



Governor Blagojevich's



**Raising all boats due to Universality
of Program**



Illinois has led the nation in expanding access to healthcare through public programs

- 3 FamilyCare expansions for parents (up to 185% FPL)
- KidCare expansion
- Illinois Healthy Women Program (family planning)
- Illinois Cares Rx – comprehensive prescription drug program for seniors and persons with disabilities
- Health Benefits for Workers with Disabilities
- Illinois Breast and Cervical Cancer Program expansions

- Over 750,000 more Illinoisans now have access to a state healthcare program compared to before the Governor took Office





But there were still Uninsured children in Illinois

- In spite of very vigorous outreach efforts, eliminating red tape for enrollment and streamlining applications, there were still an estimated 250,000 uninsured children in Illinois
- Illinois under Governor Blagojevich's leadership became the first state in the nation to cover ALL uninsured children.
- The program started July 1, 2006.
- While different revenues fund specific children in the program (eg. Medicaid, SCHIP, state dollars), to the public the program is seamless.
- All children covered by the state are enrolled in All Kids.





- What does All Kids do?

- All Kids provides every uninsured child in Illinois access to comprehensive and affordable healthcare.
- All Kids is affordable, NOT free. Parent's pay premiums on a sliding scale based on family income. Premiums range from \$0 - \$300 per month. Co-pays are also scaled based on income.

- Who is eligible?

- Every uninsured child under the age of 19 regardless of immigration status.
- Children in families with income below 200% FPL irrespective of insurance status (Medicaid/SCHIP rules).



We now provide affordable health care insurance to over 1.4 million children and over 530,000 parents.





Messaging / Branding

- **Make it Easy.**
 - One Program
 - One Application (All Kids, FamilyCare, Moms and Babies)
- **Make it Accessible – No Wrong Door**
 - In Person – All Kids Application Agents and Department of Human Services county offices
 - Online – www.allkids.com
 - Over the Phone – (866) All Kids
 - Mail – Downloadable forms
 - Pre-Registration Process





Customer Service

- **Call Center (866-ALL KIDS)**
 - Improve Customer Service / Staff training
 - Dedicated phone line for doctors
- **Web site (www.allkids.com)**
 - Online Request for information (November 15, 2005)
 - Online Pre-registration (January 1, 2006)
 - Online Application (April 2006)
 - Interface with Hospitals
 - Training of community organizations (more)





Policy Changes

- **Automatically renew** – Illinois moved to an administrative renewal process for children at the same time applications for All Kids were first being accepted.
- Previous efforts to streamline enrollment process – one pay stub, presumptive eligibility





Outreach – Community Groups

Continue outreach efforts to schools, immigrant communities and businesses, church groups.

- **Expand ACAA network** (best enrollment process to date).
- **Maximize support** of 500 + organizations who supported the All Kids bill.
- **Priority Organizations** – Hispanic groups, Hospitals, Child Care, Schools, YMCA of Illinois, Community Colleges
- **Maximize contact** through State Agency facilities and programs (IDES, DHS, DCEO, Revenue, IDPH).
- **Public Private Partnerships.** Work with malls, grocery stores, and other private sponsors to increase enrollment.
- **Faith-based Organizations** – Staffed tables and events, gave presentations at church services.





Outreach – State Agencies

Provide information to people who use other state services and may also qualify for All Kids.

- **Department of Employment Security** – Applications available for the newly unemployed to enroll.
- **Department of Human Services** – Applications sent to those enrolled in DHS program, and those who receive state grants.
- **Department of Professional and Financial Regulation** – applications available for those who are self-employed or run small businesses.
- **Department of Commerce and Economic Opportunity** – outreach to small business owners through Opportunity Returns regional network.
- **Illinois State Board of Education** – Contacted over 800 school districts to encourage participation in out reach through the Free and Reduces School Lunch program. Participated is back-to-school events.





Outreach – Providers

Expand multi-pronged outreach efforts to hospitals, doctors and other health care providers not reached previously through KidCare.

- **Recruit doctors** to sign up as Primary Care Case Managers through PCCM vendor.
- **220 Hospitals** – incorporate enrollment into intake processes in partnership with Illinois Hospital Association.
- **40,000 Doctors** – incorporate enrollment into intake processes in partnership with Illinois Chapter of the American Academy of Pediatrics.
- **8,000 Nurses** – Illinois Nurses Association, Illinois Association of School Nurses.





