Medicaid Managed Care Oversight Commission

11:00AM – 1:00PM

Tuesday, October 6th, 2026

Virtual Webex Meeting

HFS

Illinois Department of Healthcare and Family Services

Medicaid Managed Care Oversight Commission

Medicaid Managed Care Oversight Commission Home

MCO Oversight Commission Legal Description

MCO Oversight Commission Membership

MCO Oversight Commission Meeting Schedule

MCO Oversight Commission Meeting Notice

MCO Oversight Commission Meeting Presentation Deck...

Medicaid Managed Care Oversight 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

I. Call To Order



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Illinois Department of
Healthcare and Family Services

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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.

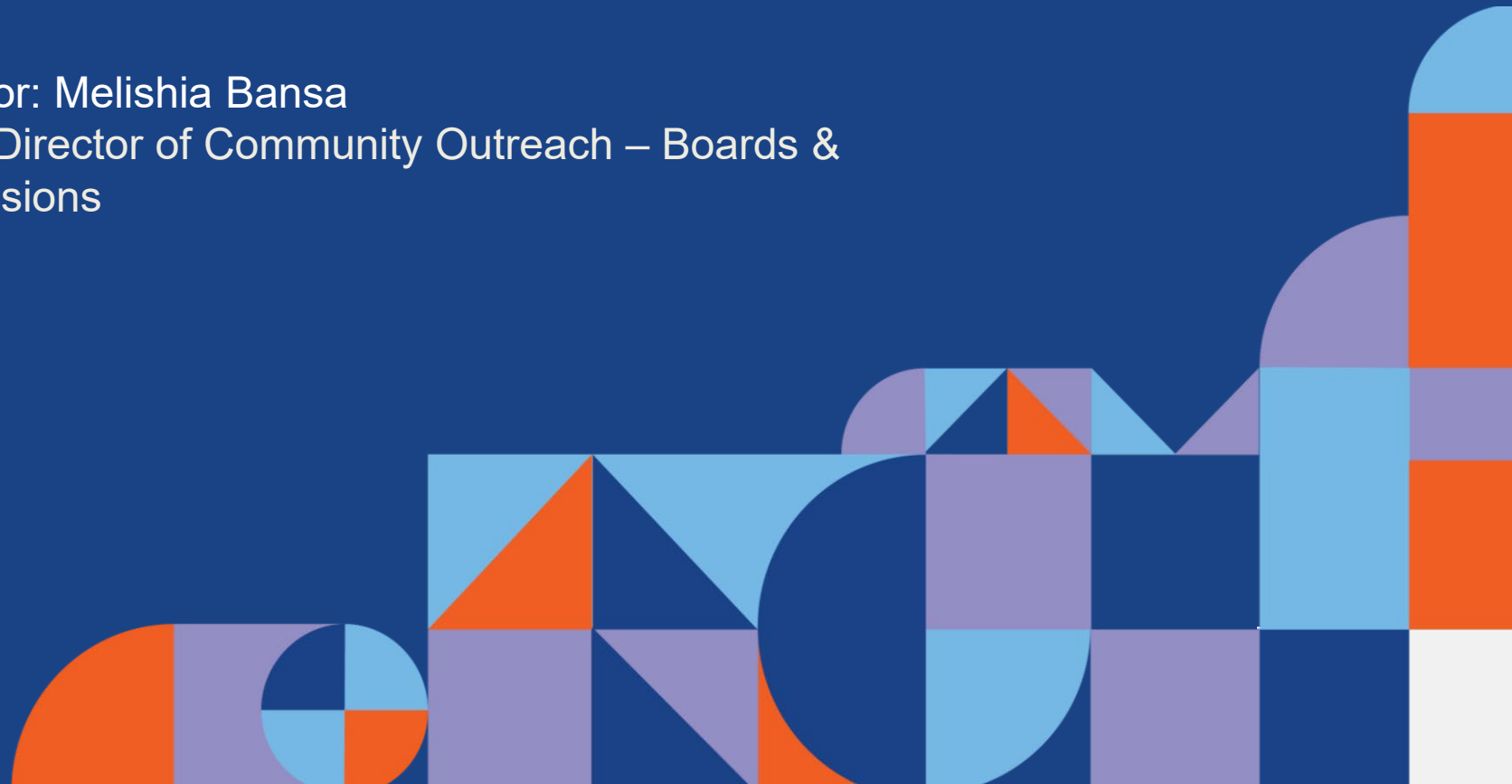
Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.

II. Welcome by Co Chairs

Facilitator: 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.

Welcome by Our Commission Co-Chairs

(2/2)

Camille Lilly

Assistant Majority Leader



Illinois State Representative

Years served: April 2010 - Present

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.

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)

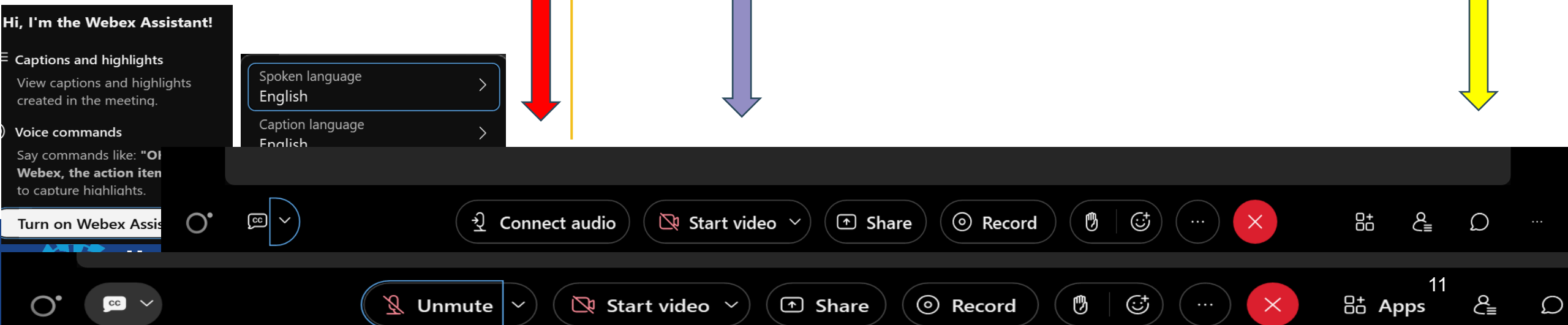
Meeting basics Cont.

