

Pat Quinn, Governor Julie Hamos, Director

201 South Grand Avenue East Springfield, Illinois 62763-0002 **Telephone**: (217) 782-1200 **TTY**: (800) 526-5812

Medicaid Advisory Committee
Public Education Subcommittee Meeting
Thursday, February 14th, 2013
10:00 a.m. to 12:00 p.m.

401 S. Clinton St., Chicago – 7th Floor Video Conference Room 201 S. Grand Ave. East, Bloom Bldg., Springfield – 3rd Floor Video Conference Room Agenda

- Introductions
- 2. Approval of the Meeting Minutes from December 12th, 2012
- 3. Review of Subcommittee Charge http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommisions/MAC/publiced/Pages/default.aspx
- 4. 2013 Proposed Meeting Schedule (attached)
- Roll-out Annual Medical Card
- 6. ACA Update:
 - Health Insurance Marketplace
 - Integrated Eligibility System
- 7. Other Updates:
 - Medicaid Financing Legislation

SB26

http://ilga.gov/legislation/billstatus.asp?DocNum=26&GAID =12&GA=98&DocTypeID=SB&LegID=68456&SessionID=85

HB106

http://ilga.gov/legislation/billstatus.asp?DocNum=106&GAID =12&GA=98&DocTypeID=HB&LegID=68491&SessionID=85

- Enhanced Eligibility Verification
- Children's Enrollment
- 8. Open Discussion and Announcements:
 - Client Communication
- 9. Adjourn

Please confirm whether you plan to attend by responding to HFS Webmaster via e-mail, HFS.webmaster@illinois.gov, or by phone at 312-793-1984.

A conference call will be made available for persons who cannot attend in person. If you wish to call in, please request the number when you confirm your attendance. Anyone who participates by phone must identify themselves when they join the meeting. This notice is also available at

 $\frac{http://www2.illinois.gov/hfs/PublicInvolvement/BoardsandCommisions/MAC/News/Pages/default.aspx}{}$

MAC/Public Education Subcommittee

2013 Proposed Meeting Schedule

2013 Meeting Dates (Subject to Change)	Time	Location
	10:00 a.m. – Noon	Chicago:
April 11, 2013		401 South Clinton, 7 th Floor HFS Side Director's
June 13, 2013		Videoconference Room Chicago, Illinois 60607
August 8, 2013		
October 10, 2013		Springfield: 201 South Grand Avenue, East
December 12, 2013		Division of Medical Programs Videoconference Room Springfield, Illinois 62763

Committee Members Present

Kathy Chan, IMCHC
Sonja McGrath, SIU School of Medicine
Paula Ramos, Community Health Care (via phone)
Susan Vega, Alivio Medical Center
Nadeen Israel, Heartland Alliance
Andrea Kovach, Shriver Center (for Margaret Stapleton)
Margaret Dunne, Beacon Therapeutic
Henry Taylor, Mile Square Health Center (via phone)

Committee Members Absent

Hardy Ware, East Side Health District Medical Center John Jansa, Molina HealthCare

Interested Parties

Jane Longo, HMA Claudia Forrest, Maximus Erika Walton, Maximus Maribeth Stein, Age Options Marissa Kirby, IARF Victoria Bigelow, Access to Care Teresa Hursey, Aetna Brian Reardon, Hospital Sister Health System Tanni Lovelace, SIU School of Medicine Diane Fager, CPS Brittany Ward, Beacon Therapeutic Jacqueline Gonzalez, CHHC Deborah Mathews, DSCC Sheri Cohen, CDPH Christine Cazeau, Illinois Health Connect Dr. Derek Lanier, Meridian Health Plans Susan Melczer, MCHO Corey Barnes, The Public Health Organization Dr. Judy King, Consumer Advocate (via phone) Mala Suri, Blue Cross Blue Cross/Shield (via phone) Barbara Goodlove, Blue Cross/Shield of Illinois (via phone)

Mona Martin, Consultant (via phone)

HFS Staff Jacqui Ellinger Lynne Thomas Arvind Goyal Mike Koetting Mike Jones Robyn Nardone Mercy Sanchez Tia Sawhney Gabriela Moroney Sally Becherer Laura Jaskierski, DOI Veronica Archundia

DHS Staff

Sharon Dyer-Nelson

1. Introductions

Kathy Chan chaired the first hour of the meeting, and Sue Vega handled the chairmanship during the second hour. Attendees in Chicago and Springfield introduced themselves.

