

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee
May 12, 2011.
Approved Final Meeting Minutes**

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

Committee Members Present

Courtney Hedderman, AARP
Kathy Chan, IMCHC
Robin Scott, CDPH (for Kenzy Vandebroek)
Suzanna Gonzalez, Mac Neal Hospital (via phone)
Margaret Stapleton, Shriver Center (for John Bouman)
Rhonda Mundhenk, Mile Square Health Center (for Henry Taylor)

Committee Members Absent

Judy King, Consumer Advocate
Terri Gendel, Age Options
Tamela Milan, Westside Health Start
Hardy Ware, East Side Health District
Susan Vega, Alivio Medical Center

Interested Parties

Brittany Ward, Beacon Therapeutic
Jessica Williams, CPS
Diane Fager, CPS
Esther Sciammarrella, CHHC
Marylou Mora, Uptown Health Department
Freddy Hernandez, Uptown Health Department
Margaret Dunne, Beacon Therapeutic
Deborah Mathews, DSCC
James O'Dowd, Prairie Legal Staff Labor Service
Rachel Gielau, Shriver Center
Maryellen Barker, MEDIMMUNE
Diane Montanez, Alivio Medical Center

HFS Staff

Jacqui Ellinger
Tracy Keen
Robyn Nardone
Susan Yargus
Veronica Archundia

DHS Staff

Nathan Mason

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The MAC Public Education Subcommittee was called to order at 1:04 p.m.

- 1. Introductions.** Courtney Hedderman chaired the meeting. Attendees in Chicago and Springfield introduced themselves.
- 2. Review of Minutes.** The December meeting minutes were approved. Kathy Chan, from IMCHC, recommended a modification to the January minutes by changing the link on item number three. With this change, the January, 2011 minutes were approved.
- 3. All Kids Income Cap**
Jacqui Ellinger, Deputy Administrator of the Medical Programs, stated that effective July 1, 2011 the income limit on the All Kids program will be 300% FPL. Per language of the statute, children who are currently enrolled at any of the Premium Levels 3 through 8 will be able to continue to receive benefits until 7/01/2012, unless they lose coverage for some other reason.

Courtney Hedderman asked how many children will be affected by this measure. Ms. Ellinger estimated 4,000 families with children with incomes higher than 300% FPL may be affected, which is relatively a small number, taking into consideration that currently there are about 1.6 million children enrolled in the All Kids program.

Ms. Ellinger reported that the All Kids Unit (AKU) is processing “clean applications” in less than 24 days. She noted that “a clean application” contains all the required documentation necessary to make a determination of eligibility. Jacqui emphasized the importance of receiving complete applications and added that, for incomplete applications, which require additional documentation, it is possible, the AKU may not be able to make a disposition of eligibility if they are not processed by June 30, 2011.

Kathy Chan, from IMCHC, noted that the Illinois Pre-Existing Condition Insurance Plan (IPXP) may be an option for some families that need insurance coverage. The requirements for the IPXP are: a person must have a precondition, and have been denied coverage by a private insurance company, and have been without insurance coverage for six months. Also there is no income limit.

Ms. Ellinger acknowledged committee members for their help in providing feedback to finalize the general notice about medical eligibility reform provisions for families with children who are enrolled under plans over 300% FPL. The notice that is being translated into Spanish will be sent out soon.

Kathy Chan asked committee members if anyone is conducting outreach activities for constituents to encourage families not to delay filling out applications. There was group

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discussion regarding best practices that include the use of social media, such as Facebook and Twitter, as well as public announcements on television.

4. Residency and Income Verification on New Applications

Jacqui Ellinger stated that, effective July 1, 2011, the provisions of income and residency verification will apply to all the medical programs. She indicated that there are changes in Medicaid Reform which are potentially of concern under the Maintenance of Effort (MOE) provisions in the Affordable Care Act (ACA) which preclude states from making it more restrictive than their eligibility policies in effect prior to March 23, 2010 when HealthCare Reform was enacted. Ms. Ellinger noted that, the operational methodologies for determining income have not changed. However, the process in terms of verifying information will change. HFS is working, in collaboration with DHS, to automate as much of the process as possible in spite of the limited resources available. She added that HFS is waiting to hear from the federal Centers for Medicare & Medicaid Services (CMS) in order to make a decision on how to implement these changes and ensure a smooth transition without putting the federal funding for Medicaid and CHIP at risk because of the Maintenance of Effort provisions of the Affordable Care Act.

