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Medicaid Advisory Committee
Public Education Subcommittee Meeting

Thursday, December 8, 2011
10:00 a.m. to 12:00 p.m.

401 S. Clinton St., Chicago – 7th Floor Video Conference Room
201 S. Grand Ave. East, Bloom Bldg., Springfield – 3rd Floor Video Conference Room

Agenda

1. Introductions
2. Approval of the Meeting Minutes from August 25, 2011 and October 20, 2011
3. Healthcare and Human Services Framework
4. UX2014 Presentation
5. Integrated Eligibility System (IES)
6. Updates:
 - Beacon Therapeutic CHIPRA Outreach Grant
 - Durable Medical Card – AVRS
 - Long Term Care Eligibility Changes
7. Meeting Schedule
8. Open Discussion
9. Adjourn

Please confirm whether you plan to attend by responding to HFS Webmaster via e-mail, HFS.webmaster@illinois.gov, or by phone at 312-793-1984.

A conference call will be made available for persons who cannot attend in person. If you wish to call in, please request the number when you confirm your attendance.

This notice is also available at <http://www.hfs.illinois.gov/mac/news>

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**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
August 25, 2011.**

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

Committee Members Present

Kathy Chan, IMCHC
Susan Vega, Alivio Medical Center
Margaret Stapleton, Shriver Center (for John Bouman)
Robin Scott, CDPH (for Kenzy Vanderbroek)
Henry Taylor, Mile Square Health Center
Terri Gendel, Age Options

Committee Members Absent

Courtney Hedderman, AARP
Judy King, Consumer Advocate
Tamela Milan, Westside Health Start
Hardy Ware, East Side Health District
Suzanna Gonzalez, Mac Neal Hospital

Interested Parties

Margaret Dunne, Beacon Therapeutic
Andrea Kovach, Shiver Center
Diane Montanez, Alivio Medical Center
Jessica Williams, CPS
Esther Schiamarella, CHHC
Nelson Soltman, Legal Assistance Foundation
John Jansa, Progress CIL
Michael Lafond, Abbot
Naden Israel, Heatland Alliance
Maria Shabanova, Maximus (HSED)
Jacqueline Gonzalez, CHHC
Deborah Mathews, DSCC
Diane Montanez, Alivio Medical Center
Lucero Cervantes, ICIRR
Dairy Velazquez, ICIRR
Callie Dendinos, Shiver Center
Dionne Haney, Illinois State Dental Society
Ollie Idowll, IPMCA

HFS Staff

Jacqui Ellinger
Lynne Thomas
Donna Drew
Robyn Nardone
Victoria Nodal
Glenda Mason
Cathy Jarrett
Dennis Leonard
Sallie Becherer
Veronica Archundia

DHS Staff

Jennifer Hrycyna

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
August 25, 2011.**

The MAC Public Education Subcommittee was called to order at 10:01 a.m.

1. **Introductions.** Andrea Kovach chaired the meeting. Attendees in Chicago and Springfield introduced themselves.
2. **Review of Minutes.** Jennifer Hrycyna recommended a change under the section “Open to the Committee” by replacing the phone stamps with the Phone System Interview. The minutes were approved as amended.

3. **Address Change Process**

Dennis Leonard, from the Division of Medical Programs, indicated that as part of a collaborative effort to improve our customer service and the accuracy of address information, beginning July 14, 2011, the customer HFS hotline has been supporting the Department of Human Services in the processing of requests to update changes of address and telephone numbers. This service is only available for medical cases and excludes the Medical Field L.O. 200. Mr. Leonard remarked that from the time when this initiative was launched, the HFS hotline has processed 1,200 address change requests.

4. **State Medicaid Reform Implementation**

Jacqui Ellinger, Deputy Administrator of the Medical Programs, discussed two handouts. One of them was the letter that director Julie Hamos sent in April, 2011 to the Center for Medicare & Medicaid Services (CMS) seeking federal guidance regarding the changes under Medicaid Reform, which would require increasing the verifications for income and residency. The second handout was the response received in June from CMS which indicates that the implementation of such procedural changes would constitute a violation of Maintenance of Effort (MOE). Ms. Ellinger added that CMS had implied that Illinois could conduct electronic verification as much as possible.

Jacqui noted that, in the meantime, the eligibility rules for Healthcare Reform have been released, and it's clear that the federal government is putting great emphasis in automation. HFS, in collaboration with DHS, is making significant progress in developing a new automated Secretary of State (SOS) Illinois residency verification protocol that would allow staff to match applicant data against the driver license and state identification records. She added, in the event that it is not possible to verify the applicant's residency electronically, staff will follow existing policy to obtain a verification. She remarked that HFS and DHS are committed to taking the measures that are federally allowed to confirm that the information people provide is correct and to ensure the integrity of our programs. HFS expects that the automated connection with the Secretary of State will be in place by late fall.

