

**State of Illinois
Department of Healthcare and Family Services
Medicaid Advisory Committee, Subcommittee on Access**

Meeting Notice and Agenda

Date: February 15, 2013

Time: 12:00 p.m. – 2:00 p.m.

Locations:

- Chicago - 401 South Clinton, 7th Floor Videoconference Room
- Springfield - 201 South Grand Avenue East, 3rd Floor Videoconference Room
- Call In Number: 888-494-4032; Passcode: 968-401-3501

Agenda:

1. Call to order
2. Introductions and housekeeping
3. Review of draft minutes from January 15, 2013
4. Legislative update
5. Review of covered services for Family Health Plans
6. Subcommittee planning
 - a. Areas of focus
 - b. Meeting schedule
 - c. Logistics
7. Information sharing from members
8. Adjournment

**Illinois Department of Healthcare and Family Services
Access Subcommittee Meeting
January 15, 2013**

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

Members Present

Chairman Eli Pick, Post Acute Innovations
Malba Allen, Consultant
John Bouman, Shriver Center
Kathy Chan, IMCHC*
Deila Davis for Linda Diamond-Shapiro, ACHN
Mary Driscoll, IPDH
Jan Grimes, IHHC
Susan Hayes Gordon, Lurie Children's Hospital
Thomas Huggett, M.D. Circle Family Healthcare
Nadeen Israel, Heartland Alliance
Margaret Kirkegaard, M.D. IHC, AHS
Vernon Johnson for Malik Nevels, IAACP

Members Absent

Andrea Cooke, LCSW, Student
Melissa Gutierrez, Sinai Urban Health Institute
Hong Liu, MAHA
Zakiya Moton, U of C Medical Center
Heather O'Donnell, Thresholds
Luvia Quinones, ICIRR
Randy Sadler, Youth 1st Counseling

HFS Staff

Julie Hamos
Sharron Matthews
Selma D'Souza
Arvind Goyal
Gabriela Moroney
Robyn Nardone
James Monk

Interested Parties Continued

William Mills, CSG
Mike Murphy, Meridian
John Peller, Aids Foundation of IL
Dana Popisz, BCBSIL*
Phyllis Russell, ACMHAI*
Dee Ann Ryan, Vermilion Co. MHB*
Amy Sagen, U of IL Health system
Kathy Waligora, IMCHC

DHS Staff

Michelle Saddler, Secretary
Jennifer Wagner, Associate Director

Interested Parties

Stephanie Altman, HDA*
Jamie Campbell, Sinai
Alfonso Cervantes, LAF
Alicia Donegan, Age Options
Andrew Fairgrieve, HMA
Eric Foster, IADDA
Paul Frank*
Andrew Galbicz, HealthSpring
Sara Hamdan, ICIRR
Jill Hayden, IPHCA
M. G. Katz, M.D., HealthSpring
Jen Martin*
Deb Mathews, UIC – DSCC

* Some individuals participated via telephone.

**Illinois Department of Healthcare and Family Services
Access Subcommittee Meeting
January 15, 2013**

1. Call to Order

Chairman Pick called the meeting to order at 11:05 a.m.

2. Introductions and Housekeeping

Participants and Healthcare and Family Services (HFS) staff in Chicago and Springfield introduced themselves. Participants on the telephone introduced themselves.

3. Review of Minutes from 10/24 and 11/19/12

The minutes from the October 24, 2012 briefing session and November 19, 2012 meeting were approved with none opposed and no abstentions.

4. Subcommittee planning

Areas of focus

The subcommittee and other participants discussed the issue of access and highlighted a number of areas for possible consideration and attention. Suggestions included attention to the homeless population, attention to vulnerable populations such as persons with disabilities, consideration of supportive housing services, and consideration of how service packages affect access. The group reviewed and discussed an issue tracker chart that was developed from the discussion at the group's meetings in October and November 2012. Chairman Pick suggested that in order to capture everything we visualize the issues as on X and Y axis; with the X axis being services and the Y axis being populations. He stated that a next step would be to look at the essential services covered by Medicaid and identify service gaps.

Meeting schedule and Logistics

There was discussion of what day and time would work best and how frequently the group would meet. There was no consensus on the frequency of meetings with suggestions running from every two weeks to once quarterly. Regarding the scheduling of meetings, Susan Hayes Gordon suggested meeting around events the group would need to opine on. Chairman Pick and Ms. Moroney would work on putting together some possible dates for the next meeting and will send out information to members to finalize a date.

During this portion of the conversation, Dr. Thomas Huggett asked about the time frame for formulating the Medicaid benchmark package. Director Hamos responded that the Department had processed input from MAC and other stakeholders and developed an initial plan to include in the benchmark the same set of services currently covered by Family Care (adjusted if necessary to comply with federal requirements). Discussion ensued about the role of the committee if the benefit package for the new eligibility group had already been decided.

