PUBLIC EDUCATION SUBCOMMITTEE (PUB ED)

June 12, 2026

VIRTUAL Webex Meeting

10:00 AM – 12:30 PM

HFS

Illinois Department of
Healthcare and Family Services

I. Call to Order

HFS
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Healthcare and Family Services

HFS
Illinois Department of
Healthcare and Family Services

OUR VISION FOR THE FUTURE

We improve lives.

- We address social and structural determinants of health.
- We empower customers to maximize their health and well being.
- We provide consistent, responive service to our colleagues and customers.
- We make equity the foundation of everything we do.

This is possible because:

We value our staff as our greatest asset.

We do this by:

Fully staffing a diverse workforce whose skills and experiences strengthen HFS.

Ensuring all staff and systems work together.

Maintaining a positive workplace where strong teams contribute, grow and stay.

Providing exceptional training programs that develop and support all employees.

We are always improving.

We do this by:

Having specific and measurable goals and using analytics to improve outcomes.

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

We inspire public confidence.

We do this by:

Using research and analytics to drive policy and shape legislative initiatives.

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.

I. A. General Meeting Operations and Communications

Presenter: Melishia Bansa, Deputy Director of Community Outreach

Charter

Public Education Subcommittee

The Public Education Subcommittee is established to advise the Medicaid Advisory Committee concerning materials and methods for informing individuals about health benefits available under the Department of Healthcare and Family Service's medical programs.

This subcommittee, comprised of a diverse group of stakeholders, shall:

1. Review and provide advice on brochures, pamphlets and other written materials prepared by the department;
2. Review and provide advice on HFS website content directed towards Medicaid beneficiaries and the general public;
3. Review projects designed to inform the general public about medical programs;
4. Serve as conduit for informing the Medicaid Advisory Committee and the department concerning gaps in public understanding of the medical programs;
5. Propose additional means of communicating information about medical programs;
6. Review and provide advice on program eligibility changes, customer service delivery, and eligibility processing systems, and
7. Make necessary recommendations to the Medicaid Advisory Committee

Expectations of Subcommittee Members

- Attend all regularly scheduled meetings; when this is not possible, secure prior approval from Chair to send a non-voting substitute.
- Bring healthcare and social determinants of health knowledge and subject matter expertise to bear on the work of the subcommittee in support of Illinois' Medicaid Program.
- Drive meeting agendas and work products.

Agenda

I. Call to Order
   - A. General Meeting Operation & Communications
   - B. Agenda Review

II. Roll Call of Subcommittee Members

III. Introduction of HFS and State Agency Staff

IV. Review and Approval of the Meeting Minutes- March 6, 2026

V. State Updates
   - A. Leadership Updates
   - B. Division of Medical Programs
   - C. Division of Eligibility Updates
   - D. New Policy/Modification

Agenda

E. DHS

F. HR1 Implementation

VI. General Public Comments

VII. Additional Business: Old and New

VIII. HFS Announcements

IX. Concluding Directives and Wrap-Up

X. Annual Public Forum: Continuity of Care Administrative and Simplification Demonstration (CoC) (Open for Public Comments)

XI. Adjournment

Comments or questions during the meeting

House Keeping

- If you are a Subcommittee member and wish to make a comment or ask a question during the meeting, please use the Webex feature to raise your hand, contact the host/co-host, or unmute yourself during QA sections facilitated by chair.
- Please state your full name when asking a question or passing a motion.
- If you are a member of the general public and wish to make a comment, you would have needed to register to make a public comment prior to the meeting. Instructions to make public comments have been provided for you in the public meeting posting located on the MAC webpage.
- If you have a question during the meeting, please utilize the Webex chat feature to send your question directly to the subcommittee chair or any of the host or co-host.

Meeting Basics

House Keeping Continued

- Please note, this meeting is being recorded.
- To ensure accurate records, please type your name and organization into the chat.
- If possible, members are asked to attend meetings with their camera's turned on. Please be sure to mute your audio except when speaking.
- Please note that HFS staff may mute participants to minimize any type of disruptive noise or feedback

Meeting Basics

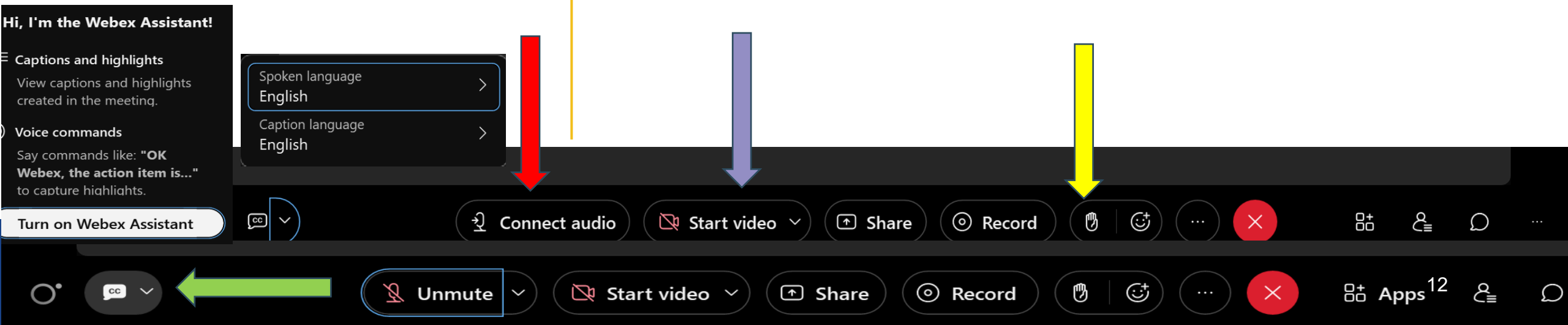
House Keeping

- The chair will try to address as many questions as possible during designated sections of the meeting. We recognize that due to the limited allotted time, your question may not be answered during the meeting, therefore be sure to visit the HFS Webpage for a list of helpful resources. Your questions are important to us and will help inform the development of future presentations and informational materials.
- HFS is committed to hosting meetings that are accessible and ADA compliant. Closed captioning has been provided for you today in the Webex platform in several languages. Please email HFS.Boards.and.Commissions@illinois.gov in advance to report any requests or accommodations you may require or use the chat to alert me of challenges you may have encountered during the meeting.
- Patience, please – many meeting attendees may be new to MAC proceedings.

Technology Check

House Keeping Continued

- Hand Raise – Questions or Comments
- Connect Audio - Mute and Unmute – Microphone
- Closed Captioning
- Start Video – Turn Camera On or Off



II. Roll Call of Subcommittee Members

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Healthcare and Family Services

Pub Ed Subcommittee Members

- Nadeen Israel-AIDS Foundation of Chicago
- Marcelino Garcia, Designee for Kathy Chan- Cook County Health
- Connie Schiele- HST
- Brittany Ward- Lurie Children's Hospital
- Edith Avila Olea- ICIRR
- Sue Vega- Alivio Medical Center
- Chantel Bowen- SIU School of Medicine

III. Introduction of HFS Lead Admin Staff for Pub Ed Subcommittee

HFS
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Healthcare and Family Services

HFS Lead Admin Staff

Pub Ed Subcommittee

- Dana Kelly, HFS Chief of Staff
- Melishia Bansa, Deputy Director, Community Outreach | Boards and Commissions
- Kate Yager, Administrator, Division of Medical Eligibility
- George Jacaway, Deputy Administrator, Operations
- Avery Dale, Deputy Administrator, Policy
- Stephani Becker, Deputy Administrator, State Based Marketplace
- Jacqueline Myers, Deputy Administrator, Data and Systems
- Crystal Snodgrass, Senior Public Service Administrator, Medical Eligibility Policy
- Jenna King, Medicaid Management Analyst, Medical Eligibility Policy
- Margaret Dunne, Program Analyst, Division of Medical Eligibility

IV. Review and Approval of the Meeting Minutes- March 6, 2026

HFS
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V. State Updates

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VI. A.1. Leadership Comments

Madam Chairman- – Request to Adjust Agenda

Request to move **Section VI.F. HR1 Implementation** and **Section VI.E. DHS Updates** earlier in the presentation deck due to the significance and priority of these topics. This change is also being made in response to the request of the Subcommittee Chair.