5. **Updates:**

Web Redetermination: Jennifer Hrycyna, from DHS, reported that the Department of Human Services is currently working on the development of an online redetermination process which will enable recipients to complete and submit their redetermination forms over the Internet. She remarked that the intention is to offer a channel which would be more user-

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friendly than the Phone System Interview (PSI), since the web page redetermination format provides help screens and more details about how to answer questions. The rollout of the redetermination web page is expected to target medical cases only. Meanwhile DHS is seeking an official response from the federal government regarding a waiver for SNAP cases, since SNAP policy requires a face-to-face interview once a year.

All Kids Alert: Vicky Nodal, from HFS, reported that the intention of the All Kids alert issued in April was to clarify existing policy about documentation requirements for non-citizens applying for medical benefits, which was prompted by an audit showing that the All Kids Unit was not receiving the documentation necessary in those particular cases. In response to the concerns and questions that were raised, HFS issued a revised alert in July that clarifies who needs to provide additional information and specifies the type of documentation that is required.

Stepparent Income. Vicky Nodal stated that DHS caseworkers recently received a memorandum that clarifies the appropriate procedure to determine medical eligibility for undocumented children when there is a stepparent in the home, his or her income must be counted in all instances. She remarked that the policy is different for children who are citizens or qualified legal immigrants. For this second group of children, DHS always counts the total household income, and, if the stepparent's income causes a child to be ineligible under All Kids Assist, then DHS completes a second determination of eligibility without the stepparent's income. Ms. Nodal noted that the All Kids Unit counts stepparent's income for all children, regardless of their immigration status. She added that the issuance of this memorandum was prompted by an audit, and the intention is to provide clarification to case workers at the DHS Local Offices.

Eligibility System for Health Care Reform. Jacqui Ellinger discussed a power point presentation developed by Mike Koetting, HFS Deputy Director of Planning and Implementation, that provides a general context for the integrated eligibility system. The presentation represents preliminary work in preparation for Health Care Reform. She noted that there is a strong governance group that involves the Department of Insurance (DOI), the Department of Human Services (DHS), and Healthcare and Family Services (HFS). The goal is to develop a "virtual department of eligibility," a system that further integrates the ability to support the existing programs that involve TANF, SNAP, and medical programs.

Kathy Chan, from IMHC, provided an update regarding the Illinois Health Insurance Exchange Legislative Study Committee, which is a bipartisan task force, comprised by three members from each caucus. The task of the study committee is to have a report by September 30th and provide recommendations for the Health Benefits Exchange, with the intent of having legislation ready for the fall legislative veto session. There was robust discussion among members. Some participants recommended replicating the function of the All Kids Application Agents as a "navigator or help-promoter" for individuals who may require additional help in accessing and navigating the medical system.

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6. Announcements

MIPPA. Jacqui Ellinger introduced the MIPPA topic. She indicated that this is federal legislation that modified the enrollment process for seniors and people with disabilities who are interested in applying for Medicare cost sharing benefits. She noted that HFS has implemented the changes required by the federal government and currently, is in the process of updating its rules. Several members questioned the process outcomes. Due to time constraints, and in order to clarify in detail the application process, as well as to address committee members' concerns, it was agreed to schedule a follow-up conference with HFS staff from the Bureau of Medical Eligibility and Special Programs.

Rulemaking: Jacqui Ellinger advised committee members as of August 26, 2011, HFS is publishing the rules in the Illinois Register to codify the following changes:

- All Kids program required by PA 96-1501, Medicaid Reform, changes made to 89 Ill Adm Code 123.
- Rules codifying changes required by the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 – Illinois Register July 15, 2011, Vol 35, Issue 29 pp.11094-11125, Changes made to 89 Ill Adm Code 102, 110, and 120.

Committee members were invited to review the filings and submit any comments as directed in the Illinois Register.

7. Revised 2011 Meeting Schedule

Committee members discussed the motion to meet every other month during the remainder of the year, and it was agreed to meet on 10/20 and 12/08. The motion was voted upon and unanimously approved.

8. Open Discussion

Kathy Chan inquired if there has been any reaction from the public regarding the recent income cap for the All Kids program. Lynne Thomas, Chief of the Bureau of All Kids, indicated that there have been very few inquiries. She added, however, the hotline has received some comments from families whose children's eligibility will end June 30, 2012.

Blue Cross and Blue Shield recently announced a period of open enrollment for "child only" insurance policies on its web site that ended on August 15, 2011, and it is anticipated that there will be another opportunity to enroll between January and July 2012.

9. Next meeting/adjournment

The next meeting is scheduled for October 20, 2011, from 10:00 a.m. to 12:00 p.m. The August 25, 2011 session was adjourned at 12:04 p.m.

