

Public Education Subcommittee Meeting

Thursday, February 17, 2022

10:00 a.m. to 12:00 p.m.

Due to COVID-19 concerns, the Public Education Subcommittee meeting will be held by WebEx. Please join the WebEx a few minutes before the meeting start time using the following link

<https://illinois.webex.com/illinois/j.php?MTID=mbbdb4b556e3f1a8875396cc00d0b1ad>

Meeting Number: 2457 554 7697

Or use the Call-in Option +1-312-535-8110 or +1-415-655-0002

A few WebEx tips:

- You may use your computer's audio or the phone option for sound; in our experience the "Call-me" option has the best sound quality.
- If you are calling-in and not using the WebEx link, please email veronica.archundia@illinois.gov (You will then receive any last-minute meeting materials.)
- Individuals participating through WebEx may use the "chat" function to communicate with the meeting host.

AGENDA

1. Introductions and Announcement of New Subcommittee Members
2. Review and Approval of the Meeting Minutes from December 2, 2021
3. State Updates
 - a. Medical Programs
 - b. DHS
 - c. Eligibility
 - d. Care Coordination
4. Update Regarding the End of the Public Health Emergency
5. Open Discussion and Announcements
6. Adjournment

This notice is available at <https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/News/Pages/default.aspx>

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
December 2, 2021**

Committee Members

Kathy Chan, Cook County Health
Brittany Ward, Lurie Children's Hospital
Nicole Villareal, CPS
Chantel Bowen, SIU School of Medicine
Edith Avila Olea, ICIRR
Sherie Arriazola Martinez, Safer Foundation
Nadeen Israel, AIDS Foundation of Chicago
Kristin Hartsaw, DuPage Federation on Human Services
Nancy Aguirre, Community and Residential Services Authority

HFS Staff

Jane Longo
Tracy Keen
Lauren Polite
Robert Mendonsa
Arvind Goyal
Margaret Dunne
Veronica Archundia
Jose Jimenez
Evan Fazio
Laura Phelan
John Hoffman
Gabriela Moroney

Committee Members Absent

Connie Schiele, HSTP
Sue Vega, Alivio Medical Center
Erin Weir Lakhmani, Mathematica

DHS Staff

Leslie Cully

Interested Parties

Marsha Nelson, Shawnee Health
Danica Pauline Nuestro, Meridian
Laura Pelican, IDOI
Marina Kurakin, Legal Council of Chicago
G. Manzanares, HDS
Mary, The Arc of Illinois
Jamie Weber, Avesis
Jessie Beebe, AIDS Foundation of Chicago
Nelson Soltman,
Amy Edwards, UIC
Erin Willis, Molina Healthcare
Brittani Provost, UIC-DSCC
Stella Vandeneeden, Age Options
Elizabeth Durkin, Age Options
David Lecik, Department on Aging
Megan Carter, Lega Council for Health and Justice
Kelsie Landers, Heartland Alliance
Michelle Baldock, IDOC
Stephani Becker, Shriver Center on Poverty Law
Ashley Galante, Medical Home Network
David Hurter, AMITA Health
David Vinkler, Molina Healthcare
Helena Lefkow, Illinois Health and Hospital Association
Amber Kirchhoff, IPHCA
Ryan Voyles, Heath News Illinois

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Andrea Davenport, MH Plan
John Ranallo, Molina Healthcare
Erin Augustin, Aids Chicago
Jonathan Gauerke, UIC -DSCC
Susan McGlasson, DOA
Andrea Kovach, Shriver Center on Poverty Law
Leticia Galvez, Care Advisors
Daphne Everett, MHP
Kelsie Landers, Heartland Alliance
Marilu Rodriguez, ICIRR
Ana Perez, Illinois Coalition for Immigrant and Refugee Rights
Belle Duguid, Legal Council for Health and Justice
Carrie Chapman, Legal Council for Health and Justice
Samantha Hollis, Illinois Health and Hospital Association
Angela Boley, Lincoln Legal
C Burns, GFDC
Katherine Lustig, MHP
Robin Lavender, DuPage County Health Department
Lisa Marie Wiseman, Humana
M Tellez, MHN Chicago
Kyrsten Emanuel, Start Early
Ken Ryan, ISMS
Heather Farina, Centene
Gretchen Grieser, CCHH
S Ferguson, Legal Aid Chicago
Patrick Maguire, MH Chicago
Katie Thiede, Alliance Chicago

**Illinois Department of Healthcare and Family Services
Public Education Subcommittee Draft Meeting Minutes
December 2, 2021**

1. Introduction:

Chairperson Kathy Chan opened the meeting and announced that it was being recorded. The Committee members present were Sherie Arriazola Martinez, Brittany Ward, Nadeen Israel, Kristin Hartsaw, Nicole Villareal, Chantel Bowen, Edith Avila Olea, and Nancy Aguirre. Committee members absent are Erin Weir Lakhmani, Connie Schiele, and Sue Vega.