V. F. HR1 Implementation

Presenter: Kate Yager, Administrator, Division of Eligibility

HFS' Guiding Principles

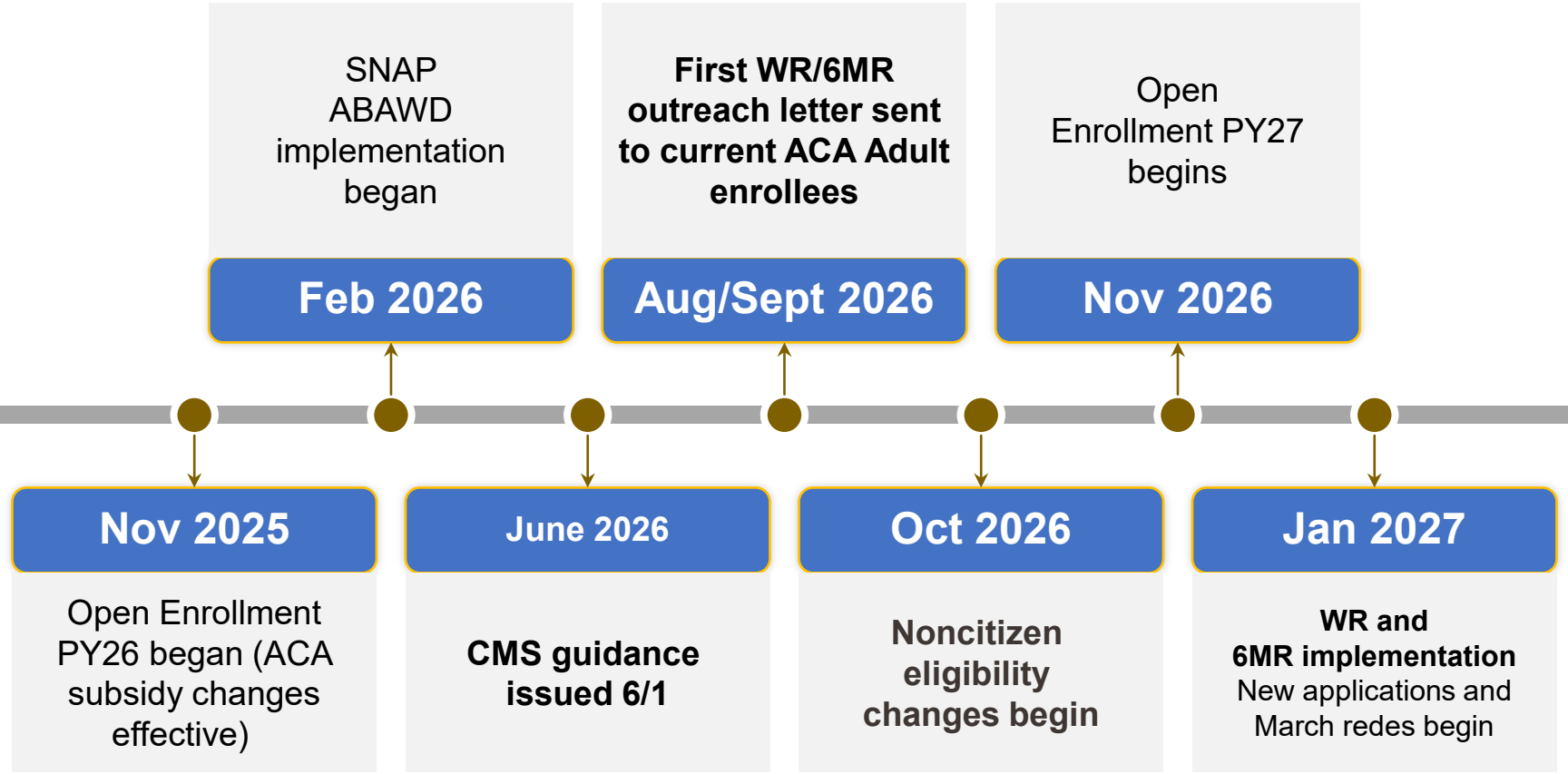
- Ensure eligible Illinoisans receive and maintain the coverage and benefits they qualify for.

- Ensure the Illinois Medicaid program maintains the ability to cover as many health care services as possible.

- Mitigate harm as much as possible.

HR 1 Provision	Effective Date
Freeze current and prohibit new provider taxes	July 4, 2025
Prohibit Medicaid funding to Planned Parenthood for 1 year	July 4, 2025
Cap new State Directed Payments (SDPs) at 100% Medicare payment rates	July 4, 2025
Rural Health Transformation Program	Awarded. Implementation ongoing
Narrow the definition of "qualified aliens" terminating eligibility for many lawfully present individuals	October 1, 2026
6-month eligibility redeterminations for ACA adults	January 1, 2027
Work requirements for ACA Adults	January 1, 2027
Ending federal match for 3 months of eligibility pre-application, limited to 2 months.	January 1, 2027
Reduce current SDPs by 10 percentage points per year until the SDPs are no greater than 100% of Medicare	January 1, 2028
Cost-sharing for ACA adults	October 1, 2028
Modify "generally redistributive" provider tax criteria	Transition period of up to 3 years
Several other eligibility-related proposals	January 1, 2027 – October 1, 2029

High Level Eligibility Changes Timeline



Key Eligibility Changes Overview

HR1 - Key Eligibility Changes

Individuals 19 and older in the ACA Adult eligibility category are "applicable individuals" and are subject to **work requirements** and **six-month redeterminations** starting January 1, 2027.

- HR1 exempts some ACA Adults from work requirements.
- However, ACA Adults exempted from work requirements are NOT exempted from 6-month redeterminations.
- Compliance and exemptions will be evaluated at application and redetermination.

Work Requirements: Compliance

Individuals subject to work requirements can satisfy the requirement in multiple ways:

- **Employment** = A minimum of 80 hours of work per month or a monthly income of $580 per month. (Different rules for seasonal workers.)
- **Community service** = A minimum of 80 hours of community service per month.
- **Work program participation** = Participation in a work program for a minimum of 80 hours per month.
- **Enrollment in an educational program** = Enrollment at least half-time in higher education or a career or technical education program.

Any combination of these activities totaling at least 80 hours

Work Requirements: Exemptions

HR 1 provides exemptions from work requirements for some populations and for individuals with certain circumstances, including:

- Parents, guardians, and caretakers of dependent children 13 years or younger or disabled individuals
- Veterans with total disability ratings
- Medically frail individuals
- Individuals subject to Supplemental Nutrition Assistance Program (SNAP) work requirements
- Pregnant individuals or those receiving postpartum coverage
- Foster youth or former foster youth under age 26

Retroactive Eligibility Changes for All Populations

Generally, applicants for Medicaid can request and, if eligible, receive coverage for the 3 months prior to their first month of eligibility.

Starting 1/01/2027, HR1 reduces federal match for retroactive coverage:

- ACA Adults to 1 month
- Other eligibility categories to 2 months

Impact: Reduced reimbursement for providers, increased medical debt or forgone care for customers, and increased workload for customers and providers.

Illinois Update: Will provide retroactive coverage for all populations for two months, beginning 1/01/2027

Implementation Update

Moving Targets

- CMS promulgated a 387-page Interim Final Rule on work requirements on June 1, 2026. HFS is digesting the contents of the rule and its implications for Illinois.

- CMS is planning to release additional guidance on work requirements this summer.

- Illinois, like most states, is well into eligibility system design changes needed to implement HR1 on Congress's deadline.

June 1 Work Requirements IFR

- The IFR contains some notable changes from the plain language of HR1, for example:
  - Taking narrower view of Medical Frailty by tying exemptions to an individual's inability to work.
  - Providing new definitions of key terms and detailed instructions on new processes

- HFS is assessing the gap between previous operating assumptions and the clarifications / restrictions imposed by the IFR.