2. Review of Minutes

The October 12th, 2012 minutes were approved.

3. Integrated Eligibility System

Sharon Dyer-Nelson indicated that HFS and DHS continue working hard to install the new Integrated Eligibility System (IES) by October 2013, which is a new computerized system that will be used to determine eligibility for Medicaid, SNAP, and TANF. Ms. Nelson indicated a computerized system called "Bridges," which is already operating in Michigan, will be transferred and modified to respond to the needs of the Illinois operating system. This has been a challenge, since a great deal of the terminology and medical policy used in Michigan differs from that used in Illinois. In order to improve and change from case-load to task-based, as well as streamline the application process, the department anticipates possible delays. She noted that a lot of these changes are part of internal processing and should not have implications for clients.

4. Transparency Website

Tia Sawhney explained that, under the law, HFS discloses data that is publicly available under the Health Insurance Portability and Accountability Act (HIPPA). She discussed HFS motto "No data without words". In addition to data that we routinely make publicly available as a result of state Transparency Act, as well as due to federal reporting requirements, Ms. Sawhney noted that HFS responds to requests for information under the Freedom of Information Act (FOIA).

The following are links for the HFS Transparency website, in addition to a useful enrollment file, and various reports:

http://www2.illinois.gov/hfs/agency/Transparency/Pages/default.aspx

Enrollment

http://www2.illinois.gov/hfs/agency/Program%20Enrollment/Pages/default.aspx

Various reports

http://www2.illinois.gov/hfs/agency/Pages/Reports.aspx

Jacqui Ellinger stated that Ms. Sawhney could be invited for future meetings if the committee has specific requests.

5. Enhanced Eligibility Verification (EEV)/Maximus Contract

Michael Koetting provided a background for EEV, indicating that it was mandated by the SMART Act, which required HFS hire an outside vendor (Maximus) through an expedited

procurement process. EEV will facilitate and enhance the annual eligibility screening of clients. This initiative will be launched in January, 2013, and will include the creation of a new centralized eligibility redetermination unit, for which DHS will add 200 case workers. Mr. Koetting emphasized that Maximums will only make recommendations to the state case workers who will make all final decisions on redeterminations.

Mr. Koetting introduced Erika Walton and Claudia Forrest who made reference to the handout, "Illinois Enhanced Eligibility Verification Project Fact Sheet", which provided a description of the operating process. There was a robust discussion with committee members concerning the details of this process, especially the benefits of having specialists who have the experience and understanding of the medical programs. There will also be bilingual customer services representatives for Spanish, Polish, and other Eastern European languages, in a call center in Chicago and the availability of pre-paid return mail envelopes.

Claudia Forrest reminded committee members to continue sharing their concerns with HFS staff regarding cases with special circumstances of which Maximus should be aware in order to minimize the difficulties that clients may have in communicating with the vendor and complying with the redetermination process. More updates will be offered in the future and EEV will remain an agenda item for upcoming meetings.

6. ACA Update

Navigator Program: Laura Jaskierski reported that, on November 16th, the state of Illinois submitted its "blueprint application" to the federal Department of Health and Human Services (HHS), declaring its intention, during the first year, of having a state-federal partnership to operate the Health Insurance Exchange. Subject to legislative approval, this will become a state exchange; otherwise, the federal government will continue to operate it. Ms. Jaskierski noted that the "blueprint" is an evolving document, which is currently under review for approval by the federal government. Within this partnership, Illinois will have the opportunity to operate some of the plan management and consumer assistance functions of the Health Insurance Exchange, while the federal government will do the rest.