Kathy Chan introduced and welcomed new members joining this committee: Chantel Bowen, from the SIU School of Medicine, Edith Olea Avila, from the Illinois Coalition for Immigrant and Refugee Rights (ICIRR), and Nicole Villareal, from the Chicago Public Schools. HFS and DHS staff members also introduced themselves.

2. Review and Approval of the Meeting Minutes from October 7th, 2021:

Chairperson Kathy Chan asked for approval of the minutes from the October 7th, 2021 meeting, and Kristin Hartsaw made the motion which was seconded by Nadeen Israel. The meeting minutes were approved by a vote of nine committee members in favor, three absent, and none opposed.

3. Required Training for Subcommittee Members:

Kathy Chan introduced HFS Assistant Ethics Officer Kiran Mehta who stated that all individuals appointed to serve on the MAC Public Education Subcommittee are required to complete four mandatory trainings by December 23, 2021. The trainings are: Ethics, Security Awareness, Harassment and Discrimination Prevention, and HIPPA & Privacy Trainings. She provided details about this requirement and added that this is the first year which will be required to complete trainings using the Illinois OneNet management system.

4. State Updates:

a. Medical Programs Update:

Jane Longo said that she had forgotten that she was to present the Medical Programs update for this meeting. She added that HFS is currently working on five main areas:

- Healthcare Transformation Collaboratives
- Nursing Home Rate Reforms
- Children's Behavioral Health
- ARPA Funding
- Vaccines

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Kathy Chan indicated that during the last Medicaid Advisory Committee, Kelly Cunningham had provided detailed presentation regarding these five activities at: <https://www2.illinois.gov/hfs/SiteCollectionDocuments/Nov192021MedicaidAdvisoryCommitteeMeetingFinalMeetingDeckPresentation.pdf>

Jane Longo encouraged committee members and interested parties to ask specific questions, and indicated that HFS will provide a “follow-up email” that will include a written update on each of the items listed above, as well as answers to any pending questions not addressed during the meeting. Amber Kirchhoff from IPHCA said “it’s my understanding that there was a delay between when pediatric vaccines were approved and when HFS codes were released.” She asked: “Can providers bill new codes retro to federal approval of pediatric vaccination” in order to make sure that nobody is charged for vaccination. Jose Jimenez, Bureau Chief of the Bureau of Professional and Ancillary Services, said that, yes, HFS had to wait for CMS to make those codes available, and added that retro billing is available using the codes.” More at <https://www2.illinois.gov/hfs/Pages/coronavirus.aspx> For any additional questions related to vaccines, billing inquiries, or further assistance, please contact Jose Jimenez at Jose.Jimenez@illinois.gov

b. DHS Update:

Leslie Cully said that all the Family Community Resource Centers (FCRCs), with the exception of Woodlawn, are currently open with a limited number of staff members. About 15% of staff members are onsite statewide, with individuals rotating each pay period. Ms. Cully said that it is expected a slight increase of application during the holidays. Caseworks continue working on efficiency. She added that numbers remain consistent and the Medicaid backlog has mostly been resolved; also, SNAP application processing timeliness has been greatly improved.

Ms. Cully said that DHS is finishing up issuing P-EBT benefits for the 2020-2021 school year. To date, \$1.8 Billion has been issued in P-EBT benefits by the USDA Food and Nutrition Services. She said that DHS is currently processing applications for Afghan refugees who have arrived in Illinois. The biggest issue has been the lack of the proper documentation for which assistance is being provided in order to process their applications.

Ms. Cully also noted that DHS has received approval from USDA Food and Nutrition Services (FNS) for the Federal fiscal year 2022 SNAP ARPA funds. Illinois will receive 24 million dollars; part of funds will be used for the replacement of an antiquated phone system by making improvements to the Interactive Voice Response phone system. These funds will also be used in order to make the necessary improvements for text messaging in order to be able to send text messages to customers. DHS believes that this will greatly improve communication with our clients. Also, some funding will be

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used in the preparation for self-service kiosks which will allow customers to upload documents that are necessary for their cases, phone banks and computer banks in the lobbies at the FCRCs. Leslie Cully said that the funds will also be used on improvements to Integrated Eligibility System (IES) in order to make improvements related to process SNAP benefits.

c. Eligibility Update

Jane Longo indicated that, as of October, HFS has less than 3,000 medical applications which are 45 days or older. This indicates a 98% reduction from 147,000 in January of 2019. She added: "HFS is committed to maintaining this number moving forward." Ms. Longo stated that there are 3.4 million people who are covered by the medical programs. On average, 61,000 applications are received each month; this number continues to be consistent. HFS will provide additional information as it becomes available.

Also, "redes on hand" are growing slightly, not currently processed unless they are tied to a SNAP redetermination. 30-40% of redes are done electronically, i.e. ex parte without contacting the client for information. Ms. Longo said: "Virtually nobody comes off. The only reason somebody would lose coverage: if the client requested coverage termination, a person moves out of state or if the person dies."