Communications and Outreach Overview

Communications Timeline

HFS
Illinois Department of Healthcare and Family Services

H.R. 1 Phase 1 Toolkit

Early 2026: Awareness & Preparation

- Changes to Medicaid are coming in late 2026 and 2027
- Please update your contact information
- Illinois will provide advance notice

Mid-2026: Broad Public Awareness

- Some adults will be impacted
- Many Medicaid customers will be exempt
- Advance notifications will **only go out to impacted customers**

Fall 2026: Targeted 90-Day Notices

- Individualized notices sent to impacted customers only
- Clear instructions, deadlines, and help options

January 2027 and Beyond: Go-Live & Reinforcement

- Reminders and ongoing support
- Focus on preventing avoidable coverage loss

Noncitizen Eligibility Changes and Communication

HR1-Specific Eligibility Changes

October 1, 2026

Eliminates federal match for previously eligible immigrant statuses such as refugees, asylees, and victims of trafficking, among others by:

- Narrowing the definition of those non-citizens eligible for Medicaid benefits – to lawful permanent residents over 5 years or exempt from the 5-year bar, certain Cuban/Haitian immigrants, and individuals living in the U.S. through a Compact of Free Association (CoFA).
- Coverage for pregnant women and children is not changed.
- Emergency medical eligibility for noncitizens is not changed.

Communication Timeline for Noncitizen Eligibility Changes

- **Late June/Early July:** Mailing to all households that include a non-citizen Medicaid customer on eligibility changes, to provide them with as much time as possible to update their information and plan for accessing healthcare.
  - Supplemented with email and/or text communications to increase awareness around the upcoming changes leading up to Oct. 1.
- **June/July:** HFS Fact sheet and toolkit shared broadly.
  - Outreach and engagement with key foreign-language media outlet to help raise awareness about forthcoming changes.
  - HFS' HR1 public webinar scheduled for June 23 will focus on the changes.
- **August:** Notice notifying customers of closure as of Sept. 30 will be mailed.
  - Another round of direct customer emails and/or text communications to be sent around this time to ensure widespread awareness.
  - Presentation at the Aug. 7 MAC meeting.
- **September:** Ongoing earned and social media engagement.

MEDICAID RULES ARE CHANGING

Medicaid eligibility for noncitizens is changing, effective October 1, 2026.

A new federal law (HR 1) is changing who qualifies for Medicaid. You may also know Illinois Medicaid by names like All Kids, Aetna, BlueCross BlueShield, CountyCare, Meridian or Molina.

Some non-citizens may lose coverage starting October 1, 2026.
Here's what is changing: Some non-citizens, including but not limited to **refugees, asylees, humanitarian parolees, and survivors of trafficking or domestic violence will no longer qualify for federally-funded Medicaid,** but may be eligible for state-funded programs. Individuals in these groups may still receive Emergency Medicaid, but not regular full-scope benefits.

The following groups will remain eligible:

- Naturalized Citizens
- Lawful permanent residents who meet or are exempt from the 5-year eligibility bar
- Certain Cuban and Haitian entrants
- COFA migrants (from Marshall Islands, Micronesia or Palau)
- Children under 19 years old and pregnant people
- Individuals enrolled in a state-funded program including AATV, VTTC, HBIS, State funded kidney/renal coverage and Violence Against Women Act (VAWA) petitioners

What to do now:

- **Update your contact information at abe.illinois.gov** so HFS can reach you.
- **Watch your mail.** HFS will send you a personalized notice if you are affected.
- **Prepare before October 1, 2026,** Schedule appointments and refill prescriptions.
- **If you are notified that you lost coverage, look for another health plan.** Visit GetCoveredIllinois.gov. check employer plans or call 1-877-805-5312 to find out what other options may be available.

*Includes individuals with certain qualified immigration statuses, such as refugees, asylees, trafficking survivors, Special Immigrant Visa (SIV) holders, certain parolees, VAWA applicants, and other protected humanitarian categories. Medical Assistance for Asylum Applicants and Torture Victims, Victims of Trafficking, Torture, or Other Serious Crimes programs, and Health Benefits for Immigrant Seniors. These groups may still receive **Emergency Medicaid**, but not full-scope benefits. More information and clinic locations are available online at www.illinoisfreeclinics.org and www.iphca.org/health-center-locator.*

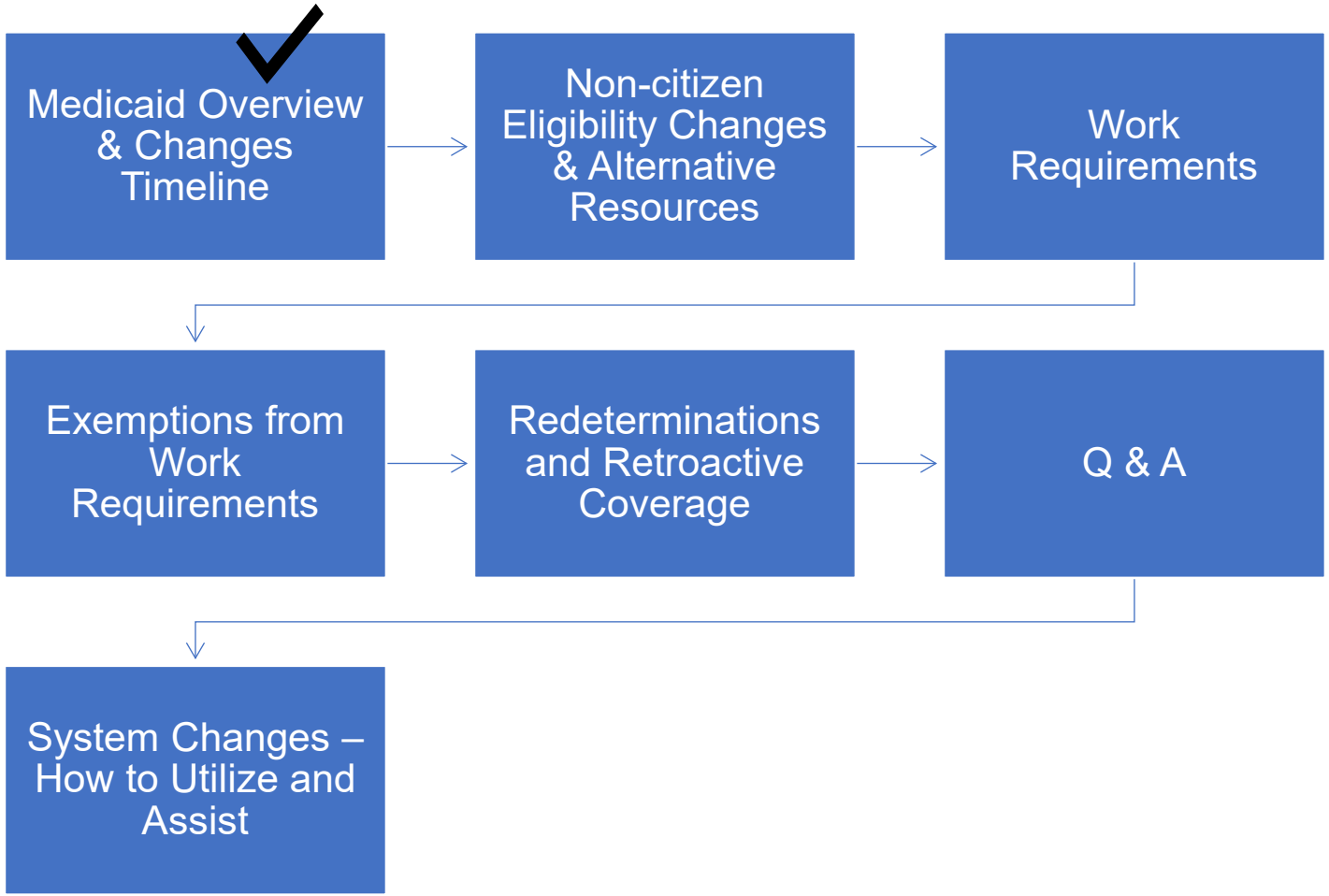
SMS 1
Medicaid rules change Oct 1, 2026. Some non-citizens may lose coverage. Update your contact info at ABE.Illinois.gov. Watch your mail for a notice.