Under the consumer assistance portion of this plan, the Illinois Department of Insurance (DOI) will run the In-Person Assistance (IPA) function of the Exchange, which is separate and distinct from the Navigator program. The IPA program will function as a supplement to the Navigator program by serving populations that are geographically and demographically distinct from the Navigator program. Entities will be able to select among three separate levels of grants when applying for the IPA program. The Level 1 grants will offer up to \$25,000 per year and will support basic enrollment activity. The Level 2 grants will be between \$25,000 and \$75,000 and will require enrollment activities under Level 1, in addition to outreach involving public media promoting awareness of the Exchange and other coverage programs. Level 3 grants will be between \$75,000 and \$150,000, and recipient organizations will be expected to provide all Level 2 activities, plus a large scale, statewide, specifically targeted promotion that is closely coordinated with both the state and federal governments.

House Bill 6253: Gabriela Moroney indicated that, currently, there is a gap in Medicaid coverage for adults without dependent children, age 19-64, who have income under 133% of the Federal Poverty Level. These adults are not disabled and often employed, but work at low wage or part-time jobs without access to health insurance. She noted that newly introduced HB 6253, which will be considered in the January legislation session, provides the opportunity to finance these uninsured persons. As one of the central goals of the Affordable Care Act (ACA), the federal government is offering generous federal matching funds to the states in an effort to cover this newly eligible population: 100% reimbursement for the first three years, and then being phased down to 90% by 2020. Ms. Moroney encouraged members to contact their legislators in support of HB 6253 and to add their organizations to the list of supporters by contacting the HFS Legislative Director, Selma D'Souza, at Selma.D'Souza@illinois.gov

7. Updates:

Medical Card: Robyn Nardone reported that substantial progress has been made with respect to the annual paper card. HFS staff started working on the production of inserts that will be delivered, along with the medical cards that clients receive, to make them aware of the upcoming changes. A three-fold brochure will be sent with new medical cards to explain the card and provide additional resources regarding eligibility. In order to facilitate a smooth transition, the department is planning to send a notice to providers to inform them about this change. There will also be flyers in both English and Spanish that will be posted on the HFS website. Ms. Nardone noted that providers will be responsible for verifying eligibility before they offer services.

Cook County Waiver: Jane Longo indicated that CountyCare is a new medical benefits program which has been authorized under a federal waiver from the Centers for Medicare and Medicaid Services. Ms. Longo noted that medical services are provided by a network which includes Cook County Health and Hospital System (CCHHS), as well as a designated group of CountyCare network partners. Ms. Longo presented a flyer that included a hotline number and a summary of eligibility requirements, as well as benefits covered within this program. Beginning Monday, December 17th, applicants may either apply in person or by phone. Ms. Longo may be contacted for further questions regarding CountyCare at illongo@healthmanagement.com

AKAAs Status: Lynne Thomas provided an update concerning AKAAs who currently available to assist families in order to submit their All Kids applications. She reported that HFS has reviewed and processed No-TAP agreements with 217 AKAAs, including community-based organizations, daycare centers, local governments, medical providers, and licensed insurance agents.

Children's Enrollment: Lynne Thomas referred to the handout "Enrolled Children Calendar 2012." Attendees received an updated chart showing the number of children who were enrolled for medical benefits from 2006 to 2011 and from January to August, 2012.

8. Open Discussion and Announcements:

Ms. Ellinger acknowledged the contribution and participation of Sonja McGrath, who had announced her upcoming retirement from SIU School of Medicine, effective December 31, 2012. The department accepted her resignation from this committee. Ms. Ellinger extended an invitation for people to submit requests to serve on this committee by December 31st, 2012.

Client Communication: Due to time constrains, this aspect of the agenda was postponed for future meetings.

2013 Proposed Meeting Schedule: A proposed meeting schedule was presented for 2013; however, committee members only agreed upon the first proposed meeting date of February 14, 2013. Committee members were encouraged to provide agenda suggestions for the next meeting.