Concerning the Immigrant Senior Program 65 years of age or older, Ms. Longo referred to the report provided within the meeting materials. HFS has enrolled 8,800 immigrant seniors, nearly 9,000 at the end of October, and received \$93M in claims. In response to the request from members of this committee, the language data was included in this report. 45% of the individuals speak Spanish, 42% speak English, Polish comes next with a point 4%. There are 36 languages listed in the report.

HFS is currently working on expanding coverage for the new immigrant group of individuals between 55 and 64 years of age of individuals, Ms. Longo said: "We are confident that this will be released before May deadline. HFS continues working on the Family planning SPA."

Kathy Chan observed that, in the immigrant report, there are a few dozen cases classified as "homeless" and asked: "Is this a field that is checked, and can this be provided for the general Medicaid population?" Tracy Keen said "Yes", a person submitting an application can indicate if he/she is homeless. However, a mailing address is required with the application. It can be any valid mailing address including any of the FCRCs offices. Kathy Chan said that she would be interested in the data for the "general Medicaid population, regarding the connection between housing and health. This might provide some insight into how we can better serve individuals who are housing insecure. I would be curious to know how many people check this box,

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other than those in the DHS offices.” HFS will be providing a report during the next meeting in February.

d. Care coordination Update:

Robert Mendonsa provided the Care Coordination update, stating that 480K households will be getting mailings about open enrollment, with 60 days to make a change in MCO coverage after January 2022. With respect to the MMAI program, HFS expanded the Medicare-Medicaid Alignment Initiative (MMAI) statewide as of July 1, 2021. The final MMAI expansion mailing cohort went out in November.

Elizabeth asked about Heath Choice enrollees and MMAI also having January deadlines. She asked if there are any concerns regarding staffing issues that could affect the process. Robert Mendonsa said that HFS is closely and do not anticipate significant challenges.

5. Update Regarding the End of the Public Health Emergency:

Jane Longo said that, although there is no news about when the Public Health Emergency (PHE) is scheduled to end, however HFS is comfortable projecting PHE continuation well into next year. The federal government has stated that it would provide 60 days' notification of the end of PHE. It is believed that it will not end in January. States have requested 90 days prior notice so that we can take the necessary steps to resume regular operations. HFS has planned outreach activities through mid-January. There will be three areas of focus:

First, Ms. Longo said that HFS is working on messaging situations in order to provide unified messaging to encourage medical customers to update their addresses and other contact information with the State through outreach to members, customers, advocate providers, CEO's, and other interested stakeholders.

Second, the next phase of messaging would be to remind all that the State will resume annual renewals soon.

Third, the outreach messaging will be for those customers currently up for renewal. The State will use multiple methods of notification so customers will know how they are to complete a renewal.

Jane Longo added that since the last time this committee met during October, there has been some progress to get legal approval for texting and emailing customers. HFS expects to take a full 12 months from the official end of the PHE ends to complete redeterminations. Jane then introduced Evan Fazio who is taking the lead for the messaging project.

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Mr. Fazio discussed with the committee members a PowerPoint presentation outlining the messaging plan as well as the approaches and options in order to convey the messaging to clients. He encouraged the committee's feedback and reactions to the plan. HFS will share with subcommittee members and others in attendance for further feedback including from Medicaid enrollees. See attachment. Additional comments included:

- Suggest using a brand/logo across various mediums to indicate "official" nature of message and to alleviate concerns about scam/spam.
- It will be necessary to balance use of threatening language vs. benefit of updated information to continue benefits.
- Share English message and translated into other languages.
- Since efforts will focus on directing to a phone hotline (and not a website), it will be necessary to ensure appropriate capacity so that calls can be answered promptly and addresses updates quickly, as well as to provide for time that extends beyond "traditional" working hours.

6. Open Discussion and Announcements

Sherie Arriazola-Martinez had a question regarding filling prescriptions for enrollees in Medicaid FFS. She said individuals released from incarceration frequently come out on "Fee For Service (FFS)" and, during this period, they often need to fill prescriptions for medications that they were taking while they were incarcerated. She said there have been a few instances at a couple of pharmacies that do not know how to appropriately bill or select the payer plan for someone who is in FFS, and thus are considering the person uninsured, therefore requiring out of pocket payment. This has happened at Jewel-Osco and also at Walgreens. The pharmacist at Jewel-Osco mentioned a new system and not knowing how to enter the correct insurance information. Also, neither provider was aware of how to translate FFS Medicaid into the correct Medicaid payer plan within the system. Sherie asked, is there guidance or a provider notice to pharmacies on what payer plans, Rx bin #s and other information should be used when attributing a person who is on Medicaid FFS to a payer within their system and if there is none, can guidance be created in the form of a provider notice? She further asked, if a guidance/notice exists, that it be shared with the committee. Jose Jimenez said that at point of sale rejections is very important to HFS. Large pharmacies like these should be able to complete the required process. He encouraged sending cases with problems like these to him by mail at jose.jimenez@illinois.gov

