

Medicaid Managed Care Oversight Commission

12:00 – 2:00PM

Wednesday, July 8th, 2026

Virtual Webex Meeting



HFS

Illinois Department of
Healthcare and Family Services

I. Call To Order



HFS
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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, responsive 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.

II. Welcome by Co Chairs

Presenter: Melishia Bansa
Deputy Director of Community Outreach – Boards &
Commissions



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Mattie Hunter

Assistant Majority Leader



Illinois State Senator

Years served: 2003 - Present

Welcome by Our Commission Co-Chairs

(1/2)

Biography

Senator Hunter, a native Chicagoan, has served in the IL GA since 2003. Hunter holds a leadership position as the Assistant Majority Leader, is Vice-Chair of the Executive Appointments and Public Health Committees, serves on the Senate Appropriations – Public Safety and Infrastructure, Energy and Public Utilities, Executive, and Health and Human Services Committees, and is a member of the Illinois Legislative Black Caucus.

As state senator of the 3rd District, Hunter's priorities remain focused on protecting schools, increasing public safety, creating economic opportunities, expanding access to health care and fighting for equality. Over 400 bills regarding breast cancer, childhood vaccines, health care access, substance abuse treatment, youth employment, environmental issues and education have been passed during Hunter's career.



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Camille Lilly

Assistant Majority Leader



Illinois State Representative

Years served: April 2010 - Present

Welcome by Our Commission Co-Chairs

(2/2)

Biography

Rep. Camille Lilly was born and raised in the 78th IL House district and has served as its Representative since 2010. Lilly holds a leadership position as the Assistant Majority Leader, Chair of Approp-Health & Human Services, and Vice-Chair of Appropriations-Public Safety. Lilly's other committees include Labor & Commerce Mental Health & Addiction, Veterans' Affairs, Public Health, Minority & Women Inclusion Analysis.

Lilly is known for her ability to build coalitions and develop creative, sustainable solutions to improve people's lives and communities. Lilly has spent her professional career advocating for and working toward economic opportunity, community development, health and wellness, and educational advancement for district residents.



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Facilitator: Co-Chairs



General Meeting Operations and Communications

(1 of 3)

Meeting basics

- 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, however, if you call in & need materials, please email HFS.Boards.and.Commissions@illinois.gov as soon as safely possible.
- 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.





General Meeting Operations and Communications

(2 of 3)

Comments or questions during the meeting

- If you are a Commission 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 the Co-Chairs.
- 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, please 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 MCO Oversight Boards and Commissions webpage.
- If you have a question during the meeting, please utilize the Webex chat feature to send your question directly to the meeting host.



General Meeting Operations and Communications

(3 of 3)

— Meeting basics Cont.

- The Co-Chairs 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 questions 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 made available to you today via the WebEx Platform. 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 these proceedings.
- Meeting minutes of the prior meeting have been circulated to commission members in advance of today's session. Once approved, they will be posted to the website along with today's MCO Oversight Commission presentation deck.



Summary of Agenda

- I. Call to Order**
- II. Welcome by Co-Chairs**
- III. Roll Call of Committee Members**
- IV. Introduction to HFS Staff**
- V. Review of Meeting Minutes**
- VI. Healthcare and Family Services Executive Presentations**
- VII. Discussion**
- VIII. Public Comments**
- IX. Additional Business: Old & New**
- X. Adjournment**





III. Roll Call of MCO Members

Presenter: Melishia Bansa
Deputy Director of Community Outreach – Boards & Commissions



Roll Call of MCO Commission Members

Senator Mattie Hunter	Co-Chair
State Rep. Camille Lilly	Co-Chair

Anthony (Tony) LoSasso	Jordan Powell
Audrey Tanksley	Mark Corey
Caprice Carthans	Marie Rucker
Charles (Matt) Hartman	Nadeen Isreal
Cornetta Levi	Olumide Idowu
David Sharar	Rual Garza
Garth Reynolds	Senator Dave Syverson
Gerald (Jud) DeLoss	Keshonna Lones – HFS (Proxy: Sarah Sugar)
Jennie Pinkwater	Williams Simon
Nina Davis - DCFS	Arti Barnes - IDPH
Joshua Gottlieb – <i>Resigned</i>	Representative Ryan Spain