- 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.

Technology Check

House Keeping

- Meeting Chat – Contact the Meeting Host with Questions or Comments
- Connect Audio - Mute and Unmute – Microphone
- Closed Captioning
- Start Video – Turn Camera On or Off



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

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

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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 (Sarah Sugar)
Jennie Pinkwater	William Simon
Nina Davis - DCFS	Arti Barnes - IDPH
Joshua Gottlieb – *Resigned*	Representative Ryan Spain
	Courtney Boileau



IV. Introduction of HFS Staff

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

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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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Next steps | Helpful links to support

Item	Supporting materials	How you can help
Share with others	**HFS Federal Resource Center:** Access toolkits, fact sheets, webinars and other resources to help Medicaid customers understand the upcoming federal changes (link) **Webinar 10/21/2026** – HR1 System Changes: How to Utilize and Assist **HR 1 FAQs**: Answers to common questions about federal changes (link) **Illinois Medicaid Customer Guide:** Online info hub for customers (link) **HR 1 SNAP resources:** DHS materials to help SNAP customers understanding upcoming changes (link)	**Share these resources** with constituents and community partners (e.g., via newsletters, district offices, etc.) to help raise awareness and prepare for upcoming changes
Stay informed	**Follow for latest announcements and public-facing updates on federal changes** • Facebook (link) • LinkedIn (link)	**Follow HFS** for the latest updates and resources



V. Review of Meeting Minutes

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

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A. Additional Feedback From Previous Meetings

Facilitator: Co-Chairs

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VI. Healthcare & Family Services Executive Presentations

Presenters: Dana Kelly, HFS Chief of Staff, Melishia Bansa, Deputy Director Community Outreach | Boards and Commissions

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Illinois Department of Healthcare and Family Services

Point 13

Safety-net hospitals



MCO Oversight Commission

2026

Strengthening Healthcare for the Underserved in Illinois

What we heard at stakeholder listening sessions

Civic Consulting alliance

Contents

01. Background and context

02. Approach and executive summary

03. Report on Patient Access and Care

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Illinois is building resilience amid a challenging healthcare ecosystem

[1] Illinois Department of Healthcare and Family Services, "FY27 Legislative Appropriations Committee Presentation," April 16, 2026

The Challenge

HR1 puts up to **300,000 Illinoisans at risk of losing Medicaid** and threatens **$51 billion in federal funding** over the next decade – compounding pressure on an already strained healthcare system and exacerbating inequities.[1]

Response

Governor Pritzker's administration is working to better understand how these changes will affect access to care and **what Illinois can do to protect residents' health.**

Immediate Action

In spring 2026, the Illinois General Assembly passed, and Governor Pritzker signed into law, a **Medicaid Omnibus Bill** to strengthen the state's ability to support the healthcare system.

Holistic Solutions

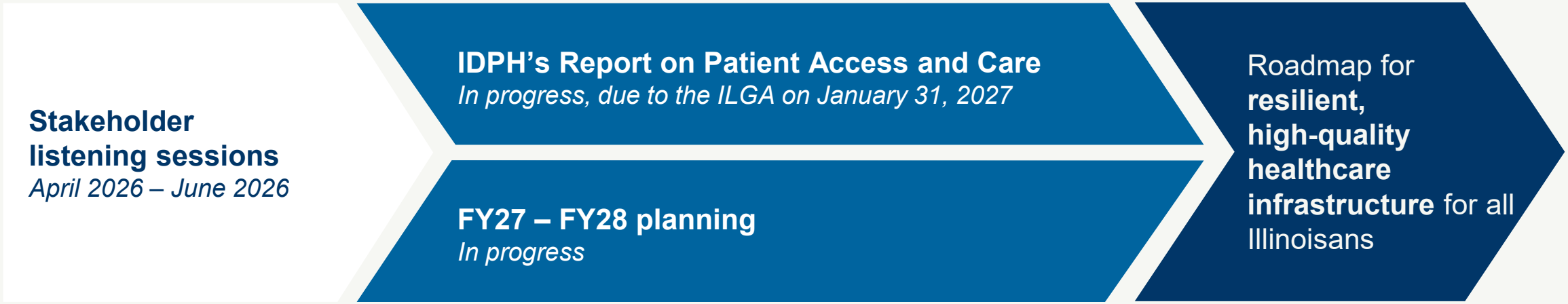
The State recognizes the **importance of patients', communities', and healthcare experts' input** in setting the foundation for reform.

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The State is grounding this work in the voices of stakeholders

This report **summarizes the first phase of the** process – Learning directly from patients, community leaders, and healthcare providers about what they value most in a healthcare system.

The focus for these sessions was **the Chicago metropolitan area and surrounding suburbs**, because there were substantial stakeholder engagement efforts implemented last year related to the new **Rural Health Transformation Program.**



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What this report is – and what it isn't



This report IS…

A **synthesis of perspectives** shared by participants across listening sessions

A summary of key **experiences, themes, and areas of alignment**

A **foundation** to inform future analysis, strategies, and policy recommendations

This report is NOT…

A set of State **recommendations or policy proposals**

That will be forthcoming as the State considers various inputs, including this report

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Over 225 participants shared their perspectives across 10 listening sessions

Session Approach

Data were collected through bilingual facilitation, notes, and materials from discussions and activities. Findings were synthesized across verbal, written, and visual inputs for consistent and reliable insights.

