persons.

4) Medicare Part D. Sinead Madigan, chief of the Bureau of Pharmacy Services, provided the update. Ms. Madigan advised that the biggest issue currently is a review of records to determine if persons are eligible for “Extra Help” from the federal Centers for Medicare and Medicaid (CMS). Between May 16th and June 26th, CMS will be mailing outreach letters to low income Medicare beneficiaries to inform them about help available through the Medicare Savings program, as well as extra help available for Medicare prescription drug costs. Hopefully people will apply. These are not dual-eligible participants, but people who wish to take action by applying online or in the community with partners such as the Department on Aging. Person receiving the letter will reach out to HFS and DHS and may be enrolled in our cost-sharing program. We are watching the Medicare call letters and the coordination with our plan.

HFS is working to streamline the Illinois Cares Rx application for fiscal year 2008. The department has received feedback from the community. Current enrollment for Illinois Cares Rx is about 192,000. The majority has Medicare and is enrolled in a coordinating plan.

There is a problem with people saying that they have Medicare, when they don't. There have been about 2,000 cases where this has occurred. Not having Medicare is defined as having neither Medicare Part A or B.

There has been an Illinois Cares Rx income increase. We disallow the 6.9% the SSA COLA (Cost of Living Adjustment) increase. So we are seeing more applications coming in.

The state of Wisconsin is creating a program to wrap around Medicare Part D and is looking at the Illinois program and experience.

Our pharmacy group met in April. We discussed a mechanism for pharmacies to bill for back fees. The goal is to get this done before the flu season to address the need for flu and pneumococcal vaccine.

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5) Veterans Care. Ms. Ellinger provided the update. The program currently has 64 active persons. HFS is working with the Department of Veterans Affairs (DVA) and looking at an alternate application process that would not be limited to DVA. Veterans Care is designed to capture the veterans group with too much income to qualify for federal veterans benefits. The state is looking at serving vets but not supplanting the Federal VA.

The department is looking at moving veterans enrolled in Veterans Care to the Illinois Covered program in 2010. We are looking at veterans with income in the 300% to 400% FPL and most of these vets are working.

6) Access to Benefits and Services Task Force. Ms. Ellinger reported that the full task force has not met, but there was a steering committee meeting in April by phone. The next meeting is scheduled for July. Right now much energy is going into legislative initiatives. The Heartland Alliance was the organizing force behind the resolution and will continue to keep the task force going.

VI. New Business

None for this period.

VII. Subcommittee Reports

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

Dental Policy Review (DPR). David Spinner with the Bureau of Maternal and Child Health Promotion provided the report. He advised that about 20 persons met in March. The group discussed ongoing grants with 6 local health departments.

Doral Dental was awarded a three-year contract as the claims administrator for the dental program. The contract runs from March 2007 through February 2010, with three one-year extensions available to the department. Doral has been the claims administrator for the past eight years and has done a good job for the department. Ms. Saunders advised that the Doral contract has a few significant enhancements. One of these is the Dental Champion program designed to recruit colleagues in their own regions. Doral will work with foundations to increase new dentist participation.

HFS has worked with Doral on dental outreach programs. This year the focus was on children ages 3 to 18 that had no dental exam in the last year. 130,000 letters and another 75,000 follow-up letters were sent. About 78,000 children have received a dental exam. Ms. Saunders indicated that the outreach effort for

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children that have not seen a dentist in the last year has been modified so that telephone contact is initiated first before the first of two outreach letters is sent.

The committee works on the dental office manual that is revised each year. Doral did 8 provider training sessions with about 50 providers attending each session. One benefit of the training sessions is that providers are able to speak directly with Doral and department staff.

Ms. Saunders informed the committee that there would be an increase in information about smoking cessation information going to pediatricians with information about Doral. In addition, Doral is piloting a fluoride varnish program with the Cook County Department of Public Health.

Robyn Gabel asked if Doral would recruit dental specialists. Ms. Saunders advised that AHS (Automated Health Systems) would refer dentists to Doral. Doral does a recruitment project every year but we are seen as outsiders so we are trying to use insiders with our Dental Champion program.