The second question asked by Sherie Arriazola-Martinez is regarding the 1915i Supported Employment and Housing Services. She said that there has been considerable

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eagerness for these pilots to come online, as housing and employment are two of the biggest issues which not only impact health, but also recidivism. She asked if supported employment and housing supports will be subject to prior authorization by MCOs. She also asked, what avenues will be available to stay involved in further developments on this and to inform implementation? Will it be the general Medicaid Advisory Committee (MAC), Pub Education Subcommittee or will there be another forum/ avenue to stay connected to developments? Jane Longo noted that the right person (staff member from HFS) to answer that question was not on the call. However, Jane said that she will take this inquiry back to the team for an answer.

Edith Avila Olea stated that there have been a number of uninsured individuals who have had COVID-19 for which hospitals are seeking payment. She noted that advocates have been reaching out to these hospitals and shared the provider notice with them, which was issued by HFS in March of 2020, however the issue persists. Jane Longo said that HFS will issue a new notice, adding that, in the meantime, any requests that need resolution should be sent to jose.jimenez@illinois.gov

Nadeen Israel is hoping to discuss more about ending of the PHE and details at future meetings, including CMS guidance. Jane Longo said that much of federal discussion has focused on redeterminations, but HFS would like to also discuss other flexibilities that were put into place during PHE. Including the “ex-parte” for zero income is an example. Kathy Chan suggested that there should be an additional review opportunity to request flexibilities for other populations which might face barriers to traditional enrollment/reenrollment processes, such as individuals experiencing homelessness. She said that it may be helpful to consider the policies which have been developed in other states. She suggested to committee members coming back at the next meeting with ideas.

Jane Longo announced that she will be retiring from the state and leaving HFS at the end of this year. Attendees congratulated Jane and shared their gratitude for all she has done working together with advocates to improve the lives of so many Illinoisans. Ms. Longo stated that Tracy Keen who currently is the Deputy Administrator of the Eligibility Division, will take on her responsibilities with the subcommittee.

7. Adjournment:

The meeting was adjourned at 12:02 p.m. The next meeting is scheduled for February 17, 2022, between 10:00 a.m. and 12:00 p.m.

End of the Public Health Emergency Communications

Goals: Protect coverage, reduce churn, reduce inequities, meet legal obligations, and hit mandated timeframes.

Three phases of communication:

Phase 1: Update your information

Phase 2: Change is coming (Redeterminations will start soon; make sure your information is current)

Phase 3: Time to re-enroll (Call to action messaging for how to accomplish this)

Phase 1: Update your information

Messaging to be distributed through MCOs, HFS and state agencies, healthcare providers, advocacy organizations and community partners via all available channels (email, text, letters, flyers, social media, etc.).

Messaging will be translated, and versions of this toolkit will be available in multiple languages.

Graphics will be designed once messaging is finalized.

General Message

Medicaid members! Give us your best mailing address! You will need our mail to keep your health insurance. Call 877-805-5312 for free from 7:45am – 4:30pm.

Note: An online option is in the works to allow changes outside regular call center hours. That will be added to the messaging when ready.

Feedback requested by January 11, 2022:

1. How should HFS address people? For example, “Medicaid customers,” “Medicaid members,” “Medicaid patients,” “Medicaid enrollees,” “Medicaid Families,” “Illinois medical card holders,” or something else?

Feedback:

2. How to talk about Medicaid? Should HFS call it “health coverage,” “health insurance,” “health benefits,” or something else when talking about Medicaid?

Feedback:

3. How to explain the “why” or the benefit of why people should update their address? For example, “don’t risk losing health benefits” or “make sure you get the latest information and updates about your health benefits.” What is the most compelling reason to update your address?

Feedback:

4. How should people who aren’t HFS ask for the address update? How can others help spread the message to update addresses with IL Medicaid? How can they replace the “us” in “give us your best mailing address” when sharing this message?

Feedback:

5. What other feedback do you have?

Feedback:

6. If you can give feedback about other languages, please provide feedback on the translations below. Are we missing any languages for the populations you serve?

Feedback:

Translations

Spanish

¡Miembros de Medicaid! ¡Danos tu mejor dirección postal! Necesitará nuestro correo para mantener su seguro médico. Llame al 877-805-5312 gratis de 7:45 am a 4:30 pm.

Feedback:

Polish

Członkowie Medicaid! Podaj nam swój najlepszy adres pocztowy! Będziesz potrzebować naszej poczty, aby zachować ubezpieczenie zdrowotne. Zadzwoń pod numer 877-805-5312 bezpłatnie od 7:45 do 16:30.