Stakeholders included…

Patients
Chicago + collar counties

Six in-person sessions combined presentations, Q&A, and interactive, bilingual discussions.

Community leaders
Sectors across the region

Leaders from community, advocacy, and faith-based organizations joined a virtual meeting.

Healthcare providers
Safety net, FQHC/FCC, AMC*

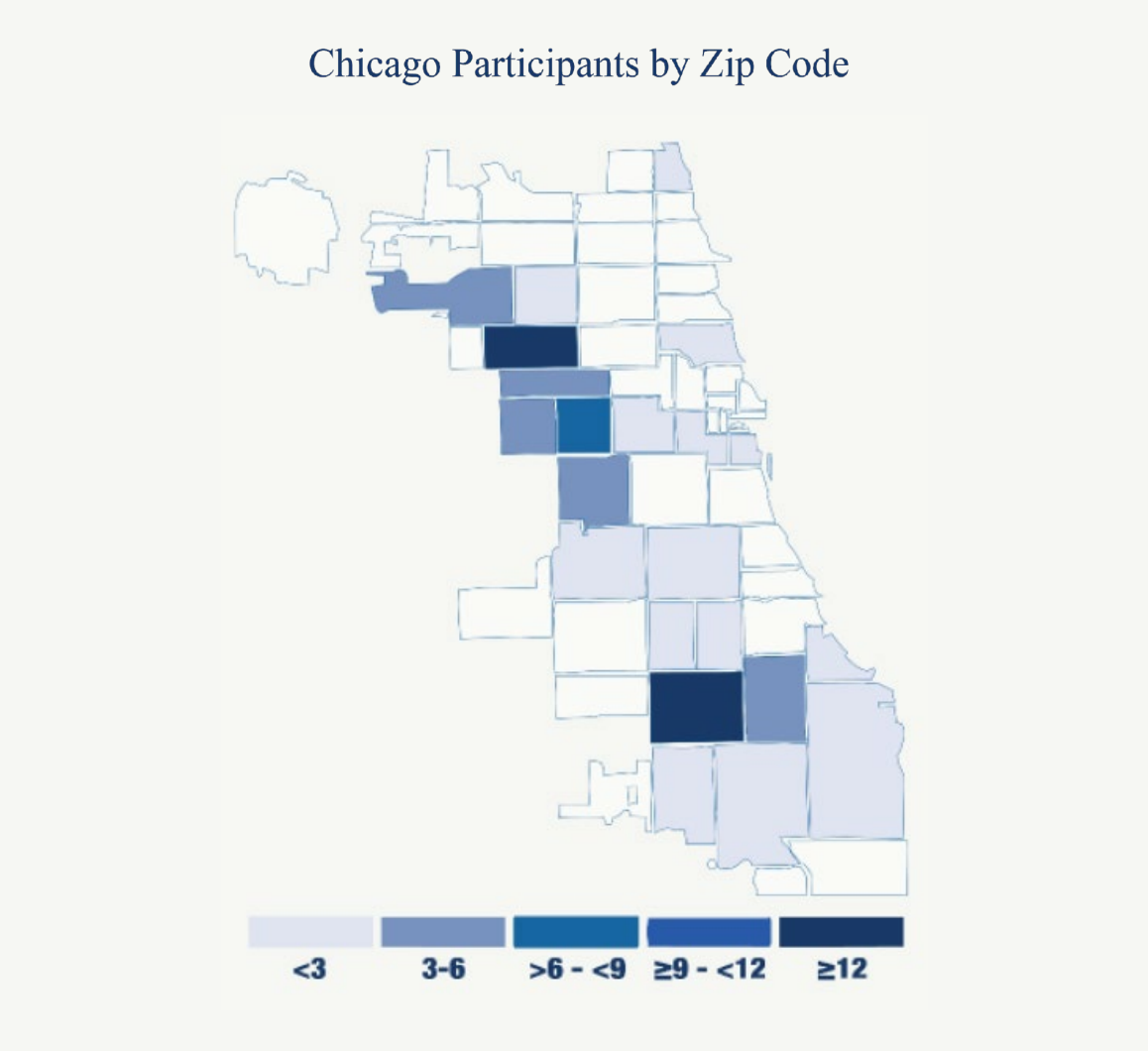
Three in-person sessions featured a presentation followed by facilitated discussions.

*"Safety Nets" as determined by the State's Medicaid program
FQHC = Federally qualified health center; FCC = Free and charitable clinic;
AMC = Academic medical centers and health systems