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**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
October 20, 2011.**

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

Committee Members Present

Kathy Chan, IMCHC
Robin Scott, CDPH (for Kenzy Vanderbroek)
Terri Gendel, Age Options

Committee Members Absent

Courtney Hedderman, AARP
Susan Vega, Alivio Medical Center
Tamela Milan, Westside Health Start
Hardy Ware, East Side Health District
Margaret Stapleton, Shriver Center (for John Bouman)
Henry Taylor, Mile Square Health Center
Suzanna Gonzalez, MacNeal Hospital

Interested Parties

Margaret Dunne, Beacon Therapeutic
Andrea Kovach, Shriver Center
Nelson Soltman, Legal Assistance Foundation
Deborah Mathews, DSCC
Susan Melczer, MCHC

HFS Staff

Jacqui Ellinger
Lynne Thomas
Gwen Smith
Robyn Nardone
Victoria Nodal
Cathy Jarrett
Dennis Leonard
Maithili Panat
Veronica Archundia

DHS Staff

Sharon Dyer-Nelson

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
October 20, 2011.**

The MAC Public Education Subcommittee was called to order at 10:01 a.m.

1. Introductions. Kathy Chan chaired the meeting, and attendees in Chicago and Springfield introduced themselves.

2. Review of Minutes. Kathy Chan recommended a change under the section “Eligibility System for Health Care Reform,” by replacing the word “bipartition” with the word bipartisan. The minutes were not approved due to the lack of a quorum.

3. CHIPRA Child Health Quality Demonstration Grant Overview

Gwen Smith, from the Bureau of Maternal & Child Health Promotion, explained that, in 2010, the state of Illinois, in partnership with Florida, was awarded a grant under the Children’s Health Insurance Program Reauthorization Act (CHIPRA). Ms Smith noted that this initiative contains two federal goals. One of them is to implement and evaluate demonstration projects that focus on improving the quality of children’s healthcare under Medicaid and CHIP. The second goal anticipates that CMS will establish a Pediatric Quality Measures Program (PQMP) incorporating information learned from the CHIPRA demonstrations. Ms. Smith noted that there are four categories in which Illinois and Florida are participating: 1.) implement, test, and report on 24 child health quality measures, 2.) coordinate child health quality reporting with new health information system developments, including the health information exchange and electronic health records, 3.) test or enhance provider based models to improve care coordination, and 4.) improve birth outcomes. Ms. Smith added that the funding of this project will last until 2015, and the goal is to integrate the measures and improvements learned through the CHIPRA grant into daily, ongoing programs and operations. In response to committee members’ interest regarding the CHIPRA grant, HFS staff will send out an email providing information about links and resources.

4. Durable Medical Card

Robyn Nardone, from HFS, reported that the department continues working on the initiative to eliminate the monthly issued paper medical card. Instead, eligible individuals would receive a durable medical card. She reminded committee members that having the card does not guarantee ongoing eligibility. Therefore, it is expected that medical providers would have to verify eligibility at the point of service. As a support for clients, HFS plans to use an Automated Voice Response System (AVRS) so clients can verify eligibility information over the phone. Ms. Nardone introduced a draft of the AVRS script and explained that the script describes the steps that clients will be asked to follow. There was a robust discussion about how to enhance the script. Ms. Nardone asked members to provide additional comments via-email to facilitate further discussion. Ms. Nardone explained that HFS is in the process of selecting a vendor that will create and distribute the durable medical cards. More updates will be provided as work progresses.

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5. Long Term Care Eligibility Rulemaking:

Jacqui Ellinger, Deputy Administrator of the Medical Programs, announced that in the upcoming days, HFS will have posted a document on its website that summarizes the new eligibility requirements for Long-Term Care approved by the Joint Committee on Administrative Rules (JCAR). In an effort to increase awareness, HFS is in the process of reviewing outreach materials and brochures regarding Long-Term Care as a way to help inform the community about changes in the determination of eligibility. HFS asked if anyone wished to assist in the review. Terri Gendel, (from Age Options) and Nelson Soltman, (from Legal Assistance Foundation) volunteered to help. HFS will also engage the Department on Aging in the review.

6. Updates

HFS Hotline. Dennis Leonard, from the Division of Medical Programs, reported that as part of a partnership agreement between HFS and DHS, beginning July 5th, 2011, the All Kids Hotline had made 2,553 address changes for callers with case files at the DHS/FCRC locations. Mr. Leonard indicated that, as of September 9, 2011, hotline operators have forwarded 319 requests of clients who would like to register to vote.

