

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Meeting
February 9th, 2012.**

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

Committee Members Present

Kathy Chan, IMCHC
Susan Gordon, Children's Memorial Hospital
Caitlin Padula, Shriver Center (for John Bouman)
Tamela Milan, Westside Health Start (via phone)

Committee Members Absent

Courtney Hedderman, AARP
Susan Vega, Alivio Medical Center
Hardy Ware, East Side Health District
Suzanna Gonzalez, Mac Neal Hospital
Henry Taylor, Mile Square Health Center
Terri Gendel, Age Options

HFS Staff

Jacqui Ellinger
Jim Parker
Robyn Nardone
Michelle Maher
Lynne Thomas
Maithilli Panat
Tracy Keen
Vicky Nodal
Sally Becherer
Amy Wallace
Veronica Archundia

Interested Parties

Margaret Dunne, Beacon Therapeutic
Diane Montanez, Alivio Medical Center
Nelson Soltman, Legal Assistance Foundation
John Jansa, Progress CIL
Nadeen Israel, Heartland Alliance (via phone)
Diane Fager, CPS (via phone)
Brittany Ward, Beacon Therapeutic
Stephanie Gutierrez, Beacon Therapeutic
Esther Sciammarella, CHHC
Deborah Mathews, DSCC
Derek Lanier, Meridian Health Plan (via phone)
Lucero Cervantes, ICIRR
Christine Cazeau, Illinois Health Connect
Heather O'Donnell, CJE Seniorlife
Debbi Smith, Community Residential Services Authority
Lea Cizek, Addus Health Care (via phone)

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1. Introductions

Kathy Chan, from IMCHC, chaired the meeting. Attendees in Chicago and Springfield introduced themselves.

2. Review of Minutes

The August 25, 2011, October 20, 2011, and the December 8, 2011 minutes were not approved due to lack of a quorum.

3. PCCM Program Care Coordination and Innovations

Jim Parker, Deputy Director of Operations, provided an overview of the Innovations Project, which is the umbrella term that is being used to redesign the healthcare delivery system in Illinois. Mr. Parker said that the solicitation for Phase I of the Innovations Project was recently published on the HFS care coordination web site. The idea is to explore community interest and capacity in order to provide alternative models of care delivery. The department has been approached by a variety of organizations considering the submission of a proposal. Mr. Parker said that Care Coordination Entities (CCEs) must submit letters of intent by February 29, 2012 and that the due date for submitting proposals is May 25, 2012. He also announced that HFS is planning to issue a very similar solicitation in the incoming months to target priority populations of “at risk” children and women.

Mr. Parker indicated that Illinois submitted a letter of intent to the Medicare-Medicaid Alignment Initiative posted by the federal government during the fall of 2011. This is one in a series of initiatives adopted in Illinois that seek to improve the fragmented care that dual eligible beneficiaries receive and replace it with an integrated care model that contains costs and is easy for patients to navigate. The financial alignment initiative has two aspects: the dual capitation model and the managed fee-for-service model. Mr. Parker stated that Illinois is pursuing both.

Mr. Parker shared that, on the HFS Care Coordination web site, there is an optional service called “Care Coordination Matchmaking,” which is intended to help community partners to find each other, build relationships, and offer their services or to help develop Care Coordination Entities. So, if anyone is interested in collaborating in an area, the web site should be consulted.

Mr. Parker indicated that these initiatives were developed to comply with the Medicaid reform law adopted by the General Assembly in 2011, P.A. 96-1501, which states that 50 percent of all Illinois Medicaid recipients will be enrolled in coordinated care by January 1, 2015. He asserted, “Let me be clear. We very purposely negotiated language changes in that bill that require care coordination, not an HMO model. So the 50% goal is not through traditional HMOs. As a matter of fact, the whole reason to have all this solicitation of care coordination is to have alternative models to reach 50%.”

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He indicated that HFS views the 50% goal as a minimum and not as a maximum, but there is a bill introduced by State Representative Robyn Gabel, [HB 4620 Introduced](#), which pushes the goal to 70%.