Margaret Dunne, from Beacon Therapeutic, expressed concern about homeless families and or families living near the Wisconsin and Indiana borders that may not have a valid Illinois state I.D. Ms. Ellinger replied that HFS' proposal in instances where residency cannot be verified electronically is to use the same requirements that apply to the Supplemental Nutrition Assistance Program (SNAP). Nathan Mason, from DHS, expressed that a statement from a shelter, rent receipts, and leases would be sufficient to meet the residency requirement.

Jacqui indicated that HFS and DHS are interested in moving to the 21st century by developing a Member Portal that would allow clients to have a patient account allowing enrollees to check their eligibility status, and clients to both store information and receive electronic notifications.

Esther Schiammarella, from the CHHC, suggested the use of cell phones and text messages as an effective way to communicate with clients and send reminders about their redetermination process.

Jacqui encouraged committee members who intend to develop written outreach materials regarding the new policies to contact HFS staff for assistance in order to ensure that the information provided to the public accurately reflects the new provisions.

Margaret Stapleton, from the Shriver Center Poverty of Law, expressed concern about implementing the new provisions and the inadequacy of the current system with regard to updating client changes of address. Jacqui indicated that DHS and HFS are exploring

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different avenues to resolve this problem. She noted that HFS is currently reviewing the technical operational elements that would allow the HFS hotline to convert information to the DHS data base. She added that DHS is exploring the possibility of letting clients submit changes online, as well as having a special unit that would handle those requests.

5. CHIPRA Outreach Grantee Update

Margaret Dunne, from Beacon Therapeutic, reported that her organization applied for the second cycle of the CHIPRA outreach grants, for which a decision will be made by July 30, 2011. Ms. Dunne indicated that the Beacon Therapeutic focus continues to be upon the teen population at different settings throughout the metropolitan area in terms of providing advocacy services and case management. According to Ms. Dunne, Beacon Therapeutic has completed 175 applications. However, this does not include additional interventions with families requesting to add family members to an existing case, assisting families or individuals who have lost medical coverage and need assistance to be re-instated, as well as any other situation in which families need assistance to have access to any public benefit.

Diane Fager, from Chicago Public Schools (CPS), reported that they also applied for the second cycle of the CHIPRA outreach grants. Diane stated that CPS, through its Child and Family Benefits Unit (CFBU), comprised of fourteen bilingual staff members, continues assisting families with their medical benefits enrollment and renewal needs. Ms. Fager reported that the Early Childhood Healthcare Outreach (ECHO) initiative completes an average of 30 to 35 applications per month. She remarked that the robot-call initiative has proven to be very successful in assisting families to resolve discrepancies when the address on the medical card does not match the address listed in the CPS records. These families are targeted with robot-calls at different times of the day (morning, afternoon, and evening) to offer assistance in resolving discrepancies. Ms. Fager highlighted the successful collaboration with the DHS Local Offices.

Esther Sciammarella, from the Chicago Hispanic Health Coalition (CHHC), reported that her organization continues its collaborative partnership with other Hispanic healthcare organizations in terms of identifying potentially eligible families for the program. CHHC provides one-on-one counseling to families regarding how to choose a primary care physician, how to complete the renewal process, and other referral services. Ms. Sciammarella indicated that, since CHHC is part of the National Alliance for Hispanic Health, there is a total of 2,000 applications that have been completed in the region consisting of Michigan, Indiana, and Illinois.

6. Meeting Schedule

Kathy Chan proposed to meet every other month instead of quarterly. She indicated that this is a committee that provides valuable input to policy and legislative issues. She anticipates that the committee's input will be particularly important under the frame of Healthcare Reform implementation. Committee members agreed that at the next meeting, HFS staff will

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provide a tentative schedule reflecting the frequency of the meetings for the committee to act upon.

Agenda suggestions for the June 23rd meeting include continuation of the discussion of items three and four from today's agenda: The All Kids income cap and Residency/ Income verification for new applications.

8. Next meeting/adjournment

The next meeting is scheduled for June 23, 2011 from 1:00 p.m. to 3:00 pm. The session was adjourned at 3:08 p.m.