SMS 2
Medicaid update: Starting Oct 1, 2026, some non-citizens may no longer qualify. Many groups remain eligible, including citizens, certain permanent residents, COFA migrants, kids under 19, pregnant people, and AATV/VTTC/HBIS members. Update info at ABE.Illinois.gov.

SMS 3
If you are a refugee, asylee, parolee, or survivor of trafficking or DV, Medicaid changes on Oct 1, 2026, may affect you. HFS will mail notices—keep your address current at ABE.Illinois.gov.

TEXT MESSAGES

HR1 Public Education Webinars: May to November 2026



Register for Webinars at the Federal Resource Center page.

Questions?

VI. E. DHS

Presenter: Sara Bechtold-Medema , DHS, Bureau Chief, Policy Development

IDHS Policy Updates

- Federal SNAP Work Requirements
- 6 Month Redes
- Summer EBT

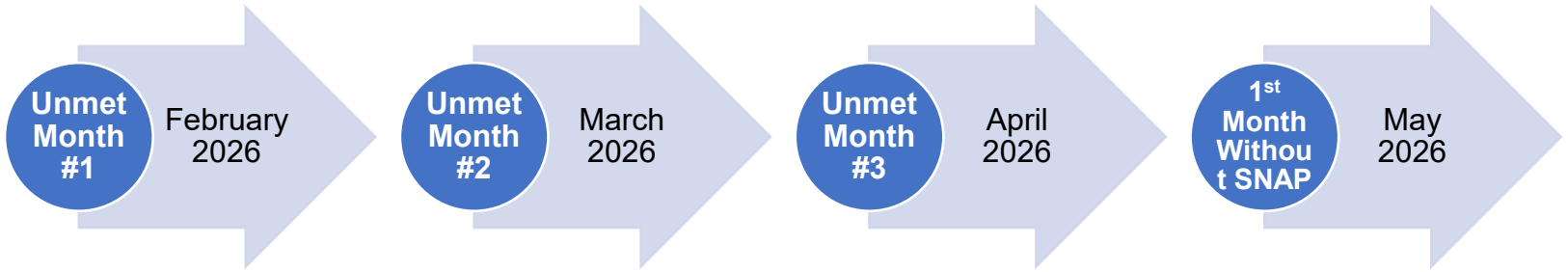
SNAP Policy Updates

- Federal SNAP Work Requirements
- No Interview SNAP Redeterminations
- Summer EBT 2026

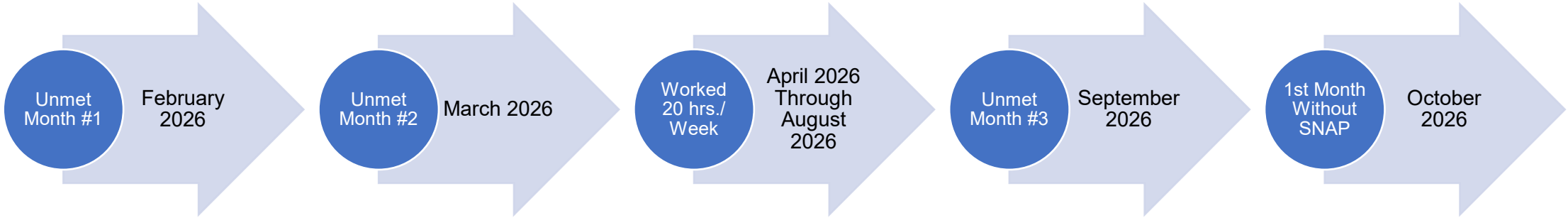
Federal SNAP Work Requirements – Losing Benefits

Customers lose SNAP benefits after 3rd month without meeting the work requirement or having an exemption in fixed 36 month period. (Current period ends 12/31/2026 then clock restarts.

Example 1



Example 2



Federal SNAP Work Requirements – Regaining Benefits

Customers Can Regain SNAP By:

- Participating in a qualifying work activity or combination of qualifying work activities for an average of 20 hours a week over a 30 day period, or
- Qualifying for an exemption
- Customer will continue to receive benefits until they are no longer meeting or exempt.

Reinstatement vs. Reapplying

- Customers who report exemption, meeting the work requirement, or good cause reason for failure to meet the work requirement before 30th day of their first month without benefits can be reinstated.
- Customers who report one of the above after the 30th day will need to reapply.

SNAP Work Requirements – Reporting Changes

The best way to avoid a gap in benefits is to be proactive and report changes in a timely manner.

- Utilize ABAWD Screener
- Report qualifying work activities or exemptions via Manage My Case, IDHS Helpline, or at a local FCRC
- Request for Exemption Form (IL444-2341)

No Interview SNAP Redeterminations

What to Know:

- EZ REDE Notice (IL444-1894)
- No Interview Required
- Regular redetermination process and timelines
- First round of EZ REDE sent in May – due by 07/31/2026

Policy Memo: Reinstatement of Six-Month Redetermination Process and EZ REDE for SNAP

Summer EBT 2026

- Initial Issuances May 18-25, 2026
- $120/per eligible child (one time issuance)
- Summer EBT Screener
- Summer EBT IDHS Webpage
- Summer EBT FAQ

Questions?

VI. B. Division of Medical Programs

Presenter: Sarah Sugar, Special Assistant for Managed Care, Division of Medical Programs

VI. B.1. HCI Procurement Update

Presenter: Sarah Sugar, Special Assistant for Managed Care, Division of Medical Programs

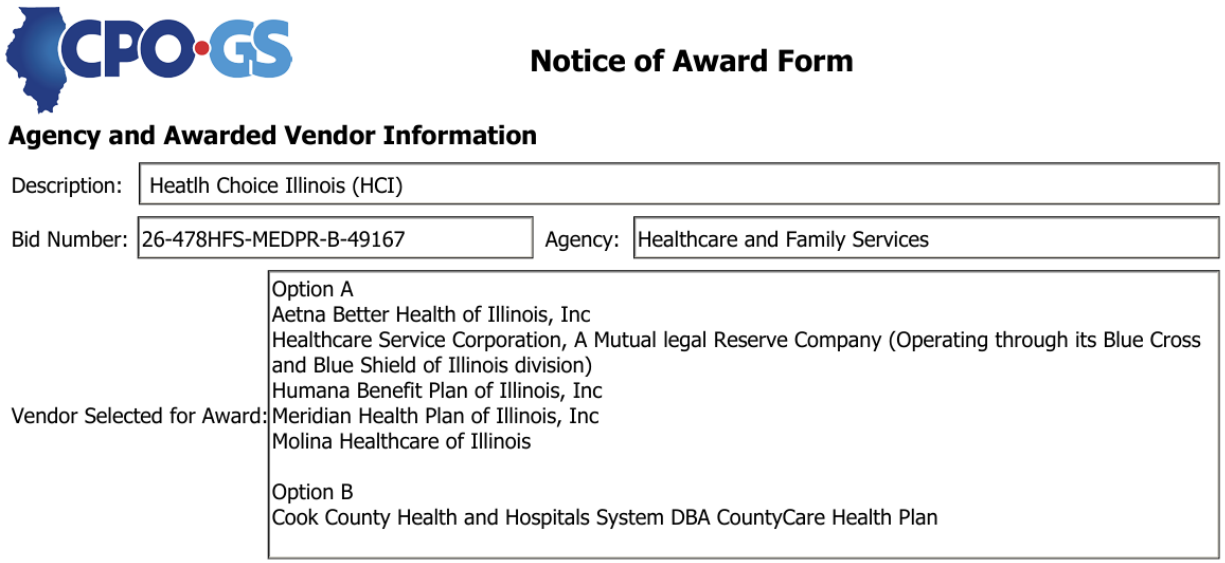
Overview of the HCI Contract

- Population Health and Enrollee-Centric Care
- Benefits and Services Delivery
- Quality Management & Incentives
- Availability & Accessibility of Care
- Operations

HCI Award Announcement

On June 8, HFS announced awards for the new HCI contract, "going live" January 1, 2027.