Feedback:

Chinese Simplified

医疗补助会员！给我们您最好的邮寄地址！您将需要我们的邮件来保留您的健康保险。上午 7:45 至下午 4:30 免费拨打 877-805-5312。

Feedback:

Chinese Traditional

醫療補助會員！給我們您最好的郵寄地址！您將需要我們的郵件來保留您的健康保險。上午 7:45 至下午 4:30 免費撥打 877-805-5312。

Feedback:

Cantonese Traditional

醫療補助成員！畀我哋您最好嘅郵寄地址！你將需要我哋嘅郵件嚟保留您的健康保險。致電 877-805-5312，時間為上午 7:45 至下午 4:30。

Feedback:

Arabic

أعضاء ميديكيڊ! أعطنا أفضل عنوان بريدي لك! ستحتاج إلى بريدنا للحفاظ على تأمينك الصحي. اتصل برقم 877-805-5312 مجاناً من الساعة 7:45 صباحاً حتى 4:30 مساءً.

Feedback:

Tagalog (Filipino)

Mga miyembro ng Medicaid! Tiyaking nasa amin ang iyong pinakamahasay na mailing address. Gusto Mga miyembro ng Medicaid! Ibigay sa amin ang iyong pinakamahasay na mailing address! Kakailanganin mo ang aming mail upang mapanatili ang iyong health insurance. Tumawag sa 877-805-5312 nang libre mula 7:45am – 4:30pm.

Korean

메디케이드 회원 여러분! 최고의 우편 주소를 알려주세요! 건강 보험을 유지하려면 우편이 필요합니다. 오전 7시 45분부터 오후 4시 30분까지 무료 전화 877-805-5312

Feedback:

German

Medicaid-Mitglieder! Geben Sie uns Ihre beste Postanschrift! Sie benötigen unsere Post, um Ihre Krankenversicherung zu behalten. Rufen Sie 877-805-5312 kostenlos von 7:45 – 16:30 Uhr an.

Feedback:

Urdu

میڈیکیڈ کے اراکین! ہمیں اپنا بہترین میلنگ ایڈریس دیں! آپ کو اپنا ہیلتھ انشورنس رکھنے کے لیے ہمارے میل کی ضرورت ہوگی۔ صبح 7:45 سے شام 4:30 بجے تک 877-805-5312 پر مفت کال کریں۔

Feedback:

Russian

Участники программы Medicaid! Укажите свой лучший почтовый адрес! Наша почта понадобится вам для сохранения вашей медицинской страховки. Звоните 877-805-5312 бесплатно с 7:45 до 16:30.

Feedback:

Italian

Membri di Medicaid! Dacci il tuo miglior indirizzo postale! Avrai bisogno della nostra posta per mantenere la tua assicurazione sanitaria. Chiama il numero 877-805-5312 gratuitamente dalle 7:45 alle 16:30.

Feedback:

Gujarati

મેડિકેડ સભ્યો! અમને તમારું શ્રેષ્ઠ મેઇલિંગ સરનામું આપો! તમારો સ્વાસ્થ્ય વીમો રાખવા માટે તમારે અમારા મેઇલની જરૂર પડશે. સવારે 7:45 થી સાંજના 4:30 વાગ્યા સુધી મફતમાં 877-805-5312 પર કોલ કરો.

Feedback:

Greek

Μέλη Medicaid! Δώστε μας την καλύτερη ταχυδρομική σας διεύθυνση! Θα χρειαστείτε την αλληλογραφία μας για να διατηρήσετε την ασφάλειά σας. Καλέστε το 877-805-5312 δωρεάν από τις 7:45 π.μ. έως τις 4:30 μ.μ.

Feedback:

Hindi

मेडिकेड सदस्य! हमें अपना सर्वश्रेष्ठ डाक पता दें! अपना स्वास्थ्य बीमा रखने के लिए आपको हमारे मेल की आवश्यकता होगी। सुबह 7:45 से शाम 4:30 तक 877-805-5312 पर निःशुल्क कॉल करें।

Senior Expansion Program
(Report Run Date: 1/11/2022)

MangPCd MangPCdDesc
6I 100% FPL or lower- No Spenddown. age >65 and non-citizen
7I Over 100% FPL -with Spenddown. age >65 and non citizen

| Active_Closed_Status | Customer_Count | Claims Received - Payable Amount |
|----------------------|----------------|----------------------------------|
| Active | 9,187 | \$ 93,538,834.23 |
| Closed | 680 | \$ 13,373,981.57 |
| Total | 9,867 | \$ 106,912,815.80 |

| Active_Closed_Status | MangP | Customer_Count | Claims Received - Payable Amount |
|----------------------|--------------|----------------|----------------------------------|
| Active | 6I | 8,836 | \$ 90,995,266.46 |
| Active | 7I | 351 | \$ 2,543,567.77 |
| Closed | 6I | 612 | \$ 12,869,430.18 |
| Closed | 7I | 68 | \$ 504,551.39 |
| Total | Total | 9,867 | \$ 106,912,815.80 |

| Spenddown_Status | Customer_Count - Active |
|------------------|-------------------------|
| Met Spenddown | 336 |
| Unmet Spenddown | 15 |
| Total | 351 |