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Patient Demographics

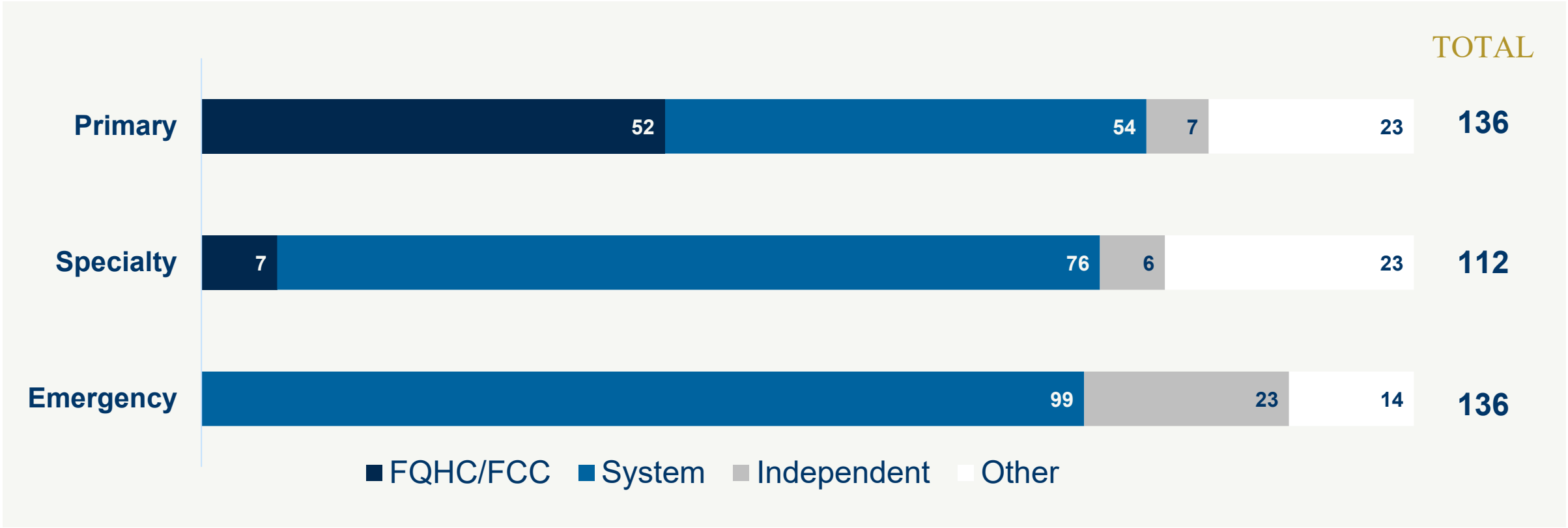
Participants represented a broad geographic cross-section of Chicago, with 25 of the city's approximately 60 zip codes represented across sessions. Participation spanned neighborhoods throughout the city, with the greatest concentration of participants from the South and West Sides, reflecting the focus of engagement efforts in communities most impacted by healthcare challenges.



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Patients shared where they seek primary, specialty, and emergency care

To differentiate the types of hospitals that patients visited, the categorization anchored on size to best represent the patient perspective. For report purposes, hospital systems are defined as organizations with budgets exceeding $1B; independent hospitals are defined as those with budgets below $1B.



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Across sessions, several key themes emerged

> We all want the same thing. We want to be seen, heard, and we want quality care."
>
> — Patient

> In terms of things that are working, proximity. So, how easy is it for you to go and get services done all in one place."
>
> — Community Leader

> Continuity of the patient experience is essential."
>
> — Healthcare Provider

Patients

- Perceived quality & trust
- System fragmentation
- Cultural competence

Community Leaders

- Holistic care
- Connection across services
- Cost burden

Healthcare Providers

- Preserve & expand quality care
- Prioritize patient health
- Effective provider coordination

Vision for a high-quality, coordinated, accessible healthcare system

- **North Star goal is quality care**
- Strengthened coordination between primary, specialty, and hospital care, as well as social services
- Value co-located, "one-stop" models to improve navigation and increase access, particularly in community-based settings
- Cost and coverage instability limit patients' access to care and strain providers' ability to deliver consistent, high-quality services

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Stakeholders shared a vision for a more integrated, community-centered model

These findings suggest that **Illinois' greatest opportunity lies in building a more coordinated, equitable, and resilient healthcare system** that better meets the needs of patients and communities.

The findings in this report will help inform the **Report on Patient Access and Care (PAC)** that the Illinois Department of Public Health is preparing this year for the Illinois General Assembly by **January 31, 2027**.

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The report will help optimize State resources to strengthen care delivery and patient access

IDPH engaged the **Health Policy Research Center** at Massachusetts General Hospital to facilitate the development of the report.

Three key areas of analysis inform the Report on Patient Access and Care

Data Aggregation and Review of Existing Documents and Reports
Identify state and local access gaps, financial models, and health outcomes using existing reports and data

Policy and Regulatory Framework Review
Assess the state and federal regulatory landscape to identify system challenges and opportunities for improving access, value, and financial sustainability

Focus Area Deep Dives *(detail on next page)*
(1) patient experience; (2) care model transformation; (3) workforce resilience and optimization; and (4) system agility

Recommendations

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The four deep dives deliver focused assessment and recommendations

1

Patient Access and Experience

Assess how the current system meets patient needs, drawing on stakeholder input (2026 listening sessions report) and data analysis. Draft opportunities and recommendations for monitoring.

2

Care Model Transformation

Assess how current regulatory, data, and planning conditions affect safety net care design and quality, with a focus on hospital vs. community-based care. Draft best practices and cost-benefit summary of innovations.

3

Workforce Resilience and Optimization

Assess current workforce capacity and shortages by profession and area. Draft recommendations to identify partnership opportunities within the fiscal realities and hospitals' role as local economic engines.

4

System Performance and Accountability

Examine Illinois' public health system's capacity to drive patient and community outcomes. Draft best practices from comparable states and recommendations to assess impact over time.

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The State convened an Advisory Committee to ground the PAC Report in Illinois' realities

The Advisory Committee's input will help inform the State's ability to translate findings into meaningful actions. The State take this input into planning considerations.