Free and Paid Media

- **Special Events** – Governor events (Report Card Pick-up), First Lady events (Summer camps), surrogate events
- **Hospital Partnership** –that enrollment is available at all hospitals
- **Public Private Partnerships** – Dominick's, Wally's Supermarkets, Westfield Shopping Centers, Staples
- **Paid Commercials** – Tailored to middle income families





Fantastic Enrollment Results

- Anticipated enrollment in the All Kids expansion group during the first year was 50,000. That target was exceeded by nearly 7,000. We currently have over 63,000 children enrolled who are eligible due to the All Kids expansion.
- There are currently over 240,000 more children enrolled in Illinois' medical programs than there were in November 2005, when Governor Blagojevich signed this landmark legislation into law and over 400,000 more enrolled since he took office in January 2003.





But a card is not enough ! Need to improve quality of healthcare

- At the same time that we instituted All Kids, we transformed the Illinois Medicaid and SCHIP programs to a Primary Care Case Management Program. We also instituted a comprehensive Disease Management Program.
- Based on the American Academy of Pediatric's Medical Home model, each family is assured a medical home.
- This move increased capacity enormously. We now have Primary Care Capacity for 5.3 million enrollees, nearly 3 times our actual enrolled population of 1.6 million.
- Over 70% of physician services are being provided to enrollees at their medical home ie people are using their medical homes.





New Innovations

- PCPs can access information on all the healthcare their patients received over past 2 yrs including hospitalizations, current prescriptions
- PCPs provided information on whether their patients have received preventive services eg. Mammograms, PAPs, Immunizations
- Provider profiles with HEDIS and HEDIS-like metrics – can compare to statewide average
- Provided information on members with chronic illnesses and their level of metric compliance
- Developing new Pay for Performance program
- Outreach to families regarding preventive healthcare visits – PCCM vendor