IV. Introduction of HFS Staff

Facilitator: Melishia Bansa
Deputy Director of Community Outreach – Boards
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Introduction of HFS Staff

A. Dana Kelly

Chief of Staff, HFS

B. Melishia Bansa

Deputy Director of Community Engagement |
Boards & Commissions

C. Helena Lefkow

Deputy Administrator, Managed Care Performance

D. Sarah Sugar

Special Assistant for Managed Care

Leadership Comments

Dana Kelly, HFS Chief of Staff



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Overview of HCI Contract



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HFS Awards New HCI Contracts

- HFS has awarded new HealthChoice Illinois (HCI) contracts to six Medicaid Managed Care Organizations (MCOs).
- The new contracts will make significant improvements to the way that the Medicaid program operates by holding the MCOs accountable for how they serve customers and by promoting whole person care.
- Contracts were formally awarded on June 8 to the following vendors:
 - Aetna Better Health of Illinois Inc.
 - Blue Cross and Blue Shield of Illinois
 - Humana Benefit Plan of Illinois, Inc.
 - Meridian Health Plan of Illinois, Inc.
 - Molina Healthcare of Illinois, Inc.
 - CountyCare Health Plan (For Cook County only)



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Implementation Timeline

June 8, 2026 –
Notice of Award

July 15, 2026 -
Contract
Execution

June 22, 2026
– Protest Due
Date

January 1,
2028 – Contract
'Go Live'

The initial contract period will run until December 31, 2030. The renewal period begins on January 1, 2031, and runs until June 30, 2036.



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Key Changes Under the New Contract

Improvements for Customers:

- More supported and integrated care coordination with improved screenings and targeted resources
- Improved access to timely appointments via tightened standards and more accurate provider data
- Increased access to resources that support SDOH and HCBS
- Improved customer experience (e.g., call center, digital engagement)

Improvements for Providers:

- More streamlined and transparent administrative processes, such as billing processes and prior authorization
- Increased provider technical assistance, such as required trainings for 'non-traditional' provider types (e.g., doulas, certain behavioral health providers) and for utilization management/prior authorization

Other key changes include more robust plan oversight such as a framework for increased and more effective use of sanctions, more stringent program integrity requirements, and oversight of subcontractors.



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V. Review of Meeting Minutes

Presenter: Melishia Bansa
Deputy Director of Community Outreach – Boards
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A. Additional Feedback From Previous Meetings

Facilitator: Co-Chairs



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VI. Healthcare & Family Services Executive Presentations

Presenters: Helena Lefkow, Deputy Administrator, Managed Care Performance and Sarah Sugar, Special Assistant to the Director for Managed Care





Point 5



Review managed care performance in meeting diversity contracting goals



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Commitment to BEP

HFS remains committed to complying with the State's BEP goals and ensuring businesses owned by minorities, women, and persons with disabilities receive ample opportunities to participate in its contracts. HFS has always strived to set ambitious BEP goals and will continue to monitor the administration and performance of the HCI contract and participating MCOs to ensure those goals are met.



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Illinois' Business Enterprise Program (BEP)



BEP is a state initiative that **promotes economic opportunity** for businesses owned by minorities, women, and persons with disabilities by providing **equitable access** to State contracting opportunities.



The Illinois Commission on Equity and Inclusion (CEI) is statutorily responsible for overseeing and establishing BEP participation goal for State funded procurements.



Illinois has established a statewide aspirational goal of awarding **20%** of eligible State procurement expenditures to certified BEP businesses.



CEI establishes procurement-specific BEP goals using its approved goal-setting methodology by evaluating:

- ✓ the portions of the procurement that present meaningful subcontracting opportunities; and
- ✓ the availability of certified BEP vendors capable of performing those goods and services.

CEI maintains a public directory of BEP-certified vendors for agency procurement officers and prime contractors to reference in identifying vendors capable of providing certain services.