AKAA statistics. Lynne Thomas, Chief of the Bureau of All Kids, provided a report that had been requested by committee members in the previous meeting regarding the approval rates of applications submitted to the All Kids Unit. A written report was provided showing that All Kids Applications Agents (AKAAs) had submitted 35% of the applications, while 65% had been submitted by families. (A follow up email will be sent to committee members regarding the time frame of this report.) Ms. Thomas suspects that the increase of applications submitted by families may be due to the availability of the web application which makes it convenient for families to complete their applications; however, the approval rate is only 58%. Ms. Thomas believes that the higher denial rate may be due to the fact that families do not provide the appropriate documentation to determine their eligibility. In contrast, the approval rate for AKAAs is 98%. Lynne added that there are 347 active AKAAs, of which 54% are located in the Cook County area, 16% in the collar counties, and 30% are in the rest of the state.

Kathy Chan, from the IMCHC, remarked on the significance of these statistics, which highlight the relevance of the service that AKAAs offer to the community. During the hearings of the Illinois Health Insurance Exchange Legislative Advisory Committee there has been an ongoing dialogue regarding the function of “navigators” that are authorized by the Affordable Care Act (ACA). She added that the Task Force is waiting to receive further guidelines, based on federal regulations that are yet to be finalized with regard to what exactly the navigators would look like, specifically, if there would be some level of license or certification that may be required. Ms. Chan noted the significance of recognizing that AKAAs have been demonstrated to be successful in their ability to assist hard-to-reach populations, and she praised their high approval rate, which can be translated into savings in the administrative work for the state.

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Illinois Health Insurance Exchange Legislative Advisory Committee. Andrea Kovach, from the Shriver Center, provided a report regarding the legislative study committee which was created by Bill 1555 during the last General Assembly. The goal was to present a report (due before the veto session) regarding findings and recommendations about the options that Illinois has in the development of the Health Insurance Exchange. Ms. Kovach noted that the committee had focused on three main points. The first one is the structure and governance; there were three options that could be chosen from: a state agency, a non-profit entity, or a quasi-governmental board. The committee did not make a recommendation. The second point was financing for the exchange. Ms. Kovach noted that, after 2015, there will be no more federal funding to finance the exchange. Federal law requires that state exchanges must be self-sufficient; therefore, the committee identified a list of potential options, but did not make any recommendations about what type of financing model the state should adopt. As to governance for the exchange, the discussion was focused on what type of members should be on the board, for example, whether or not a legislator should be included. However, no recommendation was made in this regard either. The committee is supposed to present a final report by September 30, 2011 so that a bill can be introduced during the veto session. She added that the state has to meet some milestones and datelines that have been established by the federal government which include the passing of a bill regarding governance and financing in order for the state to start receiving funding.

MIPPA. Pat Curtis, from the Bureau of Medical Eligibility and Special Programs, provided statistics regarding the Medicare cost sharing benefits that had been requested by committee members. Ms. Curtis indicated that MIPPA is a federal law that requires the state to ensure that individuals applying for Medicare Part D Low Income Subsidy have the opportunity to apply for the Medicare Savings Program. Ms. Curtis reported that from 01/01/10 when this initiative was launched to 09/15/2011, Illinois has enrolled 650 people. During that period of time, Illinois mailed out 17,000 applications; of those, almost 18% of the applicants returned a completed application for the Medical Savings Program, and, of those, 78% were denied. In spite of the low enrollment, Ms. Curtis praised the efforts of advocacy groups to reach out to the populations that may benefit through this initiative.

Eligibility Verification and MOE. Jacqui Ellinger discussed the letter regarding Medicaid Reform that HFS received from CMS on September 30th, 2011. It essentially does not authorize HFS to request additional paper documentation to verify residency and income. However, CMS recommended that the state of Illinois adopt more electronic approaches. Specifically, the state should actively incorporate the electronic data matching. Ms. Ellinger noted that, in an effort to adopt a more robust confirmation of eligibility, HFS expects to procure a vendor that can provide more current salary information, at least for some of the population.

7. Announcements

Committee members were reminded that, on November 2nd, 3rd, and 4th, CMS will be hosting the 2nd National Children's Health Insurance Summit in Chicago. The main focus will be to discuss successful strategies and explore new approaches to outreach, enrollment and

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retention of children. Margaret Dunne, from Beacon Therapeutic, will be one of the presenters at the conference. Jacqui Ellinger commented upon HFS's intention to reconstitute the committee, and recommended a more vigorous representation from downstate candidates. She acknowledged Andrea Kovach for providing some names of potential candidates, and encouraged committee members to submit additional nominees.

8. Open Discussion

Due to time constraints, no additional items were discussed.

9. Next meeting/adjournment

The next meeting is scheduled for December 8th, 2011, from 10:00 a.m. to 12:00 p.m. The October 20th, 2011 session was adjourned at 12:12 p.m.