Advisory Committee purpose

- The Advisory Committee will provide **community and health leader input** to inform the creation of the Report on Patient Access and Care
- The Advisory Committee's input is needed to ensure that the Report on Patient Access and Care remains firmly **rooted in the needs of Illinois patients and communities**
- They will advise IDPH and the Health Policy Research Center on the scope of the project, including assisting in **identifying critical areas for analysis**

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Two community engagement tracks support the PAC Report through January 31, 2027

*Community engagement will supplement the Advisory Committee to leverage the momentum built during the listening sessions and ensure that **community is brought along in this journey.***

Track	Purpose	Approach	Timing
.01 **Open call readouts**	Socialize the PAC Report with community members	• Two in-person meetings at community partners; one virtual statewide session • Invite State Medicaid Working Group	Early Nov.
.02 **Official Community Council**	Real world pressure test PAC Report for: • Reflection of community priorities • Implementation challenges/ unintended consequences Serve as ambassadors post-Report	By referral	• Dec: feedback session ahead of recommendations • Jan/Feb: discuss report implementation

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Acknowledgements

We are grateful to the over 225 patients, healthcare providers, and community leaders that shared their experience with the current healthcare system. We are especially appreciative of the following partners, whose collaboration and support made this work possible, including hosting sessions at their facilities.

The Report on Patient Access and Care is due to the Illinois General Assembly by January 31, 2027.

- Civic Consulting Alliance
- DuPage County Health Department
- Greater Auburn Gresham Development Corporation
- Lake County Health Department
- Lawndale Christian Health Center
- Northwest Center
- Rush University Medical Center
- Think and Do, LLC
- West Side United
- Will County Health Department

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Thank you!

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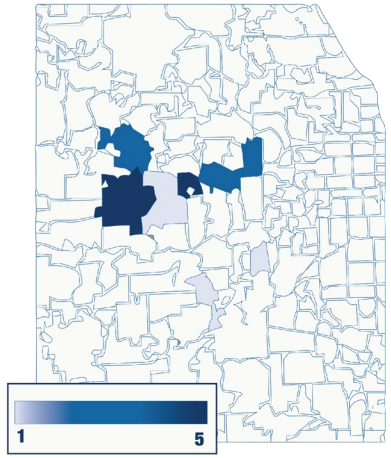
Appendix

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Communities Represented in Collar Counties

Across DuPage, Lake, and Will counties, participants represented 32 unique zip codes, reflecting a diverse mix of racial and income backgrounds. Sessions with Spanish-speaking participants offered materials in both English and Spanish.

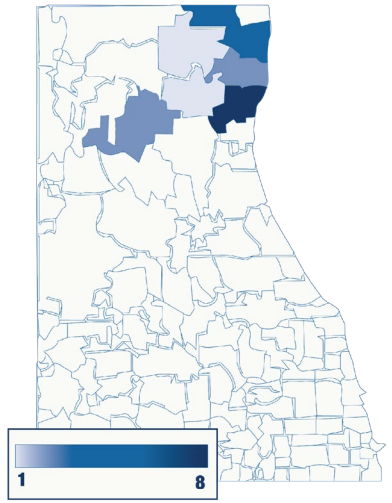
Data is missing for 17 people: nine West Side Chicago participants, one South Side Chicago participant, six Lake County participants, and one DuPage County participant. One participant identified as “homeless.”



DuPage County

21 participants

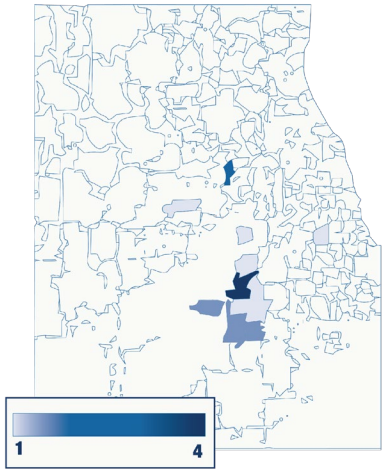
Session held in partnership with the DuPage County Health Dept.



Lake County

32 participants

Session held in partnership with the Lake County Health Dept.



Will County

21 participants

Session held in partnership with the Will County Health Dept.

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"We all want the same thing. We want to be seen, heard, and we want quality care."

Patient Perspectives

Chicago + Collar Counties

Six in-person sessions combined presentations, Q&A, and interactive, bilingual discussions.



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Patients prioritized quality, access, and dignity

Hospital reputation and provider interactions influence perceived quality and trust

- **General satisfaction with primary care providers**; noted listening, clear communication, and follow-up
- Low trust in specific institutions leads some patients to **bypass nearby facilities for perceived higher-quality care**
- Desire for more **holistic care,** including mental health, prevention, dental, and vision

"When I am really sick, I have to get in a car and go to the hospital that I want to go to. The ambulance will take me somewhere I don't want to go."

Fragmented systems and structural barriers limit access, especially for specialty care

- Barriers included: Long wait times, especially for specialty care and diagnostic testing; **challenges obtaining referrals and limited coordination between providers**; financial constraints, such as high out-of-pocket costs, unaffordable, complex, and limited insurance plans
- **Desire for co-located, coordinated systems**

"Referrals are often very far away. It would be great if there were specialists closer to home."

Dignity, equity, and cultural competence are critical to quality care

- Positive experiences with providers who show **cultural competence**, communicate in patients' preferred language, and make patients feel heard and understood
- **Concerns around equity** included: bias based on insurance status; discrimination and frank interpersonal racism; feeling dismissed or not taken seriously

"I want them to be Black because culturally they can talk to me a little bit better and make you feel more comfortable going."

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"In terms of things that are working, proximity. So, how easy is it for you to go and get services done all in one place."





Community Leaders

Sectors Across the Region

Leaders from community, advocacy, and faith-based organizations joined a virtual meeting.

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Community leaders emphasized trust, coordination, and cost

Holistic care depends on communication, trust, and addressing root causes

- Culturally competent, community-centered **outreach and education** are critical to drive awareness and engagement with health interventions
- Overall wellness and disease prevention are **closely tied to social drivers of health**. Limited access to resources shapes individuals' and communities' ability to manage health and avoid illness

"We've had a lot of people say that they feel more at ease when they walk in a building and they see themselves reflected."