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BEP Under the Previous HCI Purchase of Care Contract



PREVIOUS HCI CONTRACT

Purchase of Care



The previous HCI contract was awarded approximately **10 years ago** as a **Purchase of Care (POC)** agreement. Purchase of Care agreements operate under separate statutory authority and are **not procurements conducted under the Illinois Procurement Code**.



Because the previous HCI contract was **not subject** to the Procurement Code, a statutory BEP participation goal was **not required**.

- HFS nevertheless established and monitored a supplier diversity goal.
- Managed Care Organizations (MCOs) were required to self-report expenditures with businesses owned by minorities, women, and persons with disabilities.



CURRENT HCI CONTRACT(S)

Procurement Code

The new HCI procurement was conducted under the **Illinois Procurement Code** and is therefore subject:

- ✓ to CEI's statutory BEP goal-setting process
- ✓ BEP Reporting Requirements
- ✓ BEP participation requirements.



KEY DIFFERENCE:

The transition from a voluntary reporting model to the Illinois Procurement Code transformed BEP from a reporting expectation into an enforceable contractual requirement, providing greater accountability, oversight, and opportunities for certified BEP businesses.



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How the BEP Goal Was Established For the New HCI Contract

1

IDENTIFY OPPORTUNITIES

88%

Provider Payments & Pass-Through Costs

of the HCI contract value does not present meaningful subcontracting opportunities. HFS and CEI evaluated the remaining portion of the contract that could reasonably support subcontracting opportunities and assessed the availability of certified BEP vendors within the applicable service categories.



42 CFR Part 438, Healthcare providers are not considered subcontractors of MCOs.

2

CEI REVIEW & APPROVAL



HFS prepared the BEP Goal setting Request



HFS intentionally evaluated the procurement as a whole and did not separate state vs federal funding sources.



CEI reviewed, validated, and approved the procurement-specific BEP participation goal.

3

HFS IMPLEMENTATION



Release HCI with approved BEP participation goal. BEP Compliance was **required** as a condition of the contract award



Conducted a pre-proposal Conference with BEP liaison to explain BEP requirements and utilization expectations.



HFS Facilitated networking between primes Offerors and certified BEP firms by inviting attendees to identify themselves and publishing the attendee list.



The solicitation invited feedback on additional NIGP commodity and service codes. HFS evaluated and incorporated recommendations, where appropriate, to expand subcontracting opportunities for certified BEP vendors.

HFS Actions: BEP Education | CEI Coordination | Expanded NIGP Codes | BEP Networking



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BEP Goal Under the New HCI Contract

Based on this analysis, CEI approved a BEP goal of **1%** for HCI



Total Contract Value

10-year term: initial term 4.5 and renewal term 5.5

Approximately **\$431.4B**.



Contract Value – First Full Calendar Year

January 1, 2027 – December 31, 2027

is estimated at approximately **\$30.86B**.



Minimum contractual requirement of 1% BEP goal Impact

The HCI MCOs collectively would be expected to achieve, at a minimum, approximately **\$308.6M** in BEP spending. This exceeds MCOs' self-reported BEP spend of **\$265M** for calendar year 2025.



What this means

With the BEP percentage minimum at 1% of the contract value that presents meaningful opportunities to subcontract with BEP vendors (not the 88% of the contract value that represents spending on provider payments or pass through costs), the size of the HCI contract makes the impact significant. Over the life of the contracts, the approved BEP goal represents approximately **\$4.3 billion** in BEP participation opportunities, demonstrating the meaningful economic opportunities for certified BEP businesses.



Key Takeaway

The Established BEP goal represents a
\$4.3B investment
in BEP participation
over the life of this the contract