| Type_Of_Claim | Claims Received - Payable Amount |
|---------------|----------------------------------|
| Inpatient | \$ 41,624,373.73 |
| Outpatient | \$ 26,895,071.01 |
| Pharmacy | \$ 16,946,715.17 |
| Other | \$ 21,446,655.89 |
| Total | \$ 106,912,815.80 |

| Record_Type | Claims Received - Payable Amount |
|---------------------------|----------------------------------|
| Cook County Health System | \$ 51,576,170.33 |
| Other | \$ 55,336,645.47 |
| Total | \$ 106,912,815.80 |

| Race | Customer_Count - Active |
|-----------------------------------|-------------------------|
| American Indian or Alaskan Native | 103 |
| Asian Indian | 627 |
| Black or African American | 457 |
| Chinese | 204 |
| Filipino | 169 |
| Guamanian or Chamorro | 2 |
| Korean | 38 |
| Native Hawaiian | 1 |
| Other Asian | 238 |
| Other Pacific Islander | 391 |
| Samoan | 1 |
| Unknown | 3,199 |
| Vietnamese | 37 |
| White | 3,720 |
| Total | 9,187 |

| Ethnicity | Customer_Count - Active |
|---|-------------------------|
| Another Hispanic, Latino, or Spanish origin | 1,057 |
| Cuban | 17 |
| Mexican, Mexican American, Chicano/a | 3,250 |
| Non-Hispanic/Latino | 2,555 |
| Puerto Rican | 60 |
| Unknown | 2,248 |
| Total | 9,187 |

| County | Customer_Count - Active |
|---------------------|-------------------------|
| Homeless | 80 |
| Adams | 3 |
| Alexander | 1 |
| Boone | 22 |
| Brown | 1 |
| Bureau | 6 |
| Cass | 4 |
| Champaign | 54 |
| Coles | 3 |
| Cook | 6,325 |
| Crawford | 2 |
| Cumberland | 2 |
| De Witt | 1 |
| DeKalb | 15 |
| Douglas | 3 |
| DuPage | 718 |
| Effingham | 5 |
| Ford | 1 |
| Franklin | 2 |
| Fulton | 1 |
| Grundy | 3 |
| Henry | 2 |
| Iroquois | 3 |
| Jackson | 6 |
| Jasper | 1 |
| Jefferson | 2 |
| Jersey | 2 |
| Jo Daviess | 2 |
| Johnson | 1 |
| Kane | 406 |
| Kankakee | 22 |
| Kendall | 30 |
| Knox | 3 |
| La Salle | 5 |
| Lake | 680 |
| Lee | 7 |
| Macon | 5 |
| Madison | 19 |
| McHenry | 100 |
| McLean | 19 |
| Morgan | 3 |
| Ogle | 6 |
| Peoria | 61 |
| Richland | 2 |
| Rock Island | 28 |
| Sangamon | 15 |
| St. Clair | 12 |
| Stephenson | 7 |
| Tazewell | 12 |
| Union | 2 |
| Vermilion | 7 |
| Warren | 2 |
| White | 1 |
| Whiteside | 4 |
| Will | 319 |
| Williamson | 6 |
| Winnebago | 129 |
| Woodford | 4 |
| All Counties | 9,187 |
| Cook & Collar | 7,868 |
| % of Total | 86% |

| Language_Pref | Customer_Count - Active |
|---------------------|-------------------------|
| African French | 5 |
| Albanian | 23 |
| Amharic | 3 |
| Arabic | 90 |
| Bengali | 3 |
| Bosnian | 3 |
| Chinese - Cantonese | 42 |
| Chinese - Mandarin | 118 |
| Czech | 1 |
| English | 3,889 |
| Farsi | 10 |
| French | 22 |
| German | 1 |
| Greek | 1 |
| Gujarati | 123 |
| Haitian Creole | 3 |
| Hindi | 59 |
| Hungarian | 1 |
| Indonesian | 1 |
| Italian | 1 |
| Khmer | 3 |
| Korean | 35 |
| Laotian | 2 |
| Lithuanian | 7 |
| Maltese | 1 |
| Mandingo | 1 |
| Other | 69 |
| Polish | 298 |
| Portuguese | 9 |
| Punjabi | 6 |
| Romanian | 14 |
| Russian | 83 |
| Serbian | 8 |
| Slovak | 1 |
| Spanish | 4,071 |
| Tagalog | 36 |
| Thai | 7 |
| Tigrinya | 2 |
| Turkish | 7 |
| Ukrainian | 30 |
| Urdu | 70 |
| Vietnamese | 28 |
| Total | 9,187 |