Diane Fager, from the Chicago Public Schools, asked if the new legislation that has been introduced, if passed, could supersede all other goals.

Mr. Parker replied that any legislation can amend the date and move it up, as well as raise the percentage.

Jacqui Ellinger noted that a lot of what is happening in care coordination is being discussed in the Care Coordination Subcommittee, so, those who would like to get more involved in the details, may want to attend the Care Coordination Subcommittee as interested parties. The next Care Coordination Subcommittee is scheduled to meet on March 21, 2012.

4. All Kids Premium Level 3 – 8 Cancellation Notice

Jacqui Ellinger, Deputy Administrator of the Medical Programs, indicated that HFS developed two client notices to inform families that effective July 1, 2012, children will lose benefits because their family income exceeds 300% of the FPL. The client notice includes a reference to the Office of Consumer Health Insurance at the Illinois Department of Insurance for information about private health insurance. The committee had the opportunity to discuss the notice and to provide some comments. Vicky Nodal, from HFS, reminded committee members that, last August, HFS sent a notice to affected recipients to make them aware of this change.

Vice-Chairperson Kathy Chan, from IMCHC, inquired if there will be an alert for AKAAs. In response, Jacqui announced that the department is planning to send an alert to the AKAAs as an additional resource to help direct families, and answer their questions. In addition, Ms. Ellinger indicated that the department is issuing letters of creditable coverage, which should mean that, if any families want to purchase health insurance, they should be able to do so.

Committee members will provide additional comments and recommendations regarding the notices to Vicky Nodal before close of business on February 15, 2012.

5. Review of the Subcommittee Charge

Jacqui Ellinger provided an introductory background to the discussion by stating that, in compliance with the bylaws for the MAC, during the second meeting of each year, the Public Education Subcommittee charge needs to be reviewed. She asked members to offer any ideas, so they could be presented to the MAC, but, it is the responsibility of the MAC to ratify any changes or re-ratify the current charge. Committee members were engaged in the discussion by providing specific edits to the language.

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Diane Fager, from the Chicago Public School System, noted that, often, the subcommittee advises the MAC regarding customer service issues, and members agreed to add this as an additional responsibility to the Public Education Subcommittee charge.

The group agreed that any additional suggestions after the meeting should be directed to Kathy Chan. She will present the recommended changes to the Public Education Subcommittee Charge during the next MAC meeting.

6. Client notice of ongoing opportunities for public involvement in decision-making about HFS programs

Jacqui Ellinger opened the discussion by stating that, at the previous MAC meeting, Dr. Judy King brought forward the suggestion that the department should be doing something to notify the enrolled population about how to participate in the decision making process about the medical programs. In response, Jacqui suggested that the Public Education Subcommittee should seek to determine how this might be accomplished. She reminded committee members that HFS has a public involvement website, which is a subpage of:

<http://www2.illinois.gov/hfs/PublicInvolvement/Pages/default.aspx>.

Members were involved in a robust discussion regarding the importance of enhancing existing avenues of communication to invite clients to enter into this dialogue. Members also discussed what else can be done, besides the website, to let clients know that there may be other opportunities for their participation.

Kathy Chan suggested adding to the AKAAs alert that, if clients want to be more involved, they should be referred to the website.

Diane Fager, from the Chicago Public Schools, said that in her interpretation of what Dr. King said, there may be a connection between health disparities and having more input from a broader population. She suggested that through recommending new members, it might be possible to better represent the general population that is enrolled in Medicaid, not as absolute but as an intention.

Chairlady, Susan Hayes Gordon, of Children's Memorial Hospital, suggested that HFS could draft a letter to bring and share with the MAC, emphasizing that it is important to communicate and to improve client participation in times of huge change.

Christine Cazeau, from Illinois Health Connect, said that, through HFS, her organization sends annual client notices to all the Illinois Health Connect enrolled clients, as well as all the Client Enrollment Broker eligible clients, regarding what the medical card is and how "the medical home" works, so it seems like this offers a good opportunity to add information for clients, if they wish to get involved in the decision making process regarding medical benefits. She added that there may be a telephone number that could be called by clients to follow up on their concerns. This could also offer a way to assess clients' interests.