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NIGP codes for HCI BEP

NIGP Code	Code description
209-67	Professional: eLearning, Hospital and Pharmacy, Legal, Computer Training, Mainframes & Servers
917-39	Contracted Services, Travel, Transportation
924-35	In-Service Training, Employees
393-54	Fruits, Canned, Processed and Preserved, Including Fruit Sauces / Puree
393-56	Grocers' Items: Cake Decorations, Candles, Canned Fuel, Food Preservatives, Matches, Meal Kits, Toothpicks, Meal Preparation Items, etc.
393-86	Vegetables, Canned, Processed and Preserved, Including Canned Salads, Sauces, and Puree
556-70	Coach, Transit, Touring, Custom
801-40	Sign Faces
910-24	Fire and/or Water Damage Restoration Services
914-28	Cleaning, Interior and Exterior, New Construction
920-40	Programming Services, Computer, Including Mobile Device Applications
948-07	Administration Services, Health
962-69	Personal Services, Temporary
918-24	Communication Consulting
918-29	Computer Software Consulting
952-43	Family and Social Services, Including Shopping and Buying Services
952-54	Homemaker Services

NIGP Code	Description
915-01	Advertising Agency Services
915-20	Call Center Services
915-22	Communication Marketing Services
915-49	Telephone answering service
915-58	Mailing Services
918-38	Education and Training Consulting
918-69	Insurance consulting
918-76	Marketing consultant
918-32	Consulting Services not otherwise classified
918-75	Management Consulting
918-96	Transportation Consulting
918-65	Human Relations, Relations Consulting
946-10	Accounting and Billing Services, Including Payroll Services, 3rd Party Reimbursement for Medicare, Medicaid, Private Insurance, etc.
952-94	Transportation Services: Elderly, Handicapped, Incapacitated, Prisoners, Juries, Students, Etc.
958-56	Healthcare Management Services including Managed Care Services
961-02	Staffing (admin services all kinds)
961-46	Interpreter services, foreign language, hearing impaired, etc.
961-75	Translation Services
966-25	Printing Services
966-59	Offset Printing, General, Large Production Runs on Large or Web Press (Quan. Over 100,000), One or More Colors, No 4 Color Processes or Close Registration Required, May Exceed 11 x 17 In. and Have Large Solids
966-76	Print-On-Demand Printing services, including print and distribute services

NIGP Code	Description
952-15	Case Management
948-12	Ambulance Services, Non-Emergency
948-45	Home Health Care Services
948-47	Health Care Center Services
948-73	Physical Fitness Programs
952-62	Mental Health Services: Vocational, Residential, Etc.
958-74	Human Resources Management Services
961-13	Chartering Services for Aircraft, Boats, Buses, School Buses, and other Transportation
961-30	Employment Agency and Search Firm Service
700-56	Offset Printing, Duplicating & Lithographing Machines & Equipment for 17" x 22" & Larger
052-40	Masks
201-42	Gloves (Latex, Plastic, PVC, Poly, Synthetic, Vinyl)
345-74	Personal Protective Equipment (PPE), Blood Borne Pathogen Protection (Not Otherwise Classified)
208-66	Professional Computer Training, E-Learning, Hospital, Pharmacy, Legal, Software, Microcomputer
019-90	Vegetables (Not Otherwise Classified)
385-48	Fruits, Frozen
385-95	Vegetables, Freeze Dried
385-96	Vegetables, Frozen
390-28	Fruits, Fresh
393-55	Fruits, Dried
918-21	Business Consulting
645-33	Copy Paper, Specialized High Speed, Including Recycled

Improving BEP Performance

WHY THE APPROVED GOAL REMAINS IN PLACE



CEI approved the procurement-specific BEP goal, and the **Chief Procurement Officer** approved the procurement for solicitation.



Offerors prepared and submitted proposals based on the approved BEP participation goal



The approved BEP goal became a **material requirement** of the solicitation and **resulting contracts**.

ONGOING IMPROVEMENT



The **1% BEP** goal is the minimum requirement—**not the ceiling**. MCOs are encouraged to exceed it whenever practicable.



HFS **will continue evaluating requests** for additional NIGP codes to expand subcontracting opportunities. Adding new subcontractors may require contract amendments



At each **contract renewal**, HFS will **reevaluate and reestablish the BEP goal** with CEI using its established goal-setting methodology. Additionally, HFS and CPO **MUST consider** each contractor's **BEP performance and compliance when determining whether to exercise a renewal option**.

KEY TAKEAWAY:

The approved BEP goal is a minimum contractual requirement established before the solicitation, but HFS expects contractors to maximize BEP participation throughout the life of the contract.