Cross-sector, connected care better aligns services with community needs

- **Disconnection across providers** results in long wait times, disrupted treatment, and missed care
- Potential of **community-based, co-located care models that combine clinical and social services**
- Investment in the **quality** of the healthcare safety net is critical for community-based organizations to deliver services

"It's one thing for us to guide you into care and then it'd be low quality and there may be breast cancers missed."

Cost is a key barrier to care

- **Affordability challenges**, such as insurance costs, unclear billing, and sliding-scale fees, lead many individuals to delay or forgo care
- Insurance coverage limitations disrupt continuity of care and delay services. **Gaps in coverage**, especially for undocumented individuals and young adults aging out of plans, leave many without consistent access

"We hear [cost] a lot, even relative to the cost of insurance and particularly now when the price of everything is higher. And so people will forego even trying."

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"Continuity of the patient experience is essential."



Healthcare Providers

Safety net, FQHC/FCC, AMC*

Three in-person sessions featured a presentation followed by facilitated discussions.

*"Safety Nets" as determined by the State's Medicaid program
FQHC = Federally qualified health center; FCC = Free and charitable clinic; AMC = Academic medical centers and health systems

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Healthcare providers pointed to operations, quality, and continuum of care

Policy and practice changes to preserve and expand high quality care

- Financing methods **may not fully reflect the complexity or cost of care**, particularly for high-acuity and uninsured populations
- Policy opportunities include rate reform, continued support for supplemental funding, and **oversight**
- **Administrative relief** is critical due to complex payer processes that consume resources

"[We've seen a] 20% increase in YoY visits. We're tiny. We serve the uninsured. These are people who lost care. Some people went underground during Operation Midway Blitz."

Patient health outcomes should drive solutions, not institutional priorities

- Healthcare providers should **prioritize improved patient health outcomes**
- Ensure that healthcare providers are delivering high-quality experiences by strengthening oversight of hospitals and **examining the impact of for-profit hospitals**

"There needs to be an understanding of the data: where patients are going for care, occupancy, financial incentives, assessments, etc., to drive change."

Effective provider coordination reinforces community strengths

- **Fragmented care across healthcare providers and systems disrupts coordination and continuity for patients**
- Invest in models that show promise and positive **population health outcomes**, such as Healthcare Transformation Collaboratives

"A more coordinated approach is part of the solution."

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Summary Overview of Points

Commission Member Recommendation & Feedback Survey

MCO Recommendations Survey

HFS seeks feedback from the MCO Oversight Commission members on each of the points that have been discussed since the Commission's launch. We specifically seek any additional recommendations pertaining to these points, feedback on the Department's presentation of the topics, and any additional feedback you wish to share.

*Please use this form to submit your formal recommendations and feedback for each of the 13 points below.

*Please reference the specific slides listed with each question to review the material presented during each respective meeting.

*Listed in the first section of this form, you will find links to full presentation decks, commission charter, and meeting minutes available for your review.

HFS thanks you for your efforts!

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

* Required

Recommendations & Feedback

Presentation Decks: https://hfs.illinois.gov/about/boardsandcommisions/medicaidmanagedcareoversightcommission/mcooversightcommmpd.html

Meeting Minutes: https://hfs.illinois.gov/about/boardsandcommisions/medicaidmanagedcareoversightcommission/mcoocmeetingminutes.html

MCO Oversight Commission Charter: https://hfs.illinois.gov/about/boardsandcommisions/medicaidmanagedcareoversightcommission/medicaidmanagedcareoversightcommissionhome.html

1. First and Last Name *

Enter your answer

2. Please select all meetings that you were in attendance for.

- [ ] Friday April 26, 2024
- [ ] Thursday December 12, 2024
- [ ] Thursday July 24, 2025
- [ ] Wednesday October 8, 2025
- [ ] Wednesday December 10, 2025
- [ ] Thursday April 23, 2026
- [ ] Wednesday July 8, 2026
- [ ] Tuesday October 6, 2026

3. **Point 1**

Health Outcomes and Medicaid Managed Care Members
(page 25) **https://hfs.illinois.gov/content/dam/soi/en/web/hfs/about/boardsandcommisions/mmcoc/04262024mcompd.pdf**

Enter your answer

4. **Point 2**

Care Coordination and Case Management
(page 45) **https://hfs.illinois.gov/content/dam/soi/en/web/hfs/about/boardsandcommisions/mmcoc/04262024mcompd.pdf**

Enter your answer

15. **Point 13**

Safety-net hospitals
https://hfs.illinois.gov/about/boardsandcommisions/medicaidmanagedcareoversightcommission/mcooversightcommmpd.html

Enter your answer

16. Do you have any other feedback for the Department, including material presented, opportunities for the Commission to submit feedback, and any other opportunities for improvement?

Enter your answer

17. From a scale of 1-10, how satisfied have you been with your participation on the Commission?

1 = Not Satisfied , 5= Neutral/ Neither Satisfied nor Dissatisfied, 10 = Extremely Satisfied

1	2	3	4	5	6	7	8	9	10

18. What additional topics would you be interested in hearing from the Commission going forward (e.g., HR1 impacts on Medicaid managed care)?

Enter your answer

Submit

ATTN: MCO Oversight Commission - Feedback & Recommendation Phase

Draft saved at 12:51 PM

Dear MCO Oversight Commission Members,

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HFS thanks you for your efforts!