5. Update on new Affordable Care Act (ACA) eligibility group

Director Hamos reported that the Medicaid expansion was not approved in the veto session but bills have been introduced in the new session. These are SB26 sponsored by Heather Steans and HB106 sponsored by Sara Feigenholtz. Selma D' Souza, Chief, HFS Office of legislative Affairs, has tracked support for the new Medicaid eligibility group and over 150 groups have joined the coalition.

A fact sheet about the expansion is available on the HFS website at:

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

Director Hamos noted that the Department needs this legislation passed to be ready for the roll-out of major ACA provisions later this year. There will be a Health Benefits Exchange in October. There will be a major national marketing campaign by the federal government as early as October. This summer Navigators will be on contract and talking about opportunities for health coverage. Many persons coming to the exchange

**Illinois Department of Healthcare and Family Services
Access Subcommittee Meeting
January 15, 2013**

website will be eligible for Medicaid. The Department needs action now to move forward with the ACA implementation.

HFS anticipates that about 1 to 1.2 million persons are potentially eligible. The Department estimates about half will have income over 133% of poverty and half will be at or below this income level. This is about 500,000 persons that would be added that includes new eligibles and persons that would be currently eligible. Director Hamos noted that some national groups' estimates of the potentially eligible population are not helpful. The Kaiser foundation used figures that under-estimated the actual Medicaid population that would overestimate the amount of new persons that would be added. The Cato Institute made an estimate based on the U.S. experiencing a major economic depression.

Director Hamos noted that while the federal match for the new eligibility group is the most generous since Medicaid was enacted in 1965, legislators are concerned that this could change. Both bills contain the cease amendment if financial assistance drops. John Bouman added that if the financial assistance drops and a decision to drop the new category is made, there would be a 90 day period before the change goes into effect.

Q: Phyllis Russell asked if the Benchmark Medicaid for the expansion and the Essential Health Benefits (EHB) benchmark offered on the exchange are the same services as regular Medicaid.

A: Director Hamos reviewed that both will cover the 10 essential areas of service that includes behavioral health. The package for adults with no dependent children will look the same as for adults with dependent children or FamilyCare.

John Peller asked several questions.

Q1: Will the Benchmark Medicaid services include Long Term Supports and Services (LTSS)?

A1: No.

Q2: Will targeted case management services be available for the expansion population?

A2: All enrollees are eligible for care coordination.

Q3: The FAQs from the feds has a discussion on a "bridge plan" to coordinate persons churning between Medicaid and the Exchange. A "bridge plan" is sold on the exchange and would provide the same network of coverage as the Medicaid plan to ensure access to the same providers. It is a "look-alike" program. Will Illinois have the bridge plan?

A3 Ms. Moroney advised that this sounds promising but it is not an option on the state/federal option exchange. If Illinois has a state operated exchange we could consider adding a bridge plan which is not allowed under the Federal run exchange.

Q: Ms. Russell asked if HFS intends is to move all new enrollees into manage care including in rural areas?

A: Rural areas that are not designated areas will be served as fee-for-service under Illinois Health Connect. Managed care will be mandatory for the Seniors and Persons with Disabilities (SPD) population through the six Innovations projects, eight Dual-Eligible projects and the Integrated Care program demonstration project in the Cook suburbs and collar counties. Some SPDs will be covered in the designated downstate areas. By next winter, there will be a roll-out to children, their families and the newly enrolled. These persons will probably be enrolled in MCOs and extended to CCEs and MCCNs for all within a year. Eventually about 60-65% of the Medicaid population would be in managed care.

Director Hamos added that the Department would like to come up with a plan or program name for all the persons enrolled in one of the care coordination entities. For example like TennCare for health insurance in the state of Tennessee. She encouraged participants to send suggestions to HFS.

Q: Deb Mathews asked for clarification on the difference under ACA between Navigators and Assisters.

**Illinois Department of Healthcare and Family Services
Access Subcommittee Meeting
January 15, 2013**

A: Navigators would be hired by the Feds and would receive standardized training. Assisters are anyone in the community helping a person to find the right health insurance. HFS will provide some training for assisters. HFS hopes that All Kids Application Agents will be assisters.

Discussion ensued about the need for a coordinated approach to outreach and enrollment.

One participant mentioned a new report by the National Association of State Mental Health Program Directors showing that the Medicaid expansion initiative will result in significant budget gains and increased revenues for states as well as substantial reductions in the number of uninsured Americans. Chairman Pick asked if the link could be forwarded to Gabriella Moroney.