CONTRACT RENEWAL: HFS and CEI will reevaluate and establish the appropriate BEP goal using CEI's approved goal-setting methodology.



Ensuring MCOs meet the BEP goal



Quarterly BEP reviews with each of the MCOs (Bureau of Managed Care (BCM) has added this as an agenda item for future quarterly business reviews).



Enhanced reporting and monitoring of BEP utilization (Agency reorganization to ensure contract monitoring under Office of Procurement Management (OPM)).



Exploring feasibility of vendor outreach efforts to increase participation by certified vendors.



MCOs that fail to meet the goal face financial penalties and the risk of non-renewal.



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Additional considerations



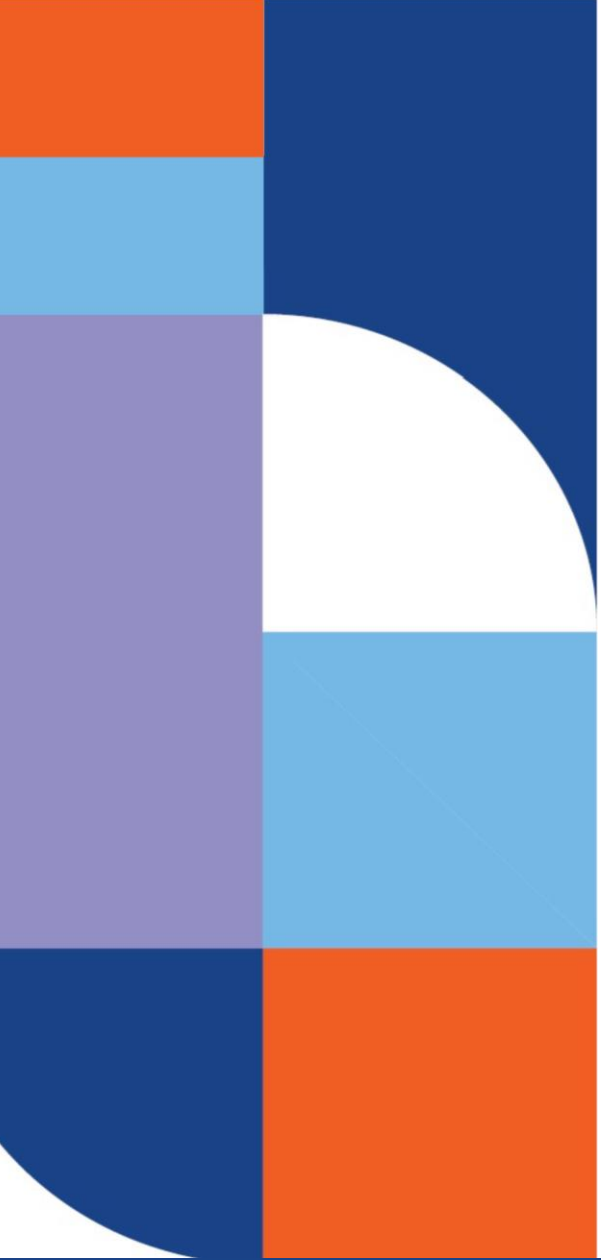
HFS fully enforced the **Commitment to Diversity (C2D)** requirements within the HCI contract, as mandated by 30 ILCS 500/2015(e15).

- C2D accounted for 20% of the technical score in the HCI RFP.
- Noting: This is new to this HCI procurement



HFS required each MCO to submit documentation (executed contracts) demonstrating their investments in women, minority, and persons with disabilities owned businesses and organizations.

- These contracts were not required to be registered with BEP.
- These contracts may or may not be the same subcontracting relationships used to meet BEP requirements and goals.



Point 4



Review the Department's prior authorization and utilization management requirements and recommend adaptations for the Medicaid population



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UM and Prior Authorization Requirements

MCO contract and managed care administrative rules outline strict guidelines for utilization management and prior authorization processes including transparency requirements and external review of application of clinical criteria:

- UM decisions must be governed by, and consistently adhere to, clinical practice guidelines developed in partnership with network providers.
- Utilization Review plan must include timely decisions and appeals process; review by qualified medical professionals of relevant specialty and, where appropriate, clinical peers; and regular review of processes and procedures.