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Kathy Chan observed that although the subcommittee had not reached consensus, there was agreement that client participation is important and that opportunities for involvement should be made.

7. Updates

Durable Medical Card: Robyn Nardone, HFS, indicated that, unfortunately, the durable medical card procurement has been canceled, which means that the department will not be issuing a plastic medical card; however, the department will proceed with the plans for eliminating the monthly mailing. Ms. Nardone noted that, in light of the budget issues, the department is looking at various projects and areas to save money. For that reason, the department still has a time line for eliminating the monthly mailing which needs to move quickly. HFS staff had an initial meeting this week to explore an alternative solution to eliminate the monthly mailing. She added that the notion behind the medical card requires that providers have the full responsibility of verifying eligibility before they offer services, and that has not changed.

Ms. Nardone said that the Automated Voice Response System (AVRS), about which the committee provided feedback, is still very much moving forward. This, she said, is very relevant because clients have to have a way to confirm eligibility through the year if they are not getting a monthly piece of mail. More updates will be provided in upcoming meetings.

Integrated Eligibility System: Jacqui Ellinger noted that the department is finalizing the RFP to select a company to implement a new eligibility system. We have a vendor under contract that is assisting to develop the RFP which is in its final stages. Ms. Ellinger noted that many of the committee members had contributed their comments and thoughts. She added that the solicitation will be published soon and will reflect the “almost infinite number of requirements” that have been included. The next stage will be design. In addition, a firm will be hired to oversee the development of the system. This separate vendor will create a project manager office and bring together four to eight (maybe more) technical experts whose jobs will be to track and manage this project. More updates will be offered during upcoming meetings.

8. Announcements and Open Discussion

Jacqui announced that, due to a recent bill which was passed, HFS will be able to hire a number of highly qualified administrators. She said that we were successful in having legislation passed that gave us a different avenue for hiring highly qualified people with very specific skill sets, through a process that is different than the ordinary CMS process for hiring in state government. This will give us the opportunity to recruit broadly for highly talented, qualified people who are not already in the state system. Job descriptions for these positions can be seen at:

<http://www2.illinois.govhfs/agency/Pages/StaffRecruitment.aspx>

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Kathy Chan congratulated the department on the \$15 million CHIPRA bonus grant. This is the third consecutive year that Illinois has received this award, due to increasing enrollment in Medicaid and SCHIP. In the last three years, Illinois has received over \$40 million.

On a different note, Ms. Chan added that the Illinois Maternal Child and Health Coalition (IMCHC) is proud to announce the second anniversary of the “text4baby” initiative, which is a free mobile health service providing health tips to pregnant women and new mothers. She noted that the IMCHC has a lot of promotional materials for “text4baby.” If anyone is interested in learning more about this initiative, or would like to receive free outreach materials, please contact Ms. Chan at: www.ilmaternal.org

Jacqui Ellinger mentioned that members of the General Assembly are very dissatisfied with the department for not tightening eligibility verification, as specified by the Medicaid reform legislation. However, she noted that the department plans to move forward with residency verification, beginning in March. For this reason, HFS and DHS have entered into an agreement with the Secretary of State to match applicants against driver’s license and state identification information for the purpose of verifying Illinois residency.

Vicky Nodal indicated that, for individuals receiving unemployment insurance at an Illinois address, through an electronic match, a case worker can also verify Illinois residency, without contacting the client or applicant. However, individuals who cannot be matched electronically will be asked for additional information in terms of what DHS requests for SNAP benefits.

Finally, Ms. Ellinger commented that, HFS is getting extreme pressure to implement Medicaid Reform legislation regarding the redetermination process and income verification.

9. Adjourn

The meeting was adjourned at 12:38 pm. The next meeting is scheduled for April 12th, 2012, from 10:00 a.m. to 12:00 p.m.