The 14-day protest period began on June 8. If no protests are filed, HFS will begin moving forward with contract execution.



CPO·GS

Notice of Award Form

Agency and Awarded Vendor Information

Description:	Heatlh Choice Illinois (HCI)
Bid Number:	26-478HFS-MEDPR-B-49167
Agency:	Healthcare and Family Services
Vendor Selected for Award:	Option A Aetna Better Health of Illinois, Inc Healthcare Service Corporation, A Mutual legal Reserve Company (Operating through its Blue Cross and Blue Shield of Illinois division) Humana Benefit Plan of Illinois, Inc Meridian Health Plan of Illinois, Inc Molina Healthcare of Illinois Option B Cook County Health and Hospitals System DBA CountyCare Health Plan

Announcements are publicly available on BidBuy: [State of Illinois - General Services - Bid Solicitation - 26-478HFS-MEDPR-B-49167]

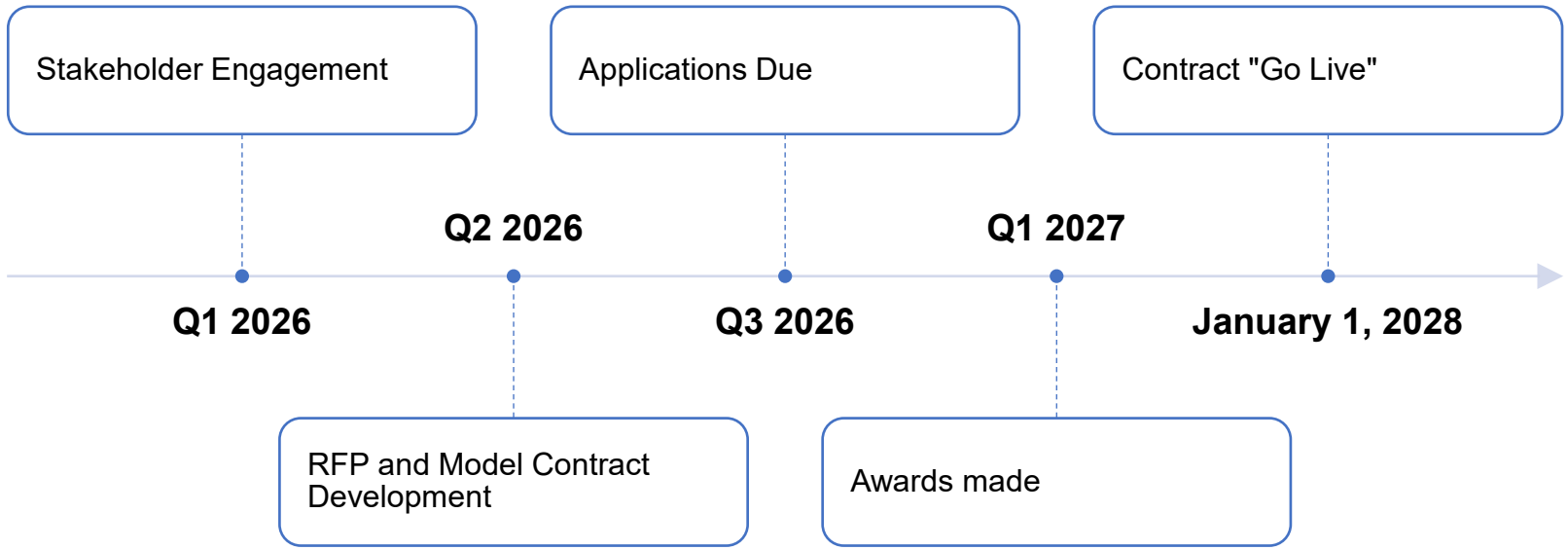
VI. B.2. Specialty Managed Care Plan for Youth in Care and Former Youth in Care (Currently *YouthCare*)

Presenter: Sarah Sugar, Special Assistant for Managed Care, Division of Medical Programs

Overview of YouthCare Re-Procurement

YouthCare is a specialized MCO designed to support **current and former youth in care,** operated by HFS in coordination with the Department of Children and Family Services (DCFS).

It provides medical, behavioral health, dental, vision, and pharmacy coverage, as well as certain specialty services, for current and former youth in care aged birth through 21.



Questions?

VI. C. Division of Eligibility Updates

VI. C. 1. Medical Applications

Presenter:Jacqueline Myers, Bureau Chief, Eligibility Integrity, Division of Eligibility

Medical Applications

Run Date: 06/03/2026 12:06

All Offices

Applications - # Medical Apps*

Application Processing by Month	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Apps Received (during month)	72,873	70,698	77,315	76,437	75,398	66,912	66,275	88,291	92,971	73,208	79,827	78,567	70,368
Apps Processed (during month)	82,444	76,518	83,296	79,792	74,188	71,849	59,103	79,170	90,897	75,614	90,465	83,707	81,431
Adjustment Factor	2,853	3,174	3,627	3,734	3,859	6,105	2,650	2,816	4,014	3,151	4,935	5,702	4,206
Apps On Hand (end of month)	98,964	96,318	93,964	94,343	99,412	100,580	110,402	122,339	128,427	129,172	123,469	124,031	117,174
Apps On Hand over 45 days (end of month)	*73,844*	*70,349*	*67,072*	*66,401*	*69,894*	*73,502*	*79,557*	*84,268*	*89,631*	*90,186*	*88,211*	*88,358*	*87,427*
Net Change in Apps On Hand (Total)	-6,718	-2,646	-2,354	379	5,069	1,168	9,822	11,937	6,088	745	-5,703	562	-6,857
Net Change in Apps On Hand (Over 45 days)	-3,138	-3,495	-3,277	-671	3,493	3,608	6,055	4,711	5,363	555	-1,975	147	-931

VI. C. 2. Medical Redeterminations

Presenter: Jacqueline Myers, Bureau Chief, Eligibility Integrity, Division of Eligibility

Medical Redeterminations

All Offices

Redes - # Medical Redes*

Rede Processing by Month	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Redes Received (during month)	31,056	33,162	34,212	33,252	28,798	28,673	22,575	25,569	29,977	30,428	33,532	29,173	24,886
Redes Processed (during month)	40,225	35,491	39,122	36,915	30,796	31,040	24,749	28,476	28,992	30,396	39,690	35,089	30,770
Approved	30,302	25,024	29,566	27,770	23,060	23,286	18,777	21,187	21,951	23,267	30,900	26,248	24,510
Cancelled	9,923	10,467	9,556	9,145	7,736	7,754	5,972	7,289	7,041	7,129	8,790	8,841	6,260
Cancelled - Ineligible	7,650	8,389	6,982	6,529	5,596	5,676	4,420	5,175	5,330	5,505	6,496	6,518	4,317
Cancelled - VCL No Reponse	1,448	1,351	1,690	1,753	1,282	1,319	1,002	1,063	1,098	1,123	1,389	1,452	1,165
Cancelled - Other	825	727	884	863	858	759	550	1,051	613	501	905	871	778
Adjustment Factor	3,459	2,934	3,856	3,272	3,702	2,175	2,024	3,473	2,735	2,691	743	1,801	841
Redes On Hand (end of month)	**75,838**	**76,443**	**75,389**	**74,998**	**76,702**	**76,510**	**76,360**	**76,926**	**80,646**	**83,369**	**77,954**	**73,839**	**68,796**
Net Change in Redes On Hand	-5,710	605	-1,054	-391	1,704	-192	-150	566	3,720	2,723	-5,415	-4,115	-5,043

Appeals and Adjudication Timeline – Upcoming Data

- Will provide additional data on appeals and application adjudication timelines soon.