Open Meeting Act and Annual Ethics Training: Sue Vega reminded committee members that December 15th, 2012 is the final date to complete ethics training, while the OMA electronic training should be completed before December 31, 2012. Members were advised that failure to comply could result in a recall of their positions with the committee.

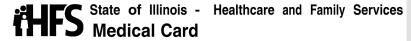
9. Adjourn

The meeting was adjourned at 11:21 a.m. The next meeting is scheduled for February 14th, 2013, from 10:00 a.m. to 12:00 p.m.



Sample Medical Card

0000004



For questions or to report changes call:

Para preguntas o reportar cambios llame al:

DHS 1-800-843-6154, or HFS 1-800-226-0768 (TTY 1-877-204-1012)



(CASE NAME AND ADDRESS) Keep this card and the separate notice we send about your medical coverage.

Guarde esta tarjeta y el aviso separado que le enviamos sobre su cobertura mÈdica.

HFS 469 (R-10-12)

0B-090512

IL 487-0234

CASE NAME AND ADDRESS

To check your eligibility using the 24 hour automated system, call: Para comprobar su elegibilidad usando el sistema automatizado de 24 horas, llame al: 1-855-828-4995

0000004

THE FOLLOWING PERSONS ARE COVERED:

JOHNNY SAMPLE ID# 000000001 DOB: 01-01-1970

TOTAL NUMBER OF COVERED PERSONS:

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES.

Medical providers must verify identity and eligibility when you need care. ESTA TARJETA NO GARANTIZA LA ELEGIBILIDAD O PAGO. Los proveedores mèdicos deben verificar la identidad y elegibildad cuando necesite atención mèdica.

Coming Soon!

...changes to your Medical Card!



State of Illinois – Healthcare and Family Services **MEDICAL CARD**

For questions or to report changes call:
Para preguntas o reportar cambios llame al:
DHS 1-800-843-6154, or
HFS 1-800-226-0768
(TTY 1-877-204-1012)



(CASE NAME AND ADDRESS)

Keep this card and the separate notice we send about your medical coverage. Guarde esta tarjeta y el aviso separado que le enviamos sobre su cobertura médica.

HFS 469 (R-9-12) IL478-0234

If you receive Medical benefits, you will be getting a new **Medical Card**.

- No more monthly cards. Keep your new Medical Card! Do not throw this Medical Card away.
- If you are eligible for medical benefits the new **Medical Card** will be mailed to you automatically at no cost.
- Take your **Medical Card** and a picture ID with you each time you visit your health care provider.
- Make sure your mailing address is current. If you have moved or plan to move, please notify the post office of your change of address.





For more information visit http://www.hfs.illinois.gov

¡Vienen Pronto!

...; los cambios en su Tarjeta Médica!



State of Illinois – Healthcare and Family Services MEDICAL CARD

For questions or to report changes call: Para preguntas o reportar cambios llame al: DHS 1-800-843-6154, or HFS 1-800-226-0768 (TTY 1-877-204-1012)



(CASE NAME AND ADDRESS)

Keep this card and the separate notice we send about your medical coverage. Guarde esta tarjeta y el aviso separado que le enviamos sobre su cobertura médica.

HFS 469 (R-9-12)

IL478-0234

Si usted recibe beneficios médicos. recibirá una nueva Tarjeta Médica.

- ¡No más tarjetas mensuales! ¡Guarde su nueva Tarjeta Médica! No deseche esta Tarjeta Médica.
- Si usted es elegible para beneficios médicos, se le enviará una nueva Tarjeta Médica por correo automáticamente sin costo alguno.
- Cada vez que vaya a su proveedor médico, lleve su **Tarjeta Médica** y una identificación con foto.
- Asegúrese que su dirección es correcta. Si se ha mudado o piensa mudarse, por favor notifique su cambio de dirección o domicilio a la oficina de correos.





Para más información, visite http://www.hfs.illinois.gov