Recommendation Survey LINK: [HERE]

For your reference, the Commission's meeting artifacts are linked below:

- Commission Charter: [Here]
- Meeting Minutes: [Here]
- Presentation Decks: [Here]

Materials Organized by Meeting Date:

- **Friday April 26, 2024**
  - Point 1: Health Outcomes and Medicaid Managed Care Members
  - Point 2: Care Coordination and Case Management
  - Point 7: Member Access to Health Care Services
  - Point 11: Provider Availability
    - Meeting Minutes
    - Presentation Deck

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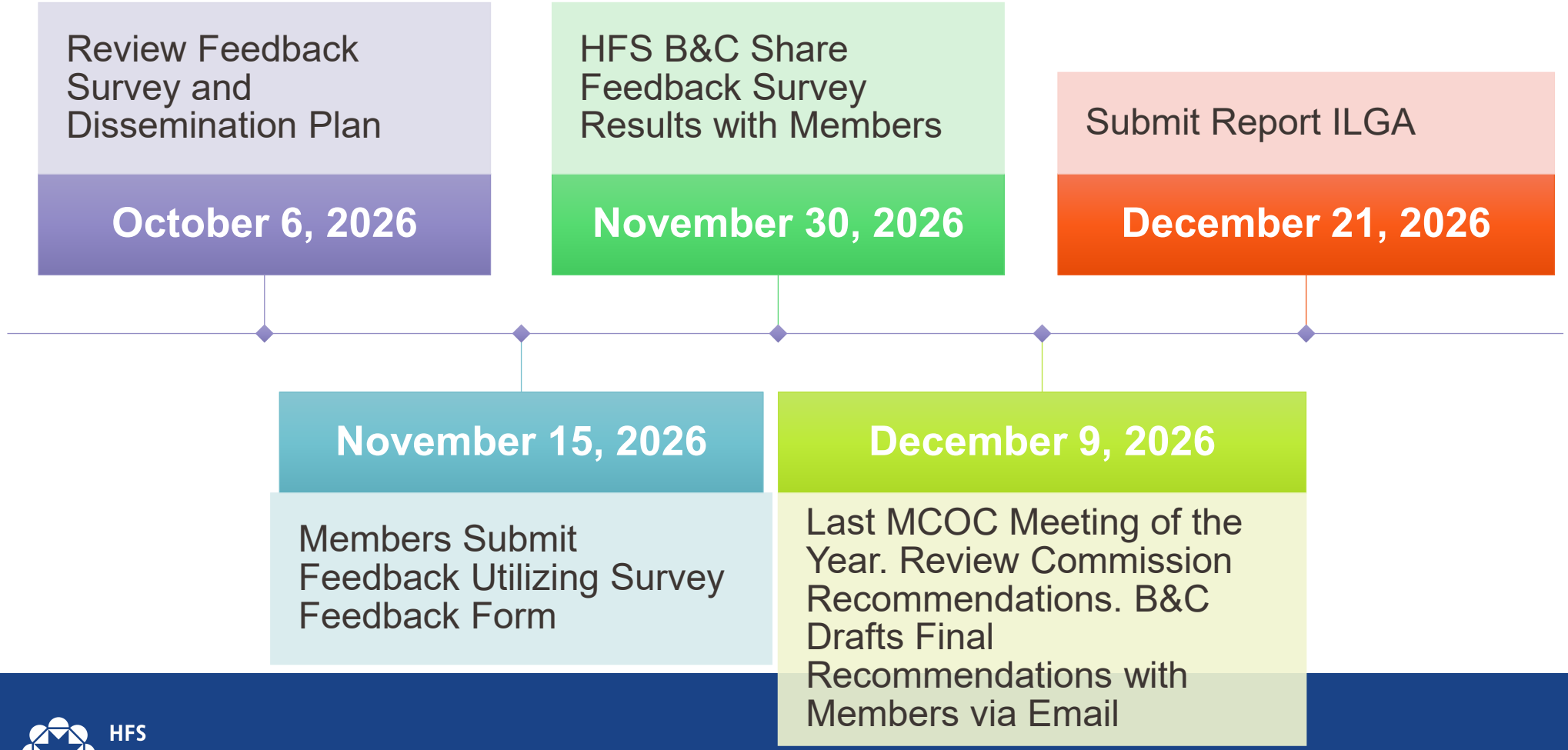
- **Thursday December 12, 2024**
  - Point 12: Culturally competent services
  - County Care Presentation
    - Meeting Minutes
    - Presentation Deck

- **Thursday July 24, 2025**
  - Point 8: Value-based/alternative payment methodologies
  - Milliman Presentation
  - Update on HCI Procurement Timeline
  - Managed Care Community Network (MCCN)
    - Meeting Minutes
    - Presentation Deck

- **Wednesday October 8, 2025**
  - Point 6: Claims processing to medical providers
  - ACE Presentation (Advanced Communication Engine)
    - Meeting Minutes
    - Presentation Deck

- **Wednesday December 10, 2025**
  - Point 10: Produce an Annual Report
  - HCI Procurement Update
  - MCO Annual Report
  - Review of Points presented thus far
    - Meeting Minutes

MCO Oversight Commission Workflow Tentative Timeline





VII. Discussion

Facilitator(s:) Co-Chairs

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VIII. Public Comments

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

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Healthcare and Family Services

Public Comments

Name	Title	Org	Comment
None			



IX. Additional Business: Old & New

Facilitators: Co-Chairs

HFS
Illinois Department of
Healthcare and Family Services

Additional Business: Old & New



a. Items for future discussion?



b. HFS announcements?

i. Meeting Dates

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

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Healthcare and Family Services

For Future Meetings:

- 2026 Meetings will meet quarterly
- MCO Oversight Commission Meeting Schedule (illinois.gov)

Next Year Meeting Date & Times

- 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 | Board and Commissions

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Illinois Department of
Healthcare and Family Services