The next committee meeting is in July.

Pharmacy Subcommittee Charge. No report for this period.

Public Education Subcommittee. No report for this period.

VIII. The meeting was adjourned at 11:12 a.m. The next MAC meeting is scheduled for July 20, 2007.

Medicaid Advisory Committee
May 18, 2007
All Kids/FamilyCare Report

Enrollment

- Enrollment data is attached. Enrollment data as of 03/31/07:
 - a. 1,266,867 All Kids Assist (Up to 133% of FPL)
 - b. 62,357 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 54,224 All Kids expansion children
 - d. 5,864 Moms and babies expansion (133% to 200% of FPL)
 - e. 361,728 pre-expansion parents (up to approx. 35% of FPL)
 - f. 146,215 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 85,515 web apps: 57,070 from the general public and 28,445 from AKAA's.

MAC 05/18/07

	4/30/2006		5/31/2006		6/30/2006		7/31/2006	
	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers
Pre-expansion children	1,078,255	1,082,900	1,073,408	1,084,453	1,085,052	1,090,318	1,086,894	1,106,169
All Kids Phase I	73,553	74,043	74,466	75,710	77,138	77,825	77,604	79,072
All Kids Phase II	40,889	40,937	42,393	42,431	43,356	43,432	45,435	45,481
All Kids Phase III	3,246	3,244	3,655	3,651	3,867	3,860	4,481	4,465
All Kids Expansion							7,755	14,274
Moms and Babies Exp	5,738	5,861	5,553	5,801	5,586	5,736	5,341	5,615
Pre-expansion parents	364,708	367,666	359,272	364,486	360,116	363,413	354,567	360,635
FamilyCase Phase I	32,911	33,055	33,043	33,303	33,373	33,546	32,977	33,294
FamilyCare Phase II	32,851	33,092	32,918	33,391	33,447	33,746	33,104	33,684
FamilyCare Phase III	48,210	48,651	48,656	49,605	50,819	51,330	50,887	51,942
FamilyCare Phase IV	5,633	5,633	6,797	6,795	7,769	7,833	9,222	9,304
TOTAL	1,685,994	1,695,082	1,680,161	1,699,626	1,700,523	1,711,039	1,708,267	1,743,935

Children	1,195,943	1,201,124	1,193,922	1,206,245	1,209,413	1,215,435	1,222,169	1,249,461
Parents	490,051	493,958	486,239	493,381	491,110	495,604	486,098	494,474

	4/30/2006		5/31/2006		6/30/2006		7/31/2006	
	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current 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
All Kids Rebate, Share, Premium Level 1	44,135	44,181	46,048	46,082	47,223	47,292	49,916	49,946
All Kids Expansion							7,755	13,736
Moms and Babies Expansion	5,738	5,861	5,553	5,801	5,586	5,586	5,341	5,615
Pre-expansion Parents	364,708	367,666	359,272	364,486	360,116	360,116	354,567	360,635
FamilyCare Parent Expansion	119,605	120,431	121,414	123,094	125,408	126,455	126,190	128,224
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

MAC 05/18/07

	8/31/2006		9/30/2006		10/31/2006		11/30/2006	
	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers
Pre-expansion children	1,116,196	1,124,306	1,114,524	1,132,179	1,135,327	1,144,236	1,131,996	1,148,843
All Kids Phase I	80,658	81,412	81,404	82,894	84,548	85,283	85,454	86,823
All Kids Phase II	46,678	46,710	47,972	47,972	49,164	49,219	50,591	50,568
All Kids Phase III	4,886	4,882	5,366	5,352	5,814	5,801	6,262	6,239
All Kids Expansion	18,644	20,226	22,015	25,834	30,856	33,743	34,348	38,204
Moms and Babies Exp	5,590	5,763	5,377	5,662	5,600	5,815	5,419	5,783
Pre-expansion parents	358,085	361,523	354,833	360,546	359,135	362,879	357,488	363,675
FamilyCase Phase I	33,404	33,585	33,265	33,589	33,752	33,899	33,300	33,577
FamilyCare Phase II	34,038	34,387	33,792	34,345	34,316	34,591	33,860	34,330
FamilyCare Phase III	52,798	53,336	52,855	53,914	54,426	55,027	54,301	55,362
FamilyCare Phase IV	10,242	10,317	11,343	11,411	12,370	12,409	13,363	13,385
TOTAL	1,761,219	1,776,447	1,762,746	1,793,698	1,805,308	1,822,902	1,806,382	1,836,789