HFS Oversight of UM and Prior Authorization

- HFS Account Managers play a crucial role in oversight (e.g., addressing provider disputes, determining breaches in contract).
- Federally-mandated external quality review organization (HSAG) conducts numerous oversight activities throughout each year.
- Annual review and public reporting of each MCOs' total service authorization requests, including those approved, initially denied, overturned through post-denial process, and denied on final determination.



2025 UM Service Authorization Data Analysis Report

- All health plans were compliant with the adoption and use of nationally recognized **clinical decision support criteria**.
- All health plans had procedures to ensure **equitable standards of care** for enrollees, and data analysis did not identify any concerns with parity.
- General **acute hospitals** contributed the most service authorization requests for both the health plans and FFS.
- Health plan and FFS hospital service authorization approval rates were significantly higher than denial rates. Across MCOs, the average **approval rate was 86%**.
- Of the health plans' total hospital service requests, less than 5% underwent at least one **second level of review**.



Key Changes Under the New Contract ^{ab}

- Expanded oversight and additional requirements for MCOs to improve process ease for providers, bolstering transparency and standardizing selected PA criteria.
- MCOs must increase communication regarding reasons for denials, publicly posting additional information regarding program criteria, and adhere to strict rules and limitations regarding the use of AI and algorithms.
- Gold Card Program will support providers with high rates of approval.

Enhanced enforcement framework for increased and more effective use of sanctions, including 11 pre-determined financial sanctions such as use of prohibited utilization management practices.



VII. Discussion

Facilitator(s) Co-Chairs





VIII. Public Comments

Presenter: Melishia Bansa
Deputy Director of Community Outreach – Boards & Commissions



Public Comments

Name	Title	Org	Comment
None			





IX. Additional Business: Old & New

Facilitators: Co-Chairs



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Additional Business: Old & New



a. Items for future discussion?



b. HFS announcements?



i. Meeting Dates

**Presenter: Melishia Bansa, Deputy Director of Community Engagement |
Board and Commissions**



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For Future Meetings:

- 2026 Meetings will meet quarterly
- [MCO Oversight Commission Meeting Schedule \(illinois.gov\)](https://www.illinois.gov/mco-oversight-commission-meeting-schedule)

Next Year Meeting Date & Times

- Sept 9, Dec 9
- (Please note: meeting dates are subject to change)

HFS Announcements

- Please complete your mandatory training

ii. Boards and Commission Resources

Facilitator: Melishia Bansa, Deputy Director of Community Engagement |
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1. Bureau of Training

Presenter: Tony Crain, Bureau of Training



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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
- 7 Mandatory State of Illinois Disability Survey 2026

You can access the trainings at the following link: <http://onenet.illinois.gov/mytraining>

Please complete the trainings through OneNet no later than November 30, 2026. If anyone has any issues logging into OneNet, please email HFS.BureauofTraining@Illinois.gov



MCO Oversight Commission Member Resources

Website and resources

- [Medicaid Managed Care Oversight Commission \(illinois.gov\)](https://www.illinois.gov/medicaid-mco-oversight-commission)

The screenshot shows the official website of the Medicaid Managed Care Oversight Commission. The header includes the HFS logo, the director's name (Elizabeth M. Whitehorn), a language selector (English), and a search bar. The navigation menu lists various services. The main content area features a sidebar with links to the commission's home, legal description, membership, meeting schedule, and meeting notice. The main body contains the title 'Medicaid Managed Care Oversight Commission' and a table with details about the commission.

TITLE	Medicaid Managed Care Oversight commission
FUNCTION	The Medicaid Managed Care Oversight Commission is created within the Department of Healthcare and Family Services to evaluate the effectiveness of Illinois managed care program.
TERMS	Determined by Senate President and Speaker of the House
COMPENSATION	None
CHAIRPERSONS	Senate President appointment and Speaker of the House



Commission Resources

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!



X. Adjournment

Facilitator(s): Co-Chairs