Questions?

VI. C. 3. Family Planning

Presenter: Margaret Dunne, Program Analyst, Division of Eligibility

Family Planning Enrollment

Year	# of Customers with FPP coverage of any type at any time within the calendar year
2022	1,967
2023	14,598
2024	34,254
2025	56,959

Current Open Enrollment by type of Application	# of Customers
Presumptive Eligibility	4112
Stand-Alone Application	2367
Opt-In Application	66293
Current Total Enrollment	72772

Data run 6/02/2026

VI. C. 4. Manage My Case

Presenter: Margaret Dunne, Program Analyst, Division of Eligibility

ABE Customer Statistics

Action	06/09/2026	Cumulative
Accounts Created	1971	9,365,496
Users Logged In	21,009	9,196,943
Applications Submitted	1957	5,310,393
Appeals Submitted	196	210,587

Customers Manually ID Proofed = 9550

ABE Manage My Case Daily Metrics

Description	08/12/2025	06/09/2026	Cumulative (11/01/2017)
Accounts linked	627	541	3,614,510
RMB Submitted	509	1186	1,460,937
RMC Submitted	430	619	1,076,242
Program Add Submitted	152	228	487,399
Member Add Submitted	21	29	68,109
Mid-Point Submitted	547	4	690,895
DSNAP Submitted	0	0	1133
Documents Uploaded	2540	4808	5,392,010

RMB = Renew my benefits, RMC = Report my changes

Questions?

VI. D. New Policy/Modification

Presenter: Crystal Snodgrass, Senior Public Service Administrator, Medical Eligibility Policy, Division of Eligibility

New Policy/ Policy Modifications
3/1/2026- 6/1/2026

- IDHS: MR #26.10 QI-1 PM Eligibility Clarification (Published 5/6/26)
- IDHS: MR #26.11 2026 Revised Medical Program Standards (Published 5/20/26)
- IDHS: MR #26.12: Medicare-Medicaid Alignment Initiative (MMAI) transition to Fully Integrated Dual Eligible Special Needs Plans (FIDE SNP) (Published 5/20/26
- IDHS: MR #26.13 Medical Updates to Asylum Applicants and Torture Victims (AATV) and Victims of Trafficking, Torture or Other Serious Crimes (VTTC) (Published 6/1/26)

Questions?

VI. General Public Comments

HFS
Illinois Department of
Healthcare and Family Services

Public Comments: None.

VII. Additional Business: Old and New

HFS
Illinois Department of
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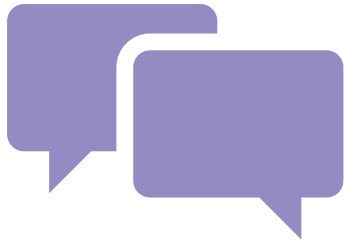
Additional Business: Old & New



Items for future discussion?

HFS announcements?

Nadeen Israel, Public Education Subcommittee Chair

Old Business

- This request is from Nadeen Israel; Chair of Public Education Subcommittee Member he request is for HFS to ensure that eligibility and redetermination data are regularly updated in the **Reports Center** section of the HFS website. The most recent report currently posted is from May 2024

VIII. HFS Announcements

HFS
Illinois Department of
Healthcare and Family Services

Updates to 2026 Meeting Schedule

- Friday, September 11th
- Friday, December 11th

Mandatory Ethics Trainings Reminder Email

All appointees must complete the following trainings on OneNet:

1. Security Awareness Training 2026
2. Diversity, Equity, Inclusion and Accessibility Training 2026
3. LGBTQIA+ Equity and Inclusion 2026
4. Ethics Training Program for State Employees and Appointees 2026
5. Harassment and Discrimination Prevention Training 2026
6. HIPAA & Privacy Training 2026

You can access the trainings at the following link: http://onenet.Illinois.gov/mytraining

Please see attached memo for additional details. Please complete the trainings through OneNet no later than November 1st, 2026. If anyone has any issues logging into OneNet, please email HFS.BureauofTraining@Illinois.gov

Pub Ed Subcommittee Resources

1. **To receive Subcommittee email notifications regarding public meeting notices, sign up for our MAC and Subcommittee Listserv:**
   a. Medicaid Advisory Committee (MAC) | HFS (illinois.gov)
   b. MAC and Subcommittees E-mail Notification Request | HFS (illinois.gov)

MAC & Subcommittee Resources

B. The Illinois Department of Healthcare and Family Services (HFS) utilizes a range of social media accounts to better reach our customers and stakeholders. We encourage you to follow us on:

1. Twitter: https://twitter.com/ILDHFS
2. Facebook: https://www.facebook.com/ILDHFS
3. LinkedIn: https://www.linkedin.com/company/ildhfs/

for important news, announcements and alerts. And please spread the word to your own followers.

Together, let's keep those we serve well informed, educated and empowered!

Interested in becoming a Pub Ed Subcommittee Member

Learn More: MAC- Public Education Subcommittee

Description	Apply Here
Established to advise the Medicaid Advisory Committee concerning materials and methods for informing individuals about health benefits available under the Department of Healthcare and Family Service's (HFS) medical programs including, but not limited to, All Kids, FamilyCare, Aid to the Aged, Blind, or Disabled (AABD) medical.	**Rolling Applications Begin:** **Next Round 2026** APPLY HERE

https://hfs.illinois.gov/about/boardsandcommisions/mac/boardmembershipopp.html

IX. Concluding Directives and Wrap UP

HFS
Illinois Department of
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X. Annual Public Forum: Continuity of Care Administrative and Simplification Demonstration (CoC) (Open for Public Comments)

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Healthcare and Family Services

X. A. CoC Waiver Updates

Presenter: Avery Dale, Deputy Administrator of Policy , Division of Eligibility

CoC Waiver Public Forum Agenda

- Overview of CoC Waiver
- Purpose of the Annual Public Forum
- CoC Waiver Updates
- UIUC Interim Report Presentation
- Public Comments

Overview of the CoC Waiver

- The Continuity of Care and Administrative Simplification 1115 demonstration waiver was approved on January 19, 2021, and included the following initiatives:
  - Extending Managed Care reenrollment when a Medicaid customer is reinstated from 60 to 90 days.
  - Waiving implementation of Hospital Presumptive Eligibility
  - Extending postpartum coverage to 12 months
    - NOTE: this authority transitioned from 1115 waiver authority to SPA authority on 7/1/22, so post-partum coverage is no longer a part of the annual public forum content.

Purpose of Annual Public Forum

- **Engage Stakeholders:** Provide updates on the CoC Waiver and gather input from stakeholders on the waiver's impact.
- **Guide Future Improvements:** Use insights to inform ongoing approach to HPE and MCO reinstatement waivers.
- **Fulfill CMS Requirements:** To host post-ward annual public forums

Waiver Updates - Reporting

- CMS approved a transition from quarterly monitoring reports to annual monitoring reporting for the CoC waiver, effective June 25, 2025.

- The next Annual Monitoring Report, due June 29, 2026, will provide updates on demonstration implementation, operational activities, and performance measures for the reporting period.

Waiver Updates - Timeline

- The original CoC waiver period was scheduled to end December 31, 2025.
  - HFS submitted an amendment and extension application to CMS in June 2025.
    - The amendment initially proposed allowing HFS to accept out-of-state address updates from reliable third parties without requiring additional beneficiary confirmation, but it was removed after discussions with CMS.
    - The waiver extension request remains limited to the existing MCO and HPE components.
  - CMS temporarily granted a one-year extension to December 31, 2026.
- HFS and CMS are in communication about the possibility of further extensions for the waiver provisions.