1. Bureau of Training

Presenter: Melishia Bansa, Deputy Director of Community Outreach | Boards and Commissions

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Illinois Department of Healthcare and Family Services

Mandatory Ethics Trainings Reminder Email

All appointees must complete the following trainings on OneNet:

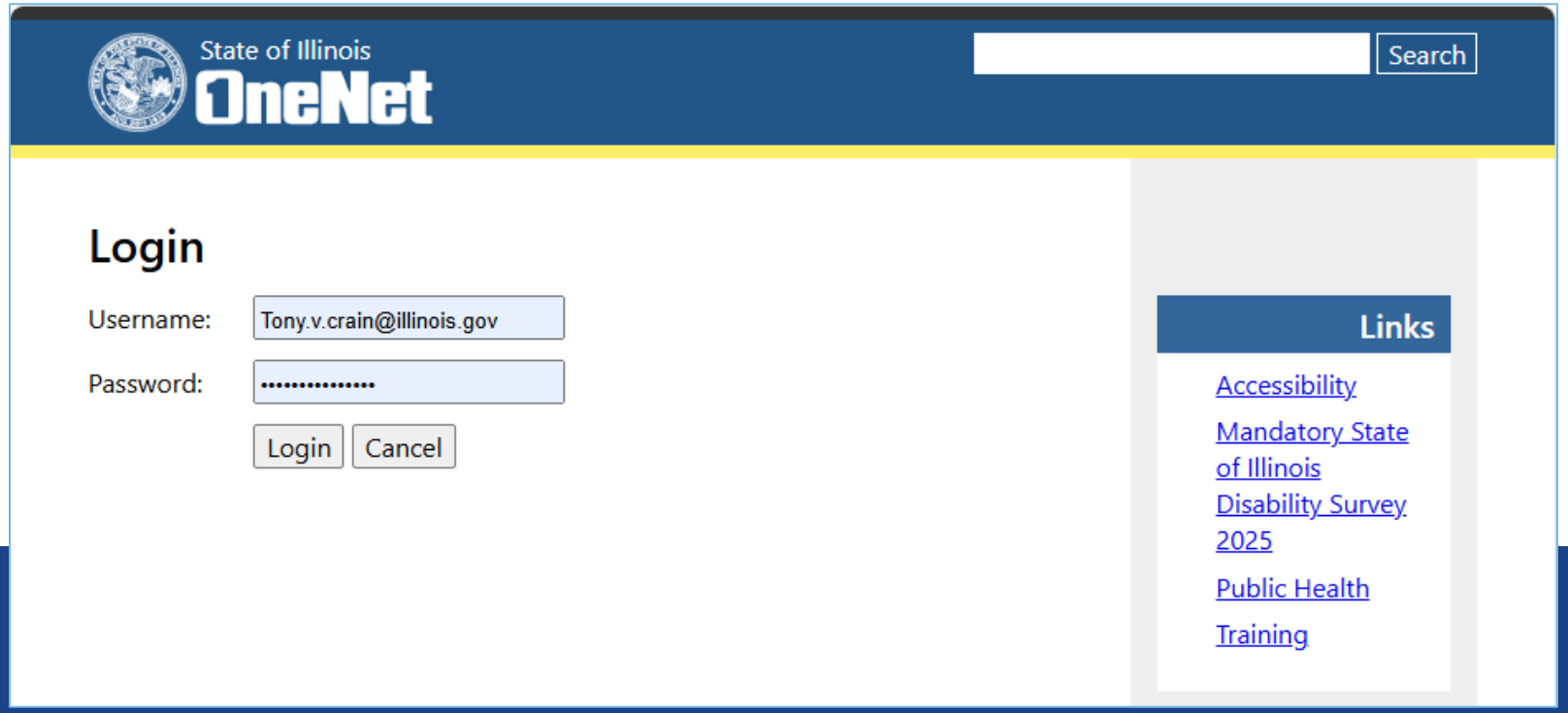
1. Security Awareness Training 2026
2. Diversity, Equity, Inclusion and Accessibility Training 2026
3. LGBTQIA+ Equity and Inclusion 2026
4. Ethics Training Program for State Employees and Appointees 2026
5. Harassment and Discrimination Prevention Training 2026
6. HIPAA & Privacy Training 2026
7. Mandatory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

Accessing Training through OneNet

OneNet Portal: https://OneNet.Illinois.gov/MyTraining



Username & Password

- To access your OneNet profile, you will need to use the email address associated with your profile, followed by the password you created through the OKTA password generation system.

Username: XXXXXXX
Password: The password you created.

OneNet Staff Profile

- Once logged in you will be brought to your staff profile page showing your personal information.

Personal Information	
Name	Doe, John (John.Doe@google.net)
Username	John.Doe@google.net (AD Check OKTA)
Agency	Healthcare & Family Services
Division	HFS Boards
Org Unit	Child Support Advisory Committee (HFS)
Title	Board Member (HFS)
Type	Board Member

View Trainings - OneNet Current Registrations

- Scroll down on the Staff Profile page and you will see your current Registrations

Recent Statewide Trainings		
Diversity, Equity, Inclusion and Accessibility Training 2026	Enrolled	Edit
Ethics Training Program for State Employees and Appointees 2026	Enrolled	Edit
Harassment and Discrimination Prevention Training 2026	Enrolled	Edit
HIPAA & Privacy Training 2026	Enrolled	Edit
LGBTQIA+ Equity and Inclusion 2026	Enrolled	Edit
Security Awareness 2026	Enrolled	Edit

MCO Oversight Commission Member Resources

Website and resources

- Medicaid Managed Care Oversight Commission (illinois.gov)



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

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