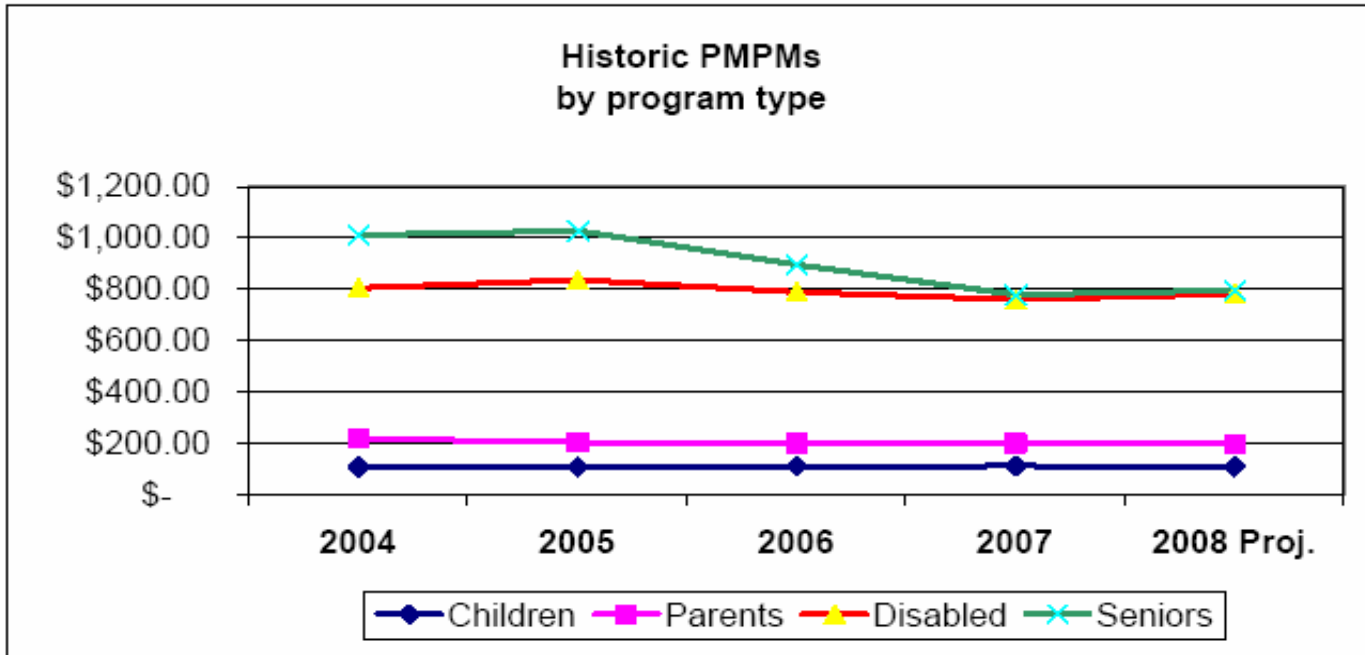




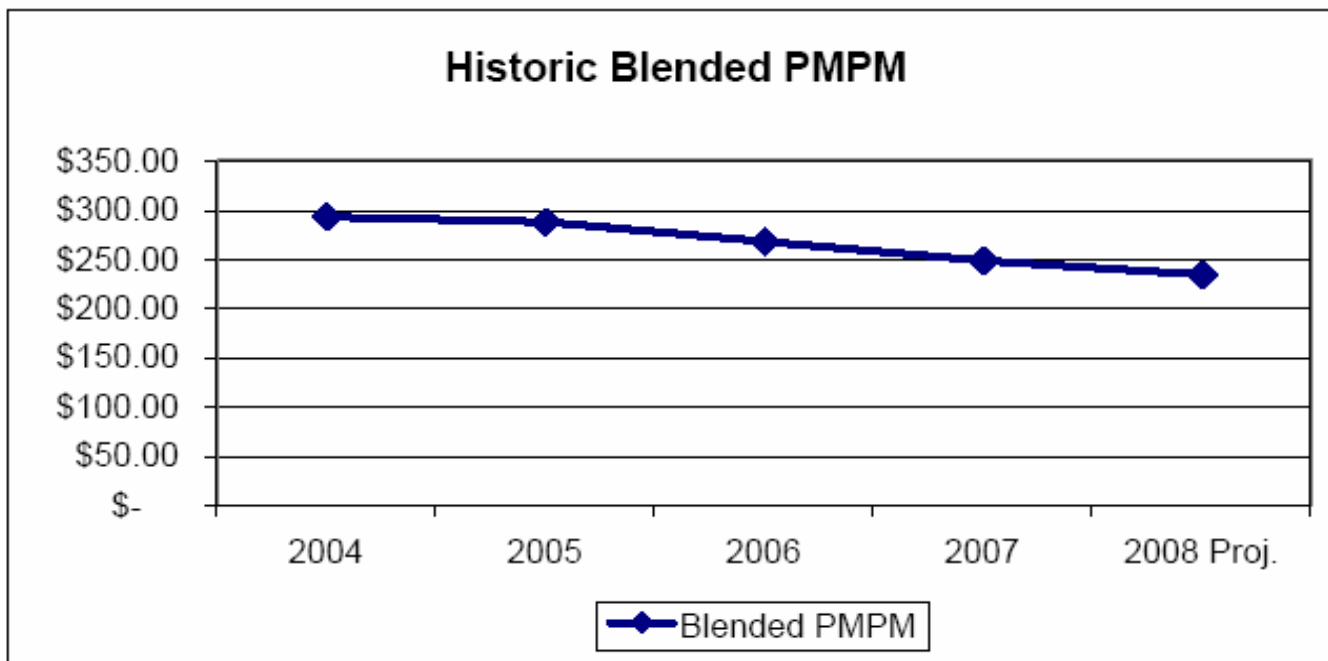
More Innovations

- Provider education by AAP and AFP under subcontract
- Continuing Medical Education programs on evidence-based evaluation and management of chronic diseases including mental health and substance abuse. Topics with specific projects include immunizations, developmental assessments for children and post partum depression screening and treatment.
- In office training for physician and staff in addition to CME





Effective PMPM	Children	Parents	Disabled	Seniors
2004	\$ 106.65	\$ 216.82	\$ 802.10	\$ 1,008.79
2005	\$ 106.75	\$ 202.00	\$ 833.21	\$ 1,024.01
2006	\$ 108.22	\$ 197.86	\$ 786.21	\$ 892.87
2007	\$ 110.03	\$ 198.40	\$ 756.94	\$ 776.31
2008 Proj.	\$ 107.59	\$ 197.14	\$ 779.17	\$ 792.98



Effective PMPM	Blended PMPM	% Change
2004	\$ 291.86	
2005	\$ 286.80	-2%
2006	\$ 266.82	-7%
2007	\$ 247.45	-7%
2008 Proj.	\$ 233.37	-6%



What we have learned

- **Universality works – just as in Medicare where vast majority enroll and everyone knows they are eligible, covering All Kids is much easier to understand for the public.**
- **Most of the newly enrolled were previously eligible**
- **Public doesn't need to know about the different funding streams, having the program as seamless without breaking it in to Medicaid/SCHIP/State is much easier for the public**
- **Rebranding is key, moving away from the concept of this as a Medicaid program or a program just for the poor.**
- **It is not enough to have a program, outreach is key – leave no stone unturned**
- **A health insurance card alone is not enough – need to provide quality healthcare so that health insurance matters.**
- **Disease Management can provide significant savings \$34 million in first year and 9% reduction in hospitalization costs**
- **It is possible to do expansions that are cost effective as our enrollment has increased our PMPMs have decreased.**