X. B. UIUC Interim Report Presentation

Presenter: Chi-Fang Wu, Professor, University of Illinois Urbana-Champaign

Illinois Continuity of Care and Administrative Simplification Waiver Interim Evaluation Report

QUANTITATIVE FINDINGS · QUALITATIVE FINDINGS

Chi-Fang Wu, Professor, School of Social Work

Background: Illinois Medicaid

3.4M
Medicaid Enrollees
~20% of Illinois population

75%
Enrolled in MCOs
Managed Care Organizations

25%
Fee-for-Service
Paid per service, less coordination

- **Managed Care Model:** State contracts with health plans (MCOs) to coordinate care through provider networks, emphasizing prevention, quality, and cost control.
- **Coverage Churn:** Enrollees lose MCO coverage when administrative delays push them to Fee-for-Service, disrupting care coordination and increasing costs for the state.
- **Coverage Challenge:** Administrative-related coverage gaps can interrupt enrollment and weaken continuity of care for vulnerable populations.

BACKGROUND

Policy Changes

The CoC Demonstration (approved Jan 2021) introduced two policy interventions to address coverage disruptions:

1 90-Day MCO Reinstatement

- Extended window: 60 days → 90 days
- Late paperwork no longer forces shift to FFS
- Enrollees automatically reinstated to prior MCO

Extended reinstatement window keeps enrollees in their managed care plan, reducing FFS transitions.

60 days → 90 days

2 Waiving HPE

- Illinois opted out of HPE
- HPE grants only temporary (30–60 day) coverage
- Full Medicaid applications required from the start

Illinois opted out of HPE to require full Medicaid applications, ensuring durable coverage from the start.

✕ HPE WAIVED

Demonstration Goals

The CoC Section 1115 Demonstration (approved Jan 2021) pursues three core goals:

01 Promote Continuity of Coverage & Care

Reduce MCO coverage disruptions; keep enrollees with their managed care plan.

02 Avoid Administrative Complexities

Reduce application backlogs and burden by waiving HPE and streamlining enrollment.

03 Provide Quality Care & Improve Outcomes

Improve quality of care metrics and health outcomes through sustained MCO enrollment.

Evaluation Research Questions

Both quantitative and qualitative methods are used to address each research question.

Goal 1

Continuity of Coverage and Care

Did the 90-day MCO reinstatement reduce coverage gaps and FFS churn? Does improved enrollment continuity enhance MCO care coordination?

Goal 2

Administrative Simplification

Did waiving HPE reduce the Medicaid application backlog and administrative processing burden for the state and providers?

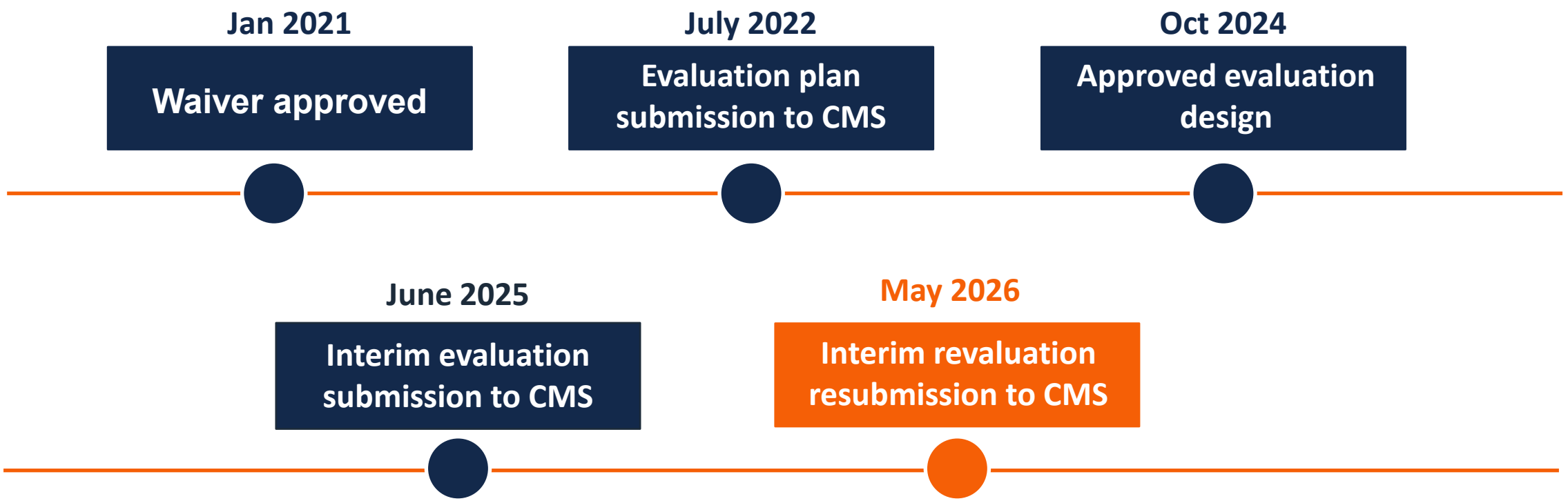
Goal 3

Quality of Care & Health Outcomes

Did the CoC demonstration improve quality of care (e.g., OUD pharmacotherapy, mental health follow-up, preventive care) and health outcomes (ED utilization) for enrollees?

Summary of Evaluation Work

This report builds on several years of HFS monitoring and annual reporting to CMS:



Note: The draft Interim Evaluation Report is publicly available on the Illinois Department of Healthcare and Family Services website (hfs.illinois.gov).

CMS REQUIREMENTS

Work to Incorporate CMS Expectations

What CMS required for this Interim Evaluation Report:

01
Descriptive Trend Analysis

Quantitative trend analysis for proposed metrics across the pre- and post-waiver period

02
Qualitative Findings

Focus groups and interviews with HFS, MCO, and PE stakeholders

03
Subgroup Analysis

Stratified by age, sex, race/ethnicity, and urbanicity

Final Summative Report (due 2027): interrupted time series (ITS), difference-in-differences (DiD) + comparison states (Iowa & Wisconsin) + full qualitative findings

Summary of Evaluation Approach

Quantitative Evaluation Approach

- **Data:** Illinois EDW - administrative claims & enrollment records
- **Sample:** All Illinois Medicaid beneficiaries during the evaluation period with some exclusions (e.g., Dual-eligible individuals, Partial-benefit recipients)
- **Subgroups:** Age, sex, race/ethnicity, urbanicity
- **Period:** Pre-waiver (2018–2020) vs. post-waiver (2021–2023)
- **Metrics:** 45 metrics (e.g., continuous eligibility quality of care, health outcomes)
- **Design:** Descriptive trend analysis (interim); Interrupted Time Series (ITS) and Difference-in-Differences (DiD) planned for final report

Summary of Evaluation Approach

Qualitative Evaluation Approach

- **Participants:** 32 total - HFS staff (n=12), MCO staff (n=10), PE providers (n=10)
- **Format:** Semi-structured focus groups & individual interviews via Zoom (~1 hr. each)
- **Analysis:** Thematic analysis using NVivo 15; 3 research staff coded transcripts

4 Core Qualitative Themes

- Continuity of Enrollment
- Impact of Waiving HPE
- Continuity of Care Experience
- Administrative Burden & Efficiency

Challenges & Limitations

All findings are descriptive trends

COVID-19 PHE (2020–Mar 2023)

- Continuous enrollment suspended redeterminations; 90-day policy not operationalized until Oct 2023. Public health emergency (PHE) suppressed churn — descriptive comparisons across pre/post waiver periods should be interpreted cautiously and not viewed as causal.

PHE Unwinding (2023–2024)

- Post-PHE redetermination resumption drove late-2023 coverage and backlog changes independent of the waiver.

Concurrent State Initiatives

- Quality-of-care changes may reflect other programs: postpartum extension, National Diabetes Prevention Program (NDPP), Behavioral Health 1115 Waiver for Substance Use Disorder services.

Data Limitations

- EDW data gaps during PHE; inconsistencies across sources. The final evaluation will address these limitations through improved statistical methods.