6. Update on Enhanced Eligibility Verification Project

Mr. Bill Mills with CSG Solutions gave the update. He is reporting to Mike Koetting on progress in implementing the project. CSG is working with Maximus and HMS on the implementation. The contract started on September 14, 2012. The purpose of the system is to provide support to state casework staff in completing the annual redetermination process by providing electronic verifications and follow up with clients to obtain needed proofs. CSG staff can also make recommendations for change on a specific case but will not make the redetermination decision.

CSG has started processing cases. On January 2, a small number of actual cases were loaded so we could test the system. The portal is available to state workers. There is a large call center that will open on January 21. Also, the first client notices will be sent on January 21.

Since there is a large backlog of overdue redeterminations, CSG is using a process called segmentation that looks at a lot of case attributes. A first group to contact is those clients whom we believe are living out of state. Clients will have 10 business days to respond to contact letters. CSG will allow 16 to 18 days before acting on a case where there is no response. Clients may not be canceled based on electronic data only. The state casework staff will have 20 business days to make their decision. A large concern is in making the process more efficient. As we review more cases, it will put demand on HFS and DHS staff to handle the work.

Q: Mr. Bouman asked if a case is canceled for non-response will the denial notice cite this as the only reason.

A: Yes. Only the non-response reason would be shown.

Q: Director Hamos asked how the Department can tell the impact of the electronic data if the data identifies high income but the cancellation is for non-response.

A: Mr. Mills advised that CSG will be able to give the Department a report of the number of cases identified as above the income standard.

Q: Will contact be triggered by the case opening anniversary date?

A: Because of the large backlog, we initially are using the segmentation process to address cases with a higher likelihood of ineligibility. Eventually, we will contact clients using the anniversary date. We are not sure when we will switch to the anniversary date.

Q: Will people stay on while the case is under review?

A: Yes. Clients will also have appeal rights if they do not agree with a negative action.

**Illinois Department of Healthcare and Family Services
Access Subcommittee Meeting
January 15, 2013**

Q: Assistant Director Mathews asked if phone calls would go out for cases being sent letters.

A: Mr. Mills advised yes beginning with the letters sent on January 21. The review is a proactive process.

Q1: Mr. Bouman asked if Mr. Mills has a sense of the volume in the first batch.

A1: There will be about 10,000 cases and most of these are cases with out-of-state primary addresses.

Q2: Is it possible to see your business rules?

A2: Yes

Q3: Of those cases terminated, can you tell how many were actually using the card?

A3: This may be possible but not sure.

7. Information sharing from members

HFS will coordinate with the Governor's office on a legislative organizing session to which MAC Access subcommittee members will be invited.

8. Adjournment

The session was adjourned at 12:55 p.m.

Response to MAC Access Subcommittee Request for Information

MAXIMUS reviews cases using a proprietary system, developed by HMS, a firm that assembles data from multiple data sources. The following are examples of data used to enhance the validation of residence/citizenship, income and assets

- Residence/Citizenship: Equifax data that shows recent address changes for utility hookups, USPS National Change of Address file indicates address changes, Social Security Administration, United States Citizenship and Immigration Service, and Illinois Secretary of State files on motor vehicle and drivers licenses
- Income/Assets: Tax employment and wage data reported by employers; State and Federal National New Hire databases of reports filed by employers as required by federal and state child support enforcement laws; US Public Assistance Reporting Information System (PARIS), Veterans' Benefits, Internal Revenue Service, Illinois quarterly wage reports file, Illinois unemployment insurance recipient files, financial institutions liquid assets, and Social Security Administration death files

Using business instructions that automate the State's eligibility rules and matching information to cases with source as described above, the system indicates cases that are most likely eligible and those potentially ineligible for medical benefits using data gathered from public and commercial databases with information on residence, income and assets.

While some of the data can be verified entirely through electronic means, conflicting and/or missing data will require customer contact. For cases where no benefits other than Medical benefits are involved, MAXIMUS will contact clients who will have 10 business days to supply additional information. MAXIMUS will deploy outreach activities to find clients who are in jeopardy of losing eligibility for cases where no benefits other than Medicaid are involved. Outreach includes outbound calls, letters mailed to all known addresses, address updates from the National Change of Address registry, and collaboration with stakeholder, advocate and community groups.

Any information or supporting documents returned by clients to the Illinois Medicaid Redetermination Project during that 10 business day period are added to the cases and considered by the MAXIMUS reviewers. Where the case includes SNAP or cash assistance, the clients will be contacted by the State Caseworkers using current procedures. MAXIMUS Eligibility Specialists will review most medical only cases, and provide recommendations using State-approved Policies and Procedures, and Work Instructions. A few smaller medical programs, such as the Breast and Cervical Cancer Program, Illinois Veterans care, Health Benefits for Workers with Disabilities and Illinois Healthy Women will not be included in the IMRP process.

February 1, 2013

Questions about this project may be directed to Bill Mills at Bill.Mills@illinois.gov.