**NUMBER OF CASES RECEIVING MEDICAID BENEFITS WITH HOMELESS INDICATOR
BY COUNTY OF RESIDENCE
TOP FIVE COUNTS HIGHLIGHTED YELLOW**

| ADDR_COUNTY_CD | COUNTY_DESC | Count(Distinct(CASE_NUM)) |
|----------------|-------------|---------------------------|
| 16 | Cook | 32,490 |
| 101 | Winnebago | 3,661 |
| 82 | St. Clair | 2,815 |
| 49 | Lake | 2,795 |
| 99 | Will | 2,777 |
| 45 | Kane | 2,342 |
| 22 | DuPage | 1,873 |
| 60 | Madison | 1,856 |

**ABE Manage My Case, Appeals, and FFM stats
For MAC Public Education Subcommittee
Cumulative, as of 1/24/22**

| | 1/24/22 | 11/12/21 | 9/22/21 | 7/20/21 | 5/17/21 | 3/24/21 | 1/17/21 | 11/12/20 | 9/11/20 | 7/31/18 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------|
| ABE MMC Accounts Linked | 1,724,297 | 1,660,335 | 1,606,098 | 1,541,878 | 1,479,908 | 1,425,656 | 1,351,206 | 1,335,361 | 1,256,607 | 329,244 |
| Renew My Benefits * | 554,605 | 534,593 | 516,821 | 488,687 | 455,509 | 430,604 | 397,791 | 382,125 | 356,717 | 97,679 |
| Report My Changes | 479,587 | 456,158 | 435,716 | 414,239 | 395,368 | 379,609 | 358,532 | 337,288 | 313,323 | 63,762 |
| Program Adds | 237,351 | 223,581 | 210,598 | 198,467 | 188,547 | 180,968 | 170,717 | 159,595 | 147,297 | 22,908 |
| Member Adds | 41,140 | 39,820 | 38,869 | 37,789 | 36,905 | 36,192 | 35,224 | 34,135 | 32,916 | 9,753 |
| Mid-Point Reports* | 211,718 | 211,718 | 211,718 | 211,718 | 211,718 | 211,718 | 211,717 | 211,698 | 203,399 | 34,357 |
| Appeals submitted | 114,771 | 110,831 | 107,721 | 104,547 | 101,682 | 98,882 | 95,053 | 90,634 | 85,860 | NA |
| FFM cases received since 11/17 | 655,698 | 582,949 | 563,199 | 544,059 | 526,934 | 501,663 | 481,989 | 408,283 | 380,645 | 114,885 |
| Cumulative count of people successfully ID proofed through the State | 6,445 | 6,145 | 5,929 | 5,592 | 5,301 | 4,995 | 4,598 | 4,270 | 3,997 | NA |

**Note, HFS suspended sending redetermination notices that require a response during the PHE and DHS suspended MPRs when permitted by FNS*

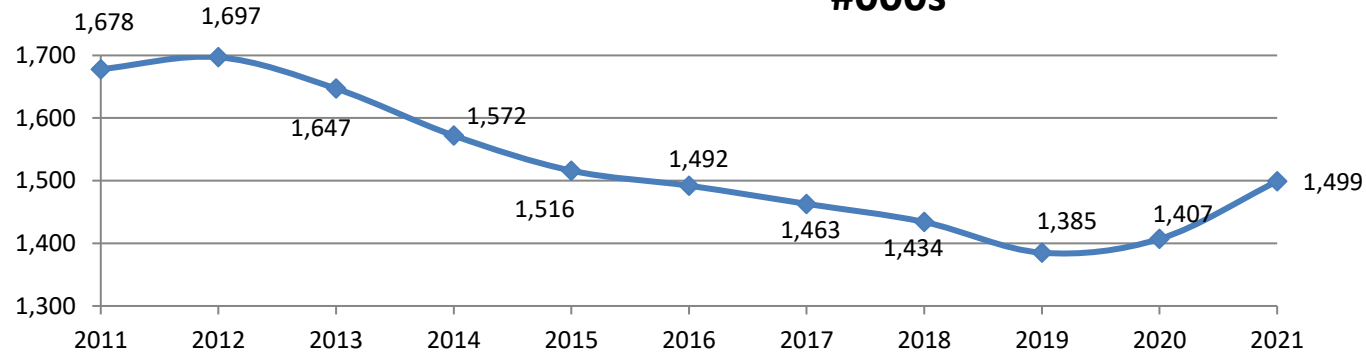
MMC rolled out on 11/01/2017

December 2, 2021 Redetermination Report

- 2,996 medical applications 45 days or older as of October 31, 2021, down from a high of 147,038 at the end of January 2019 – a 98% reduction.
- 14,117 total medical renewals on hand as of October 31, 2021. Few renewals are being processed during the continued COVID emergency because we will not take adverse action; some are being processed. For example, ex parte renewals that can be verified electronically and renewals for SNAP and Medical.