Some High-Level Takeaways: Quantitative Findings

Goal 1 Continuity of Coverage

- Coverage gap rates and FFS churn declined post-waiver → directionally consistent with waiver goals
- Enrollment duration in MCOs increased from baseline

Goal 2 Administrative Simplification

- Positive signal: application backlog declined substantially post-waiver
- 2023–24 rebound consistent with PHE unwinding, not waiver reversal

Goal 3 Quality of Care & Health Outcomes

- Mixed results: some measures improved directionally; many were stable or inconclusive
- Improvements may reflect concurrent initiatives (postpartum extension, Section 1115 Behavioral Health Transformation Waiver)

Qualitative Methodology

32
Total Participants
across 3 stakeholder groups

12
HFS Staff
pre- & post-demonstration experience

10+10
MCO & PE Staff
enrollment process experts

Study Population

- **Illinois Department of Healthcare and Family Services (HFS) (n=12):** Focus group participants spanning both pre- and post-demonstration periods.
- **Medicaid Managed Care Organizations (MCO) (n=10):** Staff who were involved in the Medicaid enrollment process.
- **Presumptive Eligibility (PE) Providers (n=10):** Certified staff implementing Medical Presumptive Eligibility (MPE) and Family Planning Presumptive Eligibility (FPPE).

Recruitment

Collaborative strategy leveraging HFS contacts to identify and contact stakeholders via direct email and formal recruitment letters.

Study Procedures

Semi-structured focus groups and individual interviews conducted via Zoom. Sessions lasted approximately 1 hour and were recorded and transcribed.

Qualitative Methodology

Analytic Strategies

01 Three research staff studied transcripts from focus groups and interviews using NVivo 15 software.

02 We developed themes from the data in a process known as thematic analysis.

03 This process helps summarize the data across groups.

Core Qualitative Themes

Four themes emerged from the data related to two of the demonstration's goals:

Goal 1: Promote Continuity of Coverage and Care

- Continuity of Enrollment
- Impact of Waiving HPE

Goal 2: Avoid Administrative Complexities

- Continuity of Care Experience
- Administrative Burden & Efficiency

Continuity of Enrollment

Impact of 90-Day Extension

- Reduced Disenrollment
- Better Coordination
- Mitigated Care Gaps

> *We're seeing less people drop off [of coverage]…. Sometimes [the extra 30 days is] just the time needed to get their paperwork in and stay with the health plan.* ***— MCO Staff***

Churn and Barriers

- Awareness of Renewal Deadlines is limited
- Housing Instability Challenges Communication
- Confusion over Coverage Types

> *It gets them back into the managed care model…. The demonstration improves care coordination.*
>
> ***— HFS Staff***

Impact of Waiving Hospital Presumptive Eligibility

Administrative Outcomes

- Administrative Burden Trade-offs
- Reduced Customer Incentives for Full Medicaid Coverage
- Improved Hospital Engagement in Application Assistance

Enrollment & Care Pathways

- Full Coverage Priority
- Reassurance for Customers though Retroactive Coverage
- Care Continuity through Improved MCO Enrollment

> *It's a discredit to do only an HPE application when they are in the hospital…. Since there was not HPE, they made sure that they did the applications with customers…so those people still had access to medical coverage.*
>
> ***— HFS Staff***

QUALITATIVE THEME 3

Continuity of Care Experience

MCO Coordination Impacts

- Comprehensive Teams
- Collaborative Plans
- Reduced Burden

> *When [care is] aligned, it's helpful… It's always better to have more people supporting your patients. When it's bad, it's not coordinated well.* ***— PE Provider***

Barriers to Care Continuity

- Information Gaps
- Provider Disconnects
- Enrollment Churn

> *Once they disenroll, we can't really work with them…because of HIPAA. It leaves us in a place where we hope their needs are met.* ***— MCO Staff***

Administrative Burden & Efficiency

Portal Impact & Challenges

- Digital Streamlining
- System Reliability
- Application Velocity

> *The simpler we can make it for our members just helps get their healthcare and helps all of us work together better.*
>
> ***— MCO Staff***

Factors Affecting Efficiency

- Technological Literacy Barriers
- Educational Needs
- Administrative Trade-off

> *That website can be very daunting to a regular person… I know the little quirks because I've been doing it so long.*
>
> ***— PE Provider***

High-Level Takeaways: Qualitative Findings

Goal 1 Continuity of Coverage

- MCO staff noted reduced disenrollment; extra time helped members stay with their health plan
- With greater enrollment continuity, improved continuity and coordination of care followed

Goal 2 Administrative Simplification

- Digital portal improvements helped efficiency; system outages and literacy remained barriers
- Waiving HPE came with administrative tradeoffs; some providers noted that the burden of HPE was worth establishing healthcare coverage

Goal 3 Quality of Care & Health Outcomes

- Sustained MCO enrollment supported coordination across care teams
- Care teams were able to better coordinate, leading to improved care. Continuous enrollment ensured that data could be transmitted within MCOs and allow for easier transitions of care

Conclusions: CoC Demonstration Success

01 Enrollment Continuity

90-Day Extension: Improved coverage accessibility and care coordination by reducing transitions between FFS and MCO models.

02 Impact of HPE Waiver

Efficiency Trade-Off: Focusing on full enrollment avoids broad HPE processing costs while current limited programs (MPE, FPPE) maintain urgent access.

03 Care Experience

Reducing Churn: Low awareness and unstable housing remain barriers, but consistent reenrollment keeps provider communication stable.

Overall Evaluation Synthesis

- Redetermination is simpler, and people are kept with their original MCO, supporting smoother communication
- Most users move quickly into full Medicaid coverage.
- Minor issues remain (tech literacy, portal outages).

NEXT STEPS

Next Steps for Evaluation Expansion

Jul–Sep 2026

Analysis & Preparation

- Conduct quantitative analyses (DiD, time-series, subgroup) using 2018–2024 data
- Develop outline & framework for Summative Evaluation Report

Oct–Dec 2026

Integration & Interpretation

- Integrate qualitative & quantitative findings
- Draft methods and results sections

Jan–Mar 2027

Drafting & Review

- Draft full Summative Evaluation Report
- Internal review; incorporate HFS & CMS feedback
- Assess contextual factors (PHE, concurrent initiatives)

Apr–Jun 2027

Final Submission

- Finalize and submit Summative Evaluation Report to CMS
- Prepare public-facing summary & presentation materials

Thank you

Q & A

Contact Information:

Chi-Fang Wu

cfangwu@illinois.edu

Questions?

X. C. Public Comments

Presenter: Melishia Bansa, Deputy Director of Community Outreach

Comments from the Public - Reminders

- **Individuals** providing oral comments should limit their comments to **four (4) minutes**.
- **Organizations** are asked to select one spokesperson to present oral testimony on their behalf and will be asked to limit their comments to **four (4) minutes**.
- To assist the orderly conduct of the public comment portion of the meeting and to ensure that the opinions of all interested individuals and/or groups are considered, the department may impose other rules of procedure as necessary, including, but not limited to, adjusting the time limit or the order of presentation.

Guidelines for public comment

Please tell us	Do NOT share the following:
• Name (first and last) • Affiliation • Job title • Email address (in the chat) • Please provide your feedback on the CoC demonstration. • Where can we improve?	• Personal Health Information, such as specific client details, name, provider, address, SSN, etc. • Comments regarding a specific healthcare provider • Inappropriate, foul language, or references to specific plans or staff by name

Potential CoC Waiver Discussion Topics

Public Comment Card

Name: (First, Last) | Job Title if applicable:

Organization:

Phone Number | Email: (Put in the Chat)

Public Comment Topic Area:

Please Provide a Description of Your Comment:

- **Managed Care Reinstatement and Coverage Continuity** – Feedback on beneficiary experiences with Managed Care reinstatement initiative
- **Outreach and Education Regarding Demonstration Initiatives** – Feedback on the effectiveness of HFS communications, notices, and outreach efforts related to demonstration activities, eligibility processes, and beneficiary awareness of available coverage and services.
- **Hospital Presumptive Eligibility (HPE) Waiver** – Feedback on the impact of temporarily waiving HPE, including effects on beneficiary access, hospital operations, administrative processes, and financial sustainability.
- **Access and Equity Considerations** – Observations regarding any barriers, disparities, or unintended consequences related to the demonstration.

XI. Adjournment

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