Children	1,267,062	1,277,536	1,271,281	1,294,231	1,305,709	1,318,282	1,308,651	1,330,677
Parents	494,157	498,911	491,465	499,467	499,599	504,620	497,731	506,112

	8/31/2006		9/30/2006		10/31/2006		11/30/2006	
	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers
	All Kids Assist	1,196,854	1,205,718	1,195,928	1,215,073	1,219,875	1,229,519	1,217,450
All Kids Rebate, Share, Premium Level 1	51,564	51,592	53,338	53,324	54,978	55,020	56,853	56,807
All Kids Expansion	18,644	20,226	22,015	25,834	30,856	33,743	34,348	38,204
Moms and Babies Expansion	5,590	5,763	5,377	5,662	5,600	5,815	5,419	5,783
Pre-expansion Parents	358,085	361,523	354,833	360,546	359,135	362,879	357,488	363,675
FamilyCare Parent Expansion	130,482	131,625	131,255	133,259	134,864	135,926	134,824	136,654
Total	1,761,219	1,776,447	1,762,746	1,793,698	1,805,308	1,822,902	1,806,382	1,836,789

MAC 05/18/07

	12/31/2006		1/31/2007		2/28/2007	3/31/2007
	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Current Numbers	Current Numbers
Pre-expansion children	1,151,736	1,156,947	1,154,842	1,166,292	1,169,411	1,173,650
All Kids Phase I	88,060	88,521	89,587	90,650	91,814	93,217
All Kids Phase II	51,903	51,955	52,748	52,678	53,496	54,769
All Kids Phase III	6,579	6,573	6,898	6,885	7,209	7,588
All Kids Expansion	42,493	43,375	45,758	47,794	51,163	54,224
Moms and Babies Exp	5,736	5,853	5,708	5,953	5,886	5,864
Pre-expansion parents	360,868	363,950	359,160	365,146	363,134	361,728
FamilyCare Phase I	33,435	33,577	33,580	33,821	33,882	34,167
FamilyCare Phase II	34,359	34,616	34,779	35,294	35,655	36,120
FamilyCare Phase III	56,036	56,494	56,794	57,731	58,403	59,345
FamilyCare Phase IV	14,538	14,594	15,208	15,260	15,780	16,583
TOTAL	1,845,743	1,856,455	1,855,062	1,877,504	1,885,833	1,897,255

Children	1,340,771	1,347,371	1,349,833	1,364,299	1,373,093	1,383,448
Parents	504,972	509,084	505,229	513,205	512,740	513,807

	12/31/2006		1/31/2007		2/28/2007	3/31/2007
	Previous Numbers	Current Numbers	Previous Numbers	Current Numbers	Current Numbers	Current Numbers
	All Kids Assist	1,239,796	1,245,468	1,244,429	1,256,942	1,261,225
All Kids Rebate, Share, Premium Level 1	58,482	58,528	59,646	59,563	60,705	62,357
All Kids Expansion	42,493	43,375	45,758	47,794	51,163	54,224
Moms and Babies Expansion	5,736	5,853	5,708	5,953	5,886	5,864
Pre-expansion Parents	360,868	363,950	359,160	365,146	363,134	361,728
FamilyCare Parent Expansion	138,368	139,281	140,361	142,106	143,720	146,215
Total	1,845,743	1,856,455	1,855,062	1,877,504	1,885,833	1,897,255