Children's Enrollment

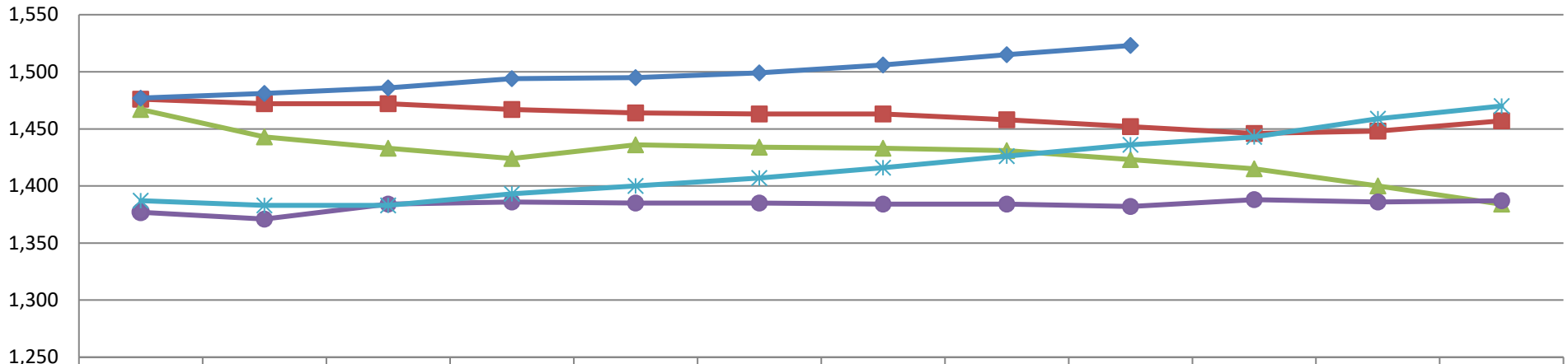
Enrolled Children End of FY11-21 #000s



| End of FY | Enrolled Children #000s |
|-----------|----------------------------|
| 2011 | 1,678 |
| 2012 | 1,697 |
| 2013 | 1,647 |
| 2014 | 1,572 |
| 2015 | 1,516 |
| 2016 | 1,492 |
| 2017 | 1,463 |
| 2018 | 1,434 |
| 2019 | 1,385 |
| 2020 | 1,407 |
| 2021 | 1,499 |

Children's Enrollment

**Enrolled Children
by Month
#000s**



| | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2017 | 1,476 | 1,472 | 1,472 | 1,467 | 1,464 | 1,463 | 1,463 | 1,458 | 1,452 | 1,446 | 1,448 | 1,457 |
| 2018 | 1,467 | 1,443 | 1,433 | 1,424 | 1,436 | 1,434 | 1,433 | 1,431 | 1,423 | 1,415 | 1,400 | 1,384 |
| 2019 | 1,377 | 1,371 | 1,384 | 1,386 | 1,385 | 1,385 | 1,384 | 1,384 | 1,382 | 1,388 | 1,386 | 1,387 |
| 2020 | 1,387 | 1,383 | 1,383 | 1,393 | 1,400 | 1,407 | 1,416 | 1,426 | 1,436 | 1,443 | 1,459 | 1,470 |
| 2021 | 1,477 | 1,481 | 1,486 | 1,494 | 1,495 | 1,499 | 1,506 | 1,515 | 1,523 | | | |

| End of Month 2017 | Enrolled Children #000s | End of Month 2018 | Enrolled Children #000s | End of Month 2019 | Enrolled Children #000s | End of Month 2020 | Enrolled Children #000s | End of Month 2021 | Enrolled Children #000s |
|-------------------|-------------------------|-------------------|-------------------------|-------------------|-------------------------|-------------------|-------------------------|-------------------|-------------------------|
| Jan | 1,476 | Jan | 1,467 | Jan | 1,377 | Jan | 1,387 | Jan | 1,477 |
| Feb | 1,472 | Feb | 1,443 | Feb | 1,371 | Feb | 1,383 | Feb | 1,481 |
| Mar | 1,472 | Mar | 1,433 | Mar | 1,384 | Mar | 1,383 | Mar | 1,486 |
| Apr | 1,467 | Apr | 1,424 | Apr | 1,386 | Apr | 1,393 | Apr | 1,494 |
| May | 1,464 | May | 1,436 | May | 1,385 | May | 1,400 | May | 1,495 |
| June | 1,463 | June | 1,434 | June | 1,385 | June | 1,407 | June | 1,499 |
| July | 1,463 | July | 1,433 | July | 1,384 | July | 1,416 | July | 1,506 |
| Aug | 1,458 | Aug | 1,431 | Aug | 1,384 | Aug | 1,426 | Aug | 1,515 |
| Sept | 1,452 | Sept | 1,423 | Sept | 1,382 | Sept | 1,436 | Sept | 1,523 |
| Oct | 1,446 | Oct | 1,415 | Oct | 1,388 | Oct | 1,443 | Oct | |
| Nov | 1,448 | Nov | 1,400 | Nov | 1,386 | Nov | 1,459 | Nov | |
| Dec | 1,457 | Dec | 1,384 | Dec | 1,387 | Dec | 1,